San Mateo Mental Health Guide to Payor Financial Information (PFI) Requirements 5/29/03

Note this document does not outline clinical eligibility requirements.

Client's Eligibility	Definition	PFI Requirements:	Other Forms or Documentation Required	Note:
SB26.5/AB3632 Eligible Children/Youth See notes regarding Financial Class Financial Class 99 until PFI/Payor information has been obtained; then use correct code (see categories below) or 06 for parents who refuse insurance billing	State Law mandates that local mental health departments provide mental health services to children enrolled in the school district's Special Education program whose Individualized Educational Plan (IEP) specifies mental health services. These services are billed to other sources only if the parents give permission for that to occur, and otherwise they are billed to the State through claiming provisions for unreimbursed State mandates. Services that may be billed to the State include Assessment, Treatment (Outpatient or Day Tx) and Case Mgmt.	PFI and Payor UMDAP Information are required but parents may not consent to insurance billing and do not have to for their 26.5 eligible children to receive planned mental health services described in the IEP. However, unless the client is a full-scope Medi-Cal beneficiary (see that section) the UMDAP fee will be billed to the responsible party for unplanned services such as crisis, emergency, hospital visits, medications and labs, but not for planned services listed in the child/youth's Individual Educational Plan (IEP). Complete insurance information section and obtain Insured's signature for Release of Information and Assignment of Benefits unless permission has not been granted, in which case indicate the child is covered under 26.5 and "Do not bill insurance" for 26.5 services.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. The registration screens include IEP start and annual review dates—complete these fields based on the school district documentation. This information must be reviewed annually and updated for correct billing of IEP related services to occur.	PFI and Payor UMDAP Information for 26.5 youth children/youth who do not have Medi-Cal and are placed out-of-county may be difficult to obtain since the parents are not readily available. If the information has not been obtained through previous contact with the mental health system, in these cases the administrative staff support for the program coordinating the care of the client will try to obtain the information over time via mail in coordination with the facility and clinicians.

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		Code as Financial Class 99 until PFI Information has been obtained and then recode to correct code (see directions for that payor) if permission for billing has been obtained. Use Code 02 if parents refuse to allow billing.		
Healthy Families Program Financial Class 50 Client enrolled in HFP health care plan (HCP) under: Health Plan of San Mateo Healthy Families, Blue Cross, Blue Shield, Health Net, Kaiser	Fed/State program offering comprehensive health benefits package including medical, mental health, dental, and vision care to low-income children ages 1 thru 18. San Mateo Mental Health is responsible through a contract with Health Plan of San Mateo for providing mental health services for all Health Plan of San Mateo Healthy Families members who meet medical necessity criteria (SED and non SED) and an enhanced benefit for SED members of HPSM and the other Healthy Families plans. Mental Health bills services for the SED children to the State DMH. HFP members sign up with the HCP for a year at a time and can start coverage any time during the month.	Complete PFI. Instead of usual Payor UMDAP Information there is a $5 co-pay per outpatient visit for non-SED Healthy Families members. SED HFP clients do not pay UMDAP or Co-pays and should not complete UMDAP. Check Payor Financial Screen to determine if client has been determined to be SED. Send a copy of HFP Ins. ID card to the Billing Office.	The SED Certification Form completed by the clinician should be copied to the Billing Office for all Healthy Families members who meet SED criteria and therefore may be billed to the State DMH. This information will also be recorded in the Payor Financial Screen for reference. Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office.	HFP coverage may end retroactively if premiums are not paid monthly.

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	HFP enrollees have Aid Code, '9H' in MEDS. See Health Insurance screen for health plan information.			
Health Plan of San Mateo: Healthy Families Program (HFP) Financial Class 50—see above Healthy Kids Financial Class 60 Healthworx (HW) Financial Class 55	HPSM has a contract with the San Mateo to provide MH services to its Healthy Family Program, Healthworx, and Healthy Kids enrollees. See HFamily description above.	Complete PFI. Attach a copy of HPSM Ins. ID card and send to the Billing Office. Instead of the usual Payor UMDAP Information there is a $5 co-pay per outpatient visit for Healthy Kids and Healthworx enrollees.	For confirmation of eligibility for Healthworx or Healthy Kids, verify eligibility with HPSM Insurance ID card or call their Member Relations Unit eligibility verification line at 1-800-696-4776. Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office.	
Homeless Financial Class 02 unless Medi-Cal or other coverage available-see those catgories	Homeless client or client temporarily or sporadically housed in shelter with no permanent address.	PFI should be completed to the extent possible including Release but should not create a barrier to engaging client in treatment. No Payer UMDAP Information required per State DMH letter 87-07. Document homeless status with name, social security number if possible, and by writing "homeless" and copy to the Billing Office.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office.	

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SM Residents who are Indigent, Uninsured Financial Class 06	Residents of SM who are either: Indigent – and may be currently receiving County General Assistance but do not have Medi-Cal benefits-- or Uninsured - have income or assets but does not have insurance coverage.	PFI and Payor UMDAP Information are required unless client is homeless (see above) or in the Receiving Home, Juvenile Hall or Assessment Center.	Mental Health policy is to refer all uninsured individuals for Medi-Cal eligibility processing. Children in the household may qualify for the Healthy Families Program or Healthy Kids. For enrollment or information, refer to site Patient Services Specialist or contact the State HFP at 1-800-880-5305 Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office.	
Full Scope Medi-Cal Financial class 03	MEDS (California Medi-Cal Eligibility System) indicates client has Full Medi-Cal benefits with **no** monthly Share of Cost requirements or benefit restrictions, i.e. Pregnancy related, Minor Consent, or Emergency services only. Refer to MEDS Aid Code chart attached to this document and updated quarterly by the Billing Office for list of restricted codes and what benefits are available for those categories. Medi-Cal beneficiaries who do not have an SSN use a MEDS Pseudo-ID number (a number	PFI is required. Payor UMDAP Information is not required if full scope Medi-Cal eligibility is confirmed in MEDS. Complete Payor UMDAP Information if Medi-Cal eligibility cannot be verified. Use financial class 03. Upon admission to a Clinic and annually for continuing clients, a copy of the client's MEDS printout showing Full Scope Medi-Cal eligibility must be kept in the Client's chart. This documents that State Dept. of Mental Health PFI requirements are met.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category.	San Mateo County Mental Health is the mental health plan for all San Mateo County Medi-Cal beneficiaries that meet State medical necessity criteria.

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	assigned by DHS, you can identify it in MEDS by the "P" at the end of the 9-digit MEDS ID number.			
Medi-Cal with Other Health Coverage (OHC) Financial class 35	Client has other health insurance coverage in addition to full-scope Medi-Cal benefits. MEDS indicates OHC code <u>other than</u> an "N" (no coverage) or blank. OHC code "F" indicates other coverage with a Medicare HMO. Check MEDS Health Insurance screen for coverage information (select 'HI' in the Option bar under the MEDS, Recipient Inquiry screen)	Only Payor Financial Information is required including Responsible Party's insurance information, request signatures for Release of Information and Assignment of Benefits. Client has no UMDAP liability. Use financial class 35. Upon admission to a clinic and annually for continuing clients, a copy of the client's MEDS printout showing Medi-Cal eligibility must be kept in the Client's chart. This documents that State Dept. of Mental Health PFI requirements are met.	Documentation of insurance should be copied to Billing Office. If the Insurance or HMO authorizes San Mateo to bill for client's services, copy the authorization to the Billing Office. There are circumstances when San Mateo must have a denial from the insurance plan before it can bill Medi-Cal. 1)If client has out-of-county Medi-Cal (non county 41) and other health coverage; 2)if the service provided by San Mateo is pharmacy/lab or 3) if the service provided by San Mateo is Therapeutic Behavioral Services. In these circumstances an insurance denial is necessary before San Mateo can bill Medi-Cal. This should be requested from the insurance and copied to the Billing Office.	See separate category for notes specific to Foster Care. Medi-Cal is the payor of last resort; covered by San Mateo County only <u>after</u> OHC except for specific exceptions outlined in Policy #03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance.*

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Restricted Medi-Cal Financial class 03 unless there is share of cost or OHC—see those categories.	Restricted Medi-Cal only covers certain services, such as Pregnancy related, or Emergency, or Long Term Care only. Many Restricted Medi-Cal codes do not cover mental health services. The Mental Health billing system is set-up to block billing of mental health services to the State for aid codes that do not have mental health services as covered benefits. Note the client's Medi-Cal aid code and refer to the MEDS Aid Code chart to determine what services will be reimbursed under Medi-Cal.	A PFI is required but there is no UMDAP liability. Use financial class 03 unless there is a share of cost, other health coverage, Medicare—for those combinations see those sections of this document. Upon admission to a Clinic and annually for continuing clients, a copy of the client's MEDS printout showing Medi-Cal eligibility must be kept in the Client's chart.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category. Refer clients with Aid Code 53 to an Eligibility Worker to get their aid code changed if the client has been discharged from their Long Term Care facility	

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Minor Consent Restricted Medi-Cal Financial class 03 unless there is share of cost or OHC—see those categories.	This is a restricted Medi-Cal category (Aid Codes: 7M, 7N, 7P, 7R) for minors at least 14 years of age and requiring "sensitive services"--treatment without parent or guardian's legal consent or knowledge. The State gives Mental Health a small allocation of State (non federal $) for services to these individuals and expects MH to provide but does not allow federal billing for individual services so this is blocked in the Mental Health billing system.	A PFI is required but Payer UMDAP Information is not. Insurance is not billed, so Insurance information is not completed. Indicate on forms that client is "Minor Consent". Clinician name, phone number and signature confirming minor consent status is required.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category.	
Out of County Medi-Cal Financial class 03 unless client has share of cost or OHC, refer to those categories.	MEDS indicates client has current Medi-Cal benefits but with County Code other than '41' and the client may or may not intend to move to SM. The County listed in MEDS should be contacted for an authorization. (Refer to the MEDS Quick Reference Guide for County code information.)	Determine whether Medi-Cal is full-scope, restricted, or combined with other coverage and follow requirements for those categories. Change the responsible county code to the correct county number in the Financial Responsibility screen since it defaults to 41.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category.	Medi-Cal beneficiaries who do not have San Mateo County codes should be authorized for treatment by their home county except when the Medi-Cal has been switched from San Mateo in error as in the case of an out of county placement. If client has stated an intention to move to SM: refer client to Medi-Cal Eligibility Worker to transfer Medi-Cal to SM. Until such transfer occurs the home county is expected under State law to continue to authorize and pay for treatment. Refer the client to their Responsible County Mental Health Plan for service authorization.

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Share of Cost Medi-Cal Financial class is 07 for Medi-Cal SOC 15 for Medi-Cal/Medicare SOC 39 for Medi-Cal/insurance SOC 47 for Medi-Cal/Medicare/insurance SOC	MEDS indicates Client has current Medi-Cal benefits but with a monthly Share of Cost deductible requirement. State Medi-Cal requires the beneficiary to pay for services up to this amount before their Medi-Cal benefits can apply.	PFI is required. Payer UMDAP Information is required. Use indicated financial class. San Mateo bills the client the lesser of UMDAP and the monthly Medi-Cal share of cost requirement. Upon admission to a Clinic and annually for continuing clients, a copy of the client's MEDS printout showing Medi-Cal eligibility must be kept in the Client's chart.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category.	The Medi-Cal Share of Cost may be cleared per State guidelines and policy/procedure.
Medicare-MediCal Financial class 11 unless client has share of cost (15) or their Medicare is through an HMO (43)	MEDS indicates Client has current Medi-Cal <u>and</u> Medicare benefits. Medicare coverage may be Part A (Hospital) only, or Part B (Outpatient) only, or both Part A and B. Client may have a monthly Medi-Cal Share of Cost requirement and they may have their Medicare through an HMO. Medicare/Medi-Cal recipients who receive benefits from a Medicare-contracted Health Management Organization (HMO) are identified in MEDS with OHC code 'F'.	PFI is required including insured's signatures for Release of Information and Assignment of Benefits. Attach a copy of the client's Medicare Health Insurance Card and send to the Billing Office. Complete the Payor UMDAP Information only if client has a Medi-Cal Share of Cost. Upon admission to a Clinic and annually for continuing clients, a copy of the client's MEDS printout showing Medi-Cal eligibility must be kept in the Client's chart.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. If the client loses their Medi-Cal, the financial evaluation must be updated as described under the new eligibility category. Send Medicare HMO billing instructions and authorizations to Billing Office. The Billing Office may require additional documentation if the	Only services provided at a Medicare certified Clinic that are provided by licensed, certified clinicians can be billed to Medicare. Services not billable or not covered by Medicare are billed directly to Medi-Cal. Medi-Cal recipients who have Medicare HMO coverage must first seek treatment from the HMO per Policy # 03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance.*

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			State Medi-Cal Error Correction Report indicates OHC. If additional information is necessary the Billing Office will notify the unit to obtain and return requested documentation.	
Medicare Only Financial Class 14 unless Medicare is through HMO (46)	Client has Medicare benefits. Medicare coverage may be Part A (Hospital) only, or Part B (Outpatient) only, or both Part A and B. Medicare coverage may either be fee-for-service (any Medicare provider) or through an HMO.	PFI and Payor UMDAP Information are required. Obtain insured's signatures for Release of Information and Assignment of Benefits. Send a copy of the client's Medicare Health Insurance Card and/or Medicare HMO Insurance ID card to the Billing Office. If covered by a Medicare HMO and HMO authorizes San Mateo to bill for client's services, attach a copy of the HMO's written authorization and send to Billing Office.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. Medicare clients need to complete the 'Advanced Beneficiary Notice' form. Send original to Billing Office and provide a copy to the client If client has Medicare Part A or Part B benefits only, refer to Social Security Office for Medicare open enrollment information.	Only MH services provided by providers with a Medicare Personal Identification Number (PIN) can be billed to Medicare. Individuals with Medicare HMO coverage must first seek treatment from the HMO per Policy #03-13 *Eligibility for Planned (non-emergency) San Mateo Mental County Health Services for Individuals who have Private Insurance.*

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Commercial Insurance and Medicare Financial Class 46	Client has both private insurance coverage (Medi-Gap or other type) and Medicare benefits. Medicare may be Fee for service or HMO, may have Medicare Part A (Hospital) only or Part B (Outpatient) only, or Part A and B Insurance is usually (but not always) "secondary" or supplemental to Medicare. This type of insurance covers services Medicare does not cover. Fee for service Insurance coverage generally means the insured is allowed to go to any provider and prior authorization is not required, provided the service needed is a covered benefit. HMO insured must go to a HMO network's provider and/or receive prior authorization to receive services for any provider other than their primary care physician.	PFI and Payor UMDAP Information are required. Obtain insured's signatures for Release of Information and Assignment of Benefits. Copy the Billing Office on the client's Medicare and Health Insurance Cards.	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office. Medicare clients need to complete the 'Advanced Beneficiary Notice' form. Send original to Billing Office and provide a copy to the client	Only MH services provided by providers with a Medicare Personal Identification Number (PIN) can be billed to Medicare. Individuals with commercial insurance and Medicare coverage must first seek treatment from the insurance per Policy #03-13 *Eligibility for Planned (non-emergency) San Mateo Mental County Health Services for Individuals who have Private Insurance.*
Victim Witness Program Financial Class 06	Under CA law, certain victims of crime may receive financial assistance for MH services resulting from a crime. Eligibility Requirements:	PFI and Payor UMDAP Information are required. In Payor UMDAP Information financial assessment, client is	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from	Refer to Victim Witness benefits pamphlet.

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	• Victim or a witness to the crime (other requirements apply) • Crime occurred in CA, or victim/claimant resided in CA at the time of the crime, if crime occurred outside CA. VWP filing deadlines are 1 to 3 years from the date of the crime. Can be longer for crimes against a minor. If client has full scope Medi-Cal, VWP is not a payer source.	'Full Pay' until VWP benefit limit is reached. Obtain client's signature for Release of Information and Assignment of Benefits, indicate VWP as the payer source.	the Billing Office. Special claim forms are used for submitting services to VWP for payment. Billing Office provides information and coordinates VWP billing requirements with Clinicians. If VWP is no longer a payer source, redo the financial evaluation since this is considered a change in insurance coverage.	
HMO Commercial Insurance Financial Class 38	Client has private insurance coverage through a Health Maintenance Organization.	PFI and Payor UMDAP Information required. Complete insurance information section and obtain Insured's signature for Release of Information and Assignment of Benefits. Attach copy of insurance card any insurance documentation regarding benefits to the PFI and send to the Billing Office. If the insurance pays for the full cost of service, the Billing Office will reduce the UMDAP	Follow-up with new financial evaluation annually and as indicated by the monthly UMDAP Overdue/Financial Reevaluation Due report from the Billing Office.	Special handling for Foster Care, SED, and AB3632 clients, please refer to those sections. MH policy #03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance* requires most insured individuals to go to their insurance first for assessment and services. San Mateo may provide services to them only if client is SMI/SED and cannot obtain necessary services

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		fee retrospectively accordingly.		through the HMO, and we receive documentation of the health care plan's denial of coverage.
Fee-for-Service or Indemnity Insurance Financial Class 38	Client has an insurance policy that provides mental health benefits. Fee for service Insurance coverage generally means the insured is allowed to go to any provider and prior authorization is not required, provided the service needed is a covered benefit.	PFI and Payor UMDAP Information required. Attach a copy of the client's Insurance ID card to the PFI and send to the Billing Office. Submit all insurance forms and other documentation to the Billing Office.		MH policy #03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance* requires most insured individuals to go to their insurance first for assessment and services. San Mateo may provide services to them only if client is SMI/SED and cannot obtain necessary services through their insurance, and we receive documentation to that effect per policy.
Non-San Mateo Resident Financial Class-see other categories.	Refer to policy #___regarding Treatment of Non-San Mateo residents for eligibility guidelines. Current residence address is outside San Mateo. If client does have out-of-county Medi-Cal, see instructions for that category. Client may or may not have insurance that will pay for services.	PFI and Payor UMDAP Information are required. If insured, send a copy of their Insurance ID card to the Billing Office. Contact insurance and verify eligibility, benefits, billing address.	Director or Designee must authorize ongoing treatment to non-SM residents.	Refer to MH policy #03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance* which requires most insured individuals to go to their insurance first for assessment and services.

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Foster Care Financial Class 03 if full scope Medi-Cal; otherwise see appropriate category	Foster Care clients usually have Medi-Cal eligibility (see section on Medi-Cal eligibility). Client may also have other eligibility (AB3632, HFP, etc.) or other health coverage (Medi-Cal OHC code = A) (see those sections). Family Member receiving services related to the Foster Care client may have other health coverage—see those categories.	A PFI is required. Payor UMDAP Information is not required if full scope Medi-Cal eligibility is confirmed in MEDS. Payor UMDAP Information is required when client does not have Medi-Cal or when there is Other Health Coverage (OHC).		Refer to MH policy #03-13 *Eligibility for Planned (non-emergency) San Mateo County Mental Health Services for Individuals who have Private Insurance* which requires most insured individuals to go to their insurance first for assessment and services. There are circumstances when foster care/adopted children may not be referred back to their insurance.
Homebound/Frail Older Adults Financial Code (see appropriate category)	Homebound older adults ages 65+ whose mental health status in the judgment of treating clinicians will be directly and negatively impacted by efforts to obtain financial and insurance information and establish and collect fees.	First see description for indicated payor source e.g. Medicare-MediCal, Medicare, etc. above for requirements. Staff will try to follow the usual procedure to the extent possible without upsetting the client including confirmation of client's Medi-Cal, Medicare, insurance or other benefits. Clinical staff conducting home visits will coordinate with administrative staff to gather information.	For client's whose eligibility would normally require an UMDAP, a Therapeutic Adjustment may be initiated per policy if in the judgment of treating clinicians the client's mental health status will be directly and negatively impacted by efforts to obtain financial and insurance information and establish and collect fees.	
Conserved Clients in IMDs Financial Code (see appropriate payer category)				

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Veterans Financial Code (see appropriate category)		PFI and Payor UMDAP Information required. See description for indicated payor source if there is other insurance. If the individual has a service-connected discharge, they may be eligible for mental health services through the Veteran's Administration. Policy #03-13 outlines the procedure for determining whether individuals who have access to other coverage are eligible for San Mateo mental health services.		

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