



Communication Release

2/26/2021

QI & UM Checklist of Required Documentation

The Quality Improvement & Utilization Management (QI & UM) section has posted an updated “QI & UM Checklist of Required Documentation” located on the SAPC website. This document provides the latest guidance on what clinical documentation is required for SAPC’s member authorization review process, and along with the previously posted “Eligibility Verification and Member Authorizations” primer, provides a comprehensive overview on how to approach member authorization submissions as a SAPC provider agency.

Provider can use the links below to access the documentation referenced:

- [QI & UM Checklist of Required Documentation](#)
- [Eligibility Verification and Member Authorizations Primer](#)

If you have any questions, please contact the QI & UM general phone line at 626-299-3531 or via the QI & UM email address at SAPC.QI.UM@ph.lacounty.gov.

Correcting State Denials: Incorrect Date of Birth - Denial CO 16 N327

In working with our providers during the State denial process, SAPC has identified a gap in providers’ ability to identify correct date of birth (DOB) information for related State denials. While these denials are based on information in the State’s Medi-Cal system and not related to any SAPC controlled items, SAPC understands the substantial burden this may be causing. As such, we have developed a process for providers to be able to verify what date of birth the Medi-Cal eligibility system has on file.

In researching this denial, SAPC found that the majority of discrepancies were related to typos in the data entry on the form where numbers were mixed up. Additionally, a large number of patient’s CIN entered on the Financial Eligibility (F.E.) form did not match the Medi-Cal Eligibility Data System (MEDS) file for the name, Social Security Number (SSN), and DOB in Sage. In these cases, the DOB may have matched what providers had on record but was denied by the state because the CIN was for a different patient, and the DOB did not match that CIN. The State verifies the patient’s identity using the CIN, gender, and DOB during adjudication.

Providers should follow the below steps for verifying and correcting State denials for incorrect/invalid date of birth:

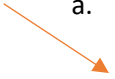
1. Ensure that there are legal documents uploaded to Sage or in the facility chart that show the correct date of birth.
2. Cross check the DOB on the legal documents with the date of birth entered on the Financial Eligibility for the DMC guarantor.
3. Verify the social security number and CIN are correct for the patient on the DMC guarantor in Sage.
4. Contact the Sage Helpdesk at 855-346-2392 or submit an online ticket via <https://netsmart.service-now.com/plexussupport>
 - a. Please provide the helpdesk with the following information from the patient’s legal documents, which will help to verify the patient’s identity:
 - i. Name and PATID
 - ii. Social Security Number or Subscriber ID if the patient does not have a valid SSN
 1. Patients who have Medi-Cal, but do not have a SSN are given a Subscriber ID that ends in a P or Q to use instead of the SSN.
 - iii. Gender
 - iv. Date of Birth
 - v. CIN
 - b. If the Sage helpdesk representative is able to find that patient in Sage, they will inform the user of the DOB based on the most current MEDS file that is provided by the State.
 - i. If the SSN for the patient is a generic 999-99-9999 or similar structure, the helpdesk will not be able to find the patient’s Medi-Cal record.
 - ii. Providers should contact DPSS directly if helpdesk is unable to locate the patient.

- c. Providers can then enter the DOB from the MEDS file in the DOB field on the F.E. form.
 - i. Note: This will not change the DOB for the overall record on the Client Demographics. If the DOB is incorrect for the record, providers would need to make an additional request to the helpdesk during the call or at a later time.
- 5. After verifying all relevant information, if providers believe the information is correct in Sage but incorrect in the State’s system, patients with the assistance of the provider would need to contact the local DPSS office to request a correction in the State’s system.
 - a. Providers should hold billing for those patients until the State’s system and Sage have matching data as these claims will be denied by the state and recouped by SAPC until the DOB is aligned in the two systems.

Financial Eligibility Errors Preventing Form Submission

The Sage Help Desk has received several tickets recently regarding the Financial Eligibility form showing errors preventing it from being submitted or displaying properly. We have identified two causes that will prevent the form from processing correctly.

1. When entering guarantor information in the policy field, there is a 20-character limit, including spaces and special characters. This has mainly been an issue if providers are entering “Applying for Medi-Cal” in the policy field, which is 21 characters with the dash in Medi-Cal. Removing the “-“ will resolve the issue.
 - a. Providers do not need to enter “Applying for Medi-Cal” in the policy field as the guarantor itself is “Applying for Medi-Cal” and should write “N/A.”
 - b. Under the “LA County-Non DMC” guarantor, providers can enter other county funding partners in this field, such as MHLA, JJCPA, AB109 etc.
2. If providers enter an aid code in the guarantor information “Aid Code” field, the “Effective Date of Medi-Cal Eligibility” field is also required or the form will error out.
 - a. Neither of these fields are required by policy, however, if providers choose to utilize them, both fields must then be entered to prevent any errors on the form.



Effective Date of Medi-Cal Eligibility
02/02/2021
Aid Code
(M1) Adult 19 to 65 Yrs at or below 138% FPL: Citizen/Lawfully Present Full - M1
Notes

MSO KPI Usage to Identify Denial Reasons

As a reminder to our providers, both level 1 (local) and level 2 (state) denials can be viewed in MSO KPI Dashboards 2.0 using the Claim Denial and State Denial Views. Specifically, secondary providers who are awaiting 835 files or are unclear of the meaning of the CARC/RARC codes can use KPI sheets to identify the Sage message for the denial. This can be helpful to prepare and correct the record while awaiting the 835 for rebilling.