Division of Public and Behavioral Health
Policy

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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

1. Type **Cross Episode Financial Eligibility** in the **Search Forms** field on the **Forms and Data** widget.
   a. As you type search results will dynamically display.
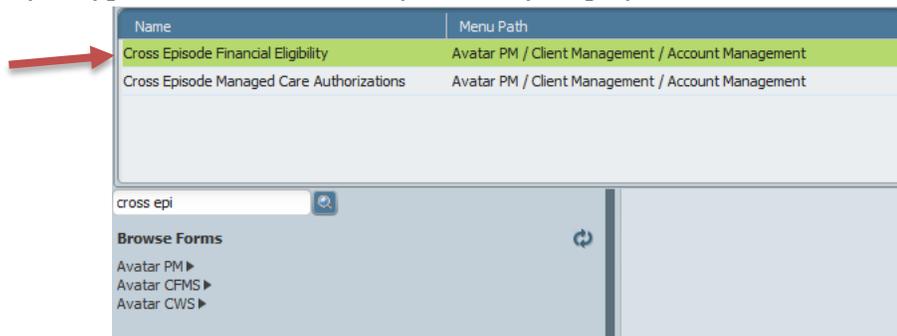
2. Select **Cross Episode Financial Eligibility**.
   a. Double click on form once it appears.

3. Enter the client's assigned ID number or their LAST NAME,FIRST NAME in the search field.
   a. The client's name should appear in the Results window.

4. Double-click on the client's name.
   a. The **Cross Episode Financial Eligibility** form will open.

5. The **Guarantor Selection** section must be completed first, before the **Cross Episode Financial Eligibility.**

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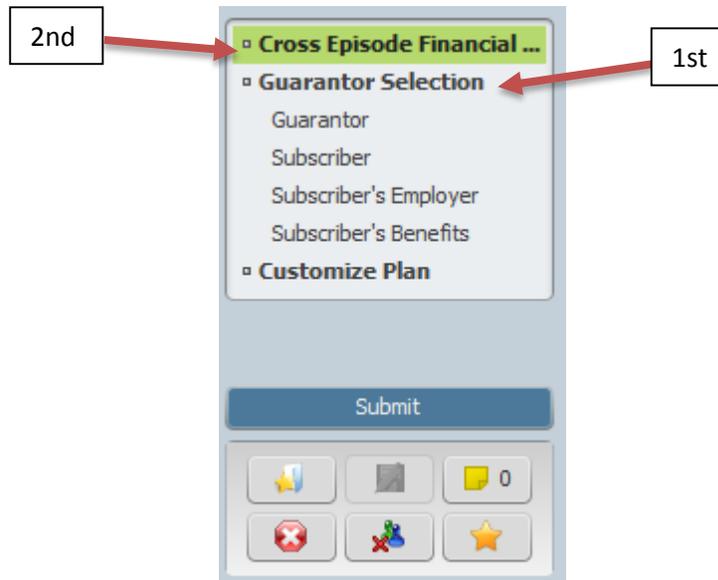
6. Click Add New Item to the right of Guarantor Information field.
   a. Once selecting Add New Item in Guarantor Information, the row will highlight green and the field will allow you to fill out form
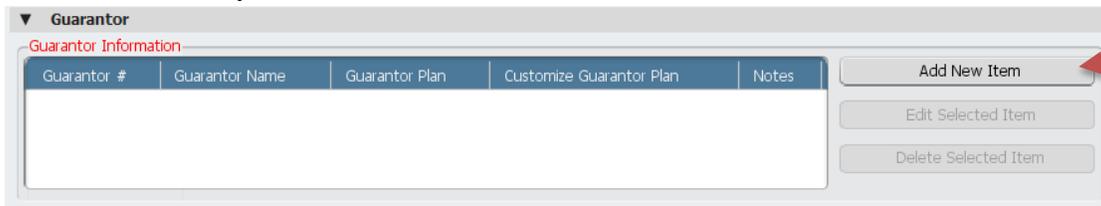
7. Search for either the ID # or the guarantor name in the **Guarantor #** field.
   a. An informational pop-up will trigger, letting the user now that selecting this guarantor will over-write any previous plan information and then master plan information will default. Press **OK**.
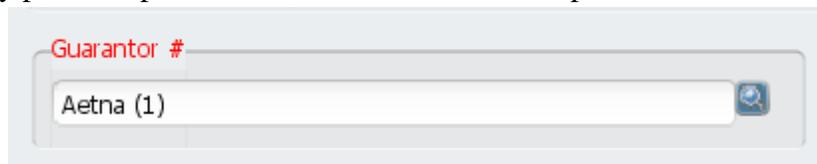
8. The majority of this form will auto-populate based on the information on file for the selected guarantor.
   a. The information can still be edited or changed.

9. These fields should auto-populate based on information previously entered in the system:
   a. **Guarantor Name**
   b. **Guarantor Plan**
   c. **Guarantor's Address – Line 1**
   d. **Guarantor's Address – Line 2** (If applicable)
   e. **Guarantor's Address – Zipcode**

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    f.   **Guarantor's Address – City**
    g.   **Guarantor's Address – State**
    h.   **Guarantor's Phone Number**

10. If any pieces of information that should have auto-populated are missing, the information was not entered previously.

11. In the **Customize Guarantor Plan** select the radio button corresponding to **Yes** if the guarantor defaults need to be edited in this specific situation; select **No** if the default values will work correctly.
    a. <u>You will more than likely always choose NO in an effort to standardize the insurance information.</u>

12. Enter the expiration date of the guarantor contract in MM/DD/YYYY format in the **Expiration Date of Contract** field or select **T** or **Y** for today or yesterday, respectively.

13. Click yes or no whether eligibility was verified.
    a. NOTE: This must always be yes for the waterfall to work properly. (See diagram below)

14. Enter the date the selected coverage becomes effective in MM/DD/YYYY format in the **Coverage Effective Date** field or select **T** or **Y** for today or yesterday, respectively.
    a. This date is very important when interacting with the waterfall.

15. Enter the date the selected coverage expires in MM/DD/YYYY format in the **Coverage Expiration Date** field or select **T** or **Y** for today or yesterday, respectively.

16. In the **Client's Relationship to Subscriber field**, choose appropriate selection from dropdown.
    a. If self is chosen, the client's information auto-populates the subscriber's information.

17. These fields should auto-populate based on information previously entered in the system:
    a.   **Subscriber's Name**
    b.   **Subscriber Address – Street Line 1**
    c.   **Subscriber Address – Street Line 2**
    d.   **Subscriber Address – Zip**

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e. **Subscriber Address – City**
f. **Subscriber Address – County**
g. **Subscriber Address – State**
h. **Subscriber Phone Number**
i. **Subscriber's Social Security #**
j. **Subscriber Sex**

18. Click the down-arrow in the **Subscriber's Employment Status** to reveal a drop-down menu. Single-click the applicable selection.

19. If applicable, enter the relevant ID # in the **Subscriber Employee ID # field**.
    a. This free-text field has a 20 character maximum.

20. Complete the following employer information (if applicable):
    a. **Employer Name**
    b. **Employer ID number**
    c. **Employer's Address**
    d. **Subscriber Group Name**
    e. **Subscriber Group #**
    f. **Subscriber Policy #**
    g. **Subscriber Medicare #** (this field will auto populate from previous fields if a Medicare number was entered in the system)
    h. **Subscriber Medicaid #** (this field will auto populate from previous fields if a Medicaid number was entered in the system)

21. In the Subscriber Benefits section, in the **Subscriber Treatment Auth.** field, select the radio button corresponding to either **Yes** or **No**.

22. In the **Subscriber Assignment Of Benefits** field, the selection will always be yes.

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23. In the **Coordination Of Benefits** field, the selection will always be yes.

24. In the **Subscriber Release of Info** field, single-click the appropriate selection.

25. If applicable, enter the appropriate date in MM/DD/YYYY format in the **Date Of Accident** field or select **T** or **Y** for today or yesterday.

26. Enter the appropriate date in MM/DD/YYYY format in the **Date Benefits Denied and Date Benefits Terminated** fields or select **T** or **Y** for today or yesterday.

27. If benefits were denied, click the down arrow in the **Denial Code** field to reveal the drop-down menu. Single-click the appropriate selection.

28. In the **Subscriber's Covered Days** field enter a numerical value representing the number of days the subscriber is covered by the plan.
    a. There may be a default value auto-populated in this field. It may be changed. This free-text field has an 8 character limit.

29. Enter the subscriber's coverage maximum in the **Maximum Covered Dollars** field.
    a. The amount cannot exceed 999999999.99.

30. The following fields are not being utilized:
    a. **Number Of Days For Interim Billing**
    b. **Lifetime Reserve Days**

31. Enter any additional notes relevant to the client/subscriber in the **Notes** field.

32. If an additional guarantor is needed, return to step 5.

33. A previously entered guarantor's information can be edited by clicking its respective row in the **Guarantor Information** table and single-clicking the **Edit Selected Item** button.

34. When Guarantor information has been collected, the waterfall will need to be created.

35. Click back to the **Cross Episode Financial Eligibility** link to return to the first section (the waterfall).

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36. The **Financial Investigation Medicaid Number** and **Financial Investigation Medicare Number** should auto populate if entered in from previous screens.

37. Click the down-arrow in the **Guarantor #1** field and select the guarantor that will go first in guarantor order. (Refer to the Waterfall Examples attachment.)

38. The amount of required fields in this section reflects the amount of guarantors entered in the **Guarantor Selection** section.

39. Repeat the previous step for **Guarantor #2** and the following fields based on the number of guarantors entered in the **Guarantor Selection** section.

40. Select the Submit button.

41. The waterfall and guarantor information is now complete.