



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**FINANCIAL ELIGIBILITY**

REV. 12/17/2024

# REVISIONS

Date	Slides	Revisions
12/17/2024	15	Subscriber Client Index Number format
06/20/2024	NA	Remove Login Instructions
05/15/2024	9-10	Removed SABG as a guarantor
09/07/2023	13	Added Address Formatting
12/29/2022	9-10	Updated Guarantor names
11/14/2022	12	Verify Zip Code is 9-digits
10/07/2022	12	Client's Relationship to Subscriber will always be "Self"
08/23/2022	10	Added Guarantor definition
08/23/2022	14	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.

# 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.

**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)**

**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

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)

**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**

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

**Guarantor's Address - City**  
Sacramento

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

**Guarantor's Phone Number**

**Inhibit Billing By Mail**  
 Yes  No

**Effective Date Of Contract \***  
01/01/2017

**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 \***  
[Calendar] [T] [Y]

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

**Client's Relationship To Subscriber \***  
Self

**Subscriber's Name \***  
TEST-E,TEST-EHR

**Subscriber Address - Street Line 1 \***  
828 S. Bascom Ave.

**Default Plan Start Date**  
[Calendar] [T] [Y]

**Default Plan End Date**  
[Calendar] [T] [Y]

**Create New Levels from Master Record of Benefit Plan**  
 Yes  No

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

**Subscriber Address - Zip \***  
95128-2561

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

**Subscriber Address - County**  
Santa Clara

**Subscriber Address - State \***  
CALIFORNIA

**Subscriber Phone Number**  
[Empty]

**Subscriber's Social Security # \***  
000-00-0000

**Subscriber Sex \***  
 Female  Male  Unknown

**Subscriber Marital Status**  
Select

**Subscriber's Employment Status**  
Select

**Subscriber's Birth Date**  
[Calendar]

**Default and Edit Plan Levels**

**Address Formatting** – The following address types should be prioritized in the order below and entered into the address field:

1. Primary residence (e.g. their own home, family home). Please note, multiple addresses should not be entered into the field.
2. Client’s PO Box (Format example: PO Box 123)
3. Address of the clinic where they are receiving services from.
4. Enter “Homeless” if client is homeless. PLEASE NOTE: Do not enter “P.O. Box 398407” for Homeless clients.
  - a. If Homeless is entered as the main address, enter the 9-digit zip code of the clinic they are receiving services from.
5. Enter “Confidential” if address cannot be shared.
  - a. If Confidential is entered as the main address, enter the 9-digit zip code of the clinic they are receiving services from.

The screenshot shows a web form with the following fields and values:



- Eligibility Verified \***: Radio buttons for Yes (selected) and No.
- Coverage Effective Date \***: Date picker with month (T) and year (Y) dropdowns.
- Coverage Expiration Date**: Date picker with month (T) and year (Y) dropdowns.
- Client's Relationship To Subscriber \***: Dropdown menu with 'Self' selected.
- Subscriber's Name \***: Text input field containing 'TEST-E,TEST-EHR'.
- Subscriber Address - Street Line 1 \***: Text input field containing '828 S. Bascom Ave.' (highlighted with a blue border).
- Subscriber Address - Street Line 2**: Empty text input field.
- Subscriber Address - Zip \***: Text input field containing '95128-2561'.
- Subscriber Address - City \***: Text input field containing 'San Jose'.
- Subscriber Address - County**: Dropdown menu with 'Santa Clara' selected.
- Subscriber Address - State \***: Dropdown menu with 'CALIFORNIA' selected.
- Subscriber Phone Number**: Empty text input field.
- Subscriber's Social Security # \***: Text input field containing '000-00-0000'.
- Subscriber Sex \***: Radio buttons for Female (selected), Male, and Unknown.
- Default Plan Start Date**: Date picker with month (T) and year (Y) dropdowns.
- Default Plan End Date**: Empty date picker.

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)** is the guarantor then 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'

**\*Subscriber Client Index Number (CIN)** is as follows: 9NNNNNNNA. It begins with a 9, followed by 7 digits, and concludes with one of the following alpha characters: A, C, D, E, F, G, H, M, N, S, T, U, V, W, X, or Y.

If the Subscriber ID ends in an alpha character that is not listed in the CIN format above, please reach out to [BHSD\\_EHR\\_info@hhs.sccgov.org](mailto:BHSD_EHR_info@hhs.sccgov.org) to get the client's CIN.

## 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.

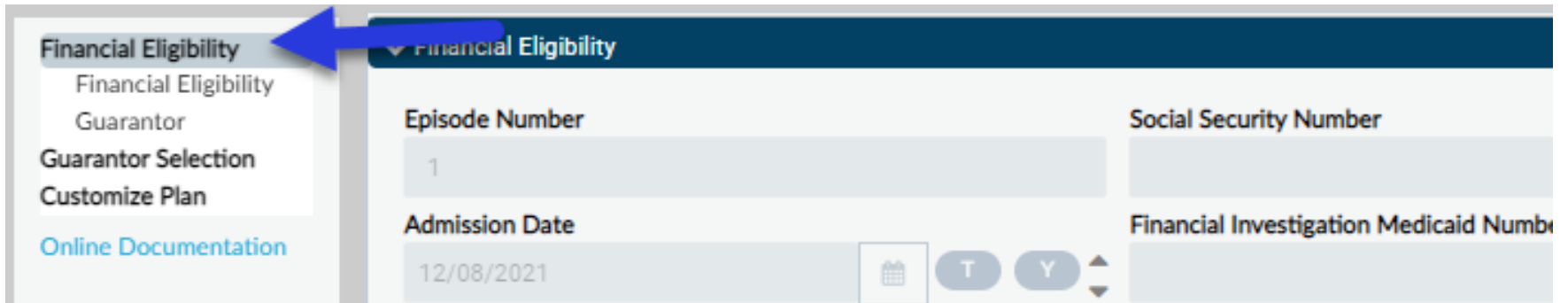
**Guarantor Information \***

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**

- Financial Eligibility
- Guarantor

**Guarantor Selection**

**Customize Plan**

[Online Documentation](#)

**Program**

[Dropdown menu]

**Default Information From Different Episode**

Yes  No

**Episode To Default From**

[Dropdown menu: Select]

**Clear Previous Guarantor Order**

**Guarantor**

**Guarantor #1 \***

[Dropdown menu: Select]

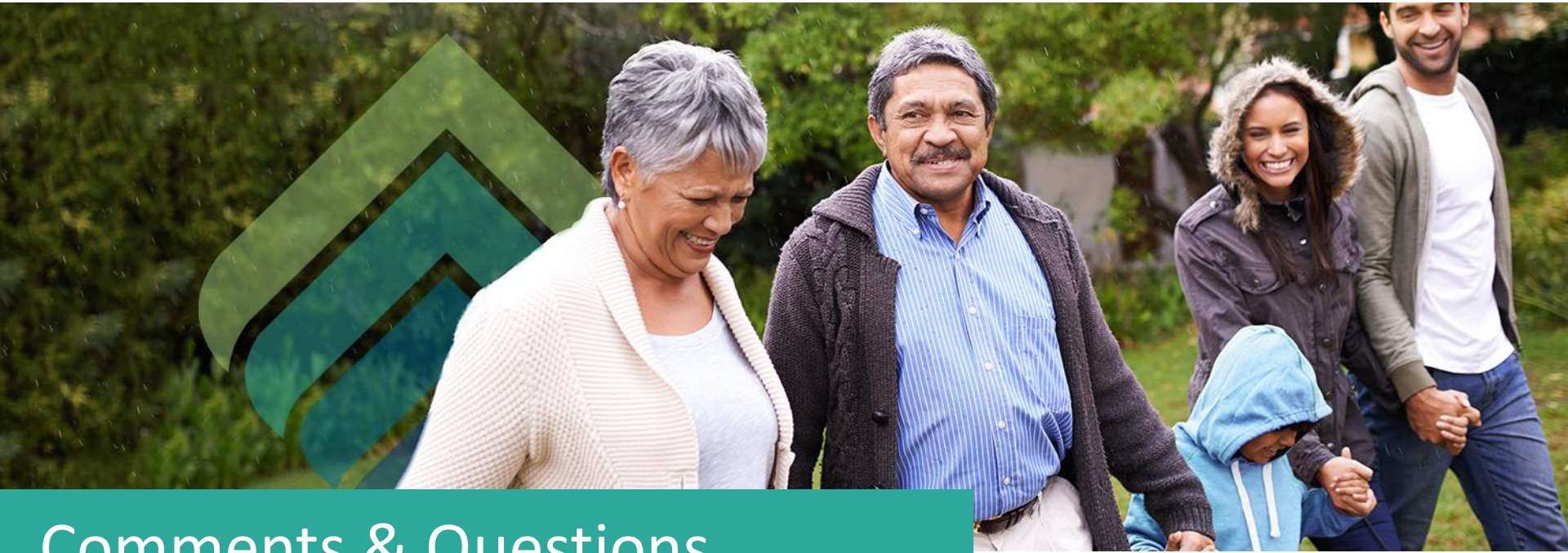
[Search input field]

- (18500) CCP DMH Medi-Cal
- (50024) County of Santa Clara CSC/CCP

**Guarantor #4**

Click Submit when you are done.





# Comments & Questions