

Instructions for Documenting "Applying for Medi-Cal"

11/5/2020

This instruction is geared for the documentation of the Financial Eligibility form for patients who obtain Medi-Cal benefits during treatment. This includes individuals who do not have Medi-Cal coverage and individuals who have out of county Medi-Cal when entering treatment.

Initial entry of Financial Eligibility

SAPC currently allows up to 30 days of reimbursable treatment (this policy will end on December 31, 2020) while providers assist patients with applying for benefits or transferring Medi-Cal to LA County. Patients whose current Medi-Cal is assigned to a different county (not LA County) are treated the same as "Applying to Medi-Cal" within Sage and should be indicated as such. Patients who are "Applying for Medi-Cal" need to be indicated as such on the Financial Eligibility with a primary guarantor of "Applying for Medi-Cal" and a secondary guarantor of LA County Non-DMC as seen in Figure 1 below.

Figure 1: Applying for Medi-Cal



During the course of treatment, providers are to use the case management benefit to assist the patient with applying for Medi-Cal or transferring Medi-Cal, either in person at a local DPSS office, through the Customer Service Center 899-613-3777, or via the Your Benefits Now (YBN) portal. For transferring Medi-Cal from a different county to LA County, the patient must complete an Inter County Transfer form (ICT) at a local DPSS office. In addition to the case management benefit, providers can also claim for incentive payments if completing the forms online using Your Benefits Now portal.

Once Enrolled with LA County Medi-Cal

Once the patient is officially enrolled in Medi-Cal, providers must immediately update the Financial Eligibility in Sage by adding the DMC guarantor with the effective date of Medi-Cal. Providers need to also update the "Applying for Medi-Cal" guarantor with the "Coverage Expiration Date" to the day before Medi-Cal was effective (Figure 2).

Figure 2: Coverage Expiration Date for Applying for Medi-Cal After Benefits Acquisition



The "DMC Medi-Cal" guarantor must be added and set as the primary guarantor using the "Change Order" arrows to move "California Department of Alcohol and Drugs" to the top of the list order (Figure 3). Providers must ensure the "Coverage Effective Date" (Figure 4) within the guarantor details corresponds to the same date the Medi-Cal Benefits became effective. This information is available on the benefits card or the notification sent to the patient. It is recommended that the patient apply online through the YBN portal so that any needed information can be accessed online easily.

Figure 3: Benefits Acquired During Treatment

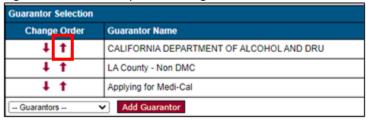
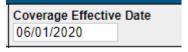
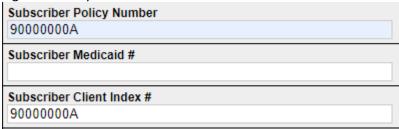


Figure 4: DMC guarantor Coverage Effective Date- Reflects first date of active coverage



Additionally, all DMC guarantors must have a policy number AND a Subscriber Client Index Number (CIN) listed on the guarantor details page (figure 5). SAPC recommends using the CIN for both the policy number and CIN fields.

Figure 5: Policy and CIN#- Guarantor Details



Patients may also enter treatment as eligible for MHLA benefits and apply at the time of admission similar to Applying for Medi-Cal. However, since there is no Applying for MHLA option as a guarantor, providers should list this as LA County Non DMC only. In the Policy field, please enter "MHLA" as the policy number.

MHLA applications are typically processed much quicker than DMC applications, sometimes within a few days of application. Providers may decide to wait before entering the Financial Eligibility or submitting

an authorization until the application is approved and an MHLA number is assigned. This could avoid having multiple authorizations for the same treatment episode.

Once the application is approved and a MHLA number has been assigned, providers should update the Cal-OMS Admission information to include this information (see figure 6).

Figure 6: Entering MHLA Information on Cal-OMS Admission

