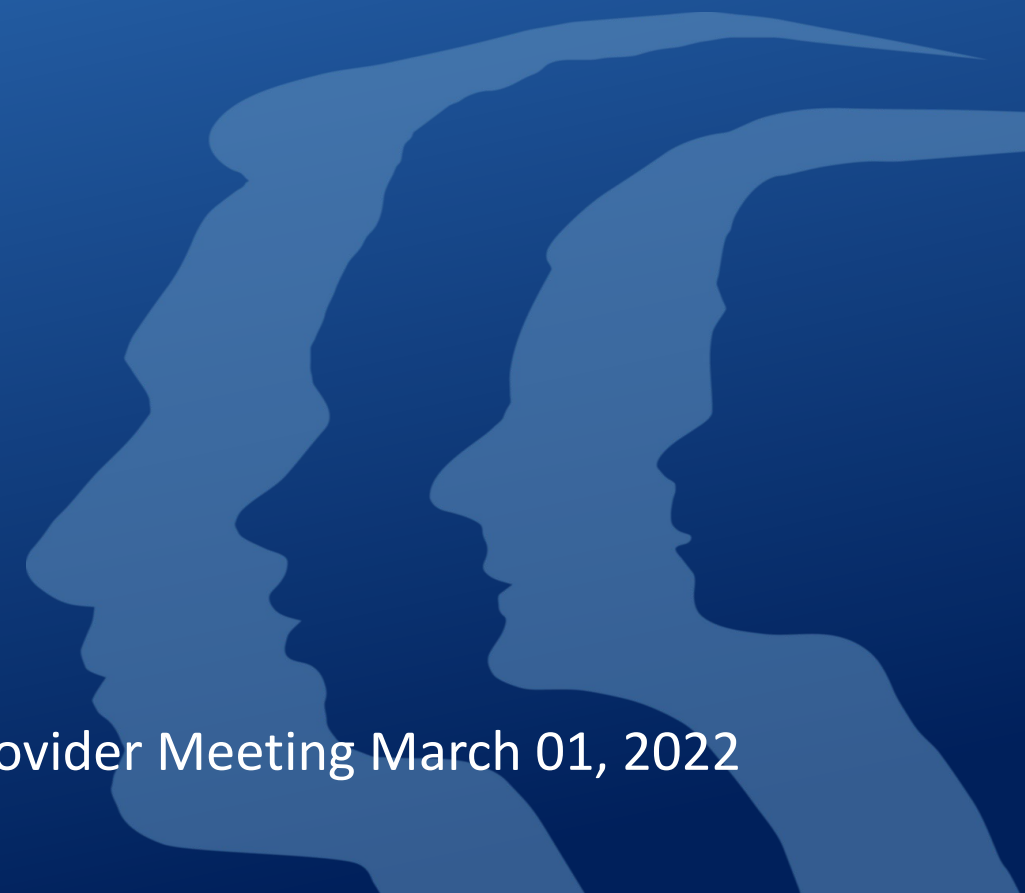




SAGE UPDATES

Los Angeles County Department of Public Health
Substance Abuse Prevention & Control

All Provider Meeting March 01, 2022



Review of OHC Billing

Local/Level I Denials

State/Level II Denials

Helpdesk Optimization

Provider Communications





Entering OHC Information in SAGE



[Other Health Coverage Provider Billing Manual](#)

- This manual provides guidance for both Primary and Secondary Sage Users on how to bill SAPC for patients who have Other Health Coverage, as well as general information on Other Health Coverage and billing OHC carriers prior to SAPC

[Entering Other Health Care \(OHC\) Information for Primary Sage Users PPT](#)

- This webinar was developed for Primary Sage users entering Other Health Care information in Sage to demonstrate that OHC was billed prior to billing SAPC. 02/15/22

[Entering Other Health Care \(OHC\) Information for Primary Sage Users Recording](#)

- This is the recording for the webinar provided to Primary Sage Users for entering OHC information in Sage to demonstrate OHC was billed prior to billing SAPC. 02/15/22

[Other Health Coverage Form Video Tutorial](#)

- This is a tutorial for Primary Sage Users on how to complete the new Other Health Coverage Form.

[Other Healthcare Coverage \(OHC\) Technical Assistance Webinar for Secondary Providers](#)

This webinar was developed for SAPC Secondary Sage Users to provide technical guidance on billing and setting up an 837 file for Other Healthcare Coverage (OHC) claims. The webinar focuses on general OHC information, specific loops and segments, then discusses common errors found with 837 files containing OHC claims. The information obtained for the webinar was primarily obtained from the SAPC 837 companion guides. 11/04/21

[Other Healthcare Coverage \(OHC\) Technical Assistance Video for Secondary Providers](#)

Other Healthcare Coverage (OHC) Technical Assistance Video for Secondary Providers.
11/04/21

August 2019 Provider Meeting

- <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/082719/MediCalManagedCarePlans.pdf>

LA CARE Presentation

- <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/060821/ManagingManagedCareLACare.pdf>

Healthnet Presentation

- <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/020921/HealthNetCoordinationCareSAPCProviders.pdf>

Two- Plan System

LA Care (and Partners)

- Kaiser Foundation Health Plan
- Anthem Blue Cross
- Care 1st Health Plan

Health Net

- Molina Health Care

Provider Manual 5.0 Page 20-21: “Medi-Cal managed care plans in Los Angeles County include L.A. Care and its delegated partners Kaiser Foundation Health Plan, Anthem Blue Cross, and Care 1st Health Plan; and Health Net and its delegated partner Molina Health Care. If the individual is a Medi-Cal beneficiary and has a member card from one of these health plans, they are entitled to the full SUD benefit package.”

Verify OHC Coverage

- Always check OHC code and Scope of Coverage Code to determine OHC plan coverage
- If, after determining a patient has OHC that is not exempt, the claim must be billed to OHC before billing to SAPC

New Process in Sage for OHC

- Billing in Sage has been updated to accommodate OHC claiming
- Other Health Coverage form has been added that must be completed along with the claims for Primary Sage Users
- Payer ID **MUST** be the national Payer ID for the OHC, which can be found via a general internet search, or a clearinghouse software/vendor

Funding Source Billing Page- Primary Users

- Funding Source selection is required for all claims, not just OHC claims
- Funding Source **must** match the authorization Funding Source when claiming and cannot be mixed
 - Users must change the selection on the main Funding Source page when needing to bill for alternate Funding Source authorizations

- ONLY fill in the Other Payer Identification Code (aka the Payer ID)
- Leave all other fields blank.

Claim COB Details			
Other Payer Identification Code Qualifier	<input type="text"/>	Other Payer Identification Code	<input type="text"/>
Outpatient Adjudication Percentage	<input type="text"/>	Outpatient Adjudication Monetary Amount	<input type="text"/>
Payer Paid Monetary Amount	<input type="text"/>	Adjudication or Payment Date	<input type="text"/>
Remaining Patient Liability Monetary Amount	<input type="text"/>		

Add Claim COB

- Once Other Payer Identification Code is entered click **Add Claim COB**

- To add specific adjudication information to the service, click on **Add COB** in the Services section of the Treatment page.

Add COB						
Coordination of Benefits						
Other Payer	Qualifier: Code: 1234A Name:	Outpatient Adjudication	Percentage: Amount:	Payment	Amount: Date:	Remaining Patient Liability Amount
Delete COB / Add Adjustment						

[Edit Claim](#)

Services			
Service Date	CPT Code	Units	Duration
1/7/2020	H0004:UA:HG	3.00	45.00
Add COB			
Coordination of Benefits			
No Service-level Coordination of Benefits			

[Return to Treatment History](#)



- Service level COB information must be entered for each service (AKA treatment) entered for that patient.
- **Only** complete the following three fields (leave all others blank)
 1. Payer Identifier
 2. Adjudication or Payment Date
 3. Amount Paid (Enter 0 if the entire claim was denied with no partial payments)

Service COB Details					
Third Party Payer	- Please Choose One -	Payer Identifier	1234A	Other Payer Last Name or Organization Name	
Procedure Code		Quantity			
Allowed Amount		Billed Amount		Amount Paid	0
Adjudication or Payment Date	02/01/2022	Remaining Patient Liability Monetary Amount			

Add Service COB

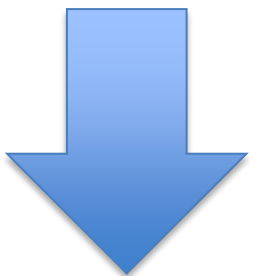
- **Payer Identifier/Payer ID must be the national Payer ID code for that OHC Payer. This must match what was entered on the OHC form.**
- **This number can be found using an internet search or through a billing vendor or clearinghouse**

Adding the Adjustment (Denial)



- When a service is denied or partially denied the adjustment information needs to be entered into each service.

Services				
Service Date	CPT Code	Units	Duration	
1/7/2020	H0004:UA:HG	3.00	45.00	
Add COB				
Coordination of Benefits				
Third Party Payer: Payer Identifier: 1234A Payer Name:	Procedure Code: Quantity:	Payment	Allowed Amount: Billed Amount: Amount Paid: 0.00 Date: 2/1/2022	Remaining Patient Liability Amount
Delete COB / Add Adjustment				
Return to Treatment History				



- Enter each Claim Adjustment Reason Code received on the EOB from the OHC carrier
- Enter amount DENIED , (do not include \$ sign)
 - If service is a Presumptive Denial, enter the charge amount.
- The Quantity will ALWAYS be "1"
 - Once entered, the adjustment CANNOT be edited, users can only delete the adjustment

Adjustment Details				
Adjustment Group Code	- Please Choose One -			
Adjustment 1	Reason Code: - Please Choose One -	Amount:	Quantity:	
Adjustment 2	Reason Code: - Please Choose One -	Amount:	Quantity:	
Adjustment 3	Reason Code: - Please Choose One -	Amount:	Quantity:	
Adjustment 4	Reason Code: - Please Choose One -	Amount:	Quantity:	
Adjustment 5	Reason Code: - Please Choose One -	Amount:	Quantity:	
Adjustment 6	Reason Code: - Please Choose One -	Amount:	Quantity:	

[Add Adjustment](#)

Example:

Billed Amount on Treatment Details = \$66.00

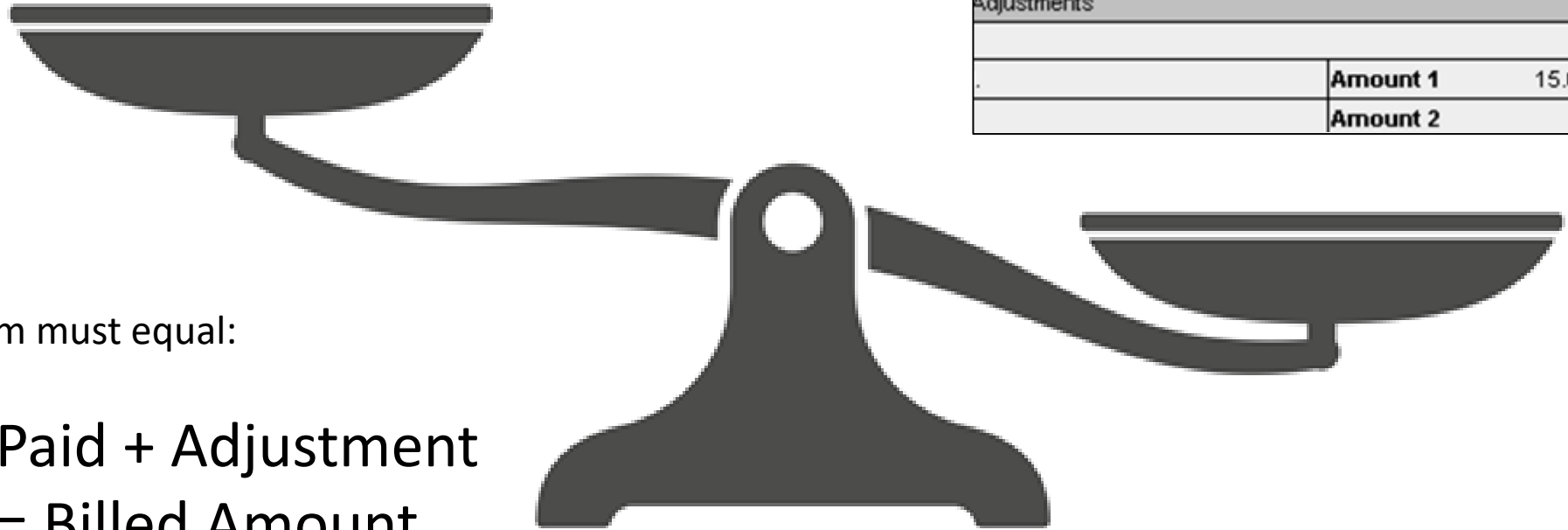
Payment amount = \$20

Adjustment amount = \$15

COB total = \$35

Claim is out of balance

Payment	Allowed Amount: Billed Amount: Amount Paid: 20.00 Date: 2/1/2022
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Adjustments	
Amount 1	15.00
Amount 2	

Balanced Claim must equal:

$$\text{Amount Paid} + \text{Adjustment Amount} = \text{Billed Amount}$$

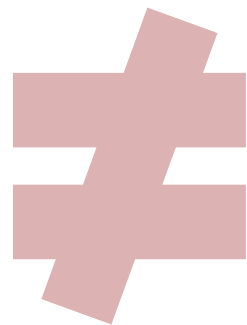


The newly added Professional Claim Details page that includes the Funding Source selection screen in Sage must match the Funding Source on the authorization that is being claimed against.

- If the Funding Source on the Professional Claim Details screen does not match the authorization Funding Source, the claim will fail pre-adjudication and/or be denied if submitted.
- If the patient was initially given a 30 Applying for Medi-Cal Non-DMC Funding Source authorization and the patient later receives DMC coverage: if the authorization remains under Non-DMC , then this should be reflected on the Claim Details page as Non-DMC, the Financial Eligibility would be changed to DMC to reflect coverage.



Funding
Source
Selection on
Claim Details



Authorization
Funding
Source



Pre-
Adjudication
Fail



Local/Level I Denials



Denial Reason: “Treatment being provided in another LOC-
Claim Status has been set to D because of Claim Adjudication Rule xx- RSS xx.”

- This denial has been deactivated for RSS services 7/1/2021 and beyond. If you received this denial for any RSS service on or after 7/1/21, please rebill those services.

Denial Reason: “No Coverage Level Found”

- This denial is related to various S5000 codes for OTP providers
- As of 2/24/2022, all codes have been reconfigured and providers should no longer receive this denial for the S5000 codes.

Claim Status Message: “This service was approved with the following notice...”

- This message indicates that there is an adjudication rule that SAPC has set to approve the claim instead of denying.
- This message is most often seen in services submitted over 365 days from date of service



State/Level II Denials



Denial Reason: Denial CO 96 M80

- FY 18-19 denials for CO 96 M80 should be rebilled as soon as possible
- SAPC is still validating resolutions for FY 19-20 and beyond related to this denial
- OTP dosing denials received between 9/16/21 and 10/18/21 should be resubmitted regardless of fiscal year date of service.



Helpdesk Optimization

Final to Draft/Clinical Documentation Modification Requests



Final to Draft related helpdesk tickets remain the most frequently submitted ticket averaging 400-500 unique cases per week created.

SAPC and the Netsmart Help Desk continue to examine more efficient workflows for processing the large number of documentation modifications requested each week.

Final to Draft Workflow for Submitting Helpdesk Tickets

We are requesting providers submit Sage Help Desk tickets via the online portal rather than calling the Help Desk:
<https://netsmart.servicenow.com/plexussupport>.

This process will help to gather all necessary information at the time of submission, which will assist in processing tickets without unnecessary delays.

Please include the following information when requesting a Final to Draft/Documentation Modification ticket

- Client ID with Initials
- Agency
- Episode
- Type of Form: (BIRP, GIRP, SIRP, SOAP, Miscellaneous Note Options, Service Connections Log, Referral Connections, Discharge and Transfer Form, Drug Testing, Patient Medications, RBH Discharge, or Treatment Plan)
- Date/Time of Note Entry
- Performing Provider
- Group Size (If applicable)
- Date of Service
- Start Time
- End Time
- Justification (Must be specific as to what needs to be changed and why)



Provider Communications



Do you ever feel like you are late to the SAPC party? Like you are always the last to know?

- Ever ask yourself, why did everyone else know that before me?

SAPC can help!

Number 1: Bookmark this page and visit weekly:

<http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm>

Number 2: Follow the instructions on this bulletin to be added to the appropriate listserv so you are the FIRST to know...

<http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-04/Bulletin21-04EffectiveCommunication.pdf>



Upcoming Clinical Trainings





Training	Date
<u>LPHA Series: Advanced Treatment of Dual Diagnosis</u>	Tuesday 3/8/22
<u>Making the Most of the ASAM Continuum Assessment Tool</u>	Thursday 3/10/22
<u>Best Practices in Engaging and Delivering Services to People Experiencing Homelessness</u>	Tuesday 3/15/22
<u>Case Management: Maximizing Success in SUD Treatment Through Integration and Coordination of Care</u>	Wednesday 3/16/22
<u>Recovery Support Services (RSS): Maximizing Patient Engagement to Improve Outcomes</u>	Thursday 3/17/22
<u>The CO-Triage Screener: What It Can Do for You</u>	Tuesday 3/22/22
Understanding the ASAM Criteria in Action from Assessment to Treatment Planning (ASAM-B)	Tuesday 3/29/22
New Trainings to Come: <ul style="list-style-type: none">• Medication Assisted Treatment (MAT)• Ethics & Boundaries	April – registration will be made available on the SAPC Calendar in March

<http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm>