Communication Release
02/12/2026

County and Aid Code Report Updates

An updated version of the **County and Aid Code Report** will be available starting Tuesday, 2/17/2026. This update introduces several new enhancements to improve visibility into Medi-Cal coverage details. The new **Share of Cost** and **Unmet Share of Cost** fields indicate whether a patient has a Medi-Cal share of cost and whether the share of cost amount has been met. The report now also displays the **Client Index Number** associated with each data line. In addition, the Data Entry Date field has been renamed to **271 Posted Date**, the File Status field has been removed, and several fields have been reordered for improved clarity and usability.

As a reminder, the County and Aid Code Report provides current Medi-Cal enrollment information, including the Aid Code, County Code, and Managed Care Plan (MCP) details. Providers can use this report to verify Medi-Cal eligibility and potential gaps in coverage. This report sources eligibility information from the **Real Time Inquiry (270) Request/Eligibility Response (271)** combined with the data from the State MEDS file. To ensure the report reflects the most updated eligibility information, providers should continue running and posting the Real Time Inquiry (270) Request monthly for patients.

County of Los Angeles Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Provider County and Aid Code History

Print Date: 2/9/2026

Parameters Selected: PATID: , Provider: Recovery Inc, From: 9/1/2025 to 9/30/2025

Patid-Ep	Name	Admit Date	271 Posted Date	Eligibility Period	Eligibilty Info	Client Index Number	Aid Code	County Code	Share of Cost	Unmet Share of Cost	Managed Care Plan
123456-1	TEST,PATIENT	05/30/2024	09/05/2025	09/01/2025 - 09/30/2025	Active Coverage	91234567F	M1	30	No	Not Applicable	PHP-L.A. CARE HLTH PLAN,LA CARE HLTH PLAN
654321-4	TEST,ZCLIENT	04/11/2025	09/09/2025	09/01/2025 - 09/30/2025	Active Coverage	9999999G	17	19	Yes	Yes	PHP-HLTH NET,HEALTH CARE L.A., IPA
991234-2	ZTEST,PATIENT	01/19/2024	09/12/2025	09/01/2025 - 09/30/2025	Inactive	91111111H	Inactive	Not Applicable	Yes	No	No MCP On File

Denial CO 284

Beginning February 11, 2026, claims for services billed after the service authorization has ended will be denied with **Denial CO 284**. This commonly occurs when a client changes providers and/or levels of care, leading to a shortened service authorization end date. If billing has occurred through the original end date, Sage prevents editing the end date in the Service Authorization Form, but the revised end date can be found in the **Comments** section of the form. For questions regarding updated service authorization dates, please contact the case manager listed in the Comments section of the Service Authorization Request form.

Clinical Documentation FAQ Updated

The Clinical Documentation FAQ has been updated and will be available the week of 2/16/2026 on the SAPC Sage website. This FAQ is a compilation of questions received from providers during trainings, meetings, and email. It was reformatted in General Service Questions, specific form sections such as Assessment forms, Diagnosis form, Progress Note form and more, as well as a section specific to Secondary Sage User Documentation.
The FAQ can be found with other guides and job aids on the SAPC Sage website:
http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm

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KPI Migration and Training

SAPC has completed its KPI migration to the AWS Cloud. Users will now see the Sage PM KPI Dashboard and Sage MSO KPI Dashboard. Navigation on the cloud dashboards is different than the legacy dashboards. To aid providers in this transition the KPI Dashboards User Guide was updated and can be found on the SAPC Sage website.

SAPC is also hosting a Teams Webinar on the KPI updates!
Purpose: This training will cover the basics of understanding what KPI Dashboards are, how information is populated, and how to navigate the cloud dashboards. This training will NOT cover how to conduct analysis using specific sheets.
Who Should Attend: Users with active KPI accounts. KPI access is restricted. New KPI account requests need prior approval from your agency's Sage Liaison.

Trainer: Esther Orellana, Ph.D.

Training Date	Training Time	Registration REQUIRED
Thursday March 5, 2026	9:00am -10:00am	Register Here

If you have questions about the training, please email Sage@ph.lacounty.gov

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Patient Medications Form Update

The Patient Medications form was updated in TRAIN Jan 30th to include a diagnosis widget that populates to the right of the form. The PCNX Client Diagnosis History lists your agency's diagnosis for the selected client. It is in chronological order with the most recent diagnosis date listed at the top. It will list all diagnoses entered in the Sage-PCNX Diagnosis form, including if multiple diagnoses are listed on a single record. This widget is now available in LIVE when accessing the Patient Medications form.

Collateral Contact Form Update

The Collateral Contact form was updated in TRAIN and LIVE to allow all Sage users to be able to find their name in the "Form Completed By" search field. The field was previously limited to practitioners only. The updated field also auto-populates with the logged in user's name when opening the form.

Highlights from Previous Communications

New Medi-Cal Eligibility Information Visibility in Sage: SAPC has added two (2) powerful options in Sage to provide visibility on critical eligibility information enabling providers to better help their clients maintain MCAL eligibility.

1. The **Medi-Cal Eligibility Change Report** is now available to all financial and support staff user roles as of Friday 1/30/2026. This report shows any changes in key eligibility fields over any 2-month period selected in the report parameters. It contains data on the Aid Code, Eligibility Status Code, County Code and Resident County Code. If any of those items change, that client will populate the report for both months for providers to further investigate. The report is coded to only pull information on current clients with an approved authorization within 6 months of the date parameters. SAPC recommends running this report at the beginning of every month and entering the current month into the search parameters. The parameters are for the Month and Year of any month you are searching, and the report will automatically pull that month and the immediately preceding month to compare.

   a. Primary Use Case: To view changes to the Eligibility Status Code and the Resident County Code.
      i. Eligibility Status Code 999 indicates that the client's Medi-Cal has been temporarily suspended for that month, usually due to missing redetermination paperwork. It is crucial to act quickly and work with your clients to contact DPSS to submit necessary documentation to reinstate Medi-Cal immediately.
      ii. Eligibility Status Codes that are 600 or higher indicate potential issues with eligibility for that month that need to be investigated.

   b. Secondary Use Case: To track Inter-County Transfers (ICT) from month to month. LA County is code 19 and should be listed in either the County Code or the Resident County Code for whichever month services are rendered. Running this report will help to show any clients where their County of Responsibility or County of Resident changes from one month to the next.

2. The **MEDI-CAL ELIGIBILITY INFORMATION- LAST 3 MONTHS** widget has also been published to the Client Dashboard in Sage. This new widget will pull data from the Medi-Cal eligibility file (MEDS) sent to SAPC from Medi-Cal each month. It will only populate clients where the CIN entered on the Financial Eligibility for your agency matches the CIN on the MEDS file to ensure the correct client is displayed. The widget will include the standard demographic and eligibility information on file with DHCS, such as Name, Date of Birth, Aid Code, Eligibility Status Code, OHC coverage code, the primary Managed Care Plan and the County of Responsibility Code that are needed for determining scope of Medi-Cal coverage. The Resident County Code will now be visible to providers as is on file with Medi-Cal on the first day of the month. This is a critical piece of information for Inter-County Transfer clients, that has previously been unavailable to providers. Since this information is sent monthly, any changes to the Resident County during the month will show on the following month's record. For updated information prior to the next month, providers should continue to contact SAPC-EST@ph.lacounty.gov for up-to-date information. The widget will contain the last three months of eligibility information if available. If the client does not have three months of eligibility, then only the month(s) with eligibility will display. This information can be useful for determining current month's eligibility and for comparing changes to eligibility within the last three months for that specific client.

Practitioner License Expiration Workflow and Widget: SAPC released the new Practitioner License Status widget on Monday 2/02/2026 for providers to track upcoming license expirations for active practitioners in Sage. This information is pulling from the results of the bi-annual license verification process from December 2025. Providers that completed and returned the spreadsheet to SAPC are represented on the widget. If the widget is blank, or missing information, this is due to SAPC not being able to verify the information or because SAPC did not receive verification information from providers. The widget will display practitioners whose license is set to expire within the next three months so that providers and SAPC are able to better track license renewals. For licenses that expire without being updated, SAPC will end date the license for billing, which will cause claims to be denied after the expiration date. Once SAPC receives

updated credentials, the end date will be removed and will allow for billing to be entered. If providers need to update the license expiration date only, and no other changes to the practitioner are needed, those can be directed to sageforms@ph.lacounty.gov directly. However, if any other changes are needed to a user or practitioner, provider Sage Liaisons must enter a help desk ticket for a user modification using the Request Something, Sage User Creation Form. Please open a Sage Help Desk ticket by calling (855) 346-2392 or by opening a ticket through the [Sage Help Desk ServiceNow Portal](#).

Sage Billing Configuration Updates: The following configurations were updated in Sage through the week of February 2nd. With the exception of the Community Health Worker codes, which are effective for dates of service 7/1/2025, the updates are applicable for FY 24-25 and 25-26.

- Added new Community Health Worker codes 98960, 98961, and 98962 – FY 25-26 only
- Removed code 99418 as it is not an applicable add-on code for the current code set
- Removed the 95 modifier from codes 98966, 98967, and 98968 as these services are restricted to phone telehealth and not tele-video
- Removed H0034 from OTP LOC as medication services is included in the bundled medication rate

Sage System Updates: On Wednesday 1/28/2026, Netsmart installed updates in Sage which impact the following:

- Replacement Claim Assignment (CMS-1500) form: fixed the inability to add in Third Party adjudication data (OHC denial/payment information) and to click the "Display Valid Authorizations" button. These two issues are now resolved. If a user continues to experience challenges with these items, please submit a Sage Help Desk ticket.
- A new adjudication rule was added that may cause services to approve with an approval notice of: "This service is approved with the following notice: Add-on/Interactive Complexity Service in the Same Claim is denied."
  - The services with that notice will be approved and paid on an EOB. Please disregard the message indicating the service is denied as the message is in error.
  - There is an issue with the update for the new rule that does not apply the message appropriately.
  - There is a fix that is undergoing testing and validation to resolve this message to only apply in the appropriate scenarios.

Women's Health History Form and Widget Updates: The Women's Health History (WHH) is required to be completed by all providers for clients who are pregnant or in the 1-year postpartum period. This form generates a required Pregnancy Indicator element in the claim sent to the State. Failure to complete this form may result in denials. Effective Monday, 2/2/2026, the WHH form has new functionality to prevent the editing of a record created and/or updated by a different agency. Therefore, each agency who is providing services must have a unique WHH record per pregnancy. For current clients, SAPC recommends reviewing the WHH records to verify there is an existing record for your specific agency. If one is not found, add a new record. To assist users in navigating these changes, SAPC added a quick training video to the PCNX Training Videos view within Sage. It reviews changes to the form as well as introduces two (2) widgets that will aid in identifying your agency's record(s). The widgets are:

- **CLIENT WOMEN'S HEALTH HISTORY RECORDS**: Shows all WHH records by PATID for your agency. Will be added to the Clinical Only view.
- **PPW WOMEN'S HEALTH HISTORY-LAST 6 MONTHS**: Shows all WHH records for PATIDs with an approved PPW Perinatal or PPW Parenting Authorization within the six (6) months. Will be added to the Financial Only and Financial + Clinical views.