December 21, 2021 PROVIDER MEETING
FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider sites:
http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm

	QUESTIONS	ANSWERS
	COVID 19	
1.	Does fully vaccinated mean vaccinations or both vaccinations plus booster.	At this time, fully vaccinated means either two doses of two (2) dose regiment of Pfizer or Moderna or one(1) dose of J&J vaccine.
2.	a. What are the new vaccination requirements under County Contract? b. Do staff who are working remotely 100% still need to test weekly? c. How can I ensure I receive the certification of compliance email so I can distribute to my clinics?	a. The County Board of Supervisors adopted an ordinance establishing a vaccine mandate impacting all SAPC Contracted Providers. All staff working for a contracted provider of SAPC must be fully vaccinated and have received the COVID booster to provide onsite services. Per DPH policy, SAPC is unable to accept or accommodate COVID-19 testing as an alternative to the vaccination requirement for any contractor staff and/or their subcontractors/consultants when performing onsite duties as part of a DPH or SAPC contract or agreement (e.g., MOU). Staff not fully vaccinated and boosted as required may be transitioned to perform other duties that can be conducted exclusively virtually (telehealth/telework) not associated with Public Health contracts and where staff are not required to adhere to these vaccination and booster requirements. All contracted providers must submit a competed and signed Certification of Compliance returned to SAPC by January 1, 2022. b. Yes, this applies to all staff working under the Contract. c. View the SAPC Information Notice links below for more information. Contact your Contract program Auditor (CPA) if you have questions related to the Certification of Compliance As of January 1, 2022 the following SAPC Information Notices were released: SAPC Bulletin 22-01 Novel Coronavirus Response and SAPC Bulletin 22-02 Vaccination Requirements
3.	Do vaccinated staff working in residential treatment environments have to quarantine if they have close contact with a positive client?	In a healthcare setting, even if staff are fully vaccinated, they would need to quarantine after exposure.

4.	Is the current quarantine period for clients 10 or 14 days?	Quarantine period is five (5) days, with additional required details as outlined on the DPH COVID quarantine website: http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/.
	Special Programs and Initiatives	
5.	What information can SAPC provide related to Cal AIM and how it will affect processes (clinical, billing, etc.)	SAPC recommends participation in information sessions related to CalAIM provided by DHCS. Additionally, there will be an information session regarding transitions to CalAim by CIBHS. SAPC invites you to participate on January 13, 2022 from 10-11am. Register to participate at https://bit.ly/calaim13. Additional dates will be posted soon.
6.	Where can we find more information about the Tuition Incentive Program?	The Tuition Incentive Program (TIP) Pilot information can be found on the SAPC website at: http://www.publichealth.lacounty.gov/sapc/public/workforce/tip.htm
7.	Besides attending Provider Advisory Committee (PAC) Meetings, how do we become part of the PAC Board/committee?	Information regarding the PAC meetings can be found at; http://publichealth.lacount.gov/sapc/providers/provider-advisory-committee.htm The terms of 50% of the PAC members expire at the end of the fiscal year. There is a formal application process released in May for those who are interested in applying to become a PAC member.
8.	Who can we contact to discuss RBH expansion options?	The System of Care staff are having meetings with current RBH providers to discuss utilization and expansion. If you are a current RBH Provider and have yet to meet with SAPC, please contact Sandy Song at sasong@ph.lacounty.gov .
9.	Who is the contact person for SBAT issues (passwords/resets)?	If you are locked out of your account, SAPC Information Systems can be reached at 626) 299-4546. For this and other information related to SBAT, please review the SBAT User Guide: http://publichealth.lacounty.gov/sapc/NetworkProviders/Sbat/SBATUserGuide.pdf
	Eligibility and Authorization	
10.	Can patients who are eligible or enrolled in a managed care plan (Kaiser, LA Care, Health Net, etc.) be served under SAPC's specialty SUD treatment system?	Yes. Managed Care plans have both a commercial and Medi-Cal line of business. Those enrolled in Medi-Cal are eligible for specialty SUD services and should not be turned away. Providers must ensure that their staff are adequately trained on Medi-Cal managed care plans and eligibility to SUD services including asking additional questions to determine Medi-Cal eligibility or verifying eligibility through AEVS or other process. Some managed care plans are considered Other Heathcare Coverage (OHC) and must be billed prior to billing SAPC. However, there are

		exceptions where staff need to verify at time of admission. Medi-cal mandates that patients cannot be denied certified if an OHC is present. Please review the various OHC presentation from previous provider meetings and Sage communications.
11.	How can we verify eligibility of MHLA?	My healthla@dhs.lacounty.gov or call MHLA general phone at (626) 525-5789 to verify MHLA enrollments. For questions related to MHLA contact Anna Gorman at agorman@dhs.lacounty.gov or the general email: myhealthla@dhs.lacounty.gov
12.	How do you set up a My Health LA patient in the financial eligibility (FE)?	Please view SAPC Sage page to view many of the trainings that have occurred related to Sage Finance including MHLA financial eligibility. Select Finance> Billing>Trainings to find "Updating Financial Eligibility Admitted Under Other County Funding or MHLA" (01/06/20).
13.	Should providers request a Non-DMC authorization when a patient has applied for Medi-Cal and/or is Medi-Cal eligible in another County or wait until eligibility has been confirmed.	Yes. Please review the SAPC IN 20-10 pages 8 and 9 that outlines this process.
14.	What are the consequences if Residential authorizations/reauthorizations are not submitted to QI/UM within 30 days of admission or within 30 days of the start date of reauthorization?	Authorizations and reauthorizations submitted after 30 days from the date of service will be considered late authorization requests. UM reviews all authorization requests submitted, and late submissions are in jeopardy of denial, or of UM abbreviating the approved authorizations period where dates of services falling outside of the 30-day time frame may not be covered, if there is not a documented exception to the 30-day rule filed as a miscellaneous note. The two (2) exceptions to the 30-day timeliness of documentation rule are: delays pending establishment of financial eligibility due to benefit outside of Los Angeles County transfer and those who have applied for Medi-Cal, but whose DMC benefits have not yet been established.
15.	What responsibilities do providers have in terms of the Notice of Adverse Benefit Determination (NOABD)?	See the table on page 193 of the SAPC Provider Manual for information on the Provider Responsibility of NOABD process.
16.	Is the Notice of Adverse Benefit Determination (NOABD) used for Residential levels of care, but not with OTP providers?	Yes, to access information related to the NOABD process for Residential Services (3.1, 3.3 and 3.5) and not with OTP providers, see SAPC Utilization Management Updates 12/21/21 for more information regarding NOABD process.

	Finance and Sage	
17.	Where can I find the current cost-based payment process utilized during COVID-19? Will SAPC continue this process?	The SAPC IN 21-08 Novel Coronavirus (COVID-19) Response outlines the current cost-based payment process. SAPC will be sunsetting the cost-based payment process as of December 31, 2021 and returning to settlement of lesser of costs or charges (i.e., cost reconciliation) beginning January 1, 2022. An updated SAPC IN will be available soon.
18.	When will Primary Sage Users be able to bill Other Heath Coverage (OHC) that the insurance has refused payments for?	While this information is not yet available, an Other Health Coverage Billing Manual will be available soon.
19.	When billing for patient services, do we include documentation time on top of the number of units of direct services?	Documentation time varies based on level of care. Please refer to the Provider Manual, page 179 and the Rates Matrix.
20.	Will LVN's or Psych Techs who are licensed, but not AOD registered or certified be billable through SAPC since these positions are necessary for monitoring the high utilization of medications for clients in SUD treatment?	It is currently allowable for LVN's or Psych Techs to provide services, however these services are not reimbursable/billable given current state policy. All non LPHA staff need to be a registered or certified AOD counselor to bill for services within DMC.
21.	a. What are the Short Doyle claiming system telehealth Modifier Codes that will be required as of 11/1/21? b. Is Sage configured for us to utilize these codes?	a. In accordance with BHIN 21-047, the following telehealth modifier codes will be used: Place of Service code 02 with modifier GT for telehealth (audio and video synchronous) and Place of Service Code 02 with SC for modifier for telephone (audio only). b. Yes, SAPC is currently experiencing delays in configuration and will implement by February 1, 2022.
22.	Where can we find the Critical Error Report?	The Critical Error Report is available to Secondary Providers through the SFTP protocol. Please refer to the following Critical Error Report Workflow. If you need to request Critical Error reports for previously submitted 837 files, please use the form http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/SapcITProviderRequestForm.pdf and email to SapcProviderReq@ph.lacounty.gov

23.	a. If we have an issue with accessing KPI who do, we contact? b. What browser is KPI compatible with?	a. Please contact Netsmart at 855 346-2392 if there are issues accessing KPI. b. We recommend using Firefox. There are reported version issues with Edge and Chrome.
24.	We are still receiving FY18-19 denials. When will FY18-19 denial review by County/State be completed?	The deadline to resolve and resubmit is January 31st.
	Opioid Treatment Programs and MAT	
25.	Are Providers able to provide OTP Maintenance services to youth?	BH-IN 18-061 provides guidance on treating youth with narcotic treatment replacement. Licensed NTPs may submit exception requests using form SMA-168: Exception Request and Record of Justification. The form must be submitted to DHCS and SAMHSA via the SAMHSA OTP Extranet website.
26.	My Health LA (MHLA) enrollment traditionally gets all services from a MHLA assigned provider, is that going to affect SUD providers offering the MAT services?	Yes. MHLA's Ventegra Pharmacy Network will process prescriptions written by SAPC provider if the patient is enrolled with MHLA. If you believe a patient is enrolled with MHLA, contact healthla@dhs.lacounty.gov or call MHLA general phone at (626) 525-5789 to verify MHLA enrollment. The process for enrolling patients is described at http://dhs.lacounty.gov/my-health-la/enrollment. For questions related to MHLA contact Anna Gorman at agorman@dhs.lacounty.gov or the general email: myhealthla@dhs.lacounty.gov

Links provided:

DPH COVID-19 Website:	http://publichealth.lacounty.gov/media/Coronavirus/
SAPC COVID-19 Webpage:	http://publichealth.lacounty.gov/sapc/providers/covid19/
DHCS COVID-19 Webpage:	https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx
SAPC Informational Notice 21-08:	http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-08/SAPCIN21-08COVID19.pdf

BHIN 21-019 Regarding Medical Necessity - https://www.dhcs.ca.gov/Documents/BHIN-21-019-DMC-ODS-Updated-Policy-on-Medical-Necessity-and-Level-of-Care.pdf

BHIN 21-020 Regarding Recovery Support Services - https://www.dhcs.ca.gov/Documents/BHIN-21-020-DMC-ODS-Clarification-on-Recovery-Services.pdf