March 18, 2025 PROVIDER MEETING
FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:
http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	Where can providers access the resources shared during the meeting?	- Incentives Invoice Form - Payment Reform- Incentive Webpage - Payment Reform- Workforce Development Webpage. - Primary Provider Replacement Claim Training Registration - Sage PCNX File Attach Job Aid - Sage-PCNX Form and Report Updates (02.14.25) - SAPC Manuals, Bulletins, and Forms - SAPC In 22-03: Requesting Amendments to Existing Service Contracts and Agreements - SAPC IN 24-01: Addiction Medication Access in the SAPC Treatment Network - SAPC IN 24-03: Withdrawal Management Standards in the SAPC Treatment Network - SAPC Provider Advisory Committee (PAC) Webpage - SAPC Training Calendar
	Special Programs and Initiatives	
2.	When do the Behavioral Health Commission meetings take place?	The schedule for upcoming meetings can be found on the Department of Mental Health's Behavioral Health Commission website.
3.	What is the process for selecting the advisory body for the Behavioral Health Services Act (BHSA) Community Planning Team (CPT)?	We have multiple considerations when choosing CPT members, including but not limited to their lived experience with SUD, part of the continuum that they serve for our providers, balance across organizations to avoid overrepresentation of a single organization, representation of priority populations, and a variety of other criteria defined by DHCS. While official CPT membership is limited, all members of the public are welcome to attend these meetings and participate. We have also put out calls to our network for those interested in participating and asked for nominations in order to reach a broader community audience.
4.	Is there a way for SAPC to streamline the intake process requirements for field-based services (FBS)?	We understand the work that goes into providing field-based services. We will review the process internally for streamlining opportunities, while still leveraging Medi-Cal reimbursement and requirements.
5.	a. Will online trainings on Learning Management System (LMS) replace live trainings?	a. No, online trainings will be offered in addition to live trainings.

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	b. Will SAPC offer continuing education credits for LMS trainings?	b. Yes, we are configuring the LMS platform so learners can complete a training and receive credit at no cost. Please note, not every training will offer continuing education credits.
	Sage	
6.	Is the *Replacement Claim training* only for primary Provider Connect NX (PCNX) providers?	Yes, it is only for Primary Sage-PCNX users.
7.	When will Healthcare Interoperability Data Exchange (HIDEX) be available for providers?	We are currently working with pilot providers and live-testing HIDEX, it is expected to go live by the end of this year.
	Billing	
8.	a. How are H2010N and H2010M distinguished for billing? b. Are the H2010N/M codes being discontinued at the end of the fiscal year? c. Should providers bill using H2010M/N codes for medication counseling? d. What code is being sunset?	a. Providers can review slide 12 of the [Clinical Services Division presentation](#) to see the differences between the H2010N and H2010M codes. b. H2010N and H2010M are not being discontinued at the end of the fiscal year. SAPC is planning to continue medication assisted treatment (MAT) and naloxone incentives, so we will continue with these zero-dollar tracking codes. The code that is being sunset is H2010S. c. Yes, providers would bill using H2010N (for naloxone) and H2010M (for addiction medications) which would be filed as a zero-dollar tracking code to reflect that the counseling session included naloxone/addiction medications, respectively. d. The code that is being sunset is H2010S (Medication/Safeguarding). The other H2010N and H2010M codes will continue during FY25-26. e.
9.	Is a separate clinical note required if counseling services are delivered in conjunction with Naloxone Handling/Distribution?	No, two separate notes are not required. Providers can use the counseling code to bill for those services and use the Naloxone Handling/Distribution code to bill for that medication delivery together under one counseling note.
10.	Can providers bill for group services that focus on medication assisted treatment (MAT)?	Providers can bill for the group using the H0005 code and then also file the zero-dollar H2010N/M codes alongside the H0005 code to reflect

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		that addiction medications/naloxone (respectively) was discussed during the group session.
11.	Can the H0033 code apply to administration or observation of any medication?	H0033 is billable for medication that is medically necessary to treat a patient with substance use disorder (SUD). It is not exclusive to addiction medications, but the medication administration must be connected to the patient's SUD treatment. For example, if the medication is an injectable antipsychotic, providers would document that the patient has a SUD and requires this medication to stabilize their psychiatric condition for them to participate in medically necessary SUD treatment.
12.	Can providers use the H0034 code when providing education and prescribing for non-MAT medications?	Yes, but the documentation must include substance use disorder (SUD) as a focus of the visit. Other health concerns treated by the licensed prescribing clinician, such as psychiatric care and general medical care, can also be included alongside addiction medication services if the eligible (non-tobacco) SUD was documented as a focus of the visit. It does not need to be the only focus of the visit. Per SAPC Information Notice (IN)-24-01, medication services associated with documentation where there is no mention of an eligible (non-tobacco) SUD and no mention of treating the SUD are not billable to SAPC.
13.	a. Is there a limit to the number of times a claim can be replaced? b. What is the time frame for claims processing?	a. There is no limit to replacement claims. b. Generally, claims are processed within 24 hours of submission.
14.	Which file in the Secure File Transfer Protocol (SFTP) contains CO96 N54 claims?	The list of services can be found under the *Files\\02-28-2025* folder. It remains on the SFTP for 14 days. Please email SAPC-Finance@ph.lacounty.gov if the file is no longer showing.
15.	a. Can providers bill more than 1/12th of the current contract amount? b. Can agencies connect with the Department of Health Care Services (DHCS) to discuss billing for administrative costs?	a. Yes, providers can bill above 1/12th of the contract amount. The 1/12th contract amount stipulation is outdated and no longer required. b. Yes, agencies can connect with DHCS directly to discuss billing.
Finance		
16.	Can SAPC add the total census overview of clients to the final report that is sent out?	Yes, SAPC will provide the overview census to the final report, adding total admissions and total discharges to the final report.

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17.	If a void is submitted, but no further adjudication has been provided, who can we follow-up with to check the status of these claims?	Voids are accepted immediately but will not be fully processed until a new claim has come in to offset the void. This may result in a delay for the voids to be visible on explanation of benefits (EOBs). Providers can submit a ticket in the Sage Help Desk portal or email SAPC-finance@ph.lacounty.gov.
18.	a. What are the considerations for LOC Tiers? b. How does SAPC define utilization of a LOC?	a. Tier LOC considerations can be found on slide 4 of the Finance Services Division presentation. b. Utilization is defined as monthly, consistent use throughout the year. We review utilization to ensure that there is billing for the LOC that agencies seek to be counted towards.
19.	Can providers discuss their tier level with SAPC prior to its determination to ensure accuracy?	Yes, we will notify providers prior and can have conversations with providers afterwards as well. If any provider has questions about their tier level, they can reach out to SAPC-finance@ph.lacounty.gov.
	Contracts	
20.	a. When can providers expect to hear back regarding augmentation requests? b. Can augmentation requests be submitted after July 1st?	a. You should receive an acknowledgement of receipt within two days. Please reach out to our Chief of Contracts and Compliance, Setareh Yavari, if you have not received a response after two days. b. Yes, augmentation requests can be submitted after July 1st. However, when possible, it is preferrable to submit those requests before June to avoid any issues with the new fiscal year.
21.	How can providers know what the new contract base will be?	When contracts get right sized, that becomes the new contract base each year.
22.	Can SAPC take a projection-based approach rather than observing historical data when right sizing contracts?	The historical lookback is a projection approach. SAPC includes a cushion and aims to ensure that the contact maximum is higher than any prior spends. SAPC will always make projections based off real data.
	Incentives	
23.	a. What are the incentives that are covered in the Data Quality Report (DQR)? b. Where can providers find the guidelines for submitting invoices for incentives?	a. Information regarding each incentive can be found in the Incentives Invoice form. b. The Payment Reform- Incentive Webpage includes guidelines and due dates for submissions. Link to Incentive Invoice

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24.	What date is the data submission for incentives closed in CalOMS?	The cutoff date is March 31st 2025.
25.	Do secondary Sage providers need to download the Release of Information (ROI) in Netsmart for the Signed ROI (4a) incentive?	Yes, for SAPC to verify the incentive, we need the forms to be uploaded via Provider File Attach in Sage-PCNX. The directions can be found on the Payment Reform- Incentive Webpage. Secondary Sage Providers are not required to use the Sage-PCNX electronic version of the ROI, but do need to upload a signed release to Provider File Attach to meet the incentive 4a criteria.
26.	How can providers run the *Provider File Attach report* to review their status?	The *Provider File Attach* report is available to all providers and most user roles. Providers should be able to log into PCNX and run that report immediately.
27.	Does the MAT Prescribing Clinical Implementation/Addendum Incentive (1-G) apply to prescribing clinicians such as Medical Doctors & Nurse Practitioners?	Yes, it does apply to prescribing clinicians. Details can be found on the Payment Reform- Workforce Development Webpage.
28.	a. Are the MAT Incentives for OUD in Non-OTP Settings (3a), AUD (3b), and Naloxone Distribution (3c) incentives agency-wide or only for residential services? b. How do we invoice for 3a, 3b, 3c incentives? c. How can providers invoice with support in the DQR for 3a, 3b, 3c?	a. MAT Incentives 3a, 3b, and 3c are agency-wide. b. SAPC is using billing codes to populate data quality reports, so providers can check their progress on these metrics. SAPC will use the DQR to populate these metrics and they will be emailed out by SAPC's HODA Division in Mid-April. c. Providers receive the DQR report monthly, by the 15th, and should screenshot the report as "support documentation" with the invoice. The DQR March report will be released by April 15th. The deadline was extended to April 20th
29.	a. How can providers resolve discrepancies identified in metrics for the SUD Counselor Certification (1a) incentive? b. What if there are other reporting discrepancies are found on the Data Quality Report (DQR)?	a. The SUD Counselor Certification (1a) and LPHA-to-SUD Counselor Ratio (1b) are not currently updated because of a NACA data issue. Next month (April 2025) will have accurate updates. SAPC's HODA Division will release the Data Quality Report (DQR) in mid-April. The deadline was extended to April 20th. b. SAPC is looking into all data that providers have submitted. If providers have not submitted data, reports may not be received on time. If there are any discrepancies identified from the February DQR report, which captures July 2024 to February 2025, please reach out to the CalOMS team at Hoda_Caloms@ph.lacounty.gov. SAPC can review so providers can take action by the April 20th deadline.