Communication Release

11/6/2020

Buprenorphine Rate Changes

The State has recently issued Information Notice #20-054 and corresponding Exhibit, which revise the fiscal year 2020-21 Medication Assisted Treatment reimbursement rates. This has required SAPC to make changes to the Rates and Standards Matrix as well as the configuration of these rates within Sage. SAPC and Netsmart are currently working on making the required changes to the rates within Sage and should have these changes completed soon. The table below shows the current and updated rates for the two services affected. SAPC will notify providers when this change has been completed. If providers want to receive the updated rates for services claimed with these two codes, the approved claim must be voided and a new claim submitted to SAPC. This will ensure providers are paid at the updated rate which will be effective as of 7/1/2020 once the configuration has been completed and providers have been notified.

HCPCS Code	Current Rate – Standard	Updated Rate – Standard	Current Rate – Perinatal	Updated Rate - Perinatal
S5000B – Buprenorphine Mono	$29.06	$29.27	$33.90	$34.58
S5000BN – Buprenorphine Combo	$30.82	$31.03	$35.66	$36.33

The updated rates and standards matrix can be found on the SAPC website at the following URL: http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm.

The specific links to the updated documents on the SAPC page are below:
- 20-10 Fiscal Year 2020-2021 Rates and Payment Policy Updates
  - Bulletin Instructions Form
  - Perinatal Rates Matrix Fiscal Year 2020-2021 *(New - November 2020)*
  - Standard Rates Matrix Fiscal Year 2020-2021 *(New - November 2020)*
  - Youth Rates Matrix Fiscal Year 2020-2021 *(New - November 2020)*

Process to Request Reupload of Files to SFTP

To support provider requests for files to be reuploaded to the Sage Secure File Transfer Protocol (SFTP) site, SAPC has created a file request form and process for providers to utilize should the need arise. If providers need to request 277, 835, EOB, or Remittance Advice files to be reuploaded to the agency's SFTP site, the Reupload File Request Form must be completed and email to SAPC-IT at SapcProviderReq@ph.lacounty.gov. The form is located on the SAPC webpage at the following URL: http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/SapcITProviderRequestForm.pdf.

The steps for the process to request the reupload of files are outlined below:
1. Requestor completes the Reupload File Request Form.
2. Requestor emails the completed form to SapcProviderReq@ph.lacounty.gov.
3. SAPC-IT will upload the requested files to the agency's SFTP site.
4. SAPC-IT will notify the requestor the files have been uploaded.

Instructions for Documenting Applying for Medi-Cal

SAPC has identified an issue where some provides are receiving denials for patients who are they are assisting in applying for Medi-Cal due to errors in entering financial eligibility into Sage. As such, SAPC prepared the attached document to clarify instructions for providers on how to properly document when a client is applying for Medi-Cal. The attached instructions are geared for the documentation of the Financial Eligibility form for patients who obtain Medi-Cal benefits during treatment. This includes individuals who currently do not have Medi-Cal coverage, individuals who have out of county Medi-Cal or individuals who currently only have emergency Medi-Cal. The instructions will support providers in accurately completing the Financial Eligibility form which should decrease claims being denied by the State and recouped by SAPC. The instructions will be posted on the Sage website under the Sage Documentation section on the Sage website homepage: http://publichealth.lacounty.gov/sapc/Sage/SageInfo.htm.

Please note that providers should, whenever possible, use the actual Coverage Effective Date if the patient did not have active Medi-Cal coverage at admission. SAPC has previously instructed providers to use the Coverage Effective Date of 12/01/2017 only if the Medi-Cal effective date is unknown and the patient entered treatment with active coverage prior to admission. This date should not be used for Applying for Medi-Cal guarantors.

Instructions for Documenting "Applying for Medi-Cal"

11/5/2020

This instruction is geared for the documentation of the Financial Eligibility form for patients who obtain Medi-Cal benefits during treatment. This includes individuals who do not have Medi-Cal coverage and individuals who have out of county Medi-Cal when entering treatment.

Initial entry of Financial Eligibility

SAPC currently allows up to 30 days of reimbursable treatment (this policy will end on December 31, 2020) while providers assist patients with applying for benefits or transferring Medi-Cal to LA County. Patients whose current Medi-Cal is assigned to a different county (not LA County) are treated the same as "Applying to Medi-Cal" within Sage and should be indicated as such. Patients who are "Applying for Medi-Cal" need to be indicated as such on the Financial Eligibility with a primary guarantor of "Applying for Medi-Cal" and a secondary guarantor of LA County Non-DMC as seen in Figure 1 below.

Figure 1: Applying for Medi-Cal

During the course of treatment, providers are to use the case management benefit to assist the patient with applying for Medi-Cal or transferring Medi-Cal, either in person at a local DPSS office, through the Customer Service Center 899-613-3777, or via the Your Benefits Now (YBN) portal. For transferring Medi-Cal from a different county to LA County, the patient must complete an Inter County Transfer form (ICT) at a local DPSS office. In addition to the case management benefit, providers can also claim for incentive payments if completing the forms online using Your Benefits Now portal.

Once Enrolled with LA County Medi-Cal

Once the patient is officially enrolled in Medi-Cal, providers must immediately update the Financial Eligibility in Sage by adding the DMC guarantor with the effective date of Medi-Cal. Providers need to also update the "Applying for Medi-Cal" guarantor with the "Coverage Expiration Date" to the day before Medi-Cal was effective (Figure 2).

Figure 2: Coverage Expiration Date for Applying for Medi-Cal After Benefits Acquisition

Coverage Expiration Date
05/31/2020

Effective Date Of Contract
01/01/2000

The "DMC Medi-Cal" guarantor must be added and set as the primary guarantor using the "Change Order" arrows to move "California Department of Alcohol and Drugs" to the top of the list order (Figure 3). Providers must ensure the *"Coverage Effective Date"* (Figure 4) within the guarantor details corresponds to the same date the Medi-Cal Benefits became effective. This information is available on the benefits card or the notification sent to the patient. It is recommended that the patient apply online through the YBN portal so that any needed information can be accessed online easily.

Figure 3: Benefits Acquired During Treatment

Guarantor Selection	
Change Order	**Guarantor Name**
↓ ↑	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU
↓ ↑	LA County - Non DMC
↓ ↑	Applying for Medi-Cal

-- Guarantors -- ▼   Add Guarantor

Figure 4: DMC guarantor Coverage Effective Date- Reflects first date of active coverage

Coverage Effective Date
06/01/2020

Additionally, all DMC guarantors must have a policy number AND a Subscriber Client Index Number (CIN) listed on the guarantor details page (figure 5). SAPC recommends using the CIN for both the policy number and CIN fields.

Figure 5: Policy and CIN#- Guarantor Details

Subscriber Policy Number
90000000A

Subscriber Medicaid #

Subscriber Client Index #
90000000A

Patients may also enter treatment as eligible for MHLA benefits and apply at the time of admission similar to Applying for Medi-Cal. However, since there is no Applying for MHLA option as a guarantor, providers should list this as LA County Non DMC only. In the Policy field, please enter "MHLA" as the policy number.

MHLA applications are typically processed much quicker than DMC applications, sometimes within a few days of application. Providers may decide to wait before entering the Financial Eligibility or submitting

an authorization until the application is approved and an MHLA number is assigned. This could avoid having multiple authorizations for the same treatment episode.

Once the application is approved and a MHLA number has been assigned, providers should update the Cal-OMS Admission information to include this information (see figure 6).

Figure 6: Entering MHLA Information on Cal-OMS Admission

CIN	Other Funding Programs (Choose all that apply)
	Juvenile In Custody Probation Camp My Health LA None Perinatal Service Private Pay Probation / Day Reporting Center Probation JJCPA Probation Title IV E Prop 47 Prop 57 Ctrl+click to choose multiple items If Medi-Cal beneficiary is "Yes" or "Pending", My Health LA cannot be selected
Probation PDJ Number	**CalWorks Case Number**
Please select camp: -Please Choose One- ∨	**Other Camp (Specify):**
General Relief Case Number	**DCFS Case Number**
Drug Court Case Number	**AB 109 Case Number**
AB 109 PB Number	**CalWORKs Recipient** No ∨
Substance Abuse Treatment Under CalWORKs No ∨	**What is your My Health LA Participant ID (13 digits)?**
Please select MHLA medical home provider/clinic: -Please Choose One- ∨ *	**Is the client in or being admitted to Recovery Bridge Housing?** No ∨