DECEMBER 13, 2022
DPH-SAPC CAL-AIM PREPARATION
PROVIDER PAYMENT REFORM MEETING

PowerPoint Presentation and Video Recording

	QUESTIONS	ANSWERS
1.	Under CalAIM, will all DHCS-ODS Counties move away from Cost-Reconciliation to Fee-For-Service contracting with their provider networks?	Yes, payment reform will move us away from cost reconciliation to FFS, and ultimately to value-based reimbursement.
2.	Is value-based model the same as bundled reimbursement model?	Yes, we are using those terms interchangeably, as there is overlap.
3.	Will this slide show be shared with the participants after the call?	Yes, all Provider Meetings are posted on the SAPC Network Provider site http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm and linked above in the title as well.
4.	How will this proposed payment model affect annual contract amounts? Will providers be able to request an amendment for FY 23/24, or will SAPC increase the contract amounts across the board to cover staffing costs for practitioners who bill at higher reimbursed rates?	More analysis is needed to determine the overall impact of rates on SAPC's contracts. If contract amounts need to be increased, SAPC will review to determine the most streamlined way to approach this, consistent with County requirements.
5.	Can LVNs be added to perform care coordination, safeguarding medications?	LVNs are not currently identified as a reimbursable staff type under DMC-ODS. While SAPC is supportive of having this staff type added, this will require joint advocacy for DHCS to do so. Once the state has approved this staff type, LVNs can be included as a reimbursable staff type. In the interim, LVNs can be employed as a non-reimbursable independent staff type for Day Rate LOC, such as Residential and WM LOC.
6.	Will SAPC be collecting cost data per level of care (LOC) or per clinic?	Cost will be collected per level of care at the agency level.
7.	Will payment reform be applied to both residential and outpatient programs?	Yes. Payment reform will affect all program. SAPC is still analyzing the outpatient rates which are the only rates DHCS has released thus far. DHCS is expected to release other rates (residential, etc.) likely in early FY 23-24.
8.	How will tiers be decided? Would everyone start at tier 1 or will SAPC be looking for specific requirements for each tier starting out?	Cost report information will be an important consideration, but SAPC will be analyzing for the best approach once we are further along in our analysis of the outpatient rates DHCS recently released. As noted in the presentation, SAPC is considering is starting all agencies at Tier 1 rates, but then giving the option to

		submit information to be elevated to higher tiers, as appropriate and determined by SAPC.
9.	How are additional billable services such as Case Management and Peer Support be accounted for in the County provider rate?	Provider rates are all-inclusive, so the rate amounts include all services the provider would deliver, including case management and peer support, though the rates are also by practitioner type.
10.	Has the state already provided rates for some services? When will they identify all rates?	The Outpatient rates have already been provided. At this time, we hope DHCS will release additional rates soon, however at this time DHCS has not shared a specific date for release.
11.	How can we contact the TTCC internship coordinator for TIP?	The Tuition Incentive Program (TIP) Coordinator at Tarzana Treatment Center Certificate Program is Fasiat Agaba and she can be reached via email at fagaba@tarzanatc.org
12.	Please define the bundled reimbursement model. Are you referring to provider capitation?	No, when SAPC referred to capitation, we were referring to something different than bundled payments. Bundled reimbursement is a rate that encompasses a variety of services. In the context of payment reform, this means that provider rates are all-inclusive and include all services the provider would deliver.
13.	How will this impact Prevention Providers, specifically environmental services?	Payment reform under CalAIM only pertains to SAPC's SUD treatment network.
14.	Would Medical Directors and Nurse Practitioners need to acquire Sage Access with the same training protocols as other staff?	All providers need to be credentialed within the Sage system to bill for reimbursable services. However, for secondary providers who have their own EHR systems, only a select subset of providers may need to go directly into the Sage system. In this case, physicians would use their own EHR systems. In these situations, physician would be able to do their work in their own EHR systems. ASAM A&B (or ASAM I&II), are DHCS requirements for all DMC-ODS provider types prior to submission of claims for reimbursement.
15.	ASAM A&B Training may be a doable activity for prescribing staff, but will the 10-hour Sage Navigation Training be required to get them Sage Access?	Not if they are using their own EHR. If they are using their own EHR, no Sage training is needed, Only the submission of the credentialing form. SAPC agrees that the physician EHR training can be considered in the future, but that does not exist currently apart from the general LPHA training. Training duration is dependent on access. It is longest for those who have the Clinical + Financial access.
16.	Are there discussions with Behavioral Health EHR Software Exym and other EHRs regarding payment reform and all that it comes with?	Providers that work with secondary EHRs will need to work with their vendors to ensure their systems are adequately configured to accommodate the new billing code process for payment reform. SAPC recommends that agencies discuss this with their EHR vendors immediately. SAPC will support this process to the extent feasible.
17.	Are there any provider-specific contract limitations for FY 23/24 with the new payment model?	SAPC needs more discovery time to make that determination. More to come on this. A bulletin will likely go out.

18.	Will SAPC continue to accept Federally approved rates under the new payment model?	If this refers to indirect costs, the payment reform rates will be all-inclusive, including direct and indirect costs.
19.	Will there no longer be an indirect cap?	Under a Fee-for-Service reimbursement model, providers will be incentivized to deliver services given that providers will be paid for services delivered. As a result, high indirect costs will result in inefficiencies that disadvantage agencies under payment reform. That said, the payment reform rates will be all-inclusive, including direct and indirect costs.
20.	Does the "Bundled reimbursement" apply towards outpatient level of care? Can you provide an example of what that will look like?	At this time, DHCS has not defined a bundled reimbursement for outpatient levels of care. One example of bundled rates is a set payment (which could be per month) for an outpatient episode subject to the provider meeting treatment retention and other quality metric benchmarks. There are additional illustrations of bundled payments and other alternative payment models discussed in Appendix A (Page 8) of a California Health Care Foundation Medi-Cal fact sheet: http://www.chcf.org/wp-content/uploads/2022/05/MediCalExplainedAlternativePaymentModels.pdf. However, to date, DHCS has not provided any clarification on how a bundled reimbursement for outpatient levels of care would or could be operationalized within the SAPC network.

Links provided:

DPH COVID-19 Website:	http://publichealth.lacounty.gov/media/Coronavirus/
SAPC COVID-19 Webpage:	http://publichealth.lacounty.gov/sapc/providers/covid19/
DHCS COVID-19 Webpage:	https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx
SAPC Information Notice 22-01:	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-01/SAPCIN22-01COVID-19.pdf