

Information Sharing

Drug Medi-Cal Organized Delivery System (DMC-ODS)
Rate Cap Waiver Extension through Quarter 3 (Q3) – BHS 2018-015

December 18, 2018

Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers:

This notice contains information that may impact staff in your organizations who are not in our distribution list. Please share with, or forward to, pertinent staff accordingly.

The County would like to express its continued appreciation of the collaboration between the DMC-ODS provider network and County staff. With the continued efforts, County Behavioral Health Services (BHS) is extending the waiver of the provider rate caps through March 31, 2019 (Q1, Q2, and Q3). As a result, providers are advised of the following:

- 1) Provider rate caps on cost reimbursement contracts are waived for Q1, Q2 and Q3. Providers are required to continue to comply with the service delivery expectations, as well as accurate entries in SanWITS and CalOMS.
- 2) County-invoiceable services transition plan is extended through March 31, 2019. The BHS Substance Use Disorder (SUD) Quality Management (QM) Team will continue to provide technical assistance to providers via reviews of services provided with this extended transition plan. Please refer to page 2 for more detailed information.
- 3) Providers shall continue to use the existing invoice templates. However, due to current delays with the accuracy and distribution of the Total Units of Service (TUOS) Report, our invoice requirements will be adjusted as follows during the rate cap waiver period (this will not impact OTPs):
 - Starting with the December invoice submission (submitted January 2019), please only submit the Schedule I MH & SUD and Schedule III SUD. The schedules should reflect your full costs for the month.
 - In a separate file, submitted at the same time as the monthly invoice, please submit the SUD Invoice Summary, Schedule IIA SUD and Schedule IIB SUD from the previous month (e.g. with December invoice submission, in a separate file, submit November SUD Invoice Summary and Schedule IIA and IIB). Please utilize the previous month period TUOS report distributed by BHS to allocate costs to various cost centers for the invoice schedules. This submission will not impact your monthly payment during the waiver period. This submission is required for analytical purposes and will allow BHS staff to work with providers to ensure accuracy of State cost reports.
- 4) Monthly invoices will be reimbursed up to (not to exceed) 1/12th of the provider's annual contract maximum amount. This provision does not apply to start-up costs. Some exceptions may apply with Contracting Officer's Representative (COR) authorization.

Note that Opioid Treatment Providers (OTPs) who have fixed price contracts are not impacted by this Information Sharing notice.

Please contact your COR if you have any questions about this Information Sharing.

For more information about the DMC-ODS, visit our website at www.sandiegocounty.gov/dmc.

For all other inquiries or comments, email us at Info-DMC-ODS.HHSA@sdcounty.ca.gov.

County-invoiceable Services Transition Plan Extension through March 31, 2019

Aligned with the requirements in Q1 and Q2, outpatient and residential providers are expected to continue to:

- Review instructions for all SUDURM forms (located on the SUDURM tab of the Drug Medi-Cal Organized Delivery System page of the Optum website - <https://www.optumsandiego.com/>).
- Incorporate all required forms into client charts immediately, if this has not yet been done.
- Send any questions on documentation to QI Matters at QIMatters.HHSA@sdcounty.ca.gov
- Send staff to appropriate documentation trainings (outpatient and residential documentation trainings are offered monthly) and documentation skill building workshops on Assessments with ASAM, Treatment plans, and Progress Notes (one topic per month)
 - PLEASE NOTE: There has been a continually high rate of no-shows to trainings and workshops. Please ensure that staff cancel their registrations if they find they are unable to attend, to accommodate people on the waitlist.
- Residential programs: submit initial and continued authorization requests (and Discharge Summaries) to Optum per required timelines and enter all authorizations in SanWITS.

The “County-invoiceable services transition plan” pertains to services provided from July 1, 2018 through March 31, 2019 that were found as not meeting DMC billable standards. Programs will follow the processes outlined below and identify these services in SanWITS as Non-Billable. Although identified as Non-Billable, the County will still fund these services until March 31, 2019. The SUD QM team will be providing continued technical assistance (TA) to residential programs, non-DMC-Certified outpatient programs, and some additional outpatient programs as requested by program CORs, via reviews of services to assist with this extended transition plan.

For DMC-Certified Outpatient Programs:

- Continue with Quality Assurance Review (QAR) Participation
- All services prior to 7/1/2018 identified as disallowed at QAR should follow the previous process using the 5035C form.
- If services after 7/1/18 are identified as disallowed by QAR, complete the following:
 - Open client’s treatment episode
 - Locate the encounter identified as disallowed
 - Review the encounter for the following:
 - Note Type field – should say “Non-Billable”
 - Billable field – Should say “No”
 - Medi-Cal Billable field – Should say “No”
 - Save changes
 - Select Finalize Encounter
 - Submit appropriate QAR Review Worksheet listing the Corrective Action required notating corrections have been made to both Steve Thomas at MHS (sthomas@mhsinc.org) and to QIMatters.HHSA@sdcounty.ca.gov within two weeks of QAR’s identification of the disallowance.

For Residential Programs (or any outpatient program being reviewed by the SUD QM Team):

- QM reviews will identify areas for compliance with DMC standards for services as part of ongoing TA.
- Areas identified as deficient, resulting in disallowances, will be indicated on the TA report to the program.
- Services identified as disallowed on the report will need the SanWITS encounter corrected as follows:
 - Open client’s treatment episode
 - Locate the encounter identified as disallowed
 - Review the encounter for the following:
 - Note Type field – should say “Non-Billable”
 - Billable field – Should say “No”
 - Medi-Cal Billable field – Should say “No”
 - Save changes
 - Select Finalize Encounter
 - Submit the TA Service Correction form on the last page of the TA report with corrections indicated to the assigned QM Specialist within 2 weeks of receiving the TA report identifying the disallowances.

Full DMC documentation standard compliance by March 31, 2019 is the goal for all programs. Please keep your program COR informed of efforts made and barriers encountered in reaching this goal.