SAGE BILLING FUNDAMENTALS

FINANCIAL ELIGIBILITY, CalOMS, AND CONTRACT SELECTION
OVERVIEW

1. Provide clarification on who is eligible for SAPC Reimbursed Services

2. Provide clarification and guidance on how to correctly complete the Sage Financial Eligibility Form for most commonly encountered patient scenarios.

3. Provide clarification and guidance on how to correctly complete the Sage Authorization Form based on:
   - Services you are requesting
   - Site you are requesting authorization for

4. Clarify the role of CalOMS/LACPRS in identifying funding sources that patient may be entitled to.
Who is Eligible for SAPC Reimbursed Services?

• Medi-Cal Eligible or Enrolled

• My Health LA Eligible or Enrolled

• Individuals in the following programs who are NOT Medi-Cal or My Health LA eligible:
  • AB 109
  • Promoting Safe and Stable Families
  • Juvenile Justice Crime Prevention Act
  • Title IV-E
Financial Eligibility Form
What does the Financial Eligibility Form do?

• Identifies ALL the funding sources available to help cover the costs of the patient’s care.

• It is based on the INDIVIDUAL’S available insurance resources.

– It does NOT reflect the:

• PROVIDER OR PROGRAM’S ELIGIBILITY

• SPECIFIC SERVICE BEING REQUESTED
Financial Eligibility Form

Patient ENROLLED in Drug Medi-Cal (DMC)
Scenario: Patient Enrolled in Drug Medi-Cal (DMC)

FINANCIAL ELIGIBILITY FORM

<table>
<thead>
<tr>
<th>Guarantor Selection</th>
<th>Guarantor Name</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Order</td>
<td>California Department of Alcohol and Drug</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LA County - Non DMC</td>
<td></td>
</tr>
</tbody>
</table>

- **MUST** complete a Financial Eligibility Form for all patients at admission.

- To ensure you are able to access all benefits available, you must enter 2 separate guarantors for each patient that has DMC (1).
  - DMC Medi-Cal: DMC should always be listed as the 1\(^{st}\) guarantor.
  - LA County Non-DMC
Scenario: Patient Enrolled in Drug Medi-Cal (DMC)

FINANCIAL ELIGIBILITY FORM

- Selecting “DMC Medi-Cal” will auto-populate Medi-Cal as the Guarantor Plan (2):
  - Do NOT change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be “NO” (3)

- **Subscriber Client Index # (CIN):** Enter 9 digit alphanumeric CIN, assigned by Medi-Cal, in “Subscriber Policy Number” (4) and “Subscriber Client Index #” (5) fields.
Scenario: Patient Enrolled in Drug Medi-Cal (DMC)
FINANCIAL ELIGIBILITY FORM

- **Effective Date of Contract:** Should read 01/01/2000 (6).

- **Coverage Effective Date:** If you know the patient’s Medi-Cal Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County (7).
In addition to DMC, You also need to enter LA County Non-DMC as a Guarantor

- Selecting “LA County NON-DMC” will auto-populate “INSURANCE” as the Guarantor Plan (2):
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be “NO” (3)
- **Subscriber Policy Number**: Policy Number field for all LA County Non-DMC Guarantors will always be “N/A” (4).
- **Subscriber Client Index # (CIN)**: Leave this field blank (5).
Scenario: Patient Enrolled in Drug Medi-Cal (DMC)
FINANCIAL ELIGIBILITY FORM: LA County Non-DMC

• **Effective Date of Contract:** Should read 01/01/2000 (6).

• **Coverage Effective Date:** Enter 07/01/2017, as that is the launch date for DMC-ODS in LA County (7).

• **DON’T FORGET TO HIT SAVE + SUBMIT!**
Financial Eligibility Form

Patient APPLYING for Drug Medi-Cal (DMC)
Scenario: Patient Applying for Drug Medi-Cal (DMC)

FINANCIAL ELIGIBILITY FORM

- REMINDER: MUST complete a Financial Eligibility Form for all patients at admission.
- For patients who are applying for Medi-Cal or in the process of transferring their benefits to LA County, you must enter 2 separate guarantors for each patient that has DMC (1).
  - Applying for Medi-Cal: DMC should always be listed as the 1st guarantor.
  - LA County Non-DMC
### Scenario: Patient Applying for Drug Medi-Cal (DMC)

**FINANCIAL ELIGIBILITY FORM**

<table>
<thead>
<tr>
<th>Guarantor Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guarantor Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Customized Guarantor Plan</td>
<td>Yes - Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subscriber Policy Number</strong></td>
<td></td>
</tr>
<tr>
<td>Applying for Medi-Cal</td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Medicare Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber MEDS ID #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Client Index #</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Selecting “Applying for Medi-Cal” will auto-populate “Insurance” as the Guarantor Plan (2).
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be “NO” (3)

- **Subscriber’s Policy Number**: Enter, “Applying for Medi-Cal” (4)

- **Subscriber Client Index # (CIN)**: Leave blank (5).
Scenario: Patient Applying for Drug Medi-Cal (DMC)

FINANCIAL ELIGIBILITY FORM

- **Effective Date of Contract**: Should read 01/01/2000 (6).

- **Coverage Effective Date**: Given this is a required field, enter date patient applied to Medi-Cal, as benefits will be retroactive to date of application (7).

- **DON’T FORGET TO HIT SAVE + SUBMIT!**
Financial Eligibility Form

Patient is ENROLLED in My Health LA (MHLA)
or
Is APPLYING for My Health LA (MHLA)
MUST complete a Financial Eligibility Form for all patients at admission.

Patients enrolled in My Health LA must only have 1 guarantor selected (1).
  • LA County Non-DMC
### Scenario: Patient Enrolled in My Health LA (MHLA)

**FINANCIAL ELIGIBILITY FORM**

<table>
<thead>
<tr>
<th>Guarantor Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guarantor Plan</strong></td>
<td>2</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td><strong>Customize Guarantor Plan</strong></td>
<td>3</td>
</tr>
<tr>
<td>Yes - Y</td>
<td></td>
</tr>
<tr>
<td>No - N</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subscriber Policy Number</strong></td>
<td>4</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Medicaid #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber CIN Index #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Medicare Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber MEDS ID #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Subscriber Branch of Service</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Selecting “LA County-NON-DMC” will auto-populate “INSURANCE” as the Guarantor Plan (2):
  - Do NOT change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be “NO” (3)
- **Subscriber Policy Number:** Policy Number field for all LA County Non-DMC Guarantors will always be “N/A” (4).
- **Subscriber Client Index # (CIN):** Leave this field blank (5).
Scenario: Patient Enrolled in My Health LA (MHLA)
FINANCIAL ELIGIBILITY FORM

- **Effective Date of Contract:** Should read 01/01/2000 (6).
- **Coverage Effective Date:** If you know the patient’s My Health LA Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County (7).
- **You also must complete the My Health LA section of CalOMS/LACPRS.**
What if patient is ELIGIBLE for MHLA, but does not have these benefits yet?

- The application and determination process for MHLA is very quick (e.g. within days).

- As a result, you should assist patient in obtaining these benefits and wait to submit the Financial Eligibility Form until you have patient’s My Health LA number.
Financial Eligibility Form

Funding Sources for Special Populations where patient DOES NOT have and is not eligible for Drug Medi-Cal OR My Health LA benefits
Who are ‘special population’ patients?

- These are patients that due to their special circumstances may qualify for other county programs.

- For the purposes of the Sage financial eligibility, these are patients that qualify for:
  - AB 109
  - Promoting Safe and Stable Families
  - Juvenile Justice Crime Prevention Act
  - Title IV-E

- If a patient ALSO is enrolled in DMC or MHLA, you need to identify these funding sources as well.
Scenario: Special Populations
FINANCIAL ELIGIBILITY FORM

- You **MUST** complete a financial eligibility form for all patients at admission.
- Special populations patients who are not eligible for DMC or MHLA must only have 1 guarantor selected (1).
  - LA County Non-DMC
- If the patient is ALSO enrolled in DMC or MHLA, you need to identify these funding sources as well.
  - DMC Medi-Cal: If they have DMC, should also enter DMC as a guarantor. DMC should always be listed as the 1st guarantor.
  - My Health LA: Should complete above as well as CalOMS.

<table>
<thead>
<tr>
<th>Guarantor Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Order</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

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[Add Guarantor] [Edit] [Delete]
**Scenario: Special Populations**

**FINANCIAL ELIGIBILITY FORM**

- **Guarantor Information**
  - **Guarantor Plan**
    - Insurance
  - **Customize Guarantor Plan**
    - Yes - Y
    - No - N

- **Subscriber Information**
  - **Subscriber Policy Number**
    - N/A
  - **Subscriber Medicare Number**
  - **Subscriber Medicaid #**
  - **Subscriber MEDS ID #**
  - **Subscriber Client Index # (CIN)**: Leave this field blank
  - **Subscriber Branch of Service**

- **Selecting “LA County-NON-DMC” will auto-populate “INSURANCE” as the Guarantor Plan (2):**
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be “NO” (3)
- **Subscriber Policy Number**: Policy Number field for all LA County Non-DMC Guarantors will always be “N/A” (4).
- **Subscriber Client Index # (CIN)**: Leave this field blank (5).
Scenario: Special Populations
FINANCIAL ELIGIBILITY FORM

<table>
<thead>
<tr>
<th>Coverage Information</th>
<th>Coverage Effective Date</th>
<th>Exhibit Billing By Mail</th>
<th>Exp. Date</th>
<th>Insurance Code/Medicaid Tape</th>
<th>Date Of Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Verified</td>
<td>Yes - Y ○ No - N</td>
<td>Yes - Y ○ No - N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Date Of Contract</td>
<td>01/01/2000</td>
<td>Is This A Managed Care Contract</td>
<td>Yes - Y ○ No - N</td>
<td>Expiration Date Of Contract</td>
<td>07/01/2017</td>
</tr>
<tr>
<td>Coordination Of Benefits</td>
<td>Yes - Y ○ No - N</td>
<td></td>
<td></td>
<td></td>
<td>07/01/2017</td>
</tr>
</tbody>
</table>

- **Effective Date of Contract:** Should read 01/01/2000 (6).
- **Coverage Effective Date:** If you know the Patient’s My Health LA Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County (7).
- **Complete all applicable sections of the CalOMS/LACPRS for benefits that the patient qualifies for.**
CalOMS/
LACPRS
CalOMS/LACPRS: “It’s NOT just for data anymore!”

<table>
<thead>
<tr>
<th>Admission Data</th>
<th>Source of Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposition 30 Participant?</td>
<td>Please Choose One:</td>
</tr>
<tr>
<td>Days Wanted to Enter Treatment</td>
<td>Number of Prior Episodes</td>
</tr>
<tr>
<td>Is client a Medi-Cal beneficiary (eligibility determined)?</td>
<td>Application Submit Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIN</th>
<th>Other Funding Programs (Choose all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AB100, Adult Drug Court, CalWORKS, CalWORKS (API), CalWORKS Detox, CalWORKS Family Solution Center, DCFP-PSSF (TLRFQ), Family Dependency Drug Court, General Relief, Juvenile In Custody Probation Camp, Labour Code Section 4720(a), Male Health LA cannot be selected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probation PDJ Number</th>
<th>CallWorks Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select one of: Please Choose One:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Relief Case Number</th>
<th>DCFS Case Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug Court Case Number</th>
<th>AB 109 Case Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AB 109 PB Number</th>
<th>CallWORKS Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
CalOMS/LACPRS: What’s in it for me?

- By completing CalOMS/LACPRS, you are helping to ensure that your patient can access ALL available funding sources that they may be eligible for.

- The more funding sources your patient has access to, the less likely you are to receive denials due to lack of financial eligibility.
Sage Service Authorization Form

• **Purpose**: Identifies which of your contracts that you are requesting services be billed to for AUTHORIZED SERVICES ONLY (e.g., Residential, RBH, WM for Youth, MAT for Youth)

— DO NOT submit an authorization form for non-authorized services. This will result in a denial from SAPC UM staff.

• Almost all patients will be served under the DMC contract, even if they are not Medi-Cal eligible or enrolled.

• Need to ensure you select the correct contract (DMC or Non-DMC) when admitting patients.
Sage: Who is Served Under the DMC Contract?

DMC CONTRACT
This includes the following populations that may have previously been served under specific contracts

Medi-Cal Eligible/Enrolled
My Health LA Eligible/Enrolled
AND......

AB 109 – Assembly Bill 109
CalWORKs
Co-Occurring Drug Court
Drug Court
General Relief
Measure H
Mentally Ill Offender Crime Reduction
General Probation
Proposition 47
Promoting Safe and Stable Families
SUD-CARES
WCRTS

Back on Track
Community Collaborative Courts
Co-Occurring Integrated Care Network
Family Dependency Drug Court
Juvenile Justice Crime Prevention Act
Misdemeanor Drug Treatment Track
Women’s Reentry
Proposition 36/PC 1210 Prop 47 – Perinatal Services Network
START Community
Title IV-E
Self-Referral
Sage: Who is Served Under the Non-DMC Contract?

**NON-DMC CONTRACT**
This includes only select contracts, including those that do not require DMC certification

- Client Engagement and Navigation Service
- CalWORKs API
- CalWORKs FSC
- Juvenile Camp Services
- Day Reporting Services
- Recovery Bridge Housing (RBH)
- Select Contracts with Pending DMC Certification
Sage Service Authorization Form

- **Purpose**: Identifies which of your contracts that you are requesting services be billed to.

- **Importance**: Need to ensure you select the correct contract (DMC or Non-DMC) when admitting patients.

- **“It’s not as hard as it sounds”**: Almost all patients will be served under the DMC contract even if they are not Medi-Cal eligible or enrolled.
Sage Authorization Form

• **Rule of Thumb**: You will always request authorization for services under your DMC contract **EXCEPT**:
  
  – **Recovery Bridge Housing**: ALWAYS is authorized under your Non-DMC contract.
  
  – **If your site/agency is NOT DMC Certified**:
    
    • If this is the situation, then ALL of your services would need to be requested for authorization under your Non-DMC contract.
What happens if I don’t select the right contract when requesting an authorization?

• **Reviewed by SAPC Utilization Management (UM):** If caught, will have to deny authorization with request to correct and resubmit.

• If submitted incorrectly and not caught by UM, you may potentially encounter a problem with billing.
Sage Authorization Form

**Funding Source:** This is where you will select your “Drug Medi-Cal” or “Non-Drug Medi-Cal” contract (1).

**Benefit Plan:** You will only ever have 1 option here. Generally, this will be “DMC SUD Services” (2).

**Program:** You MUST select the program where you are admitting the patient (3).

**Authorization Group:** Be sure to select the authorization group that matches your client (4).
- Level of Care (LOC)
- Age of client (20 or Under; 21 or over)
- Perinatal Status
- Perinatal Status + Child Care (“-ODS” ending)
Comments on Authorization: This is the current mechanism to directly notify SAPC UM Staff about special aspects of the authorization. Elements to consider including may include:

• Indicting when someone applied for Medi-Cal.
• Identifying the patient as a Criminal Justice patient, which will prompt UM staff to look for your supporting documentation.
• Can also provide updates on the authorization after submission in this section of the form.
A Quick Word on Provider Authorizations (PAuths)

- Provider Authorizations are used when billing for outpatient services.
- They are found on the “Authorization” drop down when adding treatment.
- They Begin with a PXXXX
- If you are a contracted SAPC provider, you likely have multiple provider authorizations.
  - THEY DO NOT REQUIRE SUBMISSION OF AUTHORIZATION FORMS, as they are for Non-Authorized Services.
  - Your organization likely has multiple PAuths.
Summary

After attending today, you know:

1. Who is eligible for SAPC Reimbursed Services.
2. How to correctly complete the Sage *Financial Eligibility Form* for most commonly encountered patient scenarios.
3. How to correctly complete the Sage *Authorization Form* based on:
   • Services you are requesting
   • Site you are requesting authorization for
4. About the role of CalOMS/LACPRS in identifying funding sources that patients may be entitled to.