Health and Human Services Department

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Divisions

Behavioral Health Services
Child Protective Services
Departmental Administration
Primary Health Services
Public Health
Senior and Adult Services

County of Sacramento

Sacramento County Mental Health Plan (MHP) Client and Family Responsibilities for Medi-Cal Billing Frequently Asked Questions

	Question	Answer
1	Why did I receive a letter about changes in billing practices?	You received a letter because according to our records you, or someone in your household, have received Specialty Mental Health Services in Sacramento County. We are notifying all clients of the change. Notification of the change in practice does not mean that you will be billed.
2	Why am I getting a letter from the County? I receive mental health services from a different organization.	All Specialty Mental Health Services are provided by Sacramento County. The name of the organization where you receive services may have a name other than Sacramento County, but the provider is part of the Sacramento County Mental Health Plan.
3	Will I receive a bill for the Specialty Mental Health Services I've already received?	You will <u>not</u> be billed for Specialty Mental Health Services received prior to January 1, 2017.
4	What is full-scope Medi-Cal?	Medi-Cal is California's Medicaid program, paid for with federal and state taxes. If you have been determined to qualify for full-scope Medi-Cal, then you will receive Medi-Cal covered benefits at no cost to you.
5	How do I know if I have full- scope Medi-Cal or Medi-Cal with a share of cost?	This information is provided to you when you are approved for Medi-Cal. To confirm your Medi-Cal eligibility, you may call Medi-Cal directly at 1-800-541-5555.
6	If I have full-scope Medi-Cal will I receive a bill for my mental health services?	If full-scope Medi-Cal is your only medical insurance, you will <u>not</u> receive a bill for services rendered.
7	I have full-scope Medi-Cal. I also have Medicare with a co-insurance/co-pay. Do I have to pay for mental health services?	If you have full-scope Medi-Cal and Medicare with a coinsurance/co-pay, you will <u>not</u> be billed for Specialty Mental Health Services.
8	I have Medi-Cal with a share of cost, but I have never been billed for my mental health services. Is that going to change?	If you are required to pay a share of cost as part of your Medi-Cal eligibility, you will be expected to pay your share of cost for Specialty Mental Health Services.
9	What is an UMDAP ?	Uniform Method of Determining Ability to Pay (UMDAP), is a fee schedule set by the State to make services more affordable for an individual/family who does not have full-scope Medi-Cal.

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10	I don't have Medi-Cal. I only have Medicare. Do I have to pay for services?	If you are required to pay a coinsurance/co-pay as part of your Medicare eligibility, you are expected to meet your Medicare obligation. Please contact your provider to complete the UMDAP process to determine the amount you are responsible to pay.
11	I don't have medical insurance. Can I receive Specialty Mental Health Services?	You will not be denied services due to a lack of insurance. Please contact your provider to complete the UMDAP process to determine the amount you are responsible to pay.
12	How often do I need to complete the UMDAP process?	The UMDAP form is completed at the start of service and a minimum of one time per year with your provider. If a significant event occurs, i.e. marriage, new dependents, new job or loss of job, etc., a new UMDAP needs to be completed to recalculate the amount you are responsible to pay.
13	Is the UMDAP I completed still valid if I change agencies?	The UMDAP is valid for an entire year as long as no significant events occur. The UMDAP applies to all family members, and is valid at all MHP agencies.
14	I can't afford to pay my annual UMDAP amount with one payment. Are payment arrangements available?	Payment arrangements are available. Please contact Member Services at 916-875-6069, for more information.
15	I am experiencing an unusual financial hardship and cannot afford to pay my UMDAP amount. What can I do?	Limited UMDAP waivers/reductions are available under certain circumstances to address temporary financial hardships. Income and extenuating circumstances are reviewed to determine eligibility. Waivers/Reductions do not apply to share of cost or other insurance obligations. Please contact your provider for additional details.
16	What is the difference between an UMDAP waiver/reduction and a payment arrangement?	An UMDAP waiver/reduction reduces or waives the amount owed. With a payment arrangement the amount owed remains the same, but is divided into smaller installment amounts to make payments more affordable.
17	How do I make a payment?	Payments can be made by personal check, cashier's check, money order or cash. Credit/Debit cards are not accepted at this time. Mail payments to: Sacramento County Fiscal Services 7001-A East Parkway, Suite 1100 Sacramento, CA 95823 In-person payments to the above address are accepted Monday-Friday 8:00 AM to 3:30 PM. We are closed on weekends and County holidays.
18	If I don't have Medi-Cal for a month or more due to losing my benefit, then regain it, am I responsible to pay for services received during the gap in insurance benefits?	You are responsible for payment when insurance is not available to cover the costs of Specialty Mental Health services received. However, under certain circumstances Medi-Cal may pay for services retro-actively. If you have lost, then regained Medi-Cal benefits, please contact Member Services at 916-875-6069, for assistance.

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19	I have Medi-Cal, but I paid for Medi-Cal covered services out- of-pocket. Can I receive a refund?	Yes, under certain conditions. Please contact Member Services at 916-875-6069, for additional information.
20	Why was my insurance billed? My son/daughter has Medi-Cal coverage?	In order for Sacramento County to be paid for Medi-Cal services provided, all third-party insurers must first be billed.
21	I received a denial letter from my insurance company; will I have to pay for services denied by my insurance company?	A denial letter from your insurance company is for information purposes only. You are not obligated to pay for services denied by your insurance company.
22	I have additional questions or concerns. Who can I call for help?	Please call Member Services at 916-875-6069, or email your questions to qminformation@saccounty.net