



November 2018

PAPERWORK DUE DATE GUIDELINES

Admission Date: This is the date of the client's first session, and will determine the authorization period for the first and future annual cycles, if services continue to be justified.

Client Registration and Admission Form: This must be submitted prior to submitting 1st claims. It is due within seven days of the first session (Admission Date) and annually thereafter.

Intake Form: This **must be** completed, signed, and dated by provider **within 60 days** of opening. If closing by the 60 day mark, **only** submit the Registration **with** Discharge form and any claims.

Late Intakes: For an intake that is dated **after** the 60 day mark, **there will be a gap in authorization** between the 60 day mark and the date the provider signed the intake.

Annual Updates: The client's authorization will expire the day before the anniversary of the admission date. To request continued services, **complete the annual update within the 30 days prior to the prior authorization expiration date.**

Late Annual Updates: Services between the expiration of the previous authorization, and the provider's signature date on the updated treatment plan, will not be covered.

Client signatures: The client (or legal guardian) should sign the intake as soon as possible. **The signature must be dated.** As long as the client signature is not obtained, the provider must document the reason in every note.

DUE DATES FOR OUTPATIENT CLAIMS AND APPEALS OF DEFERRALS/DENIALS

Due dates for claims: Claims must be submitted within 60 days of the date of the service being claimed, or the claim may be denied.

Denied or deferred claims: Corrected claims, or Informal Appeals of denied claims, must be received by CMU within 30 days of the Claim Explanation of Benefits date. **After one year from the date of service, claims are non-payable by Medi-Cal.** Please follow up on denied/deferred claims promptly.

Eligibility: **Authorizations do not guarantee Medi-Cal eligibility.** Providers must check clients' eligibility at the beginning of **every** month to prevent denial of claims due to the client no longer being eligible. This also applies to clients who have been recently referred for services.

Please see the back of this form for a graphic representation of the due date cycle.

