



# CIBHS

CALIFORNIA INSTITUTE FOR  
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LEADERS IN  
POLICY,  
TRAINING,  
EVALUATION  
AND RESEARCH

Client Eligibility, Enrollment &  
Billing in the DMC-ODS Waiver

August 28, 2019

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# Introduction

- This is the first in a series of webinars and in-person trainings dealing with the provider-level business aspects of the DMC-ODS Waiver.
- The DMC-ODS Waiver integrates fiscal, clinical, operational and regulatory issues in ways the field has not experienced in the past.

# DMC Waiver Changes

Good Old Days	DMC-ODS
Organic Delivery System	Specialty Managed SUD Care Plan
Cost Reimbursement	Fee for Service
Come One, Come All	Plan Members only
County is a 'Funding Source'	County is a Specialty Plan Manager
Paper Invoices	Electronic Claiming
Client Chart Relatively Informal	Progress Notes Document the Claim

# Eligibility FAQs

- Who is eligible for ODS services?
  - Plan members, of course.
- Who are Plan members?
  - Every Fresno County resident with a Medi-Cal Benefits Identification Card (BIC).
- So, everyone with a BIC has a payer (DMC) that will reimburse the cost of their SUD treatment?
  - Maybe.

# Verifying Eligibility

- The possession of a BIC is not a guarantee of eligibility. Eligibility must be verified.
- Providers must be able to check client eligibility using POS, AEVS and/or MEDS (AVATAR) data prior to providing service and during the treatment episode.

# ACA Eligibility = 138% of FPL

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA		
Number of Persons in Family/Household	Federal Poverty Level	138% of FPL
1	\$ 12,490	\$ 17,236
2	\$ 16,910	\$ 23,336
3	\$ 21,330	\$ 29,435
4	\$ 25,750	\$ 35,535
5	\$ 30,170	\$ 41,635
6	\$ 34,590	\$ 47,734
7	\$ 39,010	\$ 53,834
8	\$ 43,430	\$ 59,933

# Churn is a Systemic Problem

- Basically, churn is the number of people who gain or lose coverage in the eligibility redetermination process.
- Each month 5,000 – 10,000 people transition between Covered CA and Medi-Cal.

# More on Churn

## What's Missing Here?

**Table 1: For individuals enrolled in Medi-Cal, share staying in Medi-Cal, becoming eligible for subsidies through Covered CA, or leaving for job-based coverage within 12 months<sup>i</sup>**

*Enrollees with household income at or below 138 percent FPL*

Stay in Medi-Cal	74.5%
Income increases, eligible for Covered California	16.5%
Leave for job-based coverage	9.1%
Total	100%

Source: The Ongoing Importance of Enrollment: Churn in Covered California and Medi-Cal, UC Berkeley Labor Center, 2014.



And, Aside From Churn . . .

7% - 11% of cases in  
the MEDS file have  
unresolved eligibility  
status.

# What's a Provider to Do?

- Ensure that the client identifying information you have is accurate.
  - Name (as per SSN)
  - Address
  - SSN
  - DOB
- In the absence of a Medi-Cal BIC or other documentation, don't make only one attempt to verify eligibility if you don't get a match on the first try.

# What's a Provider to Do?

- For new admissions who are eligible but not enrolled.
  - Case managers need to make sure the client (and maybe DSS, too) stays on task.
  - Pay special attention to client engagement.
- For existing clients who lose eligibility
  - Work with DSS to learn the causes and possible solutions.
  - Is churn involved?

# Enrollment



## Apply Online

[Apply Now](#)

### How It Works

**Applying online** takes about 30 minutes from start to finish.

- ✓ Sign up at your own pace by saving your application and picking up later.

Be sure to have the necessary documents on hand before starting your application for a seamless enrollment process.

### Documents You'll Need



- ✓ **Social Security numbers** for applicants who have them.
- ✓ **Immigration documents for non-citizens**, such as an "A" number, USCIS number or arrival/departure document number.

Undocumented family members are not eligible for Covered California coverage but may qualify for other programs.
- ✓ **Employer and income information** for everyone in your family. Examples include pay stubs or proof of unemployment benefits and your employer's address.
- ✓ **Federal tax information** of the person who files taxes as the head of household and any dependents claimed on that person's taxes.

If you don't file taxes, you may still qualify for free or low-cost insurance through Medi-Cal.

# Next Steps

- Not all of our clients will have ready access to the information required.
  - Basic ID
  - SSN
  - Income & Tax Information
- It takes time to locate and verify missing data.

# More Next Steps

- Whichever way eligibility is applied for, all roads lead to Fresno County DSS.
- DHCS says that, “Once your Medi-Cal eligibility is confirmed, the health coverage is effective beginning the first day of the month when you applied.”

# Out-of-Plan Clients

- Out of Plan = Out of County
- More specifically, Medi-Cal eligibility determination was made in another county.
- A county provides DMC-ODS services only to beneficiaries who reside in the county.

Exceptions are:

- NTP Clients
- EPSDT Client

# Out-of-Plan Clients

- DHCS IN 17-036:

“Because an ODS County is operating as a managed care plan, the ODS County is unavailable to provide ODS services to beneficiaries from other non-ODS Counties.”



# Out-of-County Client Decision Tree

- Scenario 1 – Client lives in a DMC-ODS County
  - Admit client if you have a contract with that county to serve its residents.
  - Refer client back to county of residence for admission to its own ODS.

# Out-of-County Client Decision Tree

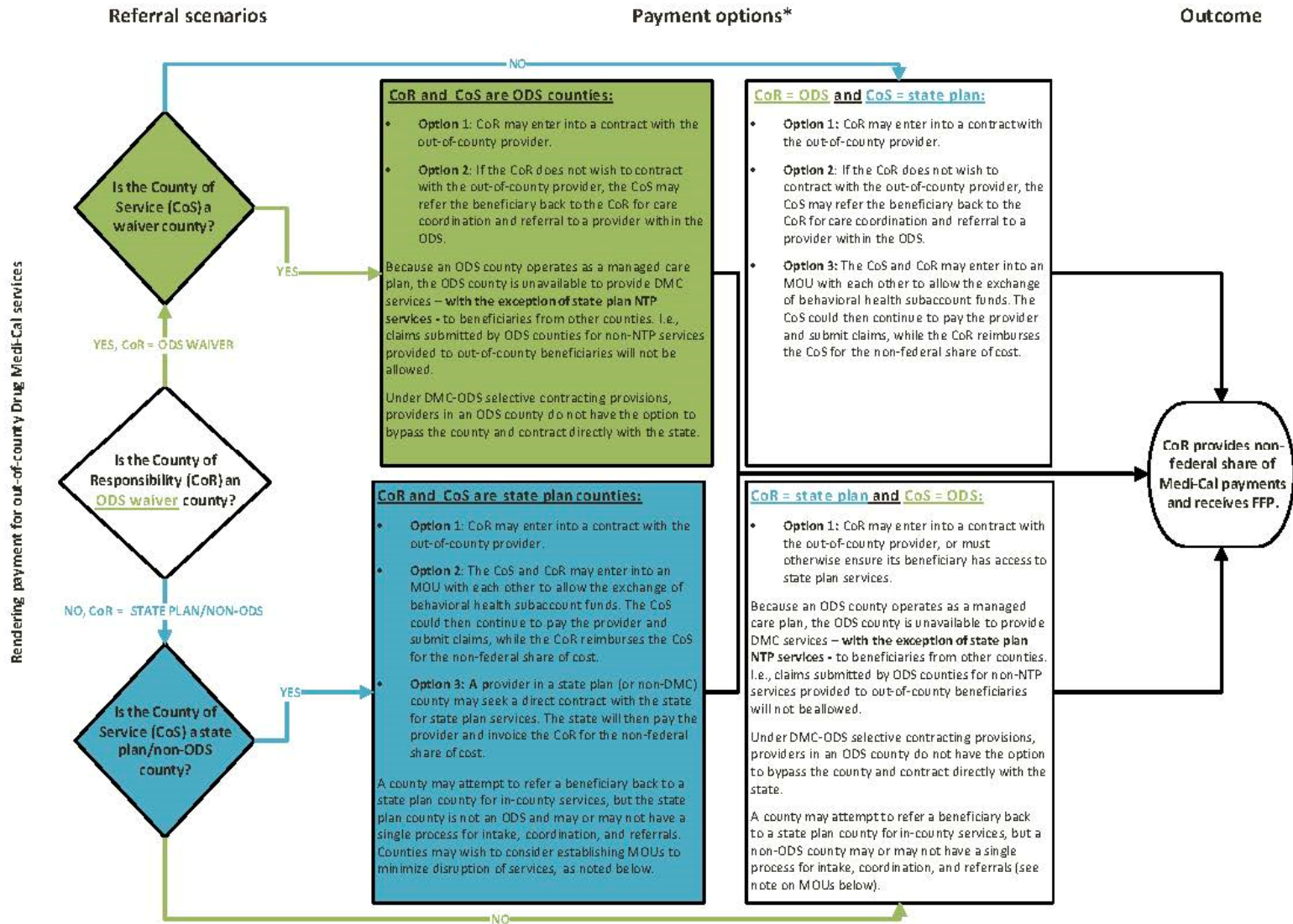
- Scenario 2 – Client Lives in a State Plan County
  - Admit client if you have a contract with that county to serve its residents.
    - If admitted, only State Plan services can be provided.
  - Refer client back to county of residence for admission to one of its providers.

# Out-of-County Client Decision Tree

- Scenario 3 – Client has moved to Fresno from another county.
  - Admit client and arrange for transfer of Medi-Cal eligibility to Fresno County.
  - Counties can use SABG funds to reimburse services for clients awaiting M-C transfer, assuming they have any.

## Drug Medi-Cal County of Responsibility Flow Chart

Counties may use this tool as a companion to DHCS Information Notice (IN) 17-036: Drug Medi-Cal County of Responsibility Transition. \*Please contact Paula at [pwilhelm@cbhda.org](mailto:pwilhelm@cbhda.org) with questions.



\*No county is obligated to contract with a given provider or render payment for services for out-of-county beneficiaries. Counties may wish to establish MOUs with neighboring counties to outline notification and referral protocols that minimize disruption of services for beneficiaries who do seek services outside their counties of residence and/or are undergoing Medi-Cal transfers.

# The DMC Claim

- A clean claim is “. . . one that can be processed without obtaining additional information from the provider of the service or from a third party.” *42 CFR 447.45 (b)*
- It also . . .
  - Is a claim for covered services for an eligible individual.
  - Identifies the client.
  - Identifies the provider and/or facility.
  - Lists the date and place of service.

# Claim Denials

- The top reasons that Medi-Cal claims are denied are:
  - The beneficiary's identity could not be verified.
  - The beneficiary's eligibility could not be verified.
  - The claim is for a duplicate service.
  - Untimely submission without good cause.
  - Other Health Coverage.
- And, specific to the DMC-ODS, the beneficiary is identified as out of plan.

# Managing the DMC Revenue Cycle

- You should be getting 835 and other reports from AVATAR on claims submitted and claims denied.
- These reports should have information on why a claim was not submitted or why it was denied.
- Correct, resubmit, repeat.

## What's a Provider to Do? – Part 2

- Recognizing that many factors influencing eligibility are outside your control, how can you reduce eligibility related claim denials to a minimum.
- Talk to clients about their coverage and any events in their lives that might change it.
  - They move out of county.
  - They or their spouse gets employer-sponsored coverage.
  - They get a job without coverage but now have income in excess of FPL.
- Make sure clients make and keep appointments at DSS.
  - Are more user-friendly strategies available?
- What about getting the enrollment process started before a client leaves jail or prison?
- Engage DSS in problem solving.



# Additional Resources

- DMC Billing Manual

[https://www.dhcs.ca.gov/formsandpubs/Documents/DMC Billing Manual 2017-Final.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf)

- Medi-Cal Aid Codes Reference

[https://www.dhcs.ca.gov/services/MH/Documents/Final Aid Code Master Chart 5-1-19.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Final_Aid_Code_Master_Chart_5-1-19.pdf)

- DMC-ODS HCPCS Codes and Modifiers

[https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS\\_IN\\_17-002.pdf/](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_IN_17-002.pdf/)

- Covered California Benefits Application Form

[https://www.coveredca.com/PDFs/paper-application/CA-SingleStreamApp\\_92MAX.pdf](https://www.coveredca.com/PDFs/paper-application/CA-SingleStreamApp_92MAX.pdf)

# Questions?

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# And Don't Forget . . .

- September 5, 2019
  - 9:00 Understanding the Connection between Utilization, Revenue and Staffing (Outpatient)
  - 1:00 Understanding the Connection between Utilization, Revenue and Staffing (Residential)
- September 6, 2019
  - Costing Out Your Services – 9:00 and 1:00