



PENINSULA RSN

FISCAL MANAGEMENT POLICIES AND PROCEDURES

Policy Name: ENROLLEE LIABILITY FOR PAYMENT

Policy Number: 8.01

Reference: 42 CFR 438.106

Effective Date: 7/2005

Revision Date(s): 3/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

Medicaid enrollees shall not be held liable for the costs of covered services.

PROCEDURE

Medicaid enrollees shall not be financially liable for:

- Debts of the Peninsula Regional Support Network (PRSN) in the event of insolvency
- Costs of any covered service

If an enrollee is receiving community based inpatient services at the time an inpatient provider closes, the PRSN, through its provider network, shall arrange for continued services through an alternative provider.

MONITORING

This policy is a mandate by contract and federal regulation.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review

- Annual PRSN Provider Fiscal Review
 - Monthly Provider Chart Review
 - Exhibit N Reports and Grievance Oversight
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan policy.