# Communication Release

7/10/2020

## Fiscal Year 2020-2021 Rates and Standards Matrix

On Tuesday, July 8, 2020, SAPC released Information Notice (IN) 20-10 Fiscal Year 2020-2021 Rates and Payment Policy Updates. The documents related to the IN are posted on the SAPC webpage under the Provider Meetings, Bulletins, Briefs, and Factsheets section of the Network Providers sub-page (http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm). The links below will take you to the specific documents described below and included in the IN.

- 20-10 Fiscal Year 2020-2021 Rates and Payment Policy Updates
  - Bulletin Instructions Form
  - Perinatal Rates Matrix Fiscal Year 2020-2021
  - Standard Rates Matrix Fiscal Year 2020-2021
  - Youth Rates Matrix Fiscal Year 2020-2021

## Reminder: New Fiscal Year Blackout Period

With the new fiscal year approaching, it is important to note that Sage will be undergoing configuration updates to align the system rates to the new rates and standards matrix. Unlike previous fiscal years, SAPC is expecting a shorter billing blackout period than providers have previously experienced. *The billing blackout period will begin on Wednesday, July 1, 2020. Providers should not submit any billing to SAPC for **FY20-21** but can continue to submit billing for FY19-20 during this time.* If FY20-21 billing is received by SAPC during the blackout period, it will be denied and these claims will have to be resubmitted when the blackout is lifted. SAPC will notify the network when the blackout period has been lifted.

SAPC anticipates that the billing blackout should be lifted by August 1, 2020. However, SAPC will work to minimize this timeframe if possible or provide an updated timeline.

## Clarification of Diagnosis Requirement for Recovery Support Services (RSS) Claims

SAPC is noting that some providers may be having issues related to claims for Recovery Support Services (RSS) claims due to the patient's diagnosis. Specifically, DHCS's MHSUDS Information Notice 17-034 indicates patients that receive RSS services need to have an "In Remission" diagnosis attached to the claim. Specifically, the IN indicates:

*When a DMC ODS beneficiary accesses recovery services, they will need to have a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis and the claim will need to use an ICD-10 code. A beneficiary receiving recovery services will be in a state of "remission" due to the chronic nature of substance use disorders. Currently, the ICD-10 only includes a remission code for prior diagnoses of "dependence" disorders.*

*Beneficiaries who did not have an ICD-10 dependence diagnosis recorded in their medical history will still need a SUD remission diagnosis for billing Short Doyle Medi-Cal. The available ICD-10 remission codes are not sufficient to record these beneficiaries' remission diagnosis. The ICD-10 code – Z87898 describes a "personal history of other specified conditions" and this code will satisfy the requirement for a remission diagnosis for the beneficiaries that did not have a dependence diagnosis in the past. Providers will need to use this Z code for any beneficiary with a prior ICD-10 diagnosis for substance abuse for claiming recovery services.*

*The following list displays the current and proposed ICD-10 remission codes for recovery services on the DMC ODS claims:*

**ICD-10 Code ICD-10 Code Descriptions**

F1021 Alcohol dependence, in remission

F1121 Opioid dependence, in remission

F1221 Cannabis dependence, in remission

F1321 Sedative, hypnotic or anxiolytic dependence, in remission

F1421 Cocaine dependence, in remission

F1521 Other stimulant dependence, in remission

F1621 Hallucinogen dependence, in remission

F1821 Inhalant dependence, in remission

F1921 Other psychoactive substance dependence, in remission

Z87898 Personal history of other specified conditions

Please see the DHCS's MHSUDS Information Notice 17-034 for more guidance if needed.

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## Update to MSO KPI Dashboards 2.0 State Denial View

SAPC has revised the current MSO KPI Dashboards 2.0 State Denial View to allow for greater visibility and accuracy in correcting Treatments. The view now includes: original charged units for the service, the Batch ID, and Service ID.
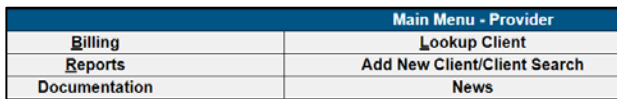
**Procedure Overview**

| Client Name/ID | DOS | Procedure | Auth # | Claim Status | Denial Reason | Takeba... Date | Charged Units | Expected Disburs... | Takeback Amount | Total Payout | Retro EOB ID | Batch ID | Service ID |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Totals** | | | | | | | | **$480.79** | **$480.79** | **$0.00** | | | |
| TEST,JONAH (125922) | 2017-12-04 | Family Therapy (90846:U7) | P2872 | Approved | Denial CO177 | 2017-12-07 | 4.00 | $118.52 | $118.52 | $0.00 | 3 | 2 | SVC.00004 |
| TEST,JONAH (125922) | 2017-12-05 | Family Therapy (90846:U7) | P2872 | Approved | Denial CO177 | 2017-12-07 | 4.00 | $118.52 | $118.52 | $0.00 | 3 | 2 | SVC.00005 |
| TEST,JONAH (125922) | 2017-12-05 | Individual Counseling (H0004:U7) | P2872 | Approved | Denial CO177 | 2017-12-07 | 4.00 | $118.52 | $118.52 | $0.00 | 3 | 2 | SVC.00003 |
| TEST,JONAH (125922) | 2017-12-05 | Residential - Alcohol and/or Drug Service | 2653 | Approved | Denial CO177 | 2017-12-07 | 1.00 | $125.23 | $125.23 | $0.00 | 3 | 1 | SVC.00003 |

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## KPI Tutorials

SAPC highly recommends KPI users ensure they are comfortable with the features and navigation of KPI. To help providers learn these functions and navigation, SAPC has included video tutorials within ProviderConnect.

When logged into ProviderConnect:

- Providers should click on the "Documentation" tab on the main menu.

| Main Menu - Provider | |
|---|---|
| Billing | Lookup Client |
| Reports | Add New Client/Client Search |
| Documentation | News |

- Then click on the blue Help hyperlink in the top left corner of the screen. This will take the user to the help pages within ProviderConnect.

**ProviderConnect - Documentation**

Help

- From this page, click on the "Sage Training and Other Materials" link from left side menu.

Contents    Search

? Sage Training and Other Materials

**Introduction**

ProviderConnect is a We
through the use of Web
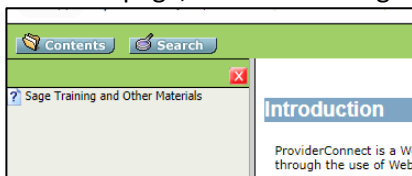
- Scroll to the bottom of the page to access links to the KPI tutorial recordings from Netsmart.

# KPI Dashboards Data Information Update

As we transitioned to the new fiscal year, KPI also went through its first data change. As noted in the KPI User Guide 2.0, KPI Dashboards uses a "rolling" history to store data. Keeping the most recent data allows the system to run smoother and quicker. KPI will always have data for the two previous calendar years, two previous fiscal years, plus the current calendar year.

If today was July 8, 2020, KPI Dashboards data will be from 1-1-2018 until 7-7-2020. Which means
1. You have two full calendar years: Jan 1 – Dec 31, 2018 and Jan 1 – December 31, 2019
2. You have two fiscal years: FY 18/19 and FY 19/20.
3. You have the current calendar year

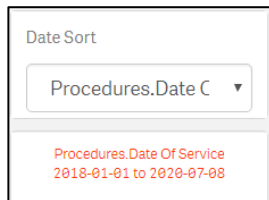If today was instead June 29, 2020 you would have data from 7-1-2017 until 6-28-2020. Which means
1. You have two full calendar years: Jan 1 – Dec 31, 2018 and Jan 1 – December 31, 2019
2. You will also have two fiscal years: FY 17/18 and FY 18/19.
3. You have the current calendar year

If today date was instead December 30, 2020 you would have data from 1-1-2018 until 12-29-2020. Which means
1. You have two full calendar years: Jan 1 – Dec 31, 2018 and Jan 1 – December 31, 2019
2. You have two fiscal years: FY 18/19 and FY 19/20.
3. You have the current calendar year

To verify the date range available, most sheets have a Date Sort object that shows the current date range being of the data being viewed. When no selections or filters are applied, this will show the entirety of data available based on how the data is being sorted. The default sort is the "Procedures.Date of Service." Selecting a different sorting option may change the date range visible.

As noted in the screenshot below, current data goes back to January 1, 2018. The end date will change to the most recent available data.



# ASAM CONTINUUM Issue Troubleshooting

If you are having technical access issues with Sage or the ASAM CONTINUUM, please do the following:

- Call the Netsmart Helpdesk as soon as possible to obtain assistance and to obtain a Netsmart Helpdesk ticket number
- Contact Quality Improvement and Utilization Management (QI & UM) by phone at 626-299-3531 to notify QI & UM of your access challenges
- Document in Sage the Netsmart Helpdesk ticket number and a brief summary of your technical access issues via a Sage Miscellaneous Note

Prompt documentation in Sage, contacting the Netsmart Helpdesk, and QI & UM will assist us when reviewing your member authorization in the future, especially if a prolonged outage leads to use of alternate forms of clinical documentation (e.g. the paper version of the Adult ASAM Assessment).

# ASAM CONTINUUM June Release Update

The ASAM CONTINUUM was updated on Tuesday, June 30th. Details on the updates are listed below. Please note that these updates are applied directly by the ASAM CONTINUUM developers:

- **Gender options added into the client profile for CONTINUUM**: This update implements CDC, National Academy of Medicine, and similar recommendations for high-quality, patient-centric care, by:
    - Expanding CONTINUUM's gender identity options and:
    - Integrating items to capture sex-at-birth and patient-preferred gender pronouns.
    - Allowing for pregnancy status to be collected on all individuals.
- **CONTINUUM - General Information & Legal Section - Sync jail and incarcerated question**: This update improves data integrity in the General Information and Legal Information sections between two items that query the number of days the patient has spent in a controlled environment in the last month. If responses to these items do not match, the Interviewer will now automatically receive a notification. Additionally, the response value for number of days in the past 30 days will be restricted to between 0 and 30.
- **Changes to Accommodate Abuse-Neglect of a Minor or Elder:** This revision in the Family and Social History section improves the abuse and neglect questions by:
    - Updating the wording of some items.
    - Adding blue "i" button help information associated with the change.
    - Improving the sequencing of these items.
    - Introducing a free-text field so the Interviewer can describe any risks.
    - Providing guidance and resources on duty to report requirements.
- **Updates to account for patient self-reported data:** In response to the COVID-19 pandemic and needs for telehealth interviewing or interviewing by non-medical/nursing personnel, CONTINUUM now provides improved guidance on assessments collected via phone or videolink, including:
    - Information icons for the CIWA and CINA withdrawal assessment items now include instructions to allow patient self-report in the event that the interviewer is unable to assess.
    - The Narrative and Summary Reports specify that assessments collected via telehealth interview or by non-medical/nursing personnel will contain more patient self-reported data and that self-reported data may impact conclusions or recommendations
- **ASAM CONTINUUM Assessment Updates:**
    - **Corrected typo found in Review Section:** In the Review section, screen question I.a.0030 misspelled the word "received." This has now been corrected.

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# ASAM CONTINUUM July Release Update

The ASAM CONTINUUM will be updated on Wednesday, July 29th. Details on the updates are listed below. Please note that these updates are applied directly by the ASAM CONTINUUM developers:

**Updated Item Changes**
- A.a.0090: This item now asks whether the patient was released from jail or prison within the past 6 months, but no longer asks whether the patient has been in a penal or chronic care setting within the past 14 days. The update to this item aligns it with current federal regulations for opioid treatment program admission.
- B.a.0100, B.a.0120: These items now ask whether and when the patient has been tested for sexually transmitted diseases and tuberculosis. A "Not tested/not sure" response option also has been added to the tuberculosis question (B.a.0120). If an interviewer selects "Not sure/possibly" for B.a.0100, or "Not tested/not sure" for B.a.0120, the Assessment Report will include language alerting the clinician that the patient may need testing. These responses will also be included in the "Problem List" of the Narrative Report.
- B.a.0180: This item has been updated to include SSI and disability payments in the query of possible payment sources for disabilities.
- B.a.0460: This item ("…reemergence of acute symptoms that can be safely addressed only in a medically-monitored setting?") now has a new instruction stating that a response of "yes" may escalate the Final Level of Care intensity and/or require Biomedical Enhanced Services (BIO).
- B.a.0010: The question structure and instructions to the interviewer ("What physical or medical problems have you had…?") have been revised so that the interviewer is now asking the question to the patient directly.

- D.a.0010: The question structure and instructions to the interviewer ("Which substances have you had problems with?...") have been revised and expanded to focus more on problems related to use and priorities rather than listing all substances the patient has ever used. Also, in the drug category response options, ecstasy has been reclassified as a hallucinogen.
- D.v.0130: The first response option for this item has been edited to read "Has detailed & comprehensive sense of the role of treatment vs. need for personal efforts – OR no relapse risk likely." This additional help text has been added to the information icon for this item to help guide the clinician in choosing the appropriate response for a broader range of patient circumstances.
- F.a.0360: For this item ("How much help will this person (or these persons) need to assist…?") the blue "i"nformation button now provides a detailed explanation for each response option.
- F.a.0040: This item, which asks whom the patient lives with, now allows users to endorse multiple response options.
- F.a.0460: This question asks whether the patient is able to locate and get to community resources safely. The response options now include more nuance: "No or unknown" and "Yes (or patient is remaining in a residential or controlled environment where resources are available)".
- G.a.0030: The question has been re-worded so that the clinician asks up front about difficulties with mood, sleep, energy, nerves, eating, thinking, memory, or getting along with others. This change will allow the clinician to begin collecting data about psychological and emotional symptoms. Additionally, "Cognitive delays (developmental delays or borderline mental function)" has been added as a response option for this item.
- G.a.1660, G.a.1670, G.a.1580, G.a.1590, G.a.1600, G.a.1620, G.a.1630, G.a.1640G.a.1660, G.a.1670: More detail has been added to the response options for items about suicidal attempts (gestures), and help messages have been added to these items, to help guide the clinician in selecting the appropriate response.
- G.b.0180, G.b.0270: Response options for these items have been updated to include "No or not applicable."
- G.b.0240, G.b.0270: Blue "I"nformation button help messages have been added to these items.
- A.a.0060: This item now has an additional response option of "Prison."
- B.a.0010: In order to substantially shorten and streamline the interview, if the patient does not have any medical conditions, most of the medical section will now be suppressed.
- However, several key medical questions related to pregnancy, infectious disease and/or medical conditions that could present risk during withdrawal management will remain in the assessment.
- B.a.0430, B.a.0450, B.a.0460: These medical questions are gaining an "Unable to assess" response option. If the user selects this option for any of these items, the items will appear in the "Problem List" section of the Narrative Report; and an alert will appear in the Assessment Report stating that the interviewer was unable to assess what the question is asking, and recommending further medical evaluation.
- D.f.0010, D.f.0020, D.f.0030, D.f.0040, D.f.0050, D.f.0060, D.f.0070, D.f.0080, D.f.0090, D.f.0100, D.f.0110: In order to substantially shorten and streamline the interview, these CINA scale questions will be suppressed if the patient reports no use of opioids in the past 15 days (exception: up to 30 days for methadone or buprenorphine, since these are longer lasting agents).
- D.h.0050: This question ("…readmission: Does the program physician judge Opioid Treatment Services (OTS) readmission to be medically indicated?") will be suppressed if the patient has not previously completed at least 6 months of Opioid Treatment Services with voluntary withdrawal management.
- D.k.0010, D.k.0020, D.k.0030, D.k.0040, D.k.0050, D.k.0060: These CIWA scale questions will be suppressed if the patient reports no use of alcohol or sedatives in the past 15 days.
- D.r.0040: This item about nicotine route of administration now includes "Smoke/Vape."
- D.w.0100: This question, which asks whether the patient is displaying signs of withdrawal, will be suppressed if the patient reports no use of any drug category within the previous 15 days (30 days for methadone/buprenorphine).
- E.a.0020, F.a.0070, F.a.0100, F.a.0110, F.a.0130, F.a.0140, F.a.0360: To substantially shorten and streamline the interview, these questions, in the "Legal" and "Family and Social History" sections, will now be suppressed for patients who report no history of alcohol or other drug use.
- F.a.0070, F.a.0110, F.a.0130, F.a.0140: These questions will now include an additional response option of "Unknown."
- F.a.0550: This question, which asks how much staff support is needed for a patient transitioning back to the community, will now include a new response option "Needs contact about once per month" for greater specificity.
- G.a.0030: To substantially shorten and streamline the interview, if the patient endorses no psychological or emotional problems in this item, many of the psychological symptom questions that follow will now be suppressed.
- G.a.0090, G.a.0130, G.a.0170, G.a.0210, G.a.0250, G.a.0290, G.a.0330, G.a.0370, G.a.0410, G.a.0450, G.a.0490, G.a.0530, G.a.0570, G.a.0610, G.a.0650, G.a.0690, G.a.0730, G.a.0770, G.a.0810, G.a.0850, G.a.0890, G.a.0930, G.a.0970, G.a.1010, G.a.1050, G.a.1090, G.a.1130, G.a.1170, G.a.1210, G.a.1250, G.a.1290, G.a.1330, G.a.1370, G.a.1410, G.a.1450, G.a.1490, G.a.1530, G.a.1570, G.a.1610, G.a.1690:  To substantially shorten and streamline the interview, for patients who endorse past-

24-hour psychological or emotional symptoms, but deny any alcohol or other drug use, questions asking whether these symptoms were due to alcohol or other drug use or withdrawal will now be suppressed.

- G.b.0150: To substantially shorten and streamline the interview, this item (whether risk of harm to self or others is related to alcohol or other drug use) will now be suppressed for patients who endorse psychological/psychiatric risk but deny any use of alcohol or other drugs.
- H.a.0030: To substantially shorten and streamline the interview, this question (how soon the patient is likely to respond to withdrawal management care) will now be suppressed for patients who deny any use of alcohol or other drugs, or who deny use within the past 15 days (30 days for methadone).
- H.a.0090, H.a.0100, H.a.0110, H.a.0120, H.a.0130: To substantially shorten and streamline the interview, these medical questions, which appear in the Interview Completion section, will now be suppressed if the patient previously denied having any medical problems.
- H.a.0190: This question (whether the patient would recommend the treatment program to a friend in need of help), will have an additional response option of "Not applicable" so that it applies to patients who have not yet begun treatment.