

**CBHS Policies and Procedures**



City and County of San Francisco  
Department of Public Health  
San Francisco Health Network  
Community Behavioral Health Services

**CBHS Billing Office**  
1380 Howard Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103  
Tel: 415.255-3400

**POLICY/PROCEDURE REGARDING: Obtaining Client Information for Billing Purposes**

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Date: January 21, 2014

Manual Number: 2.03-8

References: California Welfare & Institutions Code, Section 5718-5724; MHP Contract with CA Dept of Health Care Services;

Substantive Revision. Replaces 2.03-8 of 12-15-1995

**PURPOSE:** To ensure that all information necessary for billing is completed at admission and updated annually in compliance with the California Welfare & Institutions Code and Community Behavioral Health Services.

**SCOPE:** Applies to all SF CBHS Civil Service and Contracted Providers of both Mental Health and Substance Abuse Services.

**POLICY:** The following information must be completed for all Clients at admission and annually thereafter (unless otherwise specified).

- **Payer and Financial Information (PFI)**
- **Consent for Billing** (at Admission and whenever Client has Payer changes)
- **Advanced Beneficiary Notice** (only for MediCare clients)
- **Uniform Method for Determining Ability to Pay (UMDAP, when applicable)**

**PFI:** Payer and financial information is obtained for all Mental Health and Substance Use Disorder Clients at the beginning of his/her episode; and updated annually thereafter, upon the Client/Family's account anniversary date. The PFI is also required whenever there has been a substantial change in the Client's healthcare benefits or insurance coverage, or in the family's financial status. PFI information is collected on the "Episode Guarantor Information" screen within Avatar.

The Episode Guarantor Information in Avatar is required to be completed for each episode of care except for when clients are open simultaneously in two episodes concurrently (e.g.: Residential and Outpatient within the same agency). Clients or Responsible Parties who refuse to provide accurate and complete PFI information are billed the full cost of services they receive from CBHS, in accordance with State DHCS Revenue Policy & Procedures

**UMDAP:** Uniform Method to Determine Ability to Pay is a system mandated by the California Department of Health Care Services for the Short-Doyle program. UMDAP is the sliding fee scale used when Clients receiving mental health or substance use health services are unable to pay for their services. If a Medi-Cal client with a Share of Cost is unable to pay this amount, then the Uniform Method for Determining Ability to Pay (UMDAP) sliding scale may be used. The Annual UMDAP Liability amount is the maximum amount the Client or their Responsible Party will pay for services received during their UMDAP period from the County Short-Doyle program.

The client's UMDAP is valid for one year and must be reassessed every year. The annual UMDAP amount is divided by twelve to arrive at a monthly UMDAP amount payable. The UMDAP amount may be adjusted for clinical reasons, however, it is against Federal laws, State regulations, and the CBHS Code of Conduct to **automatically** waive, or reduce Patient Fees.

CBHS Mental Health Service Providers enter their Clients' UMDAP information into the Family Registration screen within Avatar at the time of admission and annually thereafter. One Patient Account is created for all Family members residing in the same household who are receiving mental health services from CBHS. The CBHS Billing Office is responsible for processing Patient Fee Payments received from Clients, and for sending monthly Client billing statements listing services received and patient amounts due. Please see the CBHS Policy/procedures for Client Billing Statements and for Handling Patient Payments received in Clinics.

CBHS Substance Use Disorder Providers use the UMDAP Sliding Fee for Private Pay Clients but do not enter information into the Avatar Family Registration screen. Patient Amounts payable and received are tracked by Providers and reported on their Fiscal Year-end cost report.

**Exceptions:** The following Clients are not required to complete the Family Registration form:

1. Clients who have Full-scope Medi-Cal and no monthly Share-of-Cost obligation.
2. Clients who are Homeless<sup>1</sup>.
3. Clients who pay a Per-visit Copayment amount
4. Healthy San Francisco and SF PATH Enrollees who have incomes that are less than 133% of Federal Poverty Level (FPL).
5. Clients who are receiving ERMHS services that are included in their annual Individualized Education Plan (IEP)
6. Special Funded Program Clients – CBHS designated programs that have been approved as exempt from Patient Billing and UMDAP; examples include: IHBS, SB785, etc.

**Consent for Billing:** The Client's or their Responsible Party's signature should be obtained in order to authorize CBHS to release healthcare information for billing purposes and to assign healthcare benefits payable to the San Francisco Department of Public Health (DPH). The Consent for Billing Form is available at 1380 Howard, 2<sup>nd</sup> Floor Forms Room.

**Advanced Beneficiary Notice:** the Center for Medicare and Medicaid Services (CMS) requires Medicare Clients to be notified in advance that certain medically necessary services may not be covered by Medicare. For example, Rehabilitation services rendered by non-Medicare Clinicians or Programs and Substance Abuse treatment services are not covered by Medicare. In order to meet this requirement, Medicare Clients must sign the Advanced Beneficiary Notice of

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<sup>1</sup> Refer to the Federal definition on Homelessness, Title 42, Chapter 119, Section 11302

Noncoverage (ABN) Form at intake and annually thereafter. The ABN form and instructions are available on the CMS website <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html> accessible from the EGI screen in Avatar.

**Contact Person:** CBHS Billing Manager, or designee, 255-3400

**Distribution:**

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