Sage – Core Functions

Los Angeles County's Substance Use Disorder Information System

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

All Provider Meeting: March 8, 2018

Outline

- **Sage: Developmental Progress and Updates**
- **Core Functions of Sage**
  - Tips for Successful Use
- **Communications between SAPC/Netsmart and Provider Staff**
- **Password Resets**
- **Sage Access Groups**
- **Where to Go for Help**

sage
Substance Use Disorder Information System

Sage Issues

"Provider" Issues

- Missing info (CIN, diagnosis, financial eligibility, etc)
- Communication with Netsmart/SAPC
- Opening duplicate clients

"System" Issues

- Data conversion issues
- Design/development needs
- Billing errors
- Contract amount setup

Sage: Developmental Progress & Updates

CHALLENGES

Help Desk Workflow
- Log-in & Access issues

Authorization Issues
- Submissions for wrong LOC and LOC's that don't require authorization
- Lack of supporting documentation

Billing Issues
- CIN #
- Diagnosis in Provider Diagnosis (ICD-10) Form
- NPI's
- Contract amount setup

INTERVENTIONS

Revised Help Desk Workflow
- Improved coordination between Help Desk and SAPC
- Reduced premature case closures

UM Staff Interventions
- Provider education on UM process via Sage

Billing Interventions
- Data conversions
- Provider actions (resubmission of billing)
- Assisting providers (diagnosis report, room & board and RBH, correcting contract amounts)

Sage – Keys for Success

1. **ACCURACY & PRECISION of information entered in Sage**
2. **TIMELINESS of activities**

- **Timely and accurate information in earlier processes prevent downstream problems**
- **Responsiveness to SAPC staff for clarifications**

Both of these are key actions to reduce the likelihood of system authorization and billing denials due to missing or inaccurate client information!

Core Functions of Sage

1. **Admission / Intake Process**
   - Add New Client/Client Search
   - Financial Eligibility Form
   - ASAM assessment
   - Provider Diagnosis (ICD-10) Form
   - Clinical Contact Form
2. **Data Collection**
   - CalOMS/LACPRS (admission & discharge)
3. **Clinical Work / Documentation / Authorizations**
   - Authorization Form
   - Clinical documentation (progress notes, treatment plans, miscellaneous notes, etc)
4. **Billing**

Sage processes need to happen in a stepwise manner – incorrect/missing information or delays in upstream processes will result in problems with downstream processes.

1. Admission/Intake Process

- **If the admission process within Sage contains incorrect/missing information, the Financial Eligibility Form fields will not pre-populate and there may be errors in the system.**
- **Admission dates** must fall within treatment service dates, otherwise admission dates after treatment service dates will result in billing errors.
- **Providers should ALWAYS check "Add New Client/Client Search" before opening up a new case within Sage to make sure that a client profile doesn't already exist for that patient.**
  - "Look Up Client" section → Only searches patients at your specific site
  - "Add New Client/Client Search" section → Searches patients across entire Sage network
    - **To avoid duplicate clients where multiple Sage profiles get created for the same patient, providers need to first check the "Add New Client/Client Search" to make sure that patient's profile isn't already in Sage before creating a new profile**

1. Admission/Intake Process (cont'd)

- **FINANCIAL ELIGIBILITY FORM**
  - **Common billing error** → Providers were NOT entering the **Client Index Number (CIN)** into the CIN field on the Financial Eligibility Form,
  - **"CIN" field must be filled out for billing to the state (e.g. for DMC)**
    - If a patient doesn't have Medi-CAL, and is not applying for Medi-CAL, they will not have a CIN# → Leave the "CIN" field blank.
  - **"Policy Number" is a REQUIRED Field and CANNOT be left blank.**
    - For Patients who are NOT Medi-Cal eligible, the "Policy Number" field should read "Not Applicable".
- **"Guarantors" section vs. "Funding Source" section → Common point of confusion**
  - **Financial Eligibility Form** → "Guarantors" section = DMC insurance status
  - **Authorization Form** → "Funding Source" section = Provider contract type
    - "DMC" in the "Guarantors" section has a different meaning than "DMC" in the "Funding Source" section (*SEE NEXT SLIDE*)

Different Meanings of "DMC" and "Non-DMC" Within Sage

- **FINANCIAL ELIGIBILITY FORM → Under "Guarantors" section, "DMC" refers to their DMC insurance status**
  - **DMC** = Patients who have DMC insurance
  - **Applying for DMC** = Patients who are eligible and applying for DMC
  - **LA County Non-DMC** = Patients who do not qualify for DMC; includes My Health LA, AB 109, DCFS, JJCPA, Title IV
  - **Self-Pay** = Everyone else (e.g., self-pay, private insurance, etc → should be entered in CalOMS within Sage, but not billed via Sage)

- **AUTHORIZATION FORM → Under "Funding Source" section, "DMC" refers to the provider contract type**
  - **DMC provider contract**
    - DMC reimbursable levels of care (**OTP, ASAM 1.0, ASAM 1.0-At-Risk [for < age 21], ASAM 2.1, ASAM 3.1/3.3/3.5, 1-WM, 3.2-WM, Recovery Support Services**) for:
      - DMC patients
      - My Health LA patients
      - County program participants (AB-109, CalWORKS, General Relief, etc)
  - **Non-DMC provider contract**
    - Non-DMC reimbursable services → **Recovery Bridge Housing, 3.7-WM, 4-WM, CENS**
    - Services provided by non-DMC certified providers
    - Specialty County programs (Meth programs, Women and Children)

1. Admission/Intake Process (cont'd)

- **ASAM Assessment**
  - The ASAM CONTINUUM assessment contains yellow fields that are required because they are part of its computer algorithm to calculate appropriate levels of care.
  - **If your agency does not take vitals or use the GAF, please use the values below as default entries:**
    - Blood pressure:
      - Systolic ("high" number) – 110
      - Diastolic ("low" number) – 70
    - Heart Rate – 60 beats per minute
    - Global Assessment of Functioning (GAF) – 80

  - **For criminal justice patients, questions on ASAM assessment should be asked within the context of the patient's condition 30 days prior to incarceration**

ASAM CONTINUUM™ – Updates

- **<u>ASAM CONTINUUM is a living and evolving tool</u> → Enhancements to the ASAM CONTINUUM algorithm are being made to enhance precision of level of care recommendations by the assessment tool**
  - Providers won't notice any difference in terms of use of the tool and no action from them is required, but these will be implemented within the next month.
  - SAPC is continually working with ASAM to identify and implement enhancements.

- **ASAM CONTINUUM Narrative Report** is coming (likely by April 2018)
  - Automated narrative summary of patient's ASAM assessment.
  - Does not replace individual provider assessment or sound clinical judgment.http://asamcontinuum.org/knowledgebase/what-does-the-continuum-narrative-report-include/

continuum™

THE ASAM CRITERIA DECISION ENGINE

1. Admission/Intake Process (cont'd)

- **Provider Diagnosis (ICD-10) Form**
  - **Common billing error → There MUST be a diagnosis entered in the Provider Diagnosis (ICD-10) Form to process billing**
  - Many providers are mistakenly entering a diagnosis in the "Diagnosis" field of the Authorization form, instead of entering a diagnosis in the Provider Diagnosis (ICD-10) Form.
  - **Providers need to leave the Diagnosis field in the Authorization Form blank.**

- **Clinical Contact Form**
  - **THIS FORM ALLOWS SAPC QI & UM STAFF TO KNOW WHO TO SPEAK TO AT PROVIDER AGENCIES TO FOLLOW UP ON CASES**
  - Delays in correspondence with providers are one of the main reasons for delays in authorizations, eligibility verifications, and subsequently billing → **Providers need to enter staff contact information in this Clinical Contact Form, preferably of the person who completed the ASAM assessment**

2. Data Collection

- **All RED fields in CalOMS/LACPRS are required**
- **Missing or inaccurate information in CalOMS/LACPRS will result in the inability to submit the CalOMS/LACPRS form in Sage due to data quality checks in the system.**
- **Providers MUST report all known funding streams for all patients served**
  - Without this information, the SUD system will not be able to maximize its financial resources.
- **Providers MUST remember to discharge patients from CalOMS/LACPRS**
  - Not discharging patients from CalOMS/LACPRS creates problems when patients present at other providers for treatment and requires providers to call each other to ask that patients be discharged from CalOMS.
- Refer to Data Collection User Guide on SAPC's Sage website for more detailed information.

3. Clinical Work / Documentation / Authorizations

- **AUTHORIZATION FORM**
  - **Authorization Form should only be submitted AFTER providers have completed all elements SAPC needs to review authorizations** (e.g., finalized ASAM, completed Provider Diagnosis (ICD-10) Form, etc).
    - **Refer to *Sage Version* of *Checklists of Required Documentation* for questions on what clinical documentation is required for authorizations and eligibility verifications.**
    - **Authorization Forms submitted without necessary clinical documentation will be denied.**
  - **Providers should only submit Authorization Forms for AUTHORIZED SERVICES** (residential, Recovery Bridge Housing, WM or MAT for youth < age 18).
  - **Authorization Forms submitted for NON-AUTHORIZED SERVICES (OTP, OP, IOP, WM for adults, etc) will be denied** because these services do not require authorization.

3. Clinical Work / Documentation / Authorizations (cont'd)

- **Miscellaneous Note – Unique circumstances**
  - **Any situation where the diagnosis in the Provider Diagnosis (ICD-10) Form does not match the diagnosis in the ASAM assessment, including if the ASAM assessment doesn't result in a DSM-5 diagnosis** → Need to document justification for the diagnosis and the DSM-5 criteria met in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.
  - **Any situation where provider is requesting a level of care other than that recommended on the ASAM assessment** → Need to document justification for discrepancy and provide information on why the referred to level of care is more appropriate in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.

"Financial Blackouts"

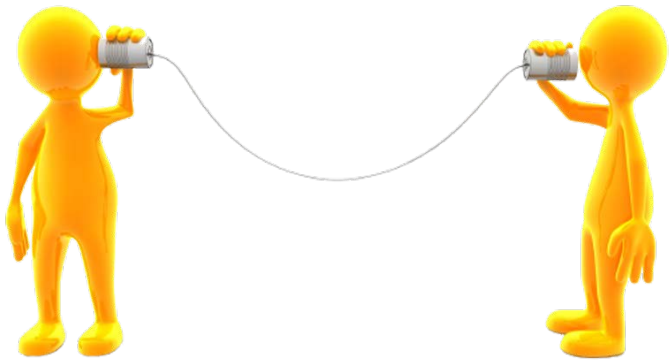
- **"Financial blackouts" → When SAPC Utilization Management (UM) staff receive missing or incorrect information and are unable to verify eligibility for non-authorized services, these cases are effectively in pending status and providers can claim for these services, but WILL NOT BE PAID until necessary information is provided.**
  - These cases will ultimately be denied if providers do not submit the necessary/corrected information within 3 business days.
- **"Financial blackouts" are an example of how closely the eligibility verification and UM processes within Sage are linked with billing.**
- SAPC would like to avoid "financial blackouts" to the extent possible, as this results in extra work on both SAPC and provider staff.
- ***Providers can avoid "financial blackouts" by submitting accurate and timely information to SAPC, and being responsive when SAPC contacts them for additional information.***

4. Billing

- **<u>NOTE</u>: Most provider issues with billing are related to provider activities performed within Sage PRIOR to the actual billing and claims submission process.**
  - **Many problems with billing and denied claims can be due to errors or missing information submitted prior to providers submitting claims → Billing issues require troubleshooting by contacting Help Desk**
- The **Provider Activity Log Report** captures clinical work performed to help billers track billable clinical activities that were performed by provider staff.
  - Providers need to be sure they are finalizing notes, as only FINALIZED notes populate to the Provider Activity Log Report.
  - If unclear if notes have been finalized, staff may go back and look through their notes in Sage to ensure they have been finalized.

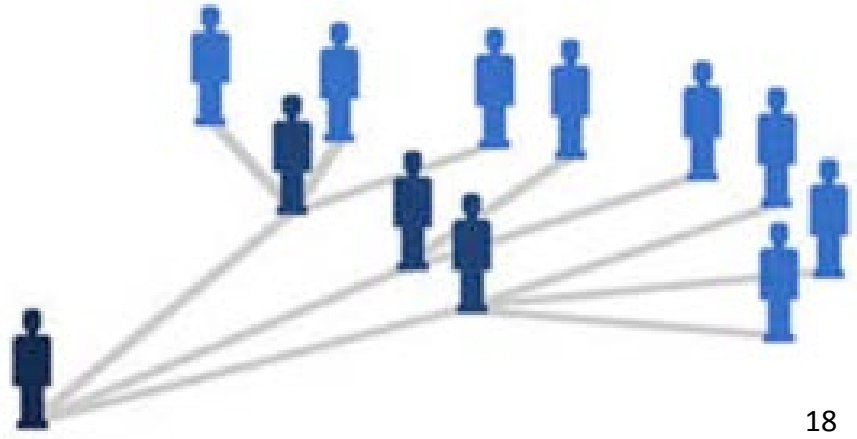
Communication

- **Communication between SAPC/Netsmart and provider staff is a top challenge**
  - Hundreds of Help Desk resolutions are pending action from providers – providers must return calls from the Help Desk!
  - SAPC UM staff often are unable to get a hold of counselors/clinicians to clarify eligibility and authorization issues, resulting in financial blackouts and denials → Providers must fill out **Clinical Contact Form**
  - Many provider agencies often do not answer their phone and do not have voicemail → **Providers MUST answer their phones during business hours and set up a voicemail.**



Communication (cont'd)

- **Some frontline provider staff are not familiar with basic eligibility or authorization policies, or basic aspects of the DMC-ODS Waiver.**
  - Provider staff need to read the **Provider Manual**.
  - **Provider agencies need to develop policies and procedures on how to ensure dissemination of information from SAPC meetings/materials to frontline counselors and clinicians.**
- **CareConnect Inbox** → Secure way to communicate with SAPC and other providers; functions similar to email.



Password Resets

- **<u>NOTE</u>: Sage passwords expire every 90 days and need to be updated – this is a County technical and security requirement**
  - County is currently working on a process to provide automatic reminders for Sage users

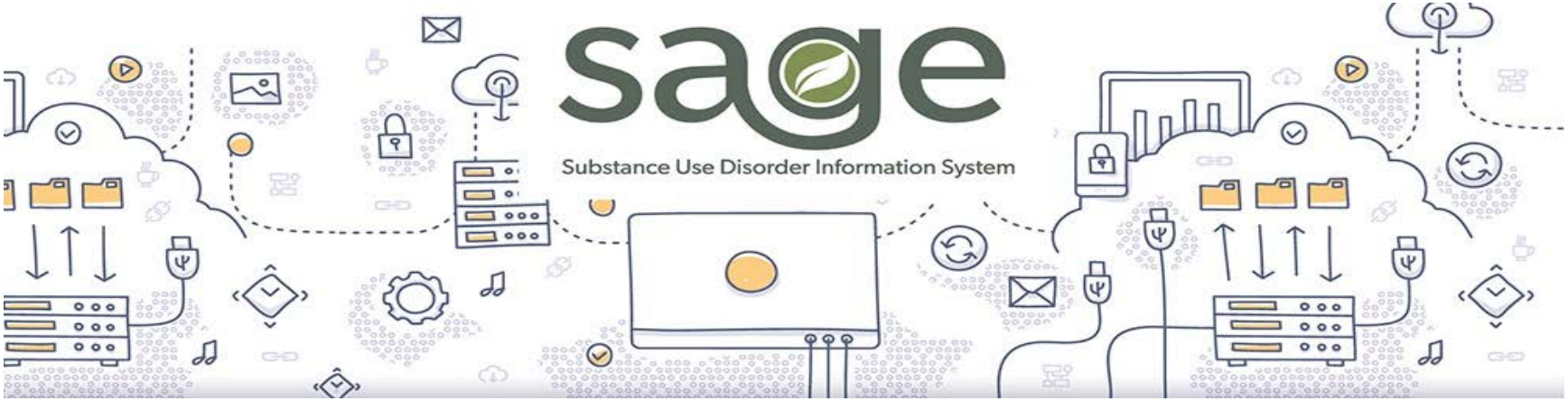
***Assessing anticipated staff tasks when assigning the Sage Access Group is very important. The information provided to SAPC determines what kind of access / permissions your staff will have within Sage.**

Sage Access Groups	
1	**Clinical Only – LPHA**
2	**Clinical Only – Licensed-Eligible LPHA**
3	**Clinical Only – Counselor**
4	**Clinical Only – Student/Intern**
5	**Financial Only**
6	**Financial + Clinical – LPHA**
7	**Financial + Clinical – Licensed-Eligible LPHA**
8	**Financial + Clinical – Counselor**
9	**Audit User** (view-only access to SELECT clinical & financial data)
10	**Operations** (view-only access to ALL clinical & financial data)
11	**Clerical**
12	**Clinical View Only – No Log-In**

***Refer to Sage Access Group Description document on SAPC's Sage website for more details**

Where To Go For Help

- **SAPC's Sage Website**
  - http://publichealth.lacounty.gov/sapc/Sage/SageInfo.htm



- **Contains information on:**
  - Frequently Asked Questions (FAQs)
  - Instructions on managing user access – onboarding/offboarding staff
  - Training calendar – March available now, April available soon
  - … and more

Where To Go For Help (cont'd)

- **Sage Webinar Training Series**
- **SAPC's Sage Website**
  - http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm
- **Training Resources**
  - **ASAM CONTINUUM™ and Triage Tool Training Videos**
    - http://asamcontinuum.org/knowledgebase/video-comprehensive-continuum-orientation/
  - **Basic Computer Skills**: Web-based trainings by Netsmart are available by emailing LearningServices@ntst.com

- **Sage Help Desk –** (855) 346-2392
- **Sage Help Desk Portal** https://netsmart.service-now.com/plexussupport
- **Sage email –** Sage@ph.lacounty.gov

SAGE BILLING FUNDAMENTALS

FINANCIAL ELIGIBILITY, CalOMS, AND CONTRACT SELECTION

OVERVIEW

1. **Provide clarification on who is eligible for SAPC Reimbursed Services**
2. **Provide clarification and guidance on how to correctly complete the Sage Financial Eligibility Form for most commonly encountered patient scenarios.**
3. **Provide clarification and guidance on how to correctly complete the Sage Authorization Form** based on:
   - Services you are requesting
   - Site you are requesting authorization for
4. **Clarify the role of CalOMS/LACPRS in identifying funding sources that patient may be entitled to.**

Who is Eligible for SAPC Reimbursed Services?

- Medi-Cal Eligible or Enrolled
- My Health LA Eligible or Enrolled
- Individuals in the following programs who are NOT Medi-Cal or My Health LA eligible:
  - **AB 109**
  - **Promoting Safe and Stable Families**
  - **Juvenile Justice Crime Prevention Act**
  - **Title IV-E**

Financial Eligibility Form

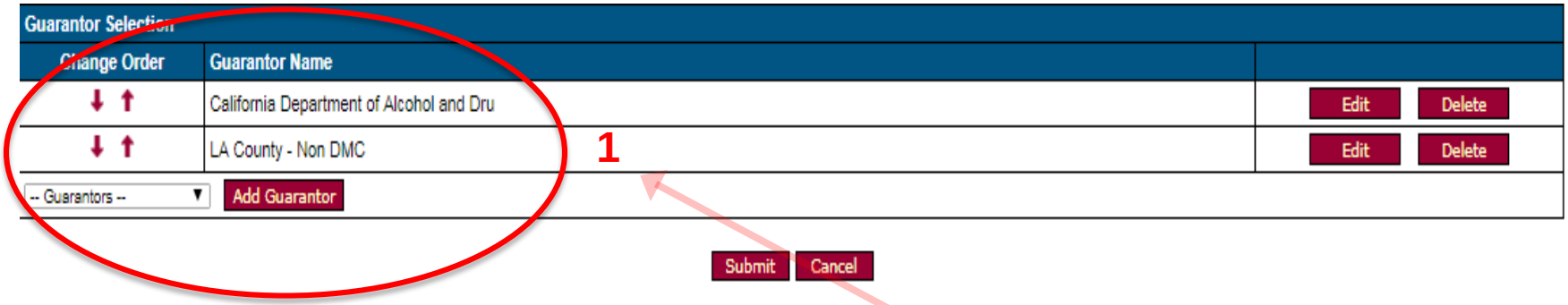
What does the Financial Eligibility Form do?

- Identifies ALL the funding sources available to help cover the costs of the patient's care.
- It is based on the INDIVIDUAL'S available insurance resources.
  - It does NOT reflect the:
    - PROVIDER OR PROGRAM'S ELIGIBILTY
    - SPECIFIC SERVICE BEING REQUESTED

Financial Eligibility Form

Patient ENROLLED in
Drug Medi-Cal (DMC)

Scenario: Patient Enrolled in Drug Medi-Cal (DMC)
FINANCIAL ELIGIBLITY FORM

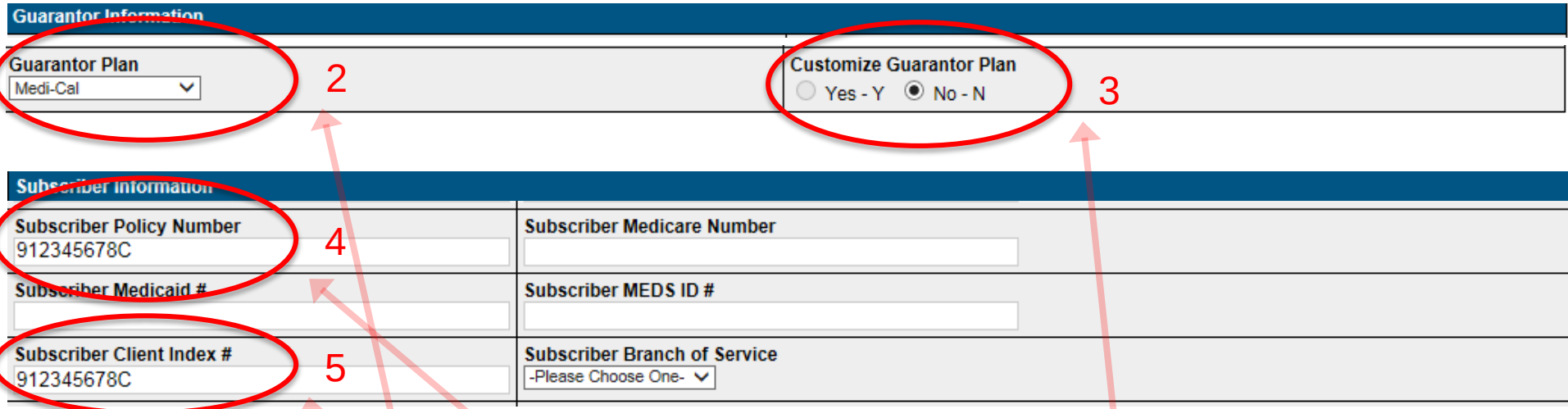


- **<u>MUST</u> complete a Financial Eligibility Form for all patients at admission.**

- **To ensure you are able to access all benefits available, you must enter 2 separate guarantors for each patient that has DMC (1).**
  - <u>DMC Medi-Cal</u>: DMC should always be listed as the 1st guarantor.
  - <u>LA County Non-DMC</u>

Scenario: Patient Enrolled in Drug Medi-Cal (DMC)

FINANCIAL ELIGIBLITY FORM



- **Selecting "DMC Medi-Cal" will auto-populate Medi-Cal as the Guarantor Plan (2):**
  - Do NOT change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be "NO" **(3)**

- **Subscriber Client Index # (CIN):** Enter 9 digit alphanumeric CIN, assigned by Medi-Cal, in "Subscriber Policy Number" **(4)** and "Subscriber Client Index #" **(5)** fields.

Scenario: Patient Enrolled in Drug Medi-Cal (DMC) FINANCIAL ELIGIBLITY FORM

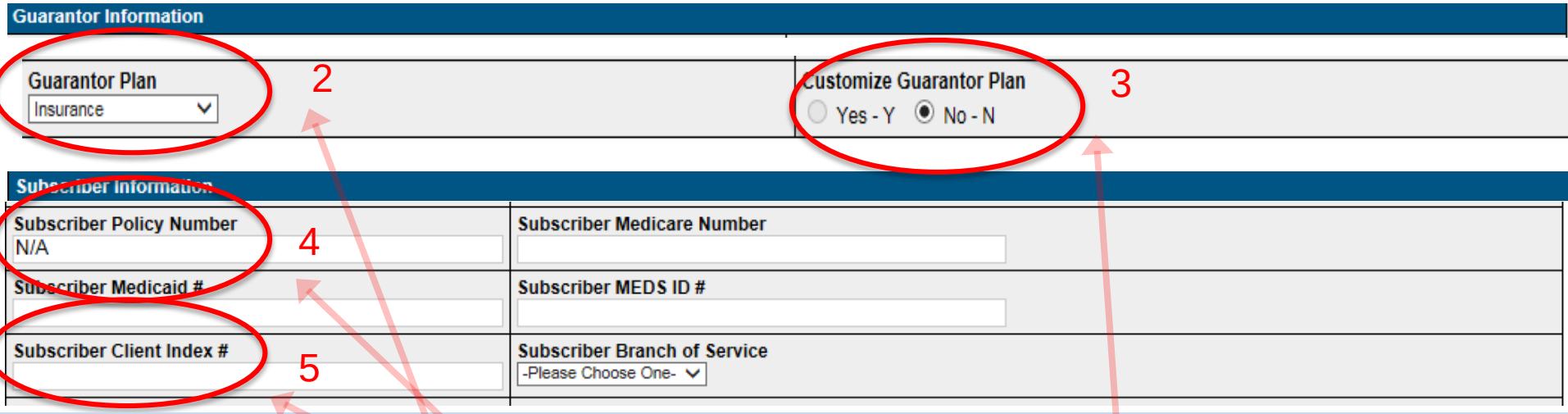
Coverage Information	
Eligibility Verified (•) Yes - Y ( ) No - N	Coverage Effective Date 07/01/2017
Coverage Expiration Date	Inhibit Billing By Mail ( ) Yes - Y ( ) No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract
Is This A Managed Care Contract ( ) Yes - Y ( ) No - N	Insurance Code/Medicaid Tape
Coordination Of Benefits (•) Yes - Y ( ) No - N	Date Of Accident

6

7

- **Effective Date of Contract:** Should read 01/01/2000 **(6)**.
- **Coverage Effective Date:** If you know the patient's Medi-Cal Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County **(7)**.

Scenario: Patient Enrolled in Drug Medi-Cal (DMC)
FINANCIAL ELIGIBLITY FORM: LA County Non-DMC



In addition to DMC, You also need to enter LA County Non-DMC as a Guarantor

- **Selecting "LA County NON-DMC" will auto-populate "INSURANCE" as the Guarantor Plan (2):**
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be "NO" **(3)**
- **Subscriber Policy Number:** Policy Number field for all LA County Non-DMC Guarantors will always be "N/A" **(4).**
- **Subscriber Client Index # (CIN):** Leave this field blank **(5)**.

Scenario: Patient Enrolled in Drug Medi-Cal (DMC)
FINANCIAL ELIGIBLITY FORM: LA County Non-DMC

Coverage Information	
Eligibility Verified (•) Yes - Y ( ) No - N	Coverage Effective Date 07/01/2017
Coverage Expiration Date	Inhibit Billing By Mail ( ) Yes - Y ( ) No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract
Is This A Managed Care Contract ( ) Yes - Y ( ) No - N	Insurance Code/Medicaid Tape
Coordination Of Benefits (•) Yes - Y ( ) No - N	Date Of Accident

6

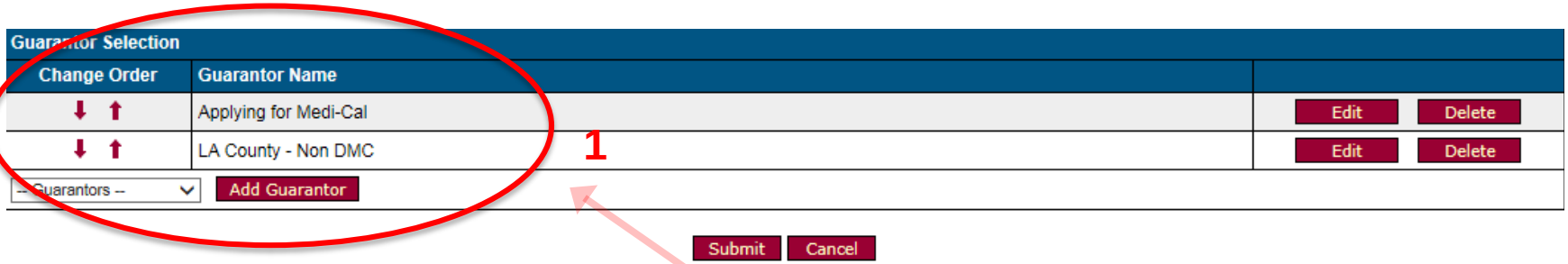
7

- **Effective Date of Contract:** Should read 01/01/2000 **(6)**.
- **Coverage Effective Date:** Enter 07/01/2017, as that is the launch date for DMC-ODS in LA County **(7)**.
- **DON'T FORGET TO HIT SAVE + SUBMIT!**

Financial Eligibility Form

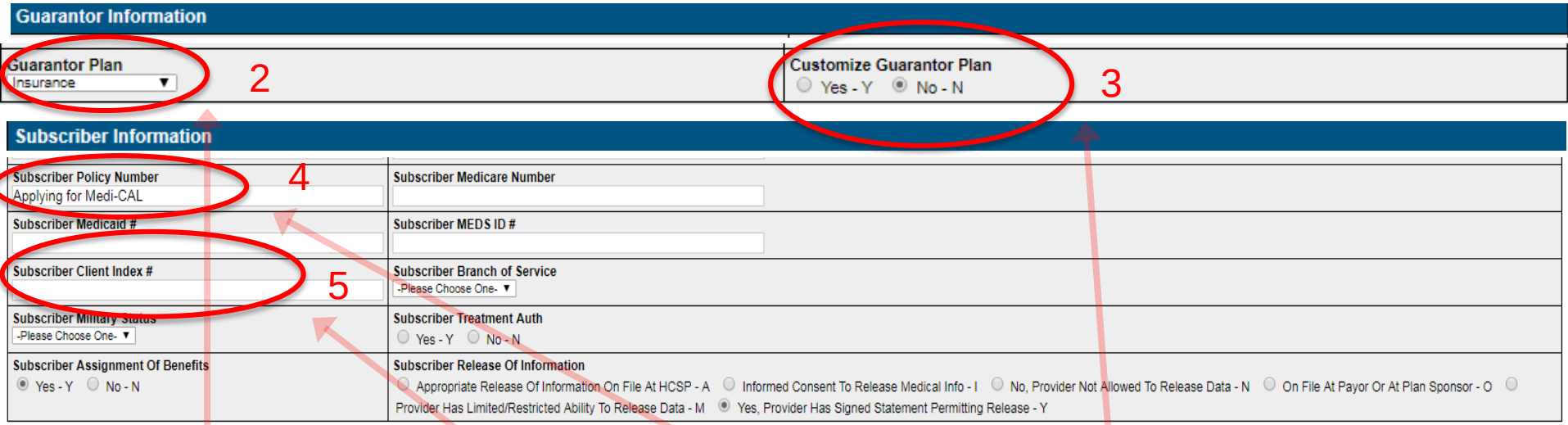
Patient APPLYING for
Drug Medi-Cal (DMC)

Scenario: Patient Applying for Drug Medi-Cal (DMC)
FINANCIAL ELIGIBLITY FORM



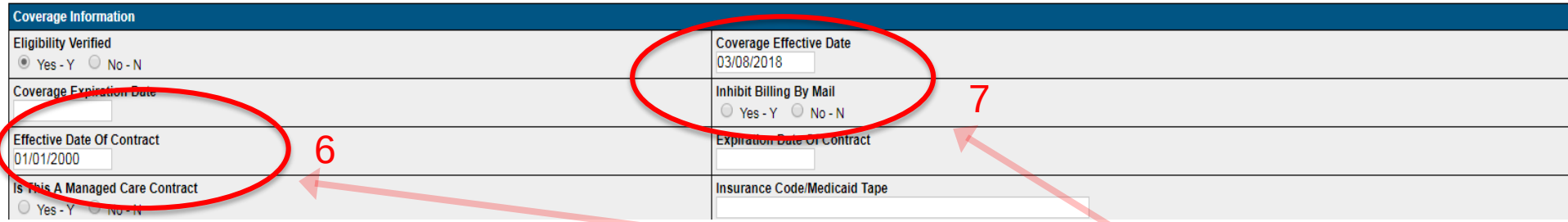
- **REMINDER: <u>MUST</u> complete a Financial Eligibility Form for all patients at admission.**
- **For patients who are applying for Medi-Cal or in the process of transferring their benefits to LA County, you must enter 2 separate guarantors for each patient that has DMC (1).**
  - <u>Applying for Medi-Cal</u>: DMC should always be listed as the 1st guarantor.
  - <u>LA County Non-DMC</u>

Scenario: Patient Applying for Drug Medi-Cal (DMC) FINANCIAL ELIGIBLITY FORM



- **Selecting "Applying for Medi-Cal" will auto-populate "Insurance" as the Guarantor Plan (2).**
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be "NO" **(3)**
- **Subscriber's Policy Number:** Enter, "Applying for Medi-Cal" **(4)**
- **Subscriber Client Index # (CIN):** Leave blank **(5).**

Scenario: Patient Applying for Drug Medi-Cal (DMC) FINANCIAL ELIGIBLITY FORM

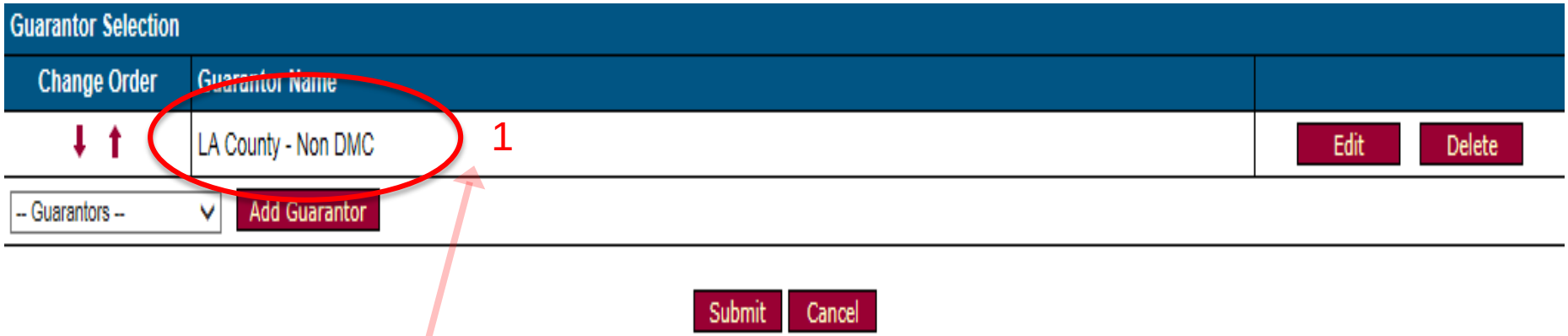


- **Effective Date of Contract:** Should read 01/01/2000 **(6).**
- **Coverage Effective Date:** Given this is a required field, enter date patient applied to Medi-Cal, as benefits will be retroactive to date of application **(7).**
- **DON'T FORGET TO HIT SAVE + SUBMIT!**

Financial Eligibility Form

Patient is ENROLLED in
My Health LA (MHLA)
or
Is APPLYING for
My Health LA (MHLA)

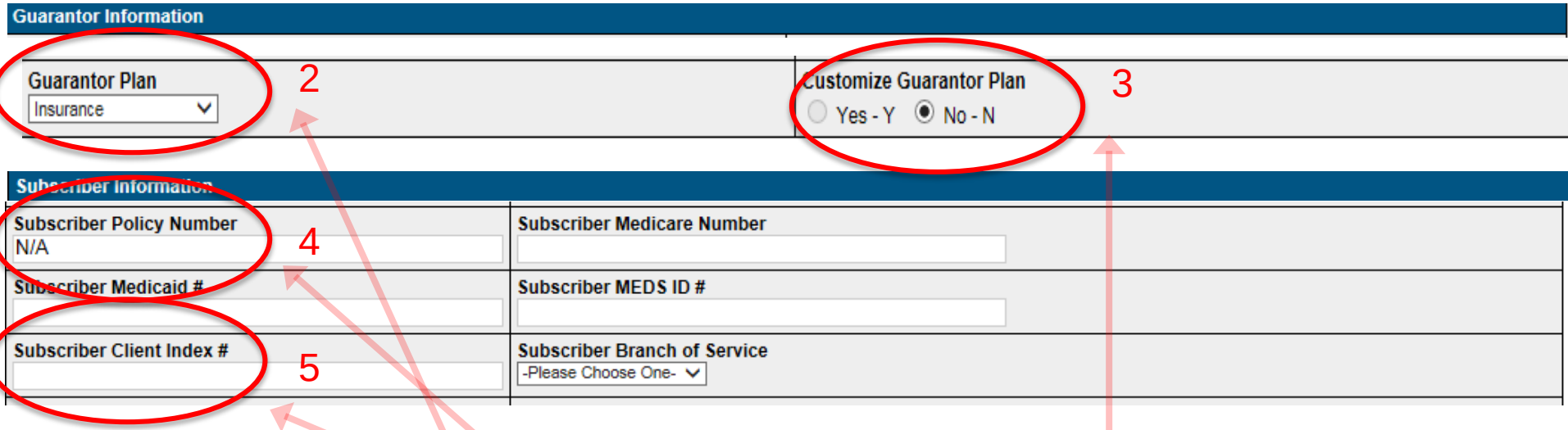
Scenario: Patient Enrolled in My Health LA (MHLA)
FINANCIAL ELIGIBLITY FORM



- **<u>MUST</u> complete a Financial Eligibility Form for all patients at admission.**
- **Patients enrolled in My Health LA must only have 1 guarantor selected (1).**
  - <u>LA County Non-DMC</u>

Scenario: Patient Enrolled in My Health LA (MHLA)

FINANCIAL ELIGIBLITY FORM



- **Selecting "LA County-NON-DMC" will auto-populate "INSURANCE" as the Guarantor Plan (2):**
  - Do NOT change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be "NO" **(3)**
- **Subscriber Policy Number:** Policy Number field for all LA County Non-DMC Guarantors will always be "N/A" **(4).**
- **Subscriber Client Index # (CIN):** Leave this field blank **(5)**.

Scenario: Patient Enrolled in My Health LA (MHLA) FINANCIAL ELIGIBLITY FORM

Coverage Information	
Eligibility Verified (•) Yes - Y ( ) No - N	Coverage Effective Date 07/01/2017
Coverage Expiration Date	Inhibit Billing By Mail ( ) Yes - Y ( ) No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract
Is This A Managed Care Contract ( ) Yes - Y ( ) No - N	Insurance Code/Medicaid Tape
Coordination Of Benefits (•) Yes - Y ( ) No - N	Date Of Accident

6

7

- **Effective Date of Contract:** Should read 01/01/2000 **(6)**.
- **Coverage Effective Date:** If you know the patient's My Health LA Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County **(7)**.
- **You also must complete the My Health LA section of CalOMS/LACPRS.**

What if patient is ELIGIBLE for MHLA, but does not have these benefits yet?

- The application and determination process for MHLA is very quick (e.g. within days).
- As a result, you should assist patient in obtaining these benefits and wait to submit the Financial Eligibility Form until you have patient's My Health LA number.

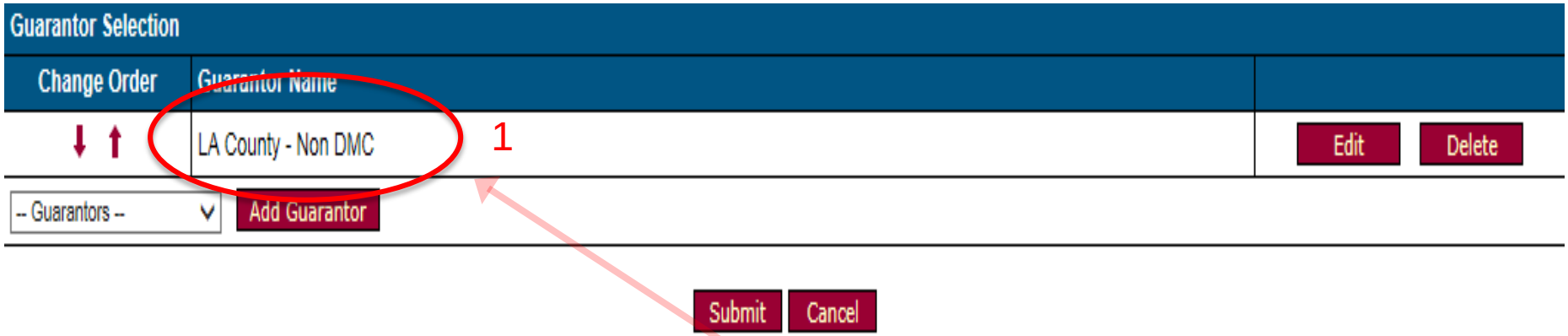
Financial Eligibility Form

Funding Sources for Special Populations where patient DOES NOT have and is not eligible for Drug Medi-Cal OR My Health LA benefits

Who are 'special population' patients?

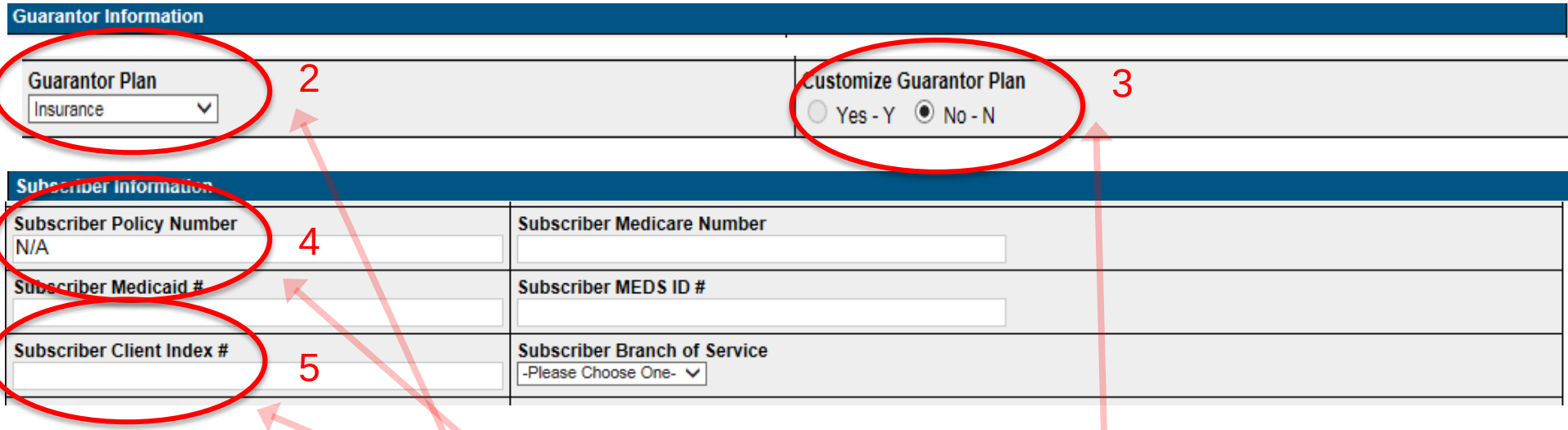
- These are patients that due to their special circumstances may qualify for other county programs.
- For the purposes of the Sage financial eligibility, these are patients that qualify for:
  - AB 109
  - Promoting Safe and Stable Families
  - Juvenile Justice Crime Prevention Act
  - Title IV-E
- If a patient ALSO is enrolled in DMC or MHLA, you need to identify these funding sources as well.

Scenario: Special Populations
FINANCIAL ELIGIBLITY FORM



- **You MUST complete a financial eligibility form for all patients at admission.**
- **Special populations patients who are not eligible for DMC or MHLA must only have 1 guarantor selected (1).**
  - LA County Non-DMC
- **If the patient is ALSO enrolled in DMC or MHLA, you need to identify these funding sources as well.**
  - DMC Medi-Cal: If they have DMC, should also enter DMC as a guarantor. DMC should always be listed as the 1st guarantor.
  - My Health LA: Should complete above as well as CalOMS.

Scenario: Special Populations
FINANCIAL ELIGIBLITY FORM



- **Selecting "LA County-NON-DMC" will auto-populate "INSURANCE" as the Guarantor Plan (2):**
  - Do not change Guarantor Plan type or Guarantor Information
  - Customize Guarantor Plan field should always be "NO" **(3)**
- **Subscriber Policy Number:** Policy Number field for all LA County Non-DMC Guarantors will always be "N/A" **(4).**
- **Subscriber Client Index # (CIN):** Leave this field blank **(5)**.

Scenario: Special Populations
FINANCIAL ELIGIBLITY FORM

Coverage Information	
Eligibility Verified (•) Yes - Y ( ) No - N	Coverage Effective Date 07/01/2017
Coverage Expiration Date	Inhibit Billing By Mail ( ) Yes - Y ( ) No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract
Is This A Managed Care Contract ( ) Yes - Y ( ) No - N	Insurance Code/Medicaid Tape
Coordination Of Benefits (•) Yes - Y ( ) No - N	Date Of Accident

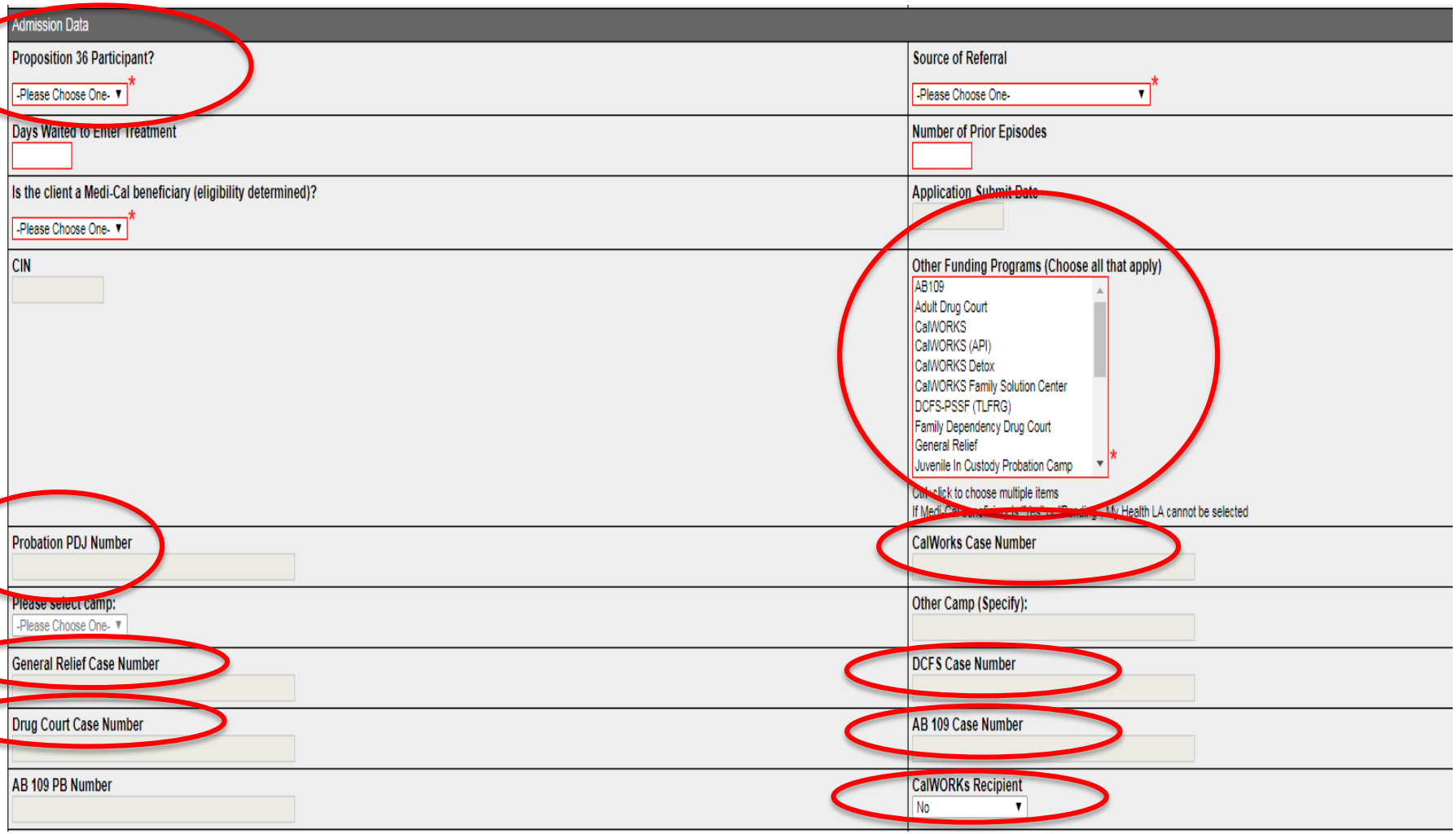
6

7

- **Effective Date of Contract:** Should read 01/01/2000 **(6)**.
- **Coverage Effective Date:** If you know the Patient's My Health LA Effective date, enter the known date.
  - If you are unsure of the effective date, enter 07/01/2017, as that is the launch date for DMC-ODS in LA County **(7)**.
- **Complete all applicable sections of the CalOMS/LACPRS for benefits that the patient qualifies for.**

CalOMS/ LACPRS

CalOMS/LACPRS: "It's NOT just for data anymore!"



Admission Data

Proposition 36 Participant? -Please Choose One- *	Source of Referral -Please Choose One- *
Days Waited to Enter Treatment	Number of Prior Episodes
Is the client a Medi-Cal beneficiary (eligibility determined)? -Please Choose One- *	Application Submit Date
CIN	Other Funding Programs (Choose all that apply): AB109, Adult Drug Court, CalWORKS, CalWORKS (API), CalWORKS Detox, CalWORKS Family Solution Center, DCFS-PSSF (TLFRG), Family Dependency Drug Court, General Relief, Juvenile In Custody Probation Camp * Ctrl+click to choose multiple items If Medi-Cal beneficiary is "Yes" or "Pending", My Health LA cannot be selected
Probation PDJ Number	CalWorks Case Number
Please select camp: -Please Choose One-	Other Camp (Specify):
General Relief Case Number	DCFS Case Number
Drug Court Case Number	AB 109 Case Number
AB 109 PB Number	CalWORKs Recipient No

CalOMS/LACPRS: What's in it for me?

- By completing CalOMS/LACPRS, you are helping to ensure that your patient can access ALL available funding sources that they may be eligible for.

- The more funding sources your patient has access to, the less likely you are to receive denials due to lack of financial eligibility.

Sage Authorization Form

Sage Service Authorization Form

- **Purpose**: Identifies which of your contracts that you are requesting services be billed to for AUTHORIZED SERVICES ONLY (e.g., Residential, RBH, WM for Youth, MAT for Youth)
  - DO NOT submit an authorization form for non-authorized services. This will result in a denial from SAPC UM staff.
- Almost all patients will be served under the DMC contract, even if they are not Medi-Cal eligible or enrolled.
- Need to ensure you select the correct contract (DMC or Non-DMC) when admitting patients.

Sage: Who is Served Under the DMC Contract?

DMC CONTRACT
This includes the following populations that may have previously been served under specific contracts

Medi-Cal Eligible/Enrolled
My Health LA Eligible/Enrolled

AND……

AB 109 – Assembly Bill 109
CalWORKs
Co-Occurring Drug Court
Drug Court
General Relief
Measure H
Mentally Ill Offender Crime Reduction
General Probation
Proposition 47
Promoting Safe and Stable Families
SUD-CARES
WCRTS

Back on Track
Community Collaborative Courts
Co-Occurring Integrated Care Network
Family Dependency Drug Court
Juvenile Justice Crime Prevention Act
Misdemeanor Drug Treatment Track
Women's Reentry
Proposition 36/PC 1210 Prop 47 –
Perinatal Services Network
START Community
Title IV-E
Self-Referral

Sage: Who is Served Under the Non-DMC Contract?

NON-DMC CONTRACT
This includes only select contracts, including those that do not require DMC certification

Client Engagement and Navigation Service
CalWORKs API
CalWORKs FSC
Juvenile Camp Services
Day Reporting Services
Recovery Bridge Housing (RBH)
Select Contracts with Pending DMC Certification

Sage Service Authorization Form

- **Purpose**: Identifies which of your contracts that you are requesting services be billed to.
- **Importance:** Need to ensure you select the correct contract (DMC or Non-DMC) when admitting patients.
- **"It's not as hard as it sounds":** Almost all patients will be served under the DMC contract even if they are not Medi-Cal eligible or enrolled.

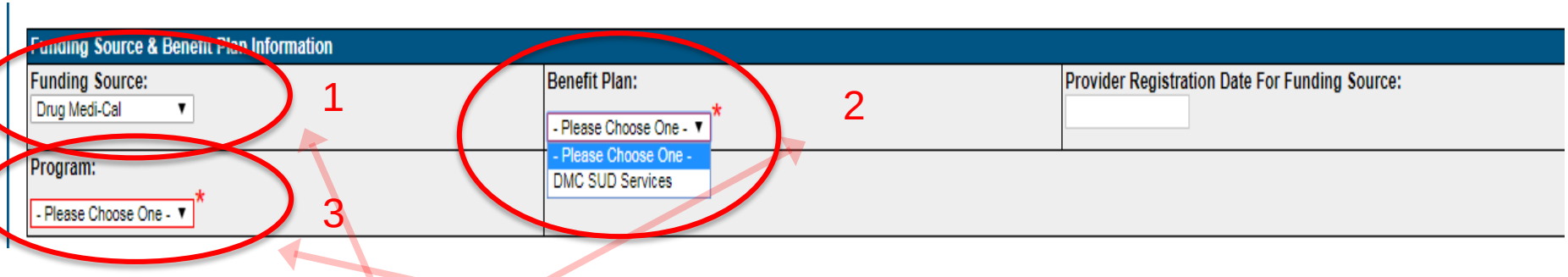
Sage Authorization Form

- ***Rule of Thumb***: You will always request authorization for services under your DMC contract EXCEPT:
  - **Recovery Bridge Housing**: ALWAYS is authorized under your Non-DMC contract.
  - **If your site/agency is NOT DMC Certified:**
    - If this is the situation, then ALL of your services would need to be requested for authorization under your Non-DMC contract.

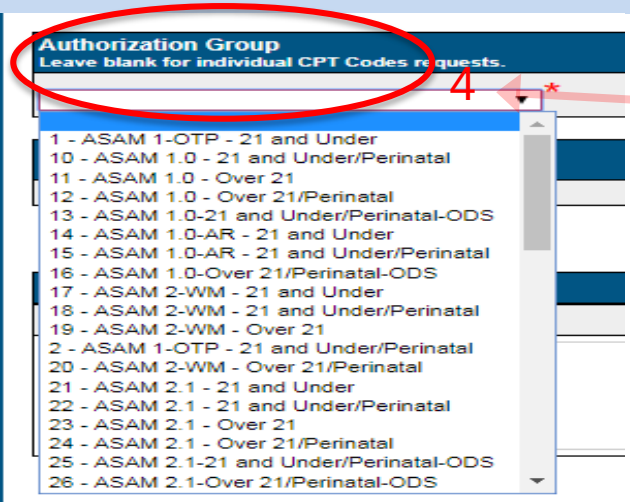
What happens if I don't select the right contract when requesting an authorization?

- **Reviewed by SAPC Utilization Management (UM)**: If caught, will have to deny authorization with request to correct and resubmit.
- If submitted incorrectly and not caught by UM, you may potentially encounter a problem with billing.

Sage Authorization Form

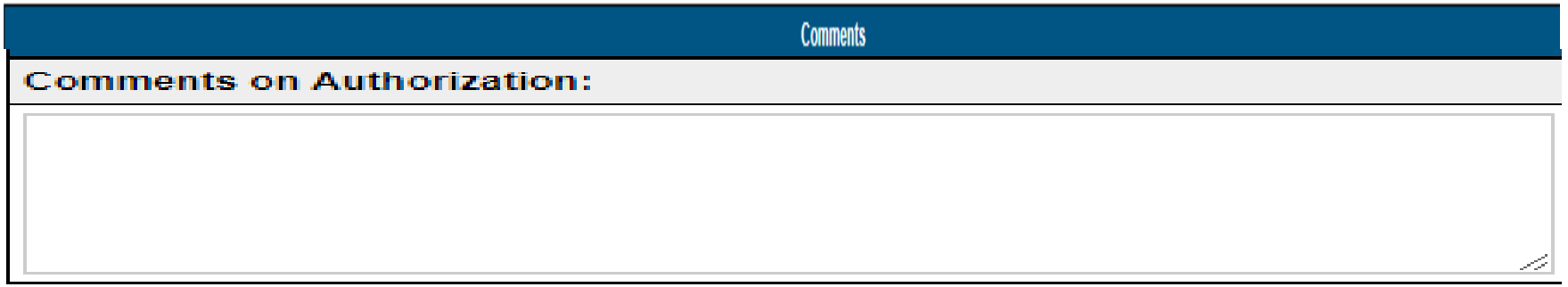


- **Funding Source:** This is where you will select your “Drug Medi-Cal” or “Non-Drug Medi-Cal” contract **(1)**.
- **Benefit Plan:** You will only ever have 1 option here. Generally, this will be “DMC SUD Services” **(2)**.
- **Program:** You MUST select the program where you are admitting the patient **(3)**.



- **Authorization Group:** Be sure to select the authorization group that matches your client **(4)**.
  - Level of Care (LOC)
  - Age of client (20 or Under; 21 or over)
  - Perinatal Status
  - Perinatal Status + Child Care (“-ODS” ending)

Sage Authorization Form



Comments on Authorization: This is the current mechanism to directly notify SAPC UM Staff about special aspects of the authorization. Elements to consider including may include:

- Indicting when someone applied for Medi-Cal.
- Identifying the patient as a Criminal Justice patient, which will prompt UM staff to look for your supporting documentation.
- Can also provide updates on the authorization after submission in this section of the form.

A Quick Word on Provider Authorizations (PAuths)

- Provider Authorizations are used when billing for outpatient services.
- They are found on the “Authorization” drop down when adding treatment.
- They Begin with a PXXXX
- If you are a contracted SAPC provider, you likely have multiple provider authorizations.
  - THEY DO NOT REQUIRE SUBMISSION OF AUTHORIZATION FORMS, as they are for Non-Authorized Services.
  - Your organization likely has multiple PAuths.

Summary

After attending today, you know:

1. **Who is eligible for SAPC Reimbursed Services.**
2. **How to correctly complete the Sage Financial Eligibility Form for most commonly encountered patient scenarios.**
3. **How to correctly complete the Sage Authorization Form** based on:
   - Services you are requesting
   - Site you are requesting authorization for
4. **About the role of CalOMS/LACPRS in identifying funding sources that patients may be entitled to.**

Netsmart

KPI Dashboards Status & CareConnect Inbox Overview

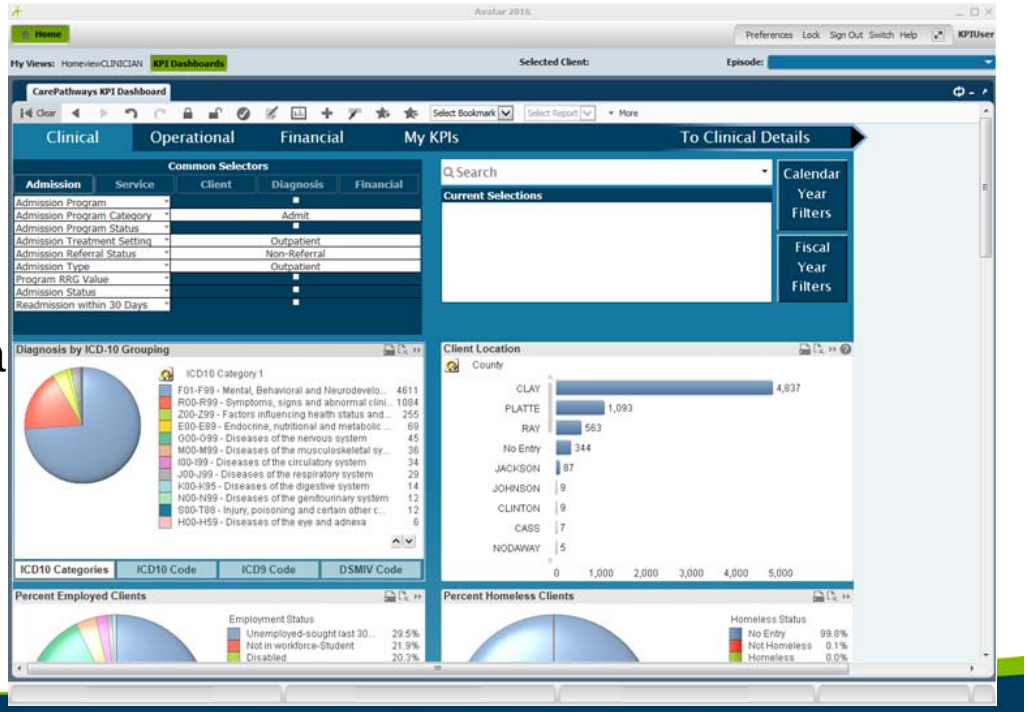
KPI Dashboards

Provides snapshot views for clinical, financial and operational data

Features:

Real-time performance dashboard

At-a-glance performance status data



Next Steps

1. Providers need to review previously identified list of staff to have KPI access (watch for email)

   Submit changes to access via the User Creation form
   http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm

   Click on 

   to download the Sage ProviderConnect User Creation form

2. Refresher training on navigation will be held via webinars

3. Expected availability to Providers by March 30th

CareConnect Inbox (CCInbox)

Goal

- To enable the sharing of information within the SAPC Network while protecting PHI

Required

- Must have a Sage login account for authentication purposes

When

- Expected to be available around mid-April 2018
- Sage users will have an individual Direct address
- Brief training will be via webinar
- Similar to email functionality

Terminology

Direct Secure Message

- Direct is a *national encryption standard* for *securely exchanging clinical healthcare data* via the Internet

- While Direct uses an email format as part of its structure, it leverages other technologies to maintain security

- A Direct address is **not an email address,** the Direct connection to a provider organization's EHR is specific to that EHR.

- A digital certificate binds that address to that organization and its EHR. One provider could have multiple addresses (e.g., at each Provider organization where she/he may work)

How Will I Use It?

Primary Purpose

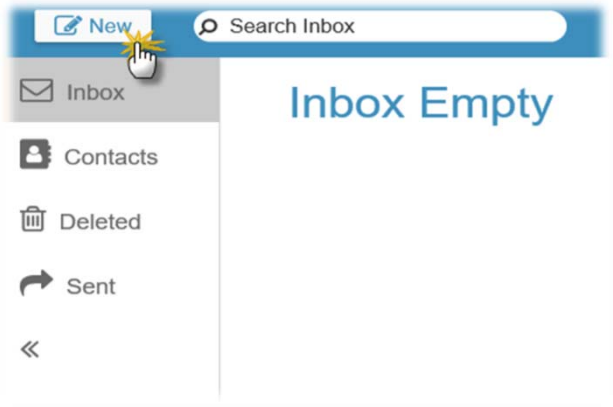
Send secure clinical communications among SAPC network

SAPC Contract Provider Staff ⟷ SAPC Staff

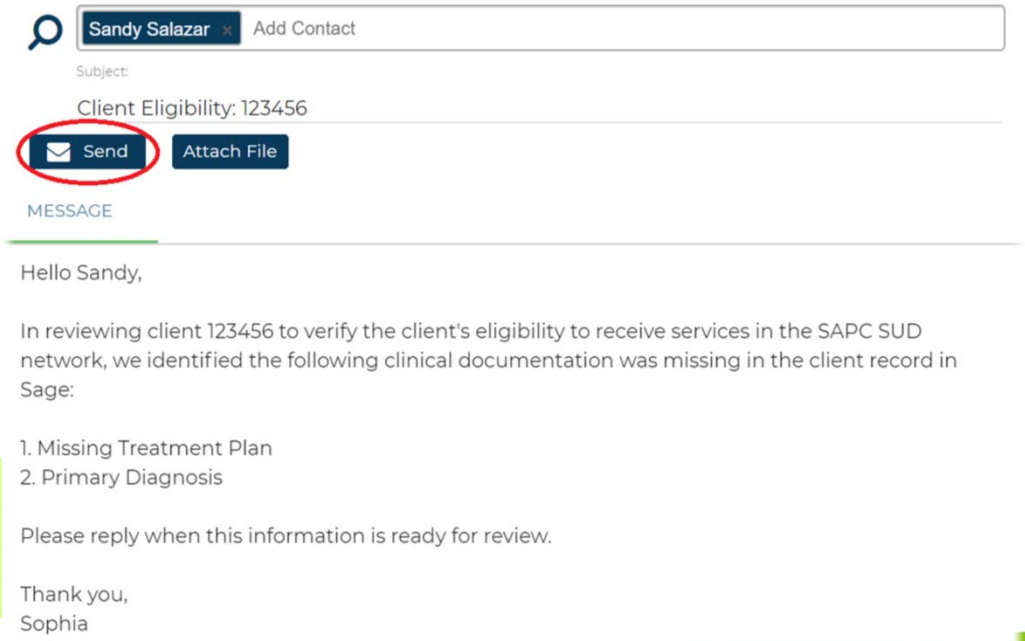
SAPC Contract Provider A Staff ⟷ SAPC Contract Provider B Staff

- **Used for client-specific questions and clarifying information**
- **Not a substitute for entering required information in Sage**

How Does It Work?



Very similar to your own email system



Create a New message…

….Send to a selected recipient

Things to Remember

- This is not a substitute for entering data into Sage or attaching required documentation.
- This is not for communications which should be submitted to the Sage Help Desk.
- Emails/attachments relevant to a client's treatment should also be attached to the client's chart.
- You are responsible for ensuring Consent is in place.

Next Steps

- Have your organization's Superuser(s) attend the CCInbox webinar for Superusers (30 minute training)
- After the Superuser training, discuss within your organization any business processes and expected uses for CCInbox
  - What changes to workflow might be required
  - How will this change how you exchange information with SAPC
- All Sage users will be given access to CCInbox
- Individuals from your organization that will be using CCInbox should attend training
  - Training will be 30 minutes or less
  - Schedule of webinar trainings will be sent out