SAPC Provider Utilization Management Meeting

Los Angeles County Department of Public Health

September, 20th 2023

Substance Abuse Prevention & Control

Agenda

- Update: UM Progress on Processing Backlogged Authorizations Following Authorization Blackout lift
- New fields on Authorization Form
- Progress Note
- Supporting Documentation for Submission of Grievance or Appeals (G&A)
- Reminders
- Essential Contact Info
- Discussions/Questions

Authorization Blackout is LIFTED (9/12/23)

[FY23-24-post-blackout-service-authorization-guidance.pdf (lacounty.gov)](#)

Reminders: Providers are now able to resume all business as usual with the exception of submission of FY23-24 billing. The Service Authorization Black out for FY22-23 has been lifted. Providers are encouraged to review UM's _Post-Blackout Service Authorization Guidance_ for detailed instructions for submitting service authorizations. As a reminder, for authorizations with begin dates 7/1/2023 and beyond, the level of care requested must be selected under the Benefit Plan and no longer use the authorization grouping.

As of September 12, 2023, Providers can use PCNX to:

- Continue submitting Service Authorizations for FY22-23
- Continue submitting Claims for FY22-23

LIFT: 9/12/23 Pending authorizations to be assigned

Date	Pending assignment for WM, Residential, RBH	Pending assignment for outpatient, intensive outpatient and OTP
9/18/2023	1721	1989

- Extending work hours/days to the maximum possible
- Flexibility with authorization timelines clarification
  - Clinical Standard Documentation requirement, in place during the blackout
  - Flexibility for submitting authorizations
- **Hold Claims/Billing Until Authorization Approval** and submit after billing blackout is lifted
- Ensure that authorizations are submitted with accurate dates

		DMC certified site.
Begin Date of Authorization	**Required field.**	
	Enter the start date of the authorization.	
End Date of Authorization	**Required field.**	
	Enter the end date of the authorization.	
	Quick tip: "t+#" will calculate the end date. A specific date may also be entered followed by "+#) and it will add the number of days to the date entered.	
	Note: Sage counts the entered date as day 1.	
	- If the authorization is meant for 30 days enter DATE+ 29.	
	- If the authorization is meant for 6 months enter DATE + 179.	
	- If the authorization is meant for 1 year enter DATE + 364.	

New fields on Authorization Form

- For authorizations with services start dates that fall in this fiscal year 23-24, the following are what's new when filling out the authorization form:

Provider will be asked to indicate whether the authorization is an "**Initial**" authorization or a "**Continuing**" authorization

- Initial means patient is admitted to a new site or new level of care.
- Continuing means patient is continuing in the same level of care and at the same site (aka "reauthorizations").
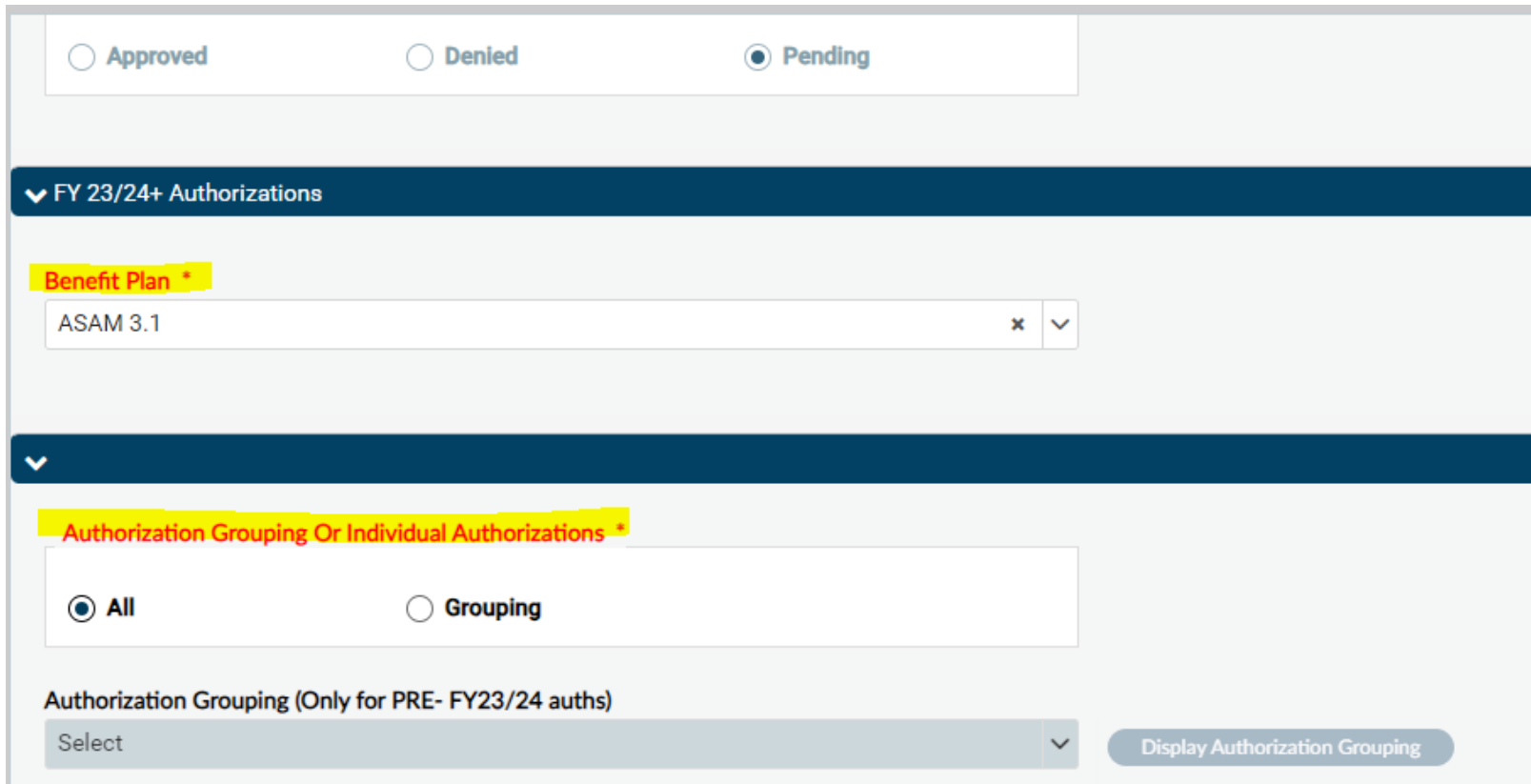
Benefit Plan = ASAM LOC (not DMC or Non-DMC anymore)
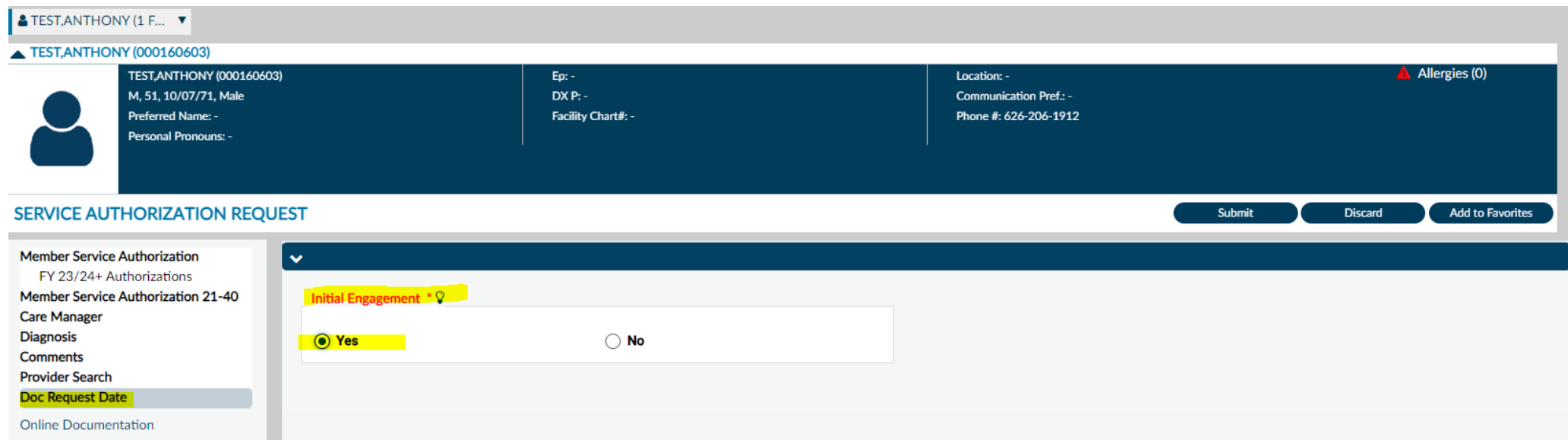
Authorization Grouping Or Individual Authorizations should be "**All**"

Lastly, there will be a field for providers to indicate if the authorization is an "**Initial Engagement**" authorization.

- "Yes" means the authorization is a non-residential initial authorization, patient is in the initial assessment period and medical necessity has not been fully established.
- "No" means the authorization is a residential authorization, the authorization is for Withdrawal Management services or medical necessity has been fully established.
- If providers forget to provide this information, the system will not allow the authorization to be submitted.

Accounts for Fiscal Year 24/25

- Reminders:
  - Due to contracts not approved for next fiscal year (July 1, 2024 and on) all OTP authorizations need to be submitted with end date of 6/30/2024.
  - If an authorization is submitted with an end date after 6/30/2024, UM will deny and authorization MUST be resubmitted with correct end date.
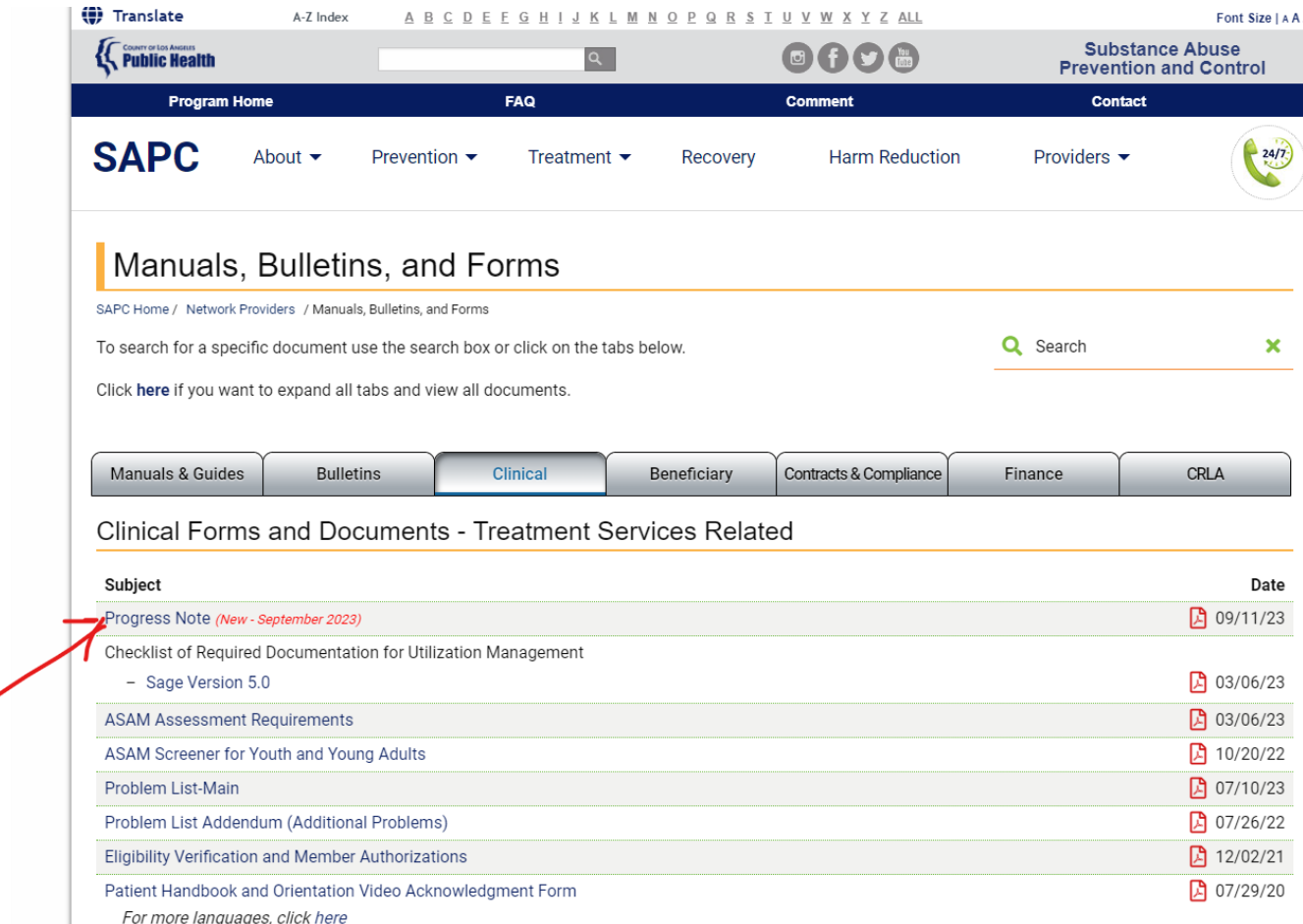
Progress Note

- For Primary Sage User, these providers will document in one single Progress Note.
- Secondary Sage User can continue to use their SAPC approved documentation.
- Secondary Sage Users onboarding period for Progress Note
- Tips for documenting in new Progress Note form
- Only "One" Form of Progress Note
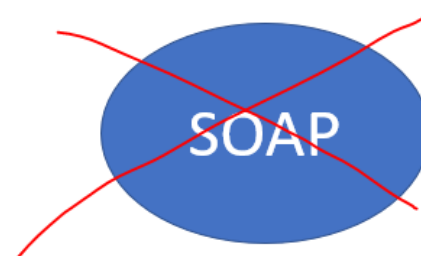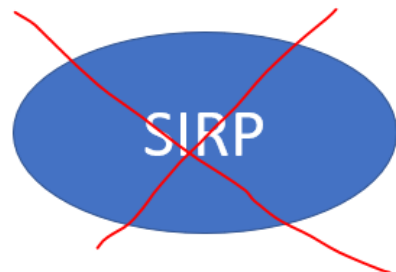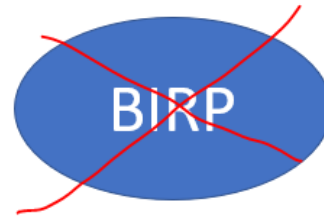
Please refer to the new form available on SAPC's website

For detailed instructions on completing the new Progress Note form please see the Sage-PCNX Progress Note Guide

http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm

Secondary Sage Users onboarding period for Progress Note

- Secondary Sage Users will need to work with SAPC to submit and have reviewed for approval a single Progress Note form.

- There will be a 60-day grace period starting from the lift of the blackout (9/12/23) during which SAPC will continue to accept documentation on a previously approved Misc. Note Template.

- Progress Note form submissions may be emailed to sapc.qi.um@ph.lacounty.gov for review.

Tips for documenting in new Progress Note form

*The following Service Types are options listed under the new Progress Note:

- Assessment
- Care Coordination
- Case Conference/Review
- Collateral Contact
- Consultation
- Contingency Mgmt- UDT Stimulant Positive
- Contingency Mgmt- UDT Stimulant Negative
- Counseling
- Discharge Planning/Summary
- Drug Testing
- Education
- Medical Necessity Justification
- Medication Handling/Safeguarding
- Med Services - Admin and Observation
- Med Services- Training and Support
- Medication Services (MAT)
- Naloxone Handling/Distribution

- No Show
- Other
- Peer Services- BH Prevention Education
- Peer Services- Self- Help
- Peer Support Services-Plan of Care
- Prenatal Care, at risk assessment
- Problem List-Treatment Plan Development/Review
- Recovery Services- Community support
- Recovery Services- Psychosocial Rehab
- Residential-Mental Health Services
- Residential-Physical Health Services
- Residential- Support Services
- Residential-Therapeutic Services
- Therapy
- Screening

*Listed alphabetically

Supporting Documentation for Submission of Grievance or Appeals (G&A)

- Providing sufficient explanations or additional information on G&A forms as well as timely and thorough documentation within Sage/upload of supporting documentation in attachments facilitates accurate and timely resolution.

  - Item #11 on the Grievance Form and item #17 on the Appeal form should include the following information: PATID, Auth #, reason for denial, and argument for overturning the denial.

  - If you encounter any barriers to submitting/finalizing items needed to approve authorization according to SAPC timelines, you can improve your chances of a denial being overturned during the G&A process if you document in real time these barriers in Sage.

    - If these barriers result in the need to submit a Netsmart ticket upload ticket submission in attachments.

Examples of insufficient documentation (Appeal)

16. Which type of NOABD did you receive:

☐ Denial
☐ Payment Denial
☐ Other, describe _____

☐ Termination
☐ Timely Access to Services
☑ Notice of Grievance/Appeal Resolution

17. Addition information on your appeal of the NOABD. Attach pages and documentation. if needed.

SUBMITTING A REQUEST FOR ADDITIONAL AUTH TO COVER DOS: 5/1/22 TO 7/7/22

"Additional auth"? Was an auth submitted? Which auth does this Appeal pertain to?

If an auth was submitted and approved what reason should denial be overturned

What LOC is being requested?

Example of sufficient documentation (Grievance)

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PATID

Auth #

11. Please describe your grievance/complaint. Attach additional pages or supporting documentation. Grievance is on behalf of Member ID ▓▓▓▓▓ for denied authorization ▓▓▓▓▓ for dates of service 2/27/23-3/18/23. Patient's Medi-Cal was being rectified at the time of receiving services. Patient entered treatment with Medi-Cal 2nd special aide code F3. According to Medi-Cal code Master the F3 code is for the Adult County Inmate Porgram (ACIP) and is limited scope coverage for inpatient hospital and inpatient mental health services that is only for inmates in county correctional facilities who are receiving those services off the grounds of the correctional facility. Patient's Medi-Cal has since been restored to full scope coverage retroactively for dates of service 2/27/23-3/18/23 and is eligible for covered services and treatment authorization previously denied due to prior funding issue.

Reason for Denial

Argument for why denial should be overturned

HELPFUL HINTS

- When deciding to submit a Grievance or Appeal, first review the comment section in the original authorization. Why did the UM care manager deny the auth? This is what you would address in your grievance or appeal.

- Check the patient's authorization history. Were the dates denied or modified approved in another auth?

- Be sure that the information that you want SAPC to consider in reviewing the appeal/grievance is in the patient record.

- Information sent as an attachment to the grievance/appeal cannot be considered as part of the medical record if it is not in a note or uploaded as an attachment to the patient's medical record.

REDUCING GRIEVANCE/APPEALS by REDUCING DENIALS

- When submitting an authorization, check that the clinical contact listed will be available to respond to any questions/feedback from UM care managers. UM care managers will notify the listed clinical contact and allow 7 days for any needed information to be submitted.

- It is possible to list an alternate clinical contact or provide a contact number for question regarding the authorization in the authorization comment section.

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Reminders

1. Disseminate information to front line staff

2. PCNX Office Hours, sign up via SAPC Training Calendar
   September: 9/22
   October: 10/6; 10/13 and 10/20

3. If you have any case specific questions, please send a secure email to sapc.qi.um@ph.lacounty.gov

http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24

Essential Contact Info

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: **(626) 299-3531** and email: SAPC.QI.UM@ph.lacounty.gov
- Netsmart Helpdesk for SAGE technical problems/questions: **(855) 346-2392**
- Phone Number to <u>file</u> an appeal: **(626) 299-4532**
- Providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter should contact the **G&A number** at **(626) 293-2846**

<u>Clarification</u>

- Phone Number to <u>follow-up</u> with an appeal after receiving a resolution letter: **(626) 293-2846**

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: https://netsmart.service-now.com/plexussupport	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	SAGE@ph.lacounty.gov	Sage process, workflows, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care	SAPC_ASOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	SAPC.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	HODA_CalOMS@ph.lacounty.gov	CalOMS Questions
Finance Related Topics	SAPC-Finance@ph.lacounty.gov (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service

Discussions/Questions