

Online Eligibility Training will be held via WebEx on

Thursday, August 4th, 2016 at 02-3:00 PM

or

Tuesday, August 9th, 2016 at 11-12:00 Noon



claim remedi

**Presented by BHS Billing Unit
1380 Howard Street, SF 94103**

INSTRUCTIONS ON HOW TO MUTE YOUR PHONE

- Please Mute your phone and DO NOT put the call “ON Hold.”
- Press *6, to place your line in Listen-Only mode (Mute).
- When in Listen-Only mode, press *6, to take yourself OFF Mute.

NOTE TO PARTICIPANTS

- Option to ask a question at the end of the presentation
- Please unmute your line by pressing *6.



TRAINING AGENDA

Welcome and Introductions

Training Objective:

- To provide guidance on how to check eligibility verification
- How to determine different types of benefit coverages
- How to use ClaimRemedi Eligibility Verification Tool
- Resources
- Open session for questions

The application is supported by **Mozilla Firefox** browser.



MEDI-CAL ELIGIBILITY GUIDELINES

The provider must determine the type of Medi-Cal benefit coverage the client has based on **Short-Doyle Medi-Cal (SDMC) Aid Code Master Chart**

<http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SDMCAidCodeChart11-24-15.pdf>

• Full Scope	• Share-of-Cost (SOC)	• Restricted	• Out-of-County
Medi-Cal provides free health coverage for FPL (Federal Poverty Level) below 100% (\$11,770/yearly or \$981/monthly)	<ul style="list-style-type: none"> - If SOC, ask how much can the client pay? - Sliding fee option (UMDAP) is available - Complete Family Registration e-form on a yearly basis 	Must ensure either 'Emergency Indicator' button is selected on 'Edit Service Info' e-form Or 'Pregnancy Indicator' on 'Patient Conditions' and 'Client Condition-Pregnancy' e-forms)	Must obtain written authorization from Host or Responsible County

Medi-Cal with Other Health Coverage (OHC)

Services must be billed to OHC first, before billing to Medi-Cal system. See the [Episode Guarantor Information \(EGI\) Refresher Training](#) online document for more information.

<https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/EGI/RefresherTraining.pdf>

MEDICARE ELIGIBILITY GUIDELINES

Who is eligible for Medicare benefit coverage?

People over 65 and individuals who are under age 65 with certain disabilities; and individuals with End-Stage Renal Disease.

- Difference between Part B (Original Fee-For-Service) and Part C (Risk HMO/Replacement) coverage

Part B (Original FFS):

- Program must be enrolled with Medicare system
- Providers must be Medicare eligible and enrolled in Medicare system
- Only MD, NP, PA, CNS, LCSW, MSW, DSW or PhD can bill Medicare
- A yearly **ABN** (Advance Beneficiary Notice) is required.

Part C (HMO - Private Health Plan):

Refer client to their in-network providers

If a health plan is listed on DHCS Part C Exempt List, then you may provide MH specialty services

- Inland Empire Health Plan
- SCAN Health Plan
- Blue Shield of CA
- Care 1st Health Plan

MEDICARE ADVANTAGE (PART C) PLANS CERTIFICATION STATUS

Health Plan Name	Federal Contract #	Certification Date	Certified Date Range (Revised Jun 9, 2015)
Blue Shield	H0504	06/15/16	01/01/14 - 12/31/16
Blue Shield of California	H5609	06/15/16	01/01/16 - 12/31/16
CalOptima	H5433	02/09/16	01/01/14 - 12/31/16
Care First Total Dual Plan	H5928	06/15/16	01/01/08 - 12/31/16
Health Net of California, Inc.	H0562	06/20/16	01/01/14 - 12/31/16
Health Plan of San Mateo	H5428	02/09/16	01/01/10 - 12/31/16
Inland Empire Health Plan (IEHP)	H5640	06/15/16	01/01/11 - 12/31/16
Molina Healthcare of California	H5810	06/15/16	01/01/11 - 12/31/16
SCAN Health Plan	H5425	06/15/16	01/01/11 - 12/31/16

Note: these plans are valid until the end of December 2016. The list is certified by Department of Healthcare System (DHCS).

HOW DOES MEDICARE (PART B) PAY?

Medicare Billing and Payment Breakdown as an example:

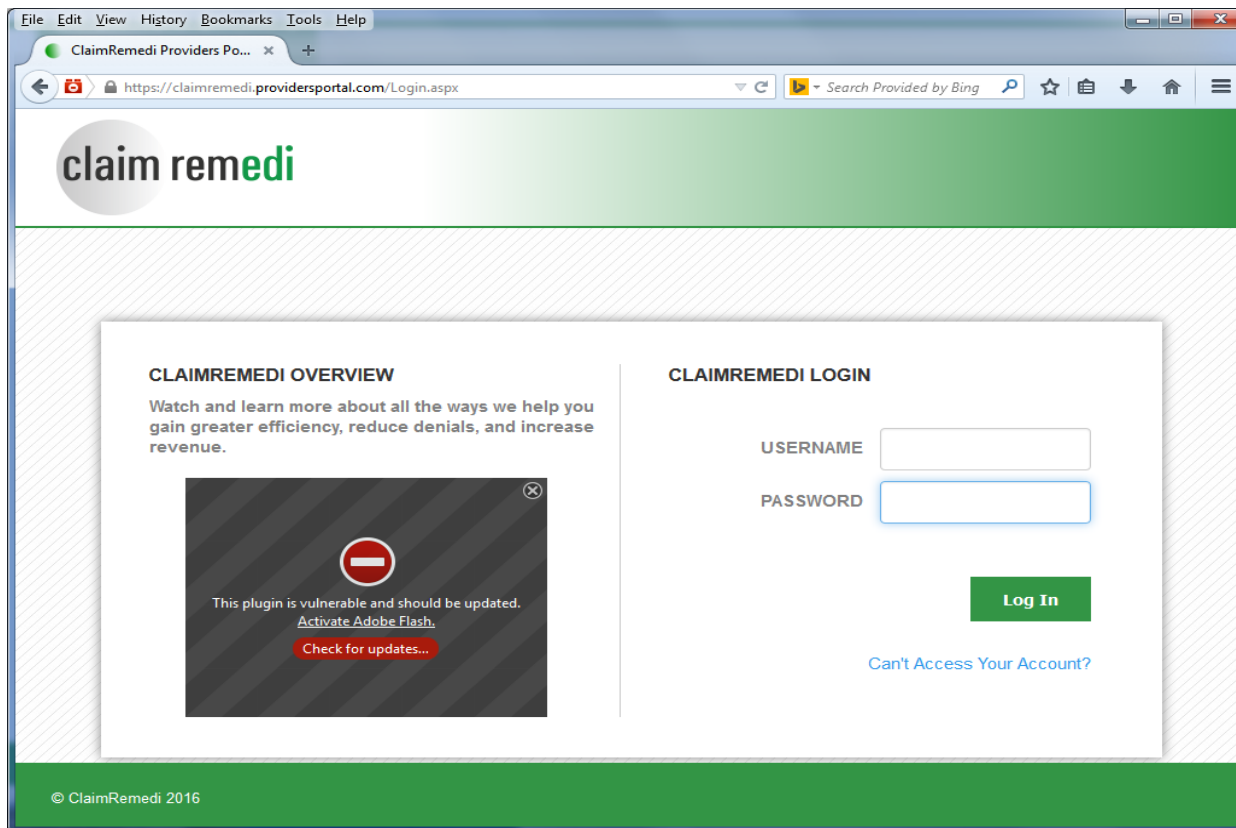
The **Original Medicare Fee-For-Service (FFS)** enrollees are responsible for their annual deductible of **\$166 in 2016 and 20%** coinsurance of MPFS. However, if a service is not payable by Medicare, we are allowed to bill Medicare beneficiaries, unless they have Full-scope Medi-Cal benefits as a secondary coverage, not Medi-Cal with monthly share-of-cost (SOC) coverage.

Service	BOS (Board of Supervisors' Rate)	MPFS (Medicare Physician Fee Schedule)	Contractual Adjustment	80 % of MPFS Payment	20 % Coinsurance Member Liability
90792	\$ 150.00	\$ 100.00	\$ 50.00	\$ 80.00	\$ 20.00

<https://claimremedi.providersportal.com/Login.aspx>

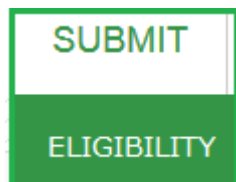
Username: individual email address

Password: xxxxxx (case-sensitive)



The screenshot shows a web browser window displaying the ClaimRemedi Providers Portal login page. The browser's address bar shows the URL <https://claimremedi.providersportal.com/Login.aspx>. The page features the 'claim remedi' logo at the top left. Below the logo, there are two main sections: 'CLAIMREMEDI OVERVIEW' and 'CLAIMREMEDI LOGIN'. The 'CLAIMREMEDI OVERVIEW' section contains a video player that is blocked by a security warning: 'This plugin is vulnerable and should be updated. Activate Adobe Flash. Check for updates...'. The 'CLAIMREMEDI LOGIN' section includes two input fields for 'USERNAME' and 'PASSWORD', a green 'Log In' button, and a link for 'Can't Access Your Account?'. The footer of the page displays '© ClaimRemedi 2016'.

CHECK INDIVIDUAL ELIGIBILITY



Eligibility can be checked by hovering over **SUBMIT** menu and selecting **ELIGIBILITY** option on the top. A new window called **SUBMIT ELIGIBILITY** will open up to allow the user select **PAYER** dropdown list on the left, or select checkbox to display **Show All Payers** option.



SUBMIT ELIGIBILITY



PAYER

Show All Payers

SEARCH OPTIONS

No Search Options

PAYER HELP

No Payer Notes

KEY

*	Required Field
?	Hover for help
SSN	Do not include dashes

ELIGIBILITY SUBMISSION



Select a Payer

CHECK INDIVIDUAL ELIGIBILITY

Once a payer is selected, the requirements needed to run the eligibility will be displayed. Note: in the next column the **National Provider Identifier (NPI)*** and **Entity Identifier Code** that has already been pre-populated for you.

Next enter your client's information. Note: the red asterisk (*) denotes a required field. On date of birth you do not need dashes or slashes, but it will require a four digit birth year. Once you have filled out all of the required information, click on the **WHITE CHECKMARK** at the top right hand side of this screen, this will run the eligibility.



SUBMIT ELIGIBILITY



PAYER

Medi-Cal - Enhanced (CE02) ▼

Show All Payers

SEARCH OPTIONS

DOB + MemberID

PAYER HELP

No Payer Notes

KEY

* Required Field

? Hover for help

SSN Do not include dashes

ELIGIBILITY SUBMISSION - MEDI-CAL - ENHANCED (CE026)



PROVIDER INFO

NPI

1417099789

Provider PIN * ?

01948109

Payer UserID * ?

0000038CX

Entity Identifier Code

Provider ▼

FTID

946000417

SUBSCRIBER INFO

Member ID

Date of Birth *

Date

Date of Service

Date 07/08/2016

Service Type Code *

Medical Care (1) ▼

Date of Issue

Date

ELIGIBILITY RESPONSE

A new screen will appear with your returned results. You will see at the top of your screen you have the option to archive this result, print it, edit, or start a new transaction. These response can be found in your **SEARCH** option for future references.



If benefit coverage results are displayed, you will notice three different tabs, the **Coverage Tab**, which will show the different coverage types that are available for that client. The next tab is the **Financial Tab**, this will show a percentage coinsurance amount, and whether authorization is required for the coverage types listed. Finally, we have the **Exclusions Tab**, will list any exclusions to the coverage.

ELIGIBILITY RESPONSE



ARCHIVE

PRINT

EDIT

NEW

Last First M
 [REDACTED]

Payer
Medi-Cal - Enhanced
 Provider ID **1417099789**
 Transaction ID **118918803**

Status Active Coverage - Health Benefit Plan Coverage

REQUEST DETAILS

Provider NPI 1417099789	Payer ID CE026	Provider City Not Given	Provider PIN 01948109
Provider FTID 946000417	Subscriber Date Of Birth [REDACTED]	Service Type Medical Care	Member Identification Number [REDACTED]

RESPONSE DETAILS

Coverage (8)

Financial (0)

Exclusions (0)

Subscriber Member ID	[REDACTED]	DOB Gender Address	[REDACTED]
Issue:	7/8/2016	Group Number:	<u>60 (PRIMARY AID CODE)</u>

TITLE	VALUE	%	AMOUNT	IN PLAN	AUTH REQ
Coverage Service Type	Active Coverage Health Benefit Plan Coverage				
Coverage Service Type Plan Coverage Description	Benefit Description Health Benefit Plan Coverage SUBSCRIBER LAST NAME: [REDACTED]				
Coverage Service Type Plan Coverage Description	Benefit Description Health Benefit Plan Coverage EVC #: 867CKLPX5N				

ELIGIBILITY RESPONSE



<p>Coverage Service Type</p>	<p>Active Coverage Health Benefit Plan Coverage</p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage SUBSCRIBER LAST NAME: ██████████</p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage EVC #: 867CKLPX5N</p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage <u>CNTY CODE: 38</u></p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage <u>PRMY AID CODE: 60</u></p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage <u>MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN</u></p>				
<p>Coverage Service Type Plan Coverage Description</p>	<p>Benefit Description Health Benefit Plan Coverage SEE MESSAGE FOR ADDITIONAL INFORMATION</p>				
<p>Coverage Service Type Plan Coverage Description Referral Number Description Note</p>	<p>Benefit Description Health Benefit Plan Coverage <u>COUNTY CODE 38 - San Francisco</u> 867CKLPX5N EVC Number <u>HEALTH PLAN MEMBER. PHP-ANTHEM BLUE CROSS. MEDICAL</u> CALL (800)407-4627</p>				

SUBMIT ELIGIBILITY



PAYER

Medicare (00431) ▼

Show All Payers

SEARCH OPTIONS

DOB + FirstName + LastName + MemberID

PAYER HELP

Allowable service types: Alternate Method Dialysis, Health Benefit Plan Coverage, Home Health Care, Hospital, Renal Supplies in the Home, Skilled Nursing Care.

KEY

* Required Field

? Hover for help

SSN Do not include dashes

ELIGIBILITY SUBMISSION - MEDICARE (00431)



PROVIDER INFO

NPI *

1376659888

Entity Identifier Code

Provider ▼

SUBSCRIBER INFO

Member ID *

Date of Birth *

Date

First Name *

Last Name *

Date of Service

Date

07/08/2016

Date of Service End

Date

07/08/2016

Service Type Code *

Health Benefit Plan Coverag ▼

ELIGIBILITY RESPONSE WITH ERROR MESSAGES



If you receive an error message there are a few things that you can do to try to rectify the situation. You can go back to the information that you previously entered by clicking the **EDIT** button. First, check to make sure you have selected the correct payer, and that you entered the eligibility information correctly as noted in the search options.

UPCOMING ENHANCEMENT ON ELIGIBILITY RESULTS

- Add different types of tabs for Medicare Part A, B, C and D
(in-process with CR Development Team)

HOW TO UPDATE TO FIREFOX BROWSER TO VERSION 47.0.1

Go to **'Help'** menu on the top and select **'About Firefox'** option.



Click **'Check for updates'** button. If it asks you to **'Restart'**, click **'Yes'**. This will only restart your **Firefox** browser. The **Claim Remedi** application is compatible to version **47.0.1**.



Claim Remedi One-Stop Eligibility Verification Tool

RESOURCES

This presentation will be posted online on **Avatar User Support** page.

Avatar User Support

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp>

Go to **Billing Documentation** section below.

Episode Guarantor Information Refresher Training

<https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/EGI-Refresher-Training.pdf>

Announcement:

We have extended the option to attend this training **in-person** that will be held on **Tuesday, July 26th, at 1:30-2:30 PM** and **Friday, August 12th, 2016 at 1:30-2:30 PM** at **101 Grove, 3rd Floor Room #: 300.**

Any questions?

Should you need further assistance in the future, please send an email at nanalisa.rasaily@sfdph.org

Thank you for your participation.

BHS Billing Unit