

SAGE BILLING FUNDAMENTALS

FINANCIAL ELIGIBILITY,
CaIOMS, 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

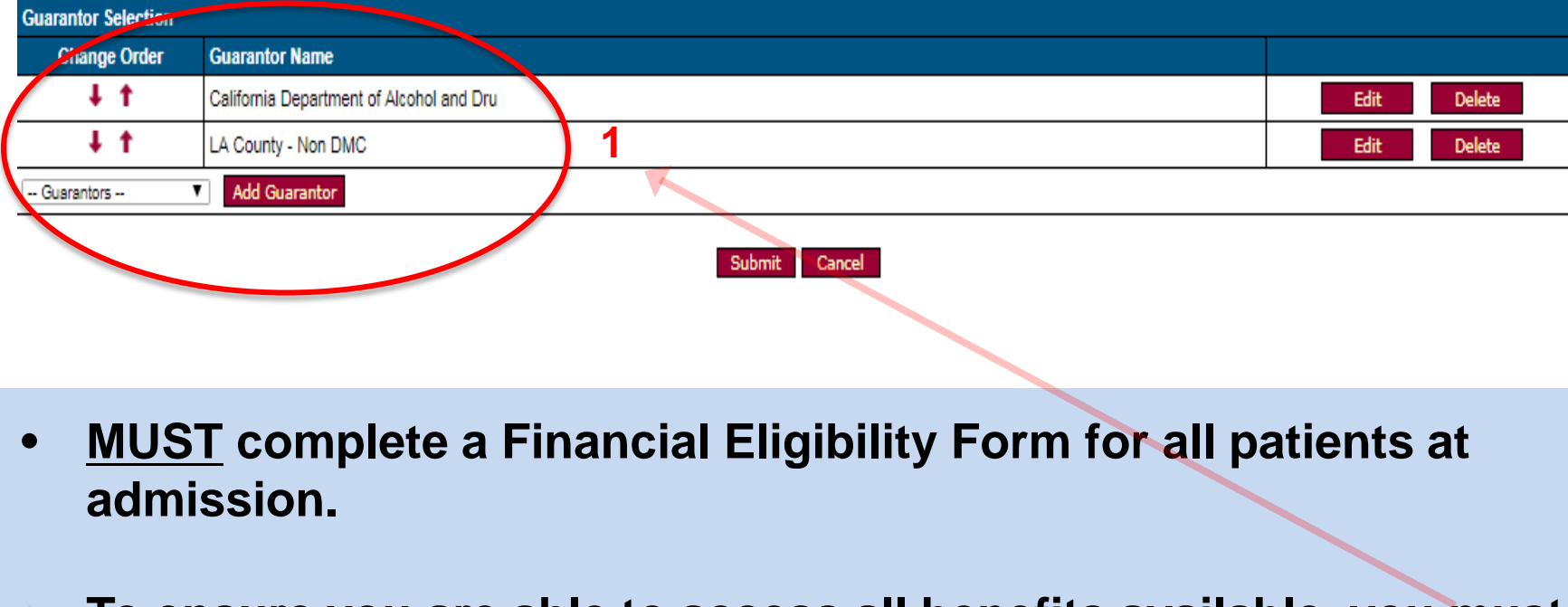
Patient ENROLLED in
Drug Medi-Cal (DMC)



Scenario: Patient Enrolled in Drug Medi-Cal (DMC) FINANCIAL ELIGIBILITY FORM

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	California Department of Alcohol and Dru	Edit Delete
↓ ↑	LA County - Non DMC	Edit Delete
-- Guarantors --	Add Guarantor	

Submit Cancel



- **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 1st guarantor.
 - LA County Non-DMC

Scenario: Patient Enrolled in Drug Medi-Cal (DMC) FINANCIAL ELIGIBILITY FORM

Guarantor Information	
Guarantor Plan Medi-Cal <input type="text"/>	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N

Subscriber Information	
Subscriber Policy Number 912345678C	Subscriber Medicare Number <input type="text"/>
Subscriber Medicaid # <input type="text"/>	Subscriber MEDS ID # <input type="text"/>
Subscriber Client Index # 912345678C	Subscriber Branch of Service <input type="text"/> -Please Choose One-

- 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

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date <input type="text" value="07/01/2017"/>
Coverage Expiration Date <input type="text"/>	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract <input type="text" value="01/01/2000"/>	Expiration Date Of Contract <input type="text"/>
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape <input type="text"/>
Coordination Of Benefits <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Date Of Accident <input type="text"/>

- **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).

Scenario: Patient Enrolled in Drug Medi-Cal (DMC) FINANCIAL ELIGIBILITY FORM: LA County Non-DMC

Guarantor Information	
Guarantor Plan Insurance <input type="text"/>	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N
Subscriber Information	
Subscriber Policy Number N/A	Subscriber Medicare Number <input type="text"/>
Subscriber Medicaid # <input type="text"/>	Subscriber MEDS ID # <input type="text"/>
Subscriber Client Index # <input type="text"/>	Subscriber Branch of Service <input type="text" value="-Please Choose One-"/>

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

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date <input type="text" value="07/01/2017"/>
Coverage Expiration Date <input type="text"/>	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract <input type="text" value="01/01/2000"/>	Expiration Date Of Contract <input type="text"/>
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape <input type="text"/>
Coordination Of Benefits <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Date Of Accident <input type="text"/>

- **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!**

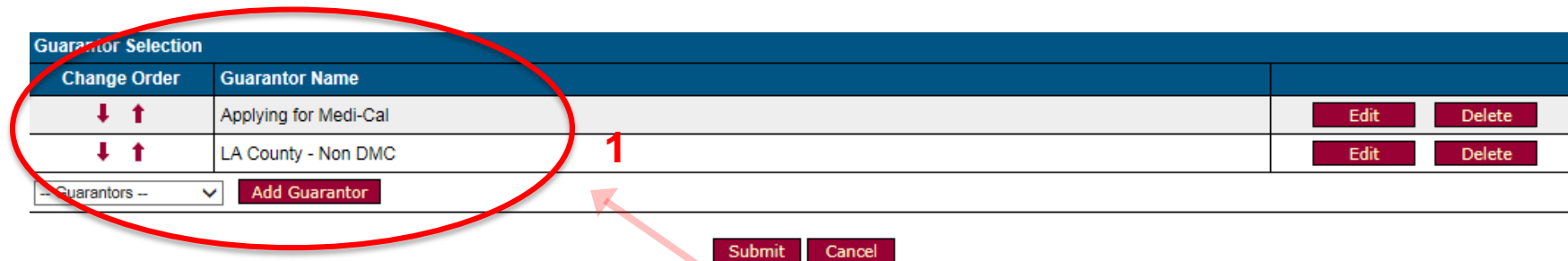
Financial Eligibility Form

Patient APPLYING for
Drug Medi-Cal (DMC)



Scenario: Patient Applying for Drug Medi-Cal (DMC) FINANCIAL ELIGIBILITY FORM

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	Applying for Medi-Cal	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
↓ ↑	LA County - Non DMC	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add Guarantor"/>		



- **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

Guarantor Information	
Guarantor Plan <input type="text" value="Insurance"/>	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N

Subscriber Information	
Subscriber Policy Number <input type="text" value="Applying for Medi-CAL"/>	Subscriber Medicare Number <input type="text"/>
Subscriber Medicaid # <input type="text"/>	Subscriber MEDS ID # <input type="text"/>
Subscriber Client Index # <input type="text"/>	Subscriber Branch of Service <input type="text" value="-Please Choose One-"/>
Subscriber Military Status <input type="text" value="-Please Choose One-"/>	Subscriber Treatment Auth <input type="radio"/> Yes - Y <input type="radio"/> No - N
Subscriber Assignment Of Benefits <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Subscriber Release Of Information <input type="radio"/> Appropriate Release Of Information On File At HCSP - A <input type="radio"/> Informed Consent To Release Medical Info - I <input type="radio"/> No, Provider Not Allowed To Release Data - N <input type="radio"/> On File At Payor Or At Plan Sponsor - O <input type="radio"/> Provider Has Limited/Restricted Ability To Release Data - M <input checked="" type="radio"/> Yes, Provider Has Signed Statement Permitting Release - Y

- **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

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date 03/08/2018
Coverage Expiration Date [Empty]	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract [Empty]
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape [Empty]

- **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)



Scenario: Patient Enrolled in My Health LA (MHLA) FINANCIAL ELIGIBILITY FORM

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	LA County - Non DMC	1
		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
-- Guarantors --	<input type="button" value="Add Guarantor"/>	

- **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

Guarantor Information	
Guarantor Plan Insurance <input type="text"/>	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N

Subscriber Information	
Subscriber Policy Number N/A	Subscriber Medicare Number <input type="text"/>
Subscriber Medicaid # <input type="text"/>	Subscriber MEDS ID # <input type="text"/>
Subscriber Client Index # <input type="text"/>	Subscriber Branch of Service <input type="text"/>

- **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

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date <input type="text" value="07/01/2017"/>
Coverage Expiration Date <input type="text"/>	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract <input type="text" value="01/01/2000"/>	Expiration Date Of Contract <input type="text"/>
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape <input type="text"/>
Coordination Of Benefits <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Date Of Accident <input type="text"/>

- **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

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	LA County - Non DMC	1 Edit Delete
-- Guarantors --	Add Guarantor	

Submit Cancel

- 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.

Scenario: Special Populations

FINANCIAL ELIGIBILITY FORM

Guarantor Information	
Guarantor Plan Insurance <input type="text"/>	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N

Subscriber Information	
Subscriber Policy Number N/A	Subscriber Medicare Number <input type="text"/>
Subscriber Medicaid # <input type="text"/>	Subscriber MEDS ID # <input type="text"/>
Subscriber Client Index # <input type="text"/>	Subscriber Branch of Service <input type="text"/> -Please Choose One-

- **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

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date <input type="text" value="07/01/2017"/>
Coverage Expiration Date <input type="text"/>	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract <input type="text" value="01/01/2000"/>	Expiration Date Of Contract <input type="text"/>
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape <input type="text"/>
Coordination Of Benefits <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Date Of Accident <input type="text"/>

- **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!"

Admission Data	
Proposition 36 Participant? <input type="text" value="-Please Choose One-"/> *	Source of Referral <input type="text" value="-Please Choose One-"/> *
Days Waited to Enter Treatment <input type="text"/>	Number of Prior Episodes <input type="text"/>
Is the client a Medi-Cal beneficiary (eligibility determined)? <input type="text" value="-Please Choose One-"/> *	Application Submit Date <input type="text"/>
CIN <input type="text"/>	Other Funding Programs (Choose all that apply) <input type="text" value="AB 109"/> <input type="text" value="Adult Drug Court"/> <input type="text" value="CalWORKS"/> <input type="text" value="CalWORKS (API)"/> <input type="text" value="CalWORKS Detox"/> <input type="text" value="CalWORKS Family Solution Center"/> <input type="text" value="DCFS-PSSF (TLFRG)"/> <input type="text" value="Family Dependency Drug Court"/> <input type="text" value="General Relief"/> <input type="text" value="Juvenile In Custody Probation Camp"/> * <small>Click to choose multiple items</small> <small>If Medi-Cal beneficiary, CalWORKS Recipient, or Health LA cannot be selected</small>
Probation PDJ Number <input type="text"/>	CalWORKs Case Number <input type="text"/>
Please select camp: <input type="text" value="-Please Choose One-"/>	Other Camp (Specify): <input type="text"/>
General Relief Case Number <input type="text"/>	DCFS Case Number <input type="text"/>
Drug Court Case Number <input type="text"/>	AB 109 Case Number <input type="text"/>
AB 109 PB Number <input type="text"/>	CalWORKs Recipient <input type="text" value="No"/>

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 Authorization Form



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 & Benefit Plan Information		
Funding Source: Drug Medi-Cal	Benefit Plan: - Please Choose One - * - Please Choose One - DMC SUD Services	Provider Registration Date For Funding Source: <input type="text"/>
Program: - Please Choose One - *		

- **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
Leave blank for individual CPT Codes requests.
1 - ASAM 1-OTP - 21 and Under 10 - ASAM 1.0 - 21 and Under/Perinatal 11 - ASAM 1.0 - Over 21 12 - ASAM 1.0 - Over 21/Perinatal 13 - ASAM 1.0-21 and Under/Perinatal-ODS 14 - ASAM 1.0-AR - 21 and Under 15 - ASAM 1.0-AR - 21 and Under/Perinatal 16 - ASAM 1.0-Over 21/Perinatal-ODS 17 - ASAM 2-WM - 21 and Under 18 - ASAM 2-WM - 21 and Under/Perinatal 19 - ASAM 2-WM - Over 21 2 - ASAM 1-OTP - 21 and Under/Perinatal 20 - ASAM 2-WM - Over 21/Perinatal 21 - ASAM 2.1 - 21 and Under 22 - ASAM 2.1 - 21 and Under/Perinatal 23 - ASAM 2.1 - Over 21 24 - ASAM 2.1 - Over 21/Perinatal 25 - ASAM 2.1-21 and Under/Perinatal-ODS 26 - ASAM 2.1-Over 21/Perinatal-ODS

- **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)

Sage Authorization Form

Comments
Comments on Authorization:
<div style="border: 1px solid black; height: 100px;"></div>

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:

- Indicating 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.**