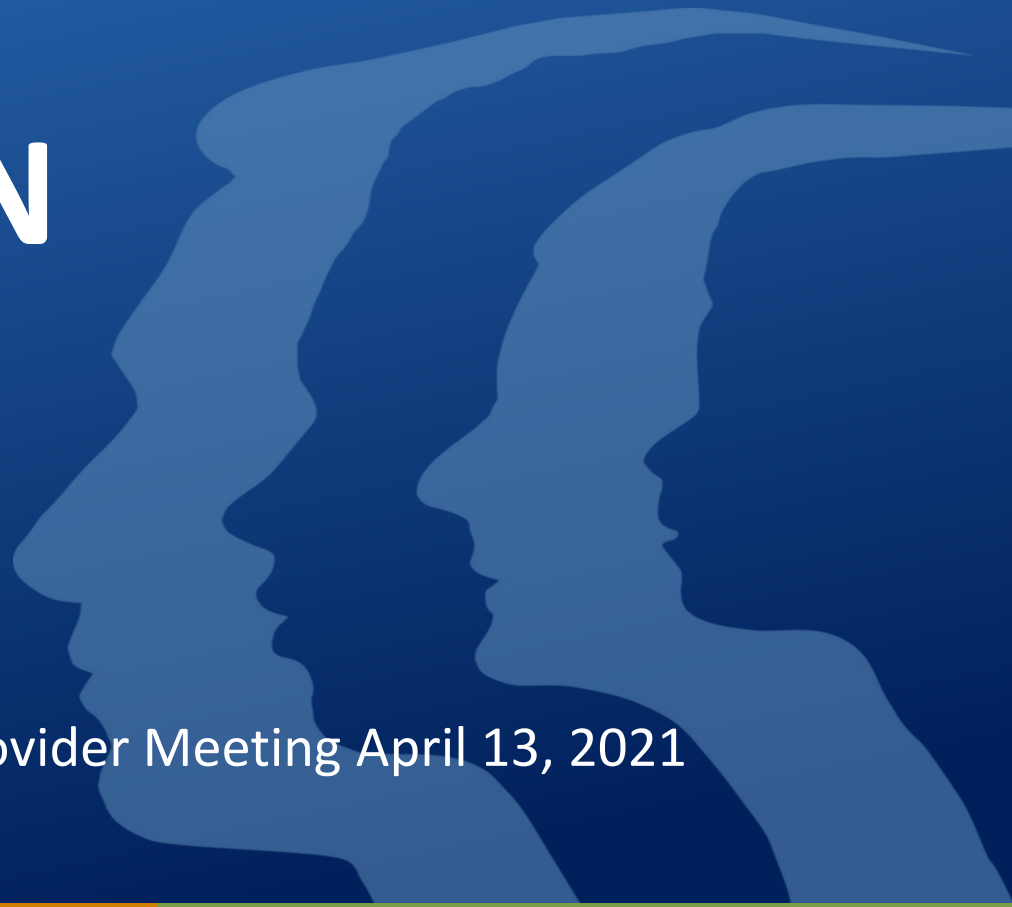
SAGE, BILLING AND DENIAL RESOLUTION UPDATES



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

All Provider Meeting April 13, 2021

1. Sage Updates
2. OHC Updates
3. Verifying Medi-Cal Eligibility Updates
4. State Denials Update

Sage Updates

Provider Activity Report Performance Issues

SAPC and Netsmart have been working together to improve the performance issues related to the Provider Activity Report in ProviderConnect.

As of Tuesday 4/13/21, SAPC has received notice that the report is now available for providers to resume use.

- Providers should continue their normal workflows utilizing this report.
- Any issues related to report functionality should be reported to the helpdesk immediately for additional troubleshooting.

Finance will process claims as they are submitted due to the delays this has caused to providers in submitting claims.

Provider Activity Report Performance Issues

- SAPC, in conjunction with Netsmart, has been working to resolve a known issue where some primary providers are unable to access the Provider Activity Report in ProviderConnect. As of Tuesday morning, April 13, 2021, SAPC has received notification that this issue has been resolved. SAPC is in the process of confirming this. However, due to the inability to view the report for the past 2 weeks, some primary providers have previously been unable to enter treatment services into ProviderConnect for billing to SAPC.

- To support providers while the issue is fully resolved, SAPC previously indicated that we will be sending information to the affected primary providers regarding the process to request a monthly cost-based payment for the months affected by this issue. Providers need to notify SAPC that they are affected by this issue by submitting a case with the Sage Help Desk indicating that they are unable to access the Sage Provider Connect Provider Activity Report. The Help Desk can be reached by phone at (855) 346-2392 or via the Sage Help Desk portal at https://netsmart.service-now.com/plexussupport.

- SAPC Finance will be sending an Excel template to the affected providers which can be completed with the monthly cost amounts for the affected months. Providers must complete the template with the monthly cost amount and send the completed spreadsheet to Edita Mendoza of SAPC Finance at emendoza@ph.lacounty.gov for immediate processing. SAPC Finance will calculate the appropriate monthly payment based on the monthly cost amount information provided, not to exceed 1/12 of the maximum contract allocation amount.

  http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-01/SAPCIN21-01COVID-19.pdf

Helpdesk Related Updates

- **The Bi-annual Sage Helpdesk Feedback survey** is being sent out again this week for additional feedback
  - The survey is sent to anyone who submitted a ticket since the last survey
  - This feedback is helpful for SAPC and Netsmart to understand the process better and make any changes needed to improve the provider experience.
  - Please make sure to complete your survey if you haven't already.
  - If clicking on the link does not work, please copy and paste the link directly into the browser's search bar.
- **Merge cases** are being worked as they are submitted and are usually resolved within a few days of submission.
  - Delays in processing include:
    - Billing on both records
    - Large number of documentation to merge from one ID to another
    - Insufficient information on the ticket
- **Significant increases in Final to Draft requests for progress notes**
  - Requests to change time or number of people in the group are amongst the top reasons
    - This may occur if providers attempt to start the notes prior to the group or are not using the sign in sheets for that day.

Other Health Coverage Guarantor Request and Updates

What is an OHC?

OHC is:

- Other Health Coverage (OHC) refers to private health insurance. In most situations, OHC must be billed prior to billing Medi-Cal
- Providers are not allowed to deny Medi-Cal services based upon potential third party liability. To establish Medi-Cal's liability for a covered Medi-Cal service, the provider must obtain an acceptable denial letter from the OHC entity.
- Medicare Part C are Medicare Advantage plans or Medicare Risk, which ARE considered an OHC.
  - Outpatient (non-OTP) and Residential programs can bill Medi-Medi patients directly to Medi-cal, except when a patient has Medicare Part C

OHC is not:

- Medical Managed Care Plans (i.e. LA Care, Molina, etc.)
- Medicare Part A & B (for non-OTP services)
- Institutionalized (OHC Code "I")

https://filesaccepttest.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/otherguide.pdf

Cost-Avoided OHC and HMO Coverage Codes

If a recipient's OHC code is one of the following and the service rendered falls within the recipient's Scope of Coverage (COV) under the OHC, the provider must advise the recipient to contact the Health Maintenance Organization (HMO) or bill the OHC before billing Medi-Cal.

OHC Code	Carrier
A	Pay and chase (applies to any carrier)
C	Military benefits comprehensive
D	Medicare Part D Prescription Drug Coverage
E	Vision plans
F	Medicare Part C Health Plan
G	Medical parolee
H	Multiple plans comprehensive
K	Kaiser
L	Dental only policies
P	PPO/PHP/HMO/EPO not otherwise specified
Q	Commercial pharmacy plans
V	Any carrier other than the above (includes multiple coverage)
W	Multiple plans non-comprehensive

https://filesacceptttest.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/otherguide.pdf

Generally, most OHC coverages will need to be billed to the OHC carrier before billing Medi-Cal.

When is OHC not OHC for SUD?- ADP 11-01 & MHSUDS 16-064

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******If the patient has CalMediConnect listed in the Eligibility Message, DHCS should not code that as OHC, unless there are other carriers present******

https://www.dhcs.ca.gov/services/MH/MHSUD/Documents/ADP_Bulletins/ADP_11-01.pdf
https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_16-064.pdf

What is Required to Show Coverage

Per DHCS OHC Provider Manual 02 "When billing Medi-Cal for any service partially paid for or denied by the recipient's OHC, the following is required to show proof of denial or coverage limitations with letters/EOBs included in the patient's medical record:

- ❑ OHC EOB or denial letter, the recipient's letter documenting that OHC is not available,"
- ❑ Additionally, the claim must include:
  - ❑ 1. Carrier or carrier representative name and address
  - ❑ 2. Recipient's name or Social Security Number (SSN)
  - ❑ 3. Date
  - ❑ 4. Statement of denial, termination or amount paid
  - ❑ 5. Procedure or service rendered
  - ❑ 6. Termination date or date of service
- ❑ Users will be able to include the additional claim information as part of the configuration in Sage to be transmitted to the State.

What is Required to Show Denial Info

When SUD is not a covered benefit of the recipient's OHC:

A copy of the original denial letter or EOB is acceptable for the same recipient and service for a period of one year from the date of the original EOB or denial letter.	A dated statement of non-covered benefits from the carrier is also acceptable if it matches the insurance name and address and the recipient's name and address.	It is the provider's responsibility to obtain a new EOB or denial letter at the end of the one year period.	Claims not accompanied by proper documentation will be denied.

If a recipient changes to a different OHC, a new EOB, denial letter or dated statement of non-covered benefits is required from the new carrier.

https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/othhlth.pdf

OHC Carrier Information in Sage

Providers submitted list to SAPC

SAPC currently configuring in Sage

SAPC will provide a workflow after OHC launch to add missing carrier information

SAPC will need sample EOBs to verify carrier information if requesting to add a missing OHC carrier once the process is finalized.

State Denial Codes for OHC

- Historically, OHC denials were denied for patient being ineligible under the umbrella of CO 177 codes.
  - Sometimes including a RARC code of N30.
  - When troubleshooting a denial for CO177, if the aid and county codes appear valid, the issue may be related to OHC coverage.
- More recently, the State has been sending a CARC/RARC combination specific to OHC:
  - **CO 22 N479**
    - This care may be covered by another payer per coordination of benefits. (22)
    - Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). (N479)
    - SAPC is currently holding and not yet recouping these denials until providers have the ability to correct them after Sage has been fully configured for OHC.

Verifying Medi-Cal Eligibility Update

Real Time 270 Request

Why is this a requirement?

- In preparation for new workflows that will minimize state denials related to patient being DMC ineligible
- Supports DMC/SAPC requirement to verify eligibility and updates Sage system to show eligibility was verified.
- Updates system with the most current eligibility information

Added benefits to Providers

- When posted to the system, the resulting 271 updates Sage to the most current eligibility information.
  - Ex: MEDS file on 4/1/2021 shows patient as ineligible or inactive due to share of cost, outdated income information etc.
  - Patient meets SOC or updates financial information with the state on 4/10/2021.
  - Patient calls provider for treatment on 4/13/2021 and provider runs the 270 in Sage.
    - 271 updates the eligibility to show the correction or SOC has been met.
  - Reduces barriers to treatment and prevents possible “Eligibility not found/verified in CalPM” denial because system has been updated. (e.g. Win-Win!)

SAPC has engaged NTST to redevelop the 271 report to include aid codes, county code and OHC details.

While this is being updated, SAPC has developed a report to assist providers with determining eligibility.

- Effective May 7th, 2021, each agency's CPA will provide a monthly report (by the 7th of each month) of aid and county codes of all patients in which a Real Time 270 was run in Sage.
  - CPAs will run the report for the previous month and the first week of the current month
  - For example, on May 7th providers will receive the report for April 1-30 and May 1-7.
- Providers must run the Real Time 270 Request in Sage for the report to populate for that patient.
- The agency can also request the report during the month on a case-by-case basis, if necessary.

Eligibility and Denial Assistance

SAPC is continually developing trainings and resources to assist providers minimize local and state denials.

CIBHS- Focus on Finance- OHC Presentation

- https://californiainstituteforbehavior.app.box.com/s/66j39eznzizwa6vub3rouwn7o962gxwh

Correcting Diagnosis Errors in Sage job aid

- http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/CorrectingDiagnosisErrorsSage.pdf

Training on “Interpreting the 271 Report”- Coming by end of April

New and improved Claim Denial Crosswalk 3.0- coming by beginning of May

State Denials Update

New State Denial Code CO 96 MA43

- The State has recently started using a new denial code - CO 96 MA43 - which is not on SAPC's current denial Crosswalk but is scheduled to be added on the next updated version.
  - Per X12.org, who maintains all Claim Adjudication Reason Codes (CARC) and Remittance Advise Remark Codes (RARC), CO 96 MA43 stands for: Non-covered charges (CO 96); Missing/incomplete/invalid patient status (MA43).
  - SAPC's investigation revealed these claims were denied when there was a discrepancy in the patient's name on the Financial Eligibility (FE) Subscriber's Name field to what the State has in their record.
- Providers who encounter this type of denial should review the FE to ensure there is not a typo, as this was noted during the investigation process. The Subscriber's Name field should match the patient's full name listed on their Benefits Identification Card (BIC).
- When the F.E. is updated, the claim may be resubmitted through Sage or replaced through an 837.

New Training Resources

Clinical Training Resources

The following are CE/CEU accredited clinical trainings available to our network at no charge to the participant:

Medication-Assisted Treatment Approaches to Alcohol Use Disorders

- April 15, 9am-12:15pm
- http://publichealth.lacounty.gov/sapc/calendar/Apr2021/MAT041521.pdf

Substance Use Treatment for Criminal Justice Populations

- April 27 8:30am-12:30pm
- http://publichealth.lacounty.gov/sapc/calendar/Apr2021/Criminal042721.pdf

New LPHA Series of Trainings brought to you by the outstanding trainers in the SAPC-CST unit

- What LPHAs Need to Know About the ASAM Continuum- April 29, 8:30am-12:30am- Register here
- Advanced Treatment of Dual Diagnosis- Coming soon
- LPHA- Being the Best Supervisor You Can Be!- Coming Soon