

## Frequently Asked Questions

### **What is the Process for Identifying a Client's Insurance Coverage?**

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1. The program will request an insurance card or name of carrier and policy number for each client upon admission.
2. The insurance information "verification of current coverage" and/or copy of card will be placed in the client's file and be documented on the "Insurance Tracking Form" provided by the County.
3. At the end of each month the program will submit the completed "Insurance Tracking Form" to their contract manager upon submission of billing and no later than the 10<sup>th</sup> of the month following service provision.

### **If a Client Does Not Have Insurance Coverage What Should I Do?**

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1. Refer the client to County Eligibility (415) 473-3400 by assisting them with scheduling an appointment.
2. Follow up with client to ensure that an application has been filed for Medi-Cal (enrollment opened year-round) or Covered California (open enrollment for Covered California is October to January or at the time of a life changing occurrence <http://www.coveredca.com/about/>).
3. List the client's information and the steps you took to assist the client with attaining benefits on the County provided "Insurance Tracking Form" and update the form when benefits have been attained. NOTE\*\* Once a client has filed an application, coverage will extend to the application date.

### **Do I Need to Know if a Client has a Primary Care Provider?**

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As a requirement of care coordination for Medi-Cal beneficiaries, a substance use treatment provider is responsible for identifying, upon assessment, if the beneficiary has a primary care provider.

Documentation noting the client's primary care provider should be kept in the client's file. As a component of care planning, it is a requirement that all clients receive a physical within 30 days of admission unless they have had a physical within the last year and it is obtained by the provider and placed in the client file. If the client does not comply with scheduling a physical appointment or does not furnish a copy of their completed physical, providers are required to document this in the client's treatment plan. Coordination with a client's primary care provider is essential.

### **What Do I Do if a Client Does Not Have a Primary Care Provider?**

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1. Upon assessment if it is indicated that a client does not have a primary care provider the program shall link the client with an FQHC or medical center such as Ritter Center, Marin Community Clinic, Marin City Health and Wellness, Coastal Health or Kaiser Permanente.
2. Through care coordination the client should be assisted by program personnel or County personnel in setting an appointment with a chosen provider for a health screening and physical.
3. Continue follow up with the client until the appointment is kept and request a copy of their physical evaluation. All physical evaluations are kept in the client's file.



County of Marin, Mental Health and Substance Use Services  
**Guide to Insurance and Healthcare Linkages**

**Resources**

[Drug/Medi-Cal Service Provision Policy: MHSUS-ADP-18](#)

Draft – Marin County DMC-ODS Implementation Plan

[https://www.marinhhs.org/sites/default/files/files/servicepages/2013\\_07/applying\\_for\\_public\\_benefit\\_programs.pdf](https://www.marinhhs.org/sites/default/files/files/servicepages/2013_07/applying_for_public_benefit_programs.pdf)