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
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
Providers Billing Errors

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)
“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!
Medi-Cal Requirements

• 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
Client’s Identification

- *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 on Gender

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
Scenario 1

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
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
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!
Scenario 4

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
• 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Benefits</th>
<th>SOC</th>
<th>Program/Description</th>
<th>MHS</th>
<th>MEG</th>
<th>DMC</th>
<th>SD/MC</th>
<th>Inactive in MDS</th>
<th>EPSDT</th>
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<tbody>
<tr>
<td>1U</td>
<td>Restricted to pregnancy and/or emergency services</td>
<td>No</td>
<td>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</td>
<td>Yes</td>
<td>Other</td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
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<tr>
<td>5J</td>
<td>Restricted to pregnancy and/or emergency services</td>
<td>No</td>
<td>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.</td>
<td>Yes</td>
<td>Other</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>5R</td>
<td>Restricted to pregnancy and/or emergency services</td>
<td>Yes</td>
<td>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.</td>
<td>Yes</td>
<td>Other</td>
<td>No</td>
<td></td>
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<td>No</td>
</tr>
<tr>
<td>55</td>
<td>Restricted to pregnancy and/or emergency services</td>
<td>No</td>
<td>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.</td>
<td>Yes</td>
<td>Other</td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
### Aid Code: M2 Program Description
Adult 19 to 65 Yrs. at or below 138% FPL: Undocumented-Restricted to emergency and pregnancy related services.
Eligibility Verification on the Medi-Cal website:

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<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Subscriber ID:</td>
<td>[Redacted]</td>
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<tr>
<td>Submitted ID:</td>
<td>[Redacted]</td>
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<tr>
<td>Service Date:</td>
<td>05/01/2017</td>
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<tr>
<td>Subscriber Birth Date:</td>
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<tr>
<td>Issue Date:</td>
<td>05/16/2017</td>
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<tr>
<td>Primary Aid Code:</td>
<td>M2</td>
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<tr>
<td>First Special Aid Code:</td>
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<tr>
<td>Second Special Aid Code:</td>
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<tr>
<td>Third Special Aid Code:</td>
<td></td>
</tr>
<tr>
<td>Subscriber County:</td>
<td>38 - San Francisco</td>
</tr>
<tr>
<td>HIC Number:</td>
<td></td>
</tr>
<tr>
<td>Trace Number (Eligibility Verification Confirmation (EVC) Number):</td>
<td>55682TJ5KX</td>
</tr>
</tbody>
</table>

Eligibility Message:
SUBSCRIBER LAST NAME: [Redacted] EVC #: 55682TJ5KX. CNTY CODE: 38. PRMY AID CODE: M2. ELIGIBLE W/ SVC'S 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 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
Emergency Indicator
- Yes
- No
Avatar Data Entry

- 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.
Billing Multiple Services

• 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)
Periodic Conference Calls

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.
RESOURCES

- 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
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!