


BHS Policies and Procedures		
	City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES	1380 Howard Street, 5 th Floor San Francisco, CA 94103 (628) 754-9500
Policy or Procedure Title: Determining Liability for Uninsured and Underinsured Members		
Issued By:	<div>DocuSigned by:</div> <div><i>imo momoh</i></div> <div>360E6E598F1D468...</div>	Manual Number: 2.03-08
Imo Momoh Director of Managed Care, Behavioral Health Services		References: SFHN Charity Care and Discount Payment Program Policy and Procedure, AB2393
Effective Date: May 22, 2024		

New Policy; Replaces 2.03-8 Obtaining Client Information for Billing Purposes of 01/21/2014 and 2.03-8 Payer & Financial Information and UMDAP of 01/30/2019. Last reviewed October 28, 2025.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members’ needs and lived experiences.

Purpose: This document defines the process for providers to follow in determining liability for uninsured and underinsured members seeking behavioral health services. Providers should reference [San Francisco Health Network Charity Care and Payment Program Policy and Procedure](#) for members who are above 500% Federal Poverty Level (FPL).

Scope: This policy applies to all Civil Service and Contracted Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) providers who collect member or family healthcare benefit information and to Eligibility Workers who assess member liability.

Policy: BHS previously used the Uniform Method of Determining Ability to Pay (UMDAP) process to determine member liabilities for SMH and SUD services. This policy replaces 2.03-8 Obtaining Client Information for Billing Purposes. [AB2393](#), along with recent guidance from the Department of Health Care Services (DHCS), allows BHS the authority to rescind and replace the UMDAP process.

All members seeking SMH or SUD services should have their eligibility verified at intake and at least monthly thereafter:

Members seeking SMH services:

Clinic or intake staff will collect eligibility information at the time of intake or referral to assess the member's eligibility for services. If the member has coverage, Eligibility staff will verify and enter the coverage information into Epic. If the member is found to be uninsured or underinsured, the BHS Eligibility team will follow-up with the member to assist them in applying for any possible coverages. If no potential benefit programs are found, or while waiting on the determination of coverage, Eligibility staff will assess the member's liability for the cost of services by using their household size and income to determine their placement on the Federal Poverty Level (FPL) scale. Eligibility staff will enter the FPL determination into Epic to indicate the member's liability for services, which should be valid for a maximum of 180 days. If the member does not have adequate coverage after 180 days, they will need to be reassessed by the Eligibility team in order to continue receiving services.

Members seeking SUD services:

Clinic or intake staff will collect eligibility information from members at intake and enter it into the Episode Guarantor Information (EGI) form in Avatar. After reviewing the member's EGI, the BHS Billing team will alert the Eligibility team if the member is uninsured or underinsured. The Eligibility staff will follow up with the member and assist them in applying for any benefit programs they may be eligible for. If no potential benefit programs are found, or while waiting on the determination of coverage, Eligibility staff will assess the member's liability for the cost of services by using their household size and income to determine their placement on the Federal Poverty Level (FPL) scale. After determining the member's FPL status, Eligibility staff will enter a new EGI to indicate the member's liability, which will be valid for a maximum of 180 days. SUD providers are responsible for entering a new EGI if the member obtains coverage. If the member does not have adequate coverage after 180 days, they will need to be reassessed by the Eligibility team to continue receiving services.

Uninsured/Underinsured members include*:

- Members without any coverage,
- Members who have applied for Medi-Cal and have a pending application,
- Medi-Cal beneficiaries with a Share of Cost (SOC),
- Healthy San Francisco (HSF) enrollees with POS fees.

**This list is not exhaustive*

Eligibility staff will use the member's household size and income to determine their placement on the FPL chart. Member liability for SMH and SUD services will fall into two groups:

Federal Poverty Level	Member Liability
At or below 500% FPL	None
Above 500% FPL	Full pay*

**Member may apply for the Discount Payment Program*

Eligibility staff must collect income verification in order to determine FPL. Below are examples of acceptable income verification:

- Wage stubs
- Tax return
- Award letters (e.g. Supplemental Security Income, State Disability Income)
- Income benefits
- Pension check
- Verification on employer letterhead
- Affidavit of support from a friend or relative

After the determination, BHS Eligibility staff will enter the member's calculated FPL and liability into the appropriate electronic health record (EHR): determinations for SMH services will be entered into the Epic financial assistance tracker, and SUD determinations will be entered into a new EGI form in Avatar to indicate the member's liability. Members may request a new financial assessment at any visit if circumstances change. Determinations will be valid for a maximum of 180 days.

Members who receive bills for SMH or SUD services should contact BHS Member Services at BHSMemberServices@sfdph.org or (628) 217-7799 to apply for the Discount Payment Program (DPP). Please reference [San Francisco Health Network Charity Care and Payment Program Policy and Procedure](#) for more information on the DPP.

Definition(s):

Member: prospective and current clients of Behavioral Health Services seeking and/or utilizing services and benefits.

Contact Person:

BHS Eligibility and Member Services Manager, (628) 217-7750, BHS-Eligibility@sfdph.org

Attachment(s):

- Attachment 1: Workflow for Uninsured and Underinsured Members seeking SUD Services
- Attachment 2: Workflow for Uninsured and Underinsured Members seeking SMHS

Distribution:

BHS Policies and Procedure are distributed by the Behavioral Health Services' Quality Management and Regulatory Affairs.

Administrative Manual Holders

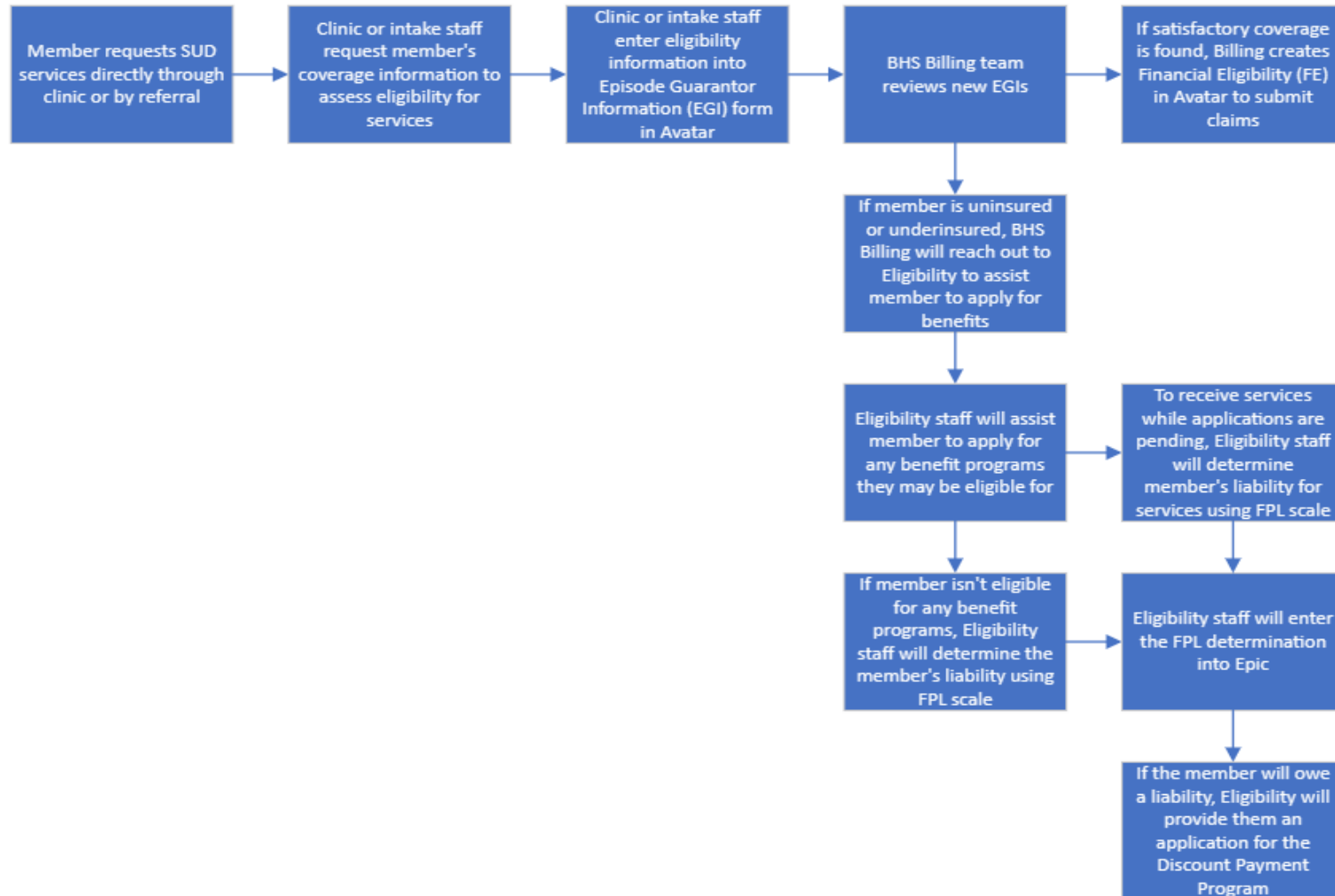
BHS Programs

SOC Program Managers

BOCC Program Managers

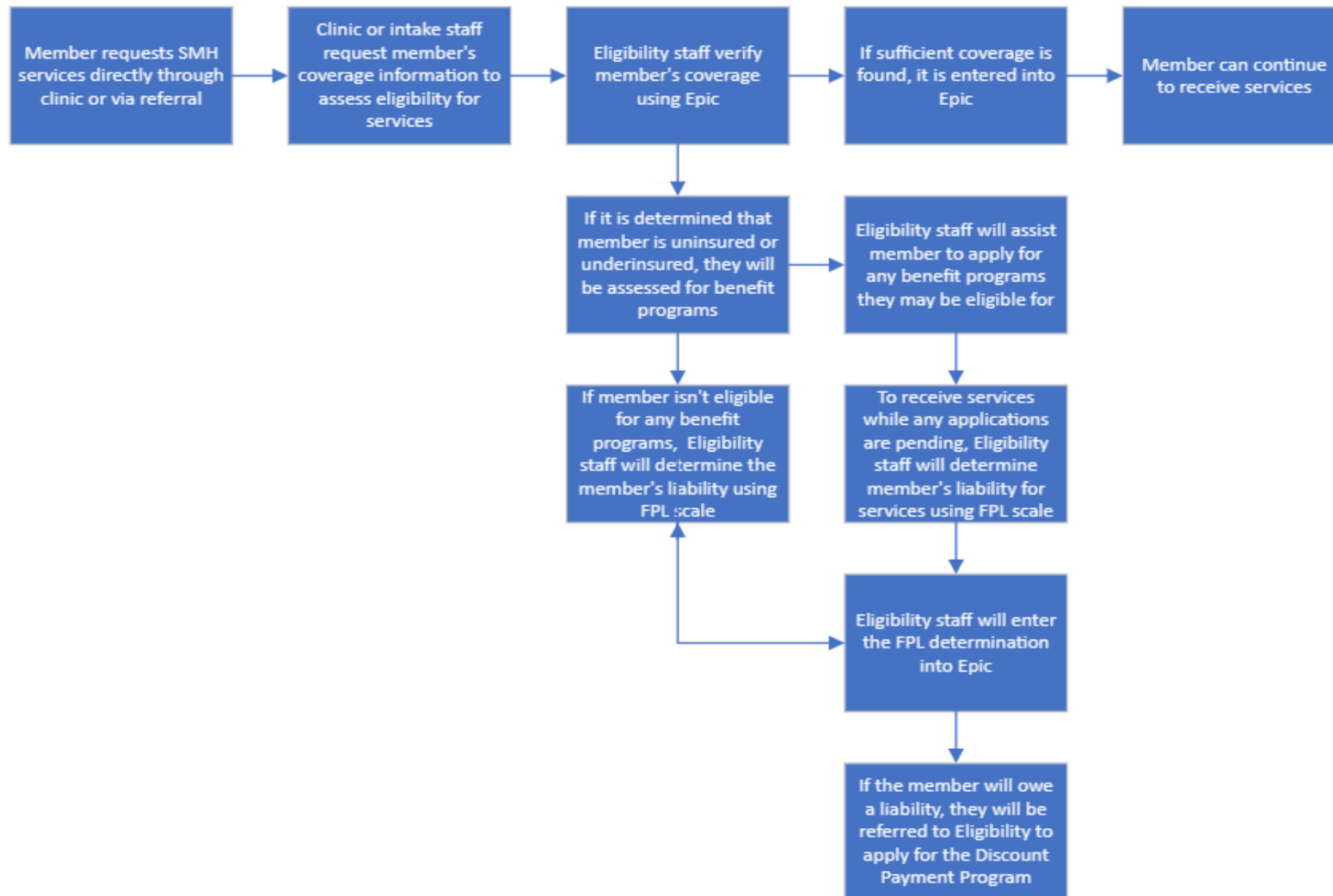
CDTA Program Managers

Attachment 1:



Workflow for Uninsured and Underinsured Members Seeking Substance Use Disorder (SUD) Services

Attachment 2:



Workflow for Uninsured and Underinsured Members Seeking Specialty Mental Health Services (SMHS)