



**Presented by Billing Unit
January 2018**



Episode Guarantor Information (EGI) Training

Name	Menu Path
Episode Guarantor Information	Avatar PM / Client Management / Account Management

Clinic Staff will register the client in Avatar system

Step 1:

Clinic will complete a new EGI e-form as part of the **Admission Outpatient Bundle** in CalPM.

Billing Staff

Step 2:

Billing will run **Benefit Coverage Report** next day and verify eligibility data before adding guarantors in **Financial Eligibility** record in Avatar system.



Purpose:

The Episode Guarantor Information form collects healthcare and benefit coverage information for Mental Health and Substance Abuse Clients for SFDPH – Behavioral Health Services to determine eligibility and to obtain reimbursement for services received by the Client.

How do you get to Episode Guarantor Information e-Form?

Authorized Avatar system Users, including Intake Coordinators, and Clinical Staff have access to the Episode Guarantor Information e-form (EGI). The EGI is a stand-alone form in Avatar system and is also a part of the Admission Outpatient Bundle in CalPM.

Menu Path > Avatar PM > Client Management > Account Management > Episode Guarantor

Name	Menu Path
Episode Guarantor Information	Avatar PM / Client Management / Account Management

In MyAvatar system, go to the “Search Forms” option and type “episode”; select “**Episode Guarantor Information**” from the dropdown list and press **Enter**. If accessed as part of the Admission Outpatient Bundle, the top portion of the form is pre-populated.

In the “**Client ID**” field, enter client ID # or type in LastName,FirstName. Click on the magnifying button to activate search. The dropdown list will display the client meeting the search criteria. Select the client by double clicking on the name or by using the arrow keys to move to the desired client and press **Enter**.



The EGI e-form displays eight subsections on the top left side margin

- Select the “**Program Type**”, either “**Mental Health**” (MH), or “**Alcohol Drug Program**” (ADP) on the top.
- Select the “**Submission Type**”, either “**New Eligibility Record**”, or “**Update an Existing Record**”.
- Enter the current date. If it is an update for an existing client, enter the “**Change of Coverage Effective Date.**”

Click the desired option from the left site menu, which selects and expands the section on the right side of the e-form. The user must checkmark the desired checkbox from the “**Benefit Coverage**” summary section in order to activate the input fields and different elements of coverage section.

TIPS:

- Each section can be collapsed and expanded by clicking on the arrow buttons displayed on the section sub headers.
- Do not enter a ‘Termination Date’ unless you have confirmation their healthcare coverage has been terminated.
- If you unselect a checkbox on the “**Benefit Coverage**” section, it deactivates the corresponding summary section.



Beginning of EGI e-form

Chart | Episode Guarantor Information

Episode Guarantor Infor...

- Medi-Cal
- Medicare
- Healthy San Francisco
- Patient Fee Liability
- Private Health Insurance/...
- San Francisco Health Plan
- Other Funding Sources
- Assignment of Benefits, R...

Submit

Client Name: _____

Subscriber's Social Security Number: _____

Date of Birth: [T] [Y] []

Program Type

Mental Health Substance Use Disorder

Submission Type

New Eligibility Record Update an Existing Record

Date of Entry / Update: 01/18/2018 [T] [Y] []

Benefit Coverage

Medi-Cal

Medicare (Part B or Part C)

Healthy San Francisco

Patient Fee Liability

San Francisco Health Plan

Private Health Insurance/Covered CA

Other Funding Sources

Uninsured

Is Client Homeless?

Yes No

Client is Uninsured

Referred for Medi-Cal Enrollment

Referred For Healthy San Francisco

Other

- Select the **“Program Type”**, either **“Mental Health”** (MH), or **“Alcohol Drug Program”** (ADP) on the top.
- Select the **“Submission Type”**, either **“New Eligibility Record”**, or **“Update an Existing Record”**.
- Select the appropriate checkboxes from **“Benefit Coverage”** list the Client has. Based on your selection(s), the system will trigger and activate the corresponding section below to enter the Client’s coverage or eligibility information. **Note:** If it is an update for an existing client, enter the “Change of Coverage Effective Date.”



Medi-Cal Benefit Coverage

Click **'Medi-Cal'** checkbox on the 'Benefit Coverage' option to activate input fields in **'Medi-Cal'** section.

The screenshot shows the 'Episode Guarantor Information' form. The 'Benefit Coverage' section is active, with the 'Medi-Cal' checkbox selected. The 'Medi-Cal' section is highlighted with a red box and contains the following fields:

- Medi-Cal** (Section Header)
- Share-of-Cost
- Full Scope
- Restricted
- Out-of-County
- Family Mosaic Project (FMP)
- Out-of-County Name:
- [Minor Consent Form \(MRD-80\)](#)
- Medi-Cal ID Number / CIN:
- Benefits Identification Card (BIC) Issue Date:
- Coverage Effective Date: T Y
- Termination Date: T Y
- Is this Episode related to a Pregnancy and/or Emergency?
 Emergency Pregnancy
- CYF Consent
 Katie A Minor Consent

Select the appropriate type of Medi-Cal coverage the Client has: **Full Scope, Share-of-Cost, Restricted, or Out-of-County**. Enter **'Medi-Cal CIN'**, and **'Coverage Effective Date'** (e.g. 01/01/2018).



Different Types of Medi-Cal Benefits

Clients with a **Share-of-Cost (SOC)** obligation are required by the Medi-Cal program to pay the Monthly SOC amount for services they received, before they become eligible for Medi-Cal benefits for the rest of the month.

This is similar to a deductible and is an out-of-pocket expense for the Client or their Responsible Party. The UMDAP (Uniform Method for Determining Ability to Pay) Sliding Fee option is available if the Client is unable to pay the SOC amount because of financial hardship that creates a barrier to receiving medically necessary mental health or substance use treatment services. Obtain substantiating information for their financial hardship and be sure to document their situation in the Client's Chart or CWS Progress Note in case of an audit. *(See Appendix A for additional information about UMDAP and the 1989 DMH UMDAP Fee Schedule)*

County Mental Health Plan Contact List

<http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

Select the **Out-of-County Medi-Cal** plan if the MC eligibility verification system or MEDS (Medi-Cal Eligibility Data System) shows the Client has a "Responsible County" other than San Francisco County - 38. If this is selected, the system requires you to enter the name of the County in the next input field. Per Title 9 CCR, written authorization from the Client's Medi-Cal Responsible County must be obtained before planned (e.g., non-urgent) services can be rendered. (See Appendix B for the list of California Counties and their contact Information). See **CBHS Policy #3.03-06** in reference to "**Out-of-County**" or **Treatment to non-San Francisco Residents**. <https://www.sfdph.org/dph/files/CBHSPolProcMnl/3.03-06-122009.pdf>

Restricted Medi-Cal benefits are available for Sensitive services or for undocumented California residents. If the MC eligibility verification system indicates the Client has restricted benefits, please select the "Restricted" Medi-Cal coverage on EGI. MC benefits are limited but may include: Inpatient or Outpatient treatment services that are directly related to an **Emergency** medical condition*; **Pregnancy** related (pre-natal, delivery and post-partum care), **Minor Consent or Sensitive Services** for Minors age 12 to 21. All other services are not covered. Additional information is required before SDMC claims can be submitted for services rendered.



Medicare Benefit Coverage

Select the appropriate 'Medicare' checkbox (Part B or Part C) on the "Benefit Coverage" option to activate input fields in 'Medicare' section. Enter client's Medicare HIC # (MBI effective 04/01/18), and **Coverage Effective Date**. Make sure **ABN** is completed on a yearly basis for Medicare **Part B** beneficiaries.

The screenshot shows the 'Episode Guarantor Information' form. The 'Benefit Coverage' section is expanded, and the 'Medicare' sub-section is highlighted with a red border. The 'Medicare' section includes checkboxes for Part A, B, C, and D, and input fields for Medicare ID or HIC Number, Medicare Beneficiary Identification (MBI), Coverage Effective Date, Termination Date, and ABN Completed. The 'Medicare ID or HIC Number' and 'Medicare Beneficiary Identification (MBI)' fields are currently empty. The 'Coverage Effective Date' and 'Termination Date' fields are also empty. The 'ABN Completed' field has radio buttons for 'Yes' and 'No'. A link for 'Medicare ABN Form' is visible at the bottom of the highlighted section.

Benefit Coverage

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured

Medi-Cal

Medicare

Part A: Hospital

Part B: Outpatient

Part C: HMO Plan/PPO

Part D: Pharmacy

Authorization Number

[Medicare ABN Form](#)

Medicare ID or HIC Number

Medicare Beneficiary Identification (MBI)

Coverage Effective Date **Termination Date**

ABN Completed

Yes No



Advance Beneficiary Notice (ABN)

ABN forms are required for all Medicare Clients because the majority of CBHS program services are not covered, including Rehab MH and Substance Abuse treatment services. (Medicare Clients should be referred to Medicare providers to the extent possible.) Dually eligible Medi-Medi or Insurance-Medicare Clients in CBHS programs receive services which may not be covered by Medicare. **The notice must be given to the patient before services are performed.**

The ABN is a yearly REQUIREMENT, if a service (MH and SA) is provided to beneficiaries enrolled in the Medicare Fee-For-Service (FFS) program(Part A and Part B), which allows us to bill the Medicare eligible beneficiaries for their portion of member liability (annual deductible + coinsurance) and for any Medicare non-covered services. It is **not** used for services provided under Medicare Advantage (MA) Plan (Part C). The ABN is used to fulfill both mandatory and voluntary notice functions. *Click **Medicare ABN Form**, if you need the form or obtain instructions on how to complete the form with your Clients.*

What you need to know about the ABN

<https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/What-You-Need-to-Know-about-the-ABN.pdf>

Part C - Senior Advantage Plan (HMO), (i.e. Part B is replaced by private health plan)

In BHS, Medicare Advantage Plan enrollees should be referred to their HMO in-network providers for services. BHS services may be provided if there is a proof or documentation that (a) their HMO insurance plan does not cover the services they need, or (b) their plan benefits are exhausted. Otherwise, a written prior authorization from the HMO plan and their agreement to pay for BHS services, a Single Case Agreement from the Medicare HMO is required before services can be provided. In addition, the **BHS Age Director's approval is required for the HMO-insured Client to be treated in a BHS Program/Clinic.**



Healthy San Francisco (HSF)

All HSF enrollees who have incomes above 150% FPL (Federal Poverty Level) have a Point-of-Service (POS) Fee that is payable at time of service. HSF enrollees who have income levels above FPL, and receive specialty services from CBHS are assessed a POS fee amount that is different than POS fees charged in Primary Care Clinics because the CA Dept. of Health Care Services (DHCS) requires CBHS to use UMDAP. Thus Family Registration Form must be completed to determine a POS fee minus their HSF annual Participation Fee. Further, DHCS allows SFDPH - CBHS to deduct the Clients' HSF Participation Fee (i.e., the annual premium paid for HSF coverage) from their annual UMDAP 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.

Benefit Coverage

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured

Is Client Homeless?

Yes No

Client is Uninsured

- Referred for Medi-Cal Enrollment
- Referred For Healthy San Francisco
- Other

▶ **Medi-Cal**

▶ **Medicare**

▼ **Healthy San Francisco**

Policy Number

Coverage Effective Date

04/28/2017

Termination Date

Select HSF (Healthy San Francisco) checkbox. Enter client's 14-digit '**Policy #**' and '**Coverage Effective Date**'.



Patient Fee Liability

**** Family Registration MUST be completed immediately in the MyAvatar system, in order to determine annual UMDAP liability amount. ****

As a Provider, you need to verify your client's Medi-Cal eligibility every month to determine what kind of benefit he/she has and the amount of SOC the Client has left to pay / spend-down for the month. Share-of-Cost is a monthly amount that the Client pays or is obligated to pay before their Medi-Cal benefits become available. (Medi-Cal deducts this amount from claims submitted for these Clients.) Determine if the Client can pay their SOC amount. If the Client cannot pay their monthly SOC, then complete the Avatar Family Registration form to determine their UMDAP Sliding Fee annual amount.

Note: the UMDAP amount covers the cost of mental health or substance abuse treatment services received from CBHS programs for a one-year period. You can divide the amount by twelve to determine their monthly UMDAP amount. Obtain the Client's signature on the 'Consent for Billing' form. Once the Client pays their SOC for the month or their UMDAP, CBHS Billing will "clear" Clients' SOC with Medi-Cal using the services the Client receives during the month.

All you need to do is enter these elements into Avatar CalPM, in the Client's Family Registration screen. The system will then do the calculation for UMDAP.



San Francisco Health Plan – Healthy Kids HMO and Healthy Workers HMO

SFHP is different than Regular Medi-Cal. Medi-Cal is the government program that decides whether you can get your health care paid for by the government. If Medi-Cal says you can, you are then able to sign up for a Medi-Cal managed care health plan. SFHP is one of the two Medi-Cal managed care health plans in San Francisco that you can join if you have Medi-Cal. SFHP does not decide whether or not you can enroll into a managed care plan. SFHP delivers the health care you are entitled to once you qualify for enrollment in a Medi-Cal managed care health plan and sign up with SFHP.

Fee-for-Service Medi-Cal (“Regular Medi-Cal”)

When you are a member of a managed care plan, the State pays the Plan on a monthly basis even if you do not receive services. You must see the providers who participate with the Plan except in cases of emergencies or when getting family planning or sensitive services.

With Fee-for-Service Medi-Cal also known as Regular Medi-Cal, you can see any provider that will accept Medi-Cal patients. The State pays the providers for the services they provide to you. If you think that you should be receiving care through regular Medi-Cal, call Health Care Options at **1(800) 430-4263**.

- Check ‘**SF Health Plan**’ option on the left site menu bar to select and expand ‘**SF Health Plan**’ section on the right side.
- Select ‘**SF Health Plan**’ checkbox on the “**Benefit Coverage**” summary section above to activate input fields in ‘**SF Health Plan**’ section.
- Select appropriate radio button (**Healthy Kids HMO** or **Healthy Workers HMO**).
- Enter the **Subscriber’s Policy #** and ‘**Coverage Effective Date**’.



San Francisco Health Plan – Healthy Kids HMO and Healthy Workers HMO

Date of Entry / Update
11/03/2017 [T] [Y] [Calendar]

Change Effective Date
[] [T] [Y] [Calendar]

Benefit Coverage

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured

Is Client Homeless? [Lightbulb]

Yes No

Client is Uninsured

- Referred for Medi-Cal Enrollment
- Referred For Healthy San Francisco
- Other

▶ Medi-Cal

▶ Medicare

▶ Healthy San Francisco

▶ Patient Fee Liability

▶ Private Health Insurance/Covered CA

▼ San Francisco Health Plan

San Francisco Health Plan

Healthy Kids HMO Healthy Workers HMO

Subscriber's Policy Number
[]

Coverage Effective Date [] [T] [Y] [Calendar] **Termination Date** [] [T] [Y] [Calendar]



Private Health Insurance (PPO & HMO Plans)

Benefit Coverage

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured

Is Client Homeless?

Yes No

Client is Uninsured

Referred for Medi-Cal Enrollment
 Referred For Healthy San Francisco
 Other

Private Health Insurance/Covered CA

Private Health Insurance:
Insured Clients require prior authorization or denial from their Insurance and CBHS approval before services can be provided.

Other Private Health Insurance

PPO Plan EPO Plan HMO Plan

Authorization

Yes No

Primary Insurance Carrier Name

Group, Policy# or Insurance ID#

Subscriber's Relationship to Client

Self Spouse
 Dependent Other Relation

Authorization Number

Subscriber's Last Name, First Name

Coverage Effective Date **Termination Date**

Other Relation



Private Health Insurance (PPO, EPO & HMO Plans)

Click 'Private Health Insurance' option on the left site menu bar to select and expand 'Private Health Insurance' section on the right side. Select 'Private Health Insurance' checkbox on the "Benefit Coverage" summary section above to activate input fields in 'Private Health Insurance' section.

Select appropriate radio button 'Yes' or 'No' for Authorization. If "Yes", enter "Authorization Number." Enter the Insurance Name, Subscriber's Name, Policy #, and Coverage Effective Date.

Note: CBHS is not in-network with any private health plan. Thus such insured Clients require a written prior authorization or documentation of their Insurance denial of coverage **and** BHS approval before non-emergency services are provided.

TIP: When a provider is enrolled becomes or signs up a contract with any private health plans, he/she becomes a in-network provider of that plan and is required to uphold their contract by providing services within their in-network group. If he/she chooses to refer a member to an out-f-network provider or outside agency (e.g. CBHS), then he/she will be violating their contract. That is why, PCPs from private health plans do not provide referrals to CBHS, unless special circumstances arise.



Private Health Insurance (PPO, EPO & HMO Plans)

PPO Plans

PPO plans gives flexibility to their Insured to select their healthcare Providers. PPO Enrollees can go to any health care Provider without first obtaining a referral from their Primary Care Physician (PCP) and they can go to Clinics that are Inside or Outside the Insurance Plan's Provider Network. If they receive healthcare services from their Plan's In-network Providers, their copay amounts or out-of-pocket expenses will be smaller and there is coverage for services received. If the Enrollee chooses to receive services from Providers who are NOT part of the Plan's Network, they will pay a higher Copay amount or out-of-pocket expense, and not all services may be covered. **The CBHS Policy requires written confirmation from the PPO Enrollee who wishes to receive their Specialty MH or SUD services from CBHS and pay a higher out-of-pocket cost for them, than they do from their PPO's In-network Providers.**

EPO Plans

EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans. EPO Enrollees do not need to choose a primary care physician, and they do not need to obtain a Referral before they see a Specialist. However, Enrollees have a limited network of doctors and hospitals to choose from. EPO plans do NOT cover care outside their Provider Network unless an emergency. It is important to know which Clients are enrolled in an EPO plan. If the Client obtains services from a Provider or Hospital that is not part of the EPO, the Client will pay all costs. **The CBHS Policy is to refer EPO enrollees to their EPO Network Providers for services.**

HMO Plans

With an HMO plan, the Client needs to pick a Primary Care Physician (PCP). Most of their health care services are provided by their PCP and referrals for Specialty health services the Client needs must be prior-approved, except in an emergency. Further, visits to health care professionals outside of the HMO Plan's network are typically NOT covered. **The CBHS Policy is to refer HMO enrollees to their HMO PCP for services.**



Services that are funded by a Grant, Work Order, or Other Payer sources

Click **“Other Funding Sources”** option on the left site menu bar to select and expand ‘Other Funding Sources’ section on the right side. Select **“Other Funding Sources”** checkbox on the “Benefit Coverage” summary section above to activate input fields in ‘Other Funding Sources’ section.

Select the appropriate checkbox indicating Funding Sources for the Client’s Episode services. Enter information that may be helpful for your Program services to tie to the correct funding source in **“Comment Box”** below. **Note:** Federal and State Grants may fund BHS Staff time used for providing specialty services. Select **“Other Grant”** if the Client’s services will be from Federal or State Grants. State and federal regulations prohibit billing Medi-Cal for these services.

Benefit Coverage

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured

Is Client Homeless? Yes No

Client is Uninsured

- Referred for Medi-Cal Enrollment
- Referred For Healthy San Francisco
- Other

Other Funding Sources

Services related to Grant, Work Order, Other Funding Sources

<input type="checkbox"/> CalWORKS	<input type="checkbox"/> Conservator	<input type="checkbox"/> County General Fund
<input type="checkbox"/> ERMHS	<input type="checkbox"/> HSA/DCYF	<input type="checkbox"/> DHS Foster Care Work Order
<input type="checkbox"/> MHSA Funding	<input type="checkbox"/> Other Grant	<input type="checkbox"/> Criminal Justice
<input type="checkbox"/> SAMHSA Grant	<input type="checkbox"/> Service Case Agreement	<input type="checkbox"/> Victim Witness

Victim Witness Case Number



Uninsured Guarantor (get the new screenshot)

The screenshot shows a form with two main sections. The left section is titled "Benefit Coverage" and contains a list of checkboxes: Medi-Cal, Medicare (Part B or Part C), Healthy San Francisco, Patient Fee Liability, San Francisco Health Plan, Private Health Insurance/Covered CA, Other Funding Sources, and Uninsured. The "Uninsured" checkbox is checked. The right section is titled "Is Client Homeless?" and has two radio buttons: "Yes" and "No". The "No" radio button is selected. Below this is another section titled "Client is Uninsured" with three radio buttons: "Referred for Medi-Cal Enrollment", "Referred For Healthy San Francisco", and "Other".

Effective 3/1/2016, a new guarantor was added to Avatar CalPM system to track clients who received MH and SUD services from BHS Providers. The Uninsured guarantor #127 is used for Clients who do not have Medi-Cal, Medicare or any kind of health insurance coverages at all. If you have Clients who are Uninsured, please select Uninsured checkbox on the EGI e-form.

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 will be counted as "Non-Medi-Cal" units on Avatar reports.

The SFDPH policy requires Uninsured clients to be referred to a Health Access Program so they may complete an application for healthcare benefits or insurance coverage. Please refer Uninsured persons to Healthy San Francisco, Covered California, or to their local Human Service Agency to obtain low or no cost healthcare coverage that includes primary care, prescription drug, mental health and substance use disorder treatment benefits. Uninsured persons are not eligible for UMDAP.



Client Consent for Billing

Click 'Assignment of Benefits...' option on the left site menu bar to select and expand 'Assignment of Benefits...' section on the right side. Select 'Assignment of Benefits...' checkbox on the "Benefit Coverage" summary section above to activate input fields in the 'Assignment of Benefits...' section.

MH and SUD programs have a higher level of privacy and confidentiality (per 42CFR); the standard release under HIPAA Privacy and Transaction Rules do not apply. All MH and SUD clients need to give their explicit consent for you (as their Service Provider) and BHS to release their protected health information for billing purposes.

Assignment of Benefits, Release of Information, and Coordination of Benefits

<p>Assignment of Benefits</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: Client will pay the Full Cost</p>	<p>Release of Information</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: Provider cannot bill if no consent</p>	<p>Coordination of Healthcare Benefits</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: No billing to Ins/Medicare/Medi-Cal</p>
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Comments

TIP: Fields with red labels are required. Please select an Option (Y/N) before submitting the e-form. Click "**Submit**" button on the left side bar to save the data you entered. Or Click  button to "**Exit**".



Covered California Health Insurance Plans (thru the Affordable Care Act Effective 01, 2014)

Covered California is the place where Californians can get brand-name health insurance under the Patient Protection and **Affordable Care Act**. It's the only place to get federal premium assistance to help you buy **private insurance** from companies like the ones listed on the right. That means a beneficiary may qualify for a discount on private insurance, or get health insurance through the state's Medi-Cal program.

Medi-Cal and Covered California use the same application. After you enter your information, you will find out whether you qualify for Medi-Cal or Covered California. Either way, you'll get health coverage.

1. Anthem Blue Cross
2. Blue Shield of CA
3. CCHP (Chinese Community Health Plan)
4. Health Net
5. Kaiser Permanente





Scope of Coverage (COV) Codes Chart

COV Code	Service Category
P	Prescription Drugs/Medical Supplies
L	Long Term Care
I	Hospital Inpatient
O	Hospital Outpatient
M	Medical and Allied Services
V	Vision Care Services
R	Medicare Part D
D	Dental Services

Tips: You may see them on the Medi-Cal website next to 'Service Type'.

The **Short-Doyle Medi-Cal Aid Code determines the eligibility benefit of Medi-Cal enrollees.

http://www.dhcs.ca.gov/services/MH/Documents/FMORB/Aid_Code_Master_Chart_10-18-17.pdf

Note: It is important to pay attention to Eligibility Response Data

-  **Green Signal Light:** Subscriber is eligible for services.
-  **Yellow Signal Light:** Subscriber is eligible for benefits under certain conditions.
-  **Red Signal Light:** Subscriber is not eligible for benefits.



Full Scope Medi-Cal benefit with Managed Care Plan

San Francisco Health Plan or Anthem Blue Cross are two Health Care Plans. Specialty MH services are carved out and thus SDMC will reimburse them.

Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Submitted ID: [REDACTED]		
Service Date: 04/01/2016	Subscriber Birth Date: [REDACTED]	Issue Date: 04/18/2016
Primary Aid Code: M1	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 38 - San Francisco	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 204DQX7XMD		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] CNTY CODE: 38. PRMY AID CODE: M1. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. <u>HEALTH PLAN MEMBER: PHP-SAN FRANCISCO HLTH PLAN: MEDICAL CALL (415)547-7810.</u>		

Note: Medi-Cal Managed Care is not an OHC. PHP stands for Prepaid Health Plan



Medi-Medi with Part B Benefit

The Original Medicare Program, also known as Fee-For-Service (FFS) Medicare consists of Part A for hospital services and Part B for outpatient services.

Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Submitted ID: [REDACTED]		
Service Date: 04/01/2016	Subscriber Birth Date: [REDACTED]	Issue Date: 04/18/2016
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 38 - San Francisco	HIC Number: 569550503A	
Primary Care Physician Phone #:	Service Type: R	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 6342B9X2L8		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] CNTY CODE: 38. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: CIGNA HEALTH CARE. COV: R.		

Service Type: 'R' is for prescription (Part D)



Medi-Medi Part C (Risk HMO)

Medicare Advantage Plan (i.e. Medicare approved private health plans). Thus Part B benefit is replaced by a private health plan (Part C). Kaiser HMO is primary and Medi-Cal is secondary benefits.

Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Submitted ID: [REDACTED]		
Service Date: 04/01/2016	Subscriber Birth Date: [REDACTED]	Issue Date: 04/18/2016
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 38 - San Francisco	HIC Number: [REDACTED]	
Primary Care Physician Phone #:	Service Type: OIM VR	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 3040DBNZZ8		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] CNTY CODE: 38. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-SAN FRANCISCO HLTH PLAN: MEDICAL CALL (415)547-7810. PART A, B AND D MEDICARE COV W/HIC [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. <u>OTHER HEALTH INSURANCE COV UNDER MEDICARE RISK HMO. CARRIER NAME: KAISER FOUNDATION HP, INC.. COV: OIM VR.</u>		



Medi-Cal Benefit with monthly Share of Cost before spend down



Name: ██		
Subscriber ID: ██		
Service Date: 04/01/2016	Subscriber Birth Date: ██████████-██-██	Issue Date: 04/18/2016
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: - unknown		HIC Number:
Spend Down Amount Obligation: \$885.00		Remaining Spend Down Amount: \$885.00
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: ██████████ MEDI-CAL SUBSCRIBER HAS A \$00885 SOC/SPEND DOWN. REMAINING SOC/SPEND DOWN \$ 885.00.		



Medi-Cal Benefit with monthly Share of Cost after spent down



Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Submitted ID: [REDACTED]		
Service Date: 03/01/2016	Subscriber Birth Date: [REDACTED]	Issue Date: 04/18/2016
Primary Aid Code: 6R	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 38 - San Francisco	HIC Number:	
Spend Down Amount Obligation: \$685.00	Remaining Spend Down Amount:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 904GHZTG38		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: 904GHZTG38. CNTY CODE: 38. PRMY AID CODE: 6R. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN.		



NOTEWORTHY RESOURCES

(Copy and paste the URL on your browser to view the document)

SIMPLIFIED PAYER SOURCE MAP

<https://www.mindomo.com/mindmap/2961159a7aa1451c9c529d0f45f33eee>

SHORT-DOYLE MEDI-CAL (SDMC) AID CODE MASTER CHART 11/24/2015

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

AVATAR USER SUPPORT – BILLING DOCUMENTATION

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

REVISED UMDAP SLIDING FEE SCHEDULE

<https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/UniformPatientFeeSchedule2017FPLGuidelines.pdf>

Should you have any questions, please email nanalisa.rasaily@sfdph.org. Thank you.