

THE PULSE

All Provider Meeting October 30, 2018

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First Place Winner – Theme Banner

“In the Midst of the Storm, HOPE”

AVRC - Women

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Perpetual Trophy

AVRC - Women

Banner

AVRC - Women

Choreography

SSG/HOPICS

Track & Field

- AVRC – Women
- Watts Healthcare Corp.
- The Midnight Mission
- Healthright 360

Uniform

- Watts
- Healthcare Corp.

Social/Other Games

- AVRC – Women
- Watts Healthcare
- Prototypes Women’s Center
- Healthright 360

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Clinical and Utilization Management

Complete ALL required documentation on the “Checklist of Required Documentation for Utilization Management” prior to submitting service authorizations

50-70% of Member Authorization submissions do not contain necessary information on the first submission, creating more work for both SAPC UM staff and provider staff. Please make sure all necessary documentation is included with Member Authorization submissions.

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Clinical and Utilization Management

Do not submit duplicate Member Authorizations for minor changes in Service Authorization dates or Authorization Groupings

This ends up creating more work for both SAPC UM staff and provider staff. Instead, please work with the SAPC UM staff who is working on your authorization regarding these types of changes.

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Clinical and Utilization Management

When additional information is requested by a UM care manager, please review their comments and submit the documentation that was requested by the care manager

Provider staff are often resubmitting exactly the same information they submitted previously without the additional information that was requested.

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Clinical and Utilization Management

If you receive a denial, please make sure that you review the reasons for the denial before calling SAPC UM staff

SAPC UM staff receive a lot of calls from providers asking for the reasons for the denial, which can be reviewed within Sage given that this information is documented in the case by SAPC UM staff.

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Clinical and Utilization Management

Justification for residential reauthorizations must be based on Medical Necessity

Some providers are justifying reauthorizations for residential services based on patient choice (e.g. client believes they need to remain in residential treatment because of risk of relapse). While this is one consideration, this should not be the sole rationale for extending residential lengths of stay and the reasoning for the counselor/clinician agreeing that residential services are appropriate needs to be provided.

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Clinical and Utilization Management

OTP providers continue to be unclear about the process of requesting detox in OTP

Please have front-line OTP staff review the “Utilization Management Procedural Clarification” slides and the “Checklist of Required Documentation for Utilization Management” document on the SAPC website.

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Treatment Billing Submission

Treatment Billing claims should be entered on a on-going basis

Ensure more frequent submission of claims:

- Entering claims more frequently = increase accuracy.
- Entering claims more frequently = avoid clerical errors.
- Increased accuracy = reduce the likelihood of denials.
- Resolve denials in a more timely manner.

Do NOT wait until the 10th!

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Treatment Billing Submission

Treatment Billing claims should be entered on a on-going basis

Treatment Billing will paid on a rolling basis:

- Approved claims = On-going payment
- Frequent reimbursement = Avoid cash flow issues

Do NOT wait until the 10th!

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DIRECT YOUR QUESTIONS TO THE RIGHT PLACE:
SAPC is Here to Support You!

For the latest information, please visit the SAPC Webpage at:

<http://publichealth.lacounty.gov/sapc/>

Refer general questions to:

SUDTransformation@ph.lacounty.gov

Questions about contracts and compliance:

SAPCMonitoring@ph.lacounty.gov

QI/UM related questions: SAPC.QI.UM@ph.lacounty.gov

Call the Sage Help Desk at (855) 346-2392 to open a ticket