BHS Provider Training

How to correct Medi-Cal Service Errors

CBHS Billing 2017

After the training:
    Error Correction Reports
    E-mail your questions
    Quarterly Conference Calls

WELCOME!

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AGENDA:
- Requirements for billing Short-Doyle Medi-Cal
- Resources available to Providers
- Prevention – How to Avoid Errors
  - Invalid Client Information
  - Restricted Medi-Cal
  - Missing Modifiers
- Solution – How to Fix Errors in Avatar
- Consequences if not corrected ☹

Revenue

- Bill to get paid for work
- Payments necessary to keep Programs Viable
- Keep the Money!

Compliance

- Work must be done Right
- Code of Conduct
- Policies and Procedures
- Audits - Documentation

Invalid Client Information

- Medi-Cal CIN belongs to another Person

- Name is spelled wrong

- Medi-Cal info does not match Client info

Client Not Eligible for Medi-Cal

- Medi-Cal benefits were terminated

- Share-of-Cost not cleared

- Client has Restricted MC benefits

- Services are not covered (no Indicator)

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"Garbage In, Garbage Out"
"An ounce of Prevention is worth a pound of Cure"

November, 2016 MH Medi-Cal services: 6,522 Errors
January, 2017 Drug MC services: 540 Errors

Effective 7/1/2017, Medi-Cal Errors will be sent to you for corrections needed.
- Your Program's services cannot be billed until Medi-Cal errors are corrected.
- Verify now to prevent errors in the future!

- The Provider must make a good faith effort to verify the recipient's identification before rendering Medi-Cal services

- Provider is responsible for obtaining the Client's Medi-Cal eligibility information and confirming their identification document matches their Medi-Cal information

- Programs that provide MC services are responsible for verifying the Medi-Cal eligibility of each client for each month of service prior to billing for MC services for their Clients for that month

- *Good faith effort* means verifying the recipient's identification by matching the name and signature on the BIC against the signature and other information on a valid California driver's license, a California identification card issued by the Department of Motor Vehicles, another acceptable picture ID card, or other credible document of identification.

These must match EXACTLY what's recorded in MEDS for Medi-Cal Clients:

1) Client Index Number (CIN)

2) Client Name

3) Date of Birth (DOB)

4) Gender – Male or Female

5) Address

6) 9-Digit Zip Code

What do you do if Clients' Name, Address, Phone Number information has changed?

- Complete the MC-354 Medi-Cal Contact Update form or have the Beneficiary call the Medi-Cal Office
- If the client is able to speak to an Eligibility Worker, the worker will update the HSA (Human Services Agency) system while on the phone with the client
- Any change of information entered in the HSA system reflects as soon as the worker saves the information but MEDS will show in 2 business days

DHCS states this is Male or Female
- this is not about their Sexual Orientation

Agency policy and practices tightened due to concerns about Identity Theft and National Security

Must be changed legally before Gender can be updated in the Medi-Cal, SSN, IRS, & other systems
- Legally = Court Order filed to change a Person's gender identity

Scenarios:

1. ECR reports Client's name or DOB or Gender are "Invalid" based on Medi-Cal CIN reported

2. Client wants to be known by another name (Alias). Client's info does not match Medi-Cal

3. Client has Medi-Cal and Medicare; names are different on her Medicare HIC and Medi-Cal BIC

4. Client moved to another address in SF

5. Client moved to Daly City

6. Client is Homeless

1. Client's name or DOB or Gender reported as Invalid for the CIN.

    What are the Steps you will take to correct this?

        Obtain a picture ID from the Client

        Obtain a copy of their Medi-Cal BIC card or

        Compare Client information to MEDS

    Is this the same person?

    Does information for/about the Client match?

        Name spelling, DOB, SSN, Address and Zip Code are the same in the Client's ID card

    IF OK, update Client's Avatar record

Update Client Data

Submit

Online Documentation

Client Name

Client's Address - Street

geary street

Client Last Name

Client's Address - Street 2

Client First Name

Client's Address - Zipcode   94110

Client's Middle Initial

Client's Address - City   san francisco

Suffix
- ○ Sr
- ○ Jr
- ○ III
- ○ IV
- ○ V
- ○ VI

Client's Address - County   San Francisco ▼

Client's Address - State   CALIFORNIA ▼

Prefix   ▼

Client's Home Phone

Sex
- ● Female
- ○ Male
- ○ Unknown

Client's Work Phone

Client's Cell Phone

Date Of Birth
[ ] T Y

Social Security Number

Facility Chart Number

Place Of Birth

Communication Preference
- ○ Regular Mail
- ○ Home Phone
- ○ Work Phone
- ○ Cell Phone

Primary Language   English ▼

Client Race   White or Caucasian ▼

Ethnic Origin   Non-Hispanic ▼

Religion   ▼

Country Of Origin   United States ▼

Alias 4

Maiden Name

Alias 5

Marital Status   Not Married ▼

Education   9 Grade ▼

Employment Status   Not in the labor force ▼

Occupation   ▼

Where does the client go for their general, physical health care needs (e.g. for a cold or flu)?

Select from the drop down list below   ▼

Other if not listed above

2. Client wants to be known by another name (Alias). Client's info does not match Medi-Cal

- Verify Client's ID and confirm which Name should be used in their Avatar Client record.
- If Alias, enter in "Update Client Data" form under "Alias" field (up to 5 allowed)
- Name must match with the Medi-Cal system
- If you cannot find their Medi-Cal name, send an e-mail to Nanalisa.Rasaily@sfdph.org

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3. Client has Medi-Cal and Medicare; names are different on her Medicare HIC and Medi-Cal BIC

- Verify Client's ID and obtain copies of HIC & BIC
- Complete the EGI and indicate the different names

For Medi-Cal and for Medicare in "Comments"

- Send an e-mail to Nanalisa.Rasaily@sfdph.org to notify Patient Accounts about this situation

- Do NOT update Client Information in "Update Client Data form" because this will update ALL of the Avatar Client records!

4. Client moved to another address in SF

- Complete MC-354 form to update their address with Medi-Cal

- Mail the completed form to:

  CCSF Human Services Agency, Medi-Cal

  PO Box 7988

  SF, CA 94120

Or send by email to: sfmedi-cal@sfgov.org

For Info call their Hotline: (415) 558-4700

- Update the Avatar Client record with their new Address

5. Client moved to Daly City

- Complete and send the MC-354 form to HSA
  - Medi-Cal requires notification within 10 days of moving
- Update their Avatar Client record with their new address
- Daly City is in San Mateo County. Medi-Cal benefits are based on Beneficiaries' County of Residence.
  - Client needs to be transitioned within 60 days.
  - Contact the SM County Access Line to inform them
    - 1(800)686-0101
- See list of CA County MHP Contacts

List of CA County Mental Health Plan contact numbers is available from the DHCS website:

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

Current list of CA County MHP's is included here

6. Client is Homeless

- Enter "Homeless" in line 1 of the address
- Enter the Zip Code of your clinic with the +4 digit extension.

  - *Example: Client in Swords to Plowshares Clinic:*
        Line 1: Homeless
        Line 2: (blank)
        City: San Francisco
        State: CA
        Zip: 94103-2651

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- Restricted Aid Codes
- Medi-Cal covers only Emergency, Pregnancy related services, and LTC
  - Emergency services are: Crisis and Medication
  - Perinatal and up to 60 days Post-partum
- Adult Undocumented Immigrants
  - SB75 – Full scope Medi-Cal to undocumented Children, up to 19 years old

Restricted Medi-Cal

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
1U	Restricted to pregnancy and/or emergency services	No	Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status	Yes	Other	Yes			No
5J	Restricted to pregnancy and/or emergency services	No	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.	Yes	Other	No			No
5R	Restricted to pregnancy and/or emergency services	Yes	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC.	Yes	Other	No			No
55	Restricted to pregnancy and/or emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color of Law (PRUCOL). LTC services: State-only funds; Emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.	Yes	Other	Yes			No

Restricted MC Aid Code

Code	Benefits	SOC	MHS	MEG	DMC	SD/MC
M2	Restricted	No	Yes	Medicaid Expansion	Yes	1/1/14

Aid Code: M2 Program Description
Adult 19 to 65 Yrs. at or below 138% FPL: Undocumented-Restricted to emergency and pregnancy related services.

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Eligibility Verification on the Medi-Cal website:

Eligibility Response

Eligibility transaction performed by provider: 0000038CX
on Tuesday, May 16, 2017 at 1:43:51 PM

Name:	
Subscriber ID:	
Submitted ID:	**Subscriber ID Updated**

Service Date: 05/01/2017	Subscriber Birth Date:	Issue Date: 05/16/2017
Primary Aid Code: **M2**		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):
55682TJ5KX

Eligibility Message:
SUBSCRIBER LAST NAME: EVC #: 55682TJ5KX. CNTY CODE: 38. PRMY AID CODE: M2. ELIGIBLE W/ SVCS LIMITED TO LTC, PREGNANCY AND EMERGENCIES. IF PREGNANT OR POSTPARTUM, USE PREGNANCY DIAGNOSIS CODE(S) FOR ANY MEDICALLY NECESSARY SERVICES DURING PREGNANCY AND POSTPARTUM PERIOD ON ALL CLAIMS.

Eligibility Response

Name:	
Subscriber ID:	

Service Date: 05/01/2017	Subscriber Birth Date:	Issue Date: 05/16/2017

Primary Aid Code:	First Special Aid Code:
Second Special Aid Code:	Third Special Aid Code:
Subscriber County: - **unknown**	HIC Number:
Spend Down Amount Obligation: **$1,016.00**	Remaining Spend Down Amount: **$1,016.00**

Trace Number (Eligibility Verification Confirmation (EVC) Number):

Eligibility Message:
SUBSCRIBER LAST NAME: _____ **LIMITED TO EMERGENCY/PREGNANCY RELATED SVCS, W/ $01016 SOC/SPEND DOWN. IF PREGNANT OR POSTPARTUM, USE PREGNANCY DIAGNOSIS CODE(S) FOR ANY MEDICALLY NECESSARY SERVICES DURING PREGNANCY AND POSTPARTUM PERIOD ON ALL CLAIMS. REMAINING SOC/SPEND DOWN $ 1016.00.**

- A Pregnancy or an Emergency Indicator is required on every Restricted Medi-Cal Clients' service claims.

- Submitting claims for services that are not covered by Medi-Cal is prohibited = fraudulent billing.

  - Only Services that have an Emergency or Pregnancy Indicator are submitted to SDMC and Drug Medi-Cal

  - If not covered by Medi-Cal, funding source will be County GF or Healthy SF (if Client is enrolled)

Contract Agencies have funding for these Clients

Important to know Client's Medi-Cal is Restricted!

Enter the Indicator required for Program Services to be approved by SDMC

- Episode Guarantor Information form in Avatar
- Perinatal Programs must enter the Pregnancy information in 2 Avatar forms
- Emergency Indicator entered in Client's Service

Episode Guarantor order:

Healthy San Francisco – only if enrolled

Restricted Medi-Cal – bypass if no Indicator

Self Pay – UMDAP or Full Cost

Uninsured – UOS captured for GPP

County GF – for ADM99 and ADM00 notes

Clinics receive credit for productivity

Emergency Indicator:

- Crisis Intervention and Medication only

Enter the Emergency Indicator in CalPM, use the "Edit Service Information" form

Instructions for entering the Emergency and Pregnancy Indicators in Avatar are included in this training handout

Edit Service Information

Edit Service Information

Submit

Online Documentation

Client ID

Episode Number

Service Start Date

[ ] T Y

Service End Date

[ ] T Y

Service Selection Default
○ All   ○ None

Select Service(s) To Edit

Service Code

Practitioner

Program

Location

Duration (Minutes)

Cost Of Service

Modifiers

Co-Practitioner

Co-Practitioner Duration (Minutes)

Co-Practitioner 2

Diagnosis 1

Co-Practitioner 2 Duration (Minutes)

Diagnosis 2

Emergency Indicator
○ Yes   ○ No

Delay Reason Code

Evidence-Based Practices / Service Strategies (CSI)
☐ Age-Specific Service Strategy
☐ Assertive Community Treatment
☐ Delivered in Partnership with Health Care
☐ Delivered in Partnership with Law Enforcement
☐ Delivered in Partnership with Social Services

Additional Service Information

Psychotherapy Add-On Duration

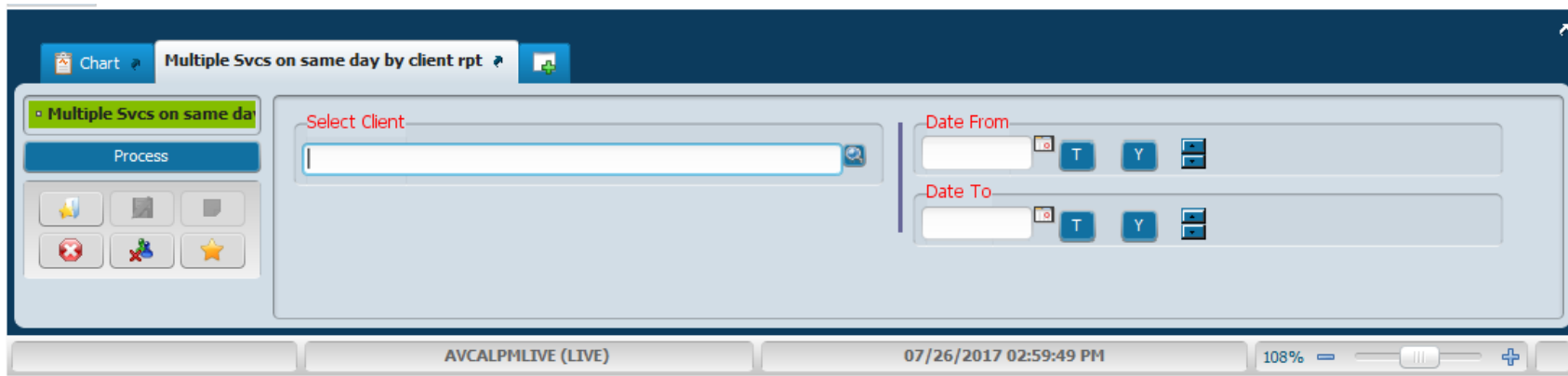Add-On Notes

- Pregnancy Indicator - required for:

  All SUD Perinatal Program Clients

  Pregnant Clients with Restricted Medi-Cal

- Client's Pregnancy Information entered in two Avatar forms: "Patient Conditions" and in "Client Condition – Pregnancy" in CalPM

  (See Instructions included in this handout)

- A "Multiple Service Modifier" is required whenever more than 1 Service is billed for the Same Client on the Same Day.
- Each service requires one of the Modifiers
- This indicates these Services are valid and not duplicates.

- Identify Services that need the Multiple Service Modifier by using the Avatar "Possible Duplicate Services by Program" report
  - Do this at least once a month!

- Enter the appropriate Modifier Number in Avatar
  HE,59 - distinct procedural service
  HE,76 - repeat procedure by same clinician
  HE,77 - repeat procedure by different clinician

Billing Multiple Services

Multiple Services On Same Day by Client Report

This report will display multiple/duplicate services being received by an individual client at different Reporting Unit(s) and/or Agencies on the same day.

Pre-claiming Reports
- Completion of EGI for **ALL** new clients and or for any updates or changes.
- Assignment of Benefits Validation Report
- Subscriber Address Validation by Program Report
- Possible Duplicate Services by Program
- Diagnosis Errors By Program Report
- *Change of Medi Cal Eligibility Report (*new)
- *Multiple Services On Same Day by Client Report (*new)

Program Billing Specialists will be notified about the Conference Calls where new or updated SDMC billing information will be shared and for group discussions about MH and SUD services. Teleconferences are scheduled each Quarter starting in September, 2017

- MC-354 Medi-Cal Contact Update form
- Restricted Medi-Cal Aid Codes chart

Avatar Instructions for:

- How to Enter the Emergency Indicator
- How to Enter Client Information for the Pregnancy Indicator
- Entering MH & SUD Multiple Service Modifiers

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If you need further assistance, please call or email

Avatar Help Desk: (415) 255-3788

Billing Inquiry Line: (415) 255-3557

E-mail: Nanalisa.Rasaily@sfdph.org
             Maria.J.Barteaux@sfdph.org

Thank you!