

MH and SUD Programs - Billing Bulletin

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Claim Remedi – CBHS Billing is rolling out a new, one-stop, Web-based application next month for BHS Programs to verify Clients' healthcare coverage and benefits information. Authorized Users will be able to access Clients' eligibility information under Medi-Cal, Medicare, Covered California healthplans, Private HMO and Commercial Insurance carriers, the San Francisco Health Plan and Healthy San Francisco. Please submit the names of the Clinic Staff who perform eligibility verifications and are authorized by the Program's Director to access the Claim Remedi website. Send an e-mail with your Clinic's Name, Reporting Unit/Program Code number, up to 3 Staff Names, their e-mail addresses and phone numbers to: Aiti.Ho@sfdph.org. Each User will be issued a User Account and Password to access the secure website for individual Client look-ups. Training on how to use the Eligibility Verification application will be conducted by webinar or teleconference on April 14, 2016 at 2:00pm. Authorized Users will receive training information by e-mail in advance of this date.

Avatar Guarantors effective 3/1/2016 – new Guarantors for MH and SUD Clients' services were added to Avatar. The **Uninsured** guarantor **#127** is used for Clients who do not have Medi-Cal, Medicare, or health insurance coverage. If you have Clients who are Uninsured, please enter this guarantor into their Episode Guarantor Information form in Avatar/ CalPM.

Emergency and/or Pregnancy-related services are the only services covered by Medi-Cal for Clients with Restricted aid codes, all other services are not covered. Also, some Medi-Cal Aid Codes do not cover MH and/or SUD services. **MH Restricted Medi-Cal guarantor #89** and **DMC SUD Restricted Medi-Cal guarantor #128** are the guarantors used for Clients with Restricted or Limited Scope Medi-Cal benefits. Refer to the "SDMC Master Aid Code Chart" on the DHCS website for information: www.dhcs.ca.gov/services/Documents/AidCodeChart.pdf

SDMC requirements for "Emergency Indicator" and "Pregnancy Indicator"
MH & Drug Medi-Cal Providers are required to enter information in Avatar/CalPM so that an "Emergency Indicator" or a "Pregnancy Indicator" can be included on Medi-Cal claims. This is particularly important for Medi-Cal Clients with Restricted or Limited Scope Aid Codes. For these Clients, the Indicator signifies that services you are billing for them are covered by Medi-Cal. Mental Health and Drug MC claims are not

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generated for Services that are not covered by Medi-Cal because it is against Federal Compliance Rules and DHCS Medi-Cal Regulations to submit claims for Services that are not covered by Medi-Cal. Services rendered to Clients with Restricted or Limited Scope Medi-Cal benefits that do not have an Emergency or Pregnancy Indicator, will be automatically dropped to the “Uninsured” guarantor. These Services are counted as “Non-Medi-Cal” units on Avatar reports.

Please look for separate documents about the “Avatar Pregnancy Indicator” and for “Avatar Emergency Indicator” information. Title 42 Code of Federal Regulations definitions for “Emergency Medical Conditions” and “Emergency Services” are included. These documents will be sent by e-mail to CBHS MH and SUD Programs by Molly Bode (AOA Programs) and by Nina da Silva (CYF Programs). They can also be downloaded from the SFDPH – CBHS Intranet. Send an e-mail to Maria.Barteaux@sfdph.org to request a copy of these documents and for further questions you may have.

Medicare Provider Revalidations

Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled Medicare Clinicians and Organization providers to revalidate their Medicare enrollment information under new enrollment screening criteria. CMS just completed their initial phase for this and they are now starting Phase 2 Provider Revalidations. Providers will receive a letter from Noridian, the Medicare Administrative Contractor (MAC) if they are required to revalidate their Medicare Enrollment within the next 6 months. CBHS Contract Providers who are Medicare certified are urged to review their Medicare Enrollment information on the CMS (Center for Medicare & Medicaid Services) website: CMS.gov Actions required for revalidation must be completed by the Due Date specified in the letter; otherwise, their Medicare PTAN may be inactivated and billing privileges revoked.

REMINDERS to Clinicians and Program Staff:

- The Welfare & Institutions Code and DHCS regulations require all Clients receiving Services from County Short-Doyle MC programs to complete a PFI /UMDAP upon Admission, annually before their UMDAP Period expires, and anytime there is a change in their healthcare coverage or financial status. MH and SUD Providers fulfill this requirement by completing the EGI or “Episode Guarantor Information” form in Avatar/CalPM. The Avatar/ CalPM/ Family Registration form is also completed for Mental Health Clients who have an annual UMDAP Patient Fee Liability. Please run the “UMDAP Due Report” in Avatar to find Clients whose PFI/UMDAP will expire in the next 45 days from the report run date, and has already expired.

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- An ICD-10 Diagnosis is required when billing MH or SUD Services with dates on or after October 1, 2015. A covered diagnosis is always required on MH Medi-Cal and on Drug Medi-Cal service claims. The Diagnosis Effective Date must cover the Service dates you are billing. Clinician training about Avatar MH or SUD Diagnosis requirements is available. Please send a request to Joe Turner, CBHS Clinical Documentation Specialist by e-mail to: joe.turner@sfdph.org
- Providers are urged to generate monthly Avatar reports for their Program Code/ Reporting Units (RU) to confirm all Services were billed correctly. Please reconcile your Units of Service in Avatar so they match up to Units of Service on your monthly Invoices to CBHS. This will hopefully avoid unpleasant surprises at the end of the Fiscal Year when Cost Reports are finalized. The final deadline for all FY15-16 services is August 31, 2016.
- Please notify the CBHS Compliance Office whenever your Program has any Clinician Staff changes (new, changes, terminations) so they may update their Avatar Practitioner Enrollment /Staff ID record.
- It is better to find billing errors early! It harder to correct errors if services were already claimed. Please contact the Avatar Help Desk for any service corrections that are needed.
- Please send any questions or comments you have about information contained in this bulletin to: maria.j.barteaux@sfdph.org