![Sage - Substance Use Disorder Information System]

Communication Release

06/28/2024

UPDATES for End Of Year – Fiscal Year 24-25

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

- **Billing Submission Blackout Period - Starts Monday 7/1/2024 for services delivered on or after Monday 7/1/2024.** Providers will not be able to submit claims for dates of service (DOS)on or after 7/1/2024 until SAPC has notified agencies that the rates and system configurations for FY 24-25 have been completed. Providers should not submit claims for DOS on or after 7/1/2024 until notified by SAPC that the Billing Submission Blackout has been lifted. 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. 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

- **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 required as part of FY24-25 cut over. As such, providers will be permitted to continue to submit authorizations as we transition into FY 24-25.
    - Due to provider contracts for FY 25-26 not yet approved, all OTP providers must submit authorizations with end date 6/30/2025. Any authorizations submitted with end dates of 7/1/2025 and beyond will be automatically denied as service request rescinded by SAPC QI/UM. Providers will be instructed to resubmit authorization with correct end date.

○ *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.

SAPC is targeting to have the FY 24-25 Claims Blackout Period lifted around 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 submission and payment cadence.

Draft FY 24-25 Rates and Standards Matrix

Finance has released Fiscal Year 2024-2025 Rates and Standard draft document for provider review and comment:

- FY24-25 Rates and Standards Bulletin
- FY24-25 Rates and Standards Matrix
- FY24-25 Service Codes Rates and Standards Matrix Changes

Please submit all comments and/or questions to SAPC-Finance@ph.lacounty.gov by Friday, June 28, 2024.

UPDATE Billing for New Performing Provider Types

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. Beginning Monday 7/1/24, Providers may begin billing for the new performing provider types.

SAPC Contracts contacted 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. If your agency has not followed up to these requests, please 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.

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.

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.

Reminders Regarding 835s for Secondary Providers

In the event that a provider has not received an 835, it may be due to the situations below. If an agency has questions that this information does not answer, the question can be submitted via a Sage Help Desk ticket which allows for the secure exchange of patient information.

1. A check number has not yet been entered for the EOB the claims are on.
   - This may be due to the timing of the monthly billing cycle. Services should be submitted to SAPC by the 10th of the month to be paid by the 25th of the month. Once a check number has been assigned by the County, SAPC's Contract Reimbursement Unit (CRU) will enter the check number for the EOB into Sage, which triggers an 835 to be produced. If a provider has not received an 835 for two weeks after the 25th, it is recommended that the agency reach out to the SAPC CRU analyst noted on their check Remittance Advice to follow-up on the status of the check number being entered for the EOB.

2. The 835 not being downloaded from the SFTP within 14 days of upload.
   - The SFTP has a restriction of files only being available for 14 days for security purposes. If a file is not downloaded within the 14 days and has been removed from the SFTP, agencies can complete the Reupload File Request Form and submit it to SAPCProviderReq@ph.lacounty.gov to request any files during the last time the SFTP was checked be reuploaded.

3. The claims that have not appeared on an 835 were rejected by the Sage system due to formatting errors.
   - EDI requirements for 837 transactions must be adhered to for electronic file transmission processes to accurately function. If an EDI file contains errors in the formatting of the data included in the file, the entire file or only certain claims in the file may be rejected from the system. In this case, the errors are noted on either the Critical Error report and/or 277CA file. If a file or claim(s) are rejected, they are not adjudicated and will not appear on an 835. Providers must address the items found on the error report and then resubmit the claims to SAPC for adjudication.

Provider Site Admission form Required 7/1

The Provide Site Admission form will be live on Monday 7/1/24. This *new* form was created with only five (5) fields to indicate when a patient was admitted to a specific site and specific LOC. 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 specified period, a census count, and be able to calculate lengths of stay.

The Provider Site Admission form and Discharge Workflow Guide explains the updated workflow for admissions/discharges.

This form is **REQUIRED** to be completed in Sage by Primary and Secondary Sage Users. It will be reviewed during the initial authorization request process and if it is missing or not filled out correctly, the authorization is subject to denial.