

3rd Party Billing Tip Sheet

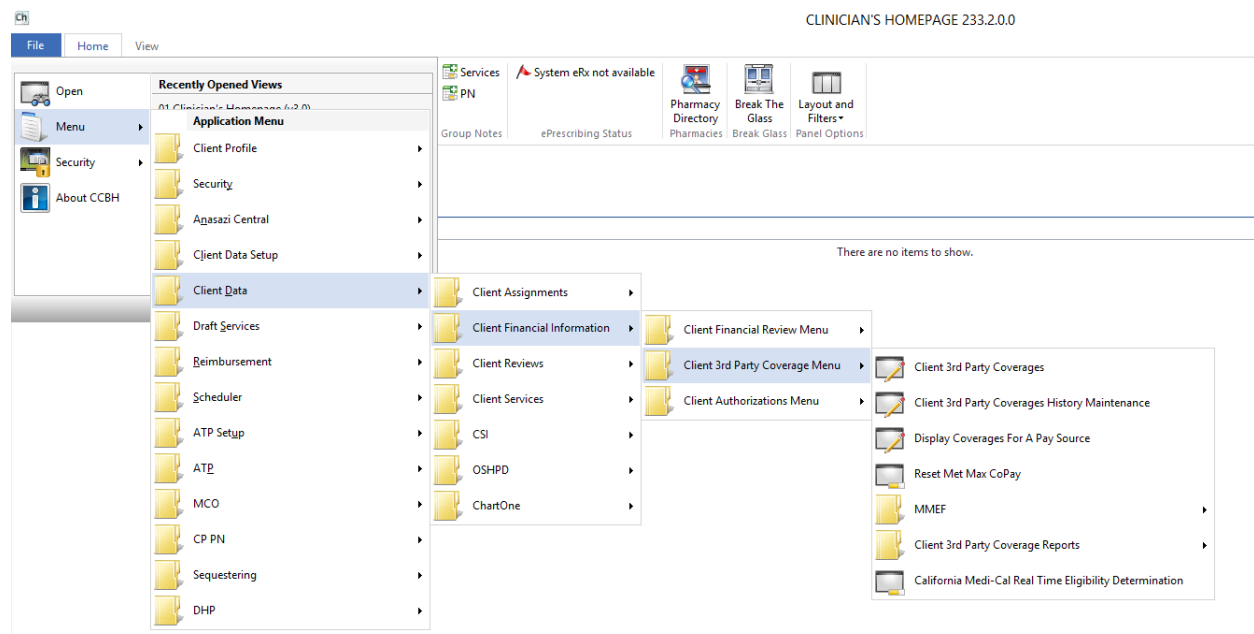
The purpose of this tip sheet is to assist users with entering new and existing clients into the third-party billing module of CCBH.

NOTICE - It is highly recommended that all persons responsible for either entering client data or program oversight to attend financial trainings that are provided by Behavioral Health Services Mental Health Billing Unit. To receive emails for available training dates and times please email: MHBillingUnitHHSa@sdcounty.ca.gov or fax to 858-467-9682

Basic Insurance Entry

Step 1: Enter Cerner and navigate to the 3rd Party Coverages Module

Menu> Client Data> Client Financial Information> Client 3rd Party Coverage Menu> Client 3rd Party Coverages.



Click to launch. It will bring you to the below screen:

Client 3rd Party Coverages (Administrative Access)

Client
Sort Name: 0 SAI:

No Client Selected

Priority	ID	Description	Type	Policy Number	Effective Date	Date Entered	Entered By

Active
 Inactive
 All


Main (1) Main (2) State Specific Labs Comments

Pay Source: Award Date: // Sequence #:
 Benefit Plan: Effective Date: // Anniversary Month:
 Policy Number: Expiration Date: // Re-Certification Month:
 Policy Number is the MBI Priority:

Group Number: Policy Holder Relationship to Insured:
 Name: Name (Last,First,MI):
 Medicaid Pol ID: Address:
 Record Details Date Entered: // By: City/St/ZIP: DOB: // Sex: N/A

Authorization Ins History Medi-Cal RTIE Reactivate Save Delete Find Clear Exit

Search for the client using the “Client Sort Name” field. If an existing client, you can use Case Number.



Client 3rd Party Coverages (Administrative Access)

Client
Sort Name: 0 SAI:

No Client Selected

Priority	ID	Description	Type	Policy Number	Effecti

Select the client and fields will populate. (Information is blocked out for security purposes) This is Tab Main (1).

Client 3rd Party Coverages (Administrative Access)

Client Sort Name: [Redacted] Closed - Adm SAI: [Redacted]

Adding 3rd Party Coverage

Priority	ID	Description	Type	Policy Number	Effective Date	Date Entered	Entered By

Active
 Inactive
 All

Pay Source: **MEDI-CAL** 100 Medicaid
 Award Date: / /
 Sequence #: |

Benefit Plan: [Redacted]
 Effective Date: **12/01/2021**
 Anniversary Month:

Policy Number: [Redacted]
 Expiration Date: / /
 Re-Certification Month:

Policy Number is the MBI
 Priority: **6** Active

Group Number:
 Policy Holder Relationship to Insured:

Name:
 Name (Last,First,MI):

Medicaid Pol ID:
 Address:

Record Details:
 City/St/ZIP:

Date Entered: / / By:
 DCB: / / Sex: N/A

Verify the Policy Number matches the Medi-Cal Eligibility Verification and ensure the Priority is '6' (Medi-Cal). **Note:** The Effective Date should be the first of the month of admission. (Example: If a client was admitted on 12/5/2021 the effective date should be 12/01/2021)

Sample Medi-Cal Eligibility Verification

Eligibility Response

Eligibility transaction performed by provider: 1508768327
 on Thursday, May 15, 2014 at 1:34:32 PM



Name: DOE, JOHN		
Subscriber ID: 1234567890		
Service Date: 05/15/2014	Subscriber Birth Date: 11/10/1921	Issue Date: 05/15/2014
Primary Aid Code: 10	First Special Aid Code: 80	
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: XX - Los Angeles		HIC Number: 123456789
Primary Care Physician Phone #:		Service Type: COMPREHENSIVE
Trace Number (Eligibility Verification Confirmation (EVC) Number): 795L38H47B		
DRAFT Eligibility Message: SUBSCRIBER LAST NAME: DOE, EVC #: xxxxxxxxNK3, CNTY CODE: 19, PRMY AID CODE: GH, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP- L.A. CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: ANTHEM BLUE CROSS CALL: (888) 285-7801, PCP: Joe Shmoe CALL: (555)555-555, PART A, B AND D MEDICARE COV W/HIC #123456789A . MEDICARE PART A AND B COVERED SVC'S MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER INSURANCE COV UNDER MEDICARE RISK HMO, CARRIER NAME: CAREMORE HEALTH PLAN, COV: OIM R.		

Go to Tab Main (2).

Client 3rd Party Coverages (Administrative Access)

Client Sct Name: [Redacted] Closed - Adm SA: [Redacted]

Editing 3rd Party Coverage: 6 - 100 MEDI-CAL

Priority	ID	Description	Type	Policy Number	Effective Date	Date Entered	Entered By
6	100	MEDI-CAL	Medicaid	[Redacted]	12/01/2021	01/13/2022	[Redacted]

Active
 Inactive
 All

QMB
 MQMB (QMB Ext.)
 SSI
 Enrollment ID: []

CoPay:
 Alias Name (Last,First,MI): [] [] []

CoPay Amount:
 Met Max CoPay
 DOB: [/ /]
 Sex:

CoPay Slide %:

Capitated Rate: []
 OK To Bill
 Negotiated Bed Day Rate:

Change Date: [/ /]
 Reason: []

If the “OK to Bill” is not checked notify the Mental Health Billing Unit.

Note: It is imperative that staff verify the Medi-Cal eligibility of the client to ensure the information from the State website matches the information in CCBH. The ‘Alias’ fields should be used to update a client’s name and date of birth as listed on the client’s Medi-Cal Card, if available. If the information is not available, leave blank.

Then, go to Tab State Specific.

Client 3rd Party Coverages (Administrative Access)

Client
 Sot Name: [Redacted] Closed - Adm SAI: [Redacted]

Editing 3rd Party Coverage: 6 - 100 MEDI-CAL

Priority	ID	Description	Type	Policy Number	Effective Date	Date Entered	Entered By
6	100	MEDI-CAL	Medicaid	[Redacted]	12/01/2021	01/13/2022	[Redacted]

Active
 Inactive
 All

New York
 RRP
 Ref Physician First Name: [Text Box]
 Ref Physician Last Name: [Text Box]
 Ref Physician NPI: [Text Box]
 License Type: [Text Box]
 Ref Physician St. License: [Text Box]

California
 County of Responsibility: San Diego [37]
 Primary Aid Code: 6:19 yrs 0-108% FPL [P5]
 Special Program 1 Aid Code: [Text Box]
 Special Program 2 Aid Code: [Text Box]
 Special Program 3 Aid Code: [Text Box]
 County Client Number: [Text Box]

Arizona
 AZ State Only Re-Enrollment: - <Undefined>

Washington
 SCRSN Program: [Text Box]

Share of Cost/Spend Down
 Subject to Share of Cost/Spend Down
 Monthly Spend Down Expense Met
 Monthly Share of Cost/Spend Down Amount: 0.00
 Share of Cost met by other Providers for the month: 0.00

Here is where you input the County of Responsibility and Primary Aid Code. (Input any Special Program Aid Codes listed on the Medi-Cal Eligibility Verification.)

**For new clients the fields will be blank. For existing clients, the fields may be pre-populated with County and Aid Code, as shown above.

Notes: In some instances, staff cannot enter the County and Aid Code on the 3rd Tab (State Specific) due to their access. In the event this happens, save the eligibility information by clicking the 'Save' button. Then the staff member should notify the Mental Health Billing Unit by email (MHBillingUnit.HHSA@sdcounty.ca.gov) or send fax to 858-467-9682 to have the County and Aid code added to CCBH by the Mental Health Billing Unit.

Other Potential Issues

Private Insurance: If a client has enrolled in private insurance that is not entered in CCBH. Obtain a signed Generic Assignment of Benefits. This will allow the program to bill the client's insurance vice billing Medi-Cal.

County Code Reports

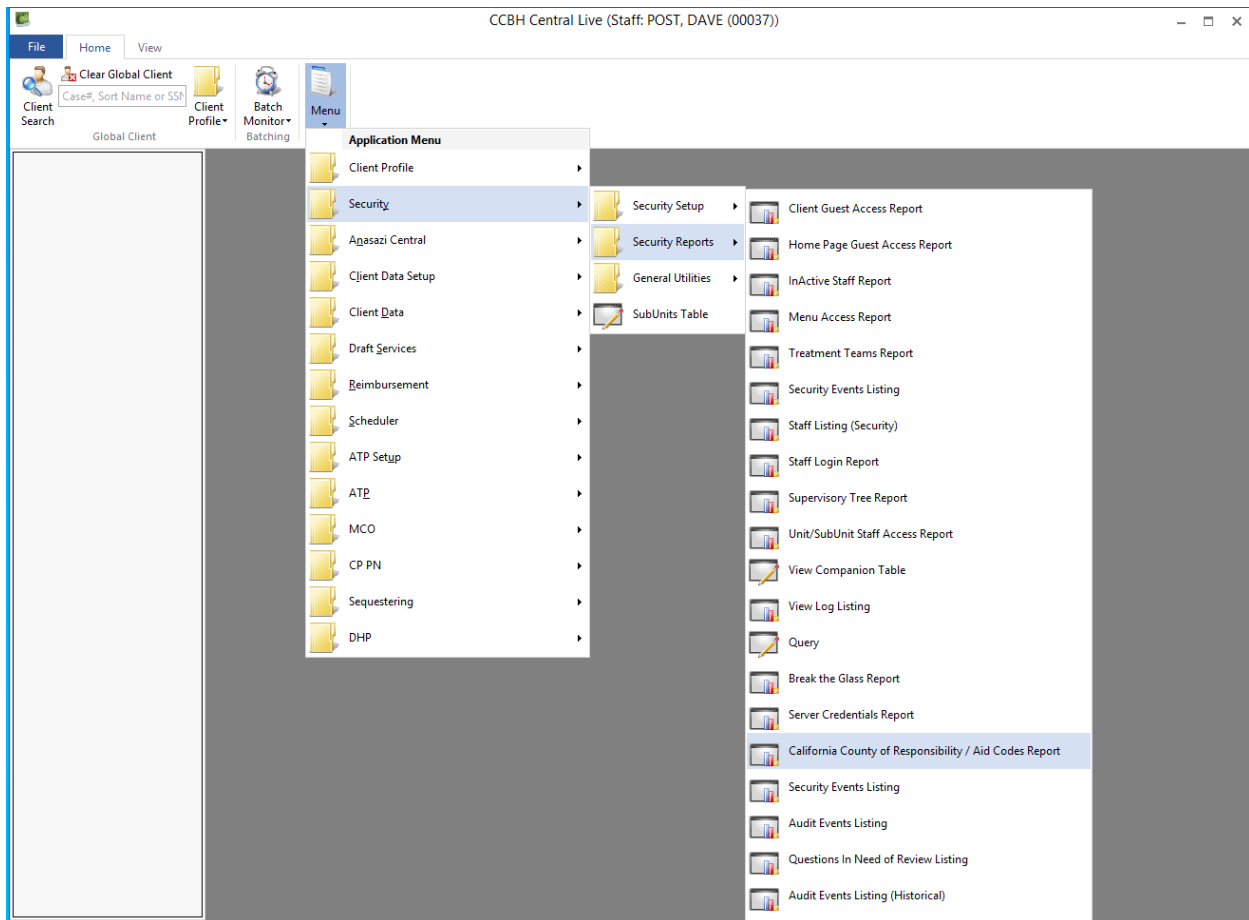
This section is for Program Managers and Clinicians that are responsible for accuracy of a program’s billing data.

California County of Responsibility / Aid Codes Report

This report can be used as a quick snapshot of clients with inaccurate or missing County codes.

Navigate to the California County of Responsibility / Aid Codes Report

Menu> Security> Security Reports> California County of Responsibility / Aid Codes Report



Click ‘California County of Responsibility / Aid Codes Report’

This screen will appear.

Enter your program Unit or Subunit and applicable Service Dates

California County of Responsibility / Aid Codes Report (Administrative Acc...)

Selections1 | Sgrr/Subtotal/Title

Pay Sources	All	
Benefit Plans	All	
Counties of Responsibility	All	
Primary Aid Codes	All	

Include Clients with Services that match the following:

Units	All	
SubUnits	All	
Service Codes	All	
Service Dates	/ /	thru 01/31/2022

Clear Load Save Batch Print Exit

Then Go to Sort/Subtotal/Title Tab

California County of Responsibility / Aid Codes Report (Administrative Acc... - □ ×

Selections1 Sort/Subtotal/Title

Segments







- Client(2)
- Case #(2)
- County
- Aid Code
- Pay Source
- Benefit Plan

→ Add
← Remove
▲ Up
▼ Down

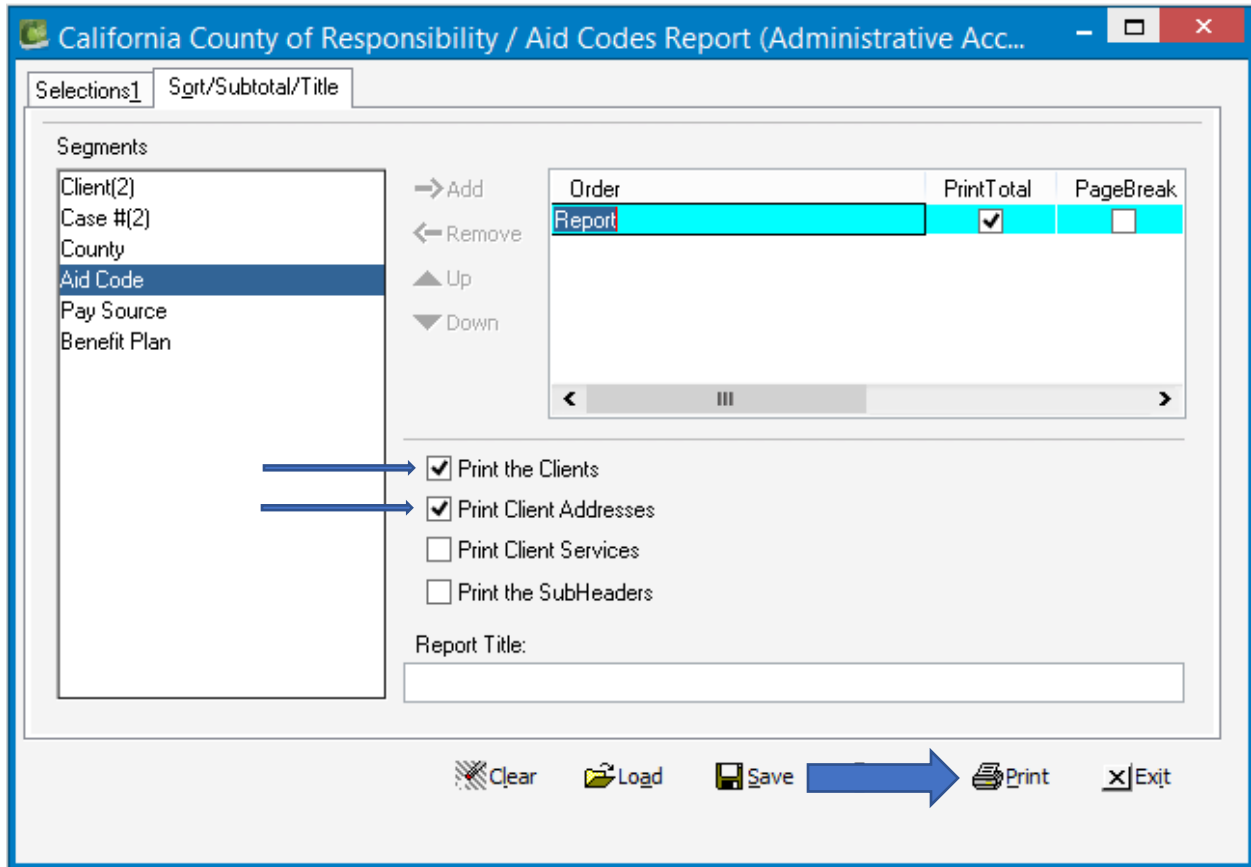
Order	PrintTotal	PageBreak
Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Print the Clients
 Print Client Addresses
 Print Client Services
 Print the SubHeaders

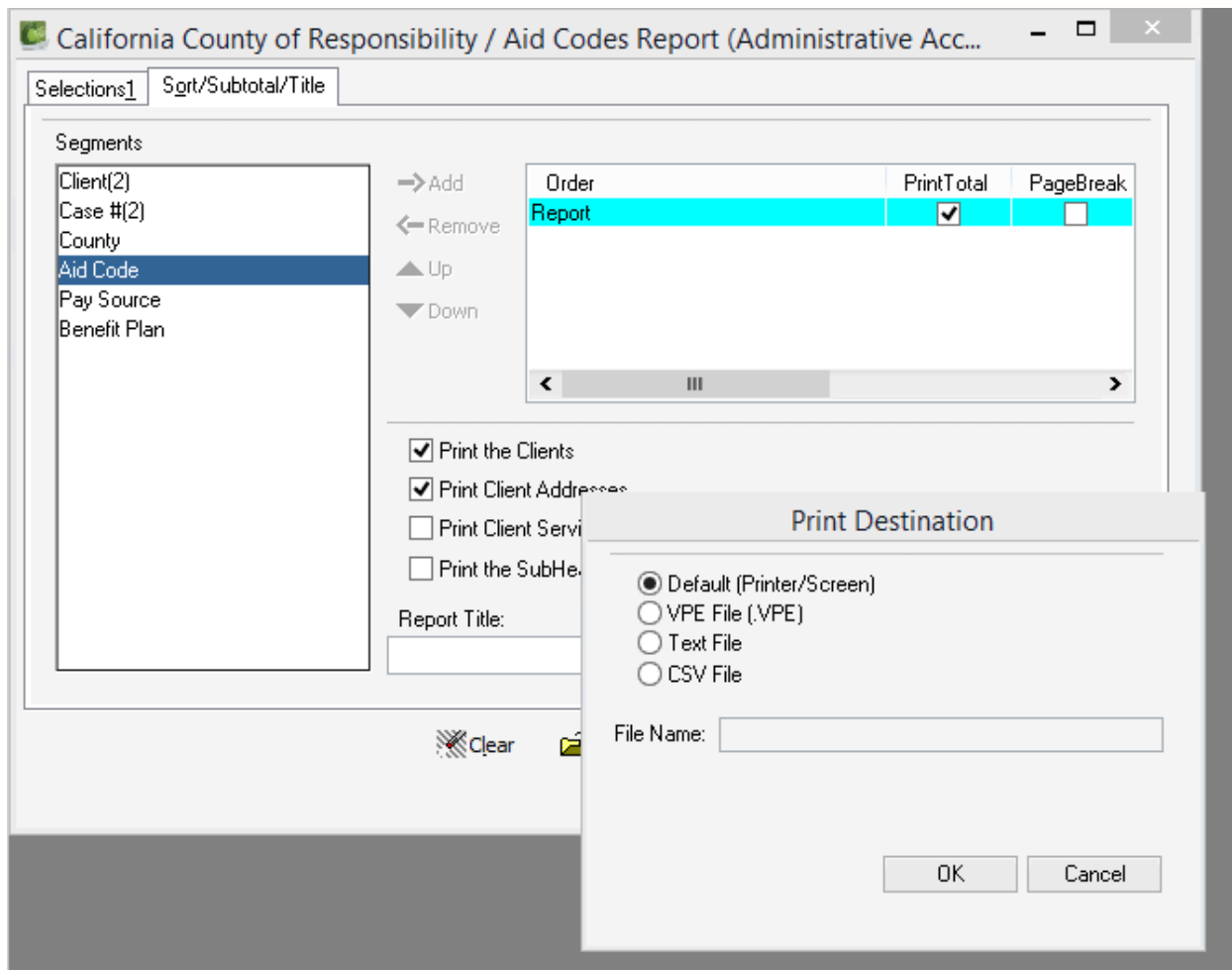
Report Title:

 Clear  Load  Save  Batch  Print  Exit

Check 'Print the Clients' and 'Print Client Addresses' then 'Print'

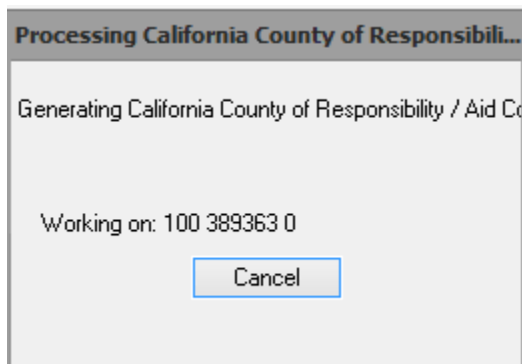


The below window will appear



Then click 'OK'

Another window will appear processing the request.



***This may take several minutes to process based on size of program and service timeframe.

California County of Responsibility / Aid Codes Report
SAN DIEGO COUNTY MENTAL HEALTH

Page : 1

*** Selections ***

Unit Selection: [Redacted]
Service Date Selection: 11/01/2021 through 11/30/2021

Report : AZ151RC
Staff : POST, DAVE (00037)

Date : 01/26/2022
Time : 12:04

Case #	Client Name	County Client #	County	AC	Address	City	St	ZIP	Count
			26	San Bernardino					
			26	San Bernardino					K1
			26	San Bernardino					P5
			27	San Diego					60
			26	San Bernardino					42
			26	San Bernardino					
			33	Riverside					
			26	San Bernardino					
			9	El Dorado					
			15	Kern					38
			38	San Francisco					42
			26	San Bernardino					
			26	San Bernardino					
			10	Fresno					
			26	San Bernardino					35
			24	Merced					
			13	Imperial					P5
			15	Kern					P5
			13	Imperial					
			26	Ventura					
			13	Imperial					
			26	Ventura					
			32	Thomas					77

Report Total: [Redacted]

The report will be displayed. If a client does not have a County Code, it is missing. The administrative staff can then go through the 3rd Party Billing process to add the appropriate code or contact the Mental Health Billing Unit at MHBillingUnitHHSa@sdcounty.ca.gov or fax to 858-467-9682.

Medi-Cal billing can be complicated, and each client may have a very different set of circumstances. Every different scenario cannot be specifically addressed in this tip sheet. The BHS Mental Health Billing Unit is here to support you.