



**Health Care Agency  
Behavioral Health Services  
Policies and Procedures**

Section Name: Information Management  
Subsection: Clinical Records Documentation  
Section Number: 05.01.06  
Policy Status:  New  Revised

Chief of Operations  
Behavioral health Services

SIGNATURE  
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DATE APPROVED  
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**SUBJECT:** Office Staff Phone Financial Evaluations

**PURPOSE:**

The purpose of this policy and procedure is to allow completion of a financial evaluation of a consumer in the absence of a financial evaluator.

**POLICY:**

A financial evaluation may be completed when a financial evaluation is due or required and the financial evaluator is not available at the location of the consumer.

**SCOPE:**

This P&P applies to all Behavioral Health Services (BHS) staff providing services to BHS consumers at clinic/program locations.

**REFERENCES:**

[Health Care Agency Compliance Program  
http://intranet.ochca.com/compliance](http://intranet.ochca.com/compliance)

[Health Care Agency Administrative Policy and Procedure Manual  
http://intranet.ochca.com/pap](http://intranet.ochca.com/pap)

**FORMS:**

Blue Sheet, Form F346-578

Statement of Understanding [SOU], Form 346-285 (Rev 4/03)

Assignment of Benefits [AOB], Form 346-695 (Rev 4/03)

Authorization to Disclose [ATD], Form 346-531-Z

AB3632 Form, 346-694

**PROCEDURE:**

- I. Financial evaluations may be assisted by any office support staff in the absence of a Financial Evaluator (FE) at the presenting consumer's treating location. This shall be done with the consumer present and in the privacy of an office.
  
- II. Office Staff (OS) Responsibilities:
  - A. The OS will coordinate the telephone interview between the consumer and the assisting FE, as well as ensuring privacy for the consumer for this phone interview. The OS staff shall:
    1. Call an FE at another clinic that is available to conduct a telephone financial evaluation with the assistance of the OS.
    2. Provide the FE the following information:
      - a) Consumer name
      - b) Date of birth
      - c) Medical Record Number (MRN)
    3. Have available the following five required forms:
      - a) Blue Sheet
      - b) Statement of Understanding [SOU]
      - c) Assignment of Benefits [AOB]
      - d) Authorization to Disclose [ATD]
      - e) AB3632 form
    4. Complete the forms as directed by the assisting FE.
    5. Have the consumer sign the appropriate forms and make photocopies of identification cards (i.e.: Driver's License, Medi-Cal, Medicare and/or Insurance cards).
    6. Sign the Statement of Understanding on behalf of the County of Orange, and document: "Per phone interview with [assisting FE name with their telephone number]".
    7. When requested, fax copies of the preceding information to the assisting FE so information can be verified.

8. Place the completed financial evaluation in the designated location for the FE at the clinic to review once they return to the clinic.

II. Financial Evaluator Responsibilities at the Assisting Clinic

A. The assisting Financial Evaluator shall:

1. Assist the calling OS in completing a telephone interview with the consumer to acquire the needed financial information.
2. Enter the required information into the IRIS system.
3. Post their name as the FE conducting the financial evaluation.
4. Instruct, by phone, the OS staff in filling out the required forms.
5. Not log the financial as prepared by them for statistical reporting. The financial evaluation will be logged by the OS.
6. The FE may request the OS to fax any of the forms to verify the information was correctly documented by calling to the originating clinic's FE on a subsequent day to ensure the appropriate follow-up was completed.

III. Financial Evaluator Responsibilities at the Originating Clinic

A. The FE upon returning to the clinic shall:

1. Check the designated location to obtain any financial evaluations that were completed in their absence.
2. Shall log the financial evaluations completed for statistical reporting.
3. Ensure the information the office support staff put on the financial forms matches what was posted in the IRIS system by the assisting FE.
4. Place the original Blue Sheet and copies of the Statement of Understanding, Assignment of Benefits, Authorization to Disclose and AB3632 form (if needed) into the consumer's clinical record in the financial section.
5. Send the original Statement of Understanding, Assignment of Benefits, Authorization to Disclose Protected Health Information and AB3632 form (if needed) to the Medical Billing Unit.