

BHRS SUD AVATAR
Financial Registration Form
Updated 6/13/17

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. DMC clients are to have 2- funding sources selected;
9. Uninsured cli
10. Responsible Party is usually the client, unless the client is an adolescent or someone who has been conserved.
11. 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".
12. 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.

Ranking of funding sources-

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

Funding Priorities for San Mateo County Residents Seeking Substance Abuse Outpatient and Residential Treatment Services Draft as of 6/13/17			
CLIENTS WITH THE FOLLOWING RESOURCES	FUNDING OF FIRST RESORT →	FUNDING OF SECOND RESORT →	FUNDING OF THIRD RESORT →
Uninsured Adults	SAPT / SAPT Peri		
Uninsured Adults CJ	CJ Funds		
Uninsured Adolescents	SAPT or Measure A		
Residents with Medi-Cal ONLY	DMC	SAPT / SAPT Peri	
Residents with ACE or HealthWorx	SAPT / SAPT Peri		
Residents with Medicare ONLY	Medicare	SAPT / SAPT Peri	
Residents with Medi / Medi	Medicare	DMC (if OHC will not pay / cover)	SAPT/SAPT Peri; CJ or Measure A
Residents with Medi-cal and OHC	OHC	DMC (if OHC will not pay / cover)	SAPT/SAPT Peri; CJ or Measure A
Residents with OHC	OHC		
<i>*residents includes adults and adolescents</i>			
Examples			
Adolescents with Medi-Cal	DMC	SAPT or Measure A	
CJ client w/ no coverage	CJ funding*		
CJ client w/ OHC	OHC	CJ Funds (if OHC will not pay / cover)	
CJ client with Medi-Cal	DMC	CJ Funds	
CalWorks client in OP/IOP	CalWorks		
CalWorks client in Res	DMC	CalWorks	
* CJ= AB109, Unified Reentry, Drug Court, Pathways, Probation referral, Modifiable, Court Referred OHC= Other Health Care SAPT- Substance Abuse Pv & Tx Block Grant DMC= Drug Medi-Cal Healthworx and Ace= County funded Insurance(uninsured) SAPT Peri= Parenting women with children under the age of 17			

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 <input type="checkbox"/> Transfer		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 (select 2 - funding sources for DMC clients)			
<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/COUNTY <input type="checkbox"/> SAPT Perinatal <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