



Incentives: Dos & Don'ts (1C-1D & 3A-3E)

Tina Kim, Ph.D., Division Chief
Health Outcomes and Data Analytics **(HODA)** Division
Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

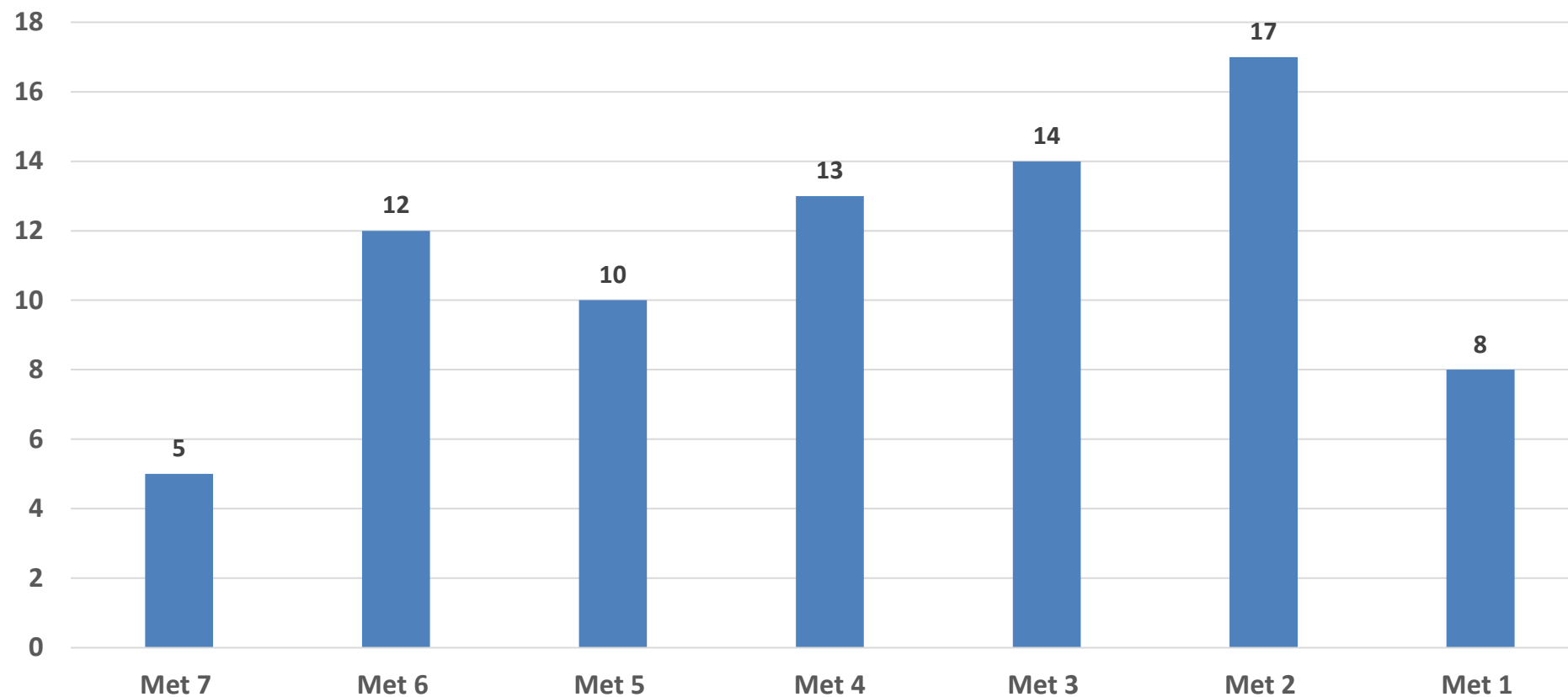
All Provider Meeting: Tuesday, November 4, 2025



FY 2025–26 Incentives Tracked and Reported by HODA in the DQR (7 P4P-Incentives)

Category	Incentive Type	Focus
Financial and Business Operations	Infrastructure	Building Performance and Risk Metrics
	Infrastructure	Managing Financial Risk
	Pay-for-Performance	Timely Submission of CalOMS Admission and Discharge Records
	Pay-for-Performance	Timely Claims Submissions
SUD Workforce Development	Infrastructure	Employee Benefits Package
	Infrastructure	SUD Registered Counselor Minimum Wage
	Infrastructure	Bilingual Bonus
	Infrastructure	LPHA Sign-On/Loyalty & Retention Bonus
	Infrastructure	MAT Prescribing Clinician Start-Up Cost Sharing
Access to Care	Pay-for-Performance	MAT Education/Services for Opioid Use Disorder
	Pay-for-Performance	MAT Education/Services for Alcohol Use Disorder
	Pay-for-Performance	MAT: Agency-wide Naloxone Distribution
	Pay-for-Performance	Clients Referred/Admitted to Another SUD Level of Care
	Pay-for-Performance	Mental and Physical Health Referrals/Care Coordination
	Infrastructure	R95 Champion
	Infrastructure	R95 Client-Facing Agreements
	Infrastructure	Service Design Follow-up Implementation Plan

How Many Incentives Were Met by Providers in Q1 (Total 7)?

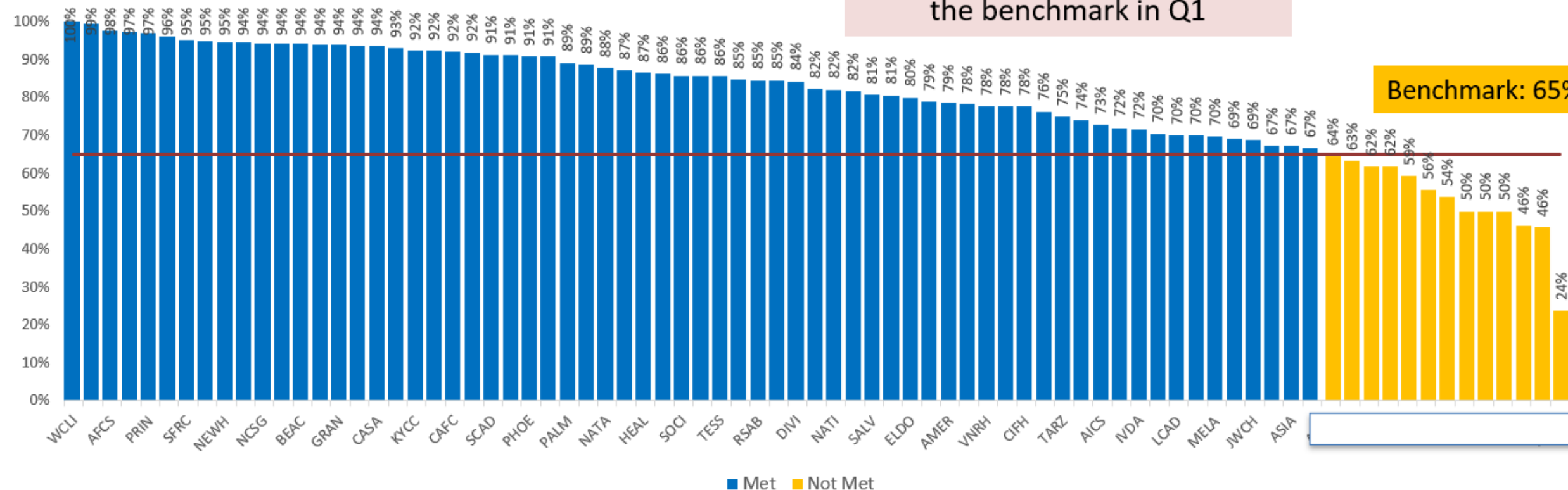


1C: Timely Submission of CalOMS Records

At least 65% of California Outcomes Measurement System (CalOMS) admission and discharge records are submitted on time and are 100% complete.

84% of the agencies have met the benchmark in Q1

Benchmark: 65%



1D: Timely Submission of Claims

100% of prior-month service claims are submitted by the 10th of each month, as monitored through supplemental claims reporting to SAPC

Key Reminders:

- Ensure all claims are submitted **timely** by the 10th of each month for prior-month service claims.

Important Notes:

- Q2** will include three months of late claims:
 - September late claims (submitted after Oct 10) → Nov 15th DQR
 - October late claims (submitted after Nov 10) → Dec 15th DQR
 - November claims (submitted between Dec 10 to Jan 10) → Jan 15th DQR
- Q2 Invoice due by January 20th, 2026 per the final Q2 incentive metrics** included in Jan 15th DQR
 - If you have **at least one late claim** for September through November service claims submitted between October 11 – Jan 10, you would not meet benchmark for this incentive)

1D: Timely Submission of Claims

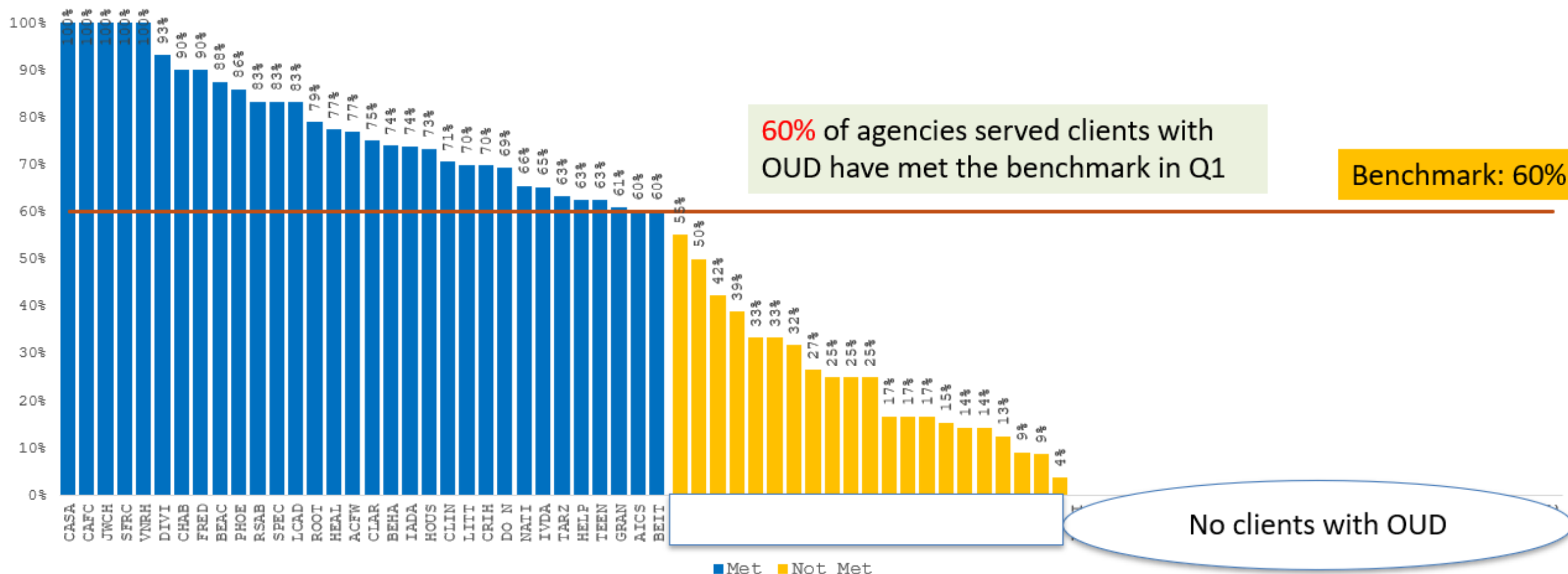
100% of prior-month service claims are submitted by the 10th of each month, as monitored through supplemental claims reporting to SAPC

Important Notes:

- Timely claim submission calculation will be based on the **original claims**, excluding denials.
- Admissions at the end of each month:** Based on our extensive analysis of historical claim submissions for end-of-month admissions, the average submission date was Day 35. Therefore, **you may submit claims within 35 days of a client's admission** if the admission occurs **ONLY on the last day of the month**.
- Contact the CalOMS team** immediately if you have any **questions or issues, in particular Sage issues, EHR issues, and/or pending authorizations:**
HODA_CALOMS@PH.LACOUNTY.GOV

3A: MAT Education/Services for OUD Clients Served in Non-OTP settings

At least 60% of clients with OUD in non-OTP (opioid treatment program) settings receive MAT education and/or medication services that include MAT



3A: MAT Education/Services for OUD Clients Served in Non-OTP settings

Applicable HCPCS/CPT Codes for OUD for claims submission

90792	99202	99203	99204	99205
99212	99213	99214	99215	
H0033	H0034	H2010M (\$0 claim)		

CalOMS Admission

7.6. Which of the following medication is prescribed as part of treatment? *

Select

CalOMS Discharge

5.6. Which of the following medications did you take as part of treatment? *

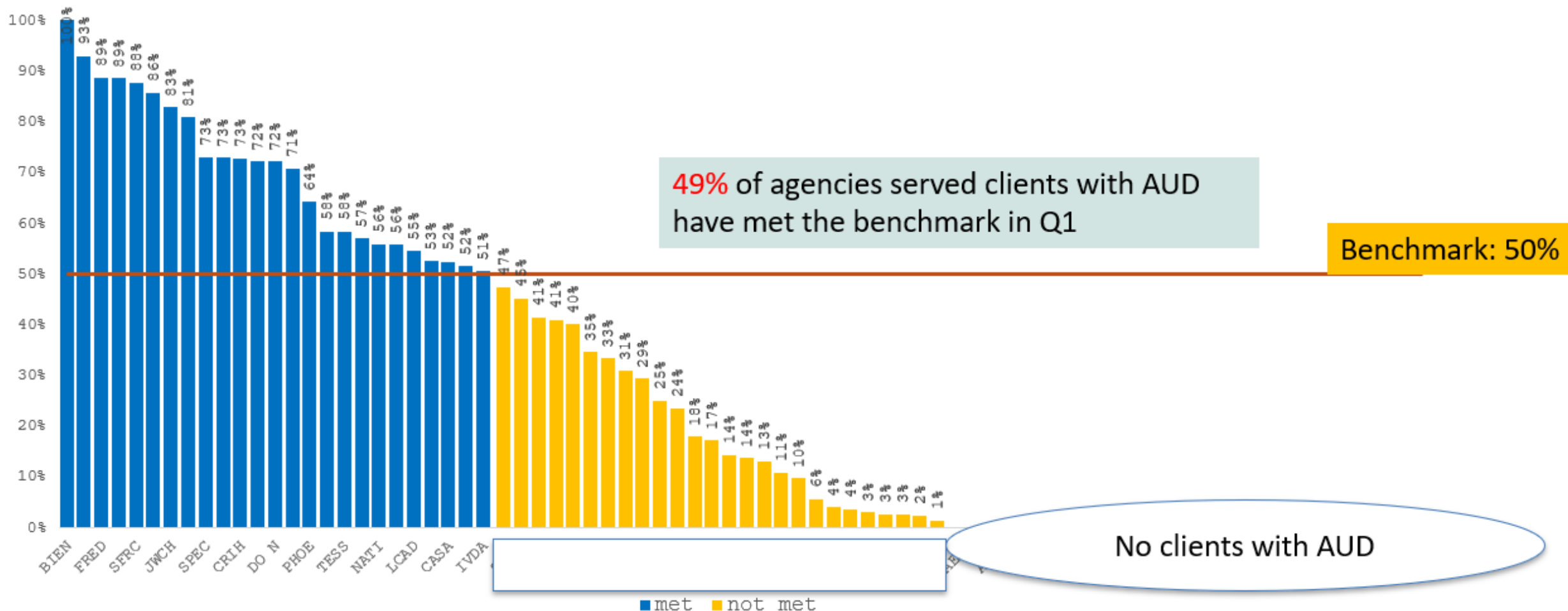
All Search

✓ Key Reminder:

- **Denominator (Diagnosis)**
 - Q1: **The total served with OUD** including carryover clients from the prior fiscal year
 - Q2 & Q3: All **new admissions/intakes with OUD** in each quarter
 - Ensure **OUD Diagnosis** is captured properly in the Diagnosis form.
- **Numerator (Claims and CalOMS)**
 - Ensure **all eligible claims** including **\$0 H2010M** are submitted timely by the 10th of each month for prior-month services.
 - You can track H2010M internally using the progress note, but calculation is based on what's submitted to SAPC (\$0 H2010M) in claims.
 - Ensure all **CalOMS forms** are filled out completely and correctly.

3B: MAT Education/Services for AUD Clients Served

At least 50% of clients with AUD agency-wide receive MAT education and/or medication services that include MAT.





3B: MAT
Education/Services for AUD
Clients Served

**Applicable CPT Codes for AUD for claims
submission**

90792	99202	99203	99204	99205
99212	99213	99214	99215	H0033
H0034	S5001AB	S5001C	S5000C	H2010M (\$0 claim)

CalOMS Admission

7.6. Which of the following medication is prescribed as part of treatment? *

Select

CalOMS Discharge

5.6. Which of the following medications did you take as part of treatment? *

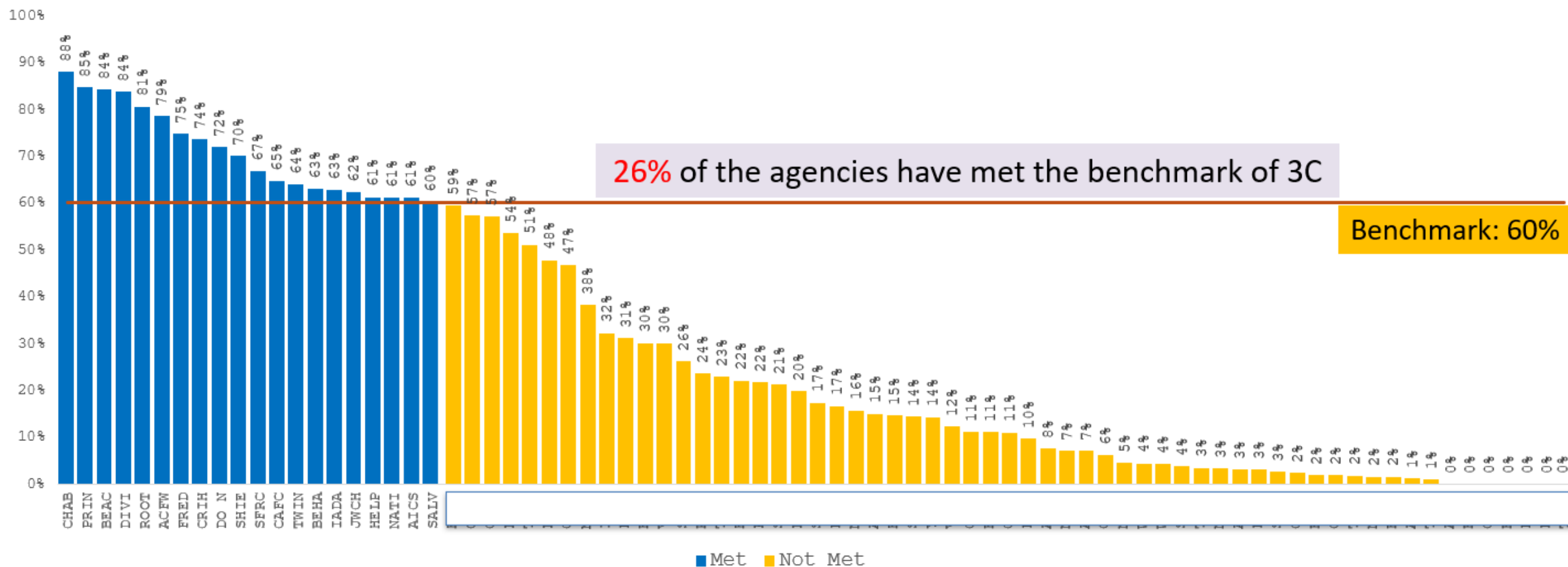
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Key Reminder:

- **Denominator (Diagnosis)**
 - Q1: **The total clients served with AUD** including carryover clients from the prior fiscal year
 - Q2 & Q3: All **new admissions/intakes with AUD** in each quarter
 - Ensure **AUD Diagnosis** is captured properly in the Diagnosis form.
- **Numerator (Claims and CalOMS)**
 - Ensure **all eligible claims** including **\$0 H2010M** are submitted timely by the 10th of each month for prior-month services.
 - You can track H2010M internally using the progress note, but calculation is based on what's submitted to SAPC (\$0 H2010M in claims).
 - Ensure all **CalOMS forms** are filled out completely and correctly.

At least 60% of clients' agency-wide receive naloxone through prescription or distribution, as documented in the client record.



3C: Agency-wide Naloxone Education and/or Distribution

Applicable HCPCS/CPT Codes:

- S5000D
- S5001D
- **H2010N (\$0 claim)**

CalOMS Discharge

5.8. Have you received education about Naloxone use for drug overdose during treatment? *

Select



5.9. Have you used Naloxone for drug overdose reversal for yourself during treatment? *

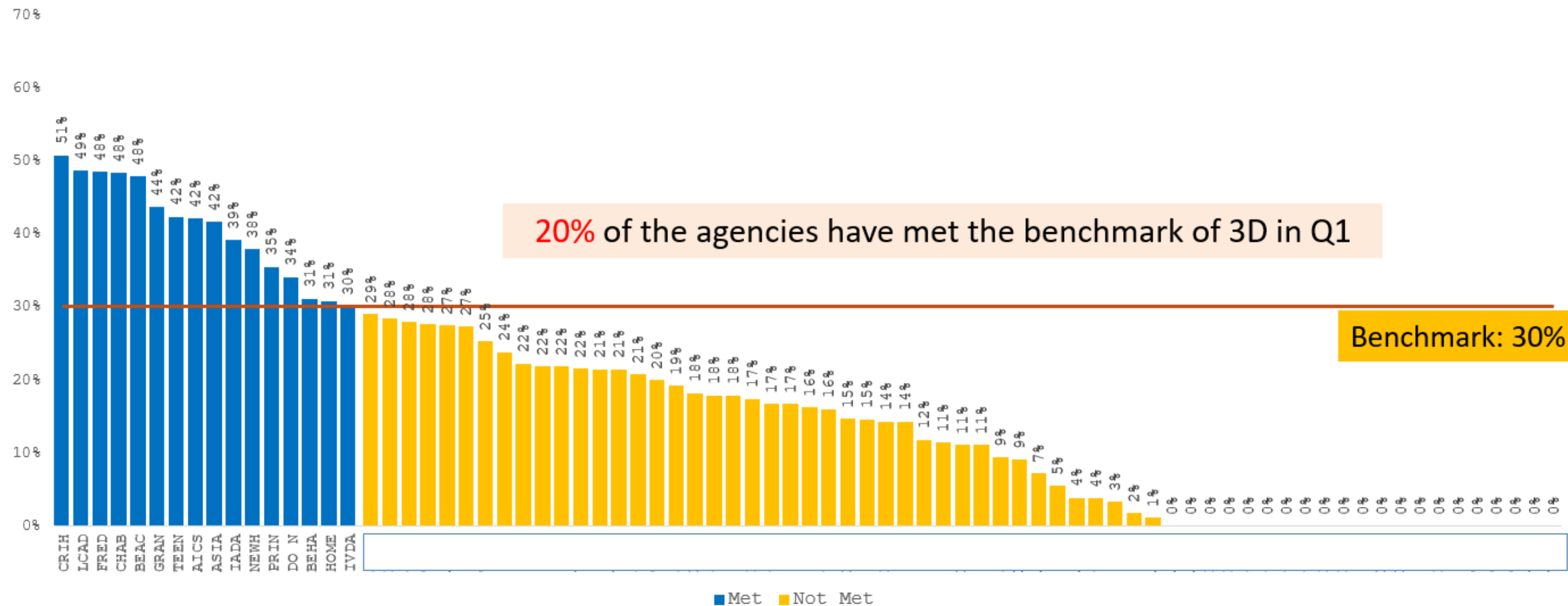
Select



✓ Key Reminder:

- **Denominator (Claims and CalOMS)**
 - Q1: **The total clients served** including carryover clients from the prior fiscal year
 - Q2 & Q3: All **new admissions/intakes** in each quarter
- **Numerator (Claims and CalOMS)**
 - Ensure **all eligible claims** including **\$0 H2010N** are submitted timely by the 10th of each month for prior-month services.
 - You can track H2010N internally using the progress note, but calculation is based on what's submitted to SAPC (\$0 H2010N in claims).
 - Ensure **CalOMS discharge forms** are filled out completely and correctly.

At least 30% of clients are referred and admitted to another level of SUD care within 30 days of discharge.



3D: Clients Referred/Admitted to Another LOC

At least 30% of clients are referred and admitted to another level of SUD care within 30 days of discharge.

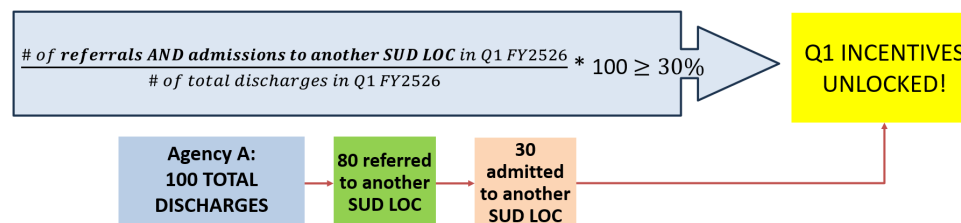
✓ Key Reminders:

- Denominator: (All new discharges in CalOMS)

Ensure total **CalOMS discharges** are filled out timely and completely.

- Numerator: (Follow-up admissions in CalOMS or Claims)

Ensure all **CalOMS admissions and claims** data is submitted timely and completely.



Key discharge Question

1.6. Which SUD level of care was the client referred/transferred to? *

Select

ASAM 0.5 (Youth and Young Adults 12-20)

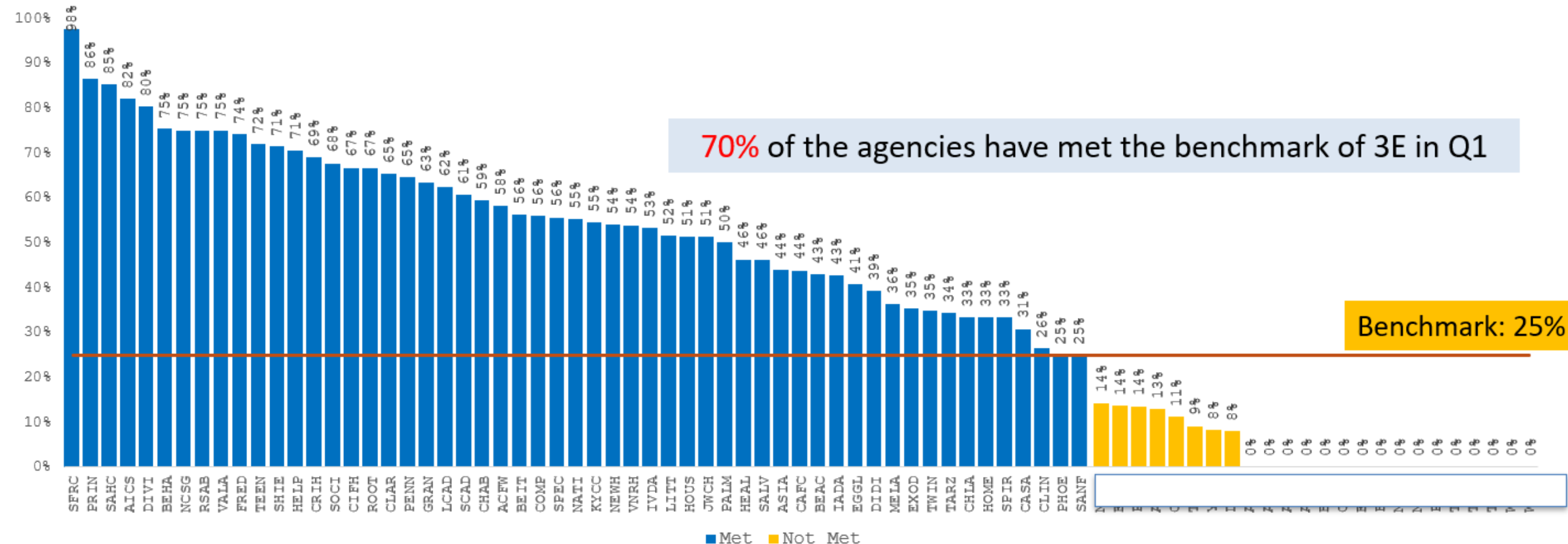
ASAM 1.0-Outpatient for At-Risk (Youth a

Inpatient Withdraw Management-3.7 (Medic

⚠ Important Note:

- Any referral/transfer to a **higher or lower LOC** within **30 days** to another agency or within your agency qualifies.
- **Administrative discharge** is included in the denominator, but no credit for the incentives.
- We track/validate **referral/transfer admissions** using **CalOMS and/or claims data**.

At least 25% of clients with mental or physical health conditions are referred and connected to appropriate services.





3E: Mental/Physical Health Referrals/Care Coordination/Connection

✓ Key Reminders:

- **Denominator**: Clients with a mental or physical health condition(Diagnosis / CalOMS)

Diagnosis

Diagnoses									
Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code	ICD-10 Code
1	Primary (1)	Opioid use disorder, mild	Active (1)				1	305.50	F11.10
2	Secondary (2)	Alcohol use disorder, mild	Active (1)				3	305.00	F10.10
3	Tertiary (3)	Major depression in remission	Active (1)				2	296.25	F32.5

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Diagnosis Search *
Major depression in remission

Code Crossmapping
ICD-9 296.25 ICD-10 F32.5 DSM-IV SNOMED 42810003

CalOMS Admission

7.1. Number of Emergency Room Visits In The Last 30 Days *

00

7.2. Days of Hospital Overnight Stay In The Last 30 Days *

00

7.3. Days With Medical Problems In The Last 30 Days *

00

8.1. Have you ever been diagnosed with a mental illness? *

☒ No ☐ Yes
☐ Not Sure/Don't Know

8.2. Mental Health Medication In The Last 30 Days *

☒ No ☐ Yes
☐ Client unable to answer

8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health) *

00

8.4. Days of Psychiatric Facility Use In The Last 30 Days *

00

- **Numerator**: MH/PH Referrals/Care Coordination (Claims and CalOMS)

CalOMS Discharge

1.9. What other services was the client referred to? *

All Clear Search

1.12. What kind of care coordination services did the client receive during the treatment? *

All Clear Search

Claims

Applicable HCPCS/CPT Codes for Mental/Physical Health Care Coordination					
90889	99367*	99368	99451	T1017	T1000

Applicable HCPCS/CPT Codes for Psychiatrist on site*

99202	99203	99204	99205	T1007	T2024
99212	99213	99214	99215	90791	90885

3E: Mental/Physical Health Referrals/Care Coordination/Connection

Important Notes:

- Ensure that a **mental health diagnosis** is documented using an appropriate ICD-10 code in the diagnosis form, listed as a secondary or tertiary diagnosis.
 - When you update the diagnosis, it is **not** necessary to update CalOMS or to notify HODA.
- Ensure all eligible **claims and CalOMS** are submitted timely by the 10th of each month.
- The following CPT codes will be eligible only when they are completed and billed by your **onsite psychiatrist**.

Applicable HCPCS/CPT Codes for Psychiatrist on site*					
99202	99203	99204	99205	T1007	T2024
99212	99213	99214	99215	90791	90885

***99637** code has very limited utility in our network, per Dr. Hurley. To use it, it would involve your agency's physician meeting with two or more other medical clinicians external to your agency, each of whom has a different specialty, where each of the medical clinicians has independently evaluated the patient, for the purposes of discussing the patient's care, and where the meeting lasts not less than 30 min. This code is not intended to be used for any internal-to-your-agency meetings (e.g., your physician meeting with an LPHA), since each of your team members is involved with treating substance use disorder. Even if the meeting might involve clinicians with different specialties, by virtue of being a Drug Medi-Cal program, your focus is inherently on treating SUD. And, if your physician is evaluating patients and providing medical care on-site, you should have IMS to bill 99367.

Any Questions



- Email us:
HODA_CALOMS@ph.lacounty.gov