

Network Adequacy Certification Application (NACA) Webinar: 2022 Annual Submission

Tuesday, May 17, 2022

Substance Abuse Prevention & Control

Prevention First, Treatment Works,
& Recovery is Possible!

0

NACT Training Outline

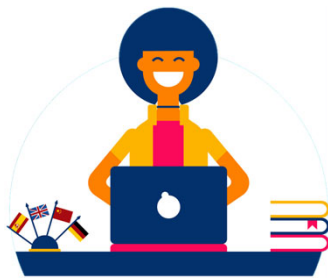
1. Overview and Purpose
2. Description of NACT Application
3. Demonstration
 - Log-in
 - Data Input Workflow
 - Submission Completion

1

NETWORK ADEQUACY CERTIFICATION TOOL (NACT)

BACKGROUND AND PURPOSE

- CMS requires that all Medicaid managed care beneficiaries have access to SUD treatment services
- The NACT allows DMC-ODS County Plans to review, assess and certify that its network meets Network Adequacy (NA) Standards
- Counties are required to assess NA quarterly (at a minimum)



Medicaid Managed Care Final Rule

Requirements defined by CMS Final Rule 438.207:

- ❖ Capacity to serve the expected enrollment in its service area
- ❖ Appropriate range of services for the anticipated number of enrollees
- ❖ Adequate number, mix, and geographic distribution of providers
- ❖ Information must be current and collected at least annually or upon change

- **Language availability and access to services for individuals with disabilities**
- **Site and provider-specific information on maximum and current # of beneficiaries and caseloads**

NACT – Provider Required Data Elements

- Organizational** (your legal entity information, i.e. provider)
- Site Detail** (the physical location where services provided)
- Rendering Service Provider** (information on the individual practitioners [incl. SUD counselors] acting within their scope of practice, who is rendering services directly to patients under the DMC ODS)

4

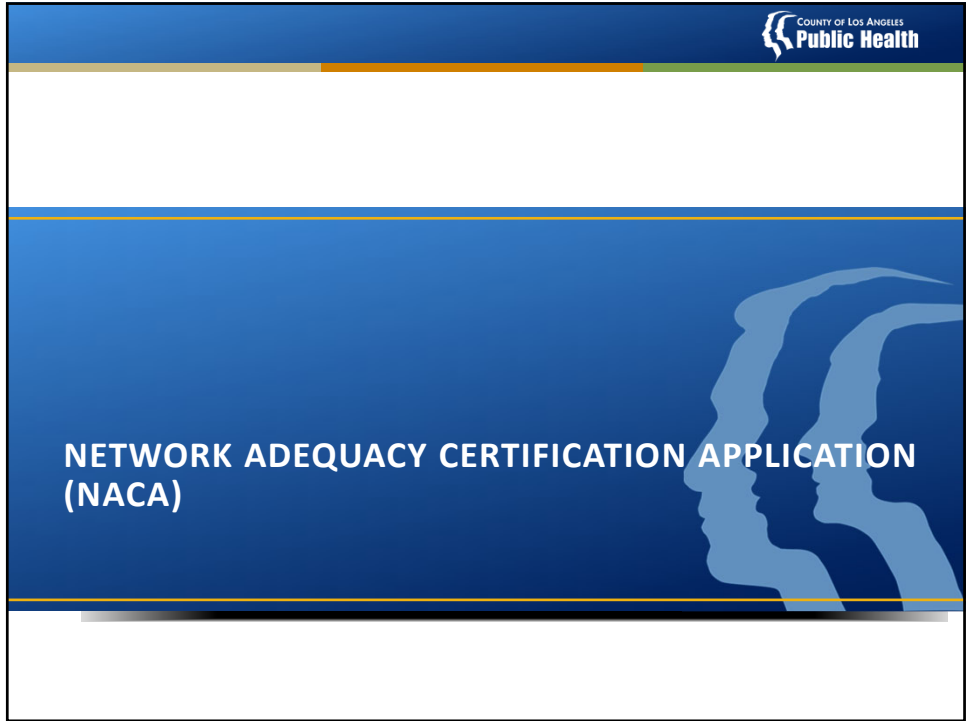
Meet your Technical Assistants!

- Your technical assistants will be your first point of contact to communicate any questions, concerns, or feedback

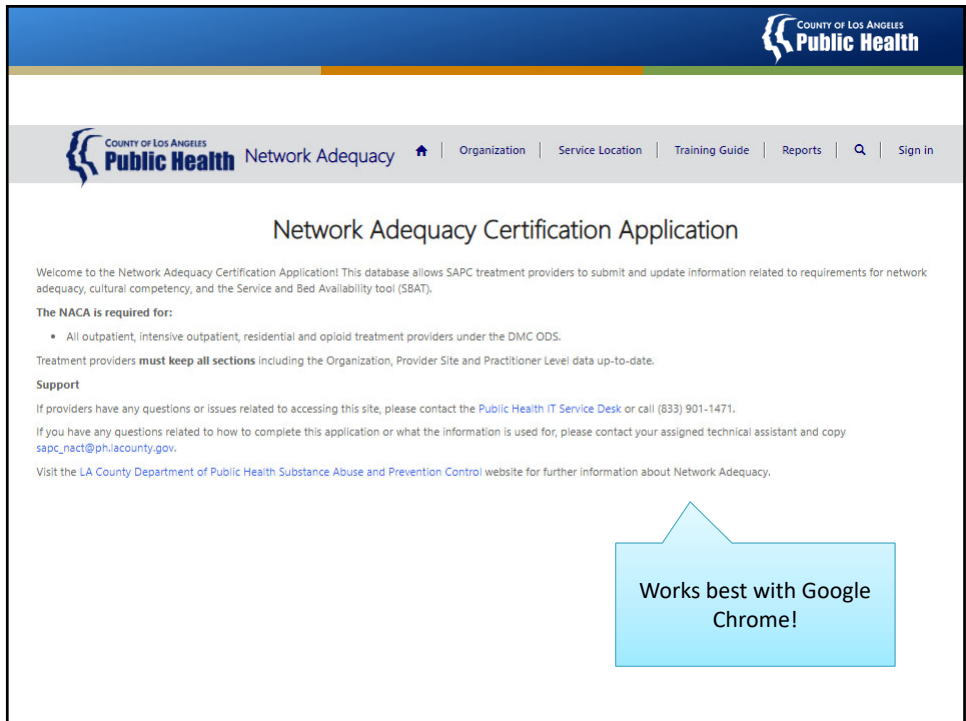


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6



7

Network Adequacy Certification Application (NACA) Enhancements

- ❖ Collapsed **age** range categories (18-20, 21+ to 18+)
- ❖ Redesigned to **validate current and maximum** beneficiary numbers
- ❖ Added **tooltips** to provide descriptors to some fields
- ❖ Option created to add **New Practitioners**
- ❖ Created additional **validations** with prompts to correct entries

8

8

Pre-populated Data

All pages have some information that has already been completed for you

- ❖ Data submitted as part of the **NACT Update** in March (select providers only)
- ❖ Data submitted during last year's **Annual NACT submission** except for current/max. # of beneficiaries
- ❖ Data about **treating practitioners** (must be onboarded to Sage)
- ❖ Site/organization data from your **contract** – see Data Elements Description

9

9

DATA ELEMENTS DESCRIPTION

SAPC- 2021 Network Adequacy Certification Tool: Pre-Populated Data

Purpose:

The Department of Health Care Services (DHCS) will review, validate and certify the provider network of each Drug Medi-Cal Organized Delivery System (DMC-ODS) County, herein referred to as Plans. DHCS must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1). The information will be used in the assurance of compliance with network adequacy requirements DHCS must send to the Centers for Medicare and Medicaid Services (CMS). In order to demonstrate network adequacy, Plans must submit a completed Network Adequacy Certification Tool (NACT).

The following information is only for reference purpose. This document highlights the data that will be pre-populated in the NACT Database. All NON-HIGHLIGHTED rows is data that your agency will need to provide and have available in order accurately update & complete the NACT requirements for each agency.

Exhibit A-1: Organization		
	Data Field	Instructions:
Pre-Populated	Organizational Provider Name	Enter the Organizational Provider's Name
Pre-Populated	NPI Number - Type 2	Enter the 10-digit National Provider Identification (NPI) number assigned to the organization
Pre-Populated	Tax ID	Enter the organization's Tax ID
Pre-Populated	Provider Group Name/Affiliation	Enter the organization's Provider Group Name (if applicable)
Pre-Populated	Contract Effective Date	Enter the contract effective date in the following format: dd/mm/yyyy
Pre-Populated	Contract Expiration Date	Enter the contract expiration date in the following format: dd/mm/yyyy
Pre-Populated	Address	Enter the organization's address (exclude suite or room number)
Pre-Populated	Suite	Enter the organization's suite number (if applicable)
Pre-Populated	City	Enter the organization's city
Pre-Populated	State	Enter the organization's state abbreviation (e.g. CA)
Pre-Populated	Zip Code	Enter the organization's 5-digit zip code
	Ownership Type	Select the appropriate ownership type
	Name of CEO	Enter the chief executive officer's name (if applicable)
	Name of CFO	Enter the chief financial officer's name (if applicable)
Exhibit A-2: Site		
	Data Field	Instructions:
Pre-Populated	Site Name	Enter the Site's Name
Pre-Populated	NPI Number - Type 2	Enter the 10-digit National Provider Identification (NPI) number assigned to the site
Pre-Populated	DEA Number	Enter the site's Drug Enforcement Administration (DEA) Number (if applicable)
Pre-Populated	Site County Location	Select the appropriate County
Pre-Populated	Address	Enter the site's address (exclude suite or room number)
Pre-Populated	Suite	Enter the site's suite number (if applicable)
Pre-Populated	City	Enter the site's city
Pre-Populated	State	Enter the site's state abbreviation (e.g. CA)

10

GENERAL LOG-IN AND SUPPORT INFORMATION

- Universal Log-In:** you have been assigned a unique username and password.
- Simultaneous Log-In:** this is possible, with some limitations

Resources: View the SAPC Network Adequacy page
<http://publichealth.lacounty.gov/sapc/NetworkAdequacy/NetworkAdequacy.htm>

For matters: log-on or other technical issues contact:
 Service Desk Phone: (833) 901-1471
 Email: itservice@ph.lacounty.gov

For matters: issues/questions with data elements:
 Your Technical Assistant is always your **first point of contact**
 Copy the following persons on e-mail inquiries to sapc_nact@ph.lacounty.gov

11

Checklist for Submission

☐ Review Organization page for accuracy & completeness

Organization Edit

- Please review the information listed for accuracy. Edit any changes and complete all blank fields.
- Please note, some fields cannot be changed. Refer to your training guide for more information. If you have any questions, please contact your assigned technical assistant and copy sapc_nact@ph.lacounty.gov.

The form could not be submitted for the following reasons:
 Tax ID is a required field.
 Ownership Type is a required field.

Missing requirements will be listed

Name *	Address *
RECOVERY INC	3250 Wilshire Blvd
NPI Number - Type 2 *	Suite
1587653310	—
Tax ID *	City *
	Los Angeles

12

Checklist for Submission

☐ Review Service Locations for accuracy & completeness

- Site locations only require a NACT submission if treatment services were provided during the reporting period [July 1, 2021-May 31, 2022]
- Contact your Technical Assistant if you believe a site location requires a NACT submission but is missing from your service location list

Service Location

General Information * Accessibility Language Capabilities Modality Associated Practitioners Save

Service Location Number	Name *
9876543219	RECOVERY, INC
Address *	Status
44526 Pinky Way	Incomplete

The subheader will turn red when a page is missing required information

13

Checklist for Submission

- ❑ Enter in current & maximum for the assigned modality

General Information * Accessibility Language Capabilities **Modality *** Associated Practitioners Save

Select the age group(s) that are served. When age groups are selected, boxes will appear for current and maximum number of Medi-Cal Beneficiaries.

Intensive Outpatients

*At least one age group is required.

Age Groups Max Beneficiaries Current Beneficiaries

Age Group 0-17

Age Group 18-20

Age Group 21+

- ❑ Enter in current & maximum for all practitioners that provide services for that modality

General Information * Accessibility Language Capabilities Modality **Associated Practitioners** Save

Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner associated with this site is not listed they may be added using the "Associate New Practitioner" button on the right side of your screen.

Search Associate New Practitioner

First Name	Last Name	Modified On	Current Number of Medi-Cal Beneficiaries	Maximum Number of Medi-Cal Beneficiaries	Practitioner Associated With This Site	Status
Test	Therapist	4/27/2022 2:47 PM	0	0	Yes	Active
Joe	Smith	4/27/2022 2:47 PM	0	0	Yes	Incomplete
Joe	Smith	4/27/2022 2:47 PM	0	0	Yes	Active
Test	Psychologist	4/27/2022 2:47 PM	0	0	Yes	Active

14

14

THANK YOU!

Pilot Agencies:

**Alcoholism Center for Women
Cri-Help
House of Hope
Tarzana Treatment Centers**

15

15

Current/Maximum Number of Beneficiaries

16

Current & Maximum Number of Beneficiaries

- Reported for each **site** location, by modality and age group
 - Modalities: OP, IOP, OTP, RES
 - Age Groups: 0-17, 18+ **OR** 21+
- For every site location, reported for each **practitioner** by modality and age group
- Example:

Age Groups	Max Beneficiaries <input type="text"/>	Current Beneficiaries <input type="text"/>
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Age Group 18-20 → Age Group 18+	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Age Group 21+	<input type="text"/>	<input type="text"/>

17

Network Adequacy Certification Application (NACA) Enhancements

- ❖ Age range categories (0-17, 18+)
- ❖ Redesigned to improve user experience when entering beneficiary current and maximums

Age Groups	Max Beneficiaries	Current Beneficiaries
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Age Group 18-20 → Age Group 18+	<p>You will NEVER enter in data in BOTH line #2 (here) AND line #3 (here)</p>	
<input checked="" type="checkbox"/> Age Group 21+	<input type="text"/>	<input type="text"/>

While age group 18-20 displays on the NACT, it will be reported to the state as 18+

18

18

Network Adequacy Certification Application (NACA) Enhancements

- ❖ Created additional **validations** with prompts to correct entries

Modality - Outpatient		
Age Groups	Max Beneficiaries	Current Beneficiaries
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text" value="0"/> <small>*Must be greater than 0.</small>	<input type="text" value="10"/> <small>*Must be between 0 and max.</small>

Modality - Intensive Outpatient		
Age Groups	Max Beneficiaries	Current Beneficiaries
⊘ Service site modality/age group identified does not match Practitioner modality and age group.		
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text" value="20"/>	<input type="text" value="13"/>

19

19

Maximum Number of Beneficiaries (Site): Residential Example

- Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

<input checked="" type="checkbox"/> Residential		Contracted Capacity for Residential: 10
Age Groups	Max Beneficiaries ⓘ	
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text"/>	
<input checked="" type="checkbox"/> Age Group 18-20 → Age Group 18+	<input type="text"/>	
<input checked="" type="checkbox"/> Age Group 21+	<input type="text"/>	

20

Maximum Number of Beneficiaries (Site): Residential Example for YOUTH

- Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

<input checked="" type="checkbox"/> Residential		Contracted Capacity for Residential: 10
Age Groups	Max Beneficiaries ⓘ	
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text" value="10"/>	
<input type="checkbox"/> Age Group 18-20 → Age Group 18+		
<input type="checkbox"/> Age Group 21+		

21

Maximum Number of Beneficiaries (Site): OTP Example

- Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

Opioid Treatment		Licensed Capacity for OTP: 80
Age Groups	Max Beneficiaries ⓘ	
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text"/>	
<input checked="" type="checkbox"/> Age Group 18-20 → Age Group 18+	<input type="text"/>	
<input checked="" type="checkbox"/> Age Group 21+	<input type="text"/>	

22

Maximum Number of Beneficiaries (Site): OTP Example

- Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

Opioid Treatment		Licensed Capacity for OTP: 80
Age Groups	Max Beneficiaries ⓘ	
<input checked="" type="checkbox"/> Age Group 0-17	<input type="text" value="20"/>	
<input checked="" type="checkbox"/> Age Group 18-20 → Age Group 18+	<input type="text" value="60"/>	
<input type="checkbox"/> Age Group 21+	<input type="text"/>	

23

Maximum Number of Beneficiaries (Site):

OTP Example – Incorrect Entry

- Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

Opioid Treatment Licensed Capacity for OTP: 80

✘ * The total for all age groups must be equal to or less than the licensed capacity.

Age Groups	Max Beneficiaries ⓘ
<input checked="" type="checkbox"/> Age Group 0-17	80 <small>Sum of max must be less than capacity.</small>
<input type="checkbox"/> Age Group 18-20 → Age Group 18+	
<input checked="" type="checkbox"/> Age Group 21+	80 <small>Sum of max must be less than capacity.</small>

24

Maximum Number of Beneficiaries (Site)

Instructions: Input the requested information for each age group that this site provides services to.

Maximum #:

- **Option 1:** Use claims data to approximate maximum
Enter the highest number of unique beneficiaries the site saw in a given month (between July 2021 and May 2022)

OR

- **Option 2:** Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

- Beneficiaries: Medi-Cal eligible or enrolled clients

25

Maximum Number of Beneficiaries (Site):

OP/IOP Example

- **Option 1:** Enter the highest number of unique beneficiaries the site saw in a given month (between July 2021 and May 2022)

Example: Use billing data or patient logs to determine how many patients were seen each month for each modality and age group, e.g. **OP 21+**

July 2021 67	Aug. 2021 65	Sept. 2021 68	Oct. 2021 69	Nov. 2021 53
Dec. 2021 53	Jan. 2022 72	Feb. 2022 70	Mar. 2022 70	April 2021 65

26

Maximum Number of Beneficiaries (Site):

OP/IOP Example

- **Option 2:** Enter the maximum capacity that your agency can serve beneficiaries in a given month (between July 2021 and May 2022)

Example: Estimate the site's maximum number of unique beneficiaries for each modality and age group by factoring in the number of practitioners and space available, DATAR information, etc.

27

Maximum Number of Beneficiaries (Practitioner)

Instructions: Input the requested information for each age group that the PRACTITIONER provides services to.

- Maximum #: Enter the highest number of beneficiaries the PRACTITIONER can see in a given month between July 2021 and May 2022 for this modality and age group.

28

Maximum Number of Beneficiaries (Practitioner with Caseload):

- Enter the highest number of beneficiaries the PRACTITIONER can see in a given month between July 2021 and May 2022 for this modality and age group.

Example: Estimate the practitioner's maximum number of unique beneficiaries for each modality and age group by factoring in number of group sessions administered, the number of available group rooms, etc.



$$X \text{ 15 clients per staff} = 15$$

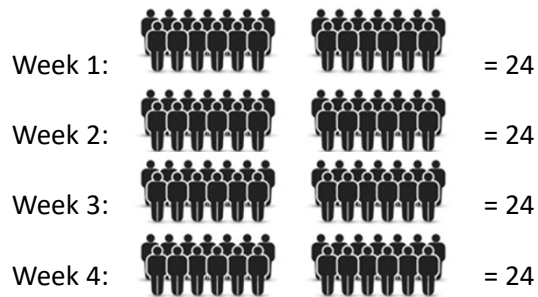
(caseload)

29

Maximum Number of Beneficiaries (Practitioner – Group Only):

- **The most beneficiaries that a practitioner can serve in a month**
- **Option 1:** Maximum is the same as the site maximum
- **Option 2:** Use the maximum number of patients in one group to determine the total number of patients the practitioner serves in a month (cannot be greater than the site maximum)

Example: 12 people per group x 2 groups per week x 4 weeks/month = 96



30

Demonstration



31



Important Dates for 2022 NACT

May 17 – NACT Training, Option 1

May 18 – NACT Training, Option 2

May 23: NACT Training, Current/Maximum

May 23: Tool Opens!!

May 23 – June 3: NACT Submission Period

- Communicate with your assigned TA

June 3: Submission Deadline

June 3 – June 17: Validation

June 30: Final NACT Submission (pewh!)

32

Coming Soon

- Improved integration between practitioners in NACA and SBAT
- Ability to update practitioner information on a monthly basis
- Complies with Title 42 Code of Federal Regulations (CFR), Section 438.10(h)

33



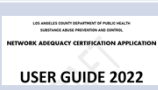

Office Hours

Providers have the option of attending any of these office hours for direct Q&A with the SAPC NACT Team.

Date & Time	Meeting Link
Wednesday, May 25 2:30 – 3:00 PM	<p>Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 323-776-6996, 777167100# Phone Conference ID: 777 167 100#</p>
Tuesday, May 31 2:30 – 3:00 PM	<p>Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 323-776-6996, 921373043# Phone Conference ID: 921 373 043#</p>
Wednesday, June 1 3:00-3:30 PM	<p>Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 323-776-6996, 149061302# Phone Conference ID: 149 061 302#</p>

34

Helpful Resources

Name	Description
 <p>Technical Assistant</p>	Your first point of contact to communicate questions, issues, feedback
 <p>Data Elements Description</p>	Highlights for data elements that are pre-populated and those that will require provider input
 <p>User Guide</p>	Detailed instructions on how to navigate the Network Adequacy Certification Application (NACA)
 <p>SAPC NACT Webpage</p>	View webpage for NACT updates and resources http://publichealth.lacounty.gov/sapc/providers/network-adequacy-certification-tool.htm

SAPC_NACT@ph.lacounty.gov

35

35