SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO
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SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

BEHAVIORAL HEALTH SERVICES

UMDAP (Uniform Method of Determining Ability to Pay) Guidelines

December 2018

Presented by

Patient Accounts Unit

Behavioral Health Services Billing

1380 Howard Street

San Francisco, CA 94103

BACKGROUND AND PURPOSE

UMDAP = Uniform Method for Determining Ability to Pay

The UMDAP Fee Schedule was designed by the stakeholders, who anticipated a larger role for government spending, especially in terms of Mental Health. It was written to accommodate inflationary economic growth, increase in cost-of-living including monthly Share Of Cost for Medi-Cal recipients that would tie into various other factors. That is why, the fee is based on income and the number of people who depend on that income.

The UMDAP Fee Schedule is based on the California Tax Schedule Rate; despite many changes in California public mental health system since 1991, the UMDAP process is still a valid statutory requirement and remains unchanged. It is also known as Sliding Fee Scale and is aligned with the Federal Poverty Level (FPL) Guidelines.

The determining process requires Client’s Income, Assets, Allowable Expenses and Household Size. Note that is how the logic is incorporated in Avatar CalPM>>Family Registration Form to have the system auto-calculate the UMDAP amount.

UMDAP VS. SHARE OF COST

Clients are normally charged the cost of services. An UMDAP Sliding Fee amount is determined if they are unable to pay their Service Cost amounts. Note that the County can only charge the Client the cost of services received or their UMDAP amount, whichever is less. In other words, Clients are charged up to their annual UMDAP amount. Once UMDAP is determined, the counties are not authorized to bill the Client for their monthly SOC. For example, if the client has a $200 SOC per month and an annual UMDAP of $100, we are only authorized to bill them $100 for the year because UMDAP is the lesser amount.

It is against Federal laws, State regulations, and the BHS (formerly known as CBHS) Code of Conduct to **automatically** waive or reduce Patient Fees payable.

Being able to pay ‘something’ often gives the client a sense of being a valued member of the society. Also, it helps make the program viable by offsetting County Fund.

WHY MEDI-CAL SOC IS SO IMPORTANT?

UMDAP is not the same as the Medi-Cal Share-of-Cost. The Billing Staff clear or spend down their Clients' SOC amounts by using the actual Services received by the Client. The cost of these services is what the Client is required or, is obligated to pay to the Provider. For this reason, SDMC requires the SOC amounts cleared to be reported as the "Patient Paid" amount on SDMC claims. The remaining balance amount (Total Service Cost less "Patient Paid" amount) is what Medi-Cal will cover. The Service amounts used for clearing the Client's SOC is compared to the Client's UMDAP. The Client is charged the lesser of these two amounts; usually their UMDAP.

Under State Regulations, CBHS Providers still have the option to adjust their Clients' UMDAP to whatever amount they determine the Client can pay and with the approval from their Program Director/ Manager.

DEPARTMENT OF HEALTH CARE SERVICES GUIDELINES

The CA Department of Health Care Services (DHCS) and the Welfare & Institutions (W&I) Code requires an annual PFI (Patient Financial Information)/UMDAP to be completed for all Mental Health Clients in order to continue to receive services from Behavioral Health Services (BHS), formerly known as CBHS Providers. Note the EGI (Episode Guarantor Information) form in Avatar CalPM system is equivalent to PFI.

According to Title 9, Section 5750 and 5718, and under the W&I Code, it is the responsibility of all Mental Health and Substance Abuse Disorders Programs to determine Clients' eligibility for Medi-Cal benefits and other entitlements so that Providers may assist Clients to obtain these entitlements. If the Client is unable to pay monthly Medi-Cal share of cost amount determined by county welfare department, (i.e. Human Services Agency of SF, also known as DHS-Department of Human Services), the Clinicians are empowered to offer them Sliding Fee Scale, i.e. UMDAP, and provide a "Therapeutic Adjustment" so that these Clients are not financially traumatized. But such adjustments must be documented in progress notes in case of an audit.

Authority cited: Section 5750, Welfare and Institutions Code. References: Sections 5717 and 5718, Welfare and Institutions code.

FAMILY REGISTRATION FORM

Family Registration

- Family Registration
- Family Members
- UMDAP Information

Submit

Online Documentation

Family Name

Family's Address - Street

Family's Address - Street 2

Family's Address - Zipcode

Family's Address - City

Family's Address - State

Family Activation Date: 09/01/2012 T Y

Inhibit Billing By Mail: Yes / No

Enter **Lastname, Firstname MI** in the **Family Name** textfield and complete the address info too.

This would help to look for the Client by Lastname, Firrstname in the future.

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FAMILY REGISTRATION FORM >> UMDAP Information tab

Financial Liability – This field requires Client's or Responsible Party's monthly income amount. The next field labeled as "Gross monthly…" means wages, Social Security OASDI, SSI or SSP, etc. received by each family member. If applicable, income for "Spouse" and/or "Other" family members.

 # Dependents On Income – Enter family household number *(count all persons, including non-clients, in household).*

Asset Determination - This subsection is about liquid assets (convertible to cash). **Note** the data in the grayed fields are system populated. They are not editable fields.

***Always click **Add New Item** button in order to add a new UMDAP period. The system would not allow to make retro adjustments if charges are closed. In such cases, please send an email to nanalisa.rasaily@sfdph.org.

FAMILY REGISTRATION FORM >> FAMILY ACTIVATION DATE & UMDAP START DATE

The **Date** field in '**Family Activation Date**' (in the first tab) must match with the '**Start Date of UMDAP Year'** (in the last tab).

Start Date Of Family Membership (in Family Members tab) – The system will only allow you to enter a different year, but not month and day, when you need to add a new member.

The **Client ID #** (in Family Members tab) allows the **Family Account #** to link with the Financial Eligibility record. Thus when the UMDAP guarantor is added in Financial Eligibility form by the Billing Staff, the annual UMDAP liability will be distributed automatically.

*** If a Client has Medi-Cal Share of Cost benefit and the Family Registration form is not completed with the current UMDAP information, the system will generate monthly Patient Statement with an indication of **Full Pay** on the top right corner of the statement.

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FAMILY REGISTRATION FORM >> FAMILY MEMBERS >> END DATE OF FAMILY MEMBERSHIP

Family Registration
Family Members
UMDAP Information
Submit

Family Membership Information

Client ID#	Family Member Name	...	Date Of ...	Age at Time of Data Entry	Country Of Or...	Ethnic O...

Add New Item | Edit Selected Item | Delete Selected Item

Client ID#

End Date Of Family Membership
T Y

When to enter **'End Date of Family Membership'** and why?

If Clients who have '**Full Scope Medi-Cal'** benefit and are NOT required to complete the financial assessment for **Patient Sliding/UMDAP Fee**.

If you enter '**End Date of UMDAP Year**' as '**End Date of Family Membership**' this would remove the Client's name or PATID from showing up on the '**PFI/UMDAP Due Report by Program**'.

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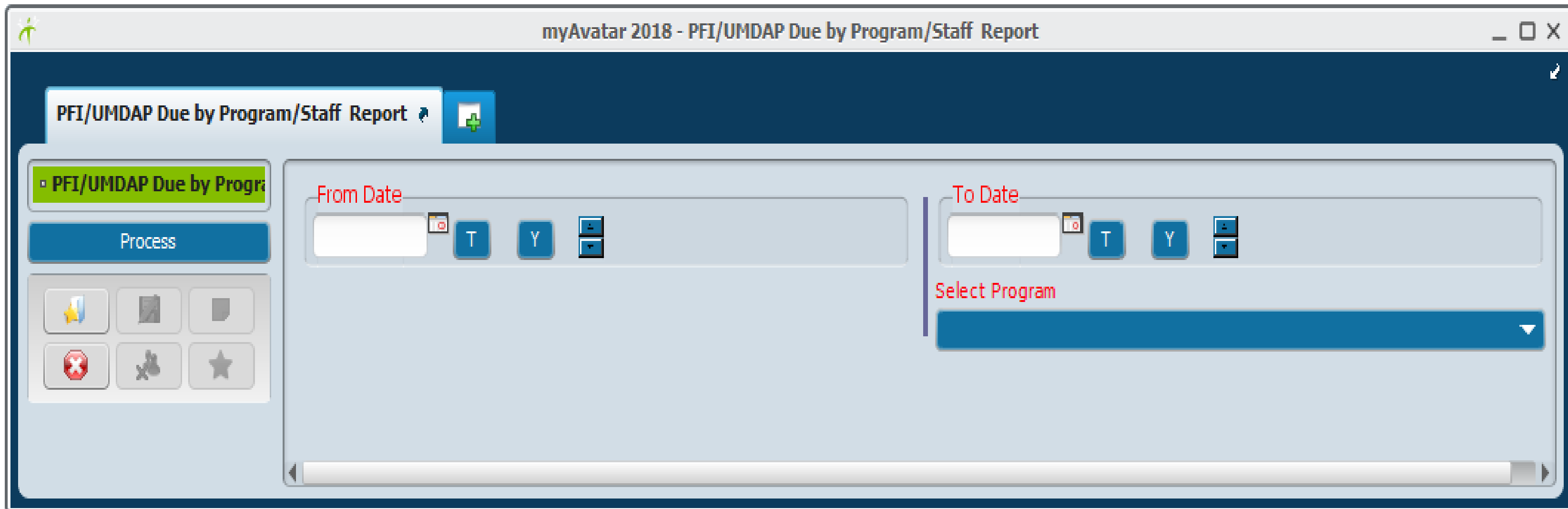
PFI/UMDAP DUE BY PROGRAM/STAFF REPORT



The report is designed to display the client records whose annual UMDAP periods have expired and a new UMDAP period needs to be added in Family Registration form, if the Client is still receiving services at your program. The report should be run a weekly basis to easily track and distribute among the responsible staff.

MEDI-CAL SHARE-OF-COST (SOC)

"Share of Cost" is the amount you agree to pay for health care before Medi-Cal starts to pay. This is called "meeting your share of cost." Your Share of Cost is a set amount based on how much money you make. The more money you make, the higher your Share of Cost is. You only need to meet your Share of Cost in the months that you get health care services. After you meet your share of cost, Medi-Cal pays for your care the rest of that month. It is like a monthly deductible.

Monthly Cost	Yearly Service Cost	Monthly SOC	Yearly SOC	UMDAP
$ 1,200.00	$ 14,400.00	$ 500.00	$ 6,000.00	**$ 120.00**

FULL SCOPE MEDI-CAL AID CODE 6G

Code	Benefits	SOC	Program/Description
6G	Full Scope	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.

The SOC that shows on client's record is the monthly premium that needs to be paid. This program gives clients who are federally disabled and working the opportunity to be covered by Medi-Cal instead of having a high share of cost as long as they meet the criteria. It is their primary coverage if they don't have Other Health Coverage or Medicare. They are obligated to pay this "premium" monthly unlike share of cost which they don't have to if they did not avail of services in a particular month.

The client is responsible for sending their monthly premium to the State either via US mail or through auto debit (EFT) from their account. Most of the time, such clients have Medicare as their primary and Full Scope Medi-Cal as secondary coverage. The monthly premium amount is usually between $20-$250. Thus do not collect any money from such clients.

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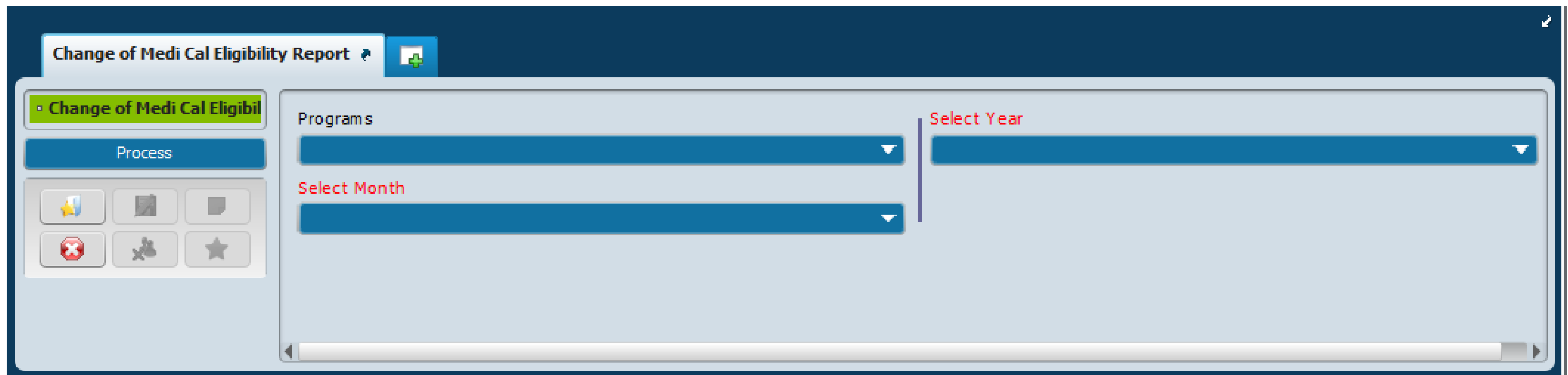
CHANGE OF MEDI-CAL ELIGIBILITY REPORT



The clinic staff needs to run this report on a monthly basis to determine the eligibility status of their clients. If there is a change, a new EGI (Episode Guarantor Information) form needs to be completed in order to notify the Billing Staff.

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CHANGE OF MEDI-CAL ELIGIBILITY RESULT

San Francisco Department of Public Health
Community Behavioral Health Services

Change of Medi-Cal Eligibility by Program Report
For August 2017

Confidential Patient Information

Epi #	Epi Open Date	Meds ID	Guar	Guar Effective Date	Termination Date		Aid Code	Share of Cost	Other Health Coverage	Elig stat	Elig stat code
65	1/18/2017		88	1/1/2017		Before:			D	NO ELIG	999
						Now:	6H		D		
24	6/21/2017		88	6/1/2017		Before:	M1		A		1
						Now:	M1		K		
1	6/14/2017		88	6/1/2017		Before:	14		D		301
						Now:	1H		D		
2	12/21/201:		88	12/21/2012	4/30/2013	Before:			N	NO ELIG	999
						Now:	37		N		
4	2/27/2015		88	2/1/2015	4/30/2015	Before:			D	NO ELIG	999
						Now:	67		D		

HOW TO READ THE CHANGE OF MEDI-CAL ELIGIBILITY RESULT

The **3-digit** status code **'999'**, **'791'** and **'691'** in the last column mean that client does not have coverage. The specific letters in the **OHC** (Other Health Coverage) column indicate as follows:

- **A** Applies to any carrier

  Note: Services are directly billable to Medi-Cal.
- **D** Medicare Part D Prescription Plan
- **F** Medicare Part C Health Plan
- **H** Multiple Plans Comprehensive
- **K** Kaiser
- **N** No Other Health Coverage
- **P** PPO/PHP/HMO/EPO Private Health Plan

HEALTHY SAN FRANCISCO (HSF)

Healthy San Francisco (HSF) enrollees include working individuals whose Employers chose the City's plan for their employees and SF residents who have signed up for low or no cost healthcare coverage. HSF enrollees have a **Quarterly Participant Fee** depending on their income and FPL (Federal Poverty Level), which is determined at the time of enrollment. Participants who earn less will pay less; Participants who earn more will pay more.

In addition, the enrollees have a **Point-of-Service (POS) Fee** depending on their income that is payable at the time of services are being rendered. HSF enrollees who receive specialty services from BHS providers are assessed a POS fee amount that is different than POS fees charged in Primary Care Clinics because the CA Department of Health Care Services (DHCS) requires BHS to use UMDAP.

Further, DHCS allows SFDPH - BHS to deduct the Clients' HSF Participation Fee (i.e., the annual premium paid for HSF coverage) from their UMDAP annual liability amount. This adjusted annual UMDAP amount is divided by 12 (months). The resulting amount is the HSF Client's monthly POS fee for CBHS services.

Should you have any questions for HSF benefit coverage, please call 415.255.3680.

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2018 Uniform Patient Fee Schedule								
Annual/Monthly Income Guidelines			MAGI*	Persons Dependent on Income Annual Deductibles				
FPL	Annual	Monthly	Monthly Adjusted Gross Income	1	2	3	4	5 or more
100%	$ 12,140	$ 1,012	1000-1049	$ 111	$ 100	$ 90	~~$ 81~~	~~$ 73~~
105%	$ 12,747	$ 1,062	1050-1099	$ 125	$ 112	$ 101	~~$ 91~~	~~$ 82~~
110%	$ 13,354	$ 1,113	1100-1149	$ 140	$ 126	$ 113	~~$ 102~~	~~$ 92~~
115%	$ 13,961	$ 1,163	1150-1199	$ 156	$ 140	$ 126	$ 113	~~$ 102~~
120%	$ 14,568	$ 1,214	1200-1249	$ 177	$ 159	$ 143	$ 129	~~$ 116~~
125%	$ 15,175	$ 1,265	1250-1299	$ 200	$ 180	$ 162	$ 146	~~$ 131~~
130%	$ 15,782	$ 1,315	1300-1349	$ 226	$ 203	$ 183	$ 165	$ 149
135%	$ 16,389	$ 1,366	1350-1399	$ 255	$ 230	$ 207	$ 186	$ 167
138%	$ 16,753	$ 1,396	1350-1399	$ 255	$ 230	$ 207	$ 186	$ 167
140%	$ 16,996	$ 1,416	1400-1449	$ 288	$ 259	$ 233	$ 210	$ 189
145%	$ 17,603	$ 1,467	1450-1499	$ 326	$ 293	$ 264	$ 238	$ 214
150%	$ 18,210	$ 1,518	1500-1549	$ 368	$ 331	$ 298	$ 268	$ 241

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2018 Uniform Patient Fee Schedule									
Annual/Monthly Income Guidelines			MAGI*	Persons Dependent on Income Annual Deductibles					
FPL	Annual	Monthly	Monthly Adjusted Gross Income	1	2	3	4	5 or more
155%	$ 18,817	$ 1,568	1550-1599	$ 416	$ 374	$ 337	$ 303	$ 173
160%	$ 19,424	$ 1,619	1600-1649	$ 470	$ 423	$ 381	$ 343	$ 309
165%	$ 20,031	$ 1,669	1650-1699	$ 531	$ 478	$ 430	$ 387	$ 348
170%	$ 20,638	$ 1,720	1700-1749	$ 600	$ 540	$ 486	$ 437	$ 393
175%	$ 21,245	$ 1,770	1750-1799	$ 678	$ 610	$ 549	$ 494	$ 445
180%	$ 21,852	$ 1,821	1800-1849	$ 752	$ 677	$ 609	$ 548	$ 493
185%	$ 22,459	$ 1,872	1850-1899	$ 835	$ 752	$ 677	$ 609	$ 548
190%	$ 23,066	$ 1,922	1900-1949	$ 927	$ 834	$ 751	$ 676	$ 608
195%	$ 23,673	$ 1,973	1950-1999	$ 1,029	$ 926	$ 833	$ 750	$ 675
200%	$ 24,280	$ 2,023	2000-2049	$ 1,142	$ 1,028	$ 925	$ 833	$ 750

WHEN IS A NEW EGI, UMDAP/PFI AND/OR CONSENT FOR BILLING REQUIRED?

Authorization to Release Information for Billing and Assignment of Benefits

- PHI requirement, per 42 CFR
- First time
- Annually
- For all Clients across the board (MH and SUD)

Note: *The form is signed by the Client or their Responsible Party, to document their consent and authorization to release health information for billing purposes, agreement for coordination of healthcare benefits, and assignment of benefits (i.e., health coverage payments) to the SF Department of Public Health.*

EGI (Episode Guarantor Information)/PFI (Payer Financial Information)

- First time
- Annually
- Whenever there is a change of benefit coverage information

Note: *Per State Regulations, an EGI must be completed for the Client upon Admission into a MH or SUD treatment program; and, at least annually for Clients who are continuing to receive services from SFDPH - CBHS.*

UMDAP/Sliding Fee

- First time and annually (12 months from when it is completed)

Note: *If a client has an Out-of-Pocket expense, such as a monthly Medi-Cal Share-of-Cost, Medi-Cal annual deductible and Co-insurance amounts payable, Medi-Medi-SOC, HSF, only Medicare Part B (no Medi-Cal coverage as secondary), Medicare Part C or HMO or Private Insurance coverage, and is unable to pay these amounts, Providers use UMDAP to determine a Sliding Fee amount that the Client or their Responsible Party can pay for services received from CBHS Providers. Mental Health Programs complete the Avatar Family Registration form/screen to enter UMDAP for their Clients.*

RESOURCES

Please copy and paste the URLs on your internet browser to view these online documents.

Handling of Patient Payments in BHS Programs

https://www.sfdph.org/dph/files/CBHSPolProcMnl/2.03-18.pdf

Uniform Patient Fee Schedule and 2018 FPL Guidelines

https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/2018UniformPatientFeeSchedule.pdf

UMDAP Sliding Fee Scale

https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/UMDAPSlidingFeeSchedule.pdf

QUESTIONS?

Please send your feedback to nanalisa.rasaily@sfdph.org.

Thank you for your participation.

BHS Patient Accounts Billing Unit