



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**FINANCIAL ELIGIBILITY**

REV. 12/29/22

# REVISIONS

Date	Slides	Revisions
12/29/22	10-11	Updated Guarantor names
11/14/2022	13	Verify Zip Code is 9-digits
10/07/2022	13	Client's Relationship to Subscriber will always be "Self"
08/23/2022	11	Added Guarantor definition
08/23/2022	13	Coverage Effective Date, Subscriber Client Index Number, Subscriber Assignment of Benefits, and Subscriber Release of Info definition

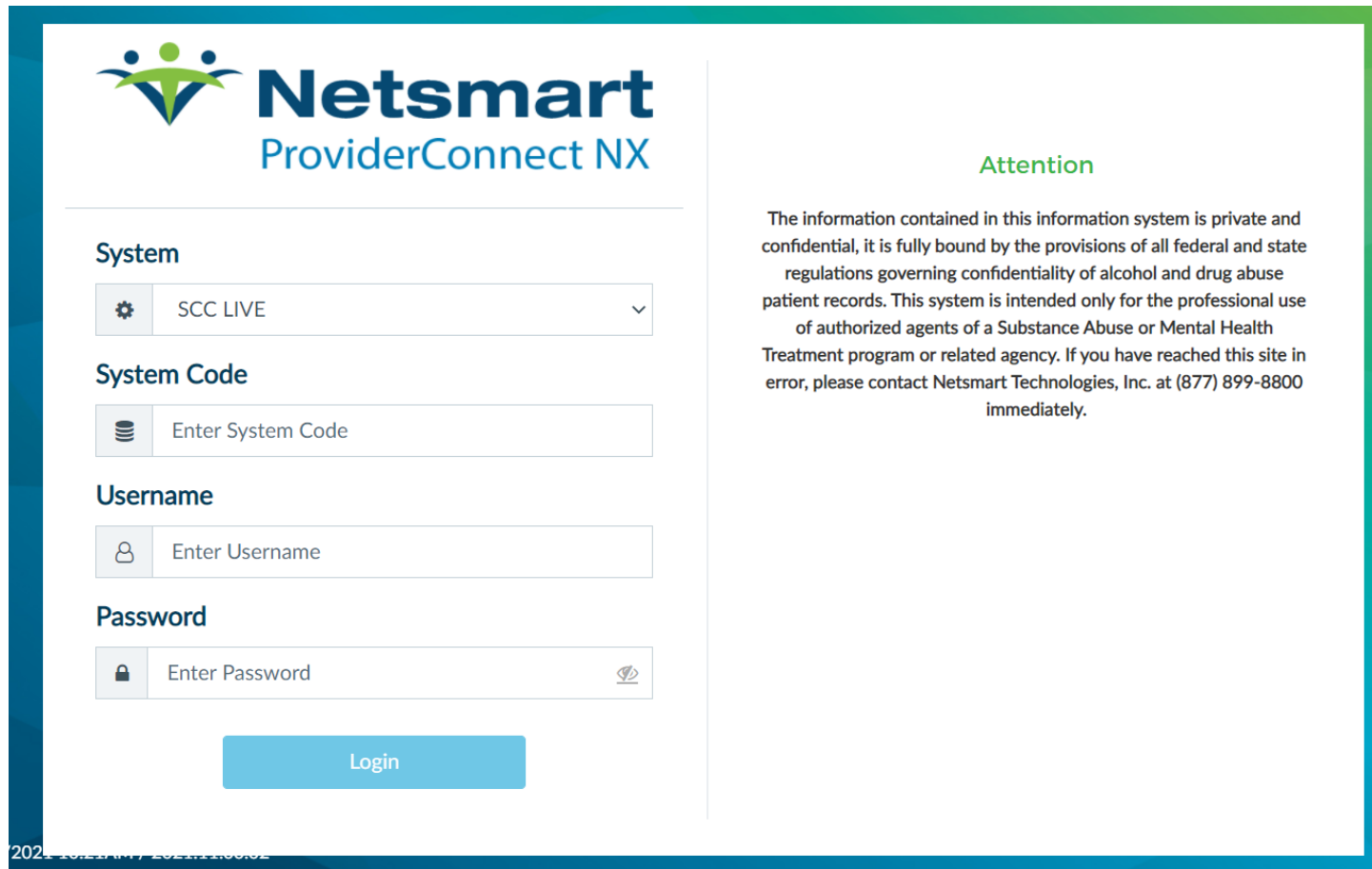
# FINANCIAL ELIGIBILITY

## **Purpose of Form:**



This form defines which coverages the client has available and orders the guarantors as primary, secondary, tertiary and so on.

# SIGN ONTO PROVIDERCONNECTNX


Enter the System Code, Username, and Password that were provided to you.

 **Netsmart**  
ProviderConnect NX


**System**

 SCC LIVE 



**System Code**

 Enter System Code

**Username**

 Enter Username

**Password**

 Enter Password 

Login

**Attention**

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

# HOW TO ACCESS

After login click on **Search** and type **Financial Eligibility**

The screenshot shows a search bar with the text "Financial Eligibility" and a magnifying glass icon. Below the search bar is a link for "Advanced Client Search". The results section is titled "Here is what I found:" in green text. Below this title are four filter buttons: "All 6" (highlighted in green), "Clients 0", "Staff 0", and "Forms 6". A sub-header "Forms" is displayed above a table. The table has three columns: "Undock", "Name", and "Menu Option".

Undock	Name	Menu Option
	Financial Eligibility	/ Avatar PM / Client Management / Account Management

After selecting the **Financial Eligibility** form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	

# Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

## Select Episode


Name: STEPH TEST  
ID: 2790  
Sex: Female  
Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	

# Start with Guarantor Selection

TEST,STEPH (1 Form) ▾

TEST,STEPH (000002790)


	TEST,STEPH (000002790) F, 31, 01/01/90 Preferred Name: - Ht: -, Wt: -, BMI: -	Ep: 1 : DTN SMH OP -Wellness DX P: - Problem P: -	Location: - Adm. Pract.: TRAN,NHU-Y Attn. Pract.: -	Phone #: -	Allergies (0)
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**FINANCIAL ELIGIBILITY** Submit Discard Send To Do Add to Favorites

**Financial Eligibility**

- Financial Eligibility
- Guarantor
- Guarantor Selection** ←
- Customize Plan
- [Online Documentation](#)

▼ Financial Eligibility

Episode Number	Social Security Number
Admission Date 12/08/2021  T Y	Financial Investigation Medicaid Number
	Financial Investigation Medicare Number



# GUARANTOR LOOKUP AND DATA ENTRY

Click **Add New Item** before inputting guarantor information. The Guarantor Selection allows you to add all funding sources available to the client.

The screenshot shows the 'FINANCIAL ELIGIBILITY' section of a web application. On the left is a navigation menu with 'Financial Eligibility', 'Financial Eligibility', 'Guarantor', 'Guarantor Selection' (highlighted), 'Customize Plan', and 'Online Documentation'. The main area has a dark blue header with 'Submit', 'Discard', 'Send To Do', and 'Add to Favorites' buttons. Below is a 'Guarantor Information' section with a table. The table has columns: 'Guarantor #', 'Guarantor Name', 'Guarantor Plan', 'Customize Guarantor Plan', and 'Guarantor's Address - Line 1'. The table is currently empty, showing 'No records.' Below the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item'. A blue arrow points to the 'Add New Item' button. At the bottom, there are two input fields: 'Guarantor # \*' and 'Guarantor's Address - Line 2', with a search icon between them.

**FINANCIAL ELIGIBILITY** Submit Discard Send To Do Add to Favorites

Financial Eligibility  
Financial Eligibility  
Guarantor  
**Guarantor Selection**  
Customize Plan  
[Online Documentation](#)

**Guarantor Information**

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
No records.				

Add New Item Edit Selected Item Delete Selected Item

**Guarantor # \***   **Guarantor's Address - Line 2**

Type in **Guarantor #** and select corresponding guarantor. A message will pop up *Selecting This Guarantor Will Over-Write Any Previous Plan Information. The Master Plan Information Will Default.* Click “OK”

\*Must choose from the following guarantors: **CCP MH Medi-Cal (18500), CCP SUTS Medi-Cal (20000), County of Santa Clara CSC/CCP (50024), SABG SUTS CSC/CCP (50018)**

**Guarantor Information \***

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1

[Add New Item](#) [Edit Selected Item](#) [Delete Selected Item](#)

**Guarantor # \***

**Results**

- CCP DMH MediCal (18500)
- CCP SUTS Medi-Cal (20000)

Guarantor's Address - Line 2

Guarantor's Address - Zipcode

Guarantor's Address - City

\*Must choose from the following guarantors:

**CCP MH Medi-Cal (18500)** – Medi-Cal for Mental Health

**CCP SUTS Medi-Cal (20000)** – Medi-Cal for SUTS

**County of Santa Clara CSC/CCP (50024)** – No insurance, unsponsored, CCP programs that are not Medi-Cal certified

**SABG SUTS CSC/CCP (50018)** – Only if CCP Program has Substance Abuse Prevention and Treatment Block Grant and client has no private insurance or no Medi-Cal, unsponsored clients. Use SABG then County of Santa Clara.

Although there are many data entry fields, many populate based on selections made in the form. For example, when you select the guarantor, the guarantor's information will populate.

**Guarantor # \***  
MSO DMH Medi-Cal (18500) [Search]

**Guarantor Name**  
MSO DMH

**Guarantor Plan \***  
(Non-Contract) MSO DMH MEDI-CAL x v

**Customize Guarantor Plan \***  
 Yes  No

**Guarantor's Address - Line 1**  
1600 9th Street

**Guarantor's Address - Line 2**  
[Empty]

**Guarantor's Address - Zipcode**  
95814-6414

**Guarantor's Address - City**  
Sacramento

**Guarantor's Address - State**  
CALIFORNIA x v

**Guarantor's Phone Number**  
[Empty]

**Inhibit Billing By Mail**  
 Yes  No

**Effective Date Of Contract \***  
01/01/2017 [Calendar] [T] [Y]

**Client's Relationship to Subscriber** will always be "Self". If any other option is chosen other than "Self" the State will deny services.

Once "Self" is selected, the Client's Name, Address, SSN, DOB, etc. auto-populates the form, given that the demographics is filled out on the Admission form. Verify the fields have been auto-populated. If information is missing, manually enter client's information.

Verify that Zip code is 9-digits. Ex: 95128-2561

**Eligibility Verified \***  
 Yes  No

**Coverage Effective Date \***  
09/10/2 [Calendar] [T] [Y]

**Expiration Date Of Contract**  
[Calendar] [T] [Y]

**Client's Relationship To Subscriber \***  
Self [x] [v]

**Subscriber's Name**  
TEST,STEPH

**Subscriber Address - Street Line 1 \***  
818 street drive

**Program Override For Eligibility Inquiry (270) Submission**  
All | Clear  
 ALEXIAN -YOUTH OP  
 ALEXIAN -YOUTH RECOVERY  
 Ali Baba Club Riviera MHSA  
 Ali Baba Riviera Villa MHSA  
 Ali Baba Riviera Villa

**Insurance Code/Medicaid Tape**  
1

**Eligibility Inquiry (270) Status**  
 Request Inquiry  Inquiry Requested  
 Inquiry Sent  Response Received  
 None

**Subscriber Address - Street Line 2**  
[Empty]

**Subscriber Address - Zip \***  
95128

**Subscriber Address - City \***  
San Jose

**Subscriber Address - County**  
Santa Clara [x] [v]

**Subscriber Address - State \***  
CALIFORNIA [x] [v]

**Subscriber Phone Number**  
888-888-8888

**Subscriber's Social Security # \***  
123-45-6789

**Subscriber Sex \***  
 Female  Male  Unknown

**Coverage Expiration Date**  
[Calendar] [T] [Y]

**Subscriber Marital Status**  
Select [x] [v]

**Subscriber's Employment Status**  
Not In Labor Force - Unable To W [v]



**Subscriber's Birth Date**  
01/C [Calendar] [T] [Y]

The following fields are required fields that would need to be entered: **Eligibility Verified, Coverage Effective Date, Subscriber Client Index Number, Subscriber Assignment Of Benefits, Subscriber Release Of Info.**

**Eligibility Verified \***


Yes  No

**Coverage Effective Date \***

**Coverage Effective Date** is the client's Admission Date.

**Subscriber Client Index Number**



**Subscriber Client Index Number** must be completed with client's Medi-Cal number if guarantors MSO DMH Medi-Cal (18500) and MSO Drug Medi-Cal (20000) are chosen. **If County of Santa Clara (50024) and SABG (50018) is the guarantor** than the field can be left blank.

**Subscriber Assignment Of Benefits \***

Yes  No

**Subscriber Release Of Info \***

Select

**Subscriber Assignment of Benefits** and **Subscriber Release of Info** will always be 'Yes'

## ADDITIONAL GUARANTORS

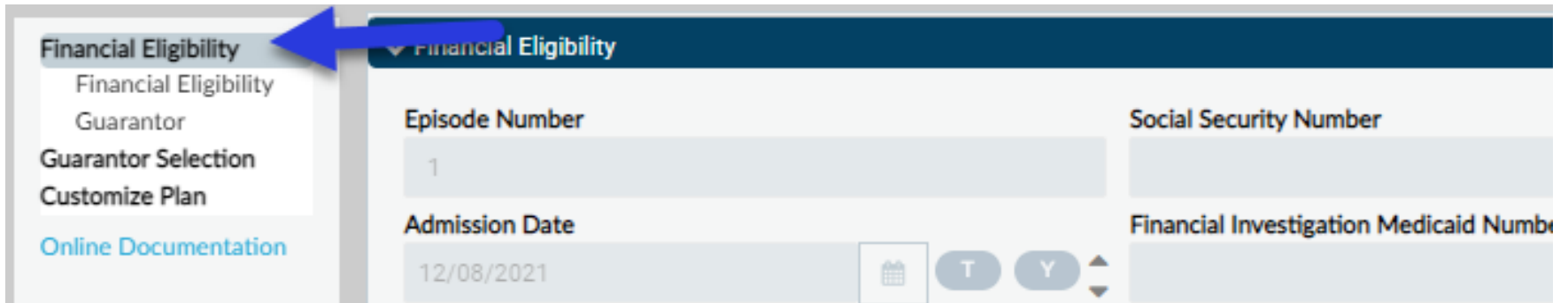
If more than one guarantor needs to be added. Scroll back to the top of the page and click 'Add New Item.' Repeat process until all guarantors are added.

**Guarantor Information \***

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Pl...	Guarantor's Address - Li...
MSO DMH MediCal (18...	MSO DMH	3	No	1600 9th Street

[Add New Item](#) [Edit Selected Item](#) [Delete Selected Item](#)


Once all Guarantors are added, go back to **Financial Eligibility**



**Financial Eligibility**

- Financial Eligibility
- Guarantor
- Guarantor Selection
- Customize Plan
- [Online Documentation](#)

**Financial Eligibility**

<b>Episode Number</b>	<input type="text" value="1"/>	<b>Social Security Number</b>	<input type="text"/>
<b>Admission Date</b>	<input type="text" value="12/08/2021"/>  <input type="button" value="T"/> <input type="button" value="Y"/>	<b>Financial Investigation Medicaid Number</b>	<input type="text"/>



In the Financial Eligibility section enter notes in **Coverage Comments** to communicate with other billers, then order the guarantors as primary, secondary, tertiary, and so on.

**Financial Eligibility**

- Financial Eligibility
- Guarantor
- Guarantor Selection
- Customize Plan
- [Online Documentation](#)

Episode To Default From  
Select

Coverage Comments

Clear Previous Guarantor Order

▼ Guarantor

**Guarantor #1 \***

Select

(18500) MSO DMH

(50018) SABG

**Guarantor #11**

Select

**Guarantor #12**

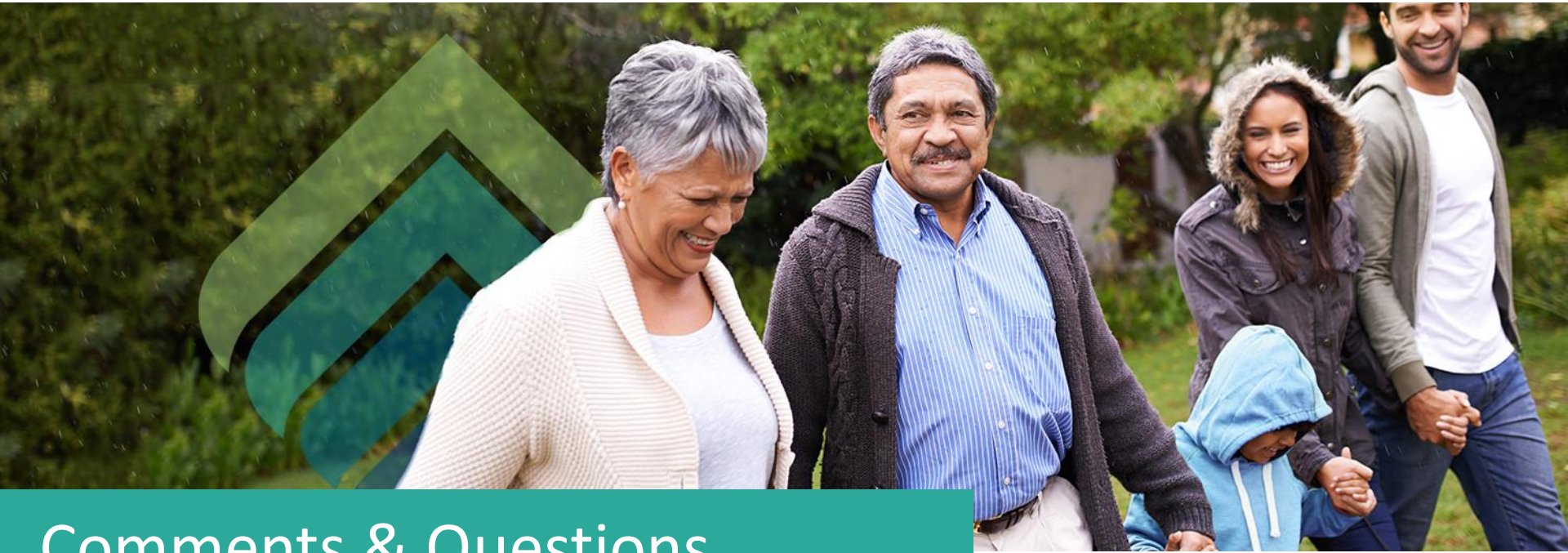
Select

**Guarantor #13**

Select

Click Submit when you are done.





# Comments & Questions