



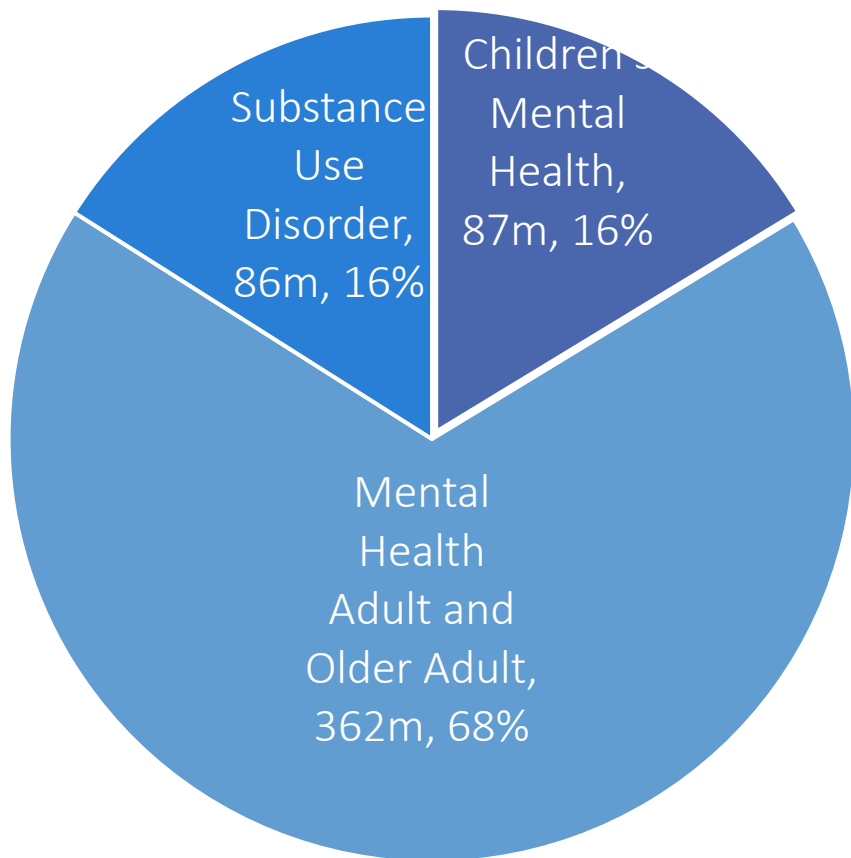
# Behavioral Health Services – Reimbursement Practices

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# BHS Budget FY20-21



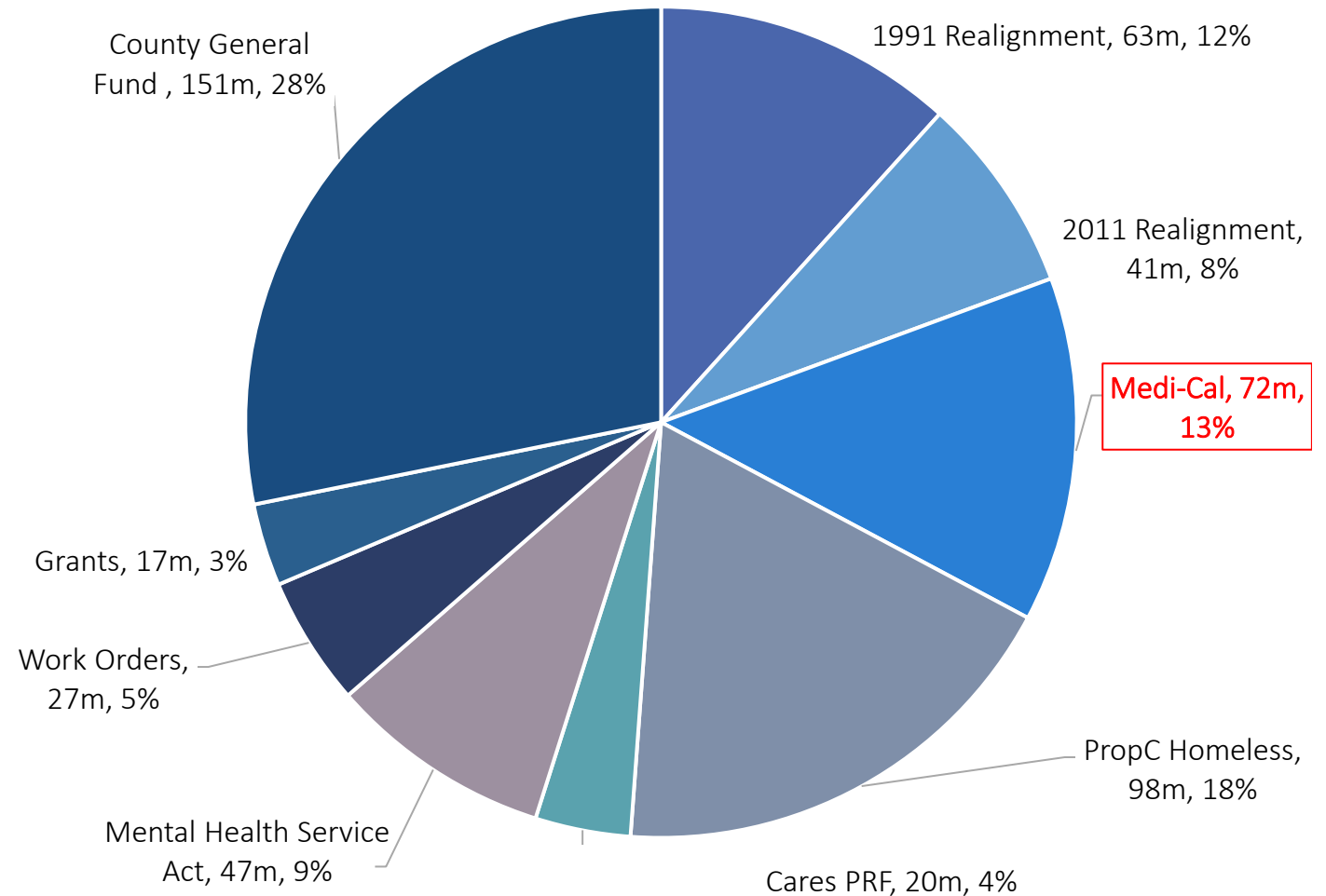
## EXPENDITURES BY SYSTEM OF CARE



TOTAL BUDGET: ~\$536 MILLION

## REVENUE SOURCES

*\*all values in millions*



# Opportunities for Medi-Cal Revenue Optimization 20/21

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## Continuous work to increase revenue includes:

- enrolling clients into Medi-Cal through screening, enrollment and retention best practices
- direct billing including billing for peer services

In addition, SFBHS undertook a targeted review to better leverage claiming opportunities for administrative costs:

- 1) Expanded Utilization Review and Quality Assurance claiming could divert some of the costs that would otherwise fall to the administrative/other cost category
- 2) With the support of outside experts BHS is reviewing opportunities to submit claims in Mental Health Medi-Cal Administrative Activities (MHMAA) program



# Mental Health Medi-Cal Administrative & Other Costs

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## Challenges

- DHCS published a new MHMAA Implementation Plan in 2016 with 2 requirements:
  - In most circumstances participants are required to record 100% of their paid time to both MAA *and non-MAA* activities on a minute-by-minute, perpetual basis
  - use MAA specific activity codes in order to account for the non-MAA activities; for clinicians this means accounting for time via MHMAA codes and clinical billing codes

***For civil service staff, the time study requirements outweigh the benefits of MHMAA***

- Timing of audit reconciliations Standard claiming through time surveys has a high risk of audit disallowance, and DPH would be unlikely to recoup from contractors after an audit

***Review of contract services eligible for MHMAA is ongoing but will require contract modifications and management of audit risk given the timing of Mental Health audits (State is currently auditing FY12)***