

November 05, 2024 PROVIDER MEETING

FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	Where can providers access the resources shared during the meeting?	<ul style="list-style-type: none"> • Substance Abuse Prevention and Control (SAPC) Provider Advisory Committee (PAC) webpage • SAPC Bulletins webpage • SAPC Training Calendar • Provider Manual 9.0 • Provider Manual Quick Reference Guide • Rates and Standards Matrix FY 24-25 (updated October 2024) • Medications for Addiction Treatment (MAT) Los Angeles Community Clinic Directory • CSAM Career Center: Recruitment resources • ASAM Career Center • Expanded Addiction Medication Prescribing Clinician Funding Opportunity • Los Angeles County Department of Public Health COVID-19 Reporting Webpage • School and Shared Portal for Outbreak Tracking (SPOT). • SAPC Information Notice 20-11: Member Authorization Submission (includes 30-day Timeliness of Authorization) • SAPC Information Notice 22-14: Fiscal Year (FY) 23/24 Contract Amendments review • SAPC Information Notice 23-10: Implementation of Fiscal Reporting Process for all SAPC Providers • SAPC Information Notice 24-01: Addiction Medication Access in the SAPC Treatment Network • SAPC Information Notice 24-09: COVID-19 & Influenza Vaccination Requirements, Masking Guidance, Reporting Responsibilities.
Special Programs and Initiatives		
2.	Where can providers obtain more information about the Provider Advisory Committee (PAC)?	<p>Providers can obtain more information about the Provider Advisory Committee (PAC) by visiting the PAC webpage. The next PAC meeting is scheduled for December 10, 2024, from 2:00 PM to 4:00 PM. To obtain more information about the PAC, contact the PAC Liaison at SAPC_ASOC@ph.lacounty.gov.</p>

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3.	Where can providers access the Provider Manual 9.0?	The latest version of the provider manual was released in October 2024 and is available on the SAPC Website at the following link: Provider Manual 9.0 . The Quick Reference Guide highlights all updates from the previous version and can be accessed here .
4.	What are the COVID-19 guidelines referenced in SAPC Information Notice (IN) 24-09?	<p>The guidelines referenced in SAPC IN 24-09 include vaccination requirements for staff in specified healthcare settings, masking protocols during the respiratory virus season, and updated reporting responsibilities for COVID-19 cases. For detailed information, please refer to the document here.</p> <p>Additional reporting guidelines can be found at the LAC DPH COVID-19 Reporting page and through the School and Shared Portal for Outbreak Tracking (SPOT).</p>
5.	How can providers contact CIBHS?	<p>Providers can contact CIBHS using the following email addresses:</p> <ul style="list-style-type: none"> • Amy McIlvaine: amcilmvaine@cibhs.org • Pranab Banskota: pbanskota@cibhs.org • Chris Botten: cbotten@cibhs.org • Leslie Dishman: ldishman@cibhs.org • Krystal Edwards: kedwards@cibhs.org • Roneel Chaudhary: rchaudhary@cibhs.org • Leslie Garcia: lgarcia@cibhs.org <p>Providers can reach out to any of these contacts for assistance.</p>
Finance		
6.	What resources and training opportunities does SAPC offer to providers needing fiscal reporting and billing support?	<p>Several resources are available to providers. Providers can refer to the SAPC Bulletins webpage here to review recently posted and/or updated SAPC INs. This includes critical updates such as SAPC IN 23-10, which provides information about the Fiscal Reporting Tool and outlines the established call centers for support.</p> <p>There are also comprehensive fiscal reporting training materials posted in the <i>Finance Tab</i> located at the bottom of the Finance Related Forms and Documents webpage.</p> <p>SAPC offers Monthly Billing & Denial Resolution Tutoring Lab, which takes place on the first Thursday of each month. The next session is scheduled for December 5th from 1:00</p>

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		<p>PM to 2:30 PM. This lab provides an opportunity for providers to receive guidance on billing processes and to resolve any denial issues. You can find the link to join this meeting on the Finance presentation in the Provider Meeting Page, which can be accessed here.</p> <p>For financial inquiries related to the Substance Abuse Prevention and Control (SAPC) program, you can contact the SAPC Finance team directly at SAPC-Finance@ph.lacounty.gov.</p>
7.	Will there be an updated Finance presentation available on the Treatment Provider Meeting website?	Yes, an updated Finance presentation has been posted on the Treatment Provider Meeting webpage . It includes an outline of the Capacity Building and Incentives (CB&I) due dates for the upcoming quarter.
Contracts		
8.	As it relates to the audit process for secondary Sage providers, can you confirm whether Contract Program Auditors (CPAs) will need charts to be printed or made available in PDF format? Or, can the CPAs conduct audits by accessing the secondary providers' Electronic Health Records (EHRs)?	<p>The SAPC Contracts Team will verify if printed copies will be required of secondary providers. The comments made during this meeting pertained specifically to primary providers using Sage.</p> <p>CPA's can conduct chart review audits by being given temporary access to a secondary providers' EHR system.</p> <p>If that is not an option, copies of charts should be uploaded to the SFTP prior to the audit date or printed copies should be provided to the CPA once onsite and a request has been made of the specific charts the CPA will be reviewing.</p>
Sage		
9.	<p>a. What form should providers use to update demographic information in Sage?</p> <p>b. What are the potential consequences of resubmitting the admission form?</p>	<p>a. When updating demographic information in Sage, providers should utilize the Update Client Data form only. Do not resubmit the admission form. All fields can and should be modified using the Update Client Data form.</p> <p>b. Changing and resubmitting fields on the admission form (Outpatient) will override historical information and result in data loss.</p>
10.	Why are providers required to submit billing within six (6) months. Please describe how SAPC will handle delays	SAPC released a Sage Communication Release on September 6, 2024 indicating that the Department of Health Care Services (DHCS) has indicated they will soon

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	in code setup and impact to secondary providers if not addressed in Provider Configuration.	implement a strict adherence to a rule requiring claims submission or risk service denials within 12 months of services. As such it will be necessary for SAPC to require submissions to occur within 6 months timeframe to ensure there is enough time for SAPC and Providers to collaborate to resolve any patient record issues that may prevent a service from billing to DHCS. It is crucial that agencies incorporate timely submissions into their processes to meet SAPC's six-month timeframe requirement. During the meeting, it was emphasized that the primary objective is for providers to submit billing within six months. After submission, SAPC is committed to working with providers to resolve any issues that may arise
11.	<p>a. How can providers determine when their claims have been submitted to the State, and whether the County is meeting submission deadlines?</p> <p>b. How did the 2020 blackout impact processing times, and what steps is SAPC taking to address this delay?</p>	<p>a. Providers can utilize the <i>Widget</i> in Patient Billing, which features an indicator that shows the status of claims. This indicator will inform providers whether claims have been billed, denied, approved, or are subject to recoupment. Additionally, claims are uploaded to the Secure File Transfer Protocol (SFTP) system, providing further visibility into their submission status.</p> <p>b. The 2020 blackout resulted in a six-month delay in processing. SAPC is collaborating with the State to resolve this issue and improve efficiency moving forward.</p>
12.	How quickly can we expect claims to be resolved in the event of a denial, and what is the process for submitting a ticket to verify the issue? Receiving feedback may sometimes take time or be reassigned.	<p>In the case of a claim denial, there is a structured process for submitting additional documentation. It is essential to submit a Sage Help Desk ticket rather than an email to ensure compliance with protected health information (PHI) regulations. You can anticipate faster resolutions for your tickets in the upcoming months.</p> <p>Local adjudication aims to resolve claims promptly, as it operates independently of the State. The SAPC team is available to provide technical assistance and support as needed.</p> <p>Additionally, a denial crosswalk and other resources will be made available shortly. The Patient Billing Widget is a useful tool for this purpose; it features an indicator and uploads a claims status report, allowing you to track whether claims have been billed. SAPC is also reviewing</p>

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		the processes related to state-level denials to improve overall efficiency.
13.	<p>a. Could you provide clarification regarding the recent denial of the codes G2212, H2010N, and 96160?</p> <p>b. Is the H2010S billing code applicable to the 3.1 level of care?</p>	<p>a. Clarification regarding the recent denial of the service codes was outlined in the Sage Communication sent to the provider network on 11/08/24:</p> <ul style="list-style-type: none"> ➤ G2212: This code may have been denied due to issues with service configuration or lack of appropriate authorization. It's important to ensure that billing aligns with the service guidelines and that all necessary documentation is submitted. ➤ H2010N: There was a recent billing error related to this code due to a configuration issue. This led to state denials and provider recoupments. However, the configuration has now been corrected, and providers can resubmit any denied claims for FY 23-24 and FY 24-25. ➤ 96160: While specific details about the denial for this code were not mentioned in the communication, it is essential to ensure that it is billed according to the established guidelines and that all required documentation is in place to avoid denials. <p>b. H2010S was added to all residential levels of care (3.1,3.2, 3.3 and 3.5) as of the 10/18/2024 revision of the Rates and Standards matrix. This code is allowable for all disciplines, in addition to the day rate, with the exception of Peer Support Specialist.</p> <p>If you have further questions or need assistance with specific cases, reach out to the relevant billing department or contact SAPC Finance at SAPC-Finance@ph.lacounty.gov.</p>
14.	<p>a. Is code H0033 (Oral LVN/MA) available to all practitioners?</p> <p>b. Is H0033 applicable for all medications, and is H2010S now billable for all medications</p>	<p>a. No, H0033 (Oral LVN/MA) code is not accessible to all practitioners. It is specifically designated for medical professionals who are involved in observing self-administration procedures. This means that only those with the appropriate medical</p>

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	<p>provided by Alcohol and Other Drugs (AOD) counselors?</p> <p>c. Could you provide an example of how to correctly use code H0033 for Oral Medication Administration?</p>	<p>qualifications and responsibilities can utilize this code.</p> <p>b. Yes, H0033 is designated for all medications, and H2010S is now billable for all medications provided by AOD counselors. For the most accurate and up-to-date information, please refer to the current version of the SAPC Rates and Standards Matrix, posted on the SAPC Bulletins webpage.</p> <p>c. Code H0033 is used for any medication that is deemed medically necessary for the patient. Administration can be documented through medication logs or included in the patient's chart. For over the counter (OTC) medications, they must be prescribed and medically necessary for the patient to qualify for this code.</p> <p>Please review the Clinical Services Division (QI-UM) Improvement Updates slides for more detailed information regarding the use of this code and its applicable contexts. Additionally, the Rates and Matrix document offers a comprehensive overview of the relevant billing codes and their specific usage criteria.</p>
15.	<p>a. Can outpatient services provide Care Coordination and bill for activities such as accompanying a client to court?</p> <p>b. Is it permissible for a Licensed Practitioner of the Healing Arts (LPHA) working within our outpatient program to bill for mental health services as an LPHA?</p> <p>c. Which billing codes should be used in this context?</p>	<p>Refer to the Provider Manual:</p> <p>a. Fieldwork for Care Coordination: Outpatient services can perform fieldwork for Care Coordination, including activities such as accompanying a client to court. This is considered a necessary component of client support.</p> <p>b. Billing by LPHA: A Licensed Practitioner of the Healing Arts (LPHA) employed in your outpatient program is permitted to bill for mental health services provided they meet the qualifications and requirements set forth in the Provider Manual.</p> <p>c. Billing Codes: The specific billing codes applicable for these services should be referenced in the current version of the SAPC Rates and Standards Matrix. Ensure that the appropriate codes are used based on the nature of the services rendered.</p>

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		For detailed information, please refer to the relevant sections of the Provider Manual , pages 58-63.
16.	Can secondary ProviderConnect NX (PCNX) users submit treatment plans for approval to ensure compliance with SAPC and California Advancing and Innovating Medi-Cal (CalAIM) standards?	Secondary Sage Users will need to work with SAPC to submit and seek approval for Treatment Plans, Problem Lists, Progress Note and any other required clinical documentation forms. Blank template versions of each form should be submitted to sapc.qi.um@ph.lacounty.gov for review and feedback by the QI team and the Associate Medical Director.
Eligibility & Authorizations		
17.	<p>a. How does the 6-month submission deadline apply to State denials?</p> <p>b. Is it possible for SAPC to establish uniform deadlines for feedback, site approval, and responses to claim <i>submissions and denials</i>?</p> <p>c. What challenges do providers face in getting contracted to offer services within the expected timeframe?</p> <p>d. What is the updated email address for <i>appeals and grievances</i>?</p>	<p>a. Providers can submit State denials within a 15-month timeframe established by the State.</p> <p>b. This will be taken into consideration and incorporated as part of the internal workflows.</p> <p>c. Providers often encounter delays because of the State and local contracting processes. SAPC plans to highlight these challenges to Department of Health Care Services (DHCS) and facilitate a discussion on improving the timeline.</p> <p>d. The updated contact email for appeals and grievances is: sapc_appeal@ph.lacounty.gov.</p>
18.	The Provider Manual mentions that providers can request up to three reauthorizations to extend the time RBH participants continue to reside in RBH longer than 90 days. However, if we only receive one 90-day reauthorization, followed by 30-day extensions, how can we reach a total of 360 days if there is a maximum of three reauthorizations?	The three RBH reauthorizations are for 90-day periods, allowing for a total of up to 360 days in a 12-month period if eligibility criteria is met and they also meet medical necessity. The 30-day reauthorizations apply to residential services. You can also refer to the Provider Manual 9.0 starting on page 96 for more information.
19.	The service table lists include Licensed Clinical Social Workers (LCSW) and Licensed Professional Clinical	The Rates Matrix features a column dedicated to fees for licensed Professional Clinical Associates (LPHAs) and licensed eligible LPHAs. LPHAs include Licensed Clinical

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	Counselors (LPCCs)—does this also cover licensed eligible providers?	Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Marriage and Family Therapists (LMFTs), while licensed eligible LPHAs consist of Associate Marriage and Family Therapists (AMFTs), Associate Social Workers (ASWs), and Associate Professional Clinical Counselors (APCCs). If you have specific inquiries about a code or any aspect of the matrix, please reach out to SAPC-Finance@ph.lacounty.gov .
20.	What is the typical duration for Medi-Cal transfers, and why do they often exceed the expected timeframe? Additionally, how does the County of origin affect the application process for Medi-Cal?	There's an opportunity to address these concerns before the 15-month cutoff. SAPC acknowledges that this is a legitimate issue and will take it into consideration.
Capacity Building & Incentives		
Workforce Development		
22.	Are LPHAs required to be classified as W-2 employees, or can they be hired as 1099 contractors?	LPHAs can be classified as 1099 contractors for the purposes of the incentive.
Access to Care: Reaching the 95% (R95)		
23.	Where can providers find the expectations for the Toxicology Policy and Patient Agreement (2-E) related to R95?	The expectations for the Toxicology Policy and Patient Agreement under R95 can be found on the SAPC Payment Reform Page for Access to Care (R95) specifically in the section for Updated Admission and Discharge Policies – Scroll to Toxicology Policy and Patient Agreement (2-E).