Preparing the Specialty SUD System in Los Angeles County for Payment Reform

May 30, 2023

Division of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

Overview of SAPC's Payment Reform Approach & Updates

Michelle Gibson

DHCS Updates and Pending Issues

- **DHCS is working to provide the unbundled residential rates**
  - The rates for Care Coordination, Recovery Services, and Medication Services will be the same as the amount in outpatient settings.
- **DHCS is aiming to enable billing for Licensed Vocational Nurses (LVN), Medical Assistants (MA), and Psych Techs by the first few months of payment reform implementation.**

Capacity Building and Incentives

Michelle Gibson

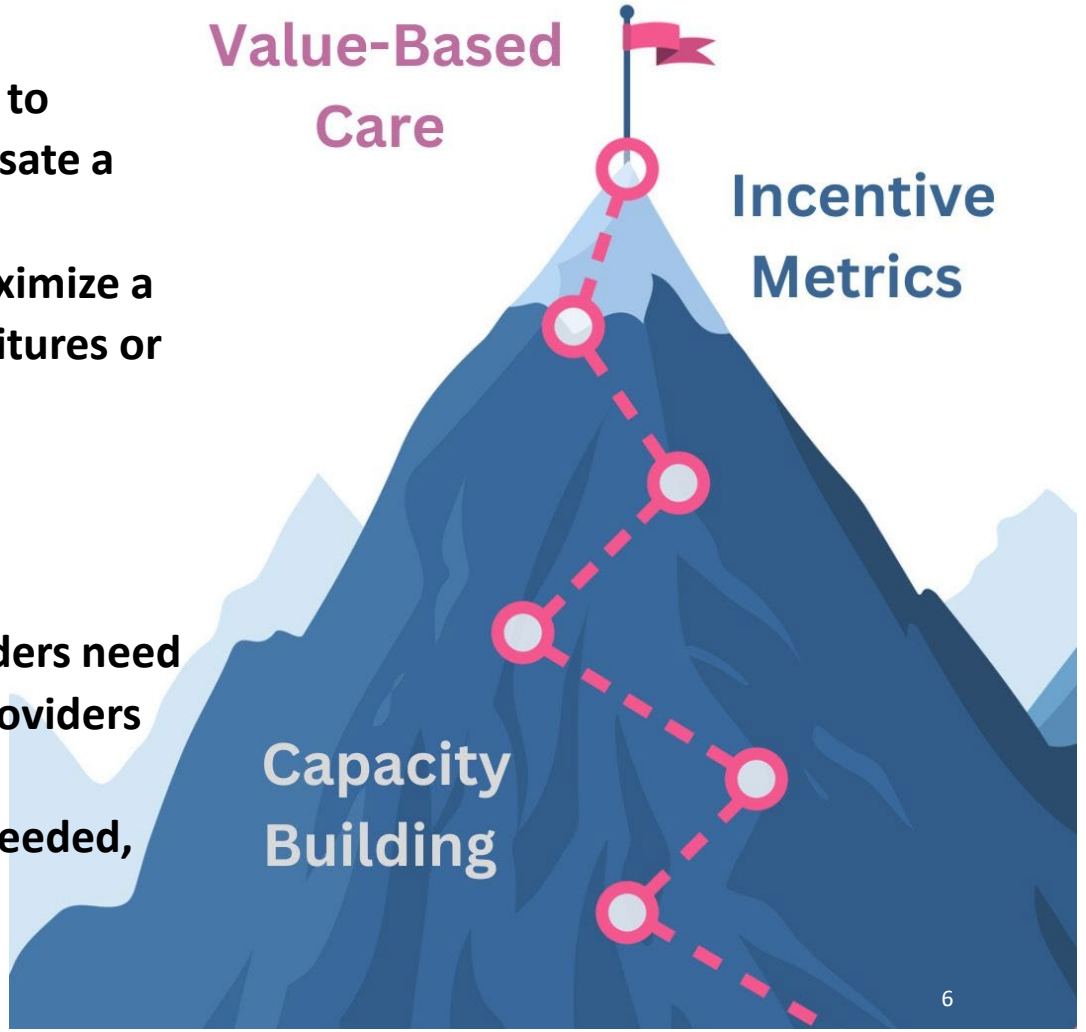
Financial Investments to Prepare for Value-Based Care

What is capacity building?

Funds that DPH-SAPC pays a treatment provider either in advance to ensure start-up funds to do something or after the fact to compensate a treatment provider for completing something. Capacity building is designed to help prepare providers to meet select metrics and maximize a supplemental incentive payment. Providers need to verify expenditures or submit a deliverable for full payment.

What are incentives?

Funds that DPH-SAPC pays a treatment provider after achieving a performance metric associated with the incentive payment. Providers need to verify completion and submit relevant data for full payment. Providers keep all funds if the metric is met and do not submit expenditure verification. The funds can be used to reinvest in the program as needed, including to support activities associated with the metric.



Start-Up Funds for Capacity Building

- **What are these start-up funds?**
  - Funding that will be provided upon submission and approval of the invoice for capacity building projects that the provider commits to complete BEFORE completion of the deliverable.
- **What capacity building efforts are eligible for start-up funds?**
  - Workforce Development: 1C-1, 1D-1
  - Access to Care – Reaching the 95% (R95): 2A-1, 2A-2, 2A-3, 2B-1, 2C-1, 2E-1, 2E-2, 2E-3, 2F-1
  - Fiscal and Operational Efficiency: 3A-1, 3B-1
- **What is our agency committing to if we submit an invoice for start-up funds?**
  - Agree to complete and submit the deliverable(s) / verification by the due date.
  - Return start-up funds associated with incomplete deliverable(s).
- **When can our agency submit the start-up funds (attestation) invoice?**
  - Once the Rates Information Notice has been posted, agencies can submit anytime, and payment will be made within 30-days of submission but not before July 1, 2023.
  - Agencies can resubmit the invoice if new efforts are added provided the due date can still be met and has not passed.

Workforce Development Efforts Eligible for Start-Up Funds

- **IC-1 Workforce Development and Retention Sustainability Plan (Tier 1 $20,000, Tier 2 $30,000, Tier 3 $40,000)**
  - An agency-level plan that incorporates an enhanced compensation package (salary, benefits, training reimbursement, tuition reimbursement, retirement accounts, bilingual bonus, etc.).

- **1D-1 Expedited Counselor Training and Certification (Tier 1, 2, 3 $2,500 each)**
  - Payment ($2,500) to be reimbursed by the employer to each selected registered counselor employed and delivering services as of April 1, 2023 to pay the employee for tuition/book costs and/or paid time off with the purpose of expediting certification.
    - An additional payment ($2,500) per selected registered counselor who complete certification by the deadline and to also reimburse the employee/employer for any remaining certification costs.
    - Outpatient providers are also able to bill higher certified counselor rates upon an employee's certification and upon updating the Sage user form.

Workforce Development: Discussion on Participation

PARTICIPANT POLL

How likely is it that your agency will submit a start-up funds attestation invoice for effort 1D-1 tuition reimbursement for registered counselors?

- ❑ Yes – We are participating!
- ❑ Maybe – We are talking but haven't decided.
- ❑ No – We are not able to participate.
- ❑ Don't Know – We still need to talk about it.

PARTICIPANT DISCUSSION

- What does your agency think are the advantages/disadvantages of participating in 1D-1?
- How is your agency thinking about using the 1D-1 funds for tuition reimbursement?
- If participating, how will you determine which of your registered counselors can participate – if limited?

WHO IS THE R95 POPULATION?

The 95% percent of people with substance use disorders (SUD) who do not receive treatment because they either don't think they need it or don't want it.

This represents a sizable population who may agree to care if programs created environments and admission/discharge policies that engaged and supported people who do not need to agree to remain substance free to receive services, and who may get to that point eventually through program participation.

Access to Care – R95 Efforts Eligible for Start-Up Funds

- **2A-1 New Partner Entity Meetings ($1,000 each - Tier 1 up to 10, Tier 2 up to 15, Tier 3 up to 20)**
  - Meetings with new partner entities to build relationships to serve R95 the population.
- **2A-2 New Partnership Plan (Tier 1 $3,000, Tier 2 $4,500, Tier 3 $6,000)**
  - Agency-level plan with external partners to better engage the R95 population.
- **2A-3 New Executed MOU ($5,000 each - Tier 1 up to 3, Tier 2 up to 4, Tier 3 up to 5)**
  - New (unduplicated) memorandum of understanding (MOU) with new R95 referral partners.
- **2B-1 New Executed MOU for FBS ($5,000 each - Tier 1 up to 3, Tier 2 up to 4, Tier 3 up to 5)**
  - New (unduplicated) memorandum of understanding (MOU) for new field-based services sites for R95 population.
- **2C-1 Engagement Policy (Tier 1 $5,000, Tier 2 $7,500, Tier 3 $10,000)**
  - Policy to better engage the R95 population and conduct staff training.

Access to Care – R95 Efforts Eligible for Start-Up Funds

- **2E-1 Service Design (Tier 1 $1,000, Tier 2 $1,500, Tier 3 $2,000)**
  - Solidify a service design that support integration of individuals with different recovery goals.
- **2E-2 Customer Walkthrough ($200 per site – Tier 1, 2, 3)**
  - Conduct walkthroughs at contracted sites to assess inclusion and experience of R95 population.
- **2E-3 Improvement and Investment Plan (Tier 1 $5,000, Tier 2 $7,500, Tier 3 $10,000)**
  - Agency-level with internal managers/staff to better serve and invest in the R95 population.
- **2F-1 New Executed Harm Reduction MOU ($5,000 each - Tier 1 up to 3, Tier 2 up to 4, Tier 3 up to 5)**
  - New (unduplicated) memorandum of understanding (MOU) for R95 referrals with harm reduction providers.

IMPORTANT: Agency are required to participate in 2C-2 Verified Engagement Authorization, 2D-1 R95 Admission Policy and 2D-2 R95 Discharge Policy. Start-up funds will be recouped if these deliverable based efforts are not completed and submitted by the due date.

Access to Care – R95: Discussion on Participation

PARTICIPANT POLL

How likely is it that your agency will update admission/discharge policies and enroll R95 population in services AND participate in select start-up fund efforts?

- ❑ Yes – We are participating!
- ❑ Maybe – We are talking but haven't decided.
- ❑ No – We are not able to participate.
- ❑ Don't Know – We still need to talk about it.

PARTICIPANT DISCUSSION

- What does your agency think are the advantages/disadvantages of participating in R95?
- What efforts are you considering participating in and why?
- How do you think expanding access to R95 population will help generate additional revenue?

Fiscal & Operational Efficiency Efforts Eligible for Start-Up Funds

- **3A-1 Accounting Systems and Capacity (Tier 1 $10,000, Tier 2 $15,000, Tier 3 $20,000)**
  - Procure or upgrade accounting systems, training, and tools to support fiscal viability.

- **3B-1 Financial Health Training (Tier 1 $10,000, Tier 2 $15,000, Tier 3 $20,000)**
  - Participate in the CIBHS/SAPC *Expenditures and Revenue: Assessing and Enhancing Financial Health* training and technical assistance to develop systems and prepare leadership staff to manage fiscal operations under payment reform, and identify opportunities to leverage funding opportunities such as capacity building and incentives to support growth and capabilities to thrive in the new service environment.

Access to Care – R95: Discussion on Participation

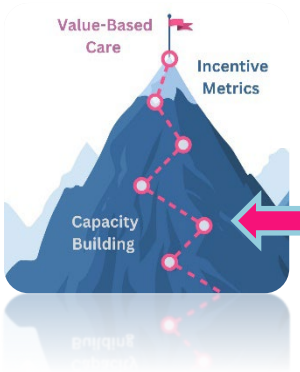
PARTICIPANT POLL

How likely is it that your agency will assign 1-3 members of leadership to participate in the *Expenditures and Revenue: Assessing and Enhancing Financial Health* training ?

- ❑ Yes – We are participating!
- ❑ Maybe – We are talking but haven't decided.
- ❑ No – We are not able to participate.
- ❑ Don't Know – We still need to talk about it.

PARTICIPANT DISCUSSION

- What does your agency think are the advantages/disadvantages of participating in the training?
- Will capacity building funds help enable your team to attend?



Fiscal Year (FY) 2023-2024 Capacity Building Package

Tier 1 - $179,000, Tier 2 - $261,000, Tier 3 - $343,000 in funds, that each agency based on assigned Tier can opt-in to use to support staff and other costs to advance these efforts! Up to $5,000 to support each of your registered counselors get certified!
Total Available - $23,430,500

Counselor Workforce – Tier 1		Reaching the 95% - Tier 1		Fiscal Operations – Tier 1	
Agency Survey	$10,000	Planning	$28,000	Accounting System	$10,000
Staff Survey	$5,000	Field Based Services	$20,000	Revenue/Expenditure Training & Tool	$20,000
Sustainability Plan	$20,000	30-60 Day Policy	$10,000		
Tuition/Paid Time	$2,500 pp	Admit/DC Policies	$30,000		
Certification	$2,500 pp	Low Barrier Care	$6,000+		
		Harm Red. Referrals	$20,000		
Total	**$35,000+pp**	**Total**	**$114,000+**	**Total**	**$30,000**

Counselor Workforce – Tier 2	
Agency Survey	$15,000
Staff Survey	$7,500
Sustainability Plan	$30,000
Tuition/Paid Time	$2,500 pp
Certification	$2,500 pp
Total	**$52,500+pp**

Reaching the 95% - Tier 2	
Planning	$39,500
Field Based Services	$27,500
30-60 Day Policy	$15,000
Admit/DC Policies	$45,000
Low Barrier Care	$9,000+
Harm Red. Referrals	$27,500
Total	**$163,500+**

Fiscal Operations – Tier 2	
Accounting System	$15,000
Revenue/Expenditure Training & Tool	$30,000
Total	**$45,000**

Counselor Workforce – Tier 3	
Agency Survey	$20,000
Staff Survey	$10,00
Sustainability Plan	$40,000
Tuition/Paid Time	$2,500 pp
Certification	$2,500 pp
Total	**$70,000+pp**

Reaching the 95% - Tier 3	
Planning	$51,000
Field Based Services	$35,000
30-60 Day Policy	$20,000
Admit/DC Policies	$60,000
Low Barrier Care	$12,000+
Harm Red. Referrals	$35,000
Total	**$213,000+**

Fiscal Operations – Tier 3	
Accounting System	$20,000
Revenue/Expenditure Training & Tool	$40,000
Total	**$60,000**

Capacity Building Package Discussion

PARTICIPANT POLL

Has your agency determined what capacity building efforts it will participate in and how funds will be used to support implementation?

- ❑ Yes – We know how much we are requesting and which efforts we will participate in.
- ❑ Partially – We know we are requesting funds but have not finalized which efforts yet.
- ❑ No – We still need to talk about it.
- ❑ N/A – We are not requesting start-up funds.

PARTICIPANT DISCUSSION

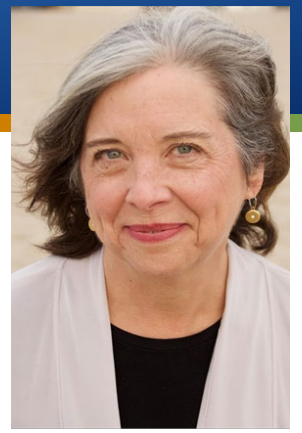
- What support do you need to decide what efforts to participate in?
- Do plan on hiring new staff or consultants to help with this work OR will funding be used to offset lost revenue from direct service staff?

Next Steps for Capacity Building Start-Ups Funds

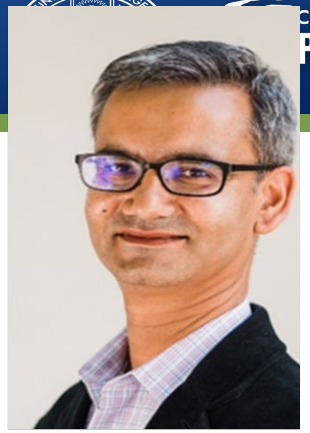
- Review the SAPC FY 23-24 Capacity Building Package and decide what efforts to pursue.
- Review the Invoice 1 – SAPC FY 23-24 Capacity Building Attestation
  - Confirm what start-up funds to participate in
  - Inform SAPC which deliverable-based efforts (not discussed today) that you are considering also participating in
- Participate in Payment Reform Meetings and CIBHS Training and Technical Assistance

"Your Success is Our Success"

SKILLS	PASSIONS
Workforce Development Continuous Quality Improvement Policy Implementation Business Mgt. Fundamentals Finance Reaching the 95% Diversity Equity and Inclusion Customer Service/Patient Experience Mentoring and Coaching Leaders	Reimagining Care Delivery Improving People's Lives Healthcare Equity Brainstorming Solutions Design Thinking Service Expansion and Revenue Generation Data Driven Decision Making Community Partnerships Making Work Easier Learning and Exploring



Amy McIlvaine
Director



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CIBHS has invested time in truly understanding, SAPC policy and procedures, and the objectives of CalAIM. We have the expertise in-house (and with partners) to assist you through this next transition.

CIBHS
CALIFORNIA INSTITUTE for BEHAVIORAL HEALTH SOLUTIONS

County of Los Angeles Public Health

Weekly Updates

SAPC Provider Network Upcoming CIBHS Trainings

CIBHS
CALIFORNIA INSTITUTE for BEHAVIORAL HEALTH SOLUTIONS

5/24/2023

Focus On Finance
Your Success is our Success

Mastering Your FY2022/2023 Financial Closeout

best practices and suggestions for maintaining an audit-ready program and finance department, reinvesting in your business and setting new FY goals.

CalAIM
Bridging Care & Communities to Improve Patient Outcomes

Data-Driven Decision-Making

designed specifically for busy people like you who want to make informed decisions that positively impact patient care, improve organizational efficiency, and advance financial success.

Coming Soon!

CIBHS is working closely with SAPC to identify and develop skill building and training for leaders and frontline staff to master the objectives and take advantage of the **Incentive and Capacity Building Opportunities.**

Watch for updates!

Potential topics:

Workforce development strategies

Projecting revenue and staffing capacity

Developing a memorandum of understanding (MOU)

Data analysis to meet finance objectives

Improving access and engagement in treatment

Strategic planning ……..

FY 23-24 Rates IN and Matrix

Daniel Deniz

Fiscal Year 23-24 Rates and Standard Matrix - Updates

Question/Comment	Response/Action
No rate for H0049-N Screening Not-Admitted.	A rate has been added for H0049-N Screening Not-Admitted.
Care Coordination, Recovery Services and MAT are missing for some levels of care.	Care Coordination, Recovery Services and MAT rates have been added to all permittable levels of care, including Residential Levels of Care.
There are no youth-specific rates for Residential services.	There are no youth specific-residential rates. However, all FY23-24 rates are higher than current youth rates.
Ratio of LPHA to numbers of staff of 1-15 is not cost-effective.	SAPC set the 1:15 ratio as an incentive metric to allow providers to grow into this ratio over the next fiscal year. As such, this ratio is not expected to be implemented immediately.

Fiscal Year 23-24 Rates and Standard Matrix - Updates

Question/Comment	Response/Action
LVN are not reimbursable for OTP services.	SAPC communicated with DHCS on this issue, and they are aware of it. They have confirmed a resolution in the next few months.
There is no rate for Peer Support Specialists under some levels of care.	HCPCS and CPTs are governed by allowable performing provider types established by DHCS, as such SAPC has configured the HCPS/CPTS with the allowable provider performing provider types.
SAPC Matrix appears to omit or exclude psychoeducation.	These codes are included in the new rates and standards matrix and are found under H2027 under their respective level of care.

Fiscal Year 22-23 Billing Deadline:

Drug Medi-Cal Treatment Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 31, 2023	After the Sage blackout period has been lifted.

Recovery Bridge Housing Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

Prevention, Client Engagement and Navigation Services, and all Other Contracts

Invoice Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

DMC Fiscal Year 21-22 CLOSING

SAPC will close FY21-22 on JUNE 30, 2023

- For services provided from July 1, 2021 through June 30, 2022.
- Providers must submit claims by deadline.
- Strongly encouraged to submit before to address any issues.

Sage Updates Related to Billing/Claiming

Greg Schwarz

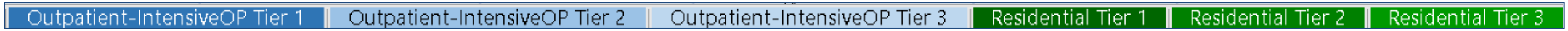
Overview

- Understanding the New SAPC Rates and Standards Matrix
- CPTs® and HCPCS in the DMC-ODS Framework
- Billing Rules
- Add-On Codes/Interactive Complexity

Enter the Matrix

Using the New and Improved Rates and Standards

Using the Matrix



Level of care tabs to verify services and fees associated to those LOCs based on your tier

Recommended Workflow

Use the Rates Standards tab to determine the Service Standards and policies to follow per LOC

SERVICE STANDARDS BY LEVEL OF CARE

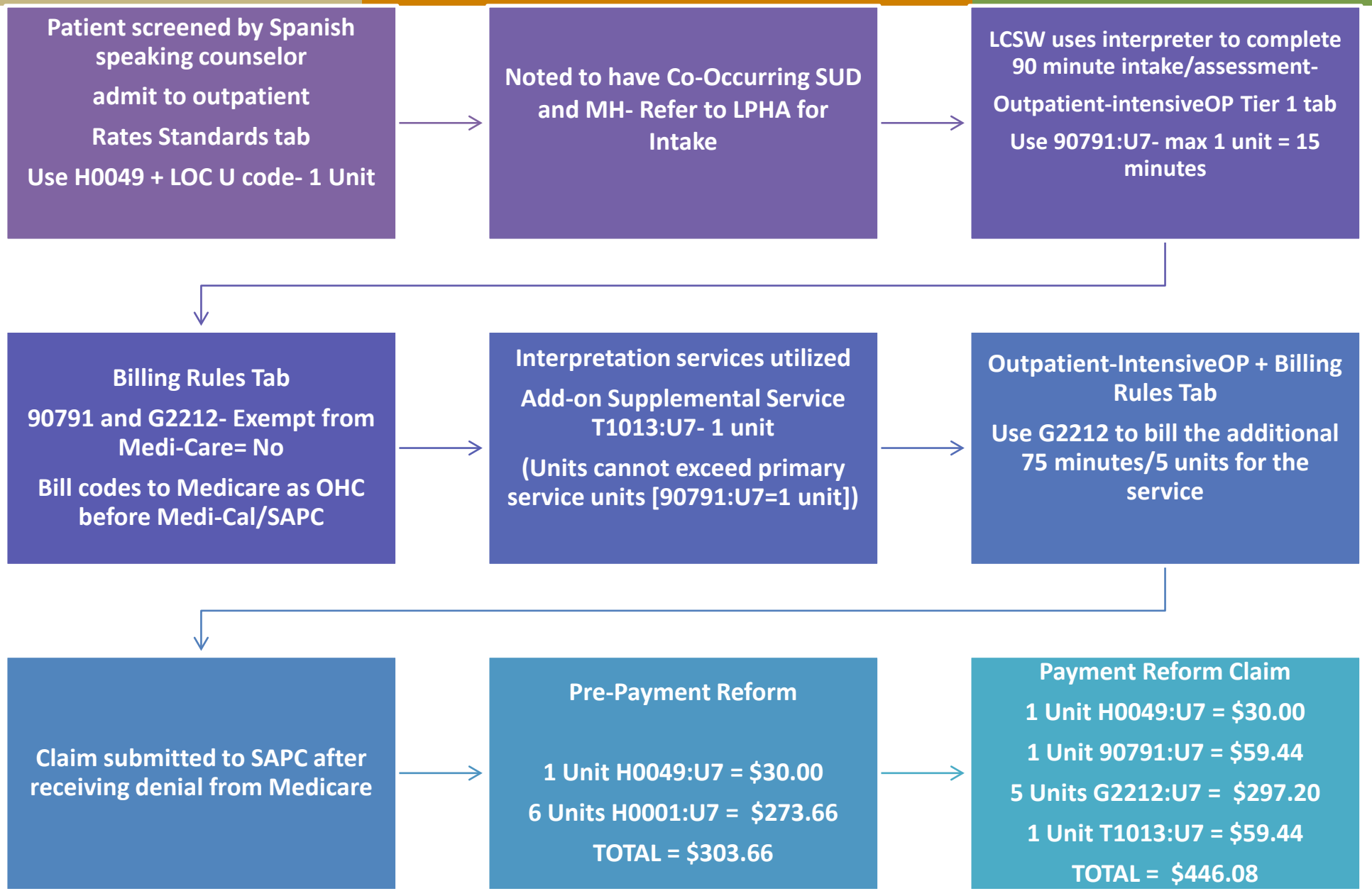
ASAM 0.5 **Code: U7**	**Early Intervention Services**	**Youth 12-17 including Perinatal/Parenting** Combined services must have a minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week **Adult 18+ including Perinatal/Parenting** Combined services must have a minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week
ASAM 1.0 **Code: U7**	**Outpatient**	**Youth 12-17 including Perinatal/Parenting** Combined services must have a minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week **Adult 18+ including Perinatal/Parenting** Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week

Decoding the Code

County of Los Angeles Public Health

Code Type	Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** All outpatient services are locked out against inpatient and 24-hour services except for the date of admission or discharge.	Dependent on Codes	Exempt from Medicare COB?	Maximum Units that Can be Billed	Allowable Modifiers
Assessment	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	• LP • PA • Psy • LCSW • MFT • NP • LPCC	01-08, 10-26,31-34, 41-42,49-58, 60-62,65, 71-72, 81,99	Cannot be billed with: 90792,90882*,90885*,90887*,90889*, 96160,96170, 96171,99202-99205**,99212-99215**,99217**,99234-99236**,-99304-99310**, 99324-99328**,99334-99337**,99339-99340**,99341-99345**,99347-99350**,99367-99368**,99408-99409**,99441-99443**,99451**,99495-99496**G0396*,G0397*, G2011*	None	No **No means the code MUST be billed to Medicare as primary and treated like an OHC claim for Part B and C**	1 **When max unit =1 , there may be an Add-On code to bill additional time or separate CPT codes to use for longer sessions.**	HD, UA, HG, U1, U2, U3, U7, U8, U9, UB, HL, GC, 59, 93, 95
WHAT to claim			**WHO and WHERE** can claim		**WHEN** to (or not to) claim		**HOW** to Claim		

Example: Walk-In monolingual Spanish speaking patient at tier 1 outpatient clinic



The Takeaway…

Verify

- Levels of care tabs to verify services and fees associated to those LOCs based on your tier and certifications.

Review

- Rates Standards tab to determine the Service Standards and policies to follow per LOC

Study

- **Billing Rules tab to understand when a code can and cannot be billed, along with additional considerations to avoid billing issues.**
- **Codes that show allowable residential modifiers (U1, U3, U5), do not necessarily indicate the code is reimbursable as most residential services are bundled. Must cross check the fees to see if a fee is associated.**

Reference

- Additional tabs are for glossary items and descriptions

Where can I go for additional assistance?

- Medi-Cal Outreach and Education – DHCS webinars, job aides and other training resources for providers
- General Medi-Cal Billing Basics- Not CalAIM specific but offers a basic training from eligibility to billing rules.
  - Availity, Noridian, Office Ally- Medicare Clearinghouses to submit Medicare and other commercial claims related to OHC.
- Medicare Provider Enrollment
- Recommend taking online courses in medical billing that can be taken individually or toward a certificate
  - Certified Professional Biller programs
  - Medical Billing Certificate programs

CPTs® and HCPCS in the DMC Framework

Differences in Code Types

HCPCS

- Can be billed by LPHA and Non-LPHA staff
- Not billable to Medicare
- More general descriptions and do not incorporate specialties from the different discipline types.
- Minimal billing rules applied.

CPT®

- Only billable for LPHAs, including LP/NP/PA
- Incorporates specialty services, such as medication services, evaluation and management and psychiatric diagnostic evaluations
- Most must be billed to Medicare before billing SAPC/DMC
- Allows for higher rates for service delivery
- Codes have more restrictions related to billing rules set by Medicare.
- Allows add-on code/interactive complexity that increase reimbursement for the service

Billing Rules for CPT® Codes

Rules Are Made to Be Followed, Not Broken

Billing rules are restrictions placed on a particular code that must be adhered to in order to successfully bill. These are the general rules related to billing codes within DMC:

Lockout Codes- Cannot be billed with other codes

Dependent Codes- Must be billed on the **SAME CLAIM** with a PRIMARY code

Allowable disciplines- Can only be billed by specific disciplines

Allowable places of service- Codes only allowed at certain places

Allowable modifiers- various modifiers allowed for each code

Add-Ons and Interactive Complexity

Add-On Codes for Dependencies

Dependencies are codes that can only be billed when another linked code is billed on the same day.

These are primarily used to indicate additional time spent on the service over the maximum unit for the primary service.

Also used to indicate a special circumstance occurred during the service

Interactive Complexity	Sign language or interpretation services provided by a separate entity

G2212- When you need more time

- The following codes have a maximum of 1 unit (15 minutes) however the service will normally take longer than 15 minutes to deliver.
  - 90791, 90792, 90865, 90882, 90885, 90887, 90889, 96131, 99215,99217, 99236, 99310,99328, 99337,99340, 99345,99350, 99368,99409
- For every unit/15 minute after the initial unit, G2212 SHOULD be used to bill the additional minutes.
  - G2212 is not a standalone code
    - Cannot be billed by itself.
- MUST be billed with one of the codes above and on the SAME claim.
  - Primary providers, SAPC will provide instructions during the PCNX trainings for how to bill in Sage to ensure these are on the same claim.
  - Secondary providers should configure and test their systems to ensure that add-on codes are billed with the primary service.

Interactive complexity may be reported with psychiatric procedures when at least one of the following communication difficulties is present:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions/behavior that interfere with implementation of the treatment plan.
- Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- Use of play equipment, physical devices, interpreter or translator to overcome significant language barriers.

Do NOT Use Interactive Complexity When…

The patient's psychiatric or SUD symptoms are present, but do not complicate the session.

Additional family or collateral contacts are engaged in the session but help move the session in a positive direction and do not hinder the approach.

The patient's anxiety is manageable within the session and does not impede the interventions.

Interactive Complexity Add-On

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes	Dependent on Codes	Exempt from Medicare COB?	Maximum Units that Can be Billed	Allowable Modifiers
Interactive Complexity	90785	DMC – ODS: • LP • PA • Psy • Pharma • LCSW • MFT • RN • NP • LPCC	DMC – ODS: All except 09 (Prison)	Cannot be billed with: 96170-96171, While these are CPT codes, they are considered supplemental services and cannot have add-ons codes.	90791-90792, 99202-99205, 99212-99215, 99217, 99234 – 99236, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350, Only allowable on same claim as these codes	No Bill to Medicare first.	1 per allowed procedure per provider per beneficiary. Cannot exceed the number of units of the primary service.	DMC – ODS: HD, UA, HG, U1, U2, U3, U7, U8, U9, UB, HL, GC, 93, 95 Not allowable in Recovery Services U6.

Psychiatric Diagnostic Interview 90791

- Patient intoxicated.
- Communication is severely impaired due to intoxication.
  - Patient not understanding questions and LPHA interviewer not able to fully understand the answers requiring additional time and change of approach to complete assessment
- The KEY is the level of communication difficulty due to patient symptoms
  - It must be moderate to severe communication impairment related to symptoms for interactive complexity to be utilized.

Next Steps for Providers

Getting Ready for CalAIM

All Providers Need to:

- Study the Rates and Standards.
- Know the billing rules
- Identify criteria for use of Supplemental/Add-On codes.
- Create quick reference guides for your staff.
- Get all billing in for previous fiscal years ASAP to avoid overlap and start fresh.
- Operationalize using CPT codes to leverage LPHA treatment specialization and increased rates.

Primary Sage Users

- Sign up for all relevant PCNX trainings as they are announced.
- SAPC will configure Sage with all the new items, but we cannot prevent certain scenarios from being billed and denied locally or the state.
  - E.g. Billing primary service separate from the add-on code
  - Using the wrong place of service or billing a lockout code
  - Ensuring the right practitioner and taxonomy are selected for the service.
- It is important to understand the Who, What, When and Where of the matrix when billing

Secondary Sage Users

- Configure any new codes and fees based on the Rates and Standards Matrix.
- Configure billing rules
- Ensure 837 files create claims with add-on codes billed on the same claim number as the primary service. 1 claim multiple services vs. one claim one service.
- Sign up for all relevant PCNX trainings as they are announced.

Bonus: PCNX Trainings

PCNX June Live Training Schedule- Registration TBD

Name	Audience	Date/Time	Presenters
Introduction to PCNX: Navigating the New User Interface	Providers with Sage accounts.	Tue 6/13/2023 3:00 pm - 5:00 pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
Introduction to PCNX: Navigating the New User Interface	Providers with Sage accounts.	Friday 6/16/2023 10:00 am – 12:00 pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX For Primary Sage Users: Admissions and Intake	Primary Sage Users	Wed 6/21/2023 9:00 am – 11:00 am	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX For Primary Sage Users: Admissions and Intake	Primary Sage Users	Wed 6/21/2023 3:00 pm - 5:00 pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX For Secondary Sage Users	Secondary Sage Users	Tuesday 6/28/2023 3:00 pm – 5:00 pm	Esther Orellana Ph.D.
PCNX For Secondary Sage Users	Secondary Sage Users	Thursday 6/29/2023 10:00 am- 12pm	Esther Orellana Ph.D.

PCNX July Live Training Schedule- Registration TBD

Name	Audience	Date/Time	Presenters
PCNX for Primary Sage Users: Clinical Documentation	Primary Sage Users	Wed 7/5/2023 3:00 pm - 5:00 pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX for Primary Sage Users: Clinical Documentation	Primary Sage Users	Thurs 7/6/2023 10:00 am- 12pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX for Primary Sage Users: Financial and Billing	Primary Sage Users	Tuesday 7/11/2023- In person after the provider meeting	Esther Orellana Ph.D. Greg Schwarz, Psy.D.
PCNX for Primary Sage Users: Financial and Billing	Primary Sage Users	Thursday 7/13/2023 1:00pm – 3:00 pm	Esther Orellana Ph.D. Greg Schwarz, Psy.D.

PCNX Office Hours Fridays at 10am starting July 7th

Provider Discussion

Amy McIlvaine

FOR MORE INFORMATION ON PAST PRESENTATIONS

Go to the Treatment Provider Meetings Page, CalAIM Prep Section for more information on payment reform workgroup meetings, including presentations, videos and attachments: LINK

REMINDER

The payment reform provider meeting series is intended to provide a forum to discuss how rates and reimbursement is expected to change beginning July 2023. Because these discussions are happening before DHCS has provided full information on rates and DPH-SAPC has been able to fully evaluate feasibility of rates for FY 23-24 and strategies to support optimal SUD treatment services, content is considered conceptual and draft, and may change. Only when DPH-SAPC has full visibility on all DHCS rates and the impact of State decisions, can a final rates/reimbursement approach be determined.

Thank You!

Visit RecoverLA.org on your smart phone or tablet to learn more about SUD services and resources, including a mobile friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!