





BEHAVIORAL HEALTH SERVICES

A MANDATORY ANNUAL CASH-HANDLING ONLINE TRAINING FY 21-22

Please be advised of upcoming **Mandatory Annual Site Cashiers' Online Training** available on [SFDPH Online Training](#) page starting **September 15, 2021**. This annual training is mandated by the **Office of the Controller, City Services Auditor Division** since 2015. This **MUST** be completed by **October 15, 2021**.

Presented by
BHS Patient Accounts Billing Unit
1380 Howard Street
San Francisco, CA 94103



HOW TO GO TO SITE CASHIERS' ANNUAL TRAINING QUESTIONNAIRE FY21-22

Go to **'Training'** tab towards the bottom on SFDPH homepage <https://www.sfdph.org/>

Click on **'Online Training'** link that will take you to **'Online Event Registration System'** page

Click on **'Online Classrooms'** option; next click **'CBHS Site Cashiers'** option

The screenshot shows the 'Online Event Registration System' interface for the San Francisco Department of Public Health. The header includes the system name and a navigation menu with links for Home, Event Registration, Shopping Cart, User Account, Change Password, **Online Classroom**, and Training Materials. Below the header, the page title is 'Online Event Registration System > Programs Offering Online Classrooms'. Five program options are displayed as icons with labels below them: Behavioral Health Services (3D shapes), SF DPH Laboratory (lightbulb), **CBHS Site Cashiers** (laptop with a green plus sign, highlighted with a red border), DPH Compliance and Privacy (document with a clock), and DPH COVID Training (globe with orbiting lines).



Online Event Registration System

San Francisco Department of Public Health

[Home](#) | [Event Registration](#) | [Shopping Cart](#) | [User Account](#) | [Change Password](#) | [Online Classroom](#) | [Training Materials](#)

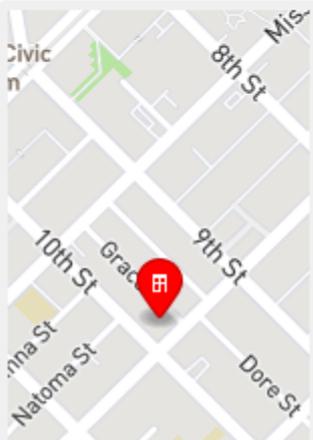
Online Event Registration System > Programs Offering Online Classrooms > List of Online Classrooms

CBHS Site Cashiers

1380 Howard Street, San Francisco, CA 94103

Phone:

[Send Us an Email](#)



List of Online Classrooms

The following courses are open to DPH employees and contractors who are not required to use Halogen or eMerge.

Classroom	Schedule # ↓	Event Name	Description	Date	Deadline	# Completed
Enter Classroom	5402	Site Cashiers' Mandatory Annual Training FY21-22	Site Cashiers' Mandatory Annual Training FY21-22	09/10/2021 - 12/31/2021	12/31/2021	0

1 - 1

Note: there are multiple choice questions. If you select an incorrect answer, it will allow you to go back and select the correct answer. When all questions are answered correctly, it will allow you to save/print a **'Certificate of Completion'** as a proof in case of an audit.



HOW TO GO TO SITE CASHIERS' ANNUAL TRAINING QUESTIONNAIRE FY21-22

Online Event Registration System
San Francisco Department of Public Health

Home | Event Registration | Shopping Cart | User Account | Change Password | Online Classroom | Training Materials

Online Event Registration System > Programs Offering Online Classrooms > List of Online Classrooms > Online Classroom

Event Information

Schedule #: 5402
Event Name: Site Cashiers' Mandatory Annual Training FY21-22
Description: Site Cashiers' Mandatory Annual Training FY21-22
Program: CBHS Site Cashiers
C.E. Charges: 0
C.E. Units: 0
Deadline: 12/31/2021
Date: 09/10/2021 - 12/31/2021

Click to **'Self Enroll'** button.

Order Information

Online Quiz	Order # ↑	Created	Total	Order Status	C.E.U.	Enrollment Type	Date	Completed	Certificate
Take the Quiz	163349	09/10/2021	\$0.00	Confirmed	-	Registration	-	Incomplete	-

Click **'Take the Quiz'** button to complete the training. **Note:** There is no need to send me a copy of your certificate, instead give it to your Supervisor and keep it with you for your own record.



TRAINING AGENDA

Training Objective:

- Background and Purpose
- DHCS Guidelines
- Sliding Fee Scale/UMDAP
- Payment Collection Process
- Red Money Bags
- Receipt Book
- Policy and Procedures on Patient Payment Handling
- Payment Receipt Sign
- Clinic Payment Transmittal Report
- Weekly Money Log File
- Resources
- Self-Enroll to Take Quiz (multiple choice) to obtain a Certificate of Completion



BACKGROUND AND PURPOSE

The purpose of this training is to comply with the mandatory guidelines instructed by City Services Auditors' Division. It is the responsibility of all Site Cashiers to determine if a client has Patient Fee Liability or not.

Patient fees include: UMDAP (Uniform Method to Determine Ability to Pay), Sliding Fee payable, monthly Medi-Cal Share-of-Cost, Medicare or Insurance Co-insurance, Annual Deductible, and Cost of Services Client received as a Private/Self-Pay accounts. **It is against Federal laws, State regulations, and the BHS (also known as CBHS) Code of Conduct to automatically waive or reduce Patient Fees payable.**

Note that the County can only charge the Client the cost of services received or their UMDAP amount, whichever is less. Being able to pay 'something' often gives the client a sense of being a valued member/beneficiary of the program. Also, it helps make the program viable by offsetting County Fund.



DEPARTMENT OF HEALTH CARE SERVICES GUIDELINES

The CA Department of Health Care Services (DHCS) and the Welfare & Institutions (W&I) Code requires an annual PFI (Patient Financial Information)/UMDAP to be completed for all Mental Health Clients in order to continue to receive services from Behavioral Health Services (BHS), formerly known as CBHS Providers.

The UMDAP Fee Schedule is based on the California Tax Schedule rate; despite many changes in California public mental health system since 1991, the UMDAP process is still a valid statutory requirement and remains unchanged.

Under the W&I Code, it is the responsibility of all Mental Health and Substance Abuse Disorders Programs to determine Clients' eligibility for Medi-Cal benefits and other entitlements so that Providers may assist Clients to obtain these entitlements. If the Client is unable to pay monthly Medi-Cal share of cost amount determined by county welfare department, (i.e.: Human Services Agency of SF, also known as DHS-Department of Human Services), the Clinicians are allowed to offer them Sliding Fee Scale, i.e.: UMDAP, and provide a "Therapeutic Adjustment" so that these Clients are not financially traumatized. But such adjustments must be documented in progress notes.



MEDI-CAL SHARE-OF-COST (SOC)

“Share of Cost” is the amount you agree to pay for health care before Medi-Cal starts to pay. This is called “meeting your share of cost.” The SOC is a set amount based on how much money you make and family size. The more money you make, the higher your SOC is. You only need to meet your SOC in the months that you get health care services. Once you meet your SOC amount, Medi-Cal will pay for your care for the rest of that month. It is like a monthly deductible. See a simple grid below to give you an idea of how SOC vs. UMDAP works.

Monthly Service Cost	Yearly Service Cost	Monthly SOC	Yearly SOC	Annual UMDAP
\$ 1,200.00	\$ 14,400.00	\$ 500.00	\$ 6,000.00	\$ 125.00



FULL SCOPE MEDI-CAL AID CODE 6G

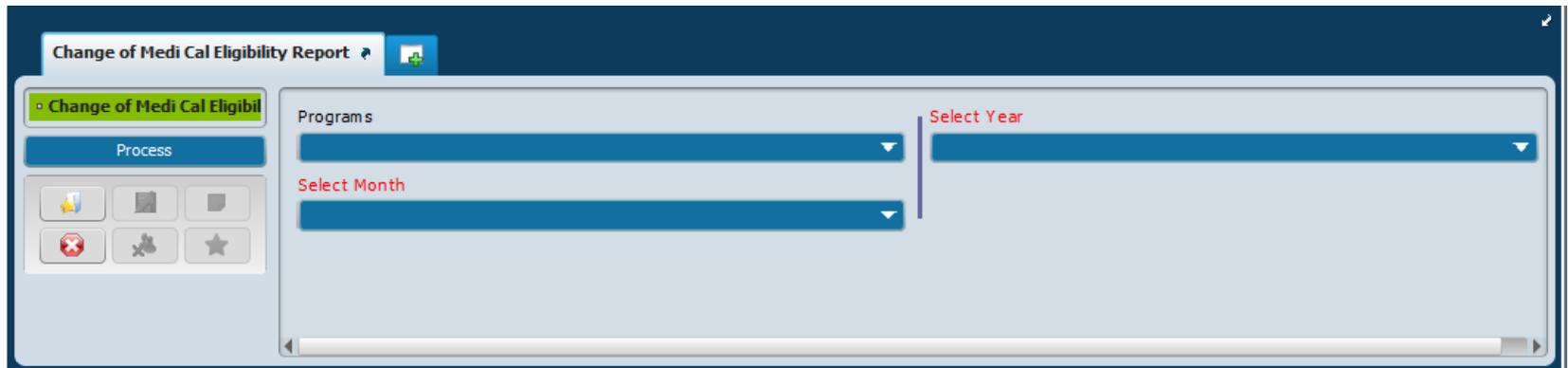
Code	Benefits	SOC	Program/Description
6G	Full Scope	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.

The SOC that shows on client's record is the monthly premium that needs to be paid. This program gives clients who are federally disabled and working the opportunity to be covered by Medi-Cal instead of having a high share of cost as long as they meet the criteria. It is their primary coverage if they don't have Other Health Coverage or Medicare. They are obligated to pay this "premium" monthly unlike share of cost which they don't have to if they did not avail of services in a particular month.

The client is responsible for sending their monthly premium to the State either via US mail or through auto debit (EFT) from their account. Most of the time, such clients have Medicare as their primary and Full Scope Medi-Cal as secondary coverage. The monthly premium amount is usually between \$20-\$250. Thus, do not collect any money from such clients.



CHANGE OF MEDI-CAL ELIGIBILITY REPORT



The screenshot shows a web application interface for generating a "Change of Medi Cal Eligibility Report". The interface includes a sidebar with a "Process" button and several icons. The main content area contains three dropdown menus: "Programs", "Select Year", and "Select Month".

The clinic staff needs to run this report on a monthly basis to determine the eligibility status of their clients. If there is a change, a new EGI (Episode Guarantor Information) form needs to be completed in order to notify the Billing Office.



CHANGE OF MEDI-CAL ELIGIBILITY RESULT



San Francisco Department of Public Health
Community Behavioral Health Services

Change of Medi-Cal Eligibility by Program Report For August 2017

Confidential Patient Information

Epi #	Epi Open Date	Meds ID	Guar	Guar Effective Date	Termination Date	Aid Code	Share of Cost	Other Health Coverage	Elig stat	Elig stat code
65	1/18/2017	[REDACTED]	88	1/1/2017		Before: 6H Now: 6H		D D	NO ELIG	999
24	6/21/2017	[REDACTED]	88	6/1/2017		Before: M1 Now: M1		A K		1
1	6/14/2017	[REDACTED]	88	6/1/2017		Before: 14 Now: 1H		D D		301
2	12/21/2012	[REDACTED]	88	12/21/2012	4/30/2013	Before: 37 Now: 37		N N	NO ELIG	999
4	2/27/2015	[REDACTED]	88	2/1/2015	4/30/2015	Before: 67 Now: 67		D D	NO ELIG	999



HOW TO READ THE CHANGE OF MEDI-CAL ELIGIBILITY RESULT

The **3-digit** status code '**999**', '**791**' and '**691**' in the last column mean that client does not have coverage. The specific letters in the **OHC** (Other Health Coverage) column indicate as follows:

- **A** Applies to any carrier
Note: Services are directly billable to Medi-Cal.
- **D** Medicare Part D Prescription Plan
- **F** Medicare Part C Health Plan
- **H** Multiple Plans Comprehensive
- **K** Kaiser
- **N** No Other Health Coverage
- **P** PPO/PHP/HMO/EPO Private Health Plan



HEALTHY SAN FRANCISCO (HSF)

Healthy San Francisco (HSF) enrollees include working individuals whose Employers chose the City's plan for their employees and SF residents who have signed up for low or no cost healthcare coverage. **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. Further, DHCS allows SFDPH - CBHS to deduct the Clients' HSF Participation Fee (i.e., the annual premium paid for HSF coverage) from their UMDAP annual 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.

Should you have any questions for HSF benefit coverage, please call 415.255.3680.



2021 Uniform Patient Fee Schedule

Annual/Monthly Income Guidel		MAGI*	Persons Dependent on Income Annual Deductibles					
FPL	Annual	Monthly	Monthly Adjusted Gross Income	1	2	3	4	5 or more
100%	\$ 12,880	\$ 1,073	1050-1099	\$ 125	\$ 112	\$ 101	\$ 91	\$ 82
105%	\$ 13,524	\$ 1,127	1100-1149	\$ 140	\$ 126	\$ 113	\$ 102	\$ 92
110%	\$ 14,168	\$ 1,181	1150-1199	\$ 156	\$ 140	\$ 126	\$ 113	\$ 102
115%	\$ 14,812	\$ 1,234	1200-1249	\$ 177	\$ 159	\$ 143	\$ 129	\$ 116
120%	\$ 15,456	\$ 1,288	1250-1299	\$ 200	\$ 180	\$ 162	\$ 146	\$ 131
125%	\$ 16,100	\$ 1,342	1300-1349	\$ 226	\$ 203	\$ 183	\$ 165	\$ 149
130%	\$ 16,744	\$ 1,395	1350-1399	\$ 255	\$ 230	\$ 207	\$ 186	\$ 167
135%	\$ 17,388	\$ 1,449	1400-1449	\$ 288	\$ 259	\$ 233	\$ 210	\$ 189
138%	\$ 17,774	\$ 1,481	1450-1499	\$ 326	\$ 293	\$ 264	\$ 238	\$ 214
140%	\$ 18,032	\$ 1,503	1500-1549	\$ 368	\$ 331	\$ 298	\$ 268	\$ 241
145%	\$ 18,676	\$ 1,556	1550-1599	\$ 416	\$ 374	\$ 337	\$ 303	\$ 273
150%	\$ 19,320	\$ 1,610	1600-1649	\$ 470	\$ 423	\$ 381	\$ 343	\$ 309
155%	\$ 19,964	\$ 1,664	1650-1699	\$ 531	\$ 478	\$ 430	\$ 387	\$ 348
160%	\$ 20,608	\$ 1,717	1700-1749	\$ 600	\$ 540	\$ 486	\$ 437	\$ 393



160%	\$ 20,608	\$ 1,717	1700-1749	\$ 600	\$ 540	\$ 486	\$ 437	\$ 393
165%	\$ 21,252	\$ 1,771	1750-1799	\$ 678	\$ 610	\$ 549	\$ 494	\$ 445
170%	\$ 21,896	\$ 1,825	1800-1849	\$ 752	\$ 677	\$ 609	\$ 548	\$ 493
175%	\$ 22,540	\$ 1,878	1850-1899	\$ 835	\$ 752	\$ 677	\$ 609	\$ 548
180%	\$ 23,184	\$ 1,932	1900-1949	\$ 927	\$ 834	\$ 751	\$ 676	\$ 608
185%	\$ 23,828	\$ 1,986	1950-1999	\$ 1,029	\$ 926	\$ 833	\$ 750	\$ 675
190%	\$ 24,472	\$ 2,039	2000-2049	\$ 1,142	\$ 1,028	\$ 925	\$ 833	\$ 750
195%	\$ 25,116	\$ 2,093	2050-2099	\$ 1,268	\$ 1,141	\$ 1,027	\$ 924	\$ 832
200%	\$ 25,760	\$ 2,147	2100-2149	\$ 1,407	\$ 1,266	\$ 1,139	\$ 1,025	\$ 923
204%	\$ 26,275	\$ 2,190	2150-2199	\$ 1,562	\$ 1,406	\$ 1,265	\$ 1,139	\$ 1,025
209%	\$ 26,919	\$ 2,243	2200-2249	\$ 1,734	\$ 1,561	\$ 1,405	\$ 1,265	\$ 1,139
213%	\$ 27,434	\$ 2,286	2250-2299	\$ 1,925	\$ 1,733	\$ 1,560	\$ 1,404	\$ 1,264
215%	\$ 27,692	\$ 2,308	2300-2349	\$ 2,136	\$ 1,922	\$ 1,730	\$ 1,557	\$ 1,401
220%	\$ 28,336	\$ 2,361	2350-2399	\$ 2,371	\$ 2,134	\$ 1,921	\$ 1,729	\$ 1,556
225%	\$ 28,980	\$ 2,415	2400-2449	\$ 2,632	\$ 2,369	\$ 2,132	\$ 1,919	\$ 1,727
230%	\$ 29,624	\$ 2,469	2450-2499	\$ 2,922	\$ 2,630	\$ 2,367	\$ 2,130	\$ 1,917
240%	\$ 30,912	\$ 2,576	2500-2599	\$ 3,275	\$ 2,948	\$ 2,653	\$ 2,388	\$ 2,149
250%	\$ 32,200	\$ 2,683	2600-2699	\$ 3,482	\$ 3,134	\$ 2,821	\$ 2,359	\$ 2,285



WHEN IS A NEW EGI, UMDAP/PFI AND/OR CONSENT FOR BILLING REQUIRED?

Client Consent for Billing

- PHI requirement, per 42 CFR
- First time
- Annually
- For all Clients across the board (MH and SUD)

Note: The form is signed by the Client or their Responsible Party, to document their consent and authorization to release health information for billing purposes, agreement for coordination of healthcare benefits, and assignment of benefits (i.e., health coverage payments) to the SF Department of Public Health.

EGI (Episode Guarantor Information)/PFI (Payer Financial Information)

- First time
- Annually
- Whenever there is a change of benefit coverage information

Note: Per State Regulations, an EGI must be completed for the Client upon Admission into a MH or SUD treatment program; and, at least annually for Clients who are continuing to receive services from SFDPH - CBHS.

UMDAP/Sliding Fee

- First time and annually (12 months from when it is completed)

Note: If a client has an Out-of-Pocket expense, such as a monthly Medi-Cal Share-of-Cost, Medi-Cal annual deductible and Co-insurance amounts payable, Medi-Medi-SOC, HSF, only Medicare Part B (no Medi-Cal coverage as secondary), Medicare Part C or HMO or Private Insurance coverage, and is unable to pay these amounts, Providers use UMDAP to determine a Sliding Fee amount that the Client or their Responsible Party can pay for services received from CBHS Providers. Mental Health Programs complete the Avatar Family Registration form/screen to enter UMDAP information for their Clients.



PAYMENT COLLECTION PROCESS

- Verify eligibility and determine if client has liability before collecting payment
- Review MEDS Info in Avatar system, or go to Claim Remedi portal
- Complete EGI (Episode Guarantor Information) form
- Complete Family Registration form for UMDAP information
- Update Designated Cashier Form that includes Program Director/Manager's backup
- Receipts must be issued sequentially
- Any voided receipts must be sent along with the day's payment transactions to the Billing Office
- All receipts must be accounted for in order to balance the daily transactions
- Checks must be **endorsed immediately** upon collection
- ***DO NOT*** collect payments from ***FULL-SCOPE MEDI-CAL*** Clients because they do not have any patient liability. The refund process is very cumbersome. A completed and signed IRS W-9 form is required by City Controller's Office in order to process refund checks
- If receiving cash payment, collect the exact amount owed



RED MONEY BAGS

- Locked bags are used by Clinics to transport payments, issued receipts copies, and transmittal report summaries to the BHS Billing Unit
- Each clinic will be provided two bags each in order to meet the Controller's requirement to send all payments received within one business day
- Bags must be sent within 24-hours
- Bags must be locked/secured properly
- All documents submitted must be reviewed and signed
- If accidentally locked, inform Billing Unit immediately
- * Money bag log must be faxed every Friday to **415-252-3035**
- Clinics that has high volume payments can request for more than two bags
- Must document and keep track of inventory list (money bags, receipt book etc.)



RECEIPT BOOK

- Each Clinic will be issued a receipt book for collections
- BHS billing records and monitors all Receipt Books and Receipt Number issued to Clinics
- BHS billing unit is responsible for ensuring receipt books and receipts are issued sequentially, and that all unused and voided receipts are accounted for
- Each receipt has three copies: white, yellow, and pink
 - White is the original copy to be sent to BHS Billing Office
 - Yellow copy is to be kept in the Clinic and maintained as a permanent record in case of an audit
 - Pink copy is to be issued to client as a proof of payment
- Voided receipt(s) must be sent to BHS Billing Office with a notation on the business letterhead as to why it was voided including the white and pink copies, along with the day's payment transactions
- Skipped receipt(s) should be used next payment
- Additional Receipt books can be requested in writing by sending an email to christine.chan@sfdph.org and cc'd to: nanalisa.rasaily@sfdph.org



RECEIPT SAMPLE

Controller's Numbered Receipt- Sample

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
COMMUNITY BEHAVIORAL HEALTH SERVICES
B 28101

PROVIDER NAME _____
REPORTING UNIT: _____
DATE: _____ 20____

PAYMENT FOR _____
CLIENT NAME BY FIRST LAST NAME FIRST MIDDLE

AMOUNT OF \$ _____
CASH CHECK MONEY ORDER

CREDIT ACCOUNT NO. _____ RECEIVED BY: _____

CLIENT'S ID NO. _____
REMARKS _____

PAYMENT TOWARDS:
 UMDAP MEDICAL SHARE OF COST CO-PAYMENT
FORM DHS 2-1 REV 7/00
899-7
WRITE-CONTROLLER: _____ CARRIER / PROVIDER: _____
REPRODUCED FROM: _____
FORM: PHS-028



BHS/SFGH/UCSF PROGRAMS *(Payment slip is required every time a payment is made to the SFGH Site Cashier.)*

BHS Clients who receive Specialty MH and/or SUD services in the Clinics that are under the SFGH UCSF Dept. of Psychiatry pay their patient fees through the SFGH Site Cashiers located on the 1st floor at the Main Hospital Building. Once the patient payment is processed, the SFGH Site Cashier will issue a Controller's Numbered Receipt to the Client and signs off on the copy of the payment slip for the Client to return to the Clinic.

Note: Full-scope Medi-Cal with no SOC has no patient liability.

SFGH - UC Dept of Psychiatry

Program Name: _____ RU# _____

Date: _____ †HSF †UMDAP †MC SOC

Client ID #: _____ Avatar Account /Family Registration # _____

Patient Name: _____ Responsible Party: _____

Clinic Cashier Name: _____ Phone # _____

Please circle one: MH SA Amount Due: _____

Main cashier is on the first floor, Room 1B1, located immediately to the right as you enter through the Main Entrance.

SFGH Site Cashier Use only:

Issued Receipt Number _____ FAMIS Updated on: _____



POLICY & PROCEDURES ON PATIENT PAYMENT HANDLING

- All Site Cashiers are required to follow the policy and procedures to have effective controls in place to accurately collect and safeguard cash, properly and timely transport payments, issued receipt copies, transmittal report summaries to BHS Billing Office via Interoffice Courier services
- Clinics must send cash receipts to Billing Office within one business day of receipt
- Clinics that are late with payments for more than three times during the Fiscal Year period, will be reported to their BHS Program Director or Contract Manager to obtain a corrective action plan
- Each Clinic Coordinator or Program Director shall designate two employees as Site Cashiers
- Each Clinic must have a backup person for every designated site-cashier and that individual must be trained
- No Clinic employee can receive payments from Clients, except officially designated Site Cashiers
- Notify Billing Unit when there is a staff turnover notice
- Incident Report must be filed immediately in case of missing funds, missing individual receipt(s), or Lost Receipt Book(s) by Program Director/Manager
- The Program Director is responsible for submitting an Incident Report to the BHS Risk Manager, Behavioral Health Services, Office of Quality Management, 1380 Howard Street, 2nd Floor SF, CA 94103
- A copy of the Incident Report must be sent to the BHS Patient Accounts Billing Manager for corrective action plan



PAYMENT RECEIPT SIGN

The sign must be posted at the Front Desk Reception area where Client payments are received.



City and County of San Francisco
Office of the Controller

NOTICE

Department of Public Health Clinics are required to issue an official, numbered receipt whenever payment is made towards the cost of healthcare services received or for UMDAP sliding fee amounts due. Payments made today will be credited in your next CBHS Monthly Patient Statement. Please retain the receipt as proof of your payment.

Thank you.

CBHS Policy 2.09-18
Reference: City & County of SF
Office of the Controller,
Departmental Guidelines No. 003-12



Sample Letter for How to Designate Site



Date: _____

From: Program Director Name

To: Billing and Collection Unit
1380 Howard Street, 3rd floor
San Francisco, CA 94103

Subject: DESIGNATED SITE CASHIER

Our Program/Clinic has designated **(STAFF NAME)** as Site Cashier for the **(PROVIDER NAME)**, **(REPORTING UNIT)** starting **(Month, Day, Year)**.

Please send us the following items:

1. Red Money Locked Bag
2. Receipt Book
3. Clinic Payment Transmittal Report forms

To: Address
Number
City and Zip Code

We understand that the Money Bags containing the Collection will be sent to:

Billing and Collection Unit
Attention: Susan Mose
1380 Howard Street, 3rd Floor
San Francisco, CA 94103

1. 1.
Program Director - Print & Sign Date
2. 2.
Program Director (Backup) - Print & Sign Date
3. 3.
Site Cashier – Print & Sign Date
Program Director (Backup) – Print & Sign Date



CLINIC PAYMENT TRANSMITTAL REPORT (BL-01)

- All clinics are required to summarize all payments transmitted to the BHS Billing Office on the two-part, "Clinic Payment Transmittal Report" form BL-01
- Transmittal includes information about the payment received, type of payment (UMDAP, Medi-Cal Share of Cost, Full Pay, and Co-pay etc.) the fiscal year, and name and phone number of the Site Cashier who complete the form and signature from the Director
- The white, original copy is sent in the locked bag with the cash and /or check payments and receipt copies
- The yellow copy is to be kept in the Clinic and maintained as a permanent record in case of an audit
- Ensure all documents submitted to BHS Billing Office are reviewed and signed by the Site Cashier and Clinic Program Director
- If you need transmittal the form, contact Form Control Office at **415-255-3913**.



CLINIC PAYMENT TRANSMITTAL REPORT

ATTACHMENT

Transmittal #: _____

 Month Sequence

Clinic Name _____

Reporting Unit Number _____

When submitting, please attach the green copies of receipts issued and adding machine tape to the form

Receipt Number (A NNNNN)	Date of receipt (Mo/Da/Yr)	Name of Responsibility Party (Please Print)	Account Number	Amount of Payment	Type of Payment (pls. check appropriate box and enter FY)				
1	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
2	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
3	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
4	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
5	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
6	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
7	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
8	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
9	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
10	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
11	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
12	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
13	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
14	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
15	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
16	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
17	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____
18	__/__/__	_____	_____	\$ _____	SFHP Copay <input type="checkbox"/>	SOC <input type="checkbox"/>	UMDAP <input type="checkbox"/>	Full Pay <input type="checkbox"/>	FY: _____



WEEKLY LOG FILE

- Site Cashiers maintain a log file at their Clinic to record when their Locked Money Bag is transmitted and when it is received back
- The log is used for locating the Clinic's Money Bag at all times
- The log must be initialed and accurately dated by the interoffice courier at the time of pick-up; or initialed and dated by the designated staff delivering the Locked Bag to the central Billing Office at 1380 Howard
- **DO NOT DATE OR SIGN FOR THE INTEROFFICE COURIER** prior to the bag being picked up
- A copy of the **Money Bag Log File** (see image on next slide) must be faxed by the end of every work week, usually on Friday at **415-252-3035**; Attention to BHS Patient Account Billing Unit
- If no payments are received for the week, you are required to fax Money Bag Log File with the entry "**NO PAYMENT RECEIVED**" with the Site Cashier's signature and date
- This fail safe mechanism allows to uphold the internal audit controls in place
- *These are subject to annual audits by the City Controller's Office; delays in receiving Clinics' Money Bags are documented and followed up by BHS Billing



WEEKLY LOG FILE

This method was established to identify explicit internal control points at both ends (Clinic and Billing Office) in order to balance and safeguard our daily collection. Note that you are required to fax ***WEEKLY** Money Bag Log File regardless of payment being received or not. For example, the image below shows that no payment was received during the week of 8/5/16.

CLINIC MONEY BAG LOG FILE

CLINIC MONEY BAG LOG FILE							
	Clinic Name:						
	Date Sent	Cashier (First Last Name)	Provider /Program Name	RU #	Bag #	Pick-Up Date	Pick-Up Staff: First & Last Name
1							
2	8/5/16 NO PAYMENT RECEIVED THIS WEEK 8/1-8/5						
3							
4							
5							
6							
7							
8							
9							
10							



RESOURCES

Please copy and paste the URLs on your internet browser to view these online documents.

Handling of Patient Payments in BHS Programs

<https://www.sfdph.org/dph/files/CBHSPolProcMnl/2.03-18.pdf>

Payer & Financial Information and UMDAP

https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/2-03-8PFI_UMDAP_Policy_Draft_1_2019.pdf

Uniform Patient Fee Schedule Guidelines 2020

https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/2020_Uniform_Patient_Fee_Schedule.pdf

Memo on how UMDAP system was developed

<https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/MemoOnUniformPatientFeeScheduleand2016FederalPovertyLevelGuidelines.pdf>

Uniform Method of Determining Ability to Pay (UMDAP) issued by Dept. of Mental Health (IN 98-13)

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



QUESTIONS?

Please send your feedback to nanalisa.rasaily@sfdph.org.

Thank you for your participation.

BHS Patient Accounts Billing Unit

