PROVIDER INCENTIVES PILOT PROGRAM

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

Sage Provider Advisory Meeting: November 27, 2018

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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

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/START-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
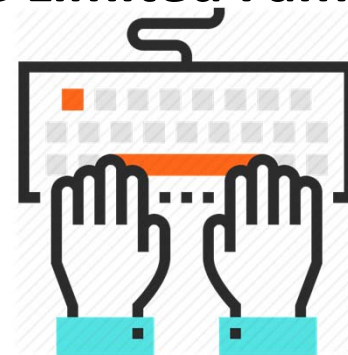
Benefits Acquisition (H0006)

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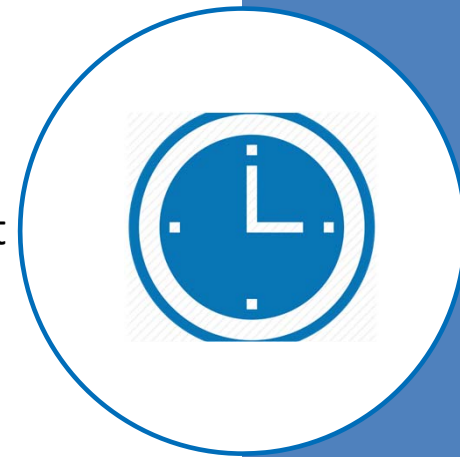
- Application must be submitted online.
- Upload verification of submission to DPSS to Sage via attachments, with clearly labeled file attachment name.

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).