COUNTY OF LOS ANGELES, DEPARTMENT OF PUBLIC HEALTH, SUBSTANCE ABUSE PREVENTION AND CONTROL
Provider Advisory Committee Funding Utilization Workgroup, SAPC Recommendation Follow Up – November 1, 2022

PAC Recommendation	SAPC Initial Feedback	SAPC Questions	PAC FUW Response
1. Provide an all-provider training on billing process from start to finish, so staff better understand intricacies of the process.	SAPC's Sage team has created a library of training designed to help providers navigate and better understand the system. Existing trainings are available on the Sage website: http://publichealth.lacounty.gov/sapc/providers/sage/trainings.htm Trainings are classified into 4 key areas: Finance, KPI, ASAM, General System Information and Other Training Resources. Additionally, there are system guides at the following website that may also be helpful for providers: http://publichealth.lacounty.gov/sapc/providers/sage/system-guides.htm. Lastly, the Sage main website has resources and prior Sage communications that contain key information to support Sage users: http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm. SAPC will also (1) review trainings/resources and explore potential additions or revisions; (2) review existing resources and address gaps and compile for the FUW to review (example: "Life of a Claim" doc); and (3) label or remove obsolete items on website.	• Are there specific processes/codes that are particularly challenging? • Has the Financial Utilization Workgroup (FUW) reviewed resources on Sage website, and, if so, are there particular resources that are helpful or unhelpful? • Are there access issues with the existing resources? Hard to find? Organization?	
2. Provide Contact sheet with defined roles of SAPC billing staff so that staff understands who to contact for follow-up questions.	The primary contacts for SAPC's Finance Services Branch are: Daniel Deniz ddeniz@ph.lacounty.gov (Branch Chief), Ariel Young ayoung4@ph.lacounty.gov (DMC Fiscal Operations), Kevin Ong keong@ph.lacounty.gov (Fiscal Compliance and Reporting), Babatunde Yates byates@ph.lacounty.gov (Budget, Revenue, Expenditures). Questions related to Drug Medi-Cal (DMC) claims are coordinated through Ariel Young who will work with other managers and her team members to address provider issues that are submitted via the Sage Help Desk. This remains the most efficient way for SAPC to address provider needs, identify patterns in Sage and claims related problems, and communicate resolutions. For DMC claims-related issues, providers can forward the Help Desk submission and assigned number to Daniel Deniz and Ariel Young for visibility, but responses need to be handled through the Sage Help Desk process.	• What are the gaps/challenges in the ticketing process?	

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3. Streamline denial process, specific to out-of-county-denials, assign one SAPC staff for Providers to contact with issues/concerns to help recoup or rebill if able to.	SAPC's DMC Fiscal Operations team is responsible for processing claims and can provide additional assistance to providers, as needed. Similar to #2 above, it is best to always go through the Sage Help Desk since it should resolve issues more quickly and questions can be escalated to Finance if tickets are unable to be resolved. This also allows SAPC to track questions and ensure questions are answered in a timely manner. Providers can forward ticket numbers to Daniel and Ariel to ensure follow up/visibility. Once the ticket is assigned to a specific staff, they will serve as the primary contact for resolving issues. Staff are also reviewing the out-of-county process to troubleshoot new issues (e.g., when a County does not use MyBenefitsCal). Questions regarding out-of-county denials should be directed to the Eligibility Support Team by emailing Nancy Crosby, ncrosby@ph.lacounty.gov. Resources (all on the Sage website) regarding billing and denials: • Main resource page – Sage Trainings-Finance • Quick Guide to Identifying Denials • Sage Guide to Claim Denial Resolution and Crosswalk Version 3.0 • Sage Claim Denial Reason and Resolution Crosswalk Version 3.0 • Sage Denial Troubleshooting and Replacement Claims Submission Presentation • Billing Denials 2.0: Claims Pre-Adjudication and Denial Troubleshooting Presentation • Other Health Coverage Provider Billing Manual • OHC FAQ • Claiming for Telehealth Using Modifiers • Documenting Changes in Financial Eligibility Status • Correcting Diagnosis Errors in Sage		

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4. Provide training on how to interpret various reports from SAPC.	SAPC has created various job aids to assist providers in understanding various reports supporting billing. SAPC's team can look at specific reports and provide additional clarity or guidance. Please submit the names of the reports to SAPC-Finance@ph.lacounty.com that providers would like additional information on or suggestions for improving current job aids supporting the report. Similar to the response above, there may be something that can be useful to help interpret reports. Below are the links referenced above: • General Sage Trainings – Finance: http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm • Critical Error Report Guide for 837 Files • Guide to Claim Denial Resolution and Crosswalk – contains sections on the available KPI views and ProviderConnect reports including what information is presented and how to use it to troubleshoot denials. • Interpreting the Real Time 270 Results • Cost Report Forms and Instructions • http://publichealth.lacounty.gov/sapc/providers/sage/trainings.htm • http://publichealth.lacounty.gov/sapc/providers/sage/system-guides.htm. • http://publichealth.lacounty.gov/sapc/providers/sage/trainings.htm	• Are there particular reports that have been challenging to interpret? • Are there particular job aids that providers would like to see additional detail added? Examples would be helpful to target specific information providers are seeking.	
5. Explain why certain changes are being made so that Provider better understands big picture.	SAPC provides regular updates in the following forums, and encourages broad participation: All Provider Meetings, Provider Advisory Committee meeting, CAADPE/COMP meeting and the Provider Utilization Management meeting. SAPC also sends out bi-weekly Sage Communications that highlight changes and updates in the system. Those communications can also be found on the Sage website: http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm There are three areas where SAPC expects significant changes under CalAIM: (1) payment reform, (2) documentation, and (3) data exchange. SAPC is waiting for additional information from DHCS on payment reform	• In what ways are these meetings not meeting the needs of provider leadership? This information will help us to adapt how information is presented or provide additional forums, as appropriate.	

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	and will schedule additional meetings by the year new once more information is known.		
6. Provide annual training to Providers, reviewing changes made to contract that will impact budgets.	Currently these updates are provided via the regular provider meetings (i.e., All Treatment Provider meetings). These meetings are recorded, and all material is posted on the SAPC website: http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm SAPC will explore re-instating the annual Contract Conference and revise to include a Finance component. Additionally, Finance is actively working on developing a formal budget development and approval process to build upon and improve the current process. Lastly, providers are encouraged to reach out to their SAPC Contract Program Auditor (CPA) should there be any questions on contract requirements.		
7. Connect Cost-Report to Budget, making it easier to review budgets and spend revenue appropriately.	SAPC recognizes the importance of having a visibility on spending, costs and overall budget tracking. Ultimately, these are processes that providers need to have in place and this is not solely a SAPC responsibility to ensure that providers can balance their budget. However, SAPC certainly wants to support this aim to the extent we can and there are several new processes that Finance will implement to support providers in this area: • Finance will track a provider's utilization and project annual contract use to identify any under-/over-spending situations. • Expanded and enhanced budget guidelines to increase understanding and streamline process. Current guidelines are available at the following link: http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm • A streamlined and local fiscal reporting process to give providers an earlier view of costs. Providers should also reach out to CIBHS to participate in no-cost training and technical assistance related to budget, and projecting revenue.	• Are there any existing resources/trainings that you are aware of that you find helpful?	

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8. Request SAPC to explore Payment Reform (Augmentation vs. Cost Settlement).	SAPC has engaged significantly with the State and the County Behavioral Health Directors Association (CBHDA) on the transition to payment reform in July 2023 which includes movement away from the State's cost reporting forms required FY 22-23 and prior and towards fee-for-service (FFS) and ultimately to value-based reimbursement, which includes a review of the nexus between reimbursement rates and provider investments that directly contribute to quality- and outcome-based care. Payment reform is separate and distinct from augmentations that are tied to provider contract maximums and the delivery of direct treatment services. As indicated in #7, SAPC is awaiting additional information from DHCS that will enable broader discussions with providers and opportunities to continue system transformation under CalAIM. In the meantime, this topic will be discussed at the next All Provider Meeting on 11/8 and a more detailed discussion/meeting is being planned.	• Can you clarify/provide more information about what you have in mind?	
9. Extend Cost Based billing through end of pandemic, or at least until COVID-19 protocols lifted for health care workers.	SAPC is unable to reinstate cost-based payments for non-residential levels of care and will need to sunset COVID Residential/In-patient Outbreak Payment (CROP) for residential programs for periods where a facility was designated as an outbreak site by the local Public Health department and where services were impacted beyond the federal/State declaration of the end of the pandemic. Payment reform in July 2023 also further moves the SUD system away from cost reimbursement and reliance on FFS reimbursement models that depend on patients served and not costs of doing business.		
10. Request SAPC to explore other ways to determine Quality of Care.	Payment reform is a pathway for the State and Counties to transition from payment for services delivered to a greater reliance on quality- and outcome-based care. The State and Counties (SAPC) expect to eventually move to value-based reimbursement where benchmarks are set that define quality and reward agencies that reach those quality benchmarks through for example incentive payments. In the meantime, SAPC will continue to collaborate with providers to establish and sustain quality priorities and work to advance and elevate the SUD system.	• What are examples of "other ways" to address quality and are there concerns or questions about current quality of care efforts underway?	
11. SAPC to set up Bulletin to explain steps in identifying and accessing	SAPC is committed to supporting providers in their efforts to secure grants and diversify their funding. SAPC has initiated a Grant Development initiative in partnership with CIBHS to conduct a proposal	• Would training be helpful here?	

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secondary funding sources.	workshop where providers will research, develop and draft key components of a grant/funding application. SAPC and CIBHS are working on the workshop design now with a launch date of January 1, 2023.	• What information would you like to see in a specific written resource, like a bulletin?	
12. SAPC to act with more intentionality to support Providers willing to collaborate.	SAPC is eager to work with the entire provider network to continue to advance the SUD workforce, and advance parity with mental health and physical health services. The most pressing areas of collaboration include payment reform, harm reduction across the continuum of care, and better reaching those who need treatment but do not access it. If there are additional recommended topic areas, SAPC would appreciate additional detail on how to better address this specific request.	• SAPC would like some additional information from the workgroup on this recommendation. • What does the workgroup mean by "support providers willing to collaborate" here and what specific ways can SAPC lend support?	
13. SAPC to create a mechanism by which like-minded agencies can collaborate on projects, programs or with regard to specialized populations and providers are incentivized to do so.	We encourage providers to work together any time, within and outside of the Provider Advisory Committee (PAC). We can consider leveraging existing meeting spaces to facilitate more engagement/collaboration and welcome ongoing dialog with the PAC about opportunities to do so. However, it is important to recognize that providers do not need SAPC to collaborate with other providers from the SAPC network and providers are encouraged to collaborate independent of SAPC as well.	• What specific mechanisms did the workgroup have in mind? • What are the current barriers to collaboration that SAPC can potentially address?	
14. SAPC to create services funded through SAPC that require collaboration (i.e., Homeless Outreach w/ Harm Reduction emphasis that includes a provider that is certified to do syringe exchange with a provider that does CENS).	At this time, SAPC does not have additional funds to create new services or reimbursement categories that specifically fund collaboration outside of the DMC Care coordination benefit. Agencies whose treatment reimbursement is higher than the service/budget costs could reinvest those funds in efforts such as these to improve service delivery. If additional funding opportunities become available, SAPC can explore this in the future.	• SAPC would like some additional information and guidance on what the workgroup is recommending. Are you recommending specific policy changes to facilitate collaboration? • Are there specific models that you are thinking of to illustrate	

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		what you hope SAPC can facilitate?	
15. Offer Letters of Support (LOS) to agencies seeking third-party grants which specifically involve collaboration between SAPC providers.	Requests for letters of support can be sent to Maria Munoz mmunoz@ph.lacounty.gov with copy to Gloria Hernandez at ghernandez@ph.lacounty.gov and Donna Lee at dlee@ph.lacounty.gov. For BCHIP letters of support, please add Michelle Gibson migibson@ph.lacounty.gov. SAPC will review these requests and process when possible. Please submit at least 2 weeks in advance to allow time for processing.	• Are there other actions/efforts regarding LOS that you would like to see addressed?	
16. Reduce the emphasis on geography and increase emphasis on collaboration between agencies that are uniquely adept at working with special populations (LGBTQ+, Pregnant Women, Re-Entry).	One reason why SAPC has emphasized regional efforts is to ensure that patients have access to the full continuum of care as close to their residence as possible; this includes programs that specialize in serving specific populations. SAPC feels it is important to collaborate across regions as well as populations, and has some mechanisms for this including CENS SPA meetings, PAC, Youth Providers meetings, etc. SAPC's Systems of Care Branch (SOC) is also working on how to utilize regional networks and other collaborative opportunities to address this.	• Are there specific collaborative spaces/SAPC-led or other meetings/spaces that you are in that serve as a good model for achieving this? • Where is this going well? • Are there existing spaces that could be leveraged to help follow up on this recommendation?	
17. Allow SAPC contracted agencies to act as "fiscal sponsors" for smaller, non-SAPC contracted providers to encourage expansion of services and increased access.	There are no provisions that bar these types of administrative structures. There are several contracted providers that have these types of relationships with other entities. Providers may explore any organizational structure that they deem most appropriate. Once a determination is made, providers will work with SAPC on the needed contractual changes. These may include the revisions of licenses/certifications, updated organizational documents (Board of Directors, etc.). Providers could also reach out to CIBHS for technical assistance.	• What do you mean by "fiscal sponsor"? Subcontractor? • Can you say more about what current obstacles are? Many providers currently have multiple funding streams without issues.	
18. Providers to have additional opportunities to collaborate directly, for example, SAPC could procure leases for	SAPC is unable to fund leases outside of the DMC rates process and allowable reimbursement costs under the contract. SAPC will continue to assess whether additional efforts are needed to ensure network adequacy including in high-cost areas of the County and if there are opportunities to leverage payment reform.	• What service expansion is this referring to? • Is this beyond existing co-locations (CENS, field-	

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programs in underserved areas to allow for providers to run programs from those sites and take over the leases to also encourage expansion of services and increased access to services.		based)? Replication of MLK BHC? • Is the request to have SAPC pay the lease on new sites until the provider can manage the facility?	
19. Collaborate with DMH: Incentivize co-location of DMH and SAPC funded-programs.	A key element under CalAIM is better integration of mental health and SUD services. SAPC and DMH are meeting regularly and can explore any challenges in SUD providers obtaining concurrent DMH contracts. SAPC is also focused on provided integration of care and not just co-location as well as learning more from providers who have successfully accomplished this work or who are currently implementing efforts to integrate care. This will require our SUD providers to also assess staffing, training, and resource issues to support this work. Payment reform may be an opportunity to determine if this is an option for incentive payments.	• What barriers exist in providers being able to contract with DMH? • What agencies are actively working to expand MH services in addition to SUD services?	
20. Incentivize agencies with Master Agreements with both DPH SAPC and DMH.	See #19.		
21. Incentive co-location at DHS sites (SUD units) operated by CBOs.	DHS currently offers limited DMC-ODS services. SAPC could explore if this is something DHS is interested in but presently it would likely need to be a field-based services (FBS) model rather than a CENS model given limited resources for the latter. At this time, however, this may be something that providers could explore directly under field-based services (FBS).	• What service locations (e.g., emergency room, outpatient) are being recommended? • What is the ultimate goal of this (e.g., co-locations at DHS, referrals to providers post DHS-discharge?	