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## BHS Billing Provider Bulletin Reporting Erroneous Services or Overpayments Received

Effective: 2/1/2023  
Replaces Form "BH7019 Manual Claims Adjustment Form"

Applies To: MH and SUD Providers

Reference: MHSUDS Information Notice 19-034  
Behavioral Health Information Notice 22-019

Related Forms:

1. BH7019 – Billed Services Corrections Form
2. Edit Service Information Form (Available in Avatar/CalPM)
3. Service Deletions Form

### **Background**

The Department of Health Care Services (DHCS) issued **MHSUDS Information Notice 19-034** which requires Providers to self-report in writing to the Plan any services erroneously claimed, and any overpayments received, along with the reason for the overpayment. Reported reasons are not limited to but may also include claims / overpayments related to fraud, waste, or abuse. Overpayments must be returned to the Plan within 60 calendar days from the date on which the overpayment was identified.

An **overpayment** is defined as any payment made to a network provider by the Plan to which the network provider is not entitled.

Providers shall self-report in writing to the Plan any services erroneously claimed, and any overpayments received, along with the reason for the overpayment, by using the BH7019 – Billed Services Correction form. This form shall be completed by BHS Civil Service Clinic Staff or by Contractor Agency personnel, whenever MHS or AOD/SUDS services that need correction or retraction, were already submitted for payment to a Payor such as Medicare, Insurance, or Short-Doyle Medi-Cal (SDMC). There is no time frame or limit to when services erroneously claimed and / or overpaid from any prior years can be reported. Providers failing to self-report erroneously claimed and / or overpaid services are in violation of federal and state regulations. Fraud and abuse is defined in [Code of Federal Regulations, Title 42, § 455.2](#) and [W&I Code, section 14107.11, subdivision \(d\)](#). Definitions for "fraud," "waste," and "abuse" can also be found in the [Medicare Managed Care Manual](#).



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### Procedure to determine when a BH7019 is required

1. Go to AVATAR, under Search Forms, type “CRYSTAL CLIENT LEDGER”
2. Double click on the “Crystal Client Ledger” report option

Name	Menu Path
Crystal Client Ledger	Avatar PM / Client Management / Account Management

<= Previous 25      1 through 1 of 1      Next 25 =>

3. In the Crystal Client Ledger form, enter the BIS number under “Select Client” and select the episode number under “**Select Episode**”; and enter the Service “**From Date**” and “**To Date**”, then click **Process**.

Crystal Client Ledger

Process

Select Client

Select Episode

Service Start Date

Service End Date

4. The Crystal Client Ledger report will appear on your Avatar screen.
5. Review the Service status on the report. If you see “OPEN” under the **Claim Number** field in the report, this means the service can be “Edited”. The Provider can edit the service in Avatar using the **Edit Service Information Form**.



**City and County of San Francisco**  
**Department of Public Health**

**Behavioral Health Information Systems**

1380 Howard Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103-2614  
e-mail: [avatarhelp@sfdph.org](mailto:avatarhelp@sfdph.org)  
415-255-3788

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San Francisco DPH  
1380 Howard St  
San Francisco CA, 94103-2605

**Client Account Ledger**

Client Name: **TESTCLIENTZ,SUMMARY Y IV DR**  
Client ID : **1**  
Selected Episode: **Program: MISSION MH MISSION ACT (3804SP)**  
Admit Date: 10/19/2019 Discharge Date: 7/18/2020

[Diagnosis History](#)  
[Graph of Charges & Payments By Month](#)

Date of Service	Service Description	Full Charge	Practitioner	Guarantor Name	Guarantor Liability	Guarantor Payments	Claim Number
06/01/2020	ADMIN NOTE NOT BILLED	\$0.00	003865	CSM Default Payor	\$0.00	\$ 0.00	Open
			003865	CSM Default Payor	\$0.00	\$ 0.00	Open
Totals					\$0.00	\$0.00	

- If it says "Closed" or "Unbilled" under the Claim Number field the Provider will need to contact the Billing Unit to request the service to be deleted, and complete the **Service Deletion Form**.
- If there is a Number under the **Claim Number** field in the report, this means the service has been claimed / sent to a payor. It can no longer be edited or deleted. The Provider will need to contact the Billing Unit to request the service be Voided, and complete the **BH7019 Form**.

12/13/2018	Daily Methadone Dose	\$67.00		ADP	\$67.00	\$ 0.00	Unbilled
01/20/2019	Daily Methadone Dose	\$67.00		ADP	\$67.00	\$ 67.00	14403444
01/20/2019	Daily Methadone Dose	\$67.00		GENERAL FUND	\$67.00	\$ 0.00	Unbilled



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**Procedure for Processing the BH7019 – Billed Services Correction Form**

To get a copy of the BH7019 / Overpayments form or Service Deletions form, send an email request to the Billing Unit: [Alvin.Ho@sfdph.org](mailto:Alvin.Ho@sfdph.org) and [Christine.Chan@sfdph.org](mailto:Christine.Chan@sfdph.org)

Instructions for completing the BH7019 form can be found in the Instructions Tab of the BH7019 – Billed Services Corrections Form excel file, along with the BH7019 form and the Overpayment form.

Both a completed signed electronic version of the form and a hard copy of the form are required.

Mail forms to:

**DPH BHS Billing Unit  
Attn: BH7019 Form Processing  
1380 Howard St., 3rd FL  
San Francisco, CA 94103**

E-mail a password protected file to the Billing Unit:

**[Alvin.Ho@sfdph.org](mailto:Alvin.Ho@sfdph.org) and [Christine.Chan@sfdph.org](mailto:Christine.Chan@sfdph.org)**



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Below is an example of the **BH7019 Overpayment** form, which is included in the BH7019 excel file. The Provider self-reported the highlighted amount due, \$1,529.88. This amount will be deducted from the Provider's next payment by the DPH Fiscal - Accounts Payable Unit.

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR CBHS BEHAVIORAL HEALTH BH7019 OVERPAYMENT			
FISCAL YEAR:	2019-2020	INVOICE DATE:	2/18/2021
PROGRAM CODE:	89973	INVOICE NUMBER:	BH7019-OVPR-2021
Legal Entity # & Name:	Foster Care MH Outpatient		
Description		Amount	
Overpayment Recovery amount for Medi-Cal & Non-Medi-Cal			
Voided Service Units (UOS)			
Total Amount Due from Provider		\$1,529.88	

[Instructions](#) | [Official form Detail](#) | [BH Overpayment form](#)

Still have questions about this Bulletin? Contact the BHS Billing Dept by filling out a request online at: [SFBHS Billing Questions](#) or by visiting this link: <https://forms.office.com/g/bc0mJrM48F>

You may also contact us by phone at: 415-255-3557