Overview

Sage-PCNX Updates

Billing and other Workflows

KPI updates

Phase I is complete

Base forms, reports and functionality were primary tasks in this phase.

Phase II

Ongoing and immediate updates based on provider feedback, needs of the network and identified gaps.

Phase II Items in development

Forms

Patient Handbook Acknowledgment (with electronic signature capabilities)

Reports

Progress Note/Misc Note/Treatment Plan Printing Reports

Contractor Voids Report

Cost of Service by Client Report

County and Aid Code Report

Referral ID and No Show Reports

Widgets

Patient Billing History (including voids and state denials)

Submitted Batches

Provider Authorizations (Pauths)

Pending Authorizations- Previous 1 Year

Fast Service Entry Submission was developed by Netsmart to be a frequent billing process.

- Providers should not be in the same batch for longer than 30 minutes at a time.
- While this will create an increase in batches, Finance has amended their workflows to have multiple batches per EOB created.
- When using create **Multiple Dates** options, it will take more time than previously seen in ProviderConnect as the claims are being created in real-time.
  - Previously, when providers entered claims, they submitted the data to Sage to process, where as now, the data is being processed as it is submitted.
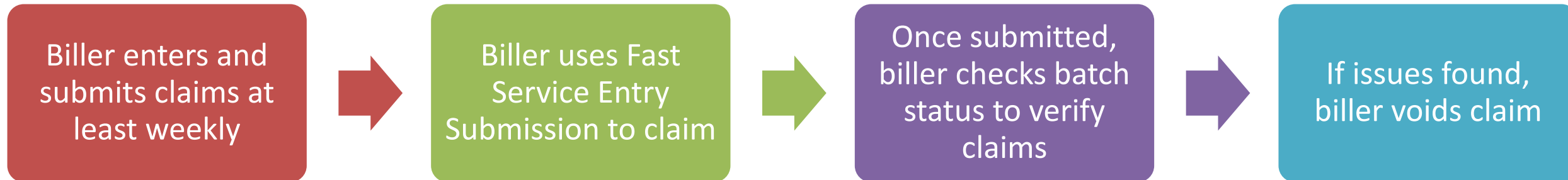
Continue to use Fast Service Entry Submission for initial batch billing

- Fast Service Entry Submission will be used to start the claims process.
- Batch will still be submitted through this form.

New form is being vetted for our network

- For claims in an open batch only:
  - This potential new form can be used to add services to the existing batch for the same or additional patients.
  - Form can be used to edit existing open claims on the batch.

Current Recommended Workflow

Biller enters and submits claims at least weekly

Biller uses Fast Service Entry Submission to claim

Once submitted, biller checks batch status to verify claims

If issues found, biller voids claim

Potential New Workflow

Biller enters and submits claims weekly or less

Initial claim entered using Fast Service Entry Submission

Edits and new claims entered on new form as long as batch is open

Biller can edit claims while the batch is open without needing to void.

Voids claims with errors after adjudication

Providers are experiencing denials with the denial reason "No units remain for this procedure code on this authorization."

SAPC has investigated and determined this denial reason is displaying inaccurately, however the claim is correctly denied, but for different reasons.

- SAPC has found the most common real denial reason should be "No Coverage level found."
- This translates to the procedure code that was billed is not part of the benefit plan level of care approved services.
- After reviewing all of the denied claims with this denial reason, the vast majority were denied because the modifier on the procedure code was incorrect.
- For example, authorization benefit plan is for ASAM 3.1, however, the procedure code on the claim is H0019:U3 instead of H0019:U1 or the modifier is missing altogether.
- Because PCNX does not filter the procedure codes to only what is authorized on a particular benefit plan, providers must be very careful which procedure code is selected from the options.

SAPC recommends the following to avoid errors:

Search for the entire procedure code and not a portion of it or the procedure name.

- I.e. enter H0019:U1 instead of "Residential…"
- or "H0019" without the U code

All widgets can be undocked and viewed while also entering claims

- Providers can undock one of the authorization widgets to verify the authorization information while entering the claims.

Always check the U code and other modifiers match the benefit plan on the authorization

(See MSO Provider Config FY2023+ Report)

Check the date of service matches the date of service on the authorization

SAPC has validated in our KPI testing environments needed updates to ensure FY 23-24 claims are displaying correctly in KPI.

These updates are being scheduled to be applied to our production version of KPI that will enable FY 23-24 claim visibility.

FY 23-24 DATA VISIBILITY

SAPC will communicate a message pop up in PCNX and in a Sage Communication once KPI is available.

Access to KPI is available through PCNX directly or the URL.

Step 1: Click Login with Netsmart Identity and Access Management

Step 2: Enter your username (c#####@ph.lacounty.gov) then click Login

Step 3: Re-enter your (c#####@ph.lacounty.gov) and enter your password then click sign in.

CST Training Highlights

Name of Training	Date & Time	Link to flyer for registration
Substance Use Treatment Screening Tools & SBAT: What They Can Do for You	Wednesday 11/08/23 9:00 am – 11:45 am	http://publichealth.lacounty.gov/sapc/calendar/Nov2023/ASAM110823.pdf
Can You Hear Me?: Best Practices in Providing Substance Use Telehealth Treatment Services	NEW training extended to 3 hours to meet new BBS licensure renewal requirement! Thursday 11/09/23 8:30 am – 11:45 am	http://publichealth.lacounty.gov/sapc/calendar/Nov2023/TelehealthServices110923.pdf
CalAIM Documentation Requirements Updates	Thursday 11/09/23 1:30 pm – 3:45 pm	http://publichealth.lacounty.gov/sapc/calendar/Nov2023/CalAIM110923.pdf
Deciphering the Codes: Connecting Clinical Services and Medi-Cal Service Codes	NEW Training! Coming soon in December	TBA
Substance Use Recovery Oriented Housing: Assisting Our Neighbors Experiencing Homelessness	Early January, 2024	TBA

For a list of more trainings available and the SAPC Training Calendar please visit
LA County Department of Public Health - Substance Abuse Prevention and Control - SAPC Trainings