



Communication Release

06/20/2025

Revised Billing Deadlines

Due to recent system changes and provider inquiries, SAPC is revising some of the previously set billing deadlines to allow providers to receive delayed adjudications and fix denials. The following revised deadlines apply to all agencies and are subject to change, per Department of Health Care Services (DHCS) claiming deadlines.

- FY 22-23: Deadline remains 6/30/2025
- FY 23-24: Deadline extended to 8/29/2025
- FY 24-25/25-26: Claiming deadlines for original and replacement services will not be implemented on 7/1/2025 as planned. A future date of implementation will be announced in FY 25-26 but not before 9/30/2025.

Questions related to the billing deadlines should be directed to SAPC-Finance@ph.lacounty.gov.

OTP Split Auths for FY 26-27

SAPC Contracts Division approved provider contracts for an additional year allowing contract numbers to remain unchanged. This extension allowed Sage to be configured to create split authorizations for any authorization crossing into FY 26-27.

Effective immediately, authorizations for OTP patients that cross into FY 26-27 no longer need to be manually ended on 6/30/2026. OTPs can submit the full authorization period that will trigger the system to automatically create the split auth. For authorizations previously end dated on 6/30/2026, OTPs should manually submit the remaining auth period for UM to review and process. This will not be automated for providers.

Eligibility Verification

For providers submitting OP and OTP authorizations, please check the eligibility verification (EV) expiration date first and align the end date of the authorization to the EV expiration date before submitting the authorizations. It is the provider's responsibility to submit accurate authorization dates to prevent unnecessary delays.

Also, for all other LOC, please calculate the correct end date:

- WM: start date +13 (14 days total)
- Residential/ Initial Engagement: start date +29/ +59 (30/60 days total)
- RBH: start date +89 (90 days total)
- RICM: start date +179 (180 days total)

Thank you in advance for your cooperation in this matter.

Community Health Worker Attestation

DHCS expanded the DMC-ODS workforce to include Community Health Workers (CHW) in the [State Plan Amendment \(SPA\) 24-0052](#). CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals. CHWs are required to have a supervisor.

The Community Health Worker Attestation form is required for staff who will work under the CHW credential. It is required to attach this form to the Sage Helpdesk User Creation Catalog item ticket. The form will be sent to Agency Sage Liaisons and will be posted to the [Sage User Enrollment](#) website. CHW are configured in Sage for FY 25-26 billing.

User Role Update for RNs

During the previous [May 6th](#) All Treatment Provider Meeting, clarification was provided regarding the scope of Registered Nurses who are considered Licensed Practitioners of the Healing Arts (LPHA) but are not diagnosing clinicians. RNs may continue finalizing the Problem List. However, only a diagnosing LPHA or License Eligible LPHA is allowed to finalize the ASAM CONTIUUM™ and Medical Necessity Justification Note.

Currently, RNs have been included in either the user role PCNXFinClinLPHA or PCNXClinicalOnlyLPHA. Effective 7/1/2025, active users with RN credentials will be moved to a user role for non-diagnosing medical staff, PCNXFinRNLVNLPTMA or PCNXRNLVNLPTMA.

7/10 SAPC Finance Billing & Denial Resolution Tutoring Lab

The July Billing & Denial Resolution Tutoring Lab is scheduled for ***Thursday, July 10th, from 1-2:30pm (Please note the change in date)*** and will resume meeting on the first Thursday of every month in August. 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!

Meeting Name: Billing & Denial Resolution Tutoring Lab

Date and Time: 7/10/2025 at 1:00 – 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

+1 323-776-6996,743250887# 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 [Sage Finance under Billing and Denial Resolution Tutoring Lab.](#)***

KPI Truncation

KPI data is truncated every six (6) months at the beginning of the calendar and fiscal year. KPI maintains a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY), and the current FY and CY. As such, KPI data will be truncated on 7/1/2025, limiting available data to include only 1/1/2023 - present. As with previous truncation periods, providers who would like copies of KPI data from the time period 7/1/2022 - 12/31/2022 are encouraged to export relevant data from KPI on or before 6/30/2025.

The following data will be available effective 7/1/2025:

- Second half of Fiscal year 22/23; FY 23/24; FY 24/25; FY 25/26 to date
 - CY 2023; CY 2024; CY 2025 to date
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End of Year Reminders

SAPC and Netsmart are diligently working to prepare Sage for FY 25-26. The following key considerations will help providers prepare to navigate the EOY transitions:

- **No Authorization Blackout during FY 25-26 Cut-Over:** 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 25-26.
 - **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 25-26 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 25-26 submitted with a FY 24-25 authorization number will be denied for “Invalid authorization number” and denial code CO 284 M62.
 - **Providers can continue to submit claims for FY 24-25:** Providers can and should continue to submit claims from FY 24-25 with service dates through June 30, 2025, for adjudication during the EOY cut-over period.
 - **Providers are anticipated to be able to submit claims for FY 25-26 without a Claim Submission Blackout:** Currently, SAPC is not anticipating a claiming blackout for FY 25-26 services. However, providers should continue to review SAPC communications for updates, as it is possible that a brief claim submission blackout may be needed prior to submission of FY 25-26 claims. To assist providers in avoiding unnecessary claim denials, SAPC will provide a communication to the SAPC Treatment Network when claims for FY 25-26 can be submitted.
 - **SAPC will inform providers in the coming weeks if a Claim Submission Blackout for Dates of Service of 7/1/2025 and later will be necessary.**
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DHCS Medi-Cal Provider Portal: 6/24 Q&A Session and 7/7 Roll-Out

DHCS is implementing a series of changes to enhance existing electronic services and, in some cases, implementing new tools for Medi-Cal providers and submitters. DHCS requires that all users performing transactions, including running eligibility checks, *register for the Medi-Cal Provider Portal by Monday July 7th*. DHCS will discontinue the current Medi-Cal Transaction Services website on July 7th as it will be migrated to the new Provider Portal. Each user is required to have their own login to access the portal. Providers will still have access to the 270 request, AEVS and POS machines, which are not impacted by this migration. An administrator for the provider can contact the Telephone Service Center at (800) 541-5555 to request initial access. Only the administrator needs to call and register, at which point, they can enroll other users internally.

To support users in this transition, DHCS is hosting a live virtual Medi-Cal Provider Portal Office Hours Question and Answer (Q & A) session to answer any questions providers may have regarding the Provider Portal. **Registration is required.**

Office Hours	Dates	Microsoft Teams Registration Link
10 to 11 a.m.	June 24, 2025	Medi-Cal Provider Portal Office Hour

For additional information please see SAPC’s communication to providers on June 13th titled “Update on DHCS Medi-Cal Provider Portal” and DHCS’ [Electronic Services Transition](#) page. Please see the published [FAQs](#) for the new Provider Portal for additional information on how to register and the key differences.

Highlights from Previous Communications

ROI Requirement for Primary Providers: Effective 7/1/2025, all Primary Sage Users will be required to utilize the Sage Release of Information- In Network form to record patient releases of information (ROI). Providers will no longer be able to just upload the paper-based form into the Provider File Attach module. If providers are unable to get the patient signature directly in Sage-PCNX but are able to get signatures outside of Sage for telehealth patients, the actual signed document can be uploaded into Provider File Attach and linked to the Sage Release of Information completed in Sage to take advantage of the functionality. Documenting consent in Sage will help streamline consents and enable additional functionality for consents management that will be introduced into the system in the coming months.

For Secondary Sage Users, while we are not requiring use of the form at this time, it will still be greatly beneficial to utilize the form in Sage for tracking and consents management functionality. Secondary Sage Users are strongly encouraged to utilize the form and follow the same process of uploading the signed form and linking to the Sage form if the patient is not able to sign directly in Sage.

SAPC provided a training on how to use the ROI form, which is available in the [SAPC-LNC](#) system to all providers.

SAPC-LNC Sage Training Requirements: All new Sage users must complete Sage trainings using the new SAPC Learning and Network Connection system, [SAPC-LNC](#). The online training videos and post-test were removed from the SAPC website on 6/13/2025. 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. The Sage-PCNX trainings are nested under the [Sage Electronic Health Record Trainings](#) content library, and various training sets for different user roles including secondary Sage users, clinical and financial user roles, and operations and administrative user roles are available for completion. Once completed, certificates of completion are automatically created and sent to SAPC to complete onboarding.

837 File Processing Delays: SAPC continues to work with Netsmart to resolve the issue of some 837 files not processing within 48 hours of upload to the SFTP. Netsmart has indicated that one of the causes of the delay is due to those files having a high volume of claims. Netsmart has recommended that providers submit 837 files with no more than 2,000 claims to help to minimize processing delays. SAPC will continue to provide updates as a permanent solution is identified. Providers should submit a help desk ticket under “Request Billing Assistance”, should they find any files that did not process within 3 days of uploading.

State Denials for CO 177, CO 96 N362, CO 96 N54: DHCS has provided SAPC a list of FY 23-24 services that were erroneously denied due to various system issues with codes CO 177, CO 86 N362, and CO 96 N54. For the impacted services, SAPC had placed the list of claims that still need to be rebilled in the SFTP folder for each provider under “Files\06-02-2025”, which were available on the SFTP through 06/09/2025. Providers can resubmit these services at any time prior to the June 30, 2025, deadline.

- The CO 177 State denials mainly impacted service codes H2014, H2015, H2017, and T1017, for patients that have active OHC. These service codes are exempt from OHC requirements, but the state system did not recognize them as such.
- The CO 96 N362 state denials inaccurately denied 3.7/4.0 WM services with more than 1 unit, when the denial rule should only apply to non-inpatient claims.
- The CO 96 N54 denials also only impacted 3.7/4.0 WM services, where the state system was unable to map a rate for those services.

Replacing Denied Services: When rebilling both local and State denials, the service should be resubmitted as a replacement service instead of an original service. This aids in tracking the claim through Sage as well as reducing denials when the service is billed to DHCS. SAPC Finance has been seeing recent denials from DHCS due to issues with services being submitted as originals instead of

replacements. If agencies need assistance with understanding how to replace services, please open a Sage Help Desk ticket using the Request Billing Assistance form or email SAPC-Finance@ph.lacounty.gov to request a meeting.

Updated Checklist of Required Documentation for Utilization Management: [Updated Checklist of Required Documentation for Utilization Management](#) to include additional information on Recovery Incentives-Contingency Management (RI-CM) and Pregnant and Parenting Women (PPW) requirements.
