

BHRS SUD AVATAR
Financial Registration Form
Updated 2/1/17

Historical reimbursement methods that BHRS SUD contractors are accustomed to will be changing under the DMC-ODS, to a cost reimbursement method. This method will allow for us to assure client care is charged and claimed correctly on the back end in partnership with BHRS MIS/Billing Unit. The AVATAR Registration/Admission process is outlined below:

SUD Contractors will:

- Continue to engage our clients in financial questions and screenings that will assist in the correct claiming of the services being rendered.
- Continue to get a signed AOB from client
- Begin utilizing the form on the providers DMC-ODS “Go Live” date or as directed by AOD

BHRS-MIS will:

- Provide client AVATAR ID to Contractor
- Set-up up all client financials
- Submit service claims to eligible funding sources

BHRS has incorporated the following procedure prior to SUD Contractors opening clients in AVATAR

- At the time of a client being placed on the *waitlist*, **SUD Contractor** will collect the client information on the attached BHRS SUD AVATAR Financial Registration Form and email securely to MIS/Billing Unit at [HS BHRS AOD-Corrections@smcgov.org](mailto:HS_BHRS_AOD-Corrections@smcgov.org) or fax 650-573-2110. Financials are not needed for waitlist clients.
 - **MIS** will research the client in AVATAR and email the provider the clients AVATAR ID or the clearance to register and admit the client in AVATAR. (within 24 business hours)
- At the time of a client *admission*, **SUD Contractor** will collect the required information on the attached BHRS SUD AVATAR Financial Registration Form and email securely to MIS/Billing Unit at [HS BHRS AOD-Corrections@smcgov.org](mailto:HS_BHRS_AOD-Corrections@smcgov.org) or fax 650-573-2110. All BHRS clients including DUI/DEJ must complete the attached.
 - **MIS** will research the client in AVATAR and email the provider the clients AVATAR ID or the clearance to register and admit the client in AVATAR. (within 24 business hours)
- After receiving the AVATAR ID or the clearance to register the client, **SUD Contractor** will continue in the AVATAR admission process.
- When **SUD Contractor** is made aware of financial source changes, the SUD Contractor shall send an updated BHRS SUD AVATAR Financial Registration Form to MIS.
- Once **MIS** is provided with the update, MIS will modify the AVATAR financials for that client.

**BHRS SUD AVATAR
Financial Registration Form**

FORM FACTS-

1. All Clients with OHC are not eligible for BHRS funded services.
2. This form is to be used by all modalities, including NRT, Outpatient, Intensive Outpatient Treatment, and Residential.
3. All fields are required to be completed or marked with N/A; MIS will return incomplete forms
4. The AVATAR Program Code is assigned AVATAR for each facility.
5. Form is to be completed on all BHRS clients including DUI/DEJ clients.
6. Financials are not needed for Waitlist or DUI/DEJ program participants.
7. The form is not for private pay clients.
8. Responsible Party is usually the client, unless the client is an adolescent or someone who has been conserved.
9. The address used under Responsible Party's Information should be the address the client wants to use or the last Medi-Cal Address. If client reports homeless- Please mark "Homeless".
10. At any point of time when providers are made aware of the clients Financial/Payor source changes and updated AVATAR Registration form is to be sent to MIS.
11. Transfers within an agency

Ranking of funding sources-

The following is the Ranking of Funding Priorities for San Mateo County Residents Seeking SUD Treatment Services

CLIENTS WITH THE FOLLOWING RESOURCES	FUNDING OF FIRST RESORT →	FUNDING OF SECOND RESORT →	FUNDING OF THIRD RESORT →
Uninsured Residents	SAPT / SAPT Peri	County	
Residents with Medi-Cal ONLY	DMC	SAPT / SAPT Peri	County
Residents with ACE	SAPT / SAPT Peri	County	
Residents with Medicare ONLY	SAPT / SAPT Peri	County	
Residents with Medi / Medi	Medicare	DMC (if OHC will not pay / cover)	SAPT
Residents with Medi-cal and OHC	OHC	DMC (if OHC will not pay / cover)	
Residents with OHC	OHC		
<i>*residents includes adults and adolescents</i>			
Examples			
Uninsured Adolescents	SAPT	County (including Measure A)	
Adolescents with OHC	OHC	SAPT	County (including Measure A)
Adolescents with Medi-Cal	DMC	County (including Measure A)	
CJ client w/ no coverage	CJ funding*	SAPT / SAPT Peri	County
CJ client w/ OHC	OHC	CJ Funds	
CJ client with Medi-Cal	DMC	CJ Funds	
CalWorks client	Calworks	DMC	
CJ Client w/ CalWorks	Calworks	DMC	CJ Funding

* CJ= AB109, Unified Reentry, Drug Court, Pathways, Probation referral, Modifiable, Court Referred
OHC= Other Health Care SAPT- Substance Abuse Pw & Tx Block Grant DMC= Drug Medi-Cal
DMC is always funding as last resort
SAPT is always funding as last resort
CalWorks is always funding as last resort

BHRS SUD AVATAR
Financial Registration Form

<input type="checkbox"/> SUD	<input type="checkbox"/> DUI/DEJ
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<input type="checkbox"/> Initial Request <input type="checkbox"/> Update		Date: _____	Program: _____	
Client ID: <i>(for MIS use)</i> _____		AVATAR Program Code: _____	Program Contact & Phone No: _____	
Client SSN: _____		Client Date of Birth: _____	Admission Date: _____	
Last Name: _____		First Name: _____	M.I. _____	
Alias or other names used: _____		Undocumented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to state		
Does Client have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Card presented (MIS)				
Client's Medi-Cal Number (CIN Number)? _____ Issue Date: _____				
Is client potentially eligible for Medi-Cal benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Client referred to Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does Client have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please check all that apply ___Part A ___Part B ___Part D				
What is the Client's Medicare Number (HIC Number)? _____				
Signed Assignment of Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of Medicare card				
Eligible Treatment Funding Sources (check up to 2 funding sources)				
<input type="checkbox"/> DMC <input type="checkbox"/> CalWorks <input type="checkbox"/> SAPT/COUNTY <input type="checkbox"/> SAPT Perinatal <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Measure A (youth)				
Recovery Residence(RR) Funding Sources: RR AVATAR Program Code: _____				
<input type="checkbox"/> CalWorks <input type="checkbox"/> SAPT <input type="checkbox"/> SAPT Perinatal <input type="checkbox"/> County <input type="checkbox"/> Criminal Justice				
Comments: _____				
Responsible Party's Information (Guarantor):				
Name: _____		Phone: _____		
Relationship to Client: _____		<input type="checkbox"/> Self		<input type="checkbox"/> Homeless
Address: _____		City: _____		
State: _____		Zip Code: _____		
3rd Party Health Insurance Information (Not employer) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Company Name: _____		Policy Number: _____		
Street Address: _____		Group Number: _____		
City: _____		Name of Insured Person: _____		
State: _____		Zip: _____		
Insurance Co. phone number: _____		Relationship to Client: _____		
Please attach copy of insurance card (front and back) _____				
Signed Assignment of Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSN of Insured Person (if other than client): _____		

Email Securely to MIS/Billing Unit [HS BHRS AOD-Corrections@smcgov.org](mailto:HS_BHRS_AOD-Corrections@smcgov.org) or 650-573-2110