

QUESTIONS TO DETERMINE CLIENT'S HEALTHCARE COVERAGE

The federal Affordable Care Act (ACA, aka "Obamacare") requires everyone to have health insurance coverage. Health insurance plans now cover Mental Health and Substance Abuse treatment services as part of the ACA's "essential benefits". If the Client states he/she does not have healthcare coverage, please refer the Client to an Eligibility Worker (RAMS or in BHAC) or, to the SF Health Plan so they can apply for Medi-Cal or obtain health insurance coverage. Use the following questions to obtain information for your Episode Guarantor Information (EGI) form.

Please verify the Client's identity. Ask the following questions about their health Insurance coverage, Medicare and/or Medi-Cal benefits. If possible, please make a copy of their Insurance, Medicare or Medi-Cal ID Card.

1. **Does the Client have Medi-Cal benefits?** _____ Yes _____ No
2. **What is their Medi-Cal Number (CIN)?** _____ If the Client does not know their MC number, what is his/ her Social Security Number?

3. **Does the Client have Medicare benefits?** _____ Yes _____ No
4. **What is their Medicare HIC Number?** _____ If the Client does not know their number, what is his/ her Social Security Number?

5. **Is the Client enrolled in a Medicare Managed Care Plan?** _____ Yes _____ No
(Also known as: Part C, Medicare HMO, or Senior Advantage Plan)
6. **What is the name of their Medicare HMO Plan?**

7. **Does the Client have a Health Insurance plan?** _____ Yes _____ No
8. **What is the name of their Insurance Health Plan or HMO?** _____
(e.g.: SF Health Plan, Aetna, Kaiser, Blue Cross, etc.)
9. **What is their Insurance Policy ID and Group Number?** _____
10. **Is this Insurance under the Client's Name?** _____ Yes _____ No
If NO, who is the Primary Person on this Insurance? _____
Relationship to the CBHS Client: ___Self ___Spouse ___Child ___Other: _____
Insured or Subscriber's Social Security Number: _____
Subscriber's Date of Birth: _____

11. Is an Authorization or Primary Care referral required before CBHS services can be provided?

Insurance contacted on _____ Contact Name: _____

Authorization Number: _____ (Send a copy to CBHS Billing Office)

12. Is there a Health Savings Account * or a Flexible Healthcare Spending Account? ___ Yes ___ No

*A Health Savings Account (HSA) or FHSA is Money available from an Employer or from a pre-tax account set-aside to pay for the Client's health insurance deductible, co-pays, and for their other out-of-pocket medical expenses.

Employer Name: _____

Employer's Phone Number or Address: _____

Private Insurance Health Plan	Phone #
AARP	888-687-2277
Aetna HMO	800-624-0756
Aetna Senior Plus	800-264-4000
Aetna PPO	888-632-3862
Anthem Blue Cross - National Accts	800-444-2726
Anthem Blue Cross of California	800-677-6669
Anthem Blue Cross Smart Plus (Seniority), XDV	866-249-4844
Anthem Blue Cross - Federal Employee Benefit	800-235-8631
Blue Shield of CA (for providers)	800-541-6652
Blue Shield PPO	800-541-6652
Blue Shield - Federal Employee Benefit	800-824-8839
Blue Shield – MESA (Magellan)	800-424-1778
Blue Shield - Blue Card	800-676-2583
Care 1st Health Plan	800-605-2556
Chinese Community Health Plan	415-955-8800
Cigna Behavioral Health	800-926-2273
Kaiser Permanente	800-464-4000
Health Net (MHN Managed Health Network)	800-933-3315
Humana	866-846-6983
Pacificare (HMO)	800-542-8789
Pacificare PPO	888-716-1166
Scan Health Plan	877-918-1234
Tricare/Triwest Health Care	877-988-9378
Tricare Life Medicare	866-773-0404
UMR (Utilization Medical Review)	877-233-1800
United Behavioral Health	877-842-3210
United Health Care	800-888-2998
Value Option	800-331-4842