



Communication Release

04/26/2024

Updates to Auth Status - Last 3 Months Widget to Improve Provider Visibility

At the request of providers via the enhancement process, SAPC has updated the **Auth Status – Last 3 Months widget** to include comments on the authorization from the UM care manager and funding source. Additionally, the widget contains embedded logic that will highlight the comment by bolding and changing the font to red for authorizations that have been updated by UM within the last seven (7) days. This will alert providers to any updates from the UM care managers on the widget without providers having to manually check the authorizations via the form. Providers should make the requested changes immediately and inform the care manager to avoid authorization delays or denials. Please contact UM directly if you have questions about the comments at 626.299.3531.

While this has been updated in the TRAIN environment for providers to familiarize per our new enhancement workflows, it cannot be tested by providers because there are no comments on authorizations in the TRAIN environment. Therefore, this enhancement will be available in LIVE by Monday 4/29/24.

BenefitsCal Case Linking Resolved

There was a known issue with BenefitsCal affecting InterCounty Transfer process. On 4/26/2024 BenefitsCal announced the issue was resolved. Below is a summary of their resolution:

Two-Step Verification: For security of customer information, BenefitsCal now requires two-step verification. Customers will now be asked to enter the one-time code sent to their email address or phone number on file to access BenefitsCal. Once the code is entered on the page, the user will be able to access their case information. If a user receives a passcode and they were not logging in to BenefitsCal, they must go to BenefitsCal and change their password.

Here is a link to a Quick Guide on Two-Step Verification. [Two-Step Verification](#)

Case linking: Case Linking is available and requires two-step verification.

Customers will use the email address associated to their case details to link to their case through BenefitsCal.

Here is a link to a Quick Guide on [Case Linking](#).

Clarification for “Medical Necessity Justification” Billing

SAPC is providing additional clarification on previous guidance on billable versus non-billable time spent reviewing patient records for the purpose of diagnosing and the accompanying Medical Necessity Justification note. As a reminder, time spent documenting services, including writing progress notes, in and of itself, is not billable as of FY23/24.

If an approved LPHA or License Eligible (LE) LPHA reviewed records for the purpose of making a diagnosis, then the time spent by the approved LPHA/LE LPHA reviewing those records are billable using service code 90885. The documentation for 90885 must reflect the service rendered. If the documentation language does not align with the service code billed, then the service is subject to disallowance.

If the review of records was performed by a counselor, the time reviewing those records by the counselor is not billable, as rendering diagnoses are outside the scope of practice for SUD Counselors.

If a previous Medical Necessity Justification note was submitted reflecting an approved LPHA or License Eligible (LE) LPHA reviewed records for the purpose of diagnosis, and the time spent reviewing the records was not billed, then there is a process to “re-submit” the Medical Necessity Justification note such that the time spent reviewing those records could be billed using service code 90885.

For FY 23/24 notes that meet this standard, providers should:

1. Create a new note with the same date of service as the original medical necessity justification.
2. Copy all the information from the original note.
3. At the beginning of the narrative part of the note indicate, "For billing purposes this note is a copy of the existing medical necessity justification note, which has not been altered.
4. For Primary Sage Users, change Note Type from Non-Billable to Individual.

The new note will be subject to audit; therefore, the narrative of the note should not change, except for the provided language above.

Sage-PCNX Form, Report, and Widget Updates

The SAPC Sage Team would like to announce the following updates:

Form/Report/Widget	Changes	Environment	Date Available
Batch Status Report	The Batch Status Report was updated to support future workflow implementations. It now has updated formatting and updated fields including Performing Provider, ADP message, and EOB.	TRAIN	Available Now
Monthly Activity Report (CENS only)	Report Created By field was added and refers to the staff whose activities are being recorded. Draft/Final form status field was added to allow each staff to complete their own MAR.	TRAIN	Available Now
Service Authorization Request	Form Updates Three (3) new fields were added to the Doc Request Date subsection. These fields are in preparation for a workflow transition in FY 24/25. Due to the Clinical Contact form not being completed and/or updated appropriately, UM Care Managers have trouble reaching the correct person with whom to address concerns. The Clinical Contact, Phone Number, and	TRAIN	Available the week of 4/29/2024

	Additional Contact Information fields have been added to the Service Authorization Request form, so the most appropriate person to address authorization concerns is listed.		
Discharge and Transfer Form	<p>Form Updates</p> <p>This form was updated to remove questions that are no longer relevant and substituted to align with current policies. A correction was made that prohibited users from selecting other Providers when the patient was transferred. A new field, Level of Care Discharged, was added. These changes are in preparation for new reports.</p> <p>This form is to be completed within Sage by all Providers.</p>	TRAIN	Available the week of 4/29/2024
Provider Site Admission	<p>New Form</p> <p>A new form was created with only three (3) fields to indicate when a patient was admitted to a specific site and specific LOC. This form in combination with the Discharge and Transfer Form and Recovery Bridge Housing Discharge Form will help generate reports related to the number of admissions in a given period, a census count, and length of stay. Additional documentation will be provided once Providers have the opportunity to provide feedback.</p> <p>This form is to be completed within Sage by all Providers (Primary and Secondary).</p>	TRAIN	Available the week of 4/29/2024
Progress Note Printout	<p>New Report</p> <p>This report is a printout of the Progress Note record(s). Like the Problem List/Treatment Plan Printout, this report will show the electronic signatures for Draft and Final Submission.</p> <p>This will be added to the Report Guide when it is promoted to LIVE.</p>	TRAIN	Available the week of 4/29/2024

For questions/feedback/comments regarding the updated forms, reports, and/or widgets, please email Sage@ph.lacounty.gov.

Reminders From Prior Sage Provider Communications

Updated Rate Matrix Video: The Rates and Standards Matrix orientation video was updated to reflect the most recent changes made and is available on the [Sage Finance page](#). These updates include the removal of sub-tabs for MAT, Care Coordination, and Recovery Services with all HCPCS/CPTS for these services re-located under the appropriate ASAM levels of Care. Additionally, as the new performing provider types have been added, including Clinical Trainee/Student Billing for each of these new provider types. This video is intended to assist providers in understanding how to read and interpret the Rates and Standards Matrix. Agencies are encouraged to access this helpful resource.

Real Time Inquiry (270) Report Resolved: There was a known issue that prevented users from viewing the 271-Response Report when running the Real Time Inquiry (270) Request. Netsmart implemented an update that resolved this issue. Sage

users are now able to view the 271-Response Report when running the Real Time Inquiry (270) Request. As a reminder, providers should be posting the results, as this populates the County and Aid Code Report and the 270 Inquiry widget, which is viewable on the Client Dashboard.

Local Denials Related to Performing Providers: An issue in Sage was identified where duplicate performing providers were incorrectly entered, causing the service to deny locally. Services may have denied for either “Performing Provider not registered on date of service” or “Performing Provider is blank.” Providers who received these denials can resubmit the service for adjudication as it has now been resolved.
