



SAGE UPDATES

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

All Provider Meeting May 3, 2022



Financial Eligibility Workflow with Applying for Medi-Cal and DMC Guarantors

Denial Resolutions

Helpdesk Progress Note Modification Workflow

Fiscal Year Cutover Reminders

Bonus Content



Applying for DMC to DMC Enrollee Workflow



Patient enters treatment without DMC benefits (either out of county or not enrolled)

After one to three months, the patient's Medi-Cal is effective in LA County

Provider needs to bill for services rendered while waiting for DMC to become effective

Provider assists patient obtain benefits in LA County using Case Management/Care Coordination benefits.

Provider and patient rejoice



Updating the F.E. to DMC Guarantor



Step 1: Do not add DMC guarantor until all Applying for DMC billing is billed and appropriately approved.

Step 2: Verify all Applying claims are approved, then remove the Applying for Medi-Cal guarantor.

Step 3: Add DMC guarantor with Coverage Effective Date as the date Medi-Cal became effective in LA County, based on either the County of Residence or County of Responsibility (Reference current SAPC policy)

Step 4: Request Authorization extension for DMC covered dates for remaining date range for level of care admitted

Step 5: Bill, bill, bill...

Telehealth

- GT and SC modifiers EFFECTIVE for 1/1/2022 dates of service and beyond ONLY
- Always use 02/Telehealth place of service or location code
- Do not use GT or SC prior to 1/1/2022 Dates of service

Funding Source Mismatch in PCONN

- “This member’s authorization is for a different funding source”
- Always match the Funding Source selections on the Claim Details and Service Details to the Authorization funding source being used.
- This is not related to Financial Eligibility; it is only Authorization funding source.

RSS Denials

- “Claim status has been set to D because of Claim Adjudication Rule XXX-RSS X”
- Related to a configuration issue that has since been resolved.
- Providers only need to resubmit the claim, no changes are required to the claim itself.

CO 26 N650 Telehealth Denial

- Caused by a Sage configuration error
- **Issue has been RESOLVED**
- Providers should replace/resubmit claims denied for CO 26 N650
- Does not apply to NDC related denials under the same denial code.

CO 96 N362 Telehealth Denial

- Caused by a Sage configuration issue related to minutes to units conversion
- **Issue has NOT BEEN RESOLVED**
- Providers should NOT replace/resubmit these claims until instructed to do so by SAPC

CO 26 N650

NDC Code Denials

- The NDC has expired, but DHCS has not provided an updated NDC to replace it.
- Issue has NOT BEEN RESOLVED by DHCS
- Providers should NOT replace/resubmit these claims until instructed to do so by SAPC

Expired National Drug Codes



Medication	NDC	Dosage	Expiration Date
Buprenorphine-Naloxone S5000BN	43598058230	8-2 MG SL FILM	Expired as of 7/12/2020
Buprenorphine-Naloxone S5000BN	00406192403	8-2 MG SL	Expired as of 03/01/2020
Disulfiram S5000C	00054035613	250 MG TABLET	Expired as of 08/23/2020
Disulfiram S5000C	00054035625	250 MG TABLET	Expired as of 08/23/2020
Disulfiram S5000C	00054035713	500 MG TABLET	Expired as of 08/23/2020
Disulfiram S5000C	00054035725	500 MG TABLET	Expired as of 08/23/2020



HELPDESK MEDICAL RECORD MODIFICATIONS



Helpdesk Medical Record Modification Workflow



Hi Portal, how can we help?

Search knowledge, cases, and requests

My Case List
View a list of your active cases

Open a Case
Contact support to report a problem, or open a Case.

Request Something
Browse the Service Catalog for services and items you need

My Cases


Watch List

Urgent Issue?

THIS IS A PREVIEW ONLY. THIS IS NOT LIVE

- SAPC will send a communication when this is ready for provider use



Categories	Care Record Requests
Application Access	Modify a Medical Record Modify a Medical Record  View Details
Care Record Requests	

* Action for SAPC

-- None --

* Client ID with Client Initials

* Type of Form

-- None --

* Name of Performing Provider

* Group Size

* Change Requested and Justification of Change (must be specific)

- All information will be required to submit the form, which will reduce the back-and-forth communications between Helpdesk and providers to obtain correct information.
- There will be drop downs and free text boxes to input required information
- Form cannot be submitted until all fields are completed.
- Once completed, the ticket will be automatically assigned to SAPC for review, rather than routed through the helpdesk.



FISCAL YEAR REMINDERS



Claims blackout for beginning of Fiscal Year

- Providers should prepare to not be able to submit claims for dates of service 7/1/2022 and beyond until notified by SAPC that the Claims Blackout has been officially lifted.
- Claims submitted prior to official notice will be denied for “This service occurs during a Claims Processing Blackout”

Cost Reporting Deadlines

- As with previous years, SAPC Finance will send a communication prior to the new fiscal year regarding deadlines for when claims can be submitted to receive regular payment versus payments being held until cost reporting.
- Please monitor provider communications for this announcement and continue to submit claims regularly to avoid any potential payment delays.

Care Coordination (AKA Case Management)

- Sage will be configured with the new Care Coordination terminology as of 7/1/2022.
- HCPCS code will remain the same as H0006



BONUS CONTENT



Two Steps to be in the KNOW with SAPC.....



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>

SAPC Training Website

Date	Title
5/4	Clinical Documentation: Improving Clinical Outcomes One Progress Note at a Time
5/5	***NEW*** Care Coordination: Maximizing Success in SUD Treatment Through Integration and Coordination of Care (formerly Case Management)
5/10	ASAM-A Understanding the ASAM Criteria in the Context of the California Treatment System
6/21	ASAM-B Understanding the ASAM Criteria in Action from Assessment to Treatment Planning
5/12	***NEW*** Methadone and Beyond: Medications for Addiction Treatment (MAT) For Alcohol and Opioid Use Disorder
5/17	***NEW*** Foundational Principles of Ethical and Confidential Practice in Substance Use Treatment (This training provides CE's for SUD counselors' Registration and Certification requirements for Ethics & Confidentiality)
6/1	Recovery Support Services (RSS): Maximizing Patient Engagement to Improve Outcomes
6/7	Making the Most of the ASAM CONTINUUM Assessment Tool
6/8	***NEW*** Embracing & Integrating Cultural Strengths & Differences in Substance Use Treatment Services
6/13	The ASAM CO-Triage Screening Tool & SBAT: What It Can Do for You
6/22	***NEW*** Self-Care Training
6/23	Best Practices in Engaging and Delivering Services to People Experiencing Homelessness