



INTER-COUNTY TRANSFER(ICT) PROCESS and OTHER MEDI-CAL ELIGIBILITY TOPICS

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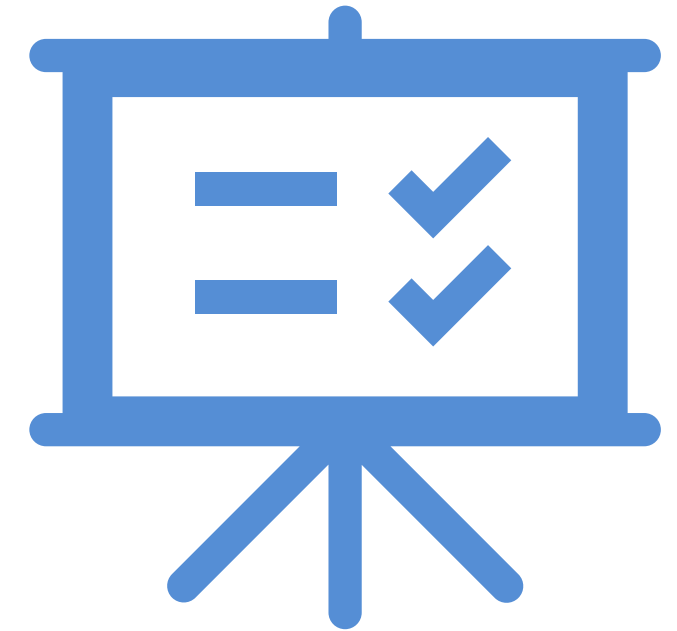
How to Verify Eligibility for SUD
Services in LA County

County of Residence Vs. County of
Responsibility

Inter-County Transfer Do's and Don't's

Additional Medi-Cal Eligibility Topics

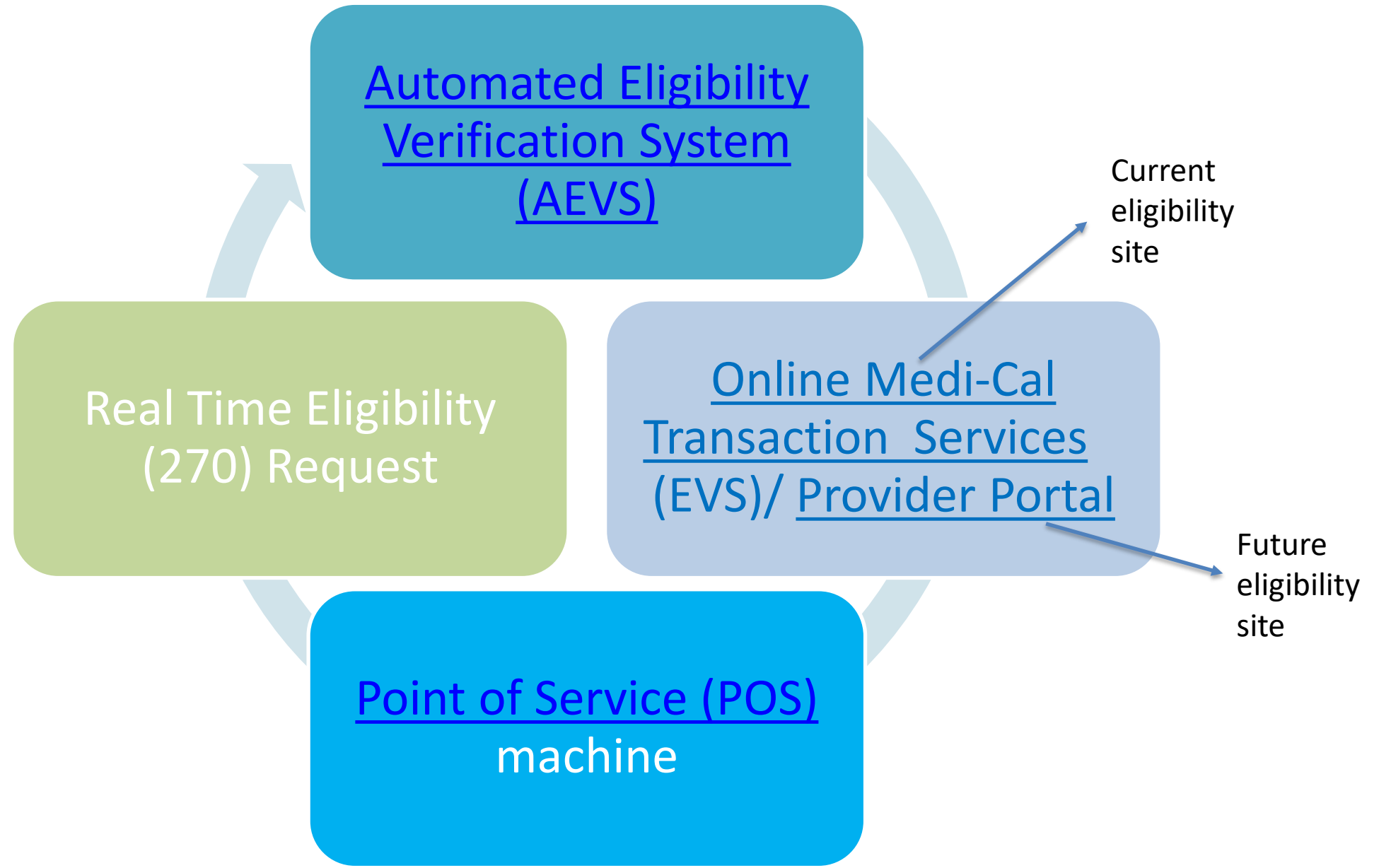
New Online Portal



Where to Find Medi-Cal Eligibility Information



All SAPC
Medi-Cal
certified
providers
have
access to
these
options to
verify
eligibility



To access AEVS, submit the following forms and register for the provider portal:

- [Form: Medi-Cal Eligibility Verification Enrollment Form \(point frms\)](#)
- [Form: Medi-Cal Point of Service \(POS\) Network/Internet Agreement \(point frm 1 net\)](#)

MEDS File

- Static file sent by DHCS to SAPC monthly with Medi-Cal eligibility information as of the 25th of the previous month for all patients with LA County Responsibility or Residence by that point in time. It includes both the SSN# and CIN#.
- County of residence at the time the file was created.

MEDSLITE

- LIVE version of the MEDS file in real time including information that is updated by DPSS or Medi-Cal directly.
- Reflects the most current County of Residence, includes incarceration suspensions and has a Name Search capability.

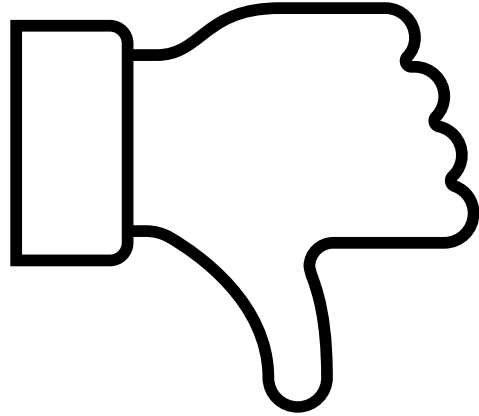
These are the **source of truth** that Medi-Cal validates against when checking **eligibility on a claim**.

Aid Code

- Two digit code indicating which Medi-Cal program the patient is enrolled in that identifies criteria for Medi-Cal eligibility
- Scope of benefits must include SUD treatment

Eligibility Status in the Electronic Verification System (EVS)

- Color coded system that describes eligibility parameters
- Green = Full coverage, no distinctions
- Yellow = Potential issues that need to be investigated (I.e. share of cost, Managed Care Plan or OHC) to confirm coverage
- Red = No recorded eligibility (contact DPSS)

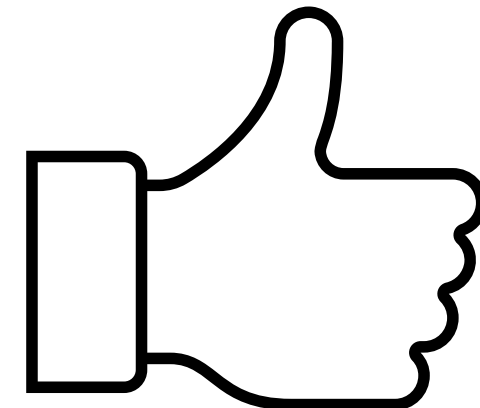


The **COUNTY OF RESPONSIBILITY** is responsible to provide authorizations for SUD treatment services and to pay for claims for services provided.

**Transfer can take 1 – 3 months
WILL NOT BE RETROACTIVE**

EXCEPTIONS TO COUNTY OF RESPONSIBILITY:

- Inter-county transfer **COUNTY OF RESIDENCE**
- Out-of-county Foster care children
- Out-of-county patient released from incarceration
- *****Will likely cover the month of request**





SAPC RECOMMENDS calling the DPSS Customer Service ICT Hotline 866-613-3777 (NOT THE GENERAL DPSS PHONE NUMBER) upon patient admission to initiate the transfer to Los Angeles County. Alternatively, utilizing BenefitsCal is very helpful as well.



SAPC DOES NOT RECOMMEND contacting the county of origin or the general DPSS office worker as this can prompt the transfer of Responsibility, which can take **1-3 MONTHS and **WILL NOT BE RETROACTIVE****



Contact EST at any time in the process for clarification.
DPH-SAPC-EST@ph.lacounty.gov or create a Sage Help Desk ticket and we will route it to EST.

DPSS Customer Service ICT Hotline

866-613-3777

- Press 1 English, hear the recording, press 5 for Disability accommodation and other hotlines, press 3 for benefits transfer request.
- Once on the phone with eligibility worker, notify DPSS of your patient who needs to transfer the existing DPSS case from the originating county to LA County.
- Wait time is approximately 5-10 minutes on average

DPSS Customer Service ICT Hotline Continued

866-613-3777

- They will begin processing the update to the county of residence and request the case be sent to LA County from the originating county.
 - They also create an LA County case for the patient, which is available the same day the transfer is requested.
- They will also mention that the patient is able to contact Health Care Options to choose an LA County health plan at phone number 1-800-430-4263 in 5 business days after the initial call to transfer because it takes 5 business days for the Medi-Cal to update in the state system.

First, assist the patient in creating a new account or sign into an existing account on the [BenefitsCal website](#). If you wish to receive a BenefitsCal tutorial, send a request to the EST team at DPH-SAPC-EST@ph.lacounty.gov. There are also helpful BenefitsCal videos on YouTube.

Link the patient's case from the originating county to LA County. Medi-Cal benefits will show as pending in LA County. It will become active once the County of Responsibility has transferred.

Next, report a change of address. After completing it, download or print the resulting **Change Report Summary (CRS)** and upload it to Sage-PCNX Provider File Attach. Utilization Management will refer to the Effective Date noted when reviewing the Service Authorization Request for the patient. Be aware, this does not guarantee payment of claims as of that date.

BenefitsCal





DPH-SAPC-EST@PH.LACOUNTY.GOV

For any
eligibility
related
questions

For
assistance
identifying
County of
Residence

Help with the
ICT process

Applying for
Medi-Cal
benefits

LED BY
NANCY CROSBY

What Can SAPC (EST) Do For You?



EST will walk provider through the eligibility process and provide T.A. to ensure all appropriate steps are taken.



Identify County of Residence



Identify incarceration suspension of benefits



Assist with finding Medi-Cal information for patients who may not have necessary information for standard eligibility portals.

- Able to search patients by name



Additional Assistance Available from the EST team

EST serves as a benefit eligibility advocate on behalf of providers and patients. If questions arise that we do not currently have the answers for, we will investigate and provide feedback. This allows us as a system to stay abreast of critical information that supports patient treatment services and reimbursement for claims.

When emailing EST requesting eligibility information, please include the following details: the Patient PCNX ID, name, date of birth and, if available, the Social Security and/or CIN number. **Emails to EST MUST BE SENT SECURELY AND ENCRYPTED**

A Medi-Cal patient's Coverage Effective Date can be provided so it can be entered in the Patient Eligibility form in the patient chart.

EST collaborates closely with Utilization Management. Upon provider request, EST can assist in investigating Pending or Denied authorizations.

DISCLAIMER

EST team members are not experts in Utilization Management nor Finance. We will try to answer general questions that fall under their purview, but our knowledge is limited to Medi-Cal eligibility.



Important!

Provider

1. Complete a Progress Note for Care Coordination in the patient's chart for all interventions used to assist the patient with the ICT or any Medi-Cal acquisition activist that you assist the patient with.
2. After 1-3 weeks, contact DPH-SAPC-EST@ph.lacounty.gov to confirm the transfer of residence to LA.
3. Submit a Service Authorization Request using the Effective Date on the NOA, CRS or with confirmation from the EST team of county of residence 19 in MEDS or MEDSLITE
4. Upon admission, select California Alcohol and Drug Program as the Guarantor. Enter the Coverage Effective Date in the patient's Financial Eligibility form to reflect the Effective Date found on the NOA/CRS, the date found on the patient's Medi-Cal card, or the Issue Date indicated in MEDSLITE.

CalOMS Other Funding Programs

Be sure to select any qualifying Non-DMC funding sources the patient may have upon admission, regardless of whether the patient has Medi-Cal benefits or not.

Doing so will:

- **Provide a source of payment if there is a lapse in Medi-Cal eligibility**
- **Provide payment for treatment days from time of admission until the transfer of the County of Residence has been completed.**

A Notice of Action (NOA) is mailed via USPS by Los Angeles County DPSS to the patient documenting the change. If the patient is homeless, the patient may use the SAPC provider or local DPSS address.

***The NOA from the Los Angeles County DPSS office needs to be copied and uploaded in the patient's chart under Attachments. It will provide the date of eligibility that indicates when the Medi-Cal is being transferred to Los Angeles County.

- If the NOA eligibility date is in the future, that would indicate the date of the transfer of responsibility.
- An earlier date would indicate transfer of residence, which is a much quicker process.
- The NOA can be used to establish eligibility for Member Authorizations.

- The patient may have an NOA received from another county indicating that the case is being transferred to L.A. County. It will not serve as proof of eligibility in L.A. County because there will be no Effective Date.
- Utilization Management will refer to the Effective Date noted when authorizing treatment for the patient. Be aware, this does not guarantee payment of claims as of that date.

Help! The Patient Discharged Before the Transfer

MC382/383 FORM can be found on the
DHCS website.



Completing this form allows the provider to become an Authorized Representative for the patient. It is particularly helpful for patients who are likely to leave treatment prematurely. Submit the form to DPSS and upload it into the patient's BenefitsCal account. Place a copy in Attachments in the Sage-PCNX Provider File Attach in the patient's record.

APPLYING FOR MEDI-CAL

This 30-Day-Allowance is available funding for patients being admitted who qualify for Medi-Cal benefits but do not currently have any Medi-Cal coverage anywhere in California.

- The expectation is that the provider will assist the patient in applying for NEW Medi-Cal benefits upon admission, document that activity in the patient chart and bill Care Coordination
- SAPC recommends utilizing BenefitsCal as it is an easy way to review the progress of the application and view any requests for any additional documents required.



JUSTICE INVOLVED/IN-CUSTODY/RECENTLY RELEASED



Medi-Cal Status for Patients Incarcerated

- Upon reaching the 28th day of incarceration, patients with active Medi-Cal have their benefits placed in suspension by DPSS.
- Corrections is to advise DPSS one day prior to the patient's release from incarceration (which rarely happens).
- Once DPSS has been notified of the release date, it is entered into their electronic system, the suspension is lifted and active Medi-Cal is available again.
- If AEVS reflects Incarceration, have the patient communicate with DPSS to lift the suspension.
- **Once the suspension is lifted, all services as of the day of release from incarceration are covered by active Medi-Cal.**



Provider Portal for Online Eligibility





NEW Medi-Cal Provider Portal



The Provider Portal will be fully implemented by July 7, 2025

- [Provider Portal User Guide](#)
[Provider Portal FAQs](#)

Each agency must select one person to be the portal Administrator

- Will be responsible for access to the portal.
- This Administrator must contact the Telephone Service Center to request a “Token” that will be used to register the agency.
- The token is mailed to the Pay To address on file with Medi-Cal.

Administrator Duties

- Will be able to add and remove additional users without needing to contact DHCS.
- Each user will have a unique login and authentication.

UPDATED INFORMATION RECEIVED AFTER THE TRAINING:

Per DHCS representatives, they will be mailing out a token to each provider agency's primary address starting June 9th.

If providers would prefer an email token and immediate response, the identified Administrator should contact the Telephone Service Center to request the token.

Providers should have their Provider_ID or NPI number when contacting DHCS.



The current transaction system will be decommissioned on July 7th.

- [Provider Portal User Guide](#)
- [Provider Portal FAQs](#)
- Eligibility transaction services will be migrated to the portal by July 7, 2025.
- Providers will have between June 9 to July 7th to register and begin using the portal.
- Potential to upload a batch eligibility file to inquiry about several patients concurrently.



Where To Go For Help



Contact the Eligibility Support Team for all your eligibility needs.

DPH-SAPC-EST@ph.lacounty.gov

UNIT/BRANCH Contact	EMAIL <i>Do not send Protected Health information (PHI) to any SAPC email</i>	Description of when to contact
Sage Helpdesk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Division (SMD)	SAGE@ph.lacounty.gov	Sage process, workflow, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- Questions about a specific patient/auth QI (626)-293-2846- Complaints and Appeals	All authorization related questions, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Health Outcomes and Data Analytics (HODA)	hoda_caloms@ph.lacounty.gov	All questions regarding Sage CalOMS: CalOMS submission guidelines, issues related to CalOMS forms and submissions in Sage, Data Quality Report, and requests for trainings.
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contracts, amendments, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	dsapc.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Finance	sapc-finance@ph.lacounty.gov	General questions related to billing, denials, tier allocation for payment reform. For specific denial questions, please open a Sage Helpdesk Ticket.

<https://forms.office.com/g/TU4UrB2EeU>



Inter-County Transfer and Other Medi-Cal Eligibility Topics Post Test Training Evaluation

