Financial Eligibility for Providers Job Aid

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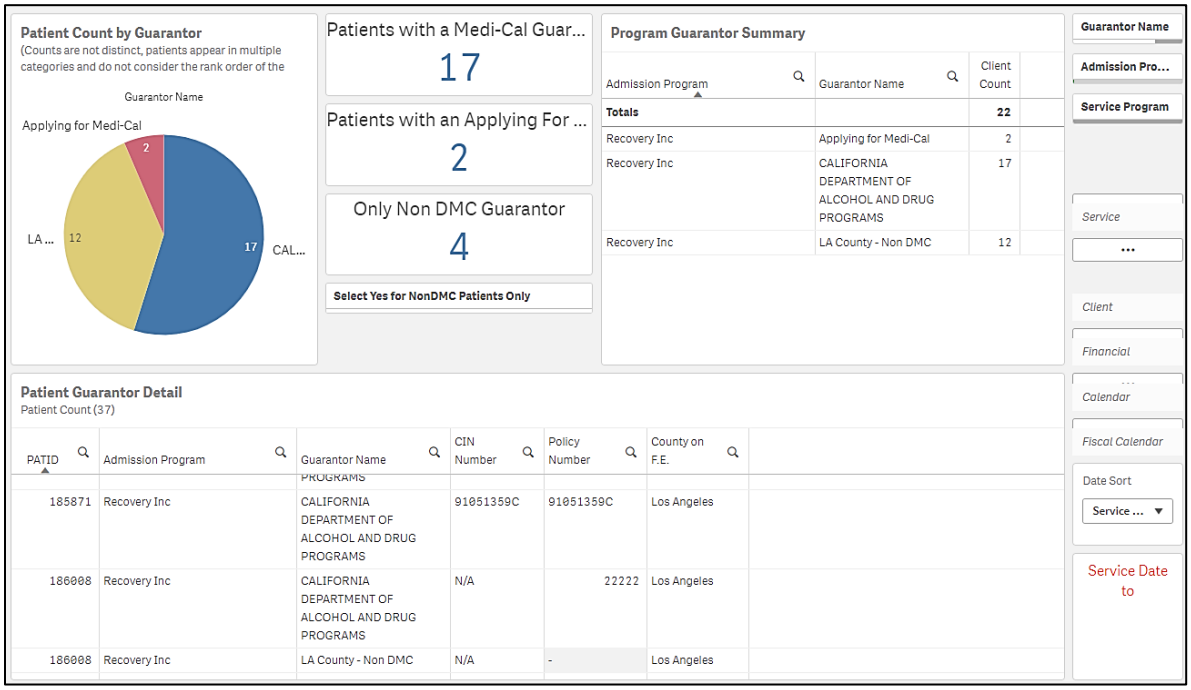
Summary

The Financial Eligibility for Providers sheet in KPI Dashboards 2.0 should be used to gather general statistics about patients within each guarantor, DMC (California Department of Alcohol and Drug Programs), LA County-NonDMC , Applying for Medi-Cal and Self-Pay. Specifically, this sheet was developed to provide visibility into patients listed as Applying for Medi-Cal for easier tracking. When Applying for Medi-Cal is selected using the filters on the right side of the screen, additional columns become visible with service date and service count information.

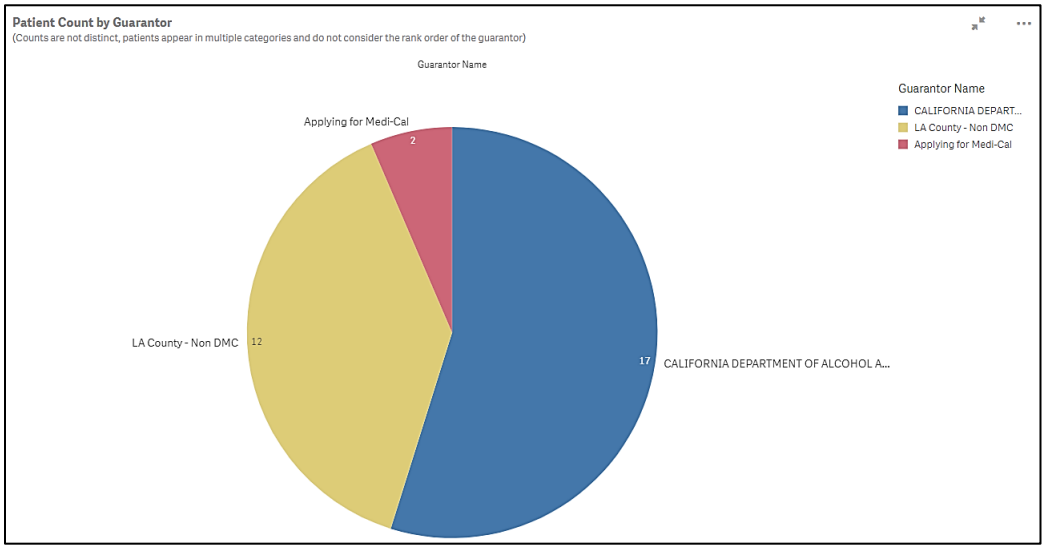
Sheet Overview

No Protected Health Information (PHI) was used in the examples provided.



This sheet is comprised of eight (8) objects, including a guarantor count pie chart (1), counts of each guarantor individually (3), a filter option to show patients with only a LA County Non DMC guarantor (1), program level data table (1), patient level data table (1) and a general selector column (1)

Patient Count by Guarantor



The Patient Count by Guarantor pie chart shows the count of patients at your agency under each guarantor. When viewing these numbers, please note that there is overlap between the guarantors

since patients can have more than one guarantor on the Financial Eligibility Form. For example, if a patient has both California Department of Alcohol and Drug Programs and LA County NonDMC guarantors, that one patient will be counted in each of the pie slices. Additionally, the guarantor rank on the F.E. form is not shown on this chart.

An additional filter option was added to allow providers to view those patients who have LA County NonDMC as their ONLY guarantor on the F.E. form. (See below for "Select Yes for NonDMC Patients Only" filter).

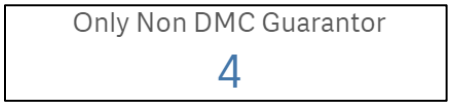
Patient with a Medi-Cal Guarantor

This KPI shows the number of distinct patients with a Medi-Cal guarantor on the F.E.. This number will change depending on any other filters selected. It will always reflect the number of patients with the Medi-Cal guarantor out of the available patients filtered. If no filters are selected, it will reflect the total number across all categories.

Patients with an Applying for Medi-Cal

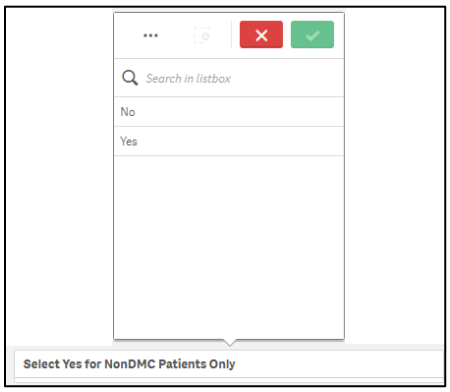
This KPI shows the number of distinct patients with an Applying for Medi-Cal guarantor on the F.E. This number will change depending on any other filters selected. It will always reflect the number of patients with the Applying for Medi-Cal guarantor out of the available patients filtered. If no filters are selected, it will reflect the total number across all categories.

Only Non DMC Guarantor



This KPI shows the number of distinct patients with the LA County NonDMC guarantor on the F.E. This number will change depending on any other filters selected. It will always reflect the number of patients with the LA County NonDMC guarantor out of the available patients filtered. If no filters are selected, it will reflect the total number across all categories.

Select Yes for NonDMC Patients Only



This option filters out all other guarantors and allows the sheet to only show information for patients that have LA County NonDMC as the ONLY guarantor on the F.E. Select 'Yes' to apply the filter to the entire sheet.

Please note, that this cannot be combined with any other guarantor filters. Selecting other guarantors will skew the results on the various tables and graphs and show patients with any combination of the guarantors selected.

Program Guarantor Summary

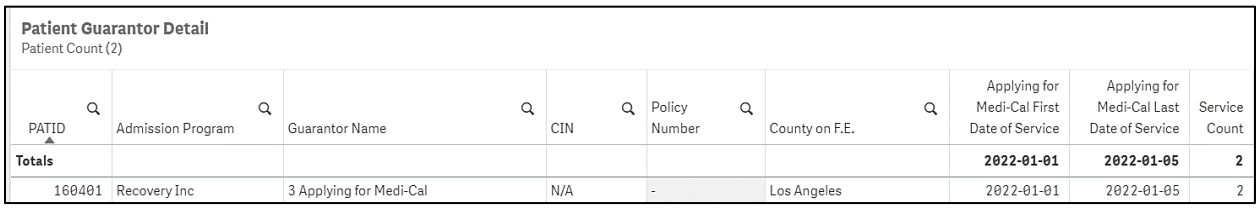
Program Guarantor Summary

Admission Program	Guarantor Name	Client Count
Totals		**22**
Recovery Inc	Applying for Medi-Cal	2
Recovery Inc	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS	17
Recovery Inc	LA County - Non DMC	12

This table shows the count of patients with each of the identified guarantors by provider agency. Providers can use this table to see the proportion of each guarantor throughout their agency. This table is form based data and not based on claims data. The numbers are reflective of exactly what was entered on the Financial Eligibility for the agency regardless if there are claims for those patients.

Program Guarantor Detail	
Column Name	**Description**
Admission Program	Agency name/Legal Entity
Guarantor Name	Guarantor name as listed on the Financial Eligibility
Client Count	Count of patients per guarantor

Patient Guarantor Detail



Patient Guarantor Detail
Patient Count (2)

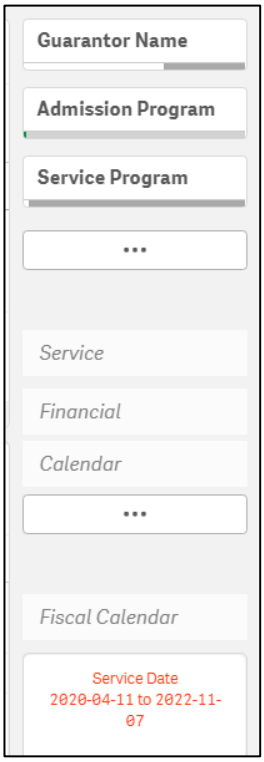
PATID	Admission Program	Guarantor Name	CIN	Policy Number	County on F.E.	Applying for Medi-Cal First Date of Service	Applying for Medi-Cal Last Date of Service	Service Count
Totals						**2022-01-01**	**2022-01-05**	**2**
160401	Recovery Inc	3 Applying for Medi-Cal	N/A	-	Los Angeles	2022-01-01	2022-01-05	2

The Patient Guarantor Detail table gives specific patient information for any of the guarantors, or any specific guarantor selected. CIN and Policy fields were added to assist in troubleshooting any CIN errors that may have resulted in denials. The CIN field will populate if a CIN was entered in any of the guarantors. If there is a CIN for an Applying for Medi-Cal guarantor, that might indicate the patient has Medi-Cal in a different county and should be investigated to ensure that Applying for Medi-Cal is the correct guarantor.

This table has a conditional variable when Applying for Medi-Cal has been selected as a filter. Once Applying for Medi-Cal is selected, 3 additional columns will display, 1) Applying for Medi-Cal First Date of Service, 2) Applying for Medi-Cal Last Date of Services, 3) Service Count. These three columns will allow providers to view patients that were billed as Applying for Medi-Cal and approximately how many days under Applying for Medi-Cal were used. This will allow easier tracking of the 30 day policy for Applying for Medi-Cal, which only permits up to 30 days per patient per calendar year.

Patient Guarantor Detail	
Column Name	**Description**
PATID	Sage created record number for the patient
Admission Program	Agency name/Legal Entity
Guarantor Name	Guarantor name as listed on the Financial Eligibility
CIN	Client Index Number assigned by Medi-Cal that was entered on the Subscriber Client Index Number field on the F.E.
Policy Number	Policy Number entered on Subscriber's Policy # field on the F.E.
County of F.E.	County listed on the F.E. in the Subscriber's Address- County field.
Applying for Medi-Cal First Date of Service	Conditional field that is enabled when Applying for Medi-Cal guarantor is selected. This populates the first date of service that was billed as Applying for Medi-Cal. If no claims were submitted under "Applying for Medi-Cal" the field will show as a gray dash mark.
Applying for Medi-Cal Last Date of Service	Conditional field that is enabled when Applying for Medi-Cal guarantor is selected. This populates the last date of service that was billed as Applying for Medi-Cal. If no claims were submitted under "Applying for Medi-Cal" the field will show as a gray dash mark.
Service Count	Count of services billed as Applying for Medi-Cal. If no claims were submitted under "Applying for Medi-Cal" the field will show as a gray dash mark.

Common Selector



Guarantor Name: List the various guarantors that have been entered for patients at the provider agency.

Admission Program: Lists the agency name at the legal entity level. This is added for SAPC use as providers only have access to their own agency.

Service Program: Shows the specific service address/sites under a provider where services were delivered.

Service contains: Service Staff Name, Service Value (service and Service Code (CPT/HCPCS)

Financial contains: Payor Group, Payor Name, Payment Type, Payment Type Value, and Billing Status.

Calendar contains: Calendar Year, Calendar Quarter, Calendar Half, Month, Calendar Year-Half, Calendar Year-Quarter, Calendar Year-Month, Calendar Year-Week, Date.

Fiscal Calendar contains: Fiscal Year, Fiscal Half, Fiscal Quarter, Fiscal Year.Month Abbreviation, Fiscal Month number, Fiscal Year-Half, Fiscal Year-Month, Fiscal Year-Quarter.

Date Sort: This field defaults to Procedures.Date of Service on all Sheets. Alternative selections can be made through the dropdown.