

**Provider's Meeting
August 4, 2010**

Highlights

1. State Budget

Budget has still not been passed. There is a proposal by Senate Democrats to put OTP, Prop. 36 back into the budget with an increase to Drug Court using realignment funds (Vehicle License Fees) and could possibly have Drug Medi-Cal paid through realignment. Another proposal is to eliminate the Department of Alcohol and Drug Programs.

2. Health Care Reform

Do not know how counties will be affected. Under health care reform, treatment providers would not require a contract with County. A benefit package which would be administered under Medi-Cal would require clients to have a medical card and the package is being put together. Treatment providers who are listed for services will be required to have Drug Medi-Cal certification in order to receive clients. We are asking that providers who currently do not have certification, begin the process before health care reform takes affect in 2014.

3. NiaTx

UCLA has agreed to come and train providers on how to bill third party payor which could be via a webinar and monthly phone calls. They are requiring 6-10 providers to agree to participate in order to apply for the trainings. Contact Betty if you are interested . This is a good initiative for counties to provide residential /outpatient services and would only receive federal funds with a county match.

4. July Claims

Can only submit Drug Medi-Cal claims at this time. Still working on the non-DMC which need a few changes.

5. Other Health Care Coverage

ADP sent letter stating that they are still working on the denials for other health care coverage. Minor consent should now be ok. We are asking providers to resubmit if they have not already done so.

6. Drug Medi-Cal Reason Codes – Update

This codes handed out effect late submissions for Drug Medi-Cal and that HIPAA now matches system.

7. CalOMS Initial Admission vs. Transfer

We are asking providers to make sure that admitting staff are checking the correct admission type. If previously in treatment within the last 30 days, clients should be admitted as a transfer. Also make sure when you receive a CalWorks or CPS client to select the correct referral source. CalWorks needs to track the clients they are referring to treatment.