



## Communication Release

8/22/2024

### Required Transition to Microsoft Authenticator app for Multi-Factor Authenticator

This is a **CRUCIAL** notice to prevent providers from losing access to Sage-PCNX, KPI, VPN or other secure County websites that require the user to log in and authenticate users. All users, including county staff and contracted program providers, will be required to authenticate using the Microsoft Authenticator app on a smart phone.

Due to recent Information Security events and Countywide policy updates, the Department of Public Health (DPH) and County Internal Services Department (ISD) are eliminating less secure Multi-Factor Authentication (MFA) methods, including call-in and SMS text authentication. The only acceptable authentication option will be to use the **Microsoft Authenticator app**.

SAPC providers/contractors who access Sage-PCNX, KPI, VPN, or any other secure County website requiring the user to log in will be required to use the **Microsoft Authenticator app by August 31, 2024**. This update to the authentication process for logging into the county network is being implemented to help prevent unauthorized access. After this date, the alternative methods of call-in and SMS text authentication will not be allowable, so it is critical that agencies transition to authenticating using the **Microsoft Authenticator app**.

#### What This Means for Providers/Contractors

- **More Secure MFA Method:**
  - [Here are instructions on how to update your MFA method on your mobile device](#). Please note while these instructions were drafted for County staff, it applies broadly to providers accessing SAPC applications using their C-number with Single-Sign-On.
  - Voice calls and SMS text will no longer be permitted MFA methods after August 31, 2024, and agencies and staff will need to perform a free download and use the Microsoft Authenticator app.
- **Benefits to the SAPC Network**
  - **Boosts Security:** Using the Microsoft Authenticator app keeps your account safer and reduces the risk of someone else accessing your account.
- **Requirements for Providers:**
  - Any staff that accesses Sage-PCNX or SAPC applications using their C-numbers must have the free Microsoft Authenticator app downloaded on a mobile device and configured per the instructions above.
  - If staff are not willing or unable to utilize their personal mobile device, agencies must provide a mobile device with the configured Microsoft Authenticator app for the staff to utilize.
- **Effective September 1, 2024, providers can no longer access Sage-PCNX or SAPC applications without authenticating through the Microsoft Authenticator app.**

If you need further assistance or guidance with these instructions, please call the DPH Service Desk at **213-462-1411**.

---

## C-Number Deactivation for Users with 60 Days of Inactivity

On **Friday August 23, 2024**, DPH-ISD will conduct a second C-Number deactivation protocol to temporarily disable any C-Number that has not logged into the Sage application for the previous 60 days. The first implementation was completed on 06/06/2024.

If a Sage user has not accessed the Sage system in over 60 days their account will be disabled. Once disabled, the user will not be able to log into any county application that requires authentication. Users will have an additional 30 days to re-activate their C-numbers before being permanently deactivated. C-Numbers can be reactivated by:

- a. Contacting the DPH Helpdesk at (213) 462-1411
- b. Contacting SAPC Contracts at [sageforms@ph.lacounty.gov](mailto:sageforms@ph.lacounty.gov)

If a Sage user allows their C-number to remain inactive for over 90 days—no log-in activity, their Sage account will be deactivated, and their C-number will be permanently deactivated. If the user needs to regain access to Sage, they will have to request a new C-number from SAPC Contracts by submitting a new User Creation form to request a new C-number and a modification to their Sage account to update their Sage account with the new C-number via [Sageforms@ph.lacounty.gov](mailto:Sageforms@ph.lacounty.gov).

To prevent deactivation, users should log into Sage before 08/23/2024. View only user roles that were created for billing and documentation only, who do not need access to the system, will not be impacted.

---

## New Required Service Authorization Request Fields

The Service Authorization Request was previously updated to include three (3) new fields: Clinical Contact, Phone Number, and Additional Contact Information in the Doc Request Date section. Effective 8/30/2024 Clinical Contact and Phone Number will become required. The form updates are visible in TRAIN as of 8/16/2024.

The screenshot displays the 'SERVICE AUTHORIZATION REQUEST' form. On the left is a navigation menu with options: Member Service Authorization, FY 23/24+ Authorizations, Member Service Authorization 21-40, Care Manager, Diagnosis, Comments, Provider Search, Doc Request Date (highlighted), and Online Documentation. The main form area contains the following fields:

- Initial Engagement \***: A radio button selection with 'Yes' and 'No' options.
- Clinical Contact \***: A text input field.
- Phone Number \***: A text input field.
- Additional Contact Information**: A text input field.

When the fields are required in LIVE (8/30/2024), providers will not have to complete the Clinical Contact form as part of authorization request process.

---

## Provider Site Admission Requirement

As a reminder the Provider Site Admission (PSA) form is required to be completed by **ALL** providers in Sage as of 7/1/2024. This form is to be completed for every new admission/re-admission to a program and level of care (LOC) combination.

If a patient is stepped up/down in LOC within the same site, a Discharge and Transfer Form should be completed in Sage and a new Provider Site Admission completed to reflect the date of the admission at that site with the new LOC.

The Provider Site Admission form should only be edited if a correction is needed. The Provider Site Admission data will populate the new Census Report which offers providers a concise listing of completed PSAs representing that a patient is, or was, admitted to one or more programs during a chosen time frame. If a duplicate PSA is created and finalized by accident (same date of admission, site location, and LOC) a Sage Help Desk record modification ticket should be created so one can be reverted to draft and deleted.

For additional information please see the [Provider Site Admission and Discharge Workflow Guide](#) and the updated [Sage-PCNX Guide to Reports](#).

---

## REMINDER: Finance Billing Office Hours

SAPC's Finance Division will host ongoing Thursday weekly virtual drop in Billing Office Hours for providers to ask questions about billing submissions and/or denials, clarifications on the rates and standards matrix, and general questions and rules regarding billing. No Protected Health Information (PHI) will be shared during Office Hours. Meeting information can be found below as well as on the [SAPC Training Calendar](#).

**When:** Every Thursday, July 25th, 2024, through October 24th, 2024.

**Time:** 1:00 – 2:00 PM

**Meeting Link:** [Billing Office Hours](#)

ID: 272 057 978 167

Passcode: RSqBKx +1 323-776-6996,586591664#

Phone conference ID: 586 591 664#

---

## Service Connection Log

SAPC has updated the Service Connection Log to better understand pregnant individuals' need for prenatal services. Updates includes four (4) new fields: "Are you receiving prenatal services?", "Would you like to receive prenatal services?", "Prenatal Service Type?", and Specify other type. Effective 8/30/24, prenatal questions will become required. The form updates are visible in TRAIN as of 8/19/2024. Providers are not required to complete these questions if they select "N/A" in response to "Currently Pregnant" and will be able to bypass these new required questions.

The screenshot shows a web form titled "SERVICE CONNECTIONS LOG". At the top right, there are buttons for "Submit", "Backup", "Discard", and "Add to Favorites". On the left, a sidebar lists categories: "Service Connections Log", "Agency and Ancillary", "Agency", "Housing", "Referrals to Ancillary Services", "Housing Assistance", "CENS Central Services", "SUD Referrals Provided". The main form area contains several questions with radio button options:

- Is the client currently in custody? \*** (Radio buttons for Yes, No)
- Currently Pregnant? \*** (Radio buttons for Yes, No, Unsure, N/A)
- Are you receiving prenatal services? \*** (Radio buttons for Yes, No)
- Would you like to receive prenatal services? \*** (Radio buttons for Yes, No)
- Prenatal Service Type \*** (Dropdown menu with "Select" and a clear button)
- Please Specify Other Prenatal Service** (Text input field with a clear button)

## Training Opportunity: Connecting Clinical Documentation to Billing Codes

SAPC’s Clinical Standards and Training Section is hosting two trainings for direct service providers to help connect clinical documentation to Medi-Cal billing codes. Due to the expansion of practitioner categories, these trainings will be divided by HCPCS only codes and CPT + HCPCS code.

Date and Time	Training Name	Intended Audience	Registration
Thursday 8/29/2024 9:00am – 11:45am	Connecting Clinical Documentation to <b>HCPCS</b> Medi-Cal Codes for SUD Counselors and Certified Medi-Cal Peer Support Specialists	<ul style="list-style-type: none"> <li>Registered and Certified Substance Use Disorder (SUD) Counselors</li> <li>Certified Peer Support Specialists and Peer Support Specialists</li> <li>Supervisors of disciplines listed above</li> </ul>	<a href="#">Flyer and Registration Link</a>
Thursday 9/12/2024 9:00am – 11:45am	Connecting Clinical Documentation to <b>CPT and HCPCS</b> Medi-Cal Codes	<ul style="list-style-type: none"> <li>LMFTs, LCSWs, LPCCs &amp; Licensed Eligible (LE) AMFT, ACSW, APCC</li> <li>Psychologists &amp; Registered Psychological Associates</li> <li>Prescribers (Physicians, Nurse Practitioners, Physician Assistants)</li> <li>Medical Staff (Medical Assistants, Registered Nurses, Registered Pharmacists, Licensed Vocational Nurses, Licensed Occupational Therapists, Licensed Psychiatric Technicians)</li> <li>Clinical Trainees of disciplines listed above.</li> </ul>	<a href="#">Flyer and Registration Link</a>

Please see flyers for descriptions of the trainings and Continuing Education information.

---

### ***Topics From Prior Sage Provider Communications***

**Reminders FY 24-25 Pending Configuration:** As part of the FY 24-25 Sage rates configuration process, SAPC has identified the items below as pending configuration. SAPC is working with Netsmart to configure these items as quickly as possible to allow providers to bill appropriately for these services. SAPC will provide additional guidance for billing these services in a future communication once completed.

Treatment providers are asked to **HOLD** billing for the following HCPCS/CPT Codes until further notification:

- H0049-N: Screening Non-Admission
- H0050: Contingency Management
- ASAM 1.0 WM for 99415, 99416, and 99417
- Residential/WM services using the HA modifier – these codes will be removed from the Sage system for services as of 7/1/2024 as DHCS has removed HA as an applicable modifier
- T1017: Nurse Practitioner - Targeted Case Management
- 90791 for LPHA Clinical Trainee

**Submitting Claims for H2010-M/N/S:** SAPC will allow providers to submit claims for H2010-M/N for data collection and tracking incentives on these non-billable/\$0 codes. For outpatient, intensive outpatient providers, and OTP providers to receive payment for the MAT service, agencies should also bill the units under T1007. T1007 is still required to be rolled-up if more than one applicable service is delivered per day. Each service must still have its own progress note. Providers should continue to submit claims for H2010-S for Medication Handling/Safeguarding for residential and withdraw management.

**Medical Necessity Justification:** As a reminder, QI/UM care managers utilize the Service Type field with Medical Necessity Justification drop-down selected during the authorization review process. Please select Service Type Medical Necessity Justification not Assessment. This will assist with expediting adjudicating your authorization. Thank you for your help with this matter.

**Sage Report Updates:** The Census Report and Provider File Attach Report are available in LIVE and TRN as of 8/9/24. The Census Report offers providers a concise listing of completed Provider Site Admission(s) (PSA) representing that a patient is, or was, admitted to one or more programs during a chosen time frame. The report provides limited patient demographic information, length of stay, and the last date of service billed for the respective site location. The Provider File Attach report offers providers a concise listing of files stored in patients' records in Sage-PCNX that had been uploaded through the Provider File Attach form during a chosen time frame for tracking. It may be used for compliance checking and reporting purposes. In addition, the Provider File Attach Report can be a tool for helping the provider validate that they have achieved the "Optimizing Care Coordination" Incentive Initiative with uploaded Release of Information files.

**FY 24-25 Claims Blackout Lifted & New Fiscal Year Reminders:** As a reminder provider also can and should continue to submit authorizations for FY 24-25 as well as continue to submit any needed authorizations and claims for FY 23-24 and 22-23. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

**Split Authorization Numbers:** Please note that authorizations spanning the previous fiscal year (ending 6/30) and the new fiscal year (beginning 7/1) are referred to as “split authorizations.” This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years. Providers can run the Authorization Request Status Report in PCNX-Sage to identify those authorization numbers.

Secondary Providers: When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2024-2025 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via Sage. If the prior fiscal year’s authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, “Invalid authorization number,” and denial code CO284 M62. The resolution for these denials is to update the authorization number for the current fiscal year and resubmit these claims.

**New Fiscal Year Rates and Payment Updates:** On 7/18/24, FY 24-25 billing updates were communicated via email “SAPC Bulletin 24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates”.

- [SAPC Bulletin 24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates](#)
- [Rates and Standards Matrix FY 24-25 - Provider Version 1.0](#)
- [FY 24-25 Service Codes & Rates and Standards Matrix Changes 07.09.2024](#)
  - Rates and Standards Matrix Tab Formatting Changes
  - CENS Available Codes
  - G2212 Removal & New Add-on Codes
  - T2021 and T2024 Substitution Codes
  - Clarification on Use of HL Modifier
  - Performing Provider Types
  - 90785 and T1013
  - Unit Maximum Caps for Service Codes
  - Time Associated with Code
  - Service Code Description Updates