ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES

SERVICE EXHIBIT VII

SURGE INPATIENT PSYCHIATRIC SERVICES

Notwithstanding language in section 9.0 of the Statement of Work (SOW), the following applies primarily to keep behavioral health patients out of hospitals and Emergency Departments (ED). Guaranteed available beds are provided to uninsured clients in order to provide inpatient psychiatric services to Los Angeles County Department of Mental Health (LACDMH) and to decompress local hospitals and EDs. It is the Contractor's responsibility to review the SOW and Service Exhibit (SE) to ensure the appropriate billing is submitted.

LACDMH will reimburse Contractor for acute inpatient psychiatric hospital services and administrative day inpatient psychiatric hospital services provided to uninsured clients receiving behavioral health services who meet the Surge Inpatient Psychiatric Program criteria and who meet the criteria for medical necessity as defined by California Code of Regulations (CCR), Title 9, Section 1820.205. Contractor shall submit reimbursement claims through LACDMH.

Behavioral health services will be provided in a licensed General Acute Care Hospital (GACH) or Acute Psychiatric Hospital to eligible Los Angeles County residents.

1. PROGRAM CRITERIA

(a) Contractor shall reserve and guarantee access to the agreed upon number of beds at all times for LACDMH clients.
(b) For the term of the contract, Contractor shall reserve and guarantee access to the agreed upon number of beds for LACDMH clients.
(c) This is not a lease agreement for beds.
(d) For indigent patients, Contractor will invoice LACDMH the Contract Allowable Rate as identified on the Rate Methodology Chart, which can be found at https://dmh.lacounty.gov/pc/cp/ffs1/fee-for-service-hospitals/ per acute and administrative day for all services, including but not limited to medical ancillary as well as professional services and physician fees. It is the Contractor's responsibility to access the link for the Rate Methodology Chart upon notification by LACDMH of updated rates.
(e) Patients presenting to Contractor as not medically stable can be returned to the referring hospital for medical stabilization.
(f) Contractor shall screen all referred patients for psychiatric medical necessity.
(g) Contractor shall accept patients pending any medical test results and patients will not be held at the referring hospital or by a referring team awaiting those results if applicable. Patients accepted will receive additional vital sign testing for the first 48 hours to monitor for medical concerns.
(h) Patients referred by LACDMH Intensive Care Division (ICD) will be accepted and will be provided with behavioral treatment as appropriate, based on existing Contract provisions.
(i) Contractor shall not deny admission to any patient referred by LACDMH unless LACDMH ICD agrees.

(j) Patients referred by LACDMH ICD are expected to be screened by the referring facility for COVID-19 prior to being transferred to the Contractor. The referring facility shall inform the Contractor of COVID-19 screen result prior to transfer.

2. TARGET POPULATION

Services will be provided to indigent clients or those that are uninsured.

Invoice and Payment

Contractor shall claim by submitting a Treatment Authorization Request (TAR) and requisite supporting documentation to LACDMH for the medically necessary behavioral health services.

LACDMH will pay Contractor in arrears for eligible services provided. Contractor shall submit documentation for services provided with the TAR form within 14 calendar days after discharge to LACDMH.

Contractor shall submit all required supporting documentation to the following:

Los Angeles County Department of Mental Health
Intensive Care Division — Treatment Authorization Unit
510 S. Vermont Avenue, 20th Floor
Los Angeles, CA 90020

The following is the Contractor's reimbursement process:

a) LACDMH reviews the documentation provided for approval. Within 45 calendar days of receipt of the claims documentation, LACDMH will submit a log containing the claims and the authorization results to the Contractor, with an Invoice Summary Request Form.

b) Contractor shall complete the Invoice Summary Request Form in a form as specified by the County and will include an itemized accounting of all charges for each patient day. Upon completion, Contractor shall submit the Invoice Summary Request Form as follows:

By Email: TarUnit@dmh.lacounty.gov

Or

By Fax: (213) 402-2009

c) LACDMH ICD will review and forward approved Invoice Summary Request Form to the LACDMH Finance Services Bureau for reimbursement to Contractor. If not approved, the Invoice Summary Request Form will be returned to Contractor for corrections and/or further documentation. LACDMH's reimbursement period is 30 calendar days after receipt of a complete and accurate invoice.

d) In the event of correction of a prior period invoice or reimbursement such as "retro-delete" (overpayment) or "retro-add" (underpayment), the adjustment will be shown and included in Contractor's current invoice.