

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

Fiscal Year 2014-2015
Substance Use Disorder Cost Report

Frequently Asked Questions

System Enrollment and Data Submission

Q1: How do I get access to the new substance use disorder (SUD) cost report system?

The first step for access to the Substance Use Disorder Cost Report System (SUDCRS) is for the county SUD administrator to submit the *County Approver Certification & Vendor Appointment Form* to the Department of Health Care Services (DHCS), designating one or two county approvers. DHCS will enroll the approver(s) and send him/her an email with log-in information. The approver will then be able to log on to the Behavioral Health Information System (BHIS) portal and request access for additional county users (instructions will be available on the BHIS portal). Once the approver requests access for another county user, the system administrator will create an account and send them their log-in information. This process to add new users may take up to three (3) business days.

Q2: For the cost report system, what is the difference between a county approver, county analyst and county supervisor?

The approver is designated by the county administrator and enrolled by DHCS. He/she has independent authority to approve county user access requests (including vendors). The county analyst can perform data entry and run reports, but cannot submit the data to DHCS. The county supervisor can also perform data entry and run reports, and is solely responsible for reviewing and submitting data to DHCS.

Q3: Are county approvers able to enter data and run reports?

The county approver is responsible for controlling user access and can enroll themselves as an analyst or a supervisor so that they are able to enter data, run reports and submit data.

Q4: Can the county submit cost report data periodically to DHCS as it is entered?

No, the county needs to wait to submit cost report data until all data entry for the fiscal year is complete. Once the supervisor submits the data to DHCS, the data is locked—it cannot be edited and no new data can be entered.

Q5: What if the supervisor submits the data and we later find a mistake or omission?

If, after the data is submitted, the county determines there is a critical need to make changes or add data, the county must contact their FMAB analyst to have the data unlocked and made available again to the county.

Q6: After the county data is submitted, does the county still have access to the SUDCRS?

Yes. Although the cost report data cannot be changed after it is submitted, the county still has access to other functions in the SUDCRS. County users can view and run reports and export data to Excel.

Cost Report Forms

Q7: Will the cost report forms that were emailed out be posted on the DHCS website?

No, the Fiscal Year (FY) 2014-15 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.

Q8: Did county subcontractors receive the DMC forms from DHCS?

No, DHCS made cost report information available only to the county. It is the county's responsibility to distribute applicable materials to its contracted providers.

Q9: 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.

Q10: 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; however, they must remain in Excel format, not PDF.

DMC Reconciliation Report

Q11: Our county did not receive a reconciliation report in our cost report email. 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.

Q12: 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.

Q13: 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 2014-15 in SMART as of January 2016. 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, DHCS 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.

Q14: The reconciliation report indicates a date of January 2016. Does this mean voids, replacements, and good cause claims submitted after June 30, 2015 are included?

Yes, any voided claims, voided and replaced claims, or original claims with a good cause code submitted after the end of FY 2014-15 (June 30, 2015) and prior to the date of the reconciliation report were included.

Q15: 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.

Q16: 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

Q17: 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.

Q18: If we are extracting an aid code report, should it be as of June 30, 2015? 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.

Q19: How are NEPNA and AWPO aid code groups listed on the FL Info tab?

On the FL 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 SUDCRS

Q20: 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.

Q21: When entering DMC units in SUDCRS, 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.

Q22: On the SUDCRS data entry screen, why is the individual visit data collected for outpatient drug free (ODF) groups?

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

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

The rate cap data at the top right corner on the SUDCRS data entry screen displays the DMC rates for FY 2014-15. The rate caps for each DMC service are programmed into the system 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 SUDCRS?

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 F) 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: How do we account for quarterly DMC administrative costs that were reimbursed for FY 2014-15?

DHCS will determine a county's reimbursable DMC administrative costs based on the year-end invoice submitted by the county and approved units in SMART. The county will be reimbursed 15 percent of their approved DMC claims or their actual administrative expenses reported on the form, whichever is less. If the county was reimbursed for DMC administrative expenses during the year through the quarterly invoice process, DHCS will adjust the final amount by the amount that was already paid.

Q29: What if we are waiting for certification approval from the Provider Enrollment Division (PED) to submit units that were provided in FY 2014-15?

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.