



Sage Updates

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





Sage Updates

- **Sage Updates: Reminders**
- **Sage Updates: New Functionality**
 - Checking MCAL Eligibility in Sage (270/271 Process)
 - Anticipated Release date: *Monday, February 4, 2019*
 - Introduction to Claims Pre-adjudication Process in Sage
 - Anticipated Release date: *Monday, February 11, 2019*
 - Overview of the Key Performance Indicators (KPI) Dashboard Roll Out
 - KPI Training: To begin week of February 4, 2019
 - Registration info will be emailed when training dates are confirmed and posted to the training calendar.
 - Introduction to the EFT Reconciliation View in KPI.
 - This will be explained in greater detail during the KPI trainings next week.
- **New Trainings for 2019!**



Sage Updates: Reminders

- **“Leave No Page Behind!”**: Please allow reports to fully load before printing.
 - Problem: Some providers have begun printing prior to report loading, resulting in some pages
 - Temporary Solution: Be sure to scroll through the entire report to ensure it has fully loaded before printing
 - Permanent Solution: Sage will be updated so that the print function will not activate until report has loaded all available data. ETA: 2-4 weeks.
- **“What’s in a name?”**: Providers must utilize the SAPC approved naming convention when uploading attachments to Sage.
<http://publichealth.lacounty.gov/sapc/Sage/Documentation/FileNamingConvention.pdf>
- **“Do I need an ASAM for that?”**: Review the ASAM Requirements document to verify when an ASAM is required upon admission or re-authorization
 - <http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ASAMAssessmentRequirementsLOCTransitions.pdf>



Sage Updates: Verifying Medi-Cal Eligibility in Sage

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Verifying Medi-Cal Eligibility in Sage

- **Purpose:** Demonstrate new functionality that allows providers to easily verify initial and ongoing Medi-Cal eligibility within Sage.
- **Goals:**
 1. Identify documentation elements required to ensure proper functionality.
 2. Describe how to access the Real-Time 270 Eligibility Request
 3. Demonstrate how to run the 270 report and post the 271 results to the Financial Eligibility
 4. Provide guidance on how to interpret the results from the 271 response report
 5. Process will automatically update Financial Eligibility from 271.



Prerequisites for Checking Eligibility

- All information must match the information on any legal documents related to the patient, i.e. gender, date of birth, etc...
- To avoid errors when running the report, the following information is required to be entered on the Financial Eligibility Form in Provider Connect
 - *Provider admission must be entered*
 - *Drug Medi-Cal Guarantor*
 - Subscriber Name
 - Subscriber Date of Birth
 - Subscriber Address
 - Subscriber Policy Number
 - Subscriber Client Index Number
 - *Financial Eligibility must be Saved and Submitted*
- Note: Providers are able to use this process to verify initial DMC eligibility, however a provider admission must be entered, then the Financial Eligibility Form can be completed.

Reminders on the Financial Eligibility Form

- Must ensure the Financial Eligibility Form is completed, accurate, saved and ***submitted*** with a primary DMC guarantor.

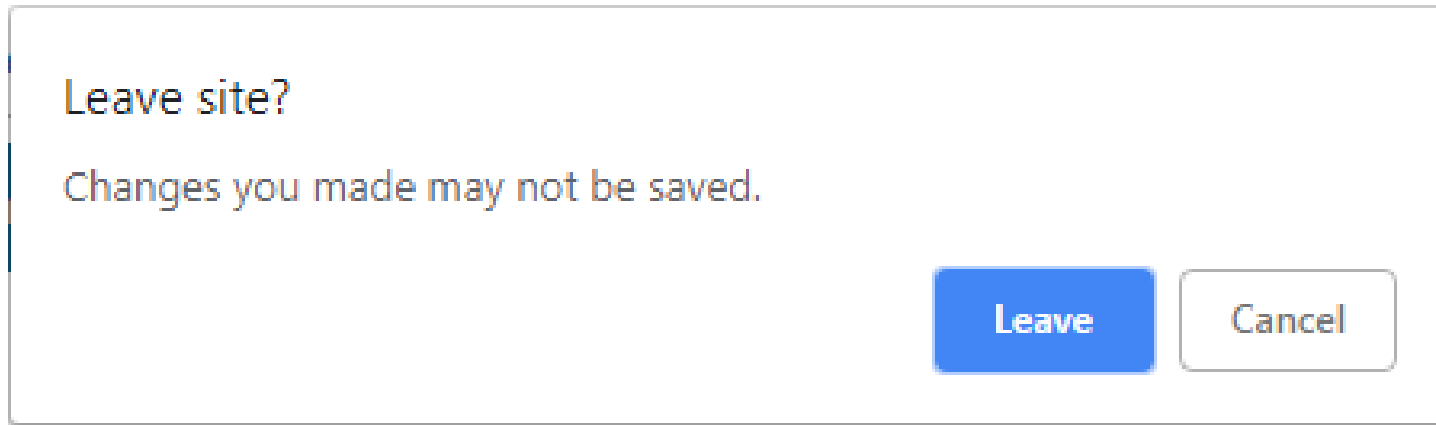
Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU
↓ ↑	LA County - Non DMC
-- Guarantors --	Add Guarantor

- **“Don’t ignore the warning!”**: If providers attempt to navigate away from the Financial Eligibility Form without submitting, depending on the browser used, some form of pop-up warning will display to remind providers to submit the form.

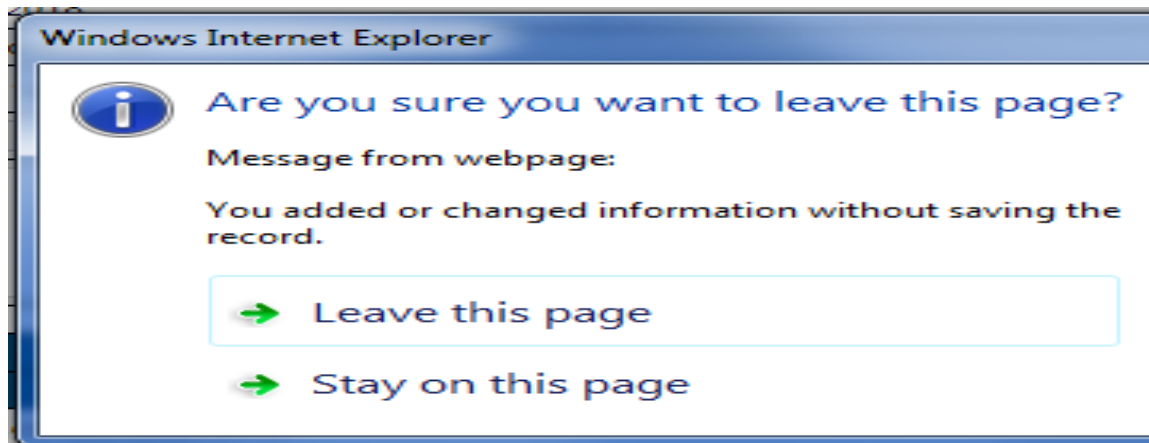


Reminders on the Financial Eligibility Form

Google Chrome- Click “Cancel” to return and submit



Internet Explorer- Click “Stay on this page” to return to the form and submit





What is the Real-Time 270 Eligibility Request?

- The Real-Time 270 Eligibility Request Form is the process in which Sage can request Medi-Cal Eligibility directly from the California Department of Health Care Services (DHCS) in real-time. Providers can receive an immediate response via a 271 file to determine current or previous eligibility status, **whether patient's status is currently active or inactive.**
 - Eligibility can depend on the specific date or date range entered in the 270 Request.
 - Results indicate whether the patient has currently active MCAL.
 - Automatically updates MCAL eligibility section in Sage.
- The menu link to this form will be in Provider Connect for **ALL** user access groups.



When to Use This Process to Verify Eligibility

- **Providers should continue to verify Medi-Cal Eligibility:**
 - Before providing services, including intake/assessment services
 - Monthly as is the current DMC and SAPC requirement.
- **Providers should maintain their current business practices for documenting ongoing eligibility, including:**
 - Day of the month when eligibility is run
 - Where in the chart the results are placed or specific log to record results
 - Follow up steps for patients whose results come back as ineligible, including utilizing CM benefits to investigate and reactivate DMC eligibility for a given patient.

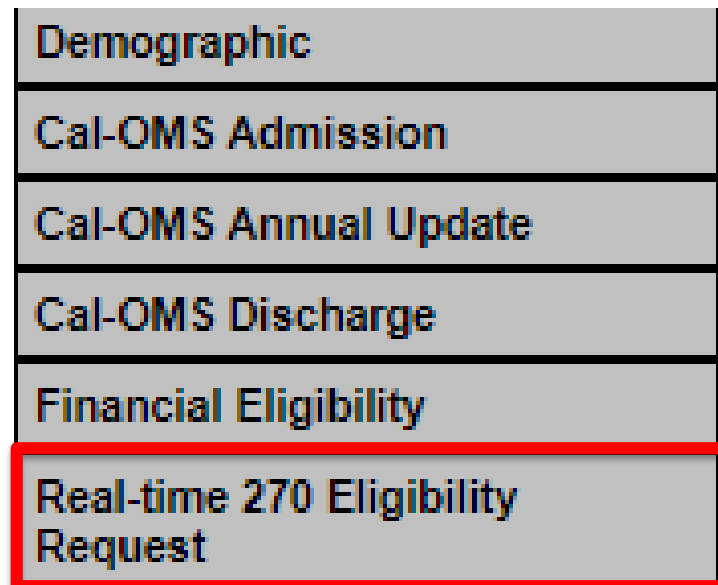


How to Run the Real-Time 270 Eligibility Request in Sage

1. Using Client Lookup, select the correct patient to verify eligibility.



2. After verifying Financial Eligibility, select the Real-Time 270 Eligibility Request link in the patient's chart





How to Run the Real-Time 270 Eligibility Request in Sage

3. Enter the episode number for your agency
4. Select California Department of Alcohol and Drug Programs (DMC) as the guarantor
5. In “From Date,” the admission date for this episode is automatically populated. Note: This date can be manually entered if a different time period is required.
6. In “Through Date,” today’s date – the date you are submitting the file – is automatically populated.

Real Time Inquiry (270) Request	
Episode Number	2 ▾
Guarantor	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU ▾
From Date	5/1/2018
Through Date	1/23/2019



How to Run the Real-Time 270 Eligibility Request in Sage

7. Click “Submit Realtime 270 Request”

Real Time Inquiry (270) Request	
Episode Number	2 ▾
Guarantor	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU ▾
From Date	5/1/2018
Through Date	1/23/2019

Submit Realtime 270 Request	Post Inquiry	View Report
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*After submitting, the following message will display and show the next steps

**The Eligibility Request has been submitted.
Please click the Post Inquiry button to post the eligibility response data to the system.**

Real Time Inquiry (270) Request



From 270 Request to 271 Response (from DHCS)

Important distinction in terminology:

- 270 is the term for the **request** for eligibility information sent to DHCS from Sage (Providers).
- 271 is the term for the eligibility **response** from DHCS back to Sage (Providers).
- After clicking “Submit Realtime 270 Request”, the next processes reference posting the 271 response data for Medi-Cal eligibility and viewing the response.
 - NOTE: you cannot view until 271 response has been posted.

Posting the 271 Response Data to the Financial Eligibility in Sage

8. Click “Post Inquiry”

Real Time Inquiry (270) Request	
Episode Number	2 ▼
Guarantor	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU ▼
From Date	5/1/2018
Through Date	1/23/2019

Submit Realtime 270 Request	Post Inquiry	View Report
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Your inquiry has been posted.
Please click the View Report button to see detailed Eligibility Response (271) information.

*Note: Providers must select “Post Inquiry” before viewing the results. **This will update specific fields on the Financial Eligibility Form based on the type of coverage, including Eligibility Code and EVC Tracking #.**



Posting the 271 Response Data to the Financial Eligibility in Sage

8. Click “View Report” to load a separate popup window with the actual eligibility response from DMC.

Real Time Inquiry (270) Request	
Episode Number	2 ▼
Guarantor	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU ▼
From Date	5/1/2018
Through Date	1/23/2019

Submit Realtime 270 Request

Post Inquiry

View Report

Your inquiry has been posted.
Please click the View Report button to see detailed Eligibility Response (271) information.

Eligibility Returns as (1) Active Coverage





Viewing the 271 Response Data Results... AKA Eligibility Information

Active Coverage... AKA Medi-Cal Eligibility confirmed

11/29/2018

[View Eligibility Response \(271\)t](#)

Eligibility Response (271) Response Data

File Name:Real-Time 270/271 Processing

File Status:Posted

File Version:271v5010

Data Entry By:ProviderConnect WebSvcs (do not edit)

Data Entry Date:11/29/2018

Data Entry Time:09:09 AM

Guarantor: CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUGS

1.

Inquiry Type
Eligibility Or Benefit Information

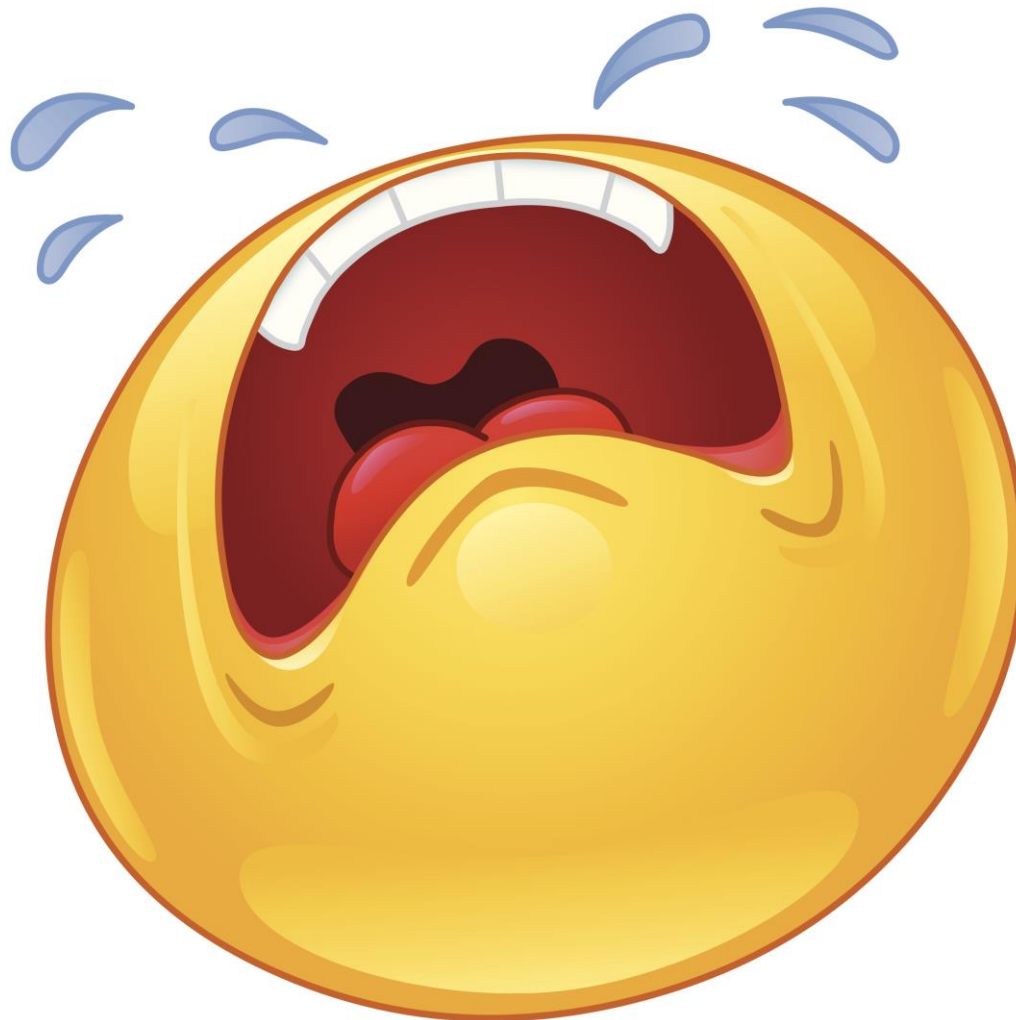
Generic: Financial Eligibility
(W) Other Source of Data

2.

Inquiry Type
Eligibility Or Benefit Information
Service Type Code
Insurance Type Code

Generic: Financial Eligibility
(1) Active Coverage
(30) Health Benefit Plan Coverage
(MC) Medicaid

Eligibility Returns as (6) No Active Coverage





Viewing the 271 Response Data Results... AKA Eligibility Information

11/29/2018

[View Eligibility Response \(271\)t](#)

Eligibility Response (271) Response Data

File Name:Real-Time 270/271 Processing

File Status:Posted

File Version:271v5010

Data Entry By:ProviderConnect WebSvcs (do not edit)

Data Entry

Data Entry Time:09:09

Date:11/29/2018

AM

Guarantor: CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUGS

1.

Inquiry Type
Eligibility Or Benefit Information

Generic: Financial Eligibility
(W) Other Source of Data

2.

Inquiry Type
Eligibility Or Benefit Information
Service Type Code
Insurance Type Code

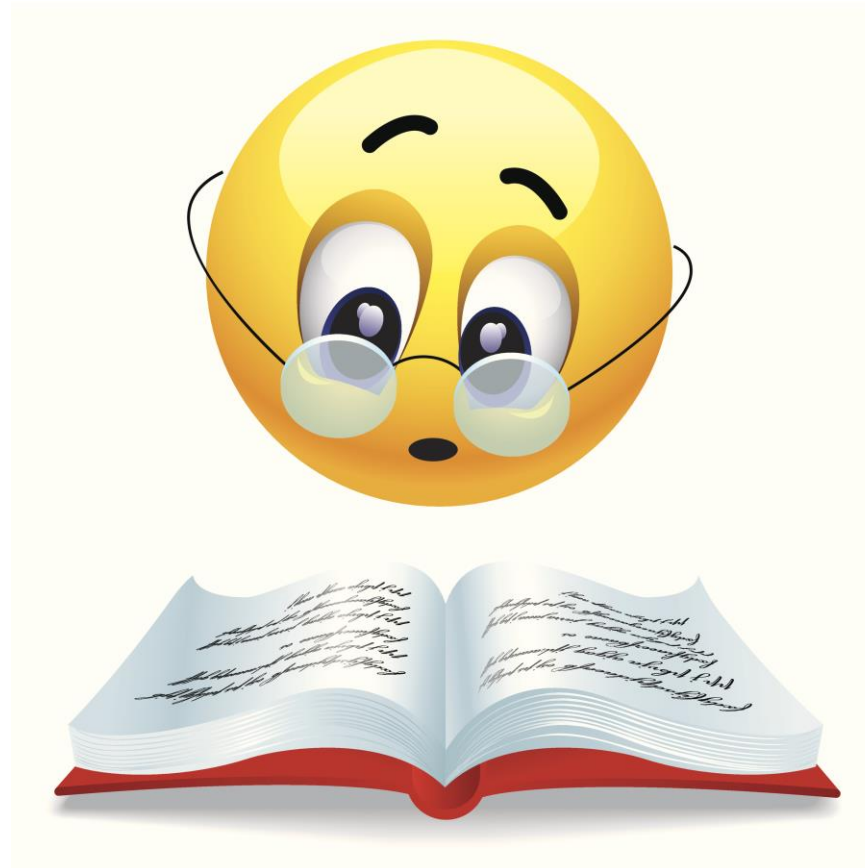
Generic: Financial Eligibility
(6) No Active Coverage



Viewing the 271 Response Data Results... AKA Eligibility Information

- If you are seeing this result, it means the patient either:
 1. Lost their Medi-cal coverage
 2. Never had coverage
- Providers should engage the patient and determine if they have received any communication from Medi-Cal
- Continue to treat this patient while you are investigating and attempting to re-establish benefits.
- Providers **SHOULD** assess and assist the patient in re-establishing benefits or accessing ongoing services.
- Providers **SHOULD NOT** immediately discharge the patient.

Eligibility Returns as Valid Request Indicator: (N) No: Please Correct and Resubmit





Viewing the 271 Response Data Results... AKA Eligibility Information

It's time to investigate!

- This is an error code meaning a vital piece of information is missing from Financial Eligibility and DHCS cannot process the request
- Refer to Slide 2 for prerequisites

11/29/2018

View Eligibility Response (271)t

Eligibility Response (271) Response Data

File Name:Real-Time 270/271 Processing	File Status:Posted	File Version:271v5010
Data Entry By:ProviderConnect WebSvcs (do not edit)	Data Entry Date:11/29/2018	Data Entry Time:09:09 AM

1.

Inquiry Type	Generic: Financial Eligibility
Valid Request Indicator	(N) No
Follow-up Action Code	(C) Please Correct and Resubmit



Prerequisites for Checking Eligibility

- All information must match the information on any legal documents related to the patient, i.e. gender, date of birth, etc...
- To avoid errors when running the report, the following information is required to be entered on the Financial Eligibility Form in Provider Connect
 - *Provider admission must be entered*
 - *Drug Medi-Cal Guarantor*
 - Subscriber Name
 - Subscriber Date of Birth
 - Subscriber Address
 - Subscriber Policy Number
 - Subscriber Client Index Number
 - *Financial Eligibility must be **Saved** and **Submitted***
- Note: Providers are able to use this process to verify initial DMC eligibility, however a provider admission must be entered, then the Financial Eligibility Form can be completed.



What Information is Populated to the Financial Eligibility Form?

- After posting the most updated information from the Medi-Cal database, Sage will automatically populate certain information into the Financial Eligibility Form, in the DMC guarantor section
 - This information includes:
 - Eligibility Code
 - Aid Code
 - EVC Tracking #

Aid Code

(6E) Continued eligibility for the Disab - 6E

Eligibility Code

(001) ELIG./NO COND. - 001

EVC Tracking

154P1V9K8Z



What Additional Information Must be Entered to the Financial Eligibility Section?

- **NON-DMC Eligibility**: This process does NOT automatically enter the non-DMC financial eligibility.
 - REMEMBER: Patients with DMC need to have both DMC + Non-DMC financial eligibility in the system to decrease the risks of billing denials and to cover all costs of treatment.
- **Important to verify that DMC information was posted**: You can verify that your patient's info updated correctly.

If you have additional questions?

Consult the 270/271 user guide!



Sage Updates: Claims Pre-Adjudication

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Claims Pre-Adjudication

- **Purpose**: To provide an introduction to the Pre-Adjudication process in Sage to determine potential billing issues.
- **Goals**:
 1. Define what Pre-Adjudication is and how to use it.
 2. Demonstrate how to use the workflow in Sage.
 3. Inform providers of full training dates.



Impossible

Claims Adjudication vs. Claims Pre-Adjudication

- **Claims Adjudication:**

- The term used when we process claims that have been officially submitted to SAPC for review and payment.

- **Claims Pre-Adjudication:**

- A new process available to primary users of Sage that will check claims *before* they are submitted to SAPC to allow providers to fix potential denial reasons.

- Providers will be able to view which treatment/services will be approved or denied prior to submitting.
- The denial reason will display along with the claim itself
- Providers will have the ability to fix the “Treatment” or chart information prior to submitting, which can prevent the need to void and replace claims.



Things To Consider About Pre-Adjudication

- **Providers must still submit the claims after the Pre-Adjudication process.**
 - Running this function does not automatically submit the claim to SAPC after providers review the information.
 - Providers must still click submit claim.
- **While SAPC will provide recommendations on how to utilize this process within your agency, it is ultimately up to you!**
 - Each agency will need to develop their own procedures for when and how to submit claims based on the results of the Pre-Adjudication.



Additional Considerations

- **Claims are validated against most billing rules in Sage**
 - More advanced rules can only be validated once submitted to SAPC.
 - For example, a duplicate claim will pass pre-adjudication, but once submitted to Sage, it will validate against previous claims.
- **Only validates against information at the time when provider elects to process**
 - If anything changes in the chart after submission of claim, it can still be denied based on changes that occurred after initial passing of pre-adjudication.
 - For example, validates information based on current Financial Eligibility, but provider changes that information before actually submitting the claim.



Pre-Adjudication Preview

Client ID	Date		Cost	
	From	To	Unbilled	Billing
159905	1/1/2019	1/17/2019	\$1,950.00	\$1,950.00
Total:			\$1,950.00	\$1,950.00
<< Cancel/Delete Bill		Save, But Not Submit	View Pre-adjudication Results	View Bill Summary >>

Bill Pre-Adjudication Results							
Mark Service As Reviewed	Member ID	Service Date	Pre-Adjudication Edit Failed Reason	Status	Units	Procedure Code	Cost
<input type="checkbox"/>	159905	1/2/2019		Passed Edit	1	Family Therapy (90846:U8)	\$150.00
<input type="checkbox"/>	159905	1/3/2019		Passed Edit	1	Family Therapy (90846:U8)	\$150.00

Bill Pre-Adjudication Results							
Mark Service As Reviewed	Member ID	Service Date	Pre-Adjudication Edit Failed Reason	Status	Units	Procedure Code	Cost
<input type="checkbox"/>	159904	1/10/2019 Delete	The service was denied for the following reason:Procedure not on fee schedule.	Failed Edit	6	Intake/Assessment (H0001:U7:HA)	\$0.00
<input type="checkbox"/>	159904	1/13/2019 Delete	The service was denied for the following reason:Procedure not on fee schedule.	Failed Edit	6	Intake/Assessment (H0001:U7:HA)	\$0.00

Pre-Adjudication and Billing Troubleshooting Webinar

Thursday February 7, 2019 1:30-3:30



- A training webinar will be held next week, Thursday 02/07/19 from 1:30-3:30pm to introduce providers to the Pre-Adjudication workflow and updated billing denials troubleshooting
- Please have all relevant staff attend, including any staff involved with billing, as well as administrators to understand how this may affect workflow.
- Please view the training calendar to access the Skype link and call-in information for the webinar.
 - You do not need to pre-register.
- **This release is scheduled for Monday, 2/11/2019!**



Sage Updates: KPI Dashboard 2.0

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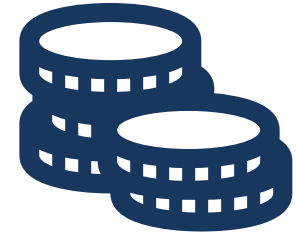
KPI Dashboard 2.0

- **Purpose:** To demonstrate the new KPI Dashboard interface, with potential uses, and inform providers of upcoming training dates.
- **Goals:**
 1. Identify what KPI dashboard is and describe potential uses for providers
 2. Provide a preview of new features
 3. Inform providers of rollout dates and training dates.



KPI Dashboard 2.0

- **KPI**=Key Performance Indicators
- Real-Time Data retrieval of all information available in Sage
- Providers will be able to analyze this data for quality improvement and program management needs
 - Examples of useful analysis include:
 - Agency-wide client demographic information
 - Admissions for a given time period
 - Staff productivity
 - Program and financial monitoring
 - Overall authorization details throughout the agency
 - AND.....



Payment Reconciliation





Payment Reconciliation View in KPI 2.0

- **Providers will now have access to a new ‘view’ in the KPI dashboard that will allow providers to:**
 - Reconcile specific check/EFT information to actual claim information and services
 - Compare approved claims and denied claim amounts
 - Reconcile claims against any takebacks that were issued by SAPC or requested by provider
 - View EOB information related to check/EFT payments



EFT-Reconciliation View in KPI 2.0

EFT-Reconciliation View

Check Number	Claim Status	Batch ID	EOB ID	Retro Claim EOB ID
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Procedure Overview

Procedure ID	Provider Name	Contracting Provider Program	Client Name	DOS	Performing Provider Name	Procedure	Auth #	Claim Status	Total Charge	Total Takeback	Total Disbursed	Remaining Balance
Totals												
1919979				2018-05-15		Group Counseling (H0005:U7)		Approved	\$69.30	\$69.30	\$0.00	\$69.30
1919958				2018-05-29		Group Counseling (H0005:U7:HA)		Approved	\$51.98	\$51.98	\$0.00	\$51.98
1919977				2018-05-31		Group Counseling (H0005:U7)		Approved	\$51.98	\$51.98	\$0.00	\$51.98
1919957				2018-05-31		Group Counseling (H0005:U7:HA)		Approved	\$51.98	\$51.98	\$0.00	\$51.98
1920153				2018-05-22		Group Counseling (H0005:U7)		Approved	\$39.60	\$39.60	\$0.00	\$39.60
1919959				2018-05-29		Patient Education (T1012:U7:HA)		Approved	\$39.60	\$39.60	\$0.00	\$39.60
1920151				2018-05-08		Group Counseling (H0005:U7)		Approved	\$33.94	\$33.94	\$0.00	\$33.94
1920152				2018-05-21		Group Counseling (H0005:U7)		Approved	\$33.94	\$33.94	\$0.00	\$33.94
1919980				2018-05-31		Case Management		Approved	\$33.83	\$33.83	\$0.00	\$33.83



EFT-Reconciliation View in KPI 2.0




Check Summary

EOB ID	Batch ID	Check Number	Check Date
	14304		2018-11-30
	11509		2018-11-02
	7067		2018-07-24
	7068		2018-07-24
	4119		2018-06-22
	5119		2018-06-22
	5120		2018-06-22
	5400		2018-06-22
	5401		2018-06-22
	5402		2018-06-22
	4075		2018-06-01



EFT-Reconciliation View in KPI 2.0





Original EOB Summary

Procedure ID 	EOB ID 	Charged Amount	Expected Disbursement	Expected Remaining Balance
Totals 				
4305503	4924	\$33.83	\$33.83	\$0.00
4305502	4924	\$33.83	\$33.83	\$0.00
4305501	4924	\$26.73	\$26.73	\$0.00
4305500	4924	\$24.30	\$24.30	\$0.00
4305499	4924	\$29.70	\$29.70	\$0.00
4305498	4924	\$59.26	\$59.26	\$0.00
4305497	4924	\$118.52	\$118.52	\$0.00
4305496	4924	\$59.26	\$59.26	\$0.00
4305495	4924	\$26.73	\$26.73	\$0.00



EFT-Reconciliation View in KPI 2.0

Retro Claim EOB Summary

Procedure ID 	EOB ID 	Retro Claim EOB 	Take Back Amount 
2279599	1790	2139	69.30
1535413	1160	2226	69.30
1535411	1160	2226	69.30
1919979	1482	2388	69.30
2279330	1790	2139	51.98
2279329	1790	2139	51.98
360701	538	2227	51.98
1919977	1482	2388	51.98
1919958	1482	2388	51.98
1919957	1482	2388	51.98



KPI Rollout

- Netsmart & SAPC will be hosting a number of Web-based KPI trainings, starting in the next two weeks!
- Please be on the lookout for email notification as well as the SAPC training calendar for specific days and times!



Upcoming SAPC Trainings

- Remember to always check the SAPC training calendar for current trainings and registration information.
 - <http://publichealth.lacounty.gov/sapc/Event/event.htm>
- **NEW Clinical Documentation Training**
 - Additional documentation trainings to be held in February and with a regular frequency.
- **SAPC Resource Orientation Training: Your Roadmap to All Things SAPC- 01/30/19 from 2-4pm**
 - ***New Venue- Across the street in the Public Works Building
- **Making the Most of the ASAM Continuum Assessment Tool on Wednesday 02/13/19 11am-3pm at AVRC**
- **ASAM CO-TRIAGE Training: Coming Soon!**
- **Revised Treatment Planning Training: Coming Soon!**

SAPC-UCLA Lecture Series 2019

Date	Topic
Friday, March 22, 2019	Stimulant Use Disorders: Therapeutic approaches & Considerations.
Friday, June 28, 2019	Integrating SUD into the Healthcare System
Friday, September 20, 2019	Self-Care for SUD Providers
Friday, December 13, 2019	Kratom, Bath Salts & Spice! Oh my!: Emerging Trends in Substances of Abuse and How to Treat Them (Working title)

