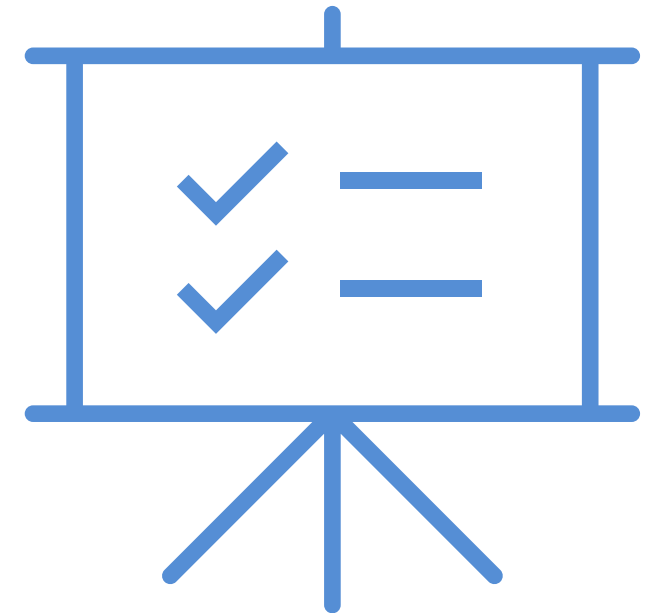# Overview

System Updates

KPI Updates

CalAIM Billing Changes for FY 23-24

Local and State Denial Updates

- Medicare Advantage OHC claims

SAPC Clinical Training Opportunities

SYSTEM UPDATES/CHANGES

Changes to Admission Process

Effective 11/1/2022, SAPC implemented an update to the admission process to help reduce duplicate admissions.

The system will begin checking for exact matches on **BOTH** Name (First and Last) and Date of Birth to existing records (across all providers).

If a provider attempts to save an admission for a new client and the First Name, Last Name and Date of Birth match an existing client in the network, the following message will display:

lasapcpconnuatsso.netsmartcloud.com says

This entry matches the First Name, Last Name, and Date of Birth of a client already in the system. Please return to the client search, verify the information is correct and select the pre-existing client if applicable.

OK

Exception: If you feel you need to you have a genuinely different patient that has the same Name and DOB, contact the Sage HD.

Changes to Admission Process

Verify the First Name, Last Name and Date of Birth are correct and match on Patient's ID or Medi-Cal card

- The name cannot be changed on the Admission screen; however, the Date of Birth can be changed if there is an error.
- If the name is incorrect, cancel the admission and re-enter.

Providers can return to the search screen by clicking the "Return to Search Results" button or click "Cancel" to start over

- Returning to the search results will allow the provider to change any search parameters and review the list of matching patients.

When the correct Name and Date of Birth is verified, select the corresponding existing patient from the search results list to complete the admission as normal.

Miscellaneous Note Options

To better match with CalAIM and provider practices, SAPC has made the following changes to the Miscellaneous Note Types in Sage:

Miscellaneous Note Types That Have Been Removed:

❑ **Case Management** has been removed from the selection.
  ➢ Providers should only be using **Care Coordination**.

Miscellaneous Note Types That Have Been Added:

❑ **Problem List-Tx Plan Development/Review** (replacing Treatment plan review/development),
❑ **Medication Handling/Safeguarding**
  ➢ To be used when providing NonMAT Medication Services in outpatient settings or Safeguarding in Residential settings by SUD counselors, non-medical LE-LPHA and LPHAs
❑ **Medication Services (MAT)**
  ➢ LP/NP/PA/RN use to document evaluating, ordering, prescribing, and administering MAT
❑ **Peer Support Services- Plan of Care**
  ➢ When Peer Support Services are LIVE, Only the peers will document the Peer Support Services Plan of Care on this note type

Email Communication/Preference

SAPC has added an Email field and Communication Preference to the Demographics tab in Sage to allow providers to add an email address for patients who prefer to communicate via email.

Providers can update this field for any existing client or after an admission has been completed.

Employment Status
-Please Choose One-

Marital Status	**Client's Email Address**	**Communication Preference**
-Please Choose One-	test@test.com	Email - 1

Save Record

Women's Health History Form

This form must be completed for all Pregnant or Postpartum females for documentation and billing purposes

Date of Last Menstrual Period (2300-DTP-03)
11/04/2022

Start Date of Pregnancy

End Date of Pregnancy

Initial Treatment Date (2300-DTP-03)

Have you ever been pregnant?
Yes

Pregnancy Status
Pregnant

Expected Due Date

Form (with required fields) is required to include the pregnancy indicator on claims to the State.

If the claim shows the HD modifier and the pregnancy indicator is missing, the claim to the state will be denied.

Women's Health History- Pregnancy End Date

Per new State guidance, the postpartum period is now 365 days from end date of pregnancy for patients under Aid Code 76.

- DHCS will be using the Expected Delivery Date provided to DPSS or Medi-Cal to determine the last day of the month from the 365th day.
- Providers should review the Short-Doyle Aid Code Master Chart to ensure understanding of this aid code.
- Aid code 76 will be expanded to cover more individuals and will likely be more common for our PPW patients.

Pregnancy End Date field is required to accurately report the pregnancy indicator on claims

- The start date of pregnancy and end date of pregnancy fields on the Women's Health History form are used to determine when to include a pregnancy indicator on a claim.
- Dates of service on or after the Pregnancy Start Date will continue to include the indicator for all dates of service until the Pregnancy End Date is entered.
- If the end date is not entered, the indicator will be included on claims past the 365th day and will be denied by DHCS.

Sources APL 21-13 and MEDIL 22-21

For patients who are currently pregnant, it is recommended to enter the *Expected Due Date* field at initial form filing using the following guidelines:

- If the patient has attended a prenatal visit with a medical provider, they should have an expected due date, which providers should enter.
- If the expected due date is not known, providers should use the '280-day rule' to calculate the date, which is approximately 40 weeks or 10 months.
  - Simply add 280 days/40 weeks/10 months to the last date of menstrual cycle.
  - There are various websites you can use to calculate this date.
- Providers should update the *End Date of Pregnancy* to the actual date of the end of pregnancy once

KPI UPDATES for IMPROVED DATA VISIBILITY

Telehealth Codes and Merged Patients

Due to HIPAA and CFR 42 requirements, SAPC implements very strict rules in KPI to ensure providers can only see the data they are permitted to see. As such, certain items needed to be updated to allow visibility on telehealth codes and merged patients as those configurations did not meet the confidentiality standards in place.

SAPC and Netsmart worked to update the configurations to both in order to meet the confidentiality standards and allow for visibility within KPI for any data points related to those two situations.

Effective 11/04/2022, all merged patients and telehealth services are available in MSO KPI for providers to view.

New KPI Training Scheduled

Date: <u>Thursday 11/17/2022</u>
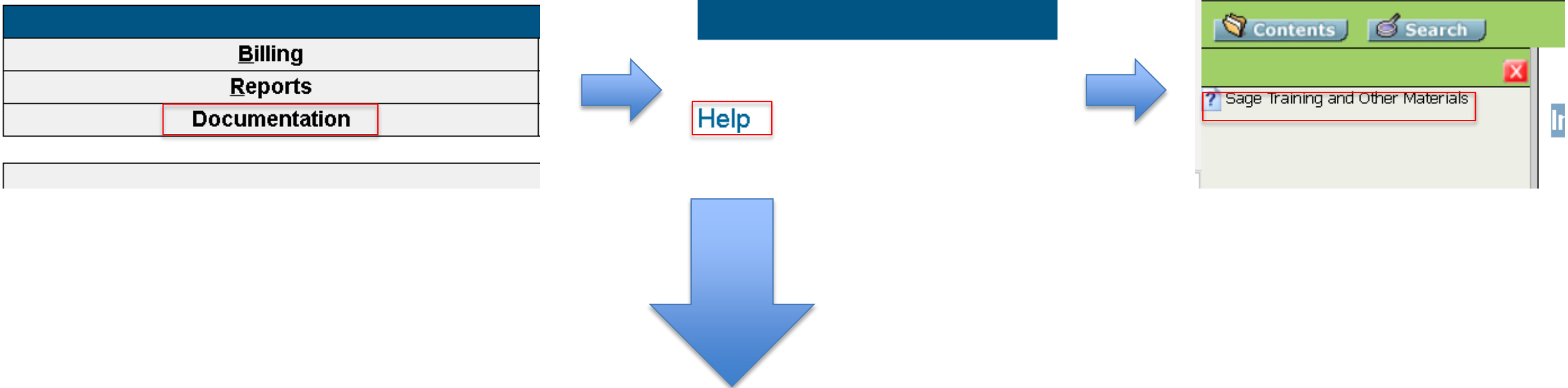Time: 9:00am to 11:00am
Trainers: Esther Orellana, Ph.D., and Greg Schwarz, Psy.D.

Trainers will demonstrate how to navigate the new sheets as well as describe use case scenarios when these sheets would be appropriate. Intended

Register HERE to Attend

Audience: This training is open to Network Provider Users with KPI access.

YOU MUST REGISTER for this webinar training before getting the link to join.

Additional KPI Training Resources

Billing

Reports

Documentation

Help

Contents | Search

Sage Training and Other Materials

LASAPC KPI Dashboard training:

- LA SAPC Sage - KPI Basics and Navigation Training 08/10/20
- LA SAPC Sage - Understanding KPI Visual Presentation and Navigation 10/11/19
- LA SAPC Sage - Working with KPI Objects 10/11/19
- LA SAPC Sage - Commonly Used KPI Sheets 10/11/19
- LA SAPC Sage - KPI Payment Reconciliation Sheet 10/11/19

SNEAK PEAK AT CALAIM BILLING UPDATES

Some Key Changes

Current Billing Procedures

- Basic billing structure

- Primarily HCPCS codes

- Little differentiation for services between different disciplines

- Minutes or units for group billing allowed

Key CalAIM Changes Effective 07/01/2023

- More detailed billing structure with interactive complexity and dependency codes

- CPT codes will be added to allow for more specific billing for LPHA and LP/PA/NP services
  - SUD services will continue to be billed under HCPCS

- Additional modifiers to specify types of services specific to HCPCS and CPT codes
  - Generally, CPT codes use a number only modifier

- All services must be billed in Units only and whole numbers (No fractional units)

- Performing provider's disciplines will be validated against taxonomy to ensure they are allowed to deliver the service being billed.

Pre-CalAIM Procedure Codes

❑Assessment/Intake

➢H0001 (Assessment/Intake) + LOC and special population modifiers

➢Used by all disciplines and LOCs

Post CalAIM Assessment/Intake Code Additions

Service	Code	Providers
Psychiatric Diagnostic Evaluation, 15 Minutes	90791	LP, PA, Psy, LCSW, MFT, NP, LPCC
Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	LP, PA, NP
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	LP, PA, Psy, LCSW, MFT, NP, LPCC
Psychological Testing Evaluation, First Hour	96130	LP, PA, Psy, NP
Psychological Testing Evaluation, Each Additional Hour	96131	LP, PA, Psy, NP
Telephone Assessment and Management Service, 5-10 Minutes	98966	PA, Psy, LCSW, MFT, NP, LPCC
Telephone Assessment and Management Service, 11-20 Minutes	98967	PA, Psy, LCSW, MFT, NP, LPCC
Telephone Assessment and Management Service, 21-30 Minutes	98968	PA, Psy, LCSW, MFT, NP, LPCC
Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	LP, PA, NP
Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	LP, PA, NP
Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	LP, PA, NP
Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	LP, PA, NP
Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	LP, PA, NP
Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	LP, PA, NP
Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	LP, PA, NP
Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	LP, PA, NP
Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD

Bottom Line for CalAIM Changes - DON'T PANIC

The majority of existing codes will remain the same

- Day rate/residential codes are not changing
- Most substantial change is in the Assessment services, which is adding various CPT codes

Additional codes will be added to integrate the entirety of the workforce more efficiently into treatment AND get paid for those services

- LPs/PAs/NPs and other LPHAs will have specific codes to use for their services

Medi-Cal will validate services against the performing provider taxonomy code to ensure performing provider is eligible to deliver the service.

How to Prepare for Payment Reform

SAPC and Providers should:

- Take steps to better understand medical billing, specifically CPT codes, lockouts, add-on codes, dependencies and modifiers.
- Agencies should validate the correct taxonomy codes are listed on the submitted user creation forms for your performing providers as well as in your own EHR systems (secondary providers) in preparation for use of taxonomy codes.
- Plan to meet with EHR vendors frequently to discuss payment reform/CalAIM to ensure systems are being upgraded to match CalAIM requirements as released.

DMC Taxonomy List

➢ Drug Medi-Cal will validate the performing provider discipline based on the first four alpha-numeric characters of the Taxonomy Code.

➢ These are the approved codes from the DMC Billing Manual that will be effective 7/1/2023

Discipline	First Four Alpha-Numeric Characters of Taxonomy Code
Alcohol and Other Drug Counselors (AOD Counselors)	146D
	146L
	146M
	146N
	171M
	374K
	2258
	2260
	4053

DMC Taxonomy List

Discipline	First Four Alpha-Numeric Characters of Taxonomy Code
Licensed Professional Clinical Counselor (LPCC) Billing manual shows same codes used for MFT	1012
	102X
	103K
	1714
	222Q
	106E
	225C
	2256
Marriage and Family Therapist (MFT) Billing manual shows same codes used for LPCC	1012
	102X
	103K
	106E
	106H
	1714
	222Q
	225C
	2256

DMC Taxonomy List

Discipline	First Four Alpha-Numeric Characters of Taxonomy Code
Nurse Practitioner (NP)	363L
Pharmacist (Pharma)	1835
Physician Assistant (PA)	363A
Peer Support Specialist	175T
Psychologist (Psy)	102L
	103G
	103T
Registered Nurse (RN)	3675
	374K
	163W
Licensed Clinical Social Worker (LCSW)	102X
	103K
	1041
	1714
	106E
	225C
	222Q

Licensed Physician (LP)

202C
202K
204C
204D
204E
204F
204R
207K
207L
207N
207P
207Q
207R
207S
207T
207U
207V
207W
207X
207Y
207Z
2080
2081
2082
2083
2084
2085
2086
2088
208C
208D
208G
208M
202D
208U
208V
2098

SAPC Provider Manual & Information

Where do I go for the SAPC Provider Manual, updates/bulletins, and SAPC Trainings and Events? (links provided below)

http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm

PROVIDER MANUAL AND FORMS

Expectations and requirements of substance use disorder network providers, including clinical and business standards, policies and procedures, and essential forms

PROVIDER MEETINGS, BULLETINS, BRIEFS AND FACTSHEETS

Information on contract updates and changes at the County, State and Federal levels, and other documents that outline programmatic, financial, information technology and contracting changes and requirements

CAPACITY BUILDING AND TRAINING RESOURCES

Tools and resources available to support substance use disorder providers in building and maintaining an effective workforce and business, and achieving patient outcomes

SAPC Provider Manual 7.0
Clinical Forms and Documents
Problem List Main
Problem List Addendum

SAPC Provider Network Information
All Provider Meeting Recording

SAPC Trainings and Events
SAPC Training Calendar
List of SAPC Trainings

Sage Resources

SAPC Sage Website

Sage Provider Communications

SAPC Home / Providers / Sage Home / Sage Provider Communications

Fiscal Year 22-23

Fiscal Year 21-22

*Images are hyperlinked

Other Training Resources

SAPC Home / Providers / Sage Home / Sage Trainings / Other Training Resources

CalAIM Documentation Reform

Subject	Description	Date
CalAIM Documentation Requirements Updates Recording	This is a recording of DHCS's new documentation requirements and SAPC's interim solution to meet new standards, primarily focusing on the Problem List.	08/19/2022
CalAIM Documentation Requirements Updates PPT 8-19-2022	This is the PowerPoint presentation that accompanies the CalAIM Documentation Requirement Updates Recording.	08/19/2022
CalAIM Documentation Reform FAQ (Updated 8/30/2022)	This is a list of compiled questions and answers regarding DHCS' documentation requirements for the Problem List, Notes, and Assessments which went into effect 7/1/2022.	08/30/2022
Operationalizing the Problem List in Sage	This document outlines the interim Sage solution meeting DHCS' Problem List requirements	07/05/2022

Sage Newsfeed:

Available when you log in to Sage or through "News" on the Main Menu

Main Menu - Provider

Lookup Client

Add New Client/Client Search

News

ProviderConnect - News

	No.	Date	News
-	1.	7/26/2022	A CalAIM Documentation Reform FAQ has been published to the Sage page. Please copy and paste the link below to a web browser to access the document. http://publichealth.lacounty.gov/sapc/Sage/Training/CalAIMDocumentationReformFAQ072522.pdf
+	2.	7/7/2022	Job Aid on Operationalizing the Problem List in Sa (...)

LOCAL AND STATE DENIAL UPDATES

Performing provider is blank.

- **Cause:** All services billed to SAPC must include the performing provider name on the claim. The claim was sent to SAPC without the performing provider name on the service. This issue only affects Secondary Sage Users.
- **Resolution:** Add the performing provider name to the service and resubmit the claim to SAPC.

Maximum number of units of procedure code per day exhausted

- **Cause:** A second claim for an already approved service was sent to SAPC. The duplicate service was denied. Typically, this is a duplicate RBH day-rate or Room & Board service.
- **Resolution:** None as the second claim was appropriately denied.

Authorization is denied

- Cause: The service authorization billed against was denied by SAPC.
- Resolution: If applicable, correct the authorization number to the approved authorization. If no approved authorization exists for the patient during the service date, the claim was appropriately denied.

CO 177: Patient has not met the required eligibility requirements.

- **Cause:** Various eligibility related reasons including the patient having OHC and missing/incomplete/invalid Coordination of Benefits information.
- **Resolution:** Validate the CIN was correctly entered in the patient Financial Eligibility form; Validate the patient's aid code is DMC eligible; Confirm if the patient's OHC information was included on the claim; and review the OHC plan and OHC code of the patient to determine if it is a Medicare Advantage Plan.

CO 16 MA39: Claim/service lacks information or has submission/billing error(s); Missing/incomplete/invalid gender.

- **Cause:** The gender listed on the Financial Eligibility (FE) does not match what the State has on record. The CIN may be incorrect resulting in the State assessing the wrong patient's gender.
- **Resolution:** Verify the CIN is correct in the Financial Eligibility. Validate the gender on FE to what the State has on record. Once corrected submit the claims for rebilling. Secondary providers should match the gender code on the 837 file.

CO 96 N30: Non-covered charge(s); Patient ineligible for this service.

- **Cause:** The Women's Health form was not completed for the patient. The patient's Medi-Cal Aid code is not for full scope Medi-Cal and only covers DMC services for pregnant women.
- **Resolution:** Providers should ensure that the Women's Health form is completed. Validate the patient's aid code and ensure the Financial Eligibility was completed correctly.

Other Health Coverage Update

Recent investigations into CO 177 denials and discussion with DHCS has led to identification of an update to how OHC for Medicare Advantage Plans (Medicare Part C) must be billed

OHC guarantors that are Medicare Advantage Plans with an OHC Code of "F" must be billed with a specific Claim Filing Indicator code

- Claims billed to DHCS must include a Claim Filing Indicator Code of "16" to indicate an HMO Medicare Risk plan

DHCS has indicated that this was updated in the DHCS MH Companion Guide but not in the DMC-ODS Companion Guide, although the requirement is the same

SAPC will be updating the 837 Companion Guides and OHC Billing Manual with this new information

Providers do not have to wait until these guides are updated to make adjustments and replace/resubmit the services to SAPC

In ProviderConnect, when completing the Other Health Coverage form, select "Health Maintenance Organization (HMO) Medicare Risk" in the "Claim Filing Indicator Code (2320-SBR-09)" field.

Claim Filing Indicator Code (2320-SBR-09)
Health Maintenance Organization (HMO) Medicare Risk ▾

837 files sent to SAPC should include the following information to indicate a Medicare Advantage Plan:

- Loop 2320, SBR 09 data element = "16"

OHC Resources

Reference Guides

[SAPC OHC Provider Billing Manual](#)

[DHCS OHC Provider Manual 01](#)

[DHCS OHC Provider Manual 02](#)

[DHCS Other Health Coverage Reference Guide](#) – **reference to submit an OHC addition or removal request to DHCS**

[AEVS System General Instructions](#)

Guarantor/OHC Insurance Carrier Information

[AEVS OHC Database](#)

Denial Resolution Best Practices

Identify if denial is Local or State

- Using KPI Local Denial View or State Denial View (Quick Guide to Identifying Denials for details)
- 835 reports
- EOB
- ProviderConnect "Services Denied in MSO Report" for local denials

Utilize SAPC published denial resolution guides

- Claim Denial Reason and Resolution Crosswalk for Providers (Next update coming soon)
- Denial Crosswalk Instructions Version 3.0
- Quick Guide to Identifying Denials
- http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm (All communications are published with descriptions of what was communicated)
- Critical Error Report Guide for 837 Files (for 837 files with rejected claims that were not processed, usually show as an OA CARC group on the 835)

Work the Denial

- From the steps outlined in the various guides, attempt to identify the issue and resolution.
- Most denials are quickly resolved by following the steps.

Denial Resolution Best Practices

Open a Helpdesk Ticket when:

- After a full investigation and the cause is still unknown
- The resolution is unknown
- The resolution requires additional intervention from SAPC or Netsmart

When submitting a Helpdesk Ticket, include the following:

- Denial reason or Explanation of Coverage if Local denial (from EOB, PCONN, KPI)
- Denial CARC and RARC combination starting with "Denial CO…" if State denial (from KPI or EOB)
- All information from the denied service: PATID, Date of Service, date of takeback or denial, EOB ID, EOB date, 835 file name (if applicable)
- Approximate count of denials and dollar amount of denials
- Steps taken to resolve that were not effective

SAPC CLINICAL TRAINING OPPORTUNITIES

SAPC **CalAIM** Upcoming Trainings

Training Name & Link to the Flyer	Date
CalAIM Documentation Requirements Updates	Wednesday 11/9/22 and Tuesday 11/29/22
Clinical Documentation for Substance Use Treatment Providers: CalAIM Requirements and Best Practices (Updated Training!)	Thursday 11/17/22
CalAIM Documentation Requirements Updates (Trainings CE Approved)	Tuesday 12/6/22 and Wednesday 12/28/22
CalAIM Documentation Requirements-Recorded Training (Not CE Approved)	http://publichealth.lacounty.gov/sapc/Sage/Training/CalAIMDocumentationRequirementsUpdates.htm (RECORDING)
CalAIM Documentation Reform Info. On SAGE Page of SAPC Website	http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm

Links

Links

Thinkstock Photos-457528851

SAPC Upcoming Trainings

Training Name & Link to the Flyer	Date
Utilizing Naloxone and Other Harm Reduction Strategies for ADULT Providers	Thursday 11/10/22
Understanding the ASAM Screener for Youth and Young Adults	Tuesday 11/15/22
Care Coordination: Maximizing Success in SUD Treatment Through Integration and Coordination of Care	Thursday 11/17/22
Foundational Principles of Ethical and Confidential Practice in Substance Use Treatment	Thursday 11/30/22
Understanding the ASAM Criteria in the Context of the California Treatment System (ASAM-A)	Monday 12/5/22
Understanding the ASAM Criteria in Action from Assessment to Treatment Planning (ASAM-B)	Tuesday 12/6/22

Clinical Trainings

http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm

Training Calendar
View dates and times for upcoming trainings sponsored or supported by SAPC

Click here

Trainings
Find training information and resources, including how to register for these sessions

Click here

SUD Training Resources
Discover tools, resources, and links available to support substance use providers

Click here

Learning Management System
Access, participate, and track online learning experiences

Click here

CA SUD Certifying Bodies
Find links and resources

Click here

Archives
View past trainings and lecture series

Click here

Calendar of all SAPC clinical trainings and other SAPC sponsored events.

All links include registration information to the specific training and other important details.

Clinical Trainings

http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm

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Click on Trainings for a detailed list of all currently offered trainings, throughout several clinical and operations categories