

FAQs for Adult Program Managers

What if clients state that they don't have insurance, but the InSyst Medi-Cal eligibility screen shows that they do?

If the State records show that a client has private insurance, it is the client's responsibility to notify the Medi-Cal office and to request to have it corrected in the State Medi-Cal system. Therefore, programs should continue to bill the private insurance and obtain a denial letter before proceeding to bill the State. Otherwise, the State will not pay for the services and the service will appear on the Edit Error Correction Report (ECR) for your agency.

What happens when Medi-Cal clients who pay a share of cost are UMDAPPED? Do such clients pay the UMDAP amount or the Medi-Cal share of cost?

Clients that have Medi-Cal and who pay a share of cost should also be UMDAPPED. You would collect the UMDAP amount or the share of cost, whichever is less. However, please note that the client will not have full cost Medi-Cal until the share of cost has been cleared with the appropriate amount of services.

How do you UMDAP a client? Can you provide step-by-step instructions for doing so?

Procedure for Performing an UMDAP:

1. Information is gathered from the client or responsible party and is used to determine the client's source(s) of funding. Information gathered will include:
 - 1.1 Client's Full Name (no nicknames), Address, Phone number, Social Security Number.
 - 1.2 Client Medi-Cal Number.
 - 1.3 Client Medicare Number.
 - 1.4 Client Date of Birth.
 - 1.5 Client Sex.
 - 1.6 Responsible Party Full Name, Address, Phone Number and Social Security Number.
 - 1.7 Source(s) of Income for the Family Unit.
 - 1.8 Monthly Child Care Payment.
 - 1.9 Monthly Dependent Support Payment – for individuals not claimed as UMDAP Dependents.
 - 1.10 Court ordered obligations.
 - 1.11 Monthly Medical Expenses.
 - 1.12 Number of Persons in Family Unit.
 - 1.13 Name of Employer(s).

- 1.14 Address and Phone number of Employer(s).
- 1.15 Name of Insurance.
- 1.16 Name of insured.
- 1.17 Policy Number of Insurance.
- 1.18 Group Number of Insurance.

2. Determining UMDAP:

The Uniform Method to Determine Ability to Pay (UMDAP) is a State required procedure with standards to establish patient fees on a sliding scale for all programs funded with Realignment Revenue. The current UMDAP procedure is based on a one-year period. This period starts when the first member of the family unit enters the County of San Diego mental health system. A revision to UMDAP is required yearly, unless there is a change to income or dependents during the year. All County and Contract providers are required to follow this process.

2.1 Process to enter UMDAP utilizing InSyst:

- 2.1.1 Go to the F A F screen in InSyst.
- 2.1.2 Enter client number, annual liability period (*i.e., it expires on a yearly basis*), and number of dependants. Enter "N" in "Undetermined Liability".
- 2.1.3. Enter clients' monthly income, total assets, and monthly expenses. (*InSyst computes client information and gives the annual liability*).
- 2.1.4 When you see prompt "UMDAP Okay", enter "Y". Press enter.
- 2.1.5 On the second screen, *Financial Account Maintenance*, wait for the prompt "Form O.K." Enter "Y" for yes and enter.
- 2.1.6 On the third screen, *Financial Insurance Policy Selection*, use "Gold I" and insert the name of the insurance company. (*Once you enter the name of the insurance company, a list will appear enabling you to choose the correct carrier and address.*)
 - 2.1.6.1 Enter "X" on Assignment of Benefits, Release of Information, and Information Complete.
 - 2.1.6.2 In response to the "Form O.K." prompt, enter "Y" for yes.
- 2.1.7 The fourth screen, *Financial Summary*, will allow you to review and

make any necessary changes. If your work is complete enter “Y” for yes. ***(When doing an UMDAP you must complete each of the four screens. Otherwise, the data entered will not be saved and your work will be incomplete.)***

Regarding Medi-Cal eligibility: What if clients have both Medi-Cal and Kaiser but we don't bill Kaiser?

Private insurance and Medicare must be billed prior to Medi-Cal. In order for Medi-Cal to consider payment the primary insurance claim line in the InSyst system must be satisfied. Failure to satisfy the primary insurance claim line in InSyst will prevent Medi-Cal from being billed and the revenue recouped.

Please confirm with your County Contract Monitor to determine if your agency is required to bill for private insurance.

Which AOB form should we use – the County form or the UBH form?

The Assignment of Benefits (AOB) form should be specific for your company. Therefore, you may use either of the forms noted above as a *template*, but you should create one on your company's letterhead to ensure your company name is the approved billing agency.

Suggestion: There is a disconnect between corporate offices and the sites that bill. Many reports may be going to corporate offices and never seen by program managers. UBH should have training for contractor's financial people to “connect” them with their programs. Please train our corporate offices as to how they should be interfacing with program sites regarding all these reports.

InSyst Financial Training is available to all organizational providers. Attendees of this recent Adult Program Managers training are highly encouraged to inform their financial offices of the availability of InSyst trainings and to refer them to the InSyst Schedule of Training. Please note that for independent contractors (i.e., organizational providers), neither the County nor UBH is involved in internal chain of command or operational activities.

How do we clear private insurance that clients no longer have?

Proof of a client's insurance termination should be placed in the client's financial folder within your agency for auditing purposes. Once you have received confirmation, you may terminate the insurance policy via the InSyst FI EL POL screen. The termination date for the policy should be the date that you are entering the termination into InSyst. Please do not enter retroactive termination dates.

Example: If you received verification that a client's insurance policy terminated on 01/01/2004 – and you are terminating the policy on 03/25/2005, you should use the date of 03/25/2005 as the policy termination date.

Please explain how to obtain the Direct Service Report CDs for my program(s).

Please contact Cecilia Redondo at (619) 563-2739 to make the arrangements (i.e., via mail) for obtaining these CDs. Most contractors prefer to pick up the CDs when they come to the MHS Admin Building for a meeting.

Will UBH post billing if the client shows as ineligible for Medi-Cal?

If the client's Medi-Cal eligibility has been confirmed in the InSyst, then billing of the services will occur (as long as all of the other processes have been completed – such as UMDAP).

How soon after the end of the month are monitoring reports (Provider Tracking Reports) available?

Provider Tracking Reports are available on a monthly basis before the end of the each month.

Do we still need to get UMDAP information for a client that is going to be closed for absence of service, but needs an UMDAP?

If a client has a service in the system within an UMDAP time period, an UMDAP must be completed. If the client failed to provide the necessary information to complete an UMDAP, the client can be UMDAPPED as "FULL PAY". FULL PAY means that the client will be responsible financially for 100% of services received.