# Clinical Services Branch: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health
May 2, 2023
Substance Abuse Prevention & Control

# Agenda

- Successful Submissions of Grievances and Appeals
- Quality Improvement Documentation Review & Focus Groups
- DEA Training Requirement

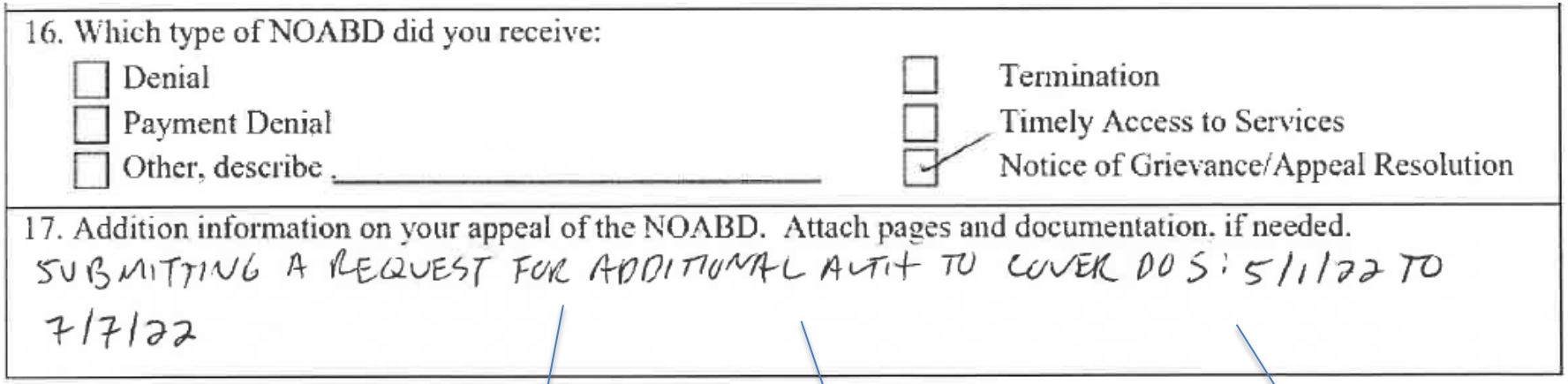
# Successful Submissions of Grievances and Appeals

# Successful Submissions of Grievances / Appeals (G&A)

- For accurate and timely resolution of Grievance or Appeals (G&A):
  - Sufficient explanations with additional information on G&A forms
  - Timely and thorough documentation within Sage and upload of supporting documentation in attachments
  - If barriers to submitting/finalizing items needed to approve authorization according to SAPC timelines, it helps us resolve your appear favorably when these barriers are documented in real time in Sage
    - When applicable, submit a Netsmart ticket upload in attachments
  - Item #11 on the Grievance Form and item #17 on the Appeal form should include the following information: PATID, Auth #, reason for denial, and argument for overturning the denial

# Successful Submissions of Grievances / Appeals (G&A)

## Example of insufficient documentation



16. Which type of NOABD did you receive:

- ☐ Denial
- ☐ Payment Denial
- ☐ Other, describe _____
- ☐ Termination
- ☐ Timely Access to Services
- ☑ Notice of Grievance/Appeal Resolution

17. Addition information on your appeal of the NOABD. Attach pages and documentation. if needed.

SUBMITTING A REQUEST FOR ADDITIONAL AUTH TO COVER DOS: 5/1/22 TO 7/7/22

"Additional auth"? Was an auth submitted? Which auth does this Appeal pertain to?

If an auth was submitted and approved what reason should denial be overturned

What LOC is being requested?

# Successful Submissions of Grievances / Appeals (G&A)

## Example of sufficient documentation

PATID

Auth #

11. Please describe your grievance/complaint. Attach additional pages or supporting documentation.
Grievance is on behalf of Member ID [redacted] for denied authorization [redacted] for dates of service 2/27/23-3/18/23. Patient's Medi-Cal was being rectified at the time of receiving services. Patient entered treatment with Medi-Cal 2nd special aide code F3. According to Medi-Cal code Master the F3 code is for the Adult County Inmate Porgram (ACIP) and is limited scope coverage for inpatient hospital and inpatient mental health services that is only for inmates in county correctional facilities who are receiving those services off the grounds of the correctional facility. Patient's Medi-Cal has since been restored to full scope coverage retroactively for dates of service 2/27/23-3/18/23 and is eligible for covered services and treatment authorization previously denied due to prior funding issue.

Reason for Denial

Argument for why denial should be overturned

SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 South Fremont Avenue; Building A-9 East, 3rd Floor
Alhambra, California 91803

County of Los Angeles Public Health

## APPEAL FORM

| 1. (**Check One**): ☐Standard Appeal ☐Expedited Appeal | | 2. Date: |
|---|---|---|
| **INFORMATION ABOUT MEDI-CAL BENEFICIARY FILING APPEAL** | | |
| 3. Name (Last, First, and Middle): *(required)* | 4. Sage PT ID#: *(if known)* | 5. Authorization # *(if known)* |
| 6. Date of Birth: *(required)* | 7. Medi-Cal #: *(if known)* | 8. Street Address: *(required if there is an address available)* |
| 9. City and Zip Code *(required if there is an address available)* | 10. Phone Number and/or Email Address: *(required if there is a phone number or email address available)* | 11. Do we have your permission to leave a voice message? ☐Yes ☐No |
| **COMPLETE IF AUTHORIZING A REPRESENTATIVE TO APPEAL ON YOUR BEHALF** | | |
| 12. Name of Representative: | 13. Agency Name/ Relationship: | 14. Email: |
| 15. Street Address: | 16. City and Zip Code: | 17. Phone: |
| 18. **If the Patient is authorizing another person or entity to represent them in filing this appeal, their signature is required below**: | | |
| Patient Name (Print) _____ Patient (Signature) _____ | | |
| **INFORMATION ABOUT THE APPEAL** | | |
| 19. Did you receive a Notice of Adverse Benefit Determination (NOABD) letter? ☐Yes ☐No | | |
| 20. Did anyone complete this form on your behalf? ☐Yes ☐No | | |
| 21. Which type of NOABD did you receive: ☐ Denial ☐ Payment Denial ☐ Other, describe:_____ ☐ Termination ☐ Timely Access to Services ☐ Notice of Grievance/Appeal Resolution | | |
| 22. Please provide detailed information on your appeal of the NOABD. Attach pages and documentation, if needed. | | |

**Signature of Medi-Cal Beneficiary/Authorized Representative** _____ **Date** _____

**SUBMIT THE COMPLETED APPEAL BY:**

| | |
|---|---|
| **Email: SAPCmonitoring@ph.lacounty.gov** | **Mail: Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3rd floor, Box 34, Alhambra, California 91803** |
| **Phone: (626) 299-4532** | |
| **Fax: (626) 458-6692** | |
| **If you need this form in alternate format (e.g., another language, large print, braille, or audio), call 1-888-742-7900.** | |



SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 South Fremont Avenue; Building A-9 East, 3rd Floor
Alhambra, California 91803

County of Los Angeles Public Health

## COMPLAINT/GRIEVANCE FORM

| 1. Date: | | |
|---|---|---|
| **PERSON FILING THE GRIEVANCE** | | |
| 2. Name (Last, First, and Middle): *(required)* | 3. Sage PT ID#: *(if known)* | 4. Authorization # *(if known)* |
| 5. Date of Birth: *(required)* | 6. Medi-Cal #: *(if known)* | 7. Street Address: *(required if there is an address available)* |
| 8. City and Zip Code *(required if there is an address available)* | 9. Phone Number and/or Email Address: *(required if there is a phone or email address available)* | 10. Do we have your permission to leave a voice message? ☐Yes ☐No |
| **COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAIN ON YOUR BEHALF** | | |
| 11. Name of Representative: | 12. Agency Name/Relationship: | 13. Email: |
| 14. Street Address: | 15. City and Zip Code: | 16. Phone: |
| 17. **If you are authorizing another person or entity to represent you in filing this complain/grievance, please sign below:** | | |
| Patient Name (Print) _____ Patient (Signature) _____ | | |
| **INFORMATION ABOUT YOUR GRIEVANCE** | | |
| 18. Grievance/Complaint Type (check all that apply): ☐ Service not available/accessible ☐ Enrollment/disenrollment issues (Med-Cal Only) ☐ Problems with payment to provider ☐ Staff issues/customer service ☐ Denied Services/Referral/Appointment ☐ Patient Rights violation ☐ Quality/appropriateness of care ☐ Billing ☐ Other: _____ | | |
| 19. Please provide detailed information about the complaint/grievance. Attach additional pages or supporting documentation, if needed. | | |

**Signature of Person or Authorized Representative** _____ **Date** _____

**SUBMIT THE GRIEVANCE (OR COMPLAINT) BY:**

| | |
|---|---|
| **Email: SAPCmonitoring@ph.lacounty.gov** | **Mail: Substance Abuse Prevention and Control, Contracts and Compliance Branch, 1000 South Fremont Avenue, Building A9 East, 3rd Floor, Box 34, Alhambra, California 91803** |
| **Phone: (626) 299-4532** | |
| **Fax: (626) 458-6692** | |
| **If you need this form in alternate format (e.g., another language, large print, braille, or audio), call 1-888-742-7900.** | |

# Essential Contact Info

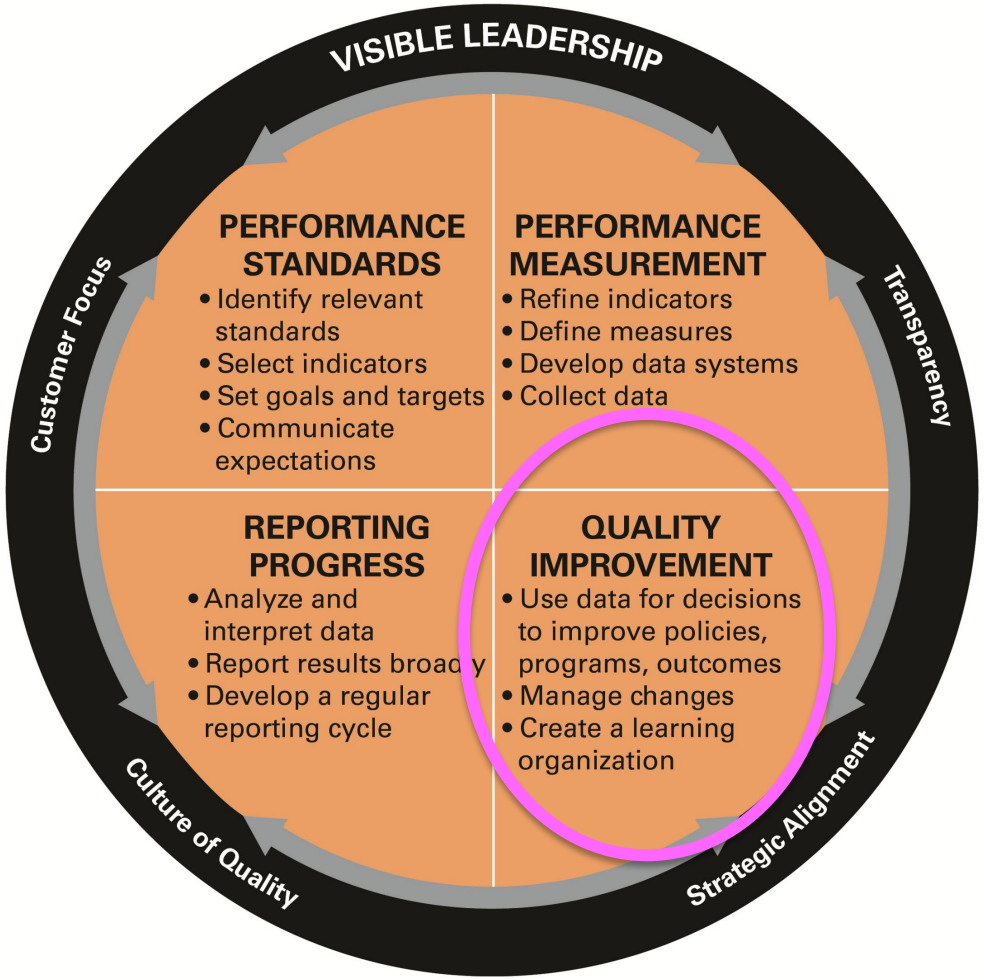
- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- Phone Number to file an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns after receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

Clarification

- Phone Number to follow-up with an appeal after receiving a resolution letter: **(626) 293-2846**

# Quality Improvement Documentation Review & Focus Groups

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM




http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual7.0.pdf

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# Documentation Review

# Focus Groups

# Contact Information: SAPC Quality Improvement

- Phone **626-299-3531**
- Email SAPC.QI.UM@ph.lacounty.gov

# DEA Training Requirement

# DEA Registration: Training Requirement

- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners: http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf
- 8 Hours of Training
  - Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder

  OR

  - Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

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- Consolidated Appropriations Act of 2023 - one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners: http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

  **Already considered to have satisfied this training:**

  – All physicians board certified in addiction medicine or addiction psychiatry

  – All DEA registrants who graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023 who have already completed a comprehensive curriculum that included at least eight hours of applicable training

  – DEA registrants who completed 8-hours of DATA-Waiver training

# DEA Registration: Training Requirement

- If needed, 8 hours of applicable training available via:
  - AMA: http://edhub.ama-assn.org/course/302
  - ASAM: http://www.asam.org/education/dea-education-requirements
  - AAAP/PCSS: http://pcssnow.org/education-training
  - AANP: http://aanp.inreachce.com (Select *courses that meet DEA requirements*)
  - AAPA: http://www.aapa.org/wp-content/uploads/2023/04/Conference-sessions-toward-DEA-requirements-2.pdf
- Full list of accredited providers listed via

  http://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

# Q&A / Discussion