

SAPC Utilization Management Meeting

January 19, 2022



Agenda

- Notice of Adverse Benefit Determination (NOABD) Start Date
- Resubmission Timeline Update
- Provider Documentation Requirement Task Force
- Process in case of Security Breach and SAGE Outage
- Essential Phone Numbers

NOABD

- **Jan 24th**: SAPC will begin issuing state required **Notice of Adverse Benefit Determination (NOABD)** letters to Medi-Cal beneficiaries following denials of authorization for residential levels of care (LOC 3.1, 3.3, or 3.5) not associated with withdrawal management (WM).
 - These letters will be mailed to the patient's mailing address and copies will also be mailed to the relevant provider agency
 - SAPC-generated NOABD letters will not be issued for denials of 3.2-WM and 3.7-WM LOC authorization requests
 - UM care managers **will continue to notify providers** on all denials by phone.

Denial Reasons Associated With NOABD

- SAPC will generate NOABD letters when denials of authorization are made for non-WM residential services in the following circumstances:
 1. Does Not Meet Medical Necessity Criteria
 2. Patient not residing in LA County
 3. Patient's benefits not assigned to LA County
 4. 30-day timely documentation submission deadline not met*
 5. Insufficient Documentation
 6. Partial Approvals (authorizations with modified start dates due to late medical necessity documentation and/or late authorization submission)

Timeliness of Authorization Submissions

- Member authorizations and reauthorizations must be submitted to the SAPC Quality Improvement and Utilization Management Unit within thirty (30) calendar days of admission or within thirty (30) calendar days of the first date of service.
- Two exceptions to the 30 days rule – authorization submissions should be held pending the establishment of financial eligibility in the following circumstances:
 1. Outside Los Angeles county beneficiary pending transfer
 2. An individual who applied for Medi-Cal but has not established DMC benefits yet

Narrowing Criteria for Authorization Resubmissions

Currently resubmissions are not accepted when an authorization is denied due to lack of medical necessity, and SAPC providers will be directed to file an appeal to request reconsideration of an authorization request denied by SAPC due to lack of medical necessity

Starting Jan 24th, we plan to narrow the criteria where we will **only review authorization resubmissions in these circumstances:**

1. Authorization that was submitted in error and withdrawn by the provider
2. Re-authorization that was submitted prior to 30d before the end of the current authorization
3. Resubmission to correct the treatment funding source

- Providers requesting reconsideration of an authorization denied for reasons other than these specified circumstances will need to file an Appeal, and the Appeal Form is available via the Clinical Forms and Documents section of our Provider Manual and Forms Page:

[http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.
htm](http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm)

Flexibility for Providers

- The implementation of NOABD will be Monday, **1/24/2022**
- SAPC UM will be extending the grace period available to providers to correct any correctable documentation deficiencies necessary to successfully obtain authorization for **all LOCs**.
- Pls note that NOABDs are generated only for denials of non-WM residential **LOCs (3.1, 3.3, 3.5)** to Medi-Cal beneficiaries.

Provider Documentation Requirement Task Force

- To update/design effective and efficient workflow process for the Care Managers as needed
- To support providers by clarifying UM expectations and share additional instructions regarding Providers documenting their client support for Medi-Cal or Non DMC applications as needed
- Providing clear practical set of examples for providers
 - Quality of documentation
 - Timeliness of documentation
- Financial liability of accepting a patient without coverage or without coverage in Los Angeles county rests with the provider.

Essential Phone Numbers

- UM General number: **(626)-299-3531**
- Netsmart Helpdesk: **(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**

UM Accommodations During SAGE Outages

- When a provider encounters a sustained interrupted access to SAGE, SAPC offers the following UM accommodations related to the outage:
 - Providers should convert to paper based ASAM assessments, treatment plans, and miscellaneous level of care notes in accordance with SAGE downtime protocols, only during the dates where access to SAGE and ASAM CONTINUUM Assessment has been interrupted.
 - UM will accept authorization requests late according to a pre-specified timeline (varies based on case-by-case circumstances) and with a reasonable deadline

Thank You!



“As human beings, our greatness lies not so much in being able to remake the world.. as in being able to remake ourselves”

*- Mahatma Gandhi*₁₂