Department of Health Care Services
Fiscal Management and Accountability Branch (FMAB)

Fiscal Year 2013-2014
Substance Use Disorder (SUD) Cost Report

Frequently Asked Questions

The following questions were submitted during the cost report webinar or to the AODcostreport@dhcs.ca.gov email portal.

Cost Report Forms and Webinar Materials

Q1: Will the cost report webinar and PowerPoint presentation be made available?

The *Cost Report FAQs* will be posted on the DHCS website at the following location: http://www.dhcs.ca.gov/provgovpart/Pages/SUD-ProvPartners.aspx under the "Fiscal/Cost Reporting" heading. If you would also like a copy of the archived webinar and the PowerPoint presentation, your county analyst can send it to you via email.

Q2: Will the cost report forms that were mailed out on the compact disk be posted on the DHCS website?

No, the Fiscal Year (FY) 2013-14 cost report forms will not be posted on the DHCS website. If the county needs additional copies of a form, please contact the FMAB analyst assigned to your county and he/she can email it to you.

Q3: Will subcontractors receive a disk from DHCS?

No, DHCS will make the compact disk available only to the county. It is the county's responsibility to distribute applicable materials to its contracted providers.

Q4: Are there any follow up forms required by DHCS after the cost report is submitted?

No, follow up forms are not required after the cost report is submitted. However, as part of its review and analysis, DHCS may request additional information from the county to complete the cost report settlement.

Q5: Can we scan and email the DMC worksheets or do we need to send hard copies?

You do not need to send hard copies of the DMC worksheets. They can be emailed along with the Paradox files; however, they must remain in Excel format, not PDF.

DMC Reconciliation Report

Q6: Our county did not receive a reconciliation report in our cost report CD. Why not?

The reconciliation report is a record of Drug Medi-Cal (DMC) units claimed by the county/county-contracted providers. Therefore, counties that do not have any DMC providers were not sent a reconciliation report.

Q7: When will the problem with reconciliation sheet be resolved?

The original reconciliation report sent on the compact disk was not accurate. Revised versions of the report were sent out, via email, by FMAB analysts. If your county did not receive the revised reconciliation report, please contact your assigned analyst.

Q8: Our county's reconciliation report does not have the intensive outpatient treatment (IOT) "Yes or No" columns. Why not?

If the county does not have any IOT units that were allowable for State General Fund and federal payment, the reconciliation report will not display the "Expanded IOT" columns.

Q9: Should we always rely on DHCS' reconciliation to do cost settlement?

The reconciliation report sent to counties reflects DHCS' records of approved and denied claims for FY 2013-14 in SMART as of May 2015. This preliminary report offers counties the opportunity to compare their records with DHCS' and research and rectify (if still possible) any discrepancies. After the county's cost report is received, DCHS will run a final reconciliation report just prior to settlement to capture any claims that the county has voided or replaced since the previous report, and DHCS will settle to the units on that final report.

Q10: The reconciliation report indicates a date of May 2015. Does this mean voids, replacements, and good cause claims submitted after June 30, 2014 are included?

Yes, any voided claims, voided and replaced claims, or original claims with a good cause code submitted after the end of FY 2013-14 (June 30, 2014) and prior to May 2015 were included in the reconciliation report.

Q11: Are minor consent units reflected on the reconciliation report?

Yes, all approved and denied units submitted through the DMC claiming process, including minor consent units, are included on the reconciliation report.

Q12: Will DHCS be sending the reconciliation report every fiscal year?

DHCS plans to make the reconciliation report available to counties annually with the cost report instructions and materials.

Q13: From the reconciliation report, do we enter the unit amounts in the non-DMC column of the Excel worksheets?

No, the units shown on the reconciliation report only apply to DMC. The units should be entered in the section titled "Drug Medi-Cal Reconciliation of Claims" in the columns titled "Approved Units from Reconciliation," which are near the bottom of the DMC worksheet Data Entry tab.

Aid Codes

Q14: Where do we find the aid codes that make up the aid code groupings in the DMC worksheets?

A copy of the *Aid Code Master Chart* is available on the DHCS website at http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx. The chart includes a description of each aid code as defined by the Centers for Medicare and Medicaid (including the CalWorks Trafficking aid code that was used as an example in the webinar training). The chart also identifies whether a beneficiary qualified for Medi-Cal under each aid code is eligible for the DMC program.

Q15: If we are extracting an aid code report, should it be as of June 30, 2014? I understand that aid codes can change.

A beneficiary's aid code is assigned at the time of their eligibility determination. While it is possible that a beneficiary's aid code could change due to a change in circumstances, the reconciliation report will identify under which aid code specific units of service were provided to the beneficiary.

Q16: How are NEPNA and AWPO aid code groups listed on the PDX info tab?

On the PDX info tab on the DMC worksheets, NEPNA is titled "Adults Newly Eligible Aged 19-24" and is funding line number 200-y. AWPO is titled "Pregnancy Only" and is funding line combination 200-g (FFP) and 101a-g (BHS).

Data Entry on DMC Worksheets and Paradox

Q17: Do we need to put non-DMC costs on the DMC data entry sheet?

Yes, the data entry sheet has a "Cost Information" section that includes columns for a provider's costs to be allocated to private pay, non-DMC, or DMC.

Q18: When entering DMC units in Paradox, should the units be shown on the federal line, the BHS line, or split between both?

DMC units should only be entered on the federal funding line unless they are for an aid code that is 100 percent funded with state funds (either BHS or SGF), such as funding lines 101a-cw, 101a-mc, 70p-mc, and 70p-cw.

Q19: On slide 18 of the webinar PowerPoint, the units in the fields for per-person, total unique individuals, and total individual sessions are all the same. Do we always enter the same number in all three places?

Yes, the units in those three fields (per person, total unique individuals, and total individual sessions) should match for all modalities except narcotic treatment programs. If they don't match, there will be an error message.

Q20: Where does the information for the licensed capacity field on the Paradox data entry screen come from?

The licensed capacity field only applies to narcotic treatment programs (NTPs) and it is the maximum slot capacity which was approved when the NTP provider was licensed.

Q21: On the Paradox screen, why is the individual visit data collected on the entry screen for outpatient drug free (ODF) groups?

The individual data fields (unique individuals and total individual sessions) on the Paradox entry screen reflect the number of unique individual units of service being billed from within the total group sessions.

Q22: What does the per-person field at the top right of the Paradox screen mean?

The per-person field applies to the DMC program and is defined as the total DMC attendance for all counseling sessions (total of all DMC visits) for the year. For example, if a provider conducts 100 ODF group sessions with 10 attendees at each session and 6 are DMC clients, the "per person" count for this provider for DMC ODF group counseling is 600 (6 DMC clients X 100 sessions = 600).

Q23: What is the rate cap data at the top right corner on the Paradox entry screen?

The rate cap data at the top right corner on the Paradox entry screen displays the DMC rates for FY 2013-14. The rate caps for each DMC service are programmed into Paradox and will automatically change based on the service and program codes that are entered.

Q24: If we use 100 percent of county funds to pay DMC excess costs, are units of service required with Paradox?

No, units should not be entered on any funding line that is used to pay for DMC excess costs. Units of service should be identified only on federal funding lines unless they are for an aid code that is 100 percent funded with state funds (BHS or SGF).

Cost Allocation

Q25: If a provider has both DMC and non-DMC services in the same facility, do we need to combine costs?

No, DMC and non-DMC costs cannot be combined. Providers with both DMC and non-DMC in the same facility must use an acceptable allocation methodology to equitably distribute their costs across multiple services and fund sources. The provider should then report this information to the county for inclusion in the cost report.

Q26: What happens if a provider's actual DMC costs are higher than the State approved rates?

If a provider exceeds the statewide maximum allowable rate for reimbursement, the county is responsible for using other DMC-approved funds to cover the excess costs (such as county or Behavioral Health Subaccount funds). Please reference the *Funding Line Descriptions* (Exhibit G) for detailed descriptions of funding lines and their use.

Miscellaneous

Q27: As it relates to intensive outpatient treatment (IOT), what is the definition of postpartum?

For DMC, postpartum is defined as the 60-day period beginning on the last day of pregnancy and ending the last day of the calendar month in which the 60th day occurs.

Q28: Is Paradox moving to a 64-bit platform anytime soon?

No, the Paradox application is not capable of running in a 64-bit environment. DHCS will be developing a web-based cost report application and hopes to have the first phase ready to accept cost report information from the counties for the Fiscal Year 2014-15 cost report (but likely not in time to meet the November 1, 2015 submission deadline).

Q29: How do we account for quarterly DMC administrative costs that we have been accumulating in FY 2014-15? Will we be receiving payment soon?

The claim process for county DMC administrative costs, per Information Notice #14-033, went into effect on July 1, 2014. It does not impact the cost report for 2013-14.[1]

Q30: What if we are waiting for certification approval from the Provider Enrollment Division (PED) to submit units that were provided in FY 2013-14?

The county cannot include DMC cost data for any provider that has not been certified by DHCS. If the provider is certified prior to the cost report due date and late billings are approved after the provider is certified but prior to our internal settlement procedures, those claims will be reflected on the final reconciliation report and included in cost settlement.

[1] DHCS is revising procedures and systems to enable payments for the FY 2014-15 county DMC administrative claims. As soon as the system is completed, DHCS will send payment to the counties but it may be in early FY 2015-16.