

Communication Release

05/22/2025

837 File Processing Delays

SAPC is aware of recent delays in the processing time for some 837 files submitted by providers to the SFTP folders. The majority of files are being processed in the normal time frames. However, there are some files with a delay in the loading, compiling, and posting of the file. SAPC's investigation shows that these impacted files are being processed between 1 to 3 days from upload to the SFTP. We are working with Netsmart to identify and resolve the issue. We have determined that files are being processed and have not discovered any files that are not loading. Providers should submit a help desk ticket under "Request Billing Assistance", should you find any files that did not process within 3 days of uploading.

Enhancing Accuracy and Benefit of Sage Reports through Proper Documentation

The Sage system is constantly evolving to meet the changing reporting demands of our provider network, SAPC, and Drug Medi-Cal. As such, SAPC processes enhancement requests to assist providers in optimizing their workflows and managing business operations. Several reports currently in development have highlighted gaps in providers completing documentation in Sage that has reduced the benefit of these enhancements. Sage data and reporting is dependent on providers completing necessary documentation in a timely and accurate manner. SAPC has noticed missing required forms—such as Referral Connections, and the Discharge and Transfer Forms—that are necessary for various reporting needs. These Sage reports are needed for SAPC and provider utilization to review services provided, status of services provided, and properly manage business operations—making it critical that providers complete all the required documentation. Without proper and accurate documentation, SAPC and providers are at risk for not meeting compliance standards. Providers can review the <u>Provider Manual</u> for various requirements; however, the largest gaps are with Referral Connections and the Discharge and Transfer Form not being completed in Sage.

Referral Connections

Providers are REQUIRED to complete a Referral Connections for all walk-in/call-in patients requesting services for which a screening was completed, except those referred by SASH, CENS, or CORE. Providers cannot bill for the screening without a corresponding completed Referral Connections in Sage.

Discharge and Transfer Form

Additionally, all providers, Primary and Secondary Sage Users, are REQUIRED to complete the Discharge and Transfer Form directly in Sage. This is a crucial form, along with the CalOMS Discharge forms, to indicate completion of a treatment episode. Without a completed Discharge and Transfer Form in Sage, SAPC nor our provider network, are able to accurately identify current patients or historical census for managing capacity.

To assist in improving compliance for these and other requirements, SAPC is in the process of simplifying these forms and developing methods to alert providers to the requirements and bundle forms together as a way of triggering completion. Your cooperation in this matter is appreciated.

SAPC is offering a training to all treatment providers on the management of Inter-County Transfers (ICT). This training will review best practices and SAPC's recommended workflow for establishing LA County DMC benefits for patients who have active Medi-Cal benefits that are assigned to a county other than Los Angeles. Through this training, participants will gain a better understanding of the ICT process and learn methods to reduce issues that delay the transfers. This training will also cover recent updates to the Medi-Cal Provider Portal used to determine eligibility. SAPC encourages any eligibility, intake, admissions, or operations staff who manage ICTs at their agencies to attend.

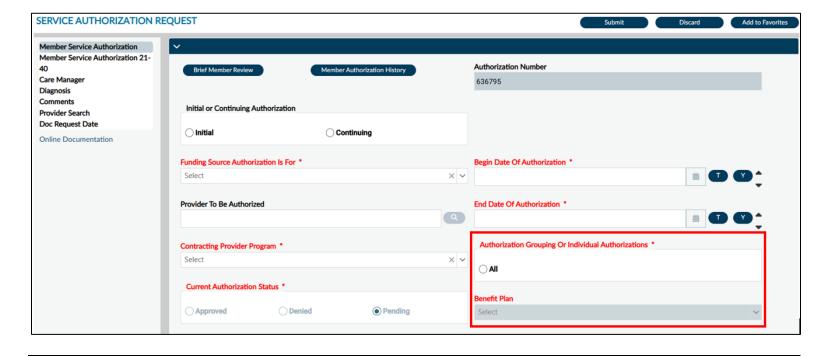
Trainers: Nancy Crosby, RN, FAACM and Greg Schwarz, Psy.D.

Training Date	Training Time	Registration Is Required	Training Flyer
Tuesday, June 3, 2025	10:00 am - 11:00 pm	Register Here	SAPC Training Calendar

If you have any questions regarding this training, please email sage@ph.lacounty.gov.

Service Authorization Request Field Updates

Effective Tuesday 5/27/2025, the "Grouping" option to the **Authorization Grouping or Individual Authorizations** field in the Service Authorization Request form will be removed as all new authorizations should only reflect Benefit Plans. The field cannot be removed as a response is required for the form to save. Additionally, the **Authorization Grouping (Only for PRE-FY23/24 auths)** and **Display Authorization Grouping** fields have been removed as they were conditionally required when "Grouping" was selected. This change will not impact any existing authorizations. If a correction to an authorization is needed, please contact the assigned Care Manager or call (626) 299-3531.



Sage Onboarding Workflow Updates

Effective Sunday 6/1/2025, all new Sage users must complete the Sage trainings using the new SAPC Learning and Network Connection system, <u>SAPC-LNC</u>. The current online training videos and posttest will be removed from the SAPC website by 6/1/2025. The SAPC-LNC is a more streamlined learning management system that will allow users to be assigned to specific training sets based on their user role and quickly access required trainings. Once completed, certificates of completion are automatically created to send to SAPC to complete the onboarding.

6/5 SAPC Finance Billing & Denial Resolution Tutoring Lab

The June Billing & Denial Resolution Tutoring Lab is scheduled for *Thursday, June 5th, from 1-2:30pm* and will continue to meet on the first Thursday of every month. These sessions will include announcements and reminders related to billing, demonstration of billing processes/review of policies/troubleshooting, and open Q&A. SAPC Finance encourages all agency billing staff to attend as well as any additional agency staff interested in hearing billing and denial resolution information. If providers have requests for procedures or policies to review during the lab, please email SAPC-Finance@ph.lacounty.gov. The link to the meeting is below and will also be added to the SAPC Training Calendar. Please be sure to add it to your calendars!

June Tutoring Lab Topics

- · Override modifier use cases
- OTP billing clarifications

Meeting Name: Billing & Denial Resolution Tutoring Lab

Date and Time: First Thursday of every month from 1-2:30 pm

Meeting Link and Call-in Information (via Microsoft Teams):

Billing & Denial Resolution Tutoring Lab Meeting Link

Meeting ID: 278 929 667 194

Passcode: shijHi

Dial in by phone

<u>+1 323-776-6996,743250887#</u> United States, Los Angeles

Phone conference ID: 743 250 887#

***The recorded presentation, slides, and FAQ for the prior Finance Billing & Denial Tutoring Lab are available at <u>Sage Finance</u> under Billing and Denial Resolution Tutoring Lab.

Highlights from Previous Communications

<u>FY 22-23 and 23-24 FINAL Treatment Billing Deadline is 6/30/2025</u>: The final billing date SAPC will accept treatment claims for FY 22-23 and 23-24 is June 30, 2025. Services submitted for these two fiscal years will be denied by SAPC if received after 6/30/2025. Providers are strongly encouraged to ensure that all treatment services have been billed, including rebilling of any locally or State denied services.

<u>Implementation of Treatment Billing Deadlines on 7/1/2025</u>: Starting 7/1/2025, SAPC will implement treatment billing deadlines for original and replacement claims. Original services must be submitted to SAPC within 180 days from the date of service and replacement claims must be submitted to SAPC within 365 days from the date of service. Services submitted outside of these timelines will automatically be denied in Sage.

<u>CO 96 MA 43 State Denials</u>: Recoupments with a denial code of CO 96 MA 43 indicated that the client has an "unsatisfactory immigration status." However, the actual reason for the recoupments is a lack of eligibility, and the denial should be addressed as if fixing a CO 177 denial, by ensuring the correct CIN is listed in the FE and that the patient had active Medi-Cal at the time of service (additional guidance can be found in the <u>Sage Guide to Claim Denial Resolution and Crosswalk v 4.0</u>). The most common reasons for the recoupments were that the CIN number listed in the Financial Eligibility Form was incorrect when compared against the MEDS file, or that the client did not have Medi-Cal at the time of service.