COUNTY OF SONOMA
Department of Health Services
Behavioral Health Division

Behavioral Health Electronic Health Records
FINANCIAL ELIGIBILITY MANUAL

For information and updates, email the BHEHR Team at BHEHR@sonoma-county.org

MANUAL V.1.0
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Working with Financial Eligibility

In this lesson you will learn the steps for recording guarantor billing sources for a client. A guarantor is an expected source of reimbursement for a client services.

You will also learn how to maintain the client’s financial eligibility by making any guarantor modifications.

Lesson objectives

- State the purpose of Financial Eligibility
- Learn to enter Guarantors Information table
- Enter the correct order of guarantors
- Understand how to maintain financial eligibility
- Edit Financial Eligibility information

Lesson Scenario

Cindy Sue is an employee in a Sonoma County clinic. She recently admitted a new client, and that client gathered the necessary information for Cindy Sue to complete the Financial Eligibility form. Cindy Sue finds that the information that auto-fills in this window from the admission saves a lot of time and that the dropdown lists and radio button choices make it easy to quickly enter the data.

Cindy Sue finds the Guarantor Information table in the Guarantor Selection tab to be a convenient place to gather and review all guarantor information. Cindy Sue also is responsible to maintain the client’s financial information while they are being seen in the County Clinic. This makes it easy for Cindy Sue to ensure that the guarantor information is correct.
Understanding Financial Eligibility

You use Financial Eligibility to create and maintain a record of guarantor billing sources for a client. **Guarantor** is a synonym for insurance where insurance can include self pay, third party private insurance, such as Kaiser and Blue Cross, or entitlements such as Medi-Cal and Medicare. The first time a client opens to Sonoma County, the employee completes all guarantor information based on the financial interview with the client. When another episode is opened, or the client is transferred to another County Clinic for services, you should perform another financial interview and verify whether the information is still correct.

Single-Source Record for Most Client’s Financial Eligibility

**IMPORTANT**

In order to maintain a single-source record for the Client, you should open the client to the Accounting program, complete Financial Eligibility for Accounting episode, and link current Open Outpatient Episode(s) to the Accounting program in Financial Eligibility.

**NOTE:** Please remember you must obtain the information for the required fields in order to complete the Financial Eligibility process. There are a number of required fields in this window and you are not able to save the information until you complete all of the required fields.

Who Can Perform This Function?

Accounting employees complete the Financial Eligibility window.

Menu Path
Avatar PM->Client Management->Account Management->Financial Eligibility

Financial Eligibility option

In the Financial Eligibility window, you complete the Guarantor Selection tab first. After you enter the guarantors in the Guarantor Selection tab, you return to the Financial Eligibility tab to rank the guarantors in order of payment as shown at the bottom of the following illustration.

**NOTE:** You must complete the required Guarantor Order fields before you can submit the information. Guarantors should be ranked: 1.Insurance 2.Medi-Cal 3.UMDAP 4.County.
IMPORTANT

Collect the signed forms that are required from the client in order to bill

For Insurance Clients:
  ✓ Insurance Authorization Form

For Medicare Clients:
  ✓ Medicare Authorization Form
  ✓ Medicare Secondary Payor Form

For IEP/AB3632 Insurance/Medi-Cal Clients
  ✓ IEP/AB3632 Consent Form

Verify whether or not the client has coverage, ie: Medi-care, Insurance, Medi-cal, Healthy Families, etc.
If there is information already entered you need to verify that the information is accurate and all coverage’s have been entered. (Note: For example, if there is not a guarantor of “Medi-cal” entered in you will need to enter this information in Avatar in the order it needs to be billed).
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Guarantor #1-#3</td>
<td>Use this dropdown lists to place guarantors in order. The number of Guarantor fields that require an entry based on the number of guarantors selected on the Guarantor Selection tab.</td>
</tr>
</tbody>
</table>

**Guarantor Selection Tab - Guarantor Selection**

Use this tab to assign guarantors and guarantor plans to a client’s record.

- You click the Add New Item button to open a row for each new table entry.
- Then you choose a guarantor and complete the Guarantor Selection tab before adding the next guarantor.
- Continue adding guarantors as needed and
- Then return to the Financial Eligibility tab for guarantor ordering.

Use this page to enter demographic information about the subscriber. If the subscriber is the client, the demographic information will auto-filled from the admission.

**NOTE:** If you need to change the client’s demographic information, make the change in Update Client Data and Financial Eligibility will update accordingly.
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guarantor #</strong></td>
<td>enter the guarantor number, click the search button, and select the corresponding entry.</td>
</tr>
<tr>
<td><strong>Guarantor Name</strong></td>
<td>edit the guarantor name if appropriate.</td>
</tr>
<tr>
<td><strong>Guarantor Plan</strong></td>
<td>select the benefit plan.</td>
</tr>
<tr>
<td><strong>Customize Guarantor Plan</strong></td>
<td>select yes to customize the benefit plan. yes is available if yes is selected for the guarantor allow customization of guarantor plan field (guarantors/payors form). select no to use the default benefit plan information.</td>
</tr>
<tr>
<td><strong>Guarantor’s Address</strong></td>
<td>the guarantor’s demographic information should default from the guarantors/payors form.</td>
</tr>
<tr>
<td><strong>Inhibit Billing By Mail</strong></td>
<td>select yes to prevent creating a claim, and printing a bill for the client. select no to allow client billing of the guarantor. this field is used for self-pay guarantors, and works with paper billing.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Is This A Managed Care Contract</td>
<td>select yes for managed care contracts. select no for all other contracts.</td>
</tr>
<tr>
<td>Effective Date Of Contract</td>
<td>enter the first day guarantor liability can be distributed.</td>
</tr>
<tr>
<td>Expiration Date Of Contract</td>
<td>enter the last day guarantor liability can be distributed.</td>
</tr>
<tr>
<td>Insurance Code/Medicaid Tape</td>
<td>enter the insurance code for the medicaid tape.</td>
</tr>
<tr>
<td>Eligibility Verified</td>
<td>select yes if client eligibility has been verified. if no is selected, liability does not distribute on the client ledger and is not included in an interim billing batch.</td>
</tr>
<tr>
<td>Coverage Effective Date</td>
<td>enter the first coverage date. services dated on or after this date can be distributed to the guarantor.</td>
</tr>
<tr>
<td>Coverage Expiration Date</td>
<td>enter the last coverage date. services dated on or after this date will not be distributed to the guarantor.</td>
</tr>
<tr>
<td>Client’s Relationship To Subscriber</td>
<td>select the relation. select the relation - if the subscriber is the client, the information it auto fills from the admission.</td>
</tr>
<tr>
<td>Subscriber demographic fields</td>
<td>enter information as appropriate.</td>
</tr>
<tr>
<td>Subscriber Address - County</td>
<td>select the county.</td>
</tr>
<tr>
<td>Subscriber Branch/Service</td>
<td>select the subscriber’s military service.</td>
</tr>
<tr>
<td>Subscriber Military Status</td>
<td>select the subscriber’s military status.</td>
</tr>
<tr>
<td>Subscriber’s Employment Status</td>
<td>select the employment status.</td>
</tr>
<tr>
<td>Subscriber’s Employer fields</td>
<td>enter the appropriate information.</td>
</tr>
<tr>
<td>Subscriber Group Name</td>
<td>enter the group name for the subscriber.</td>
</tr>
<tr>
<td>Subscriber Group #</td>
<td>enter the group name for the subscriber.</td>
</tr>
<tr>
<td>Subscriber Policy #</td>
<td>enter the subscriber policy number. the policy number is required for electronic billing.</td>
</tr>
<tr>
<td>Subscriber Medicare #</td>
<td>enter the client's medicare number.</td>
</tr>
<tr>
<td>Subscriber Treatment Auth.</td>
<td>select yes if the subscriber is authorized for treatment.</td>
</tr>
<tr>
<td>Subscriber Assignment Of Benefits</td>
<td>select yes if the subscriber has authorized payments to be sent directly to the provider.</td>
</tr>
<tr>
<td>Subscriber Release Of Info</td>
<td>select the release authorization status/type. select yes if the subscriber authorizes the release of client benefit information.</td>
</tr>
<tr>
<td>Coordination Of Benefits</td>
<td>select yes if benefits are synchronized between multiple guarantors in a client’s financial eligibility.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date Of Accident</td>
<td>enter the accident date if applicable.</td>
</tr>
<tr>
<td>Date Benefits Terminated</td>
<td>enter the termination date if applicable. This field does not affect liability distribution.</td>
</tr>
<tr>
<td>Date Benefits Denied</td>
<td>enter the denial date if applicable. This field does not affect liability distribution.</td>
</tr>
<tr>
<td>Denial Code</td>
<td>select the code.</td>
</tr>
<tr>
<td>Subscriber’s Covered Days</td>
<td>enter the maximum number of room and board days that can be charged to the guarantor, for all levels of the benefit plan. This number overwrites the benefit plan, if the number is less than the total dollars entered for all benefit plan levels.</td>
</tr>
<tr>
<td>Number Of Days For Interim Billing</td>
<td>enter the number interim billing days. This is the number of days from the last batch bill date before the guarantor can be included in another interim billing batch.</td>
</tr>
<tr>
<td>Maximum Covered Dollars</td>
<td>enter the maximum number of dollars that can be charged to the guarantor, for all levels of the benefit plan. This number overwrites the plan if it is less than the total dollars entered in all levels of the plan.</td>
</tr>
<tr>
<td>Lifetime Reserve Days</td>
<td>enter the total number of reserve days.</td>
</tr>
</tbody>
</table>

Data from the MEDS record with the latest effective date populates these fields, and can be edited. These fields do not affect liability distribution.

- If there is a MEDS record for the effective date, and the eligibility code or aid code does not match the 'Eligibility Code' or 'Aid Code' fields, the values in these fields will populate the MEDS record.
- If there is no MEDS record for the effective date, a new record will be created. The values in the 'Eligibility Code' and 'Aid Code' fields will populate.

*The following values* will be used to populate the MEDS file

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Medicaid #</td>
<td>enter the number.</td>
</tr>
<tr>
<td>Eligibility Inquiry (270) Status</td>
<td>select the status of the eligibility inquiry.</td>
</tr>
<tr>
<td>Eligibility Response (271) Reject Reason Code</td>
<td>Select the reason if the inquiry was rejected.</td>
</tr>
<tr>
<td>Effective Date Of Medi-Cal Eligibility</td>
<td>Enter the effective date.</td>
</tr>
<tr>
<td>Eligibility Code</td>
<td>Select the code. An eligibility code of ‘000’ will not enable medi-cal.</td>
</tr>
<tr>
<td>Aid Code</td>
<td>Enter the aid code, click the search button, and select the corresponding entry.</td>
</tr>
<tr>
<td>Subscriber Client Index Number</td>
<td>Enter the number.</td>
</tr>
<tr>
<td>Subscriber Release of Info</td>
<td>Select yes if client has signed release.</td>
</tr>
</tbody>
</table>
Financial Forms for Client Signature

IMPORTANT

For Insurance Clients:
✓ Insurance Authorization Form

For Medicare Clients:
✓ Medicare Authorization Form
✓ Medicare Secondary Payor Form

For IEP/AB3632 Insurance/Medi-Cal Clients
✓ IEP/AB3632 Consent Form

Exercise 1: Enter Guarantor Selection Information

In this exercise you will enter the guarantor information for your client.

Before You Begin: Select a client from my clients/recent clients.

1. Choose Avatar PM -> Client Management -> Account Management -> Financial Eligibility from the Menu
2. You must enter the Guarantor Selection tab information prior to completing the Financial Eligibility tab.
3. Click the Guarantor Selection tab.
4. Follow these steps to enter a guarantor:
   A- Click the Add New Item button to place a blank row in the table
   B- Type MENT, the first few letters of the guarantor's
   C- Click the Process Search button
   D- Choose Medi-Cal from the dropdown list
   F- Always choose No in the Customize Guarantor Plan field unless insurance needs to be termed.
   E- The Guarantor Plan auto-fills based on the Guarantor #
   F- Choose Yes for Eligibility
   G- Enter the coverage Effective Date
   H- Choose self as the subscriber
   I- When the subscriber is Self, the demographic information auto-fills.
   J- Complete required fields
5. Using the process described in step 3, add another guarantor to the table.
   Remember to add a new row to the table before you start or you will override the information in the row you just completed.

ENTER THE GUARANTOR ORDER

Click the Financial Eligibility tab.
Click the dropdown lists and choose Guarantor #1 and Guarantor #2
Click Submit.
Edit Financial Eligibility Information

In cases where the client is transferred to another clinic for treatment you should make changes to the Outpatient episode’s financial information, follow this procedure:
- Make any changes to the guarantor information (for example: adding a new guarantor)
- Collect the signed forms from the client.

**NOTE:** If you need to edit a client’s social security number, modify it through Update Client Data. Financial Eligibility will update accordingly.

*Do not* change the social security number in the Financial Eligibility window as it will not update other windows.

If you are editing a row in the Guarantor Information table, you have to select the row to be edited and click the Edit Selected Item button.

Exercise 2: Edit Guarantors for a Client’s Episode

*In this exercise you will modify the guarantor plan information for your client’s episode.*

1. Choose Avatar PM □ Client Management □ Account Management □ Financial Eligibility
2. Choose the Outpatient Episode from the Episode Selection screen.
3. Click OK.

**ADD A GUARANTOR AND ORDER THE GUARANTORS**

4. Click the Guarantor Selection tab.
5. Click the Add New Item button to add a row to the Guarantor Information table.
6. Type Blue Cross in the Guarantor # field.
7. Choose BLUE CROSS from the list
8. Enter required fields
9. Click the Financial Eligibility tab and choose the Guarantor Order from the dropdown lists
10. Click the Submit icon to save the change.
## Quick Reference Guide—Financial Eligibility

<table>
<thead>
<tr>
<th>Task</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Menu Path</strong></td>
<td>Avatar PM-&gt;Client Management-&gt;Account Management-&gt;Financial Eligibility</td>
</tr>
</tbody>
</table>
| **Add a Guarantor for a Client Who is New to Sonoma County (No Episodes) or has a New Episode** | 1. Select a client from my clients/recent clients  
2. Choose Avatar Pm->Client Management->Account Management->Financial Eligibility  
3. Click the Guarantor Selection tab.  
4. Click the Add New item Button  
5. Type all or part of the guarantor name in the Guarantor # field. (Use alphabetic search in this field.)  
6. Choose the guarantor from the list  
7. Choose Yes for Customize Guarantor Plan.  
8. Choose Yes for Eligibility Verified except for Commercial Insurance guarantors, which would be NO.  
9. Enter Coverage Effective Date.  
10. Complete the subscriber name and demographic fields if the subscriber is someone other than the client. (If the subscriber is the client, the information auto-fills from the admission.)  
11. Complete the fields as appropriate.  
12. Repeat this procedure for each guarantor.  
13. Click the Financial Eligibility tab.  
14. Choose the Guarantor Order from the Guarantor # dropdown lists. (Insurance, Medi-Cal, UMDAP,County)  
15. For all episodes except Accounting, link to Financial Eligibility from Another Episode and choose Accounting  
16. Click Submit. |
<p>| <strong>Edit Financial Eligibility Information</strong> | 1. Choose Avatar PM-&gt;Client Management-&gt;Account Management-&gt;Financial |</p>
<table>
<thead>
<tr>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. If the client has more than one episode, always choose the Accounting Episode to edit.</td>
</tr>
<tr>
<td>3. Make the necessary changes.</td>
</tr>
<tr>
<td>4. Click the Submit icon to save the changes.</td>
</tr>
</tbody>
</table>

**Note:** Do not edit the social security number in Financial Eligibility. Edit the social security number through Update Client Data.
Concept Review

1. A guarantor is any expected source of reimbursement for services provided a client.
   a. True
   b. False

2. You should attempt to order the guarantors correctly by ______.
   a. calling MIS
   b. taking your best guess
   c. referring to the User Reference Guide

3. You can only place four guarantors in ranking order
   a. True
   b. False

4. You should always choose Yes for Eligibility Verified in the Guarantor Selection tab except for Commercial Insurance.
   a. True
   b. False

5. The Coverage Effective Date for Medi-Cal and Medicare is the date of admission.
   a. True
   b. False

6. The social security number should not be edited in which window?
   a. Admission
   b. Financial Eligibility
   c. Update Client Data

7. All episodes will have the same guarantor information.
   a. True
   b. False

8. If you need to modify guarantor information, always make the changes in Accounting Episode.
   a. True
   b. False

9. You must choose the guarantor order on the Financial Eligibility tab prior to entering guarantors in the Guarantor Information table.
   a. True
   b. False

Answers

1-A
2-C
3-B
4-B
5-A
6-B
7-A
8-A
9-B
How Can I Get Help?

1. Review Training Materials
2. Visit the sharepoint site for the latest news/tips and FAQ
3. Contact your Site Super User