

MHLA PROVIDER BULLETIN # 8 – MGF Changes (“24-Month” Rule)

June 28, 2019



This is to inform you about the process and timeline for implementation of changes to MHLA Monthly Grant Funding (MGF). **The changes take effect July 1, 2019.**

■ **Background**

- The Board of Supervisors approved an amendment to the MHLA contract on November 20, 2018, which included changes to MGF payment and rules.
- The MGF payment will increase to \$32.
- Community partner clinics (CPs) will receive an MGF payment for MHLA participants who were enrolled and had an approved visitⁱ at least once in the prior 24 months. MGF payment will not commence until after the participant’s first visit.

■ **Details**

- CPs have 60 days after the end of each month to submit claims to American Insurance Administrators (AIA). CPs are encouraged to submit encounter data as soon as possible (before the 60-day deadline). AIA will accept encounter claims after 60 days, and the submission will be counted in the *next* MGF payment.
- MHLA will determine whether participants visited their clinic within the prior 24 months using data reported by CPs on those encounter claims.
- MHLA will determine whether a participant is enrolled based on their approved status in One-e-App the month MGF is calculated. Agencies can use One-e-App to obtain a point-in-time enrollment report known as the Medical Home Summary Report.
- Patients who do not have a visit every 24 months will not be disenrolled from the program. Payment to the clinics will not be made on their behalf, but this will not be made known to the patient. Once an approved visit occurs, MGF will recommence.
- If a patient recently switched medical homes and had a visit at their “old” (previous) clinic during the prior 24 months, the new clinic will still get paid the MGF for that patient.

■ **Payments**

- Clinics will receive their MGF payments in July and August under the current process (i.e. without the “24-month” rule being applied).
- The first payment under the “24-month” rule will be divided between September and October 2019. This is because, under the new rule, MGF payments will be paid approximately 80 days after the MGF month rather than the current 45-day timeline.
- The advance September payment ensures CPs won’t go without a payment during the transition.
- Beginning in November 2019, CPs will be paid their full MGF each month under the “24-month” rule.

■ **Remittance Advice**

- Along with the payment, clinics will receive a remittance cover letter specifying the total payment for the MGF month. They will also receive a summary report that includes a breakdown by site, and an excel spreadsheet of enrolled MHLA participants that shows who

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had a valid visit within the prior 24 months and who did not. The report will also include details on any retroactive funding adjustments, if applicable.

■ **Payment Appeal**

- CPs can appeal if they believe they did not receive MGF payment for a MHLA enrolled participant that had an allowable encounter within the 24 months. CPs must use the attached MGF Payment Inquiry Form to appeal and must submit it to DHS-Finance within 30 calendar days after receiving payment. The DHS-Finance unit will respond within 30 days.
- Before sending in the appeal, CPs should check to make sure the participant was enrolled and that an encounter for a valid visit was submitted into AIA.

■ **MHLA Conference Call on Provider Bulletin #8**

- Two identical conference calls will be held via Skype to discuss the contents of this Provider Bulletin. CPs are invited to call in to hear more information and ask questions. These conference calls will be held on the following dates and times below. Please note that the Skype link and passcodes are different for both days.
- If possible, please call into the conference call using Skype online rather than dialing in by telephone. We will be presenting slides to explain the process and timeline. If you do opt to call in by phone, please put yourself on mute and do not put callers on hold. We kindly ask multiple staff in a clinic to use one phone if possible.
- Details on the calls are as follows:

Wednesday July 10 from 2 p.m. to 2:30 p.m.

<https://meet.lync.com/lacounty-dhs/agorman/3TT1T3WL>

Phone Number: 1-323-776-6996

Passcode: 1503512

Thursday, July 11 from 10 a.m. to 10:30 a.m.

<https://meet.lync.com/lacounty-dhs/agorman/7RBJ5NK6>

Phone Number: 1-323-776-6996

Passcode: 35357162

If you have any questions about this Provider Bulletin, please contact your Program Advocate.

¹ See PIN 18-06 “Acceptable CPT Codes – November 1, 2018”