



## Communication Release

06/07/2024

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### CORRECTED: Incorrect Claim Status Reason: Duplicate Service Found

The incorrect error message has been resolved and users should no longer see the Duplicate Service Found message unless it is appropriately noting a duplicate service. The incorrect error message displayed an approval warning of “Duplicate Service Found” for services with a maximum of one unit, such as residential day rates and room and board.

Netsmart installed a correction to resolve this issue on 5/28/2024, which has been validated as working as intended. If providers are still receiving this message, they should submit a helpdesk ticket for further investigation.

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### Service Authorization Request New Fields

On 5/28/2024 the Service Authorization Request form was updated to add three new fields: **Clinical Contact**, **Phone Number**, and **Additional Contact Information** in the Doc Requested section. Currently these fields are not required; however, in early FY 24-25 they will become required in order to submit the form. When these fields are completed within the Service Authorization Request form, the Clinical Contact form does not need to be completed any longer for the purposes of submitting or processing authorizations.

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### FY Billing Reminders

As SAPC prepares for the end of year activities, the [FY 23-24 Billing Deadlines Memo](#) was emailed on Monday 6/3/24 with additional detail on Reimbursable Services, Acceptable Expense Documentation, and Actions to Take Now. Please remember to review and take the appropriate action to allow for the timely and accurate submission of billing claims. Your careful attention will ensure that reimbursements for services provided this fiscal year are reimbursed.

#### Drug Medi-Cal Treatment Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2024 – July 5, 2024	End of July 2024
July 6, 2024 – July 31, 2024	End of August 2024

#### All Other Services and Contracts

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2024 – July 5, 2024	End of July 2024
July 6, 2024 – July 15, 2024	End of August 2024

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## End Of Year – Fiscal Year 24-25

SAPC and NTST are diligently working to prepare Sage for FY 24-25. The following are key considerations to help providers prepare to navigate the EOY transition:

- **No Authorization Blackout during FY 24-25 Cut-Over:** Due to changes made last year to the authorization process, SAPC is happy to announce that an authorization blackout is not anticipated. As such, providers will be permitted to continue to submit authorizations as we transition into FY 24-25.
  - **Secondary Sage Users:** If you are a secondary Sage User, please ensure your EHR is updated with the new split authorization numbers for the FY 24-25 in preparation for billing for the new fiscal year. New authorization numbers for split authorizations are available for providers to access via Sage PCNX using the Authorization Request Status Report. Claims for FY 24-25 submitted with a FY 23-24 authorization number will be denied for “Invalid authorization number” and denial code CO 284 M62.
- **Claim Submission Blackout for Dates of Service of 7/1/2024 and later:** There will be a claim submission blackout for services delivered on or after Monday 7/1/2024 until SAPC has notified agencies that the rates and system configurations for FY 24-25 have been completed. If claims are submitted for services conducted on or after 7/1/2024 then these services will be automatically denied by Sage: “This service occurs during a claim processing blackout” and Denial Reason of “No active contract” under CARC/RARC CO 45 N640.
- **Providers can continue to submit claims for FY 23-24:** Providers can and should continue to submit claims from FY 23-24 with service dates through June 30, 2024, for adjudication during the EOY cut-over period.

SAPC is targeting to have the FY 24-25 Claims Blackout Period lifted before the end of July. As such, providers will be able to submit their claims to SAPC for processing by the August claim submission deadline to receive payments for submission without interruption in the regular monthly payment cadence.

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## KPI – Fiscal Year Cutover Data Truncation

KPI data is truncated every six (6) months, at the beginning of the calendar and fiscal year. KPI keeps a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY) and the current FY and CY. On 7/1/2024 data will be truncated, limiting data to include 1/1/2022-present. As with previous truncation periods, providers who would like copies of KPI are encouraged to export relevant data from KPI on or before 6/30/2024.

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## 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
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Discharge and Transfer Form	<p><u>Form Updates</u>  This form was updated to remove questions that are no longer relevant and substituted to align with current policies.  A correction was made that prohibits users from selecting other Providers when the patient was transferred.  A new field, <b>Level of Care Discharged</b>, was added. These changes are in preparation for new reports.</p> <p><i>Note: This form is to be completed within Sage by both Primary and Secondary Providers.</i></p>	LIVE	Available Now
Recovery Bridge Housing Discharge	<p><u>Form Updates</u>  This form was updated to replace fields with report friendly values as well as replace obsolete fields.  Removed:</p> <ul style="list-style-type: none"> <li>• <b>Please explain in the Reason for Discharge</b> (free text box)</li> <li>• <b>Has the patient been screened for Whole Person Care?</b></li> <li>• <b>Was the VI-SPDAT completed?</b></li> </ul> <p>Added:</p> <ul style="list-style-type: none"> <li>• <b>The client is being discharged to</b> (drop down options)</li> <li>• <b>Why is the client being discharged</b> (drop down options)</li> <li>• <b>Is the client a CARE Court participant</b> (Yes, No, Unknown)</li> </ul> <p>This form, in combination with the Provider Site Admission form, will generate data for a Census Report which will include Length of Stay.</p> <p><i>Note: This form is to be completed within Sage by both Primary and Secondary Providers.</i></p>	LIVE	Available Now
Provider File Attach	<p><u>Form Updates</u>  The Provider File Attach form <b>File Type</b> field has been updated with general categories of the type of document that is being uploaded (e.g. ASAM, Release of Information, Problem List).  The <b>Document Type</b> field was also updated with specific values to provide more specificity of the document (e.g. ASAM Paper-Based, ROI-External, ROI-Internal).</p> <p><i>Note: Providers are still required to use the appropriate <a href="#">naming convention</a> when naming a file, however these updated fields will help narrow the search for documents during the authorization process, audits, and review for incentives.</i></p>	LIVE	Available Now
Provider Site Admission	<p><u>New Form</u>  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</p>	LIVE	Available 6/17/2024

	<p>reports related to the number of admissions in a given period, a census count, and be able to calculate lengths of stay. Additional documentation will be provided once Providers have the opportunity to provide feedback.</p> <p><i>Note: This form is to be completed within Sage by both Primary and Secondary Providers.</i></p>		
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**For questions/feedback/comments regarding the updated forms, reports, and/or widgets, please email [Sage@ph.lacounty.gov](mailto:Sage@ph.lacounty.gov).**

**Reminders From Prior Sage Provider Communications**

**Retro-Adjudication of Remaining State Denial Local Payments:** SAPC Finance is in the process of completing retro-adjudications of services denied by DHCS where the full original payment amount was not fully recouped. This occurs when the rate SAPC pays an agency for a service is higher than the amount SAPC bills to DHCS and the service is denied by the State. When the State denial is posted into Sage, the system does not fully recoup the original amount paid to the agency. SAPC Finance is required to manually recoup the remaining amount to fully take back the payment. This will occur for State denials for the following types of services: Withdraw Management day rates and OTP medications excluding methadone.

For example, for 3.2-WM, a service is submitted to SAPC for \$395 and is approved and paid for that amount. SAPC then bills the service to DHCS for \$305 but the service is denied. When the denial is posted to Sage, the system is only taking back \$305 from the \$395 paid to the provider, leaving \$90 showing as paid to the provider. SAPC Finance will then recoup the remaining \$90 which will have the same denial code as the original State denial.

When viewing the service in KPI, providers will currently see two rows for the same service for the two separate recoupments totaling the full amount in the Takeback Amount column when viewing it in the Payment Reconciliation View. SAPC is working to test possible ways to make this clearer in KPI and will provide an update if an alternative is identified to show the recoupments. In addition, the services can be reviewed in the Cost of Service by Client Report. This report will show that the service had two separate retros completed and the updated expected disbursement.

**MSO KPI Payment Reconciliation View:**

Procedure Overview (1)																			
Provider Name	Contracting Provider Program	Client Name	Age on DOS	DOS	Performing Provider	Procedure Value	Auth LOC	Auth #	Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count	Total Takeback	Takeback Date	Retro Reason			
<b>Totals</b>										1.00	\$62.28	\$0.00	1	\$62.28					
				2023-07-06		Buprenorphine-Naloxone Film (S5000BF.UA.HG)			Approved	1.00	\$31.14	\$0.00	1	\$31.14	2024-02-14	Denial CO 16 N327			
				2023-07-06		Buprenorphine-Naloxone Film (S5000BF.UA.HG)			Approved	0.00	\$31.14	\$0.00	1	\$31.14	2024-04-05	Denial CO 16 N327			

**Cost of Service by Client Report:**

Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed	A/P/D	Tot Fee Table	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2	Retro Date 2	Retro Amt 2	Retro EOBID 2	Updated Expected Disbursement	
				7/6/2023			S5000BFUAH G		1.00	A	31.14	31.14	31.14	0.00	0.00		Denial CO 16 N327	02/14/2024	29.27		Denial CO 16 N327	04/05/2024	1.87		0.00

**New Performing Provider Types Configuration Update:** As noted in the [March 29, 2024 Sage Provider Communication](#), the [FY 23-24 Rates and Standards Matrix](#) has been updated on the SAPC website to include the new performing provider types allowable under DMC-ODS. These codes and rates are aimed to be configured in Sage during the EOY configuration process. Once released, they will have an effective date of 7/1/2023. However, providers should not bill for these new performing provider types until SAPC has notified providers that the configuration is ready.

SAPC Contracts is reaching out to providers to confirm the supervisor’s information, including their NPI, and for any of the Clinical Trainee performing provider types currently credentialed in Sage. SAPC is required to maintain this information in Sage for appropriate billing to DHCS for the new performing provider types. It is vital that providers respond promptly to these requests and notify Contracts when a Clinical Trainee’s supervisor changes so that the information can be updated in Sage. If this information is not kept current, then the services are likely to be denied by the State.

Prior to this being configured, providers may have requested Clinical Trainees be configured as SUD counselors for billing purposes. The agency’s Sage liaison should update these users to the correct Clinical Trainee user role by submitting a user modification request to [sageforms@ph.lacounty.gov](mailto:sageforms@ph.lacounty.gov).

Secondary Providers should take note of the Taxonomy, Modifiers, and Billing Rules tab to ensure that their EHR systems are appropriately configured for billing these new performing provider types.