



# SAGE UPDATES

Los Angeles County Department of Public Health  
Substance Abuse Prevention & Control

All Provider Meeting February 09, 2021

---

1. Financial Eligibility Review

---

2. Case Management Standards Update

---

3. OHC Guarantor Request/Updates

---

4. Verifying Medi-Cal Eligibility Updates





# Financial Eligibility Review



**Problem:** Providers received State denials for patients that are covered under 30/60 Applying for Medi-Cal policy

**Cause:** Financial Eligibility included DMC as the primary guarantor, which triggered the claim to be sent to the state

- F.E. should have been completed with Applying for Medi-Cal as the primary guarantor at the time of claim submission
- Sage Communication to all treatment providers on 1/15/2021

**Resolution:** SAPC working to simplify the process using the recently published instructions and other guidance (discussed in next slides)

SAPC has updated the Financial Eligibility workflow and guidance documents for providers to review. These documents can be found on the SAPC website:

## Network Providers

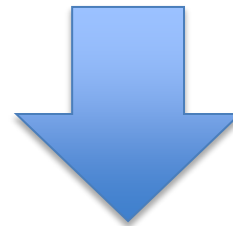
Find Service Standards, Data Reports, Forms, Training Resources and More

Learn more



### PROVIDER MANUAL AND FORMS

*Expectations and requirements of substance use disorder network providers, including clinical and business standards, policies and procedures, and essential forms*

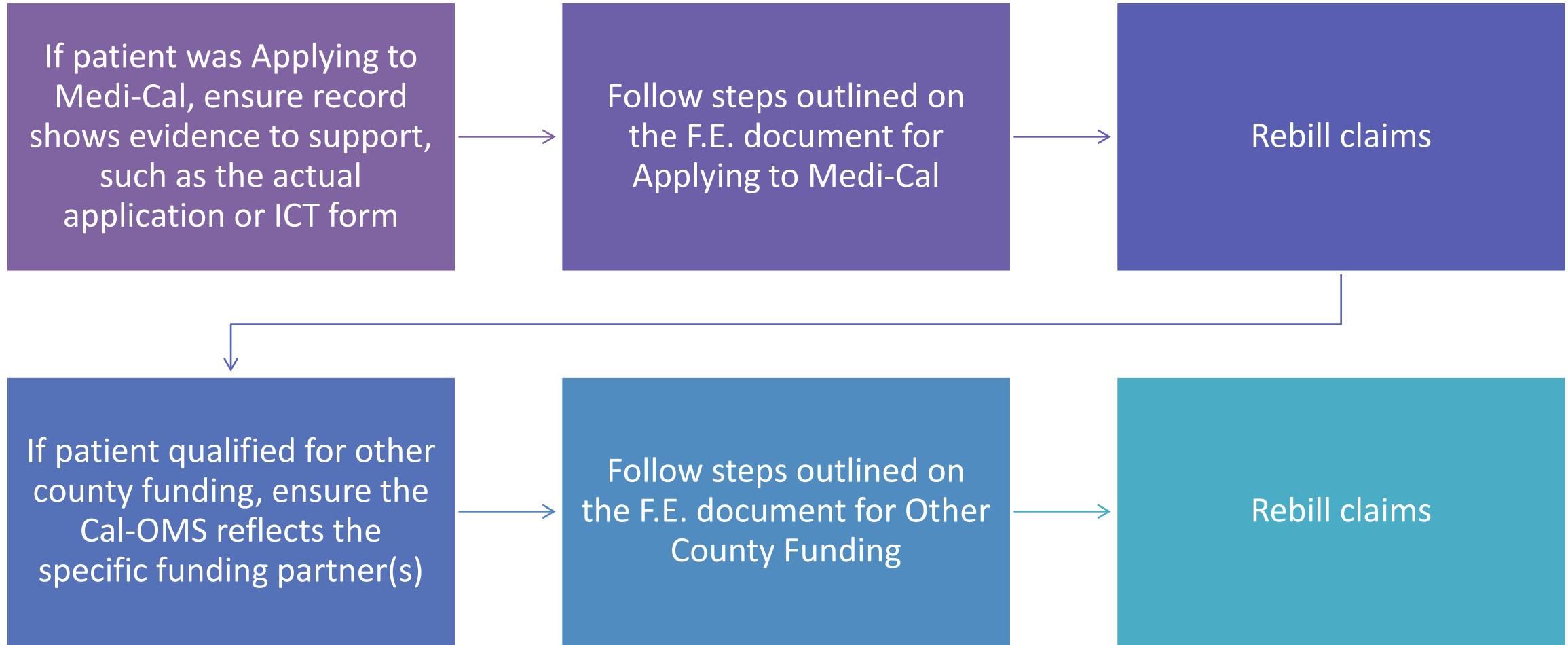


### • ***Finance Related Forms and Documents***

#### • [Documenting Changes in Financial Eligibility Status](#) *(New - January 2021)*

- [Updating Financial Eligibility for Patients Who Obtain Benefits During Treatment](#) *(New - January 2021)*
- [Updating Financial Eligibility for Patients Whose Benefits Expired During Treatment](#) *(New - January 2021)*
- [Updating Financial Eligibility Admitted Under Other County Funding or MHLA](#) *(New - January 2021)*
- [Updating Financial Eligibility for Self-Pay Patients Who Establish Benefits](#) *(New - January 2021)*

# Correcting F.E. Errors Causing State Denials



State Denial: CO 177 (N424)

Upload supporting documentation to Sage (if not already present)

Correct F.E. to “Applying for Medi-Cal” as primary guarantor

“LA County- Non DMC” Guarantor as secondary



If DMC fully retro-active for all dates of service, change the effective dates to first day of coverage that matches dates of service denied.

If DMC active after the 30/60 applying period, then change effective date to the first day of coverage after the 30/60 have expired

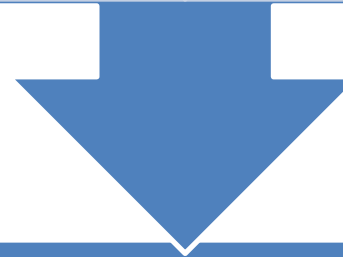


Rebill claims for denied services under appropriate guarantor

## State Denial: CO 177 (N424)- Rebilling to County Funding Partners

Determine which Other County Partners are applicable, if any

Update Cal-OMS record with all applicable funding



## Update Coverage Effective Dates and Expiration Dates

Enter Coverage Expiration Date for DMC Guarantor as date patient lost Medi-Cal, if applicable. (Usually first day of the following month)

1. Move LA County- Non DMC to primary guarantor
2. Move DMC to secondary guarantor





# Case Management Standards Update



## Case management benefits effective 02/01/2021

Case management services do not count toward weekly service hour requirements

~~10 hours (40 units) per client per month~~

**\*\*\*Unlimited\*\*\***

Per State guidance, no more cap on Case Management for all ages and LOCs

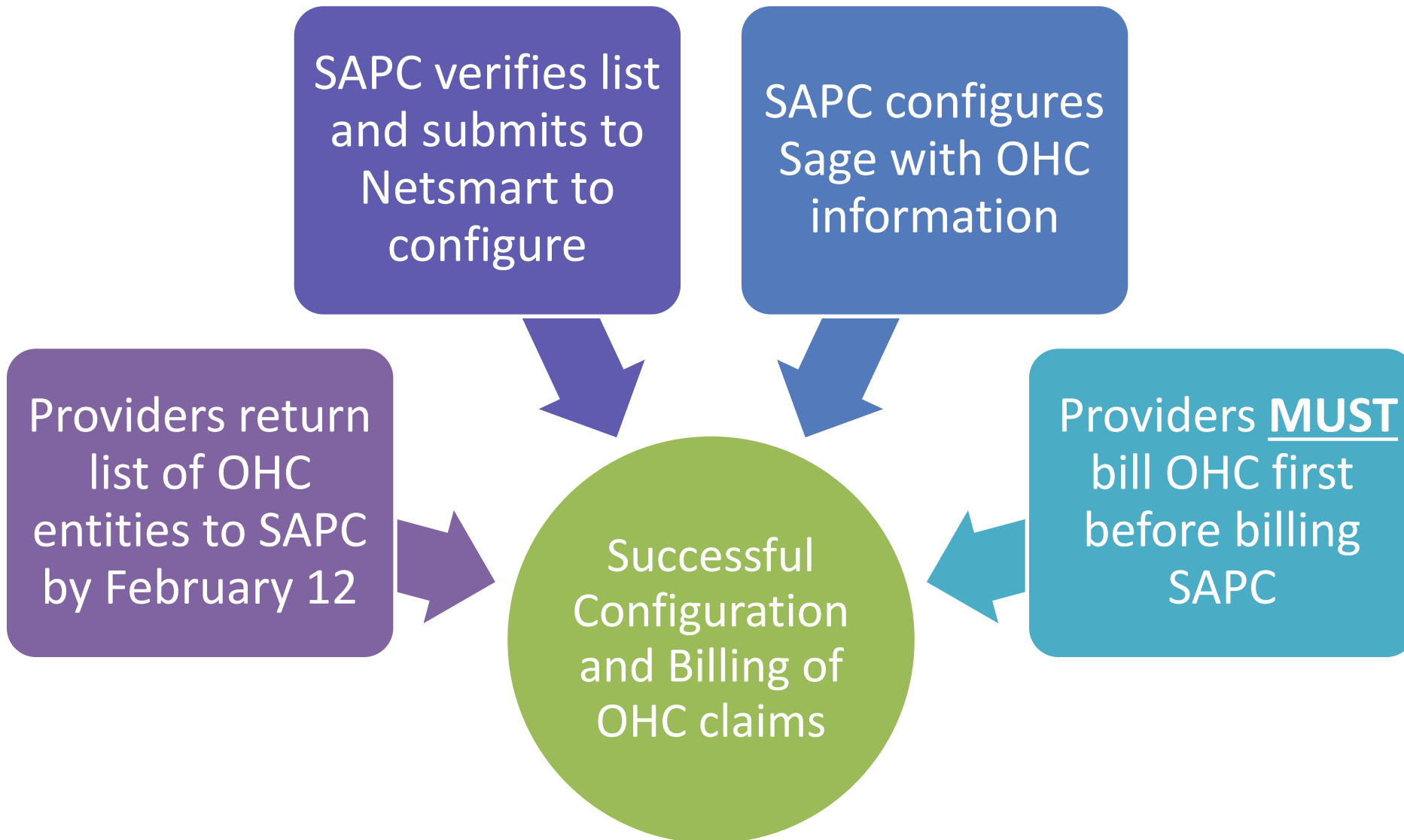
REMINDER: Medical necessity and appropriate documentation remain a requirement for any treatment service delivered.

NOTE: Cap still in place for treatment prior to 2/1/2021



# Other Health Coverage Guarantor Request and Updates





## SAPC Contracts Requested Specific OHC Information from Providers by 02/12/2021

- Minimal response as of 02/08/2021
- Without adequate provider response, many OHC claims will not be configured and will result in unnecessary denials.
  - Providers will be able to request at a later time, but that will delay claiming
- Sage will only be configured to accept OHC denial information, not to bill those other OHC carriers.

## Provider Response Urgently Needed

- Agency to research which carriers they have encountered during eligibility checks and billing processes
  - To include and carriers providers contract with, do not contract with and any that have been billed against
- Upload spreadsheet to the SFTP and email Vu Pham at [vpham@ph.lacounty.gov](mailto:vpham@ph.lacounty.gov) by 02/12/2021



# Verifying Medi-Cal Eligibility Update



Per Provider Manual 5.0, providers are required to run the Real Time 270 Request to verify Medi-Cal eligibility.

Based on the State denial investigation efforts, SAPC has noted there are a significant number of denials related to:

- *Patients not being eligible for DMC services*
- *The benefits are not assigned to LA County.*

DHCS DMC certification and contract with SAPC require providers to verify a patient's eligibility prior to delivering services and on an ongoing monthly basis.

- *A record of these verifications is also required to be maintained*

## The Real Time 270 will provide the following information:

Enrollment  
in a Medi-  
Cal  
program

OHC  
information

Share of  
Cost/spend  
down

General  
restrictions  
of benefits



The Real Time 270  
DOES NOT provide the  
following information:

- Specific program enrolled
- Aid Codes
- Eligibility Status
- County Codes

**As such, providers need to utilize one of the standard methods of verification to obtain that information.**

- Automated Eligibility Verification System (AEVS)- Telephone based
- DHCS/Medi-Cal website
- Point of Service Machine

VERIFICATION ACTIONS YOU CAN COMPLETE ONLINE	HOW TO ACCESS MCAL VERIFICATION SYSTEMS
<ul style="list-style-type: none"><li>• <b>Eligibility</b></li><li>• <b>Batch Eligibility</b></li><li>• <b>Automated Provider Services</b></li><li>• <b>Medi-service reservations (limited MCAL services)</b></li><li>• <b>Medicare Drug Pricing</b></li><li>• <b>PDF RAD/Medi-Cal Financial Summary</b></li><li>• <b>Share of Cost</b></li></ul>	<p>Must have a Medi-Cal provider number and PIN, and have either an electronic or paper Medi-Cal Point of Service (POS) Network/Internet Agreement form on file:</p> <p><u><a href="#">Required forms to gain access to activate automated systems</a></u> <u><a href="#">Electronic POS/Internet form</a></u>- Electronic DocuSign Version <u><a href="#">Paper POS/Internet form</a></u>- Printable version</p> <p><b>For information about Provider Enrollment:</b> Visit the <u><a href="#">Provider Enrollment</a></u> page.</p> <ul style="list-style-type: none"><li>• Please call the Telephone Service Center (TSC) at <u><a href="tel:1-800-541-5555">1-800-541-5555</a></u> for more information</li></ul> <p><b>Automated Eligibility Verification System (AEVS):</b> 1-800-456-AEVS(2387)</p> <ul style="list-style-type: none"><li>• DO NOT need enrollment; DO need a PIN to access.</li></ul>

How can I receive or reset my PIN #?

- Providers received their initial Provider Identification Number (PIN) as part of their program enrollment.
- Methods for PIN Confirmation or Replacement: Medi-Cal fee-for-service providers with seven-character Provider Identification Numbers (PINs) may request a Telephone Service Center (TSC) agent at 1-800-541-5555 to confirm or reset their PIN.

- **Online Medi-Cal Provider Manual**
  - [https://files.medi-cal.ca.gov/pubsdoco/manual/man\\_query.aspx?wSearch=\\* \\*z00\\*+OR+\\* \\*z01\\*&wFLogo=Part1+%23+Medi-Cal+Program+and+Eligibility&wPath=N](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=* *z00*+OR+* *z01*&wFLogo=Part1+%23+Medi-Cal+Program+and+Eligibility&wPath=N)
- **AEVS transaction log- Useful to keep a record of eligibility inquiries (can be uploaded to Sage)**
  - <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aevtrn1form.pdf> –
- **Where to find answers**
  - <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/0Cgetstart.pdf>
- **Eligibility Benefits Instructions:**
  - <https://filesaccepttest.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part1/eligrec.pdf>
- **Printable versions of the POS and Eligibility Enrollment forms**
  - [Form: Medi-Cal Point of Service \(POS\) Network/Internet Agreement \(point frm1 net\)](#) (Revision Date Oct 16, 2020) | (167KB)
  - [Form: Medi-Cal Eligibility Verification Enrollment Form \(point frms\)](#) (Revision Date Oct 16, 2020) | (120KB)



← → ↻ 🏠 [learn.medi-cal.ca.gov/catalog/?id=1278](https://learn.medi-cal.ca.gov/catalog/?id=1278)

📱 Apps LA County Departm... Avatar LIVE Avatar SBOX Avatar Train PCONN LIVE PCONN SBOX SSO PCOT



Search

Clear

[← BACK TO PARENT CATALOG](#)

## Description

This training series focuses on Medi-Cal Billing Basics including Recipient Eligibility, Share of Cost, Treatment Authorization Request (TAR), CMS-1500 or UB-04 Claim Completions and Claims Follow-Up.

CATALOGS (0)

COURSES (12)



### BB100LW - Recipient Eligibility Live Webinar

The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Please login 10 minutes early. Webinar Link: <https://www.myroom.hpe.com/attend/MEPH4AZDPJE>. If you need to call in to listen, please use our Toll Free #: (833) 391-8638, Conference Id: 549528930. Access the course from the 'My Account' page to learn how to save the course webinar link as a calendar event.



### BB100RW - Recipient Eligibility Recorded Webinar

The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Recorded: 03/23/2020



### BB101LW - Share of Cost (SOC) Live Webinar

The purpose of this module is to define recipient Share of Cost (SOC) to familiarize participants with the process to