

Utilization Management-Provider Meeting

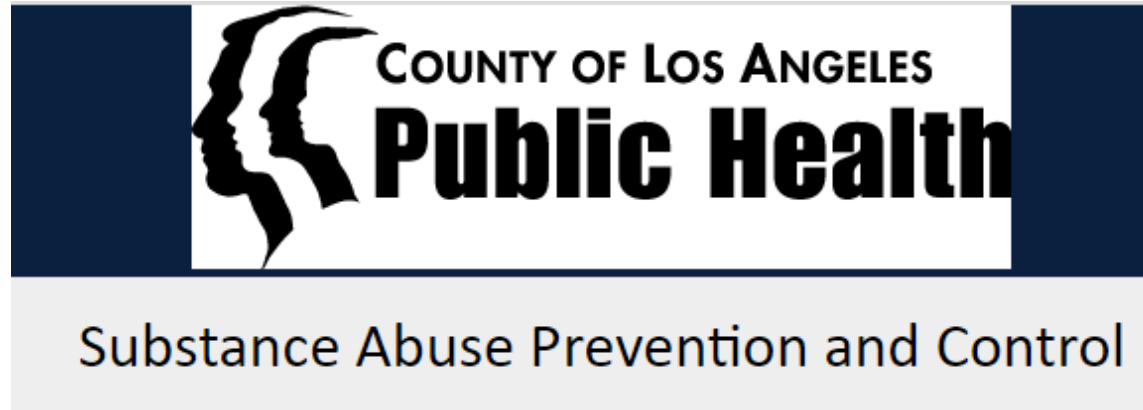
Los Angeles County Department of Public Health
May 17th, 2023
Substance Abuse Prevention & Control



Agenda

- **Medi-Cal Reverification of Eligibility (Reminder)**
- **Contingency Management**
- **Successful Submissions of Grievances and Appeals**
- **Eligibility Support Team**
- **Quality Improvement Documentation Review & Focus Groups**
- **Federal Training Requirements for Agency DEA Registered Prescribing Clinicians**
- **SAPC Referrals-Essential Contact List**
- **Open Discussion**
- **Adjourn**

Medi-Cal Reverification of Eligibility



Good morning SAPC Providers,

SAPC is sharing the below news release from the Department of Health Care Services (DHCS). DHCS has launched the public information and outreach campaign to raise awareness about the return of the Medi-Cal eligibility renewal process. Medi-Cal members can learn more about the renewal process and update their contact information to receive updates at [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org).

Please also keep the attached file of the news release for more information and direct links to [Covered California](#), [BenefitsCal](#), and [MyBenefitsCalWIN](#):

- [23-06 Medi-Cal Renewal Campaign-2-8-23](#)

SAPC will send out more detailed communication in the coming weeks.

Thank you,

Medi-Cal Reverification of Eligibility



DHCS NEWS RELEASE

DHCS LAUNCHES STATEWIDE MEDIA CAMPAIGN TO HELP CALIFORNIANS KEEP THEIR MEDI-CAL COVERAGE

New Campaign Will Help Medi-Cal Members Stay Covered When Eligibility Renewals Return in April

SACRAMENTO – The California Department of Health Care Services (DHCS) today launched a statewide public information, education, and outreach campaign to raise awareness about the upcoming return of the Medi-Cal eligibility renewal process for all 15.4 million Medi-Cal members, and to encourage them to take steps to keep their coverage.

“We know how much Medi-Cal members value their health coverage, so we want to make sure they know what to do to continue accessing the comprehensive care they need and deserve,” said **DHCS Director Michelle Baass**. “With more than 15 million Californians enrolled in Medi-Cal, we are committed to ensuring enrollees understand the upcoming renewal process and how to take action to avoid gaps in coverage. We are beginning this unprecedented task of resuming normal renewal operations, and we know

DHCS Contacts

1 Update your information

Log into your account to make sure Medi-Cal has your current:

- Address
- Phone number
- Email address

> [Find where to update your information](#)

2 Sign up for updates

Get general updates about what is happening with Medi-Cal renewals by signing up for email and SMS text messages.

Enter your information:

First Name

Last Name

Email

Mobile Phone

Zip Code

Submit



3 Check your mailbox

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form.

If you're sent a renewal form, submit your information by mail, phone, in-person, or online, so you don't lose your

<http://keepmedicalcoverage.org>

Medi-Cal Reverification of Eligibility

- Medi-Cal beneficiaries started receiving renewal notices in April 2023
 - Failure to respond to these letters with reverification of eligibility puts patients at risk of losing their benefits.
- Renewal letters will be sent out two months prior the month that the patient's eligibility was initiated, so, for example, Medi-Cal beneficiaries who enrolled in the month of July will receive their notice in May. The initial April 2023 notices was sent for patients who's Medi-Cal expires in June 2023.

Recovery Incentive Program

Contingency Management



Overview

- The Contingency Management (CM) is a benefit specific to Medi-Cal beneficiaries.
- CM is an evidence-based, cost-effective program for beneficiaries suffering from substance use disorders; California will be focusing on stimulant use disorder. Participants producing urine toxicology testing confirmed abstinence from stimulant will be positively reinforced with progressively increasing values of gift cards over the course of 24 weeks.
- The initial pilot program spans **May 1, 2023 to March 31, 2024**, with the earliest dates of CM service based upon the provider agency site's completion of CM enrollment as confirmed by the DHCS Recovery Incentives Program Liaison and SAPC.

CM Authorization Submissions

- Only providers that have completed CM onboarding should submit CM authorizations. The start date for authorizations cannot be earlier than their CM onboarding date confirmed by the DHCS Recovery Incentives Program Liaison (RecoveryIncentives@dhcs.ca.gov). The earliest possible date is 5/1/2023.
- Eligible providers should select the RI Program- Contingency Management Authorization Grouping which is an auth specific to CM claims. *CM claims cannot be submitted to other authorization groups, and other auth groups do not include CM-specific claim codes.*
- For CM authorizations, select RI Program – Contingency Management as a Benefit Plan under the Funding Source & Benefit Plan Information section:

Funding Source & Benefit Plan Information	
Funding Source: Drug Medi-Cal ▼	Benefit Plan: <div style="border: 1px solid red; padding: 2px;"> - Please Choose One - ▼ * </div> <div style="background-color: #007bff; color: white; padding: 2px;"> - Please Choose One - </div> DMC SUD Services RI Program- Contingency Management
Program: Recovery Facility 2 ▼	

CM Authorization Requirements

1. LA County Residency with active Medi-Cal or clients who are in the ICT process confirmed to have a county residence showing as LA County
 - *Patients without Medi-Cal are not eligible to participate in the CM program.*
2. A **Finalized ASAM** that includes diagnosis for Stimulant Use Disorder with Moderate or Severe specifiers
3. Clients in residential services can be enrolled in CM on the day of transition and admission to non-residential LOCs.
4. Participants in CM are encouraged to participate in additional non-residential services but it is not a requirement to receive non-residential services in order to be receiving CM.
5. Miscellaneous note is required (*LPHA finalization* on miscellaneous note is not required)
 - Indicate the authorization is for CM benefit
 - Client meets criteria for moderate or severe Stimulant Use Disorder
 - Previous discharge date and re-enrollment date if applicable
6. CM Authorizations will be approved for up to 180 days
7. CM pilot ends on **3/31/2024**: CM authorization end dates will not extend beyond 3/31/2024

Successful Submissions of Grievances and Appeals



Successful Submissions of Grievances / Appeals (G&A)

- For accurate and timely resolution of Grievance or Appeals (G&A):
 - Sufficient explanations with additional information on G&A forms
 - Timely and thorough documentation within Sage and upload of supporting documentation in attachments
 - If barriers to submitting/finalizing items needed to approve authorization according to SAPC timelines, it helps us resolve your appeal favorably when these barriers are documented in real time in Sage
 - When applicable, submit a Netsmart ticket upload in attachments
 - Item #11 on the Grievance Form and item #17 on the Appeal form should include the following information: PATID, Auth #, reason for denial, and argument for overturning the denial

Successful Submissions of Grievances / Appeals (G&A)

Example of insufficient documentation

16. Which type of NOABD did you receive:

<input type="checkbox"/> Denial	<input type="checkbox"/> Termination
<input type="checkbox"/> Payment Denial	<input type="checkbox"/> Timely Access to Services
<input type="checkbox"/> Other, describe _____	<input checked="" type="checkbox"/> Notice of Grievance/Appeal Resolution

17. Addition information on your appeal of the NOABD. Attach pages and documentation, if needed.
 SUBMITTING A REQUEST FOR ADDITIONAL AUTH TO COVER DOS: 5/1/22 TO 7/7/22

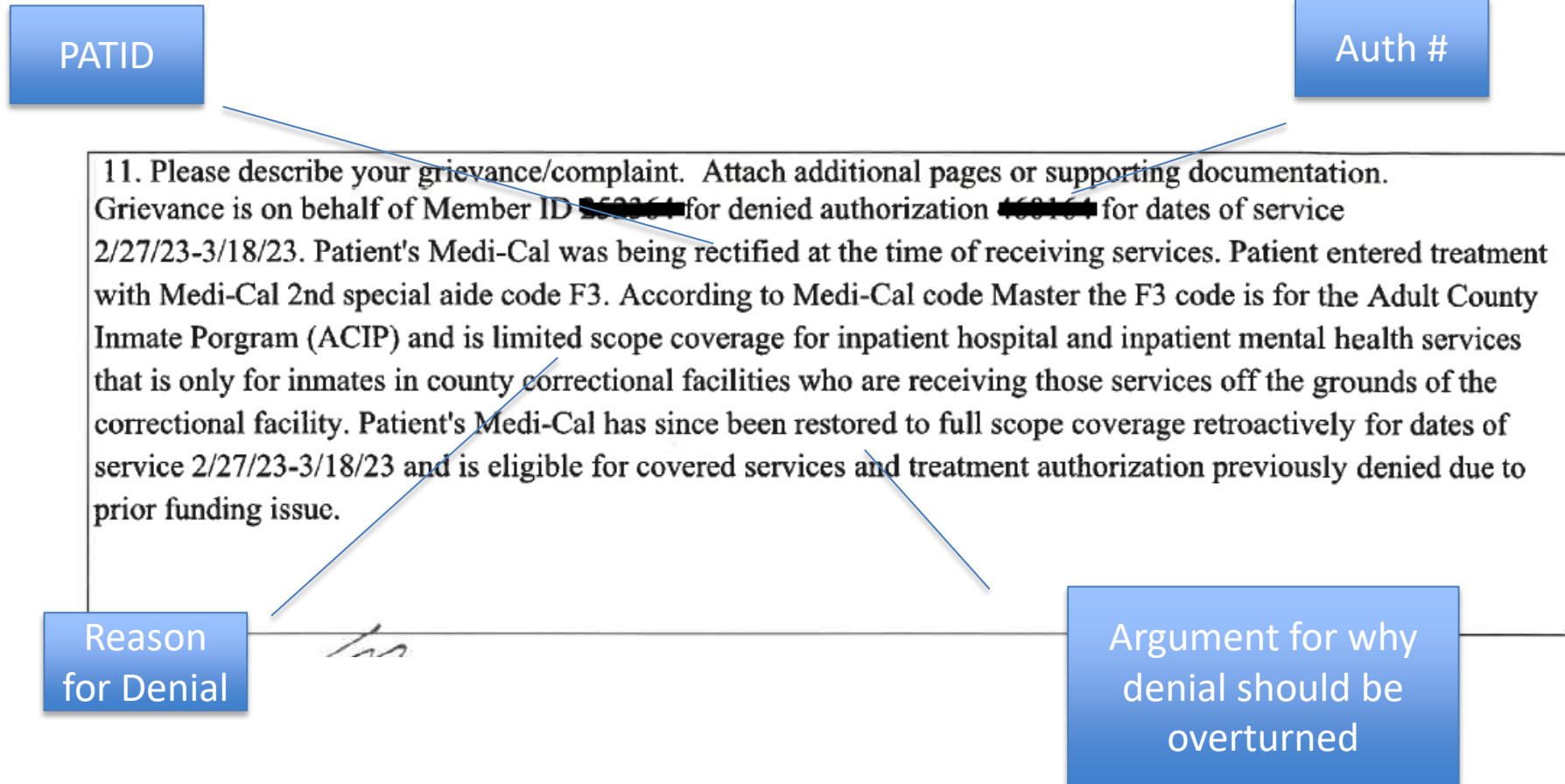
“Additional auth”? Was an auth submitted? Which auth does this Appeal pertain to?

If an auth was submitted and approved what reason should denial be overturned

What LOC is being requested?

Successful Submissions of Grievances / Appeals (G&A)

Example of sufficient documentation





SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 South Fremont Avenue; Building A-9 East, 3rd Floor
Alhambra, California 91803



APPEAL FORM

1. (Check One): <input type="checkbox"/> Standard Appeal <input type="checkbox"/> Expedited Appeal		2. Date:	
INFORMATION ABOUT MEDI-CAL BENEFICIARY FILING APPEAL			
3. Name (Last, First, and Middle): <small>(required)</small>		4. Sage PT ID#: <small>(if known)</small>	5. Authorization # <small>(if known)</small>
6. Date of Birth: <small>(required)</small>	7. Medi-Cal #: <small>(if known)</small>	8. Street Address: <small>(required if there is an address available)</small>	
9. City and Zip Code <small>(required if there is an address available)</small>	10. Phone Number and/or Email Address: <small>(required if there is a phone number or email address available)</small>	11. Do we have your permission to leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE IF AUTHORIZING A REPRESENTATIVE TO APPEAL ON YOUR BEHALF			
12. Name of Representative:		13. Agency Name/ Relationship:	14. Email:
15. Street Address:		16. City and Zip Code:	17. Phone:
18. If the Patient is authorizing another person or entity to represent them in filing this appeal, their signature is required below:			
_____		_____	
Patient Name (Print)		Patient (Signature)	
INFORMATION ABOUT THE APPEAL			
19. Did you receive a Notice of Adverse Benefit Determination (NOABD) letter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Did anyone complete this form on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Which type of NOABD did you receive:			
<input type="checkbox"/> Denial	<input type="checkbox"/> Termination	<input type="checkbox"/> Denied Services/Referral/Appointment	<input type="checkbox"/> Patient Rights violation
<input type="checkbox"/> Payment Denial	<input type="checkbox"/> Timely Access to Services	<input type="checkbox"/> Quality/appropriateness of care	<input type="checkbox"/> Billing
<input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Notice of Grievance/Appeal Resolution	<input type="checkbox"/> Staff issues/customer service	<input type="checkbox"/> Other: _____
22. Please provide detailed information on your appeal of the NOABD. Attach pages and documentation, if needed.			

Signature of Medi-Cal Beneficiary/Authorized Representative _____

Date _____

SUBMIT THE COMPLETED APPEAL BY:

Email: SAPCmonitoring@ph.lacounty.gov	Mail: Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3 rd floor, Box 34, Alhambra, California 91803
Phone: (626) 299-4532	
Fax: (626) 458-6692	
If you need this form in alternate format (e.g., another language, large print, braille, or audio), call 1-888-742-7900.	



SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 South Fremont Avenue; Building A-9 East, 3rd Floor
Alhambra, California 91803



COMPLAINT/GRIEVANCE FORM

1. Date:		
PERSON FILING THE GRIEVANCE		
2. Name (Last, First, and Middle): <small>(required)</small>		3. Sage PT ID#: <small>(if known)</small>
4. Authorization # <small>(if known)</small>		
5. Date of Birth: <small>(required)</small>	6. Medi-Cal #: <small>(if known)</small>	7. Street Address: <small>(required if there is an address available)</small>
8. City and Zip Code <small>(required if there is an address available)</small>	9. Phone Number and/or Email Address: <small>(required if there is a phone or email address available)</small>	10. Do we have your permission to leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAIN ON YOUR BEHALF		
11. Name of Representative:		12. Agency Name/Relationship:
13. Email:		
14. Street Address:		15. City and Zip Code:
16. Phone:		
17. If you are authorizing another person or entity to represent you in filing this complain/grievance, please sign below:		
_____		_____
Patient Name (Print)		Patient (Signature)
INFORMATION ABOUT YOUR GRIEVANCE		
18. Grievance/Complaint Type (check all that apply):		
<input type="checkbox"/> Service not available/accessible	<input type="checkbox"/> Enrollment/disenrollment issues (Med-Cal Only)	<input type="checkbox"/> Denied Services/Referral/Appointment
<input type="checkbox"/> Problems with payment to provider	<input type="checkbox"/> Staff issues/customer service	<input type="checkbox"/> Patient Rights violation
<input type="checkbox"/> Quality/appropriateness of care		<input type="checkbox"/> Billing
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____
19. Please provide detailed information about the complaint/grievance. Attach additional pages or supporting documentation, if needed.		

Signature of Person or Authorized Representative _____

Date _____

SUBMIT THE GRIEVANCE (OR COMPLAINT) BY:

Email: SAPCmonitoring@ph.lacounty.gov	Mail: Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3 rd Floor, Box 34, Alhambra, California 91803
Phone: (626) 299-4532	
Fax: (626) 458-6692	
If you need this form in alternate format (e.g., another language, large print, braille, or audio), call 1-888-742-7900.	

Eligibility Support Team

1. Available to receive emails inquiring about patient Medi-Cal eligibility discrepancies with County of Residence.
 2. Assisting provider agency staff in troubleshooting Patient eligibility issues.
 3. Training about Inter-County Transfers to provider agency's staff.
 4. Eligibility Support Team who review monthly reports retrieved from KPI that indicate discrepancies between patients' Medi-Cal benefits and the selected Guarantor. They reach out to providers to have corrections made as needed.
- **NOTE: Many of the counties that were previously not available on BenefitsCal have been added recently added.**

Essential Contact Info

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- Phone Number to file an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

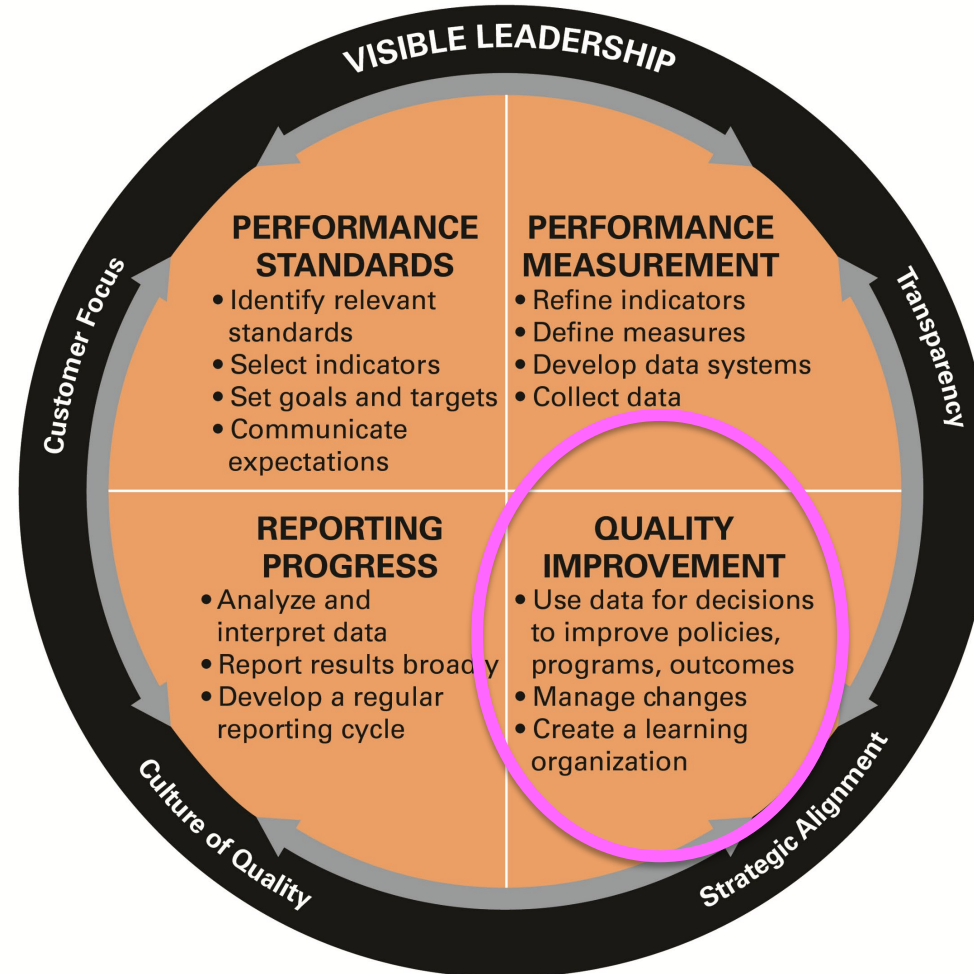
Clarification

- Phone Number to follow-up with an appeal after receiving a resolution letter: **(626) 293-2846**

Quality Improvement Documentation Review & Focus Groups



PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual7.0.pdf>

A magnifying glass with a black handle and a silver rim is positioned over a background of horizontal stripes in various colors including red, yellow, green, and blue. The text "Documentation Review" is centered in white, bold font over the lens of the magnifying glass.

Documentation Review



Focus Groups

Contact Information: SAPC Quality Improvement

- Phone **626-299-3531**
- Email SAPC.QI.UM@ph.lacounty.gov

DEA Training Requirement



DEA Registration: Training Requirement

- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners:
http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf
 - 8 Hours of Training
 - Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder
- OR
- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

DEA Registration: Training Requirement

- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners:

http://www.dea diversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

Already considered to have satisfied this training:

- All physicians board certified in addiction medicine or addiction psychiatry
- All DEA registrants who graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023 who have already completed a comprehensive curriculum that included at least eight hours of applicable training
- DEA registrants who completed 8-hours of DATA-Waiver training

DEA Registration: Training Requirement

- If needed, 8 hours of applicable training available via:
 - AMA: <http://edhub.ama-assn.org/course/302>
 - ASAM: <http://www.asam.org/education/dea-education-requirements>
 - AAAP/PCSS: <http://pcssnow.org/education-training>
 - AANP: <http://aanp.inreachce.com> (Select *courses that meet DEA requirements*)
 - AAPA: <http://www.aapa.org/wp-content/uploads/2023/04/Conference-sessions-toward-DEA-requirements-2.pdf>
- Full list of accredited providers listed via
http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

SAPC Essential Contact List



UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service

Q&A / Discussion

The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

Socrates