Sage Updates

Substance Abuse Prevention and Control

Los Angeles County Health Agency and Department of Public Health

Sage Configurations and Provider Fee Updates

✓ SAPC and Netsmart have been actively configuring the system to reflect the multitude of changes over the past few months. These include, but not limited to:

  ✓ Updating the new **_increased rates_** for services and staff modifiers.

  ✓ Adding new levels of care under the DMC waiver

  ✓ Adding new sites for various providers

  ✓ Updating each program location throughout the network to reflect the allowable services and CPT codes available for that location based on the updated contracts.

  ✓ Extensive validation testing and quality assurance for each change before going live.

  ✓ Ensuring that all fees and claims are properly set up to bill to the state

Sage Configurations and Provider Fee Updates

- Additionally, SAPC has been developing workflows and policies that directly impact these configurations, while engaging providers for feedback to ensure maximum benefit to all those involved.
  - Any changes based on contract adjustments or policy changes require re-configuration and re-validation.

Authorization, Configuration & Claiming Status Update

✓ On July 1, 2019 there were over 15,000 authorizations in the Pending, No Active Contract status, which are in the final conversion process to approved status.

✓ Although the authorizations will be officially approved, this does not mean treatments can be entered yet.

➤ **PROVIDERS SHOULD NOT ENTER TREATMENTS/BILLING UNTIL NOTIFIED THAT THEIR SAGE CONFIGURATION IS COMPLETE**

  ➤ Providers will receive official notice from Contracts and Compliance Division when their agency's configuration is completed and "Treatments" can be entered

  ➤ Entering treatments prior to completion of the configurations will result in $0 amounts that cannot be corrected. Those treatments must be deleted by the provider.

➤ **PROVIDERS SHOULD NOT SUBMIT TREATMENTS/BILLING UNTIL NOTIFIED THAT THEIR SAPC CONTRACT HAS BEEN FULLY EXECUTED**

  ➤ SAPC is not able to process claims for FY2019-2020 until provider's contract is fully executed.

  ➤ Submission of billing prior to receiving this notification will result in claims being denied and will require re-entry using the void/replace process once

KPI Dashboards and Check Reconciliation Report Version 2.0
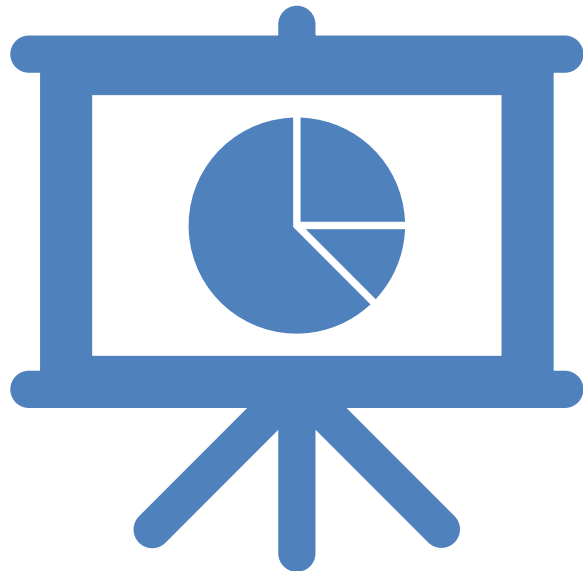
Key Performance Indicators

- KPI Dashboards are in the final stages of validation.
- Extensive testing and validation was used to ensure data accuracy and the highest level of security.
- Reminder: These can be used to address many of your business and tracking needs, but especially for check reconciliation.

Check Reconciliation Report Version 2.0

- Check Reconciliation and Remittance Advice Reports were uploaded to the SFTP as of 07/19/19 for all agencies.
- This report covered all billing from 12/2017-6/30/2019 that were in the system at the time report was run.
- Agencies were notified via email the week of 7/15 and on 07/23/19
- Contact finance with any questions about this report or the Remittance Advice Report

Report Name	Functionality	Additional Notes
Services Denied in MSO Report	Displays all denied claims. Recently updated to improve functionality. Lists the service date and denial reason. Able to limit results to a specific service date range or to a specific site, if agency has multiple service locations.	This report works for both primary and secondary users, regardless of how claims are transmitted to sage (either directly or through 837). Once claims are adjudicated, any denied claim will populate to this report. Claims with a blank denial reason are in the pending status and have not been adjudicated.
Check/EFT Number Report	Lists all checks/EFT payments and the specific check numbers. The report will show all approved and denied claims on a given check number. Report can be separated by program or run for the entire agency. Each check can have multiple bills or 837's submitted to SAPC associated.	Important note: This report does not show adjustments to the EOB, such as held payments, retro-adjudications or takebacks related to transitional payments. This report was developed to be exported for better sorting and filtering to make accounting easier for the provider. Sorting by denied claims can be helpful in identifying any patterns of denials being experienced. For example, it may show claims from a particular site are being denied or a particular CPT code.
Provider Billing Reports 1. Provider Detail Service 2. Provider Summary Service	1. Provider Detail Report populates either all billed or unbilled services per date range per location and expected payment. Lists each Treatment per site, per patient, per performing provider. 2. Provider Summary Report populates the summary of all billed or unbilled services for a given location in a given date range without individual claims listed.	1. Provider Detail Report- compare to Provider Activity Report to reconcile services and claims were all completed and billed. 2. Provider Summary Report- compare to internal record keeping to reconcile any differences in what should have been billed or paid out.

5

Understanding Sage Reports: Authorizations

Report Name	Functionality	Additional Notes
Authorization Request Status Report	Lists all authorizations for the date range selected. Sortable by various categories, including end date of authorization. Date range in the search refers to the date the authorization was created, not the start or end dates of the authorization.	Easily copied and pasted into an excel file for sorting and filtering ease. Sort by end date to identify which authorizations are ending during a particular month. Pro Tip: Search by "Not Reviewed" status reason to identify cases that might be approved by SAPC, but not showing as approved in Provider Connect. Contact Helpdesk to correct this issue.
7 Day Reauthorization Alert	REAUTHORIZATION ALERT - Patient's initial authorization for this service is expiring in 7 days. If a reauthorization is needed, providers need to submit their reauthorization request for this service at least 7 days before the expiration of the initial authorization.	Providers can use this alert in addition to or instead of the Authorization Request Status Report to identify expiring authorizations. Does not populate already expired authorizations. To identify if re-authorizations were never submitted, the Auth Request Status Report should be used.
DMC Eligibility Period Expiration Alert	DMC ELIGIBILITY PERIOD EXPIRATION ALERT - Patient's DMC eligibility is expiring in 30 calendar days. Please check and submit for necessary re-verification of DMC eligibility.	Alert is triggered by the eligibility verification date. Any patients whose eligibility is expiring within 30 days of date running this alert will populate. Does not show already expired eligibility periods.

Understanding Sage Reports: QA

Report Name	Functionality	Additional Notes
Documents in Draft Report	Displays clinical documents within Sage that are in draft status.	Does not include the ASAM Assessment form, which has it's own report to find draft statuses. Pro Tip: If notes are meant to be reviewed by the LPHA/Licensed Eligible LPHA, but the Co-Signature Use only box was not checked, this report could help find those as well.
License Eligible LPHA Report (Aka Documents requiring Co-Signature)	Displays any document where the "Co-Signature Use Only- Draft Ready to Submit" box is checked. Used by any LPHA/License Eligible LPHA to find any documents needing review and co-signature.	Although the report is titled License Eligible LPHA report, this is not only for License Eligible staff. Pending name change to "Documents Requiring Co-Signature" Report Pro Tip: Agencies who have policies that require certain staff to have notes co-signed can use this workflow to capture those notes. It is not only for those documents that SAPC requires co-signature.
Service Standard Alert	SERVICE STANDARD ALERT - Please note that services provided to this patient in their current level of care are projected to fall outside of the required service standard minimums OR maximums. Providers must ensure that service standard minimums OR maximums are met, or should transition care to a more appropriate level of care.	Alerts providers when clinical service hours for the patient in a given period depending on the LOC, fall outside the minimum or maximums set by SAPC. This is alert is triggered by billing/claims, therefore it can only show a historical perspective, not real time information.

Understanding Sage Reports: QA

Report Name	Functionality	Additional Notes
Audit Log Report	Used to identify communication (submission) status of all documents, forms, claims and authorizations entered by provider to send to SAPC. Primary provider use: determine whether a form or claim was actually communicated to SAPC after provider submitted via provider connect. Authorizations and claims that have errored in the submission can be resubmitted directly from the report. Authorization Information in patient chart: Audit Log Results:	Use the following search terms: Status: "Errored" Record Type: 1. "Bill": lists claims that were submitted by provider but there was a system error. These show as pending on the Billing page for primary Sage users. or 2. "Auth Request" to list auths that were filed but system never sent due to error *While there are various other record types to choose from, these are the most useful for providers. For situations that show an error, but cannot be resubmitted, or any questions on this report, contact the Helpdesk. Helpdesk is able to resubmit certain forms without needing to escalate to SAPC.

Authorization Information in patient chart:

Auth Number	Origin	CP Program	Status	Review Status	Request Date
Unassigned	ProviderConnect		Errored	Not Reviewed	8/16/2018 1:45:23 PM

Audit Log Report Results

Record Type	Status	Transaction Time	
AuthRequest	Errored Resubmit	8/16/2018 1:45:00 PM	Send Count: Auth Number: Provider: Patient: User:

Audit Log Report

Status:	Errored
Agency:	Recovery, Inc.
User:	--Choose One--
Member ID:	
Record Type:	Bill
Date Range:	6/01/2019 - 06/30/2019

Generate Report

8

Understanding Sage Reports: QA

Report Name	Functionality	Additional Notes
30 Day Inactivity Alert	INACTIVITY ALERT - There has been no activity for this patient for the past 30 days. Patients must be administratively discharged if there has been no activity in their record for more than 45 days. Please either administratively discharge this patient if inactive, or record activity.	If patient is showing on this list, then there has been no clinical documentation submitted in the past 30 days AND no Cal-OMS discharge. This alert defines activity as: Avatar Episode Admission or Discharge, Cal-OMS Admission or Discharge, ASAM Assessment, Treatment Plan Form, Progress Note Forms and/or Miscellaneous Notes Pro Tip: Providers can use this report to verify that notes have been entered into the system or if a cal-oms discharge has been submitted. For example: A name shows on this list with no activity since 06/30/2019, however patient records indicate a discharge date of 06/10/2019. This would indicate no clinical documents have been submitted since 06/01/2019.

Exporting Sage Reports

❑ Most reports contain Protected Health Information (PHI) and need to managed in accordance with appropriate CFR 42 and HIPAA regulations.
  ▪ Agencies need to have policies in place on storing electronic PHI.
❑ Reports from Sage export into a .CSV file type
  ▪ This is the most versatile file type to allow exporting into a variety of programs that providers use, such as Excel or Access.

Reports Currently Exportable for Export

- 'License Eligible LPHA Report'
- 'ASAM Draft Complete Assessment Report'
- 'Client Eligibility Verification Report'
- 'Provider Service History Report'
- 'Treatment Plan Worklist Report'

Additional Reports to be Exportable after next Sage Update

- 'Authorization Request Status Report'
- 'Services Denied In MSO Report'
- 'Provider Billing Reports'
- 'Provider Activity Report'
- 'Denied Services Report'

Exporting Sage Reports into Excel

How to export the report to an Excel spreadsheet

- The following reports are exportable as .CSV files
  - ASAM Draft Complete Assessment Report, Check/EFT Number Report, Client Eligibility Verification Report, License Eligible LPHA Report,, Provider Activity Log, Treatment Plan Worklist Report

- After generating the report, in the top left corner of the window there are buttons to either print, close or export data.

Print Report
Close Window
Export Data

Check/EFT Number Report

Check/EFT Number 21654166
Check/EFT Date: 12/6/2017
Check/EFT Amount: None Given

- Save the report to your computer to an easily accessible folder
- Open Microsoft Excel, and navigate to Data Tab located on the top

Exporting Sage Reports into Excel cont.

How to export the report to an Excel spreadsheet
- Select "From Text/CSV" option on the top of the Data Tab menu
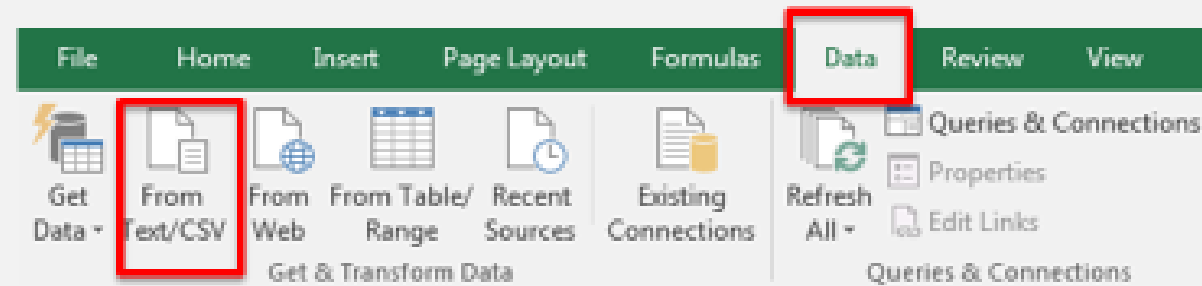
- A browser window will appear requesting you to locate the .CSV file
- Once the file is selected, from where it was saved, it will request you to "load." Click the "load" button. This will export the data from the .CSV file to the spreadsheet

- This will allow you to filter by column, rename the fields to best suit your agency and match your current spreadsheets.