



PROVIDER INCENTIVES PILOT PROGRAM

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

All Provider Meeting: May 28, 2019


What is the Provider Incentives Pilot Program?

A pilot program to offer a set of provider incentives with the goal of enhancing services and outcomes for people with substance use disorder (SUD). For Fiscal Year 2018-2019, incentives focus on benefits acquisition (existing and new benefits) and accuracy of data entry in Sage.





Three Key Areas of Focus

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1. **Benefits Acknowledgment**
 2. **Benefits Acquisition**
 3. **Timely Data Entry**

Where are the guidelines found?

- SAPC Bulletin No. 18-06-START
 - <http://publichealth.lacounty.gov/sapc/Bulletins/STAR-T-ODS/Bulletin18-06IncentivesRates.pdf>
- Rates and Standards Matrix Page 1 lists all the codes and parameters for when to submit claim.



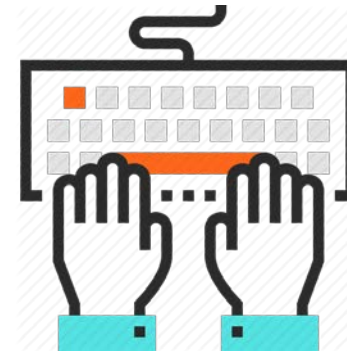
Benefits Acknowledgement (“Ex”)

- Purpose: For providers to identify, acknowledge and document appropriately each additional Non-DMC funding option that already ***Exists*** for the patient.
- “Ex” HCPCS prefix- Ex = “Ex”isting benefit
- \$5 per existing benefit documented per patient = \$\$\$



Documentation Requirements on Cal-OMS Admission Form

- **AB109**
 - Enter corresponding PB #, X #, Probation Case #
- **CalWORKS and General Relief (GR)**
 - Enter Case Number 7 or 10 digit alpha-numeric #
- **Juvenile Justice Crime Prevention Act (JJCPA) and Title IV-E**
 - Enter PDJ #, P or Y + 6 numbers
- **Promoting Safe and Stable Families Time Limited Family Reunification (PSSF- TLFR)**
 - Enter Case Number



Benefits Acquisition (H0006)

- **Purpose:** To minimize barriers to treatment access, and support receipt of additional health and social services, network providers need to assist patients in applying for new benefits.
 - These incentives are designed to encourage providers to assist patients with benefits acquisition AND can be coupled with case management claims.
 - MUST be enrolled and approved before submitting incentive claim. Do NOT submit incentive claim until patient is officially approved and enrolled in benefits program.
 - Benefits Programs included in the incentive are: Medi-Cal (\$30), MHLA (\$30), CalWORKs (\$20), GR (\$20), CalFresh (\$5)
 - To qualify for the Medi-Cal, CalWORKS, GR and CalFresh incentive, providers must enroll the patient online via [Your Benefits Now](#) on the DPSS website.
 - In-person enrollment does NOT qualify for the incentive.



Verification of Benefits Acquisition

- How do providers enter the information into Sage for confirmation of benefits acquisition?
 - E.g., What is SAPC looking for to verify compliance?





- Application submitted online
- Cal-OMS/LACPRS - Change fields from pending Medi-Cal to Yes and include the CIN
- Financial Eligibility Form - Delete Applying to Medi-Cal and enter Medi-Cal as the primary guarantor (keeping secondary guarantor as LA County Non-DMC) and enter the CIN on the guarantor details page under Subscriber Client Index Number Field.
- Verify enrollment on AEVS or copy the Medi-Cal Card. Upload either in file attachments in Sage, with clearly labeled file attachment name.



- Cal-OMS/LACPRS - Select My Health LA in “Other Funding Programs” field and enter MHLA ID and Medical Home.
- Financial Eligibility Form - Only LA County Non-DMC guarantor should be listed.
- Upload verification obtained from DHS or the Medical Home to Sage via attachments, with clearly labeled file attachment name.

CalWORKs or General Relief

- Application must be submitted online
- If CalWORKS
 - Cal-OMS/LACPRS - Select CalWORKS in “Other Funding Programs” field and enter CalWORKs case number
- If General Relief
 - Cal-OMS/LACPRS - Select General Relief in “Other Funding Programs” field and enter GR case number
- Financial Eligibility Form - Reflects all current benefits. Medi-CAL if enrolled and LA County Non-DMC guarantor should be listed.
- Upload verification of submission to DPSS to Sage via attachments, with clearly labeled file attachment name.



- Application must be submitted online.
- Upload verification of submission to DPSS to Sage via attachments, with clearly labeled file attachment name.

Timely Data Entry (“D”)

- Purpose: Data quality and accuracy is critical to minimizing errors in Sage. These incentives are designed to promote a shorter completion timeframe for the full Cal-OMS/LACPRS admission and discharge datasets.
 - Entry of a complete Cal-OMS record during the required timeframe
 - Admission - Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date. (\$10)
 - Discharge - Full CalOMS/LACPRS Discharge Data Set completed on the day of last service (\$10)
 - The last date of service is the last day you are claiming for this patient or submitted a billable service.
 - For residential services, the day the person leaves the facility is typically not billed. Similar to a hotel stay. You don’t pay for the day you leave (e.g., Pay for nights used, not days).





How To Bill for Incentives

Provider Authorizations For All!


- To make the process as simple and easy as possible, SAPC has set up a Provider Authorization, or PAuth, for all providers to use when billing incentives.
 - No need for authorization through the UM process
 - Providers are automatically authorized to bill for all incentives they qualify for
- All twelve incentives are included in just **1** Provider Authorization and number.
 - No need to search for multiple Pauths if you are claiming more than one qualified incentive.
 - Secondary users with their own EHR will each have **1** Pauth Number to use across all patients and incentives.
 - Please enter that number in the appropriate place in your system to populate to the 837 claim form.

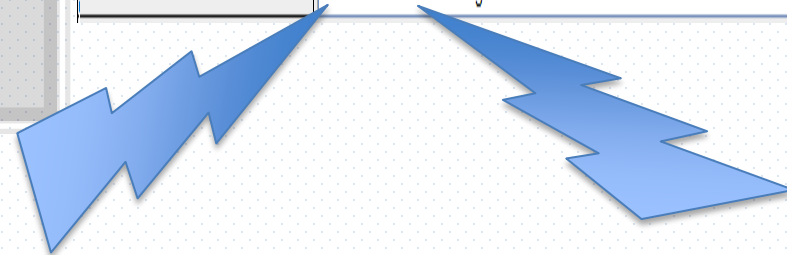


Where Can Providers Find Their PAuth's?

- For Providers that claim through Sage, Pauths are listed on the Treatment page along with all member auths.
 - Pauths all start with a “P” followed by a number
- Providers that claim in their own EHR, if you do not know your Pauth number, please contact the HelpDesk to get that information.



Authorization:	Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - Description from Select Authorization to filter CPT Codes
	Select Authorization to filter CPT Codes
CPT Code: 	Auth #: 105616 FS: Drug Medi-Cal 1/1/2019 - 6/30/2019 : Recovery Facility : ASAM 1.0 - 21 and Over - Auth #: 105617 FS: Drug Medi-Cal 1/1/2019 - 6/30/2019 : Recovery Facility : ASAM 1.0 - 12-17 - 90846 - Auth #: P4284 FS: Drug Medi-Cal 7/1/2018 - 6/30/2019 : : Incentives - D-AD - Admission Data - 7 Days,





Entering a Treatment for Incentives

Enter Treatment Criteria

(Page 1 of the Treatment)

- Must enter the date that corresponds with the day the incentives criteria were met
 - I.E. Date of DMC approval, date Cal-OMS was entered, etc...
- Select the Incentives PAuth that covers the date entered (Should only have 1 Pauth for FY 18/19 for all incentives)
- Select Clinician that worked on the incentive and corresponding Provider License Type (as with all claims)
- Select the program the patient is admitted to and receiving treatment
- Units/Day should **ALWAYS** be "1"

Enter Treatment Criteria	
<input checked="" type="radio"/> Single Date:	04/30/2019
Authorization:	Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - Description from Auth Auth #: P4284 FS: Drug Medi-Cal 7/1/2018 - 6/30/2019 :: Incentives - D-AD - Admission Data - 7 Days, D-DC - Discharge Data - Same Day, Ex-AB - AB 109 Case or PB Number
CPT Code:	Procedure Code - Description ([Funding Source.] Level of Care, Valid Dates) D-AD D-AD - Admission Data - 7 Days (, 7/1/2018 - 6/30/2019)
Clinician:	SMITH,JOHN (1/1/2017 -)
Performing Provider License Type:	11 - Certified SUD Counselor
Program:	Recovery Facility
Units / Day:	1 <small>Warning! testing Group based service units have a one minute duration.</small>
Is this service a replacement?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Service to replace:	- Please Choose One -



Entering a Treatment for Incentives

Enter Additional Information (Page 2 of the Treatment)

- Enter the Duration of the service if able.
 - For Cal-OMS entries, including Admission, Discharge, entering existing benefits information, enter the approximate duration for entering the information.
 - For Acquiring Benefits, enter the number of days from application to approval as the duration.
- Select the Location type for the program patient is admitted
- Always leave diagnosis blank
- Enter 0 for Private Pay Amount Add/Edit

Treatment Details	Additional Information
Funding Source: Drug Medi-Cal CPT Code: D-AD - Admission Data - 7 Days Num of Days: 1 Units/Day: 1 Total Units: 1 Cost/Unit: \$10.00 Cost/Day: \$10.00 Total Cost: \$10.00 Treatment Date(s): 04/26/2019	Start Time: <input type="text"/> End Time: <input type="text"/> Duration (minutes per service): 30 Location: <input type="text" value="Non Residential Substance Abuse Treatment"/>
Diagnosis Details	
Primary Diagnosis: <input type="text"/>	
Second Diagnosis: <input type="text"/>	
Third Diagnosis: <input type="text"/>	
Fourth Diagnosis: <input type="text"/>	
Financial Details	Review Eligibility Information
<small>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</small>	
Private Pay Amount Add/Edit: <input type="text" value="0"/>	
Billed Amount: <input type="text" value="10.00"/>	
Service Comments: <input type="text"/>	