AVATAR Billing System Users Bulletin

Mental Health and Substance Abuse Providers - Important Information

CLIENT Records

- ADDRESS: DO NOT use any PUNCTUATION marks at ALL!!
  - Medi-Cal rejects the entire County Claim File if data validation fails
  - New Report: Subscriber Address Validation Report
    - Menu Path: PM/Billing/Billing Report
- CLIENT NAME: enter LAST NAME, FIRST NAME (no spaces)
  - Must be Exact Match to Medi-Cal Client Name
  - Alias goes in the ALIAS field
    - Can search under Alias in Client Name field, enter LAST NAME, FIRST NAME for Client Search function
    - Can also use Alternate Client Look-up for Alias
  - Use Client ID if all else fails!
    - BIS Client Number if Client received services before 7/1/2010
    - DO NOT enter duplicate Client records
    - Submit duplicate Client Merge requests to AVATAR Help Desk

EPISODE

Two types:

Facility = XXXX(EPISODE), where XXXX = SDMC Provider Number
Service Program RU = RU Name(123456)

- For Outpatient MHS and all SA Providers: enter Financial Eligibility in the FACILITY Episode – XXXX(EPISODE), not in the Service Program Code/RU. This takes care of all PFI requirements for the Facility.
  - In CWS, select the Facility Episode and enter Progress Notes under the appropriate Service Program Code /Reporting Unit
  - In PM, select the Facility Episode in Pre-Display and enter services under the appropriate Service Program Code /Reporting Unit

- MH Mode 10 and Mode 15 – must enter own Program Code Episode for CSI reporting, therefore: enter Financial Eligibility under the Program Code Episode for Services in the episode to be billed

GUARANTOR = Client's Eligibility and Financial Information

- Required for all Mental Health and for all Substance Abuse Clients
- Identifies each Client's funding sources: Medi-Cal, Insurance, Medicare, Human Service Agency Workorder, MHSA, AB3632, HSF, and County GF
- No funding source info = No billing
- **Other Healthcare Coverages (OHC) – Insurance is the Primary Payer**
  - HMO Clients referred to their HMO

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  - Insurance MUST be billed first before Medi-Cal
    - Methadone Dosing
    - Rehab Services
    - Unlicensed Clinicians' services
    - Residential and Day Treatment
    - Crisis and Urgent Care
    - All Other MH and SA services
- New Billing Report: Medi-Cal / OHC Missing Policy Report
  - Menu Path: PM/Billing/Billing Reports

- Medicare and Medi-Cal Beneficiaries – see DMH Info Notice 10-11
  - Do NOT enter Medicare for AOD or Substance Abuse program clients
  - Do NOT enter "Medicare Part A – Hospital" as guarantor for Outpatient
  - All DMH Letters and Information Notices are in the DMH website : http://www.dmh.ca.gov/DMHDocs/2010_Notices.asp
  - All ADP Information Notices and Drug MC Billing Manual are in ADP website (scroll to Most Popular Links): http://WWW.ADP.CA.GOV

Consent Form

- Required for billing MediCal and Other Health Carriers
  - Release of Information
  - Assignment of Benefits

- Use the 99999 Guarantor Clean-up Report to identify Clients with missing info
  - Review the EPISODE where Financial Eligibility is entered
  - DO NOT USE: Conversion Program Episode!
  - DO NOT USE: Service Program Code /RU Episode

FAMILY REGISTRATION

- Substance Abuse treatment Programs do NOT enter info in Avatar Family Registration screens.
  - UMDAP Client Fees are managed in their own system
  - Medi-Cal (SOC/UMDAP) vs. Non-MC Client Fee payments must be tracked separately for ADP and County Cost Report
- **Required when a MH Client has an UMDAP Sliding Fee**
- One record for all Household Members receiving services
- Family Account is under the Family Name
- Update Client Name to: LAST NAME, FIRST NAME for easy Client search

SERVICE ENTRY

- Enter services or Progress Notes under the appropriate Service Program Code/ Reporting Unit
- Do NOT enter services in: Conversion Program Episode

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- Do NOT enter services in: Facility Episode XXXX (EPISODE)
- Edit Services NOW if Services were entered in the wrong episode or Program Code/Reporting Unit. (no need to delete, just update)

DUPLICATE SERVICE CODE

- Enter Modifier Code: 59, 76, 77 when multiple services billed on same day for Clients – use Service Edit function to update the service record.
- New Report: **Possible Duplicate Services Report**
  - Now available by Service Program Code /Reporting Unit
  - Menu Path: PM/ Billing/ Billing Reports/ Ad Hoc Reports

SERVICE DELETIONS

- Submit Requests to Avatar Help Desk with complete info
- Program Super User - supervised service deletions at 1380 Howard is available
- Contact: avatarhelp@sfdph.org or Hotline: 415-255-3788 (M-F, 8am-12pm, 1pm-6pm)

Share-of-Cost vs. UMDAP

- Share-of-Cost is the Medicaid – MediCal monthly Patient deductible
- Client not eligible until SOC is completely Cleared / spent down
- Any Medi-Cal Provider can clear SOC using the Point-of-Service device, MC Website, or Telephone
- Find out what the Client's SOC balance is at time of service and Clear it using your Program services no later than the end of the service month.
- Providers "obligates" the Client to pay for services that are used for clearing their SOC.
- **CBHS, ADP, DMH, Medicaid and Medi-Cal expects the Provider to charge the Client fee amount that was agreed for services they received.**
  - UMDAP stands for Uniform Method for Determining Ability to Pay. This is a DMH Sliding Fee Scale for County SDMC programs
    - Annual Patient Fee liaibility amount
    - Clients Charged their SOC amount or UMDAP, not both
    - Because SOC is a Federal Medicaid requirement, all Medi-Cal providers are expected to ask the Client to pay their SOC. If the Client cannot pay this amount, then the Provider may use the UMDAP schedule to determine their liaibility amount, this is the amount they will be expected to pay for services received from CBHS providers.
  - Do not automatically waive SOC or UMDAP. Clients are expected to pay their fair share of the cost of services received.
  - Contract Agencies are required to track Patient Payments made by Medi-Cal Clients vs. Non-MC clients for their Cost Report. To assist in this, CBHS Billing developed a new Payment Ledger / Transmittal form that

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has this info. Payment Transmittal forms are available from CBHS Forms Control.

- Site Cashier Training is available from the CBHS Billing Office. Contact Susan Mose at 255-3531.

SF Health Plan

- Separate Guarantors for Healthy Workers (106), Healthy Kids (107), and Healthy Families Program (20).
- Each Plan has a different Group number within the SFHP insurance.
- Each Member enrollee will have a different policy or Member ID
- Please enter this info correctly
- Per Visit Co-pay for HW and HK, No Copay for HFP

Healthy San Francisco

- POS Fee = UMDAP less Annual HSF Premium Amount
- Call Carla Hurtado at (415) 255-3787

"Inhibit Billing by Mail"

- Do NOT enter "Yes" (must always be 'No'), unless Client is Minor Consent
- Please contact CBHS Billing Office for assistance

Staff ID Requests

- Please use the new form – available from CBHS Forms Control Office
- Send New Staff ID Request Forms with IT Account Request Forms to DPH – IT
- Staff Credentialing and Staff ID Requests are now handled by CBHS Performance and Compliance Unit

Fiscal & Billing User Teleconference

- Opportunity for any CBHS Program Staff to ask Fiscal & Billing Subject Matter Experts
- Attended by DPH Fiscal Officer, CBHS Billing, Netsmart - Avatar Business Analysts for CWS, PM, and MSO
- Next Teleconference is scheduled for: **November 17, 2010**

Billing Inquiry Line – (415) 255-3557

- Leave a Voicemail message with your Name, Clinic or Program info, Telephone Number and billing question
- Calls are returned within 24 hours