

BILLING & DENIAL RESOLUTION TUTORING LAB

DECEMBER 4, 2025



AGENDA

- Reminders & Announcements
- DMC Contract Monitoring
- Replacement Claim Metrics
- Tutoring Session Topics
 - SFTP
- Open Q&A

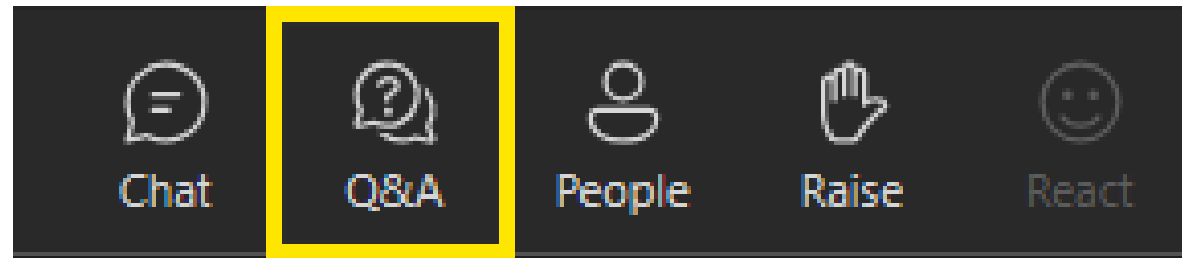
REMINDERS & ANNOUNCEMENTS

REMINDERS

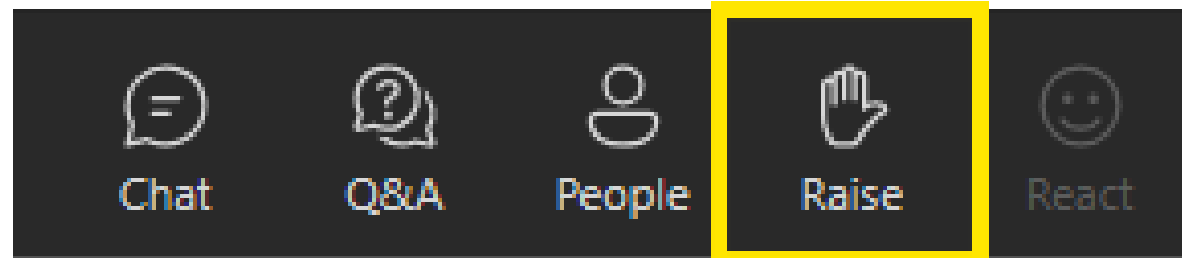
Q&A REMINDER

- As a reminder, to ask questions during this lab, please use one the following:

- Q&A Button



- Raise Hand Button



FAQ REMINDER

- As a reminder, FAQ are uploaded on a monthly basis. Please check to see if your question has been asked in previous tutoring labs.
- Link: <http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

The screenshot shows the SAPC website's Sage Finance section. The top navigation bar includes SAPC, About, Prevention, Treatment, Recovery, Harm Reduction, and Providers, along with a 24/7 helpline icon. The left sidebar, titled 'Sage Quick Menu', lists Sage Home, Sage User Enrollment, Sage Provider Communications, and Sage Trainings - Finance. The main content area, 'Sage Finance', shows a breadcrumb trail: SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance. Below this, there are expandable sections for 'Billing' and 'Billing and Denial Resolution Tutoring Lab'. The 'Billing and Denial Resolution Tutoring Lab' section is expanded, revealing a table with the following content:

Subject	Description	Date
Billing and Denial Resolution Tutoring Lab FAQ - 12.05.2024 to 11.06.2025 Sessions (New - December 2025)	Topics include: Cumulative Spreadsheet of the Billing and Denial Resolution Tutoring Lab FAQ Questions and Answers. The spreadsheet includes two tabs named "FAQ" and "Resources". The FAQ tab includes all questions and answers from all tutoring lab sessions, sorted oldest to newest by date of the tutoring lab. The FAQ is categorized by Clinical, Codes, Denials, General, and Policy type questions. The Resources tab includes important websites, emails, and links to tutoring lab presentations.	12/01/25

HELP DESK TICKET FORMS

- Two different forms for Help Desk tickets
- ServiceNow Create Case Form
 - Tickets go directly to Netsmart
 - Use this form to report Sage system issues
- Request Billing Assistance Form
 - Ticket goes directly to SAPC Finance
 - Use this form to report billing-related issues
 - Link: https://netsmart.servicenow.com/plexussupport?id=sc_cat_item&sys_id=1ac545cf1b115e103001a9b6624bcb00&sysparm_category=4cb69d19c3921200b0449f2974d3ae69
- **Note:** Billing-related tickets submitted through the Create Case form will take longer to resolve

LOCKOUT CONFIGURATION ISSUES

- What will it look like to a provider:
 - Batch Status Report (A/D/P Message) & EOB:

334609SVC.000637122	341234	DMC	08/10/2025	A	90791:U7	1.0	\$1008.68	\$1008.68	\$0.00	\$0.00	\$1008.68
334609SVC.000637122	341234	DMC	08/10/2025	D	90849:U7:XE	1.0	\$312.69	\$0.00	\$312.69	\$0.00	\$0.00

CLAIM DENIED DUE TO LOCKOUT

The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90849_Lockout - 90849 Lockout.

- What are the next steps?
 - Open a help desk ticket using the [Request Billing Assistance](#) form, so that we can prioritize configuring the codes you are trying to bill.
 - Please hold off on billing lockouts if you are receiving these denials and wait until we configure the affected codes for you.
 - SAPC Finance is currently doing a full review of the lockout code configurations.

RECENTLY PUBLISHED GUIDANCE

- CENS DMC Services
 - Supports CENS provider agencies in billing for CENS services billable to DMC
 - Includes the following topics:
 - Identifying billable codes on the Rates Matrix
 - Services covered under the CENS billable codes
 - Identifying CENS PAuth numbers in Sage
 - Billing CENS services in Sage-PCNX (primary Sage users)
 - Billing CENS services via 837 (secondary Sage users)
- The guide is available for download here: [LINK](#)

SAPC | Substance Abuse
Prevention and Control
sage

SAGE BILLING QUICK GUIDE
CENS DMC Services

OVERVIEW

This quick guide provides information to support CENS provider agencies in billing for CENS services billable to Drug Medi-Cal (DMC). The information in this document is applicable for patients who have Medi-Cal. For Non-DMC patient services, provider agencies should bill the CENS staff hour rate as outlined in the [CENS Standards and Practices](#). CENS DMC billable services do not require a service authorization and are instead billed using the CENS Provider Authorization (PAuth) assigned to the agency.


This job aid includes the following sections:

- [Identifying Billable Codes on The Rates Matrix](#)
- [Services Covered Under the CENS Billable Codes](#)
- [Identifying CENS PAuth Numbers in Sage](#)
- [Billing CENS Services In Sage-PCNX \(Primary Sage Users\)](#)
- [Billing CENS Services via 837 \(Secondary Sage Users\)](#)


Additional information regarding CENS DMC billing and service requirements can be found in [SAPC Information Notice 23-13](#). Information regarding billing via PAuth can be found in the [Sage Billing Quick Guide: Provider Authorizations \(PAuths\)](#).

IDENTIFYING BILLABLE CODES ON THE RATES MATRIX

1. Download the Rates Matrix from the [SAPC website](#).
 - a. Hover over the Providers menu tab on the SAPC homepage.
 - b. Click on **Manuals, Bulletins and Forms** under the **Treatment** sub-menu.



- c. Click on the **Bulletins** tab.



RECENTLY PUBLISHED GUIDANCE

- Provider Authorizations (PAuths)
 - Provides a high-level overview of the information required in billing for services delivered via PAuth
 - Includes the following topics:
 - How to find PAuth Numbers in Sage
 - How to identify the codes configured under a PAuth
 - Recovery Services PAuth
 - CENS PAuth
 - Field Based Services Transportation PAuth
 - Screening No-Admission Pauth
- The guide is available for download here: [LINK](#)



OVERVIEW

This quick guide provides a high-level overview of the information required to support SAPC-contracted treatment provider agencies in billing for services delivered via Provider Authorization (PAuth). A PAuth is a pre-approved authorization for a certain set of HCPCS procedure codes and services that do not require authorization from SAPC Utilization Management before billing to SAPC. Each PAuth has a specific set of codes configured under the authorization which are the only codes allowed to be billed using that PAuth number.

PAuths are generally configured in Sage for a full fiscal year from July 1st through June 30th. Exceptions to this are newly added levels of care to an existing site or a new site configured in Sage; the start date of the authorization would be setup as the effective date based on the contract amendment. Each provider agency receives a PAuth for Recovery Services. Provider agencies contracted to provide CENS and/or Field Based Services will receive separate PAuths for these two services. Prior to FY 25-26 each provider agency also received a PAuth for Screening No-Admission; however, billing processes for screenings have been updated and are noted in the Screening No-Admission PAuth section of this guide.

This quick guide contains the following sections:

- ❖ [How to Find PAuth Numbers in Sage](#)
- ❖ [How to Identify the Codes Configured Under a PAuth](#)
- ❖ [Recovery Services PAuth](#)
- ❖ [CENS PAuth](#)
- ❖ [Field Based Services Transportation PAuth](#)
- ❖ [Screening No-Admission PAuth](#)

HOW TO FIND PAUTH NUMBERS IN SAGE

1. Login to Sage-PCNX.
2. Navigate to the **Provider Auth (PAuths)** widget, located in the Financial or Financial + Clinical views displayed as tabs at the top of the screen.
 - a. The **Provider Auth (PAuths)** widget is only available for Financial-related user roles in either the Financial or Financial + Clinical view tab dependent on user role.
3. In the **Level of Care** field (the far-right column), the name of the PAuth is listed. Each PAuth is named for the services contained.
 - a. CENS = CENS
 - b. Recovery Services = Recovery Services and Recovery Services Perinatal
 - c. Screening No-Admission = Screening – No Admission
 - d. Field Based Services Transportation = FBS-Transportation

RECENTLY PUBLISHED GUIDANCE

- Share of Cost
 - Provides a high-level overview of Share of Cost (SOC) for Medi-Cal beneficiaries and how it impacts billing to SAPC
 - Includes the following topics:
 - Determining Share of Cost
 - Meeting Share of Cost
 - Certifying Share of Cost
- The informational reference is available for download here: [LINK](#)

SAPC | Substance Abuse
Prevention and Control

Share of Cost
Informational Reference

OVERVIEW

This informational reference provides a high-level overview of Share of Cost (SOC) for Medi-Cal beneficiaries and how it impacts billing to SAPC. Share of Cost is a monthly dollar amount that some Medi-Cal beneficiaries must pay, or agree to pay, towards their medical expenses before utilizing their Medi-Cal benefits. A Medi-Cal beneficiary's SOC is similar to a private insurance plan's deductible; the SOC must be paid before Medi-Cal will pay for services rendered. The main difference being that private insurance deductibles are typically annual while Medi-Cal SOC is monthly.

Share of Cost is determined at the time of eligibility determination by the county department responsible for eligibility benefits and is based on the amount of income a beneficiary receives that is over "maintenance need" levels. "Maintenance need" is the amount of an individual's income that is used to cover living expenses, such as food, clothing, and housing. Medi-Cal beneficiaries pay their SOC directly to the provider of the service, not to Medi-Cal. For Los Angeles County, the Department of Public Social Services (DPSS) is responsible for SOC determination.

The SOC amount resets each month and is only needed to be spent down in months where care was received. DHCS refers to SOC "spend down" as the payments a beneficiary makes towards meeting monthly SOC. "Certifying" SOC per DHCS, refers to the process of reporting transactions paid by the patient towards SOC to Medi-Cal and reducing the SOC to \$0. Once a beneficiary's SOC is certified, Medi-Cal will begin paying services billed for the beneficiary.

Share of Cost should not be confused with cost-sharing, which is when a beneficiary is required to pay a set amount or percentage of each service received. With cost-sharing, both the patient and Medi-Cal pay a portion of the cost of the service.

Services billed to SAPC for a patient with unmet Share of Cost will be denied by DHCS and recouped by SAPC. Once Share of Cost is met, applicable services can be replaced to SAPC.

DETERMINING SHARE OF COST

A beneficiary's Medi-Cal information contains SOC amounts when viewed on the Medi-Cal Provider Portal, 271 Eligibility Response in Sage, or Automated Eligibility Verification System (AEVS). The eligibility verification message will indicate the SOC dollar amount the beneficiary must pay and whether it has been met.

Medi-Cal Provider Portal Eligibility Transaction

On the [Medi-Cal Provider website](#) eligibility response transaction response, the field "Spend Down Total Remaining" displays the SOC amount that is remaining for the beneficiary to pay before Medi-Cal will pay for services. The field "Spend Down Total Obligation", indicates the monthly SOC requirement. The image below is an example of a beneficiary's eligibility response showing \$1,100.00 remains to be paid towards SOC where the monthly SOC requirement amount is \$1,200.00.

H0049 REMOVED FROM CENS PAUTH

- Effective 11/10/2025, H0049 will be removed as a billable service from the CENS PAuth
- Providers should rebill only if H0049 was denied by DHCS as either a duplicate (CO 96 M80) or lockout.
- SAPC is currently investigating and will notify impacted providers via email.
- Also, CENS providers are advised to instead bill/rebill for screening using H2017.
 - For guidance on how to bill for H2017, please review the [Billing for Screening Job Aid](#)

MISSING DIAGNOSIS RECOUPMENTS

- The Department of Health Care Services (DHCS) requires services to contain the beneficiary's admission diagnosis. Services billed to SAPC that do not contain the admission diagnosis cannot be billed to DHCS.
- As of this week, services billed to SAPC that do not contain an admission diagnosis will be:
 - Denied automatically upon submission with a "Eligibility Not Found/Verified in CalPM" denial reason or
 - Recouped manually by SAPC with a "No Admission Diagnosis Present"/CO 16 MA65 denial reason
- Currently, the DMC Fiscal Operations Section staff are working with provider agencies who have not completed the Sage Diagnosis form appropriately to report the client's admission diagnosis.
- Reminder: when entering the Admission diagnosis, the primary diagnosis must be a diagnosis applicable to SUD

MISSING DIAGNOSIS RECOUPMENTS

- Admission Diagnosis SAPC Resources:
 - [QI & UM Checklist of Required Documentation](#): Provides information on what documents and forms are required when submitting a request for a service authorization. **Note that the document indicates the Sage form name as "Provider Diagnosis (ICD-10)", however, the name in Sage-PCNX is "Diagnosis".*
 - [DSM-5 Substance Use Diagnosis](#): Provides a simplified table of diagnoses applicable for SUD and the appropriate ICD-10 code to use for billing purposes.
 - [Provider Manual v10.0](#): Contains multiple references regarding allowable diagnoses.
 - [FY 25-26 DMC-ODS Billing Manual \(Pages 111-122\)](#): Contains reference to covered diagnoses per DHCS.
 - [Correcting Diagnosis Errors in Sage](#): Instructions on how to correct common data entry or date errors for the Diagnosis form in Sage.

FY 24-25 BILLING DEADLINES

- Submit original and replacement claims for FY 24-25 services by the deadlines listed below:

<u>Dates of Service</u> 7/1/2024 - 12/31/2024
<u>Deadline to Submit</u> Friday, January 30, 2026

<u>Dates of Service</u> 1/1/2025 - 6/30/2025
<u>Deadline to Submit</u> Thursday, April 30, 2026

FY 24-25 BILLING DEADLINES

- In preparation of the billing deadlines, we recommend:
 - Don't wait until the last week to submit claims. Submit claims at least once a month before the deadline to allow for any corrections needed for Local and State denials.
 - Review all currently denied services to ensure services have been corrected and replaced (as able).
 - Review available contract amounts and request augmentations if necessary.
 - Lastly, open a [Request Billing Assistance](#) ticket for any support needed to resolve outstanding FY 24-25 questions.

SERVICE AUTHORIZATIONS

- Make sure you're using an **Active** and **Approved** service authorization before submitting claims for a patient
- Especially for Secondary providers
 - Do not submit claims when a service authorization is in **Pending** status or a service authorization doesn't exist
 - Will lead to "This member does not have this authorization number" denials
 - Denials easily preventable

WE WOULD LOVE TO HEAR FROM YOU!

- Agencies with high local approval rates, what are your best practices for making sure that services are approved at the local level?
- Agencies not satisfied with your local approval rates, what gaps in billing knowledge can SAPC assist with?

Let's connect! Please send an email to SAPC-Finance@ph.lacounty.gov

ANNOUNCEMENTS

CO 96 N30 STATE DENIALS

- CO 96 N30 Denial Reasons
 - The Womens' Health History Form was not filled out correctly
 - **The service was not allowable as a part of the Justice Involved Re-entry Initiative (new)**
- The state has been incorrectly denying services for clients who have a Justice Involved Aid Code listed as a specialty aid code (I2 – I6) even if their primary aid code is allowable for DMC services .
- Impacted providers will receive the list of impacted services via SFTP on Friday December 5th.
- Providers should rebill impacted services no earlier than Wednesday December 10th.

KPI DATA TRUNCATION

- KPI maintains a history of 2 full fiscal years, 2 full calendar years, and the current fiscal year & calendar year billing data
- KPI data is truncated every 6 months
 - Once at the beginning of the calendar year in January
 - Once at the beginning of the fiscal year in July
- Upcoming data truncation – 1/1/2026
- What data will be available in KPI on 1/1/2026?

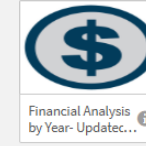
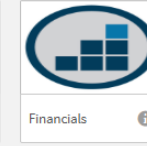
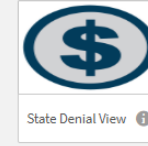
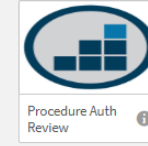
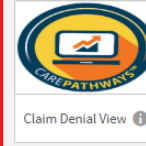
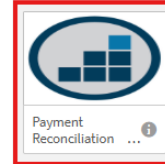
Available Fiscal Years (FY)	Available Calendar Years (CY)
All FY 23-24	7/1/2023 – 12/31/2023
All FY 24-25	All CY 2024
FY 25-26 to date	All CY 2025
	CY 2026 to date

KPI UPDATE - PAYMENT RECONCILIATION VIEW

MSO KPI Dashboards 2.0



Community (6)



Payment Reconciliation View

Fiscal Year

PATID

Check Number

Claim Status

Contract Number

Batch ID

EOB ID

Ret

Procedure Overview (1)

Client Name	Contracting Provider Program	Age on DOS	DOS	Performing Provider	Procedure	Location	Auth LOC	Auth #	Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count
Totals										1.00	\$0.00	\$0.00	1
TEST, PATIENT (000000)	Recovery Facility	71	2025-12-04	DOCTOR, CERTIFIED	Alcohol or other drug testing, 15 mins (Use this code to submit claims for point of care tests) (H0048:U7)	Office (11)	ASAM 1.0	123456	Approved	1.00	\$50.00	\$50.00	1 -

Payment Reconciliation View

Fiscal Year

PATID

Check Number

Claim Status

Contract Number

Batch ID

EOB ID

Ret

Procedure Overview (1)

Client Name	Procedure Count	Total Takeback	Takeback Date	Retro Reason	Proce... ID	Date Claims Received	Batch ID	EOB ID	Retro Claim EOB	Check #	Check Amount	Check Date	MSO Service ID	Claim ID	Unit Cost	Pro Nan
Totals	1	\$0.00													\$0.00	
TEST, PATIENT (000000)	1 -	-	-	-	12345678	2025-12-04	123456	123456 -		2025120412345678910	50.00	2025-12-04	SVC.00001	12345678	\$50.00	Rec

- This KPI update:
 - Moves and freezes Client Name to first column
 - Adds columns:
 - EOB ID
 - Retro Claim EOB
 - Check #
 - Check Amount
 - Check Date

DMC CONTRACT MONITORING

DMC CONTRACT MONITORING - KEEP IN MIND

- Keep in mind - along with services billed for a fiscal year, if an agency participates in additional programs, these activities are paid out through their fiscal year DMC contract.
- These programs can include:
 - Value-Based Incentives
 - Courtesy Dosing
 - R95 Enhanced Activities
 - RYSE Initiative - Pillar I
 - Field Based Enhanced Benefit
 - Child-Friendly Environments
 - ASAM IV Residential Capacity Building Pilot
- Currently, payments for participation in these programs does not reflect in Sage.

DMC CONTRACT MONITORING - STAYING AHEAD

- So how do you stay ahead of potentially running out of funds in your DMC contract?
 - Monitor your Remittance Advice (RA)
 - The RA will show a line for remaining funds available for the RA's indicated fiscal year

SUBSTANCE ABUSE PREVENTION AND CONTROL		
Remittance Advice		
FY 2025/2026		
	Net Payable	\$
<u>Check Date:</u>	10/24/2025	
	Check Amount : DMC	\$
<u>Check Date:</u>	10/24/2025	
	Check Amount : RBH	\$
	Remaining DMC Contract Amount Available as of 10/24/2025	\$
	Remaining RBH Contract Amount Available as of 10/24/2025	\$

- RA is uploaded to your SFTP and available to download for 2 weeks

DMC CONTRACT MONITORING - STAYING AHEAD

- Incorporate into your workflow:
 - Regularly monitor your SFTP for Remittance Advice (RA) and track your remaining DMC contract amounts
 - If another department within your agency (i.e. accounts receivables) is responsible for downloading the RA from the SFTP, make sure to coordinate with them so you're aware of how much is left in your DMC contract when attempting to bill
 - When there is no more money available in your DMC contract, you'll start receiving **"Total expected disbursement exceeds current account level amount"** local denials

DMC CONTRACT MONITORING - AUGMENTATION

- Services billed against DMC contracts with no more available funding will continue receiving **“Total expected disbursement exceeds current account level amount”** local denials until funds become available
- Running low on DMC contract funds?
 - Request a Contract Augmentation through your SAPC CPA
 - A Contract Augmentation typically takes up to 3 months to process
 - Plan ahead and submit these augmentation requests early so that you have funding available when needed!
- SAPC currently strategizing on how to make it easier for providers to monitor

REPLACEMENT CLAIM METRICS

REPLACEMENT CLAIM METRICS

- Primary Providers (Using the Replacement Claim Assignment (CMS-1500) form)
 - Top 5 Replaced Services
 - H0019:U3 (2,161 Claims)
 - H0019:U1 (1,167 Claims)
 - T1017:U3 (1,397 Claims)
 - H0004:U7 (765 Claims)
 - S9976:U3 (725 Claims)

REPLACEMENT CLAIM METRICS

- Secondary Providers (Using their own EHR)
 - Top 5 Replaced Services
 - H0020:UA:HG (9,830 Claims)
 - H0019:U3 (6,550 Claims)
 - H0005:U7 (3,048 Claims)
 - H2010S:U3 (2,954 Claims)
 - T1017:U3 (2,274 Claims)

REPLACEMENT CLAIM METRICS

- Top 5 replacement claim Local denials (\$)
 1. Procedure not on fee schedule
 2. Eligibility not found/verified in CalPM
 3. No dollars remain for this authorization
 4. Authorization is blank
 5. Duplicate ServiceClaim Status has been set to D because of Claim Adjudication Rule tele_amb_detox_dayrate - Telehealth Amb Detox Dayrates DMC
- Top 5 replacement claim State denials (\$)
 1. CO 97 M86
 2. CO 96 N424
 3. CO 96 N362
 4. CO 96 N30
 5. CO 177

TUTORING SESSION: SFTP

SFTP - AGENDA

- Overview
- How to gain access for your team & how to log in
- How to navigate the SFTP
- What documents are available for download/upload in the SFTP
 - Primary providers
 - Secondary Providers

SFTP - OVERVIEW

- SFTP is available to Primary and Secondary Providers
- SFTP = Secure File Transfer Protocol
- Easy to use: Web-based, accessible through your web browser
- It is SAPC's preferred method to send and receive secured billing related files, and other secured communications
- Files are available to download for 14 days, then disappear from the SFTP

SFTP – HOW TO GAIN ACCESS

- Send an email to sapc_app_support@ph.lacounty.gov
- SAPC App Support Team will reply with a PDF form to fill out
- Complete the form and email it to sapc_app_support@ph.lacounty.gov

SFTP – HOW TO GAIN ACCESS – THE FORM

1. Company Name
2. Company Address
3. ***MFT User Information (Non-County Employee)*** Section
 1. Full Name
 2. Email
 3. Phone Number
4. ***MFT User Approval by a non-County supervisor*** Section
 1. Full Name
 2. Email
 3. Phone Number
 4. Signature
 5. Date
5. Justification

**MFT New Account Application
for Non-County Employees**
Department of Public Health, County of Los Angeles


Company Name	Company Address		
MFT User Information (Non-County Employee)			
Full Name			
Email		Phone Number	
MFT User Approval by a non-County supervisor			
Full Name			
Email		Phone Number	
Signature			Date
DPH Coordinator			
Full Name		Program/Division	
Email		Phone Number	
Justification: Specify business purposes and data type for MFT file transferring			
Signature (DPH Coordinator)		Date	
DPH IT Notes			

A DPH coordinator, who is a permanent county employee with DPH, assists non-county users in obtaining MFT accounts. This form is submitted by the DPH coordinator.

SFTP – HOW TO LOG IN

- Link to SFTP Site: <https://dph.mft.lacounty.gov/>

Log in

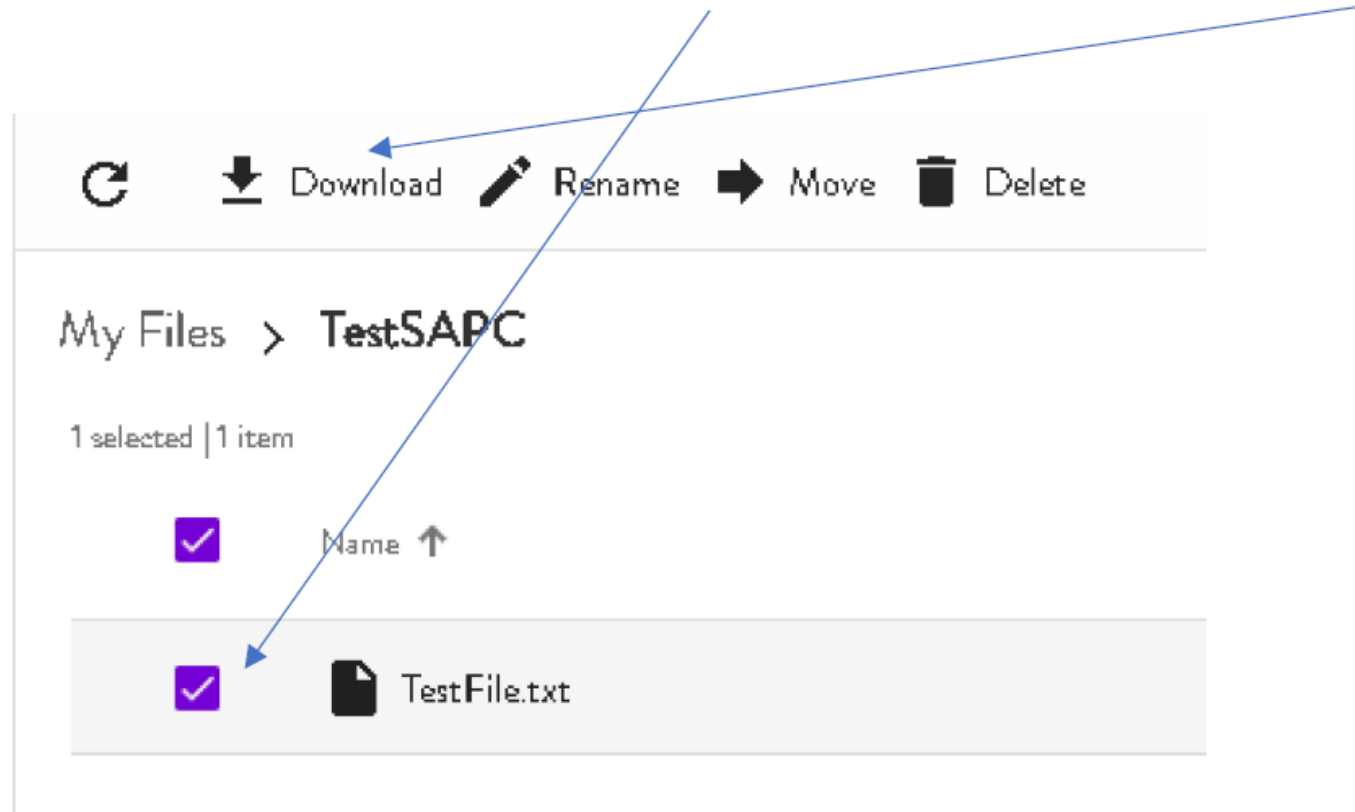


Username: [Forgot Username](#)

Password: [Forgot Password](#)

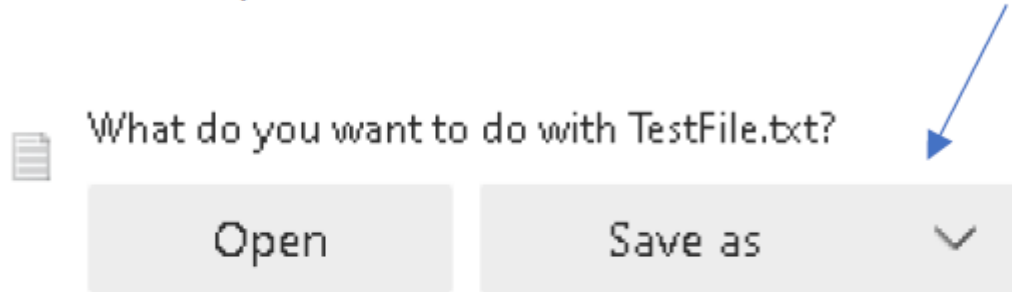
SFTP - HOW TO DOWNLOAD - METHOD 1

To download file, you can click on the check box in front of the file and click on Download



SFTP - HOW TO DOWNLOAD - METHOD 2

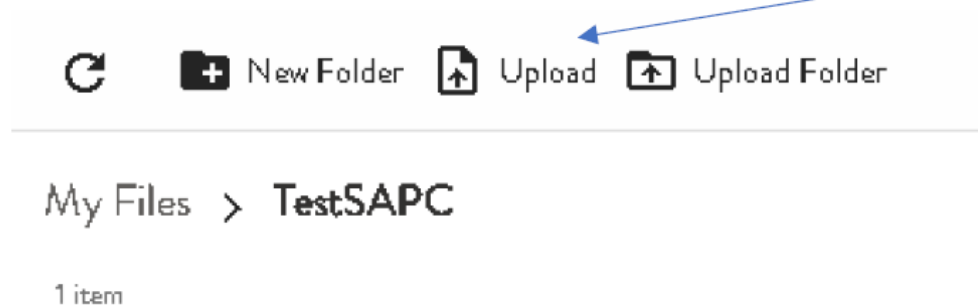
Another way is to click on the file and click on Save as on the pop up window.



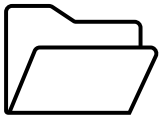
Then save the file to your location.

SFTP – HOW TO UPLOAD

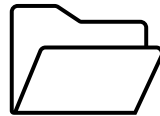
To upload file, go to the folder where you want to upload the file to, click on Upload. A window is opened, browse to your file location, select the file and click Open.



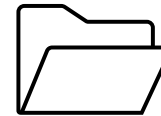
SFTP - COMMON DOWNLOAD FOLDERS



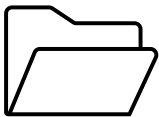
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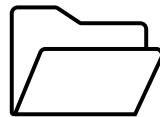
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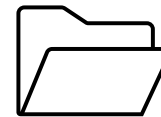
EOB



Remittance_Advice



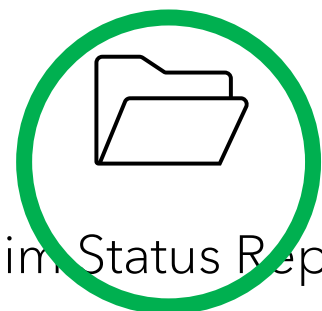
Compile_Report



Claim Status Report

SFTP - PRIMARY PROVIDERS - DOWNLOADS

- What files can Primary providers download from the SFTP?



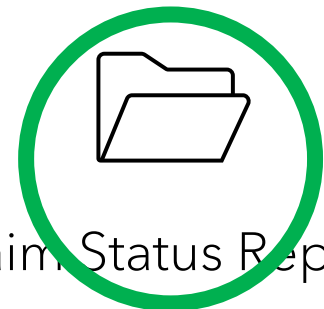
Remittance Advice

Console_Report

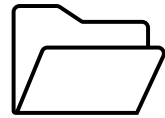
Claim Status Report

SFTP - SECONDARY PROVIDERS - DOWNLOADS

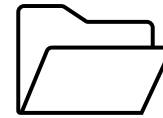
- What files can Secondary providers expect to download from the SFTP?



SFTP - COMMON UPLOAD FOLDERS



837



837i

SFTP – PRIMARY PROVIDERS - UPLOADS

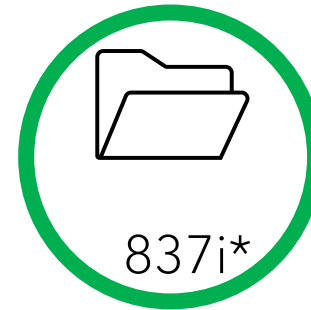
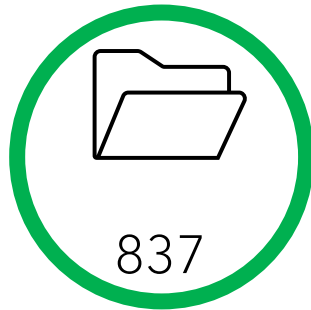
- When would a Primary provider upload billing files to the SFTP?



* ASAM 3.7 & 4.0 Providers

SFTP - SECONDARY PROVIDERS - UPLOADS

- When would a Secondary provider upload billing files to the SFTP?



* ASAM 3.7 & 4.0 Providers

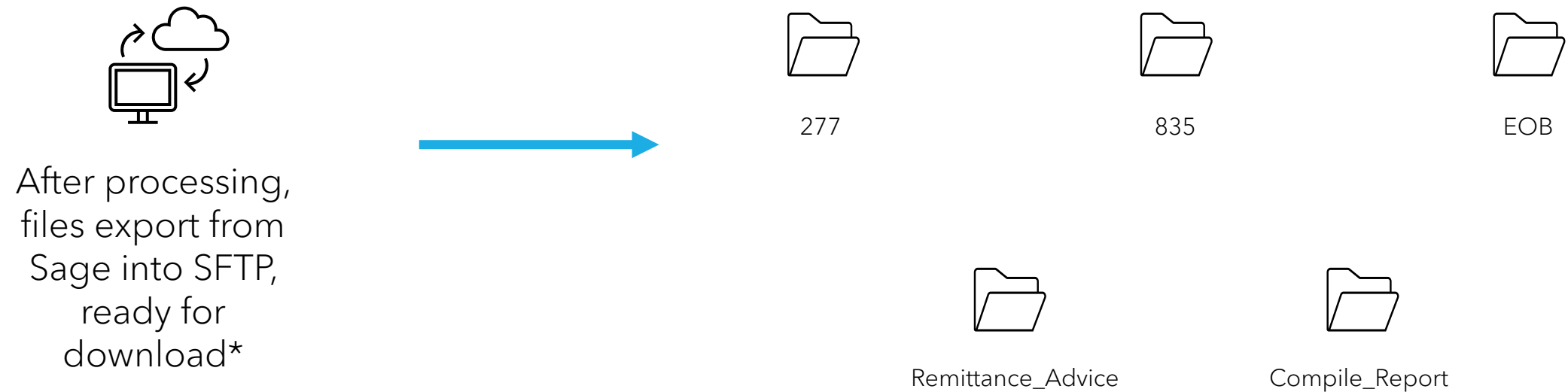
SFTP - SECONDARY PROVIDER UPLOAD - CLOSER LOOK

- Let's take a look at what happens after your 837P/837i file is uploaded to the SFTP



SFTP - SECONDARY PROVIDER UPLOAD - CLOSER LOOK

- Let's take a look at what happens after your 837P/837i file is uploaded to the SFTP



*at various times, each file is generated based on where the claim is in the processing workflow

SFTP – SECONDARY PROVIDERS – 277CA



277

- 277CA files
 - What is it?
 - This is a health insurance claim acknowledgement that lets you know if a claim was accepted or rejected in the file.
 - Why is it important?
 - It is important to download and post this file into your EHR so that system updates the claim status to accepted or rejected. If a claim is rejected, review the compiled Error file. Rejected claims are not processed in Sage!
 - Potential issues you may run into
 - Some EHRs may update the claim status to denied if the 277CA indicates a rejection. This would be inaccurate. If a claim is rejected, it is not processed in Sage and therefore has no adjudication status.

SFTP – SECONDARY PROVIDERS – 277CA



277CA Claim Status Codes

The following are most common rejection Claim Status Codes returned on the Sage 277CA:

Inbound 837P Claim Rejections	Claim Status Codes on Sage 277CA
Client's date of birth not match	A7:0
Void or Replacement Claim with invalid Payer Claim Control #	A7:0
Void or Replacement Claim where Client ID/MSO # on the Void or Replacement does not match the Client ID/MSO # of the original claim	A7:0
Date of Service is a future date	A7:0
Procedure code not defined in SAGE MSO HCPC/CPT table	A7:21 & A7:454
Client ID with the 'MSO' prefix but does not exist in SAGE	A7:33
Client ID without the 'MSO' prefix	A7:33
Total claim charge amount not equal sum of line-item charge amount	A7:178
Claim is out of balance – service line paid amount + all service line adjustment amounts do not equal the line-item charge amount	A7:400
Diagnosis Code Not Defined in SAGE Diagnosis Table	A7:477
A claim will be rejected if an ICD-9 diagnosis indicator is received and the service date (outpatient) or discharge/thru date (inpatient) are on or after the ICD-10 cutover date.	A7:477
Submitter ID NOT found	A7:478
Other Payer Primary ID is missing or invalid or the value sent in the 2330 loop does not match the value sent in the 2430 loop	A7:479

277

SFTP - SECONDARY PROVIDERS - 277CA



277CA

ISA*00* *00* *30*951234567 *30*680290013 *171107*0939**^00501*000000003*1*T*:~
GS*HC*951234567*68029013*20171107*093907*3*X*005010X222A1~
ST*277*0003*005010X214~
BHT*0085*08*3*20171107*093907*TH~
HL*1**20*1~
NM1*AY*2*Los Angeles County SAPC*****FI*68290013~
TRN*1*20171107093907~
DTP*050*D8*20171107~
DTP*009*D8*20171107~
HL*2*1*21*1~
NM1*41*2*RECOVERING, INC.*****46*951234567~
TRN*2*12345H~
STC*A2:20*20171107*WQ*60~
QTY*90*1~
AMT*YU*60~
HL*3*2*19*1~
NM1*85*2*RECOVERY LYNWOOD*****XX*1751934005~
TRN*1*0~
STC*A2:20**WQ*60~
QTY*QA*1~
AMT*YU*60~
HL*4*3*PT~
NM1*IL*1*CLIENT*TREATMENT*****MI*MS0109994~
TRN*2*36044~
STC*A2:20*20171107*WQ*60~
REF*1K*1~
DTP*472*D8*20170911~
SE*26*0003~
GE*1*3~
IEA*1*000000003~

2200B Loop - Information Receiver Application Trace ID

- TRN01 – Provider Reference ID from the 837P -- BHT03
- STC01 – Claim Status Category Code*
- QTY01 – 90=Acknowledged Quantity /AA=Unacknowledged Quantity
- AMT01—YU=Total Accepted Amount / YY= Total Rejected Amount

2200D Loop – Claim Status Tracking

- TRN02 – Provider's Claim ID from the 837P - CLM01
- STC02 – Claim Status Category Code*
- REF02 – Claims Reference Assigned by Sage.
- DTP03 – Claim Level Service Date

SFTP – SECONDARY PROVIDERS - 835



835

- 835 files
 - What is it?
 - The 835 is the Health Care Claim Payment/Advice File. It contains information on all Approved and Denied (Local and State) claims. Additionally, it will contain the check number for the payment that will be disbursed to the provider.
 - What does it look like?
 - 835v5010vProviderIDxEOB #xMMDDYYYYxTime
 - Example: 835v5010v9999v12345x10012025x115050
 - Why is it important?
 - It is important to download and post the 835 into your EHR to update and reconcile claim/payment status.
 - Potential issues you may run into
 - Providers get one 835 no matter how many EHR are used, SAPC cannot split 835

SFTP - SECONDARY PROVIDERS - 835 APPROVED

Approved Claim



835

ISA*00* *00* *ZZ*680290013 *ZZ*951234567 *171107*1440*!*00501*000000001*1*P*:~
GS*HC*680290013*951234567*20171107*144012*1*X*005010X222A1~
ST*835*0010~
BPR*I*60*C*CHK*****20171107~
TRN*1*278560*1953893470~
REF*F2*AVATAR MSO 2017~
DTM*405*20171107~
NM1*PR*COUNTY OF LOS ANGELES SAPC~
N3*1000 FREMONT AVE~
N4*ALHAMBRA*CA*918039998~
PER*CX*CONTRACT NAME*TE*8008751850*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
PER*BL*SAPC EDI HELP DESK*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
N1*PE*RECOVERY, INC.*XX*1751934005~
REF*TJ*951234567~
LX*1~
CLP*36044*1*60*60**16*1*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*3~
REF*F8*14877~
DTM*232*20170911~
DTM*233*20170911~
AMT*AU*60~
SVC*HC:99203:UA:HG:HA:HD*60*60**6~
DTM*472*20170911~
REF*BB*P1538~
AMT*B6*60~
SE*24*0010~
GE*1*1~
IEA*1*000000001~

REF02 -Payer Claim Control Number (PCCN). This Control Number is required for Voids and Replacements.

SFTP - SECONDARY PROVIDERS - 835 DENIED



835

Denied Service

CLP*56050*1*60*0**16*2*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*3~
REF*F8*14877~
DTM*232*20170911~
DTM*233*20170911~
SVC*HC:99203:UA:HG:HA:HD*60*0**0**6~
DTM*472*20170911~
CAS*CO*96*60~
REF*BB*P1538~
LQ*HE*N216~

CAS02 - Service denied with Claim Adjustment Reason Code* (CARC) CO96 – Non-covered charge(s). At least one Remark Code must be used.

LQ02 – Remark Code** N216 – We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.

SFTP - SECONDARY PROVIDERS - 835 STATE DENIAL & TAKEBACK

State Denial and Takeback



835

```
ISA*00*          *00*          *ZZ*680290013      *ZZ*951234567      *171109*2205*!*00501*000000055*1*P*:~
GS*HP*951234567*680290013*20171019*220515*1*X*005010X222A1~
ST*835*0137~
BPR*I*0*C*NON*****20171019~
TRN*1*34_DENIED_1378*1953893470~
REF*F2*AVATAR M50 2017~
DTM*405*20171019~
NM1*PR*COUNTY OF LOS ANGELES SAPC~
N3*1000 FREMONT AVE~
N4*ALHAMBRA*CA*918039998~
PER*CX*CONTRACT NAME*TE*8008751850*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
PER*BL*SAPC EDI HELP DESK*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
N1*PE*RECOVERY, INC.*XX*1751934005~
REF*TJ*951234567~
LX*1~
CLP*3048*22*-28*-28**HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT***MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*-28*-28**1~
DTM*472*20170904~
REF*BB*P1136~
AMT*B6*-28~
CLP*3048*1*28*0**HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT***MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*28*0**0**1~
DTM*472*20170904~
CAS*CO*177*28*1~
REF*BB*P1136~
PLB*1619008380*20180630*FB:34_DENIED_137*-28~
SE*24*0137~
GE*1*1~
IEA*1*000000055~
```

This 835 only contains a takeback due to a State Denial and is processed as a \$0.00 payment with a future deduction listed in the PLB segment.

The first loop of 2100 – 2110 segments contain a negative transaction to takeback funds previously paid for this claim.
The CLP and SVC segments contain a negative payment of -\$28.00.

The second loop of 2100 – 2110 segments contain the denial of the claim. The CAS segment contains the CARC from Drug Medi-Cal.

PLB Segment shows the amount of a future takeback. This amount will be deducted from the next 835(s) until full amount has been consumed.

SFTP – SECONDARY PROVIDERS – RESOURCES

- 837P Companion Guide:
<http://publichealth.lacounty.gov/sapc/Sage/Documentation/CompanionGuideHIPAA837P.pdf>
- 837I Companion Guide:
<http://publichealth.lacounty.gov/sapc/Sage/Documentation/CompanionGuideHIPAA837I.pdf>
- Critical Error Report Guide for 837 Files:
<http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/CriticalErrorReportGuide837Files.pdf>

SFTP – SECONDARY PROVIDERS - EOB



EOB

- EOB files
 - What is it?
 - Two types
 - EOB
 - Approved claims
 - Some locally denied claims with denials reasons
 - Adjusted claims
 - Retro EOB
 - Will contain State denials
 - Contractor voids
 - All locally denied claims with denial reasons
 - SAPC initiated recoupments
 - What does it look like?

SFTP - SECONDARY PROVIDERS - EOB

- EOB



SUBSTANCE ABUSE PREVENTION AND CONTROL



EOB

Remittance Advice
as of 10/17/2025

Remittance Advice	EOB Number: 163169	Check #:	Check Date:
RECOVERY, INC. (1) 5794 WASHINGTON STREET MIAMI, CA 12060-9163	Amount Approved: \$5918.43	Page: 1	

Client Name (ID): GAMGEE,SAMWISE (289435)							DOB: 01/01/2000			Gender: M		
Date Claim Received: 10/09/2025												
Batch_SvcRef#	Auth #	Contract #	Contract Type	Date of Service	Status	CPT Code	Claimed Units	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
334642SVC.000	637130	341234	DMC	08/19/2025	D	90889:U7	1.0	\$252.17	\$0.00	\$252.17	\$0.00	\$0.00
CLAIM DENIED DUE TO LOCKOUT The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90889_Lockout - 90889 Lockout.												
334642SVC.000	637130	341234	DMC	08/19/2025	D	90887:U7	1.0	\$839.73	\$0.00	\$839.73	\$0.00	\$0.00
CLAIM DENIED DUE TO LOCKOUT The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90887_Lockout - 90887 Lockout.												
334642SVC.000	637130	341234	DMC	08/19/2025	A	99202:U7	1.0	\$370.70	\$370.70	\$0.00	\$0.00	\$370.70
334642SVC.000	637130	341234	DMC	08/19/2025	A	96170:U7	1.0	\$504.33	\$504.33	\$0.00	\$0.00	\$504.33
334642SVC.000	637130	341234	DMC	08/19/2025	D	96171:U7:XU	1.0	\$241.83	\$0.00	\$241.83	\$0.00	\$0.00
The service was denied for the following reason: Missing valid primary CPT Code.												
334642SVC.000	637130	341234	DMC	08/20/2025	A	96130:U7	1.0	\$1008.68	\$1008.68	\$0.00	\$0.00	\$1008.68
334642SVC.000	637130	341234	DMC	08/20/2025	A	90791:U7	1.0	\$1008.68	\$1008.68	\$0.00	\$0.00	\$1008.68
334642SVC.000	637130	341234	DMC	08/20/2025	D	90785:U7:XP	1.0	\$11.90	\$0.00	\$11.90	\$0.00	\$0.00
The service was denied for the following reason: Missing valid primary CPT Code.												

Hope, Wellness and Recovery... connecting people, ideas and resources...


This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable licensure and institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

SFTP - SECONDARY PROVIDERS - EOB



EOB


- Retro EOB



COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 1/13/2020



Remittance Advice	EOB Number: 21073	Check #:	Check Date:
-------------------	-------------------	----------	-------------

Amount Approved: \$456.60

Page: 1

Adjustment Notice

An adjustment of \$ -19236.05 has been applied to this payment.

Current Claims: 456.60

Adjustment: -19236.05

Adjusted EOB Total: -18779.45

Detail Adjustment Information for EOB Number: 21073

Original Service Information

Orig EOB

Adjustment Information

BatchID	SvcRef	DOS	Proc	ParID	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
34565	SVC.00004	9/16/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00005	9/17/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00006	9/18/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00007	9/19/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00008	9/20/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00009	9/21/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.0001	9/22/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00011	9/23/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00012	9/24/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00013	9/25/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00014	9/26/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00015	9/27/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void

SFTP - SECONDARY PROVIDERS - REMITTANCE ADVICE



Remittance_Advice

- Remittance Advice
 - What is it?
 - A PDF file containing the EOBs associated for a specific check #
 - Will show payments and recoupments for all DMC activity
 - Not to be confused with an EOB
 - What does it look like? →
 - Why is it important?
 - Confirmation of payment

SUBSTANCE ABUSE PREVENTION AND CONTROL	
Remittance Advice	
FY 2025/2026	

<u>Check Date:</u> 10/24/2025		Net Payable	\$
<u>Check Date:</u> 10/24/2025		Check Amount : DMC	\$
		Check Amount : RBH	\$
		Remaining DMC Contract Amount Available as of 10/24/2025	\$
		Remaining RBH Contract Amount Available as of 10/24/2025	\$


SFTP - SECONDARY PROVIDERS - COMPILE REPORTS



Compile_Report

- Compile Reports
 - What are they?
 - After an 837P/837i is uploaded to the SFTP, Sage generates compile reports, which are then uploaded to the **Compile_Report** folder in the SFTP
 - Three types of compile report files, generated at the same time
 - Compile Post
 - Dump
 - Error

SFTP - SECONDARY PROVIDERS - COMPILE POST

- Compile Reports – Compile Post file
 - What is it?
 - A compiled report of all the services submitted on an 837P file
 - What does it look like? 
 - Why is it important?
 - If a claim was accepted per the 277CA, it will appear in this Compile Post file. If a claim was rejected per the 277CA, it will not appear here, but will appear in the Dump file.
 - Further adjudication can occur after posting (this file is basically a pre-adjudication of submitted claims)

Run Date: 12/4/2025 09:15 AM

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COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

File Name: /npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProgress/ADP-0000-837P-12042025-001.txt

File Status: POSTED

Data Entry By: MSO ADMIN

File Version: 837Pv5010

Data Entry: 12/04/2025 01:20 PM

NOTE: Once posted, further adjudication will occur. As a result, the information detailed in this report is subject to change.


Batch Number:	123456	Diagnosis 1:	Other stimulant dependence, uncomplicated
Member Name:	PATIENT, TEST - 000000	Diagnosis 2:	
Funding Source:	Drug Medi-Cal	Diagnosis 3:	
Provider:	Recovery, Inc	Diagnosis 4:	
Performing Provider:		Diagnosis 5:	
Type Of Service:	Outpatient	Diagnosis 6:	
Level Of Care:	Full	Diagnosis 7:	
Date Claims Received:	12/04/2025	Diagnosis 8:	

Coordination of Benefits

Service Date	Procedure Code	Auth Number	Diagnosis Ref	Claim Status	Units	Total Charge	Third Party Paid	Expected Disbursement
12/04/2025	Residential -Room and Board [S9976-C:U3]	123456	Other stimulant c	D	1.00	146.00	0.00	0.00
The service was denied for the following reason: Performing Provider is blank.								
12/04/2025	Behavioral Health; Long Term Residential [H0019:U3]	123456	Other stimulant c	D	1.00	253.90	0.00	0.00

The service was denied for the following reason: Performing Provider is blank.

SFTP – SECONDARY PROVIDERS – DUMP FILE

- Compile Reports – Dump File
 - What is it?
 - A submitted 837 file which is then organized in order into rows
 - What does it look like? 
 - Why is it important?
 - An easy way to see what was entered on an 837 file
 - Use it with the Error report to fix errors found in the submitted 837 file


12/04/2025

Page 1 of 32

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

File Name:	/npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProcess/ADP-0000-837P-12042025-001.txt	Data Entry By:	MSO ADMIN
File Status:	POSTED	Data Entry Date:	12/04/2025
File Version:	837Pv5010	Data Entry Time:	01:20 PM
Line Number	Line		
1	ISA*00* *00* *30*12345678 *30*12345678 *123456*033		
2	GS*HC*33281912*483294831*20251204*0331*28329*X*0023211X222A1		
3	ST*837*3213214*003213X222A1		
4	BHT*0019*00*9853305*20251204*0332*CH		
5	NM1*41*2*RECOVERY INC*****46*321894219		
6	PER*IC*PERFORMING PROVIDER*TE*3236773636		
7	NM1*40*2*LOS ANGELES COUNTY SAPC*****46*SAPC001		
8	HL*1**20*1		
9	NM1*85*2*RECOVERY INC*****XX*123456789		
10	N3*1000 S FREMONT AVE		
11	N4*ALHAMBRA*CA*918012000		
12	HL*2*1*24*0		
13	SBR*P*18*12345678A*****MC		
14	NM1*IL*1*PATIENT*TEST*****MI*MSO000000		
15	N3*1000 S FREMONT AVE		
16	N4*ALHAMBRA*CA*91801		
17	DMG*D8*20000101*F		
18	NM1*PR*2*1229*****PI*123456789		
19	CLM*12345678*399.9***11:B:1*Y*A*Y*Y		
20	HI*ABK:F1020		
21	NM1*82*1*PROVIDER*PERFORMING*****XX*12345678		
22	PRV*PE*PXC*101YA0400X		

SFTP - SECONDARY PROVIDERS - ERROR FILE

- Compile Reports - Error File
 - What is it?
 - A report that contains errors found in the submitted 837 file
 - Also known as the Critical Error report
 - What does it look like?
 - Why is it important? 
 - Identifies line item errors in the 837 file
 - Use with Dump file to identify exact loop/segments needing to be fixed and resubmitted

12/04/2025

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Page 1 of 3

File Name:	/npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProgress/ADP-0000-837P-12042025-001.txt		
File Status:	POSTED	Data Entry By:	MSO ADMIN
File Version:	837Pv5010	Data Entry:	12/04/2025 01:20 PM

Error Type	Error Message
Warning	Line: 21 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000))
Warning	Line: 40 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000)

SFTP - SECONDARY PROVIDERS - USING ERROR FILE

- Using the Error file with the Dump file

12/04/2025

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Page 1 of 3

File Name: /npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProcess/ADP-0000-837P-12042025-001.txt
File Status: POSTED
File Version: 837Pv5010

Data Entry By: MSO ADMIN
Data Entry: 12/04/2025 01:20 PM

Error Type	Error Message
Warning	Line: 21 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000)
Warning	Line: 40 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000)

- Next, refer to the Critical Error Report Guide for 837 files for more details on how to fix the error

12/04/2025

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

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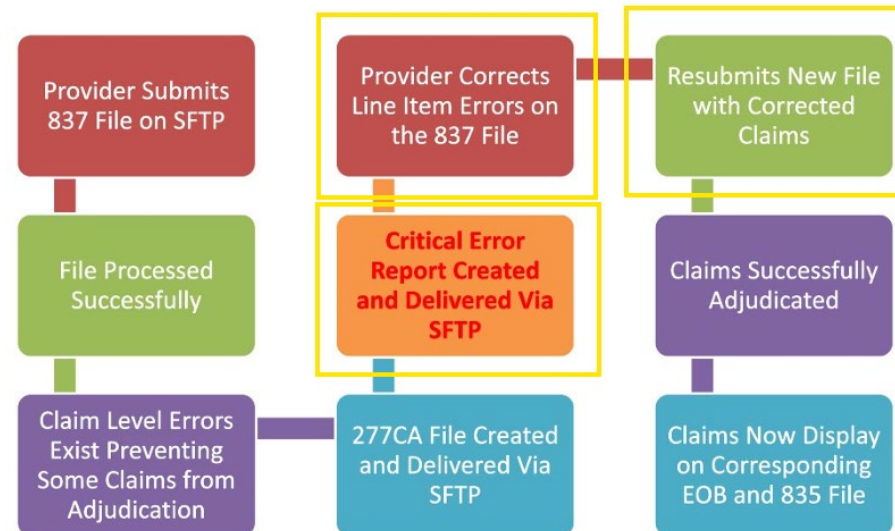
File Name: /npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProcess/ADP-0000-837P-12042025-001.txt
File Status: POSTED
File Version: 837Pv5010

Data Entry By: MSO ADMIN
Data Entry Date: 12/04/2025
Data Entry Time: 01:20 PM

Line Number	Line
1	ISA*00* *00* *30*12345678 *30*12345678 *123456*033
2	GS*HC*33281912*483294831*20251204*0331*28329*X*0023211X222A1
3	ST*837*3213214*003213X222A1
4	BHT*0019*00*9853305*20251204*0332*CH
5	NM1*41*2*RECOVERY INC****46*321894219
6	PER*IC*PERFORMING PROVIDER*TE*3236773636
7	NM1*40*2*LOS ANGELES COUNTY SAPC*****46*SAPC001
8	HL*1**20*1
9	NM1*85*2*RECOVERY INC*****XX*123456789
10	N3*1000 S FREMONT AVE
11	N4*ALHAMBRA*CA*918012000
12	HL*2*1*24*0
13	SBR*P*18*12345678A*****MC
14	NM1*IL*1*PATIENT*TEST****MI*MSO000000
15	N3*1000 S FREMONT AVE
16	N4*ALHAMBRA*CA*91801
17	DMG*D8*20000101*F
18	NM1*PR*2*1229*****PI*123456789
19	CLM*12345678*399.9***11:B:1*Y*A*Y*Y
20	HI*ABK:F1020
21	NM1*82*1*PROVIDER*PERFORMING*****XX*12345678
22	PRV*PE*PXC*101YA0400X

SFTP - SECONDARY PROVIDERS - USING ERROR FILE

- After the line item errors are fixed on the 837 file, resubmit a new 837 file with the corrected claims



- Error file resources
 - Critical Error Report Guide for 837 Files
 - Link: <http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/CriticalErrorReportGuide837Files.pdf>


SFTP – OTHER FOLDERS

- Claim Status Report (Link: [Claim Status Report Job Aid](#))
- Unbilled Services Report
- Dated Folders
- Files that contain a lot of PHI

SFTP – REQUESTING FILE RE-UPLOADS

- How to request file re-uploads to the SFTP
 - Go to link: <http://publichealth.lacounty.gov/sapc/providers/sage/system-guides.htm>
 - Download the “Reupload File (277, 835, EOB, RA) Request Form” file

Document Requests

Subject	Description	Date
Reupload File (277, 835, EOB, RA) Request Form	This form is required to be filled and sent to SAPC if providers need to request 277, 835, EOB, Remittance Advice, or other files to be reuploaded to the agency's SFTP site.	 11/14/24

- Complete the form and submit to: SapcProviderReq@ph.lacounty.gov

SFTP - RECAP

- SFTP is available to Primary and Secondary Providers
- Web-based, accessible through your web browser
- It is SAPC's preferred method to send and receive secured billing related files, and other secured communications
- Missing files can be requested to be re-uploaded, but it is better to download on a regular basis as part of your agency's billing workflow
- Files are available to download for 2 weeks, then disappear from the SFTP
- Please check your SFTP on a regular basis!



OPEN Q&A