Communication Release

11/8/2024

SAPC Peer Certification Scholarships Announcement

SAPC Peer Certification Scholarships are still open! Apply for a scholarship today if you are interested in becoming a Certified Medi-Cal Peer Support Specialist (CMPSS) through the CalMHSA Medi-Cal Peer Support Specialist Certification. This scholarship is intended for those seeking initial certification only. Scholarships are available to individuals who either work or live in Los Angeles County.

SAPC Peer Certification Scholarship Information: SAPC is providing a limited number of scholarships to cover costs associated with the CalMHSA Medi-Cal Peer Support Specialist Certification process.

Each scholarship will cover the cost of:

- CalMHSA application fee for the Medi-Cal PSSC
- CalMHSA-approved Peer Support Specialist Core Competency 80-hour training with the approved provider of your choice
- One (1) Medi-Cal PSSC Exam attempt
- One (1) retake exam (if pre-approved by SAPC on a case-by-case basis)

Scholarships will be awarded on a first-come, first-served basis.

Apply here: https://forms.office.com/g/VU5Vw5p2w5

For more information, please visit SAPC's Certified Medi-Cal Peer Support Specialists webpage or contact the SAPC Peers Implementation Team at SAPC_ASOC@ph.lacounty.gov.

Progress Note Status Report Update - Interim Solution

The Progress Note Status Report (PNSR) has been updated to improve performance and minimize errors in data from populating. These fixes are temporary to ensure providers have access to this crucial report and that the data is populating timely. The following changes were needed to regain functionality and adequate performance of the report:

1. *Form Status parameter removed* - Form status will remain on the report output; however, providers will not be able to filter either Draft or Final from the initial output.
2. *Provider Name parameter removed* - The Performing Provider name will remain on the report output; however, providers will not be able to filter down to specific names on the initial output.
3. *Signature/Finalized by value removed* - This field had to be removed due to causing significant delays to the report's performance. This field does not impact visibility on finalized status of the note and will not impact claiming.

Providers should expect the report to populate within 10 minutes of running depending on the parameters selected and data being pulled. The report can be exported into CSV or other file types for further filtering and sorting to assist with efficient billing practices.

SAPC and Netsmart are working towards a permanent solution to restore the parameters and fields to the report, however, due to the importance of this report, it was deemed necessary to remove them as an interim solution.

SAPC Finance Billing & Denial Resolution Tutoring Lab

SAPC Finance is excited to announce the next iteration of billing office hours, the Billing & Denial Resolution Tutoring Lab! This new meeting series is scheduled to begin on Thursday December 5th from 1-2:30pm and will continue to meet on the first Thursday of every month and will include announcements and reminders related to billing, demonstration of billing processes/review of policies/troubleshooting, and open Q&A. SAPC Finance encourages all agency billing staff to attend, and any additional agency staff interested in hearing billing and denial resolution information. If providers have requests for procedures or policies to review during the lab, please email SAPC-Finance@ph.lacounty.gov. The link to the meeting is below and will also be added to the SAPC Training Calendar. Please be sure to add it to your calendars!

Meeting Name: Billing & Denial Resolution Tutoring Lab
Date and Time: First Thursday of every month from 1-2:30 pm
Meeting Link and Call-in Information (via Microsoft Teams):

Billing & Denial Resolution Tutoring Lab Meeting Link
Meeting ID: 278 929 667 194
Passcode: shijHi

Dial in by phone
+1 323-776-6996,,743250887# United States, Los Angeles
Phone conference ID: 743 250 887#

Recovery Bridge Housing (RBH) Benefits Expansion

Due to recent benefits expansion for RBH, Pregnant and Parenting Women (PPW) and Non-PPW clients may now be authorized for up to 365 days in a 12-month period. General RBH and PPW criteria will still apply. Please continue to refer to our Checklist of Required Documentation which can be found on SAPC website http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm#clinical for required documentation. The length of each authorization will be 90 days, and reauthorized for three additional 90-day reauthorizations, for a maximum stay of 360 days while in concurrent treatment. Once a client has resided in RBH for a total of 360 calendar days within the past 12 months or has met the 12-month period since the first day of RBH admission, whichever occurs first, the benefit period ends and cannot restart until 30 days after the most recent discharge date.

For clients who now qualify to stay in RBH beyond 180 days due to the expansion, providers should submit reauthorizations. In these instances, UM will allow a grace period for reauthorization submissions to be exempted from 30-Day Authorization Submission policy until 12/31/24.

Effective 1/1/25, all RBH reauthorizations are required to be submitted timely. Partial denials may apply if reauthorizations are submitted late. For additional details regarding the authorization process, please contact sapc.qi.um@ph.lacounty.gov.

State Denial Code Updates and Clarifications

SAPC Finance received requests for assistance with State denial code **CO 107** as this code is not yet on the Denial Crosswalk (update coming soon). The Department of Health Care Services' (DHCS) description for this denial is "Short-Doyle denied the add-on or dependent service because the primary service was not valid". We have primarily seen this denial code with H2017 and G2212 services. We do not have a resolution at this time and have reached out to DHCS for further clarification.

H2010M/N/S services codes were recently billed to DHCS in error, due to a configuration issue, leading to state denials and provider recoupments. The configuration has now been corrected and these services will no longer bill to DHCS. All state denials for H2010 services can be resubmitted for FY 23-24 and FY 24-25.

Update to Provider Grievance and Appeal Submission Process

As announced at the All Treatment Provider and Sage Advisory Meeting held on 11/5/2024, the SAPC Grievance and Appeal forms have been updated and posted to the SAPC website under the Beneficiary tab. These forms have been revised to include the new DPH SAPC Grievance and Appeal email (SAPC_Appeal@ph.lacounty.gov) where provider agencies should submit all grievance and appeals. *Please note that providers submitting outdated Grievance and Appeal forms will be prompted to resubmit the appeal or grievance on the correct form*. Below is a reminder for which qualifies as a grievance or appeal.

An "**appeal**" refers to a request to review an "action," which may include: Denial or limited authorization of a requested service, such as the type or level of services; Denial, suspension, or termination of a previously authorized service; or Denial, in whole or in part, of payment for a service. **Appeals lacking patient involvement, including when the patient's written consent is not included, will be treated as complaints or grievances according to the complaint/grievance process.**

A "**grievance**" or complaint involves expressing dissatisfaction with any matter other than an action described above. **It may also include situations where the patient's participation in filing a formal appeal is not feasible.** Common grievance subjects include but are not limited to: Quality of care or services provided; Timeliness of service provision or interpersonal issues, such as provider rudeness; or Failure to respect patient rights.

Non-Address Entries on Financial Eligibility Address Field

Providers are required to enter a standard address on the Financial Eligibility form to ensure timely submission to the State. DHCS will reject files with claims that do not have a valid address. When this occurs, SAPC must manually update the State files, which delays claim(s) submission. The primary issue appears to be related to services provided to people experiencing homelessness where a static address is not available or known. SAPC Finance has noticed providers are entering variations of "Homeless" as the address on the Admission (Outpatient), Update Client Data and Financial Eligibility form. The address entered on the Admission (Outpatient) form or Update Client Data form is populated to the Financial Eligibility Guarantors section when the "Relationship to Subscriber" is "Self". A valid address must be entered on the aforementioned forms before submitting the Financial Eligibility form.

In order to prevent delays in State claiming, which can impact the six (6)-month billing deadline, providers are required to enter a valid address on the Admission (Outpatient) and the Update Client Data and Financial Eligibility forms. For patients who do not have an address, providers can use either the DPSS office where Medi-Cal was established or the SAPC headquarters address of 1000 South Fremont Blvd, Alhambra, CA 91803 as this field is not used for mailing purposes. SAPC is also updating the CalPM Eligibility Check widget to include the address field if an invalid address was entered to help with visibility and correction.

Admission Diagnosis Reminder

Providers are required to enter an admission diagnosis on the Diagnosis form for all patients. The Sage system validates that an admission diagnosis is entered on the form with a **Date of Diagnosis** that is prior to the date of service being billed. If an admission diagnosis is not entered or the **Date of Diagnosis** is after the date of service billed, the service will be denied. If the admission diagnosis is edited after local billing is approved and the date is changed or the admission diagnosis is voided, the services for the patient may be recouped.

The **Date of Diagnosis** field on the form should match the date the episode was created in Sage. The first diagnosis when an episode is opened must be an **Admission** diagnosis. For information on how to complete the Diagnosis form, please review the PCNX Guide to Admissions and Intake Forms on the Sage website, beginning on page 15.

Highlights From Previous Communications

Updated FY 24-25 Rates Matrix and Configuration: The FY 24-25 Rates and Standards Matrix v 2.1 and the Sage system configuration have been updated (SAPC Bulletins webpage under the 'Bulletins 2024' section) with the changes listed below. The changes are effective for service dates on or after 7/1/2024.

- **CENS**
  - H2017-CN was added with and without the HQ modifier
  - H2010M and H2010N were added as $0 services available for all performing provider types
- H2010M and H2010N are now available to be billed when delivered by a Peer Support Specialist – the service remains a $0 service.
- **Residential LOCs**
  - H2010S rates have been added for all tiers at the below flat rates. The rate is a per service rate, where one unit is one service instance. This code remains unbillable by Peer Support Specialists.
    - Tier 1: $17.55
    - Tier 2: $18.29
    - Tier 3: $19.11

Updated Checklist of Required Documentation for Utilization Management: The QI and UM Checklist of Required Documentation (Sage Version 7.1) has been updated to include Provider Site Admission information, Discharge and Transfer Form requirements for Recovery Incentives-Contingency Management and RBH extension from 180 days to 360 days.

Real Time Eligibility (270) Request Aid Code and County Code Fields: SAPC recently released an update to the Real Time Eligibility (270) Request form in Sage-PCNX to increase visibility for providers on key eligibility data. The aid code and county code are now visible directly on the Real Time Eligibility (270) Request form in the new 271 Eligibility Benefit Response Date field. This added visibility will make it easier for providers to determine eligibility instantly without needing to confirm from other sources.

Providers should note that the county code is the County of Responsibility, not the County of Residence. DHCS only transmits the County of Responsibility on the 271 response data. If the County Code is anything other than 19 on the 271 response, providers must confirm the County of Residence before determining eligibility.

Historical File Attachments Pre-PCNX: Any attachment that was attached prior to the launch of Sage-PCNX is now available for viewing and downloading via the ProviderConnect File Attach form (this is a different form than the Provider File Attach form for attachments uploaded since the launch of PCNX in 9/2023). This includes docx, xlsx, pdf and any image file that was previously uploaded and unable to be retrieved. Providers no longer need to create helpdesk tickets to download those attachments as they should now be available.

Provider File Attach Uploaded Files Visibility: SAPC is aware that providers are not able to view files uploaded to the Provider File Attach form. Netsmart is investigating this issue for a fix for providers to be able to have visibility of what is submitted to Utilization Management. Please note that UM is able to access and view forms uploaded by providers via Provider Rile Attach form. Accordingly, providers should continue to upload required documents. If providers need access to those uploaded attachments, please contact the Sage Help Desk at (855)346-2392 or create an online portal case at https://oneteam.ntst.com. The Help Desk team can download the attachment(s) from Sage-PCNX and attach to the case for providers to download and view.