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June 5, 2018

**SAPC BULLETIN NO. 18-06-START**

**TO:** Los Angeles County Substance Use Disorder  
Contracted Treatment Providers

**FROM:** John M. Connolly, Ph.D., M.S.Ed., Interim Division Director  
Substance Abuse Prevention and Control

**SUBJECT: PROVIDER INCENTIVE PILOT PROGRAM**

The Department of Public Health, Substance Abuse Prevention and Control (SAPC) is launching a pilot program to offer a set of provider incentives with the goal of enhancing services and outcomes for people with substance use disorder (SUD). This incentive pilot will focus on benefits acquisition (existing and new benefits) and accuracy of data entry in Sage. Specific metrics include:

1. Benefits Acknowledgement (“Ex”)

To appropriately access all funding sources, and for SAPC to continue to obtain funding for non-Drug Medi-Cal reimbursable services, data reporting must accurately reflect patient participation in other County-funded programs. These incentives are designed to ensure documentation of program participation for Assembly Bill (AB) 109, CalWORKs, General Relief, Juvenile Justice Crime Prevention Act (JJCPA), Promoting Safe and Stable Families Time Limited Family Reunification (PSSF-TLFR), and Title IV-E. Providers can receive \$5.00 for documenting existing benefits or program participation. Providers may submit one of each “Ex” incentive payment per admission as eligible.

2. Benefits Acquisition (“H0006”)

To minimize barriers to treatment access, and support receipt of additional health and social services, network providers need to assist patients in applying for new benefits. These incentives are designed to encourage providers to assist patients with benefits acquisition and can be coupled with case management claims. Providers can receive \$30.00 per claim submitted for enrolling a patient into new Medi-Cal or My Health LA benefits, and \$20.00 for

CalWORKs or General Relief enrollment. Providers may submit one of each “H0006” incentive payment per patient, per network provider agency (not per site) as eligible.

Providers also need to assist patients who are eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) to connect with the Countywide Benefits Entitlement Services Team (C.B.E.S.T.) located within each Service Planning Area (SPA) for application assistance.<sup>1</sup> Eligible patients include individuals who are either over 65 years of age, or who have a physical or mental health condition causing disability. Connecting patients with the C.B.E.S.T. is considered an allowable case management service.

### 3. Timely Data Entry (“D”)

Data quality and accuracy in the SUD electronic health record (EHR) is critical to minimizing errors in Sage. These incentives are designed to promote a shorter completion timeframe for the full California Outcome Measurement System (Cal-OMS)/Los Angeles County Participant Reporting System (LACPRS) admission and discharge datasets. Providers can receive \$10.00 per claim for the submission of the Cal-OMS/LACPRS full dataset entered within seven (7) days of admission date, and \$10.00 per claim for the submission of the Cal-OMS/LACPRS full dataset entered on the discharge date. Providers may submit one of each “D” incentive payment per admission/discharge as eligible.

## **INCENTIVE CLAIMS**

Incentive payment rates are applicable from December 1, 2017 to June 30, 2019 and apply to services rendered during that period. Incentives cannot be claimed for: (1) patients who were admitted before December 1, 2017; or (2) patients admitted on or after December 1, 2017 who were discharged before the claim was entered (except Cal-OMS/LACPRS discharge) as Cal-OMS/LACPRS data cannot be updated once a discharge has been finalized. Claims for patients enrolled as of May 30, 2018 must be entered by June 15, 2018. New admissions as of June 1, 2018 must be entered within 30 days of eligibility.

Providers may submit a claim for an incentive if the patient was admitted during the allowable period and meets the criteria as outlined in the [Provider Manual](#), this bulletin, and the updated [Rates and Standards Matrix](#). SAPC will evaluate the outcomes of the pilot program to determine if the incentive program is continued, and/or if the incentives will change. SAPC may extend this policy beyond June 30, 2019, pending the outcomes of the pilot.

## **HOW TO SUBMIT INCENTIVE PAYMENTS**

Before submitting an incentive claim, the Network Provider must verify that the patient meets the “Eligibility” criteria and that the “Pre-Claim Submission Requirement” information was updated in Sage as outlined below:

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<sup>1</sup> C.B.E.S.T. locations include: SPA 1 – The Catalyst Foundation (661-948-8559); SPA 2 – Tarzana Treatment Centers (818-342-5897 ext. 2157); SPA 3 – Volunteers of America (626-593-2364); SPA 4 – Volunteers of America (213-334-1633); SPA 5 – St. Joseph Center (310-399-6878); SPA 6 – Special Services for Groups (323-432-4399); SPA 7 – People Assisting the Homeless (562-373-5264); and SPA 8 – Lutheran Social Services (562-599-1321).

**Documentation of Existing Benefits or Program Participation in Cal-OMS/LACPRS**

| HCPCS | Description                | Rate   | Eligibility   | Pre-Claim Submission Requirement  |
|-------|----------------------------|--------|---|---|
| Ex-AB | AB 109 Case or PB Number   | \$5.00 | Any adult who is an AB 109 participant <u>before</u> admission.                   | In the Cal-OMS/LACPRS Admission Form, select AB 109 or Prop 47 in “Other Funding Programs” field, then AB 109 Case Number or AB 109 PB number will be enabled. Provide either AB 109 Case Number or AB 109 PB Number. |
| Ex-PB | PDJ Number                 | \$5.00 | Any youth who is a JJCPA or Title IV-E participant <u>before</u> admission.       | In the Cal-OMS/LACPRS Admission Form, select Probation JJCPA or Probation Title IV-E in “Other Funding Programs” field, then Probation PDJ Number will be enabled. Provide Probation PDJ Number.                      |
| Ex-CW | CalWORKs Case Number       | \$5.00 | Any individual who is a CalWORKs participant <u>before</u> admission.             | In the Cal-OMS/LACPRS Admission Form, select CalWORKs in “Other Funding Programs” field, then CalWORKs Case Number will be enabled. Provide CalWORKs Case Number.   |
| Ex-GR | General Relief Case Number | \$5.00 | Any individual who is a General Relief participant <u>before</u> admission.       | In the Cal-OMS/LACPRS Admission Form, select General Relief in “Other Funding Programs” field, then General Relief Case Number will be enabled. Provide General Relief Case Number.                                   |
| Ex-PF | PSSF-TLFR Case Number      | \$5.00 | Any individual who is a DCFS PSSF-TLFR adult participant <u>before</u> admission. | In the Cal-OMS/LACPRS Admission Form, select PSSF in “Other Funding Programs” field, then the Department of Children and Family Services (DCFS) Case Number will be enabled. Provide DCFS Case Number.                |

Incentives with “Ex” are to document what funding programs a patient was eligible for at the time of admission. While this information should be entered at the time of admission and completion of Cal-OMS/LACPRS, it is possible that network providers learn about the patient’s eligibility later in the treatment episode. In this case, the network provider updates the information in Cal-OMS/LACPRS and then submits the incentive claim. This cannot be claimed if a patient enrolled in the benefit while in treatment, instead a “H0006” incentive claims should be submitted (see “H0006” incentives).

“Ex” and “H0006” incentives are mutually exclusive, meaning that either an “Ex” or an “H0006” within the same category (e.g., CalWORKs) can be claimed, but not both. “H0006” incentive can only be claimed one time by the agency regardless of the number of care transitions. “D” incentives can be claimed after each admission or discharge.

Processed incentive claims that do not correspond with a correctly entered or valid case number, or completion within the designated time frame, may result in recoupments; valid and invalid claims will also be reviewed during the monitoring visit, and error patterns will be reviewed carefully.

**Documentation of Newly Acquired Benefits and Program Participation in Cal-OMS/LACPRS**

| HCPCS    | Description                                       | Rate    | Eligibility  | Pre-Claim Submission Requirement   |
|----------|---|---------|--|--|
| H0006-MC | Medi-Cal (known federally as Medicaid) Enrollment | \$30.00 | Any individual who acquired new Medicaid benefits, or whose Medicaid benefits were transferred <u>after</u> admission. | <p>(1) Application must be submitted online via the Department of Public Social Services' (DPSS) <a href="#">YourBenefitsNow</a> webpage (not in-person).</p> <p>(2) In the Cal-OMS/LACPRS Admission Form, change the response under the "Is the client a Medi-Cal beneficiary (eligibility determined)" field from "Pending" to "Yes. Additionally, you will need to enter the CIN number in the CIN field.</p> <p>(3) On the Financial Eligibility form need to delete "Applying to Medi-Cal" and add "DMC Medi-Cal" as the primary guarantor. Additionally, you should also have "LA County-Non DMC" as the secondary guarantor.</p> <p>(4) Verify patient enrollment on AEVS or provide a copy of patient's MCAL card. Upload verification via the attachments function.</p> |
| H0006-LA | My Health LA Enrollment                           | \$30.00 | Any individual who acquired new My Health LA benefits <u>after</u> admission.  | <p>(1) In the Cal-OMS/LACPRS Admission Form, select My Health LA in "Other Funding Programs" field, then My Health LA ID and My Health LA Medical Home fields will be enabled. Enter the My Health LA ID and My Health LA Medical Home.</p> <p>(2) Ensure Financial Eligibility form reflects "LA County-Non DMC".</p> <p>(3) Upload verification of enrollment in MHLA from Department of Health Services (DHS) or the Medical Home.</p>  |
| H0006-CW | CalWORKs Enrollment                               | \$20.00 | Any individual who acquired new CalWORKs benefits <u>after</u> admission.  | <p>(1) Application must be submitted online via DPSS' <a href="#">YourBenefitsNow</a> webpage (not in-person).</p> <p>(2) In the Cal-OMS/LACPRS Admission Form, select CalWORKs in "Other Funding Programs" field, then CalWORKs Case Number will be enabled. Provide CalWORKs Case Number.</p> <p>(3) Ensure Financial Eligibility form reflects all funding sources for which patient is eligible.</p> <p>(4) Upload verification of application submission to DPSS.</p>   |

|          |                                |         |   |  |
|----------|--------------------------------|---------|---|--|
| H0006-GR | General Relief (GR) Enrollment | \$20.00 | Any individual who acquired new GR benefits <u>after</u> admission.       | <p>(1) Application must be submitted online via DPSS' <a href="#">YourBenefitsNow</a> webpage (not in-person).</p> <p>(2) In the Cal-OMS/LACPRS Admission Form, select General Relief in "Other Funding Programs" field, then General Relief Case Number will be enabled. Provide General Relief Case Number.</p> <p>(2) Ensure Financial Eligibility form reflects all funding sources for which patient is eligible.</p> <p>(3) Upload verification of application submission to DPSS.</p> |
| H0006-CF | CalFresh                       | \$5.00  | Any individual who acquired new CalFresh benefits <u>after</u> admission. | <p>(1) Application must be submitted online via DPSS' <a href="#">YourBenefitsNow</a> webpage (not in-person).</p> <p>(2) Upload verification of application submission to DPSS.</p>   |

"Ex" and "H0006" incentives are mutually exclusive, meaning that either an "Ex" or an "H0006" within the same category (e.g., CalWORKs) can be claimed within a treatment episode, but not both. "H0006" incentive can only be claimed one time by the agency regardless of the number of care transitions. "D" incentives can be claimed after each admission or discharge.

Processed incentive claims that do not correspond with a correctly entered or valid case number, or completion within the designated time frame, may result in recoupments; valid and invalid claims will also be reviewed during the monitoring visit, and error patterns will be reviewed carefully.

Incentives with "H0006" are to document when the network provider helps patients navigate the benefits application and enrollment process. Since benefits will be acquired after the patient has initiated treatment services, the network provider will need to update the information into Cal-OMS/LACPRS and then submit the incentive claims. These incentive(s) can be claimed in addition to any claims for case management.

***Documentation of Timely Sage Data Entry and Accuracy***

| HCPCS | Description               | Rate    | Eligibility        | Pre-Claim Submission Requirement   |
|-------|---------------------------|---------|--------------------|--|
| D-AD  | Admission Data – 7 Days   | \$10.00 | Any new admission. | Every Cal-OMS/LACPRS data field accurately entered within 7 days of admission date.                |
| D-DC  | Discharge Data – Same Day | \$10.00 | Any new discharge. | Every Cal-OMS/LACPRS data field entered on the discharge date (excludes administrative discharge). |

Processed incentive claims that do not correspond with a correctly entered or valid case number, or completion within the designated time frame, may result in recoupments; valid and invalid claims will also be reviewed during the monitoring visit, and error patterns will be reviewed carefully.

Incentives with "H0006" are to document when the network provider, helps patients navigate the benefits application and enrollment process. Since benefits will be acquired after the patient has initiated treatment services, the network providers

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will need to enter the information into Cal-OMS/LACPRS and then submit the incentive claims. Providers may submit claims for reimbursement for this activity in addition to any claims for case management.

Incentives with "D" are to document the accurate and timely completion of all Cal-OMS/LACPRS questions, as close to admission or discharge as possible to better support data accuracy.

Attached for your reference is the updated SAPC Substance Use Disorder Rates and Standards Matrix. If you have questions or need additional information, please contact Michelle Gibson, Strategic and Network Development Branch Chief, at **SUDtransformation@ph.lacounty.gov** or (626) 299-3244.

JMC:fr