



Date Approved: *5/11/17*
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POLICY TITLE
Drug Medi-Cal Compliance and Administrative Quality Management

Policy No: *1650-1-1*

Revise Date of this P&P: *N/A*

PURPOSE

This policy provides an overarching description of ACBHCS responsibilities to assure compliance and administrative quality management of the Drug Medi-Cal (DMC) services provided through contractual relationships with Community Based Organizations (CBO). This policy describes the functions and responsibilities of ACBHCS administrative units with respect to Substance Use Disorder (SUD) providers.

AUTHORITY

Title 22 Sec 51341.1, 51490.1, and 51516.1; Title 9, Division 4, Chapter 4 Subchapter 1, Section 10000, et seq.; W&IC 14124.22 (Narcotic Treatment Program Services); DMC Certification Standards for Substance Abuse Clinics

SCOPE

This policy applies to all BHCS employees, interns, volunteers and contractors engaged in the oversight and/or provision of DMC services.

POLICY

Drug Medi-Cal (DMC) services is a treatment funding source for individuals who are Medi-Cal eligible (clients). DMC beneficiaries must be assessed to meet medical necessity and receive a primary clinical diagnosis of a substance use disorder (SUD).

This policy specifies how ACBHCS Units fully incorporate DMC regulations into their administrative protocols for the following functions: Eligibility, Provider Relations, Fiscal Management, Network Management, Quality Assurance, Provider Selection and Certification.

PROCEDURES

ACBHCS administers both fiscal and programmatic divisions to support a viable SUD service delivery system for DMC eligible beneficiaries. The Department reviews, provides recommendations and obtains Leadership approval for DMC contracts, and then ensures compliance for both programmatic and fiscal aspects.

A. Eligibility

Drug Medi-Cal (DMC) contract providers conduct initial verification and on-going monthly verification of each beneficiary's eligibility for DMC services.

DMC is pre-empted by other private health care coverage if applicable. Therefore, DMC providers check for other health care coverage when determining eligibility for DMC funded treatment. They also notify ACBHCS when other sources of payment are available, and when those sources are used up or otherwise no longer available..

The following procedures describe the responsibilities of ACBHCS Units and functions with regards to overseeing the Substance Use Disorder provider/organizational network.

B. Provider Relations

The Provider Relations Unit is the ACBHCS Customer Service liaison for substance use disorder network providers. The Provider Relations Department:

1. Initiates System Set-up to create a unique reporting unit number/structure for new DMC provider. The new DMC reporting unit (RU) uniquely identifies the program and sets the parameters for billing and claiming. The reporting unit number allows the provider to report and enter consumer service information into the County's billing system for claiming and data collection purposes.
2. Monitors Provider ID requests (*unique number used as a staff identifier for the service provider*) that are submitted to the ACBHCS Information Systems Department for accuracy of the DMC staff discipline, NPI and taxonomy information supplied that directly correlates to claiming activities.
3. Provides support and training to DMC providers with regards to system data entry issues, Medi-Cal eligibility, billing/claiming activities and reports review/reconciliation.
4. Provides training and access to the Medi-Cal eligibility Help Desk as a resource to DMC providers regarding Medi-Cal eligibility determination.
5. Monitors and post private insurance payment information for the DMC provider's private insurance claiming activities for cross-over claiming to Medi-Cal.
6. Establishes an annual calendar that outlines the DMC claiming activities for the year. This information is supplied to the contracted providers and distributed internally within ACBHCS. Medi-Cal test claims are generally created on the 1st and 2nd weekend of the month for prior months services which allows providers an opportunity to make corrections prior to the real claim submission to the State. The actual Medi-Claim is normally produced on the 3rd weekend and providers receive a copy for their approval prior to the claims submission.
7. Assists DMC providers with Medi-Cal denials related to other health coverage (aka private insurance).

C. Fiscal Cost Reporting Unit

The Fiscal and Cost Reporting Unit:

1. Monitors and tracks DMC utilization reports and analysis of claim issues. DMC procedures are followed to correct or void services as needed. General accounting and budget management functions are conducted in this department.

2. Collects and manages data for cost reporting to demonstrate DMC program costs and funding. Oversees and verifies allowable costs through the application of a reasonable cost allocation methodology.
3. Verifies that DMC services meet minimum duration, and that client fees and other revenue offset costs are included.
4. Prepares budgets (including data management reports).
5. Coordinates and communicates fiscal decisions with ACBHCS departments.
6. Calculates and claims Administrative Costs and MAA as defined in the DMC contract and regulations. Claims Management-billing and eligibility is finalized for contract provider processing and payments.
7. Liaisons with the Board of Supervisors regarding SUD services, provides recommendations, requests and reports on ACBHCS SUD activities.
8. In collaboration with the Network Office, liaisons between ACBHCS and contract providers.

D. Provider Network Contract Management

ACBHCS Network Office monitors contracts to ensure county and provider compliance to DMC regulations. The Network Office:

1. Notifies the ACBHCS Provider Relations Billing Unit when a new DMC provider or program is established. (The Provider Relations Billing unit then establishes a file for the new SUD provider in the ACBHCS database to ensure that provider service information is recorded.)
2. Under the direction of the County Alcohol and Drug Program Administrator, reviews, recommends, and updates provider contracts to meet DMC regulations, monitors the performance of DMC providers, communicates any changes or contract amendments to providers and participates in negotiations with providers associated with any changes or amendments.
3. Receives and reviews DMC budgets as submitted by the provider and directed by ACBHCS Fiscal Department.
4. Communicates budget changes or other amendments to all ACBHCS departments or units associated with DMC contracts to assure compliance with Federal, State and County Regulations.
5. Plans and coordinate quarterly meetings and agendas for DMC providers and ACBHCS staff.
6. Conducts provider site visits to monitor and ensure DMC compliance and helps arrange technical assistance to improve compliance.
7. Communicates with DMC providers regarding programmatic guidelines, policies and recommendations.
8. Receives and reviews DMC provider reports and invoices, upon approval then forwards invoices to the Financial Services Department for their review and processing.

E. Quality Assurance

ACBHCS Quality Assurance (QA) Unit is located in the Quality Management division. The QA Unit provides the following for Drug Medi-Cal contractors:

1. Training and technical assistance to help DMC providers improve services by improving the quality of their clinical documentation and compliance to Title 22 DMC Regulations.
2. Conducting regularly scheduled DMC chart compliance reviews of contracted DMC providers, offering guidance and written feedback focused on quality improvement of DMC clinical charts, i.e. clinical documentation, client rights.
3. Providing resources such as sample forms, i.e. "Medical Necessity", "Justification for Continuing SUD Treatment Services" and audit instruments specific to DMC Title 22 Regulations that are designed to assist and guide DMC providers towards an effective system of quality records management.
4. Assisting new DMC applicants and renewal applicants in the submission of applications to DHCS. This includes on-site consultations, referrals to DHCS training webinars, ACBHCS DMC trainings, DHCS webpage resources and ACBHCS-SUD webpage resources and announcements.
5. Responding to technical questions related to DMC regulations or applications, including correspondence (email and phone) with DHCS to resolve issues.
6. Communicating with providers and departments/units within the ACBHCS to better understand and/or interpret DMC regulations and associated laws and/or standards.
7. Responding to complaints and/or grievances from DMC consumers or concerned others about the lack of access or other service quality issues with providers, i.e. staff qualifications, billing issues, critical incidents, and client rights.

F. Provider Selection and Certification

ACBHCS is responsible for administering a system of care designed to maximize opportunities for beneficiaries to receive recovery treatment services for addictive disease. The selection of qualified SUD contract providers is essential to meeting this responsibility. ACBHCS Leadership, including the County Alcohol and Drug Program Administrator, ensures a fair process in the selection and certification of SUD contract providers. This process includes:

1. Coordination and oversight of ACBHCS Divisions and Units for the Request for Proposal (RFP) process and eventual implementation of the selected programs;
2. Assesses treatment accessibility needs and the removal of barriers for beneficiaries and stakeholders;
3. Provision of sufficient service capacity across treatment modalities; geographic regions throughout the county; and the needs of diverse populations including race/ethnicity/culture, language, religion, gender and sexual orientation, and disabilities; and
4. Evaluation of program quality, integrity and sustainability.

CONTACT PERSON

The County Alcohol and Drug Administrator is the contact person and this position is currently held by:

Staff Name, Title	Current as of	Email and Phone
Tom Trabin, PhD. MSM, County Alcohol and Drug Program Administrator	05/15/2015	ttrabin@acbhcs.org 510-567-8172

DISTRIBUTION

- ACBHCS SUD Webpage
- ACBHCS QA Webpage
- The ACBHCS Quality Management Department will distribute revisions of this P&P, as directed by the Compliance Office, to:
 - Administrative Manual Holders:
 - Contract and County Provider Sites
 - ACBHCS Senior Staff and Operational Leads

HISTORY

Original Author(s): Sharon Loveseth, DMC Program Specialist-QA Dave Abramson, Special Projects Consultant and Margaret Walkover, Quality Management Division

Revisions:

Revise Author	Date of Approval by (Name)

DEFINITIONS

Drug Medi-Cal (DMC): Substance abuse treatment services, as defined in section § 51341.1 of the California Code of Regulations, are those services provided to Medi-Cal beneficiaries that are covered by the Medi-Cal program when determined medically necessary in accordance with Section 51303. Services shall be prescribed by a physician, and are subject to utilization controls, as set forth in Section 5119.

Medical Necessity: California’s Welfare and Institutions Code Section 14059.5 states: A service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. ACBHCS also intends the term to apply for services that will improve functioning and/or alleviate negative symptoms of a substance use treatment disorder.

Substance Use Disorder (SUD): Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.