

WILSON, Governor

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
 SACRAMENTO, CA 95814-4037
 TDD (916) 445-1942
 (916) 322-7012



ADP BULLETIN

 Title Fiscal Year 1998-99 Monthly Interim Claims for Drug/Medi-Cal Direct Contractors		Issue Date: 8-24-98 Expiration Date:	Issue No. 98-45
Deputy Director Approval GLORIA J. MERK, II Program Operations Division	Function <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No. 97-46 and 97-47	

PURPOSE

The purpose of this letter is to transmit the revised Monthly Interim Payment Claim (MIPC) form and instructions (Exhibit A), and the Drug/Medi-Cal (D/MC) rates for Fiscal Year (FY) 1998-99 (Exhibit B). This MIPC form applies only to D/MC providers who have a direct contract with the Department of Alcohol and Drug Programs (ADP).

DISCUSSION

The MIPC form may be used to claim the State General Fund (SGF) portion of the projected expenditures for D/MC services. The form has been revised because:

1. For Narcotic Treatment Programs (NTP), the Methadone and Levoalphaacetylmethadol (LAAM) daily services have been separated. A different rate of reimbursement applies to each service.
2. The D/MC percentage for the federal financial participation (FFP) and SGF funding is as follows:

From July 1, 1998 through September 30, 1998	
FFP	SGF
51.23%	48.77%
From October 1, 1998 through June 30, 1999	
FFP	SGF
51.55%	48.45%

Non-perinatal minor consent will remain at 100 percent SGF funding. The FFP for all D/MC claims will continue to be paid based on the approved services reports from the Department of Health Services.

3. For each of the following categories, a separate MIPC form must be submitted:
 - a) non-perinatal, non-minor consent
 - b) non-perinatal, minor consent
 - c) perinatal, non-minor consent
 - d) perinatal, minor consent

4. If a MIPC is not submitted within 30 days after the end of the month of service, the SGF payment will be issued based on the approved services reports from the Department of Health Services Automated Billing System. (Example: The July MIPC is due to ADP by August 30.)

Supplemental MIPCs can be submitted only for those months of service for which an original MIPC was submitted within the same time frame mentioned above. (Example: A July MIPC supplemental is due to ADP by August 30.)

Any MIPCs received after the cut-off date will not be processed, and it will be returned to the provider.

5. ADP will withhold the appropriate amount of administrative funds for contracts administered by ADP for NTP services as identified in the FY 1998-99 D/MC rates schedule (see rate chart, Exhibit B, for dollar amounts).

6. If the MIPC needs a correction, do not use white out or tape. Draw a line through the incorrect information and then make the correction.

The funds requested on the MIPC form will not be available until the D/MC contract is fully executed and the FY 1998-99 State budget is signed by the Governor. MIPCs for FY 1998-99 will not be accepted after July 31, 1999.

REFERENCES

FY 1998-99 D/MC Contract Boilerplate - Article VII Invoice/Claim and Payment Procedures

HISTORY

Not Applicable

QUESTIONS/MAINTENANCE

If you have any questions concerning the MIPC form, instructions or rates, please call the Fiscal Management Branch analyst assigned to your contract.

EXHIBITS

[MIPC Form and Instructions - Exhibit A](#)
[FY 1998-99 D/MC Rate Schedule - Exhibit B](#)

DISTRIBUTION

Drug/Medi-Cal Direct Contract Providers
County Alcohol and Other Drug Administrators
Wagerman Associates, Inc.
Director's Advisory Council
