



Communication Release

07/17/2026

Progress Note Update in LIVE

The Progress Note has been updated in LIVE with revised language and interpreter related questions to improve clarity. The questions with revised phrasing are identified below.

Was the service provided in the client's preferred language? * ☐ Yes ☐ No	Was an interpreter used? ☐ Yes ☐ No
Language in which service was provided. Note: Most frequently used threshold languages are listed first. Scroll for full list. * 01 - English x v	Select type of interpreter or service used ☐ in-house interpreter ☐ External vendor
Please Explain why services were not provided in client's preferred language. 	

The Progress Note Status Report and Progress Note Printout have also been updated to reflect the changes.

Highlights from Previous Communication

No Authorization or Payment Blackouts for Fiscal Year 26-27: Sage configuration for FY 26-27 is completed. Providers may continue to submit claims for FY 25-26 and begin submitting claims for FY 26-27 on Wednesday 7/1/2026 without a Claim Submission Blackout.

- **No Authorization Blackout during FY 26-27 Cut-Over:** There is no authorization blackout. As such, providers are permitted to immediately submit authorizations for FY 26-27.
 - **Secondary Sage Users:** If you are a secondary Sage User, please ensure your EHR is updated with the new split authorization numbers for the FY 26-27 in preparation for billing for the new fiscal year. New authorization numbers for split authorizations are available for providers to access via Sage PCNX using the Authorization Request Status Report. Claims for FY 26-27 submitted with a FY 25-26 authorization number will be denied for "Invalid authorization number" and denial code CO 284 M62.
- **Providers can continue to submit claims for FY 25-26:** Providers can and should continue to submit claims from FY 25-26 with service dates through June 30, 2026, for adjudication during the EOY cut-over period.
- **Providers will be able to submit claims for FY 26-27 without a Claim Submission Blackout.** There will not be a claiming blackout for FY 26-27 services. All services delivered from 7/1/2026 and beyond can be claimed without delay.

SAPC Patient Access System – Go Live on July 1, 2026: The [Patient Access System](#) is live as of Wednesday, July 1, 2026. Providers are required to notify all current SAPC clients of the Patient Access System and update the new Patient Acknowledgement form in PCNX. All current clients need to be informed of the Patient Access System by August 1, 2026. Providers are encouraged to review the resources provided by SAPC below.

- [SAPC Patient Access System Training](#) on SAPC-LNC presents a general overview of the SAPC Patient Access System focusing primarily on the portal functionality and how the client information from Sage-PCNX displays in the Patient Access System.
- [Updated Patient Acknowledgement Form](#) can be found in Sage and on the Orientations Videos page of the SAPC Website & in LIVE. The updated form now includes acknowledgement of discussion with clients of the Patient Access System.
- **Patient Access System Poster PDFs** ([English](#) and [Spanish](#)) and [Postcard PDFs](#) can be found on the Manuals, Bulletins, and Forms page of the SAPC Website.
- **SAPC Patient Access System Client Resources** can be found on the [Member Information and Resources](#) page of the SAPC Website. SAPC clients can access the Patient Access System directly from this page. Additional resources such as the Member Guide, FAQ and demo video are also available.

Extension for SAPC's Release of Information (ROI) Forms Compliance: SAPC extended the Release of Information (ROI) compliance date to August 1st, 2026, for Primary Providers, and September 1st, 2026, for Secondary Providers. The paper versions of SAPC's ROI forms are currently available in English and Spanish on the SAPC website under the Clinical tab on the [Manuals, Bulletins, and Forms](#) page.

The Supplemental Authorized Individuals/Entities for Release of Information (ROI) form is also available on SAPC under the Clinical tab on the [Manuals, Bulletins, and Forms](#) page. The form is available in both English and Spanish and may be used to add additional entries for the SAPC Treatment and Care Coordination ROI and SAPC Legal Proceedings ROI.

Electronic versions of the forms are now available in Sage-PCNX including the "ROI for Payment and Operations", "ROI for Treatment and Care Coordination", "ROI for Legal Proceedings", "ROI for Treatment and Care Coordination Printout", "ROI for Payment and Operations Printout", and "ROI for Legal Proceedings Printout."

Replacement Claim Assignment Form Issue: SAPC has identified an issue for Primary Sage Users related to the Replacement Claim Assignment (CMS-1500) form when users are attempting to add/edit/remove Third Party Adjudication data. When updates are made to the Third Party Adjudication data fields to enter/change Other Health Coverage (OHC) denial information, these changes are not being updated in Sage when the form is submitted. This issue only impacts Primary Sage Users; Secondary Sage users can continue to use replacement claims when updating OHC information on a denied service.

For Primary Sage Users only, we request that a new original service is submitted instead of a replacement claim while SAPC works with Netsmart on this issue.

- **Add** OHC Information: In the new claim if the OHC adjudication information needs to be added it can be included on the original service.
- **Update/Edit** OHC Information: In the new claim if the OHC adjudication information was incorrect then it can be entered correctly.
- **Remove** OHC Information: In the new claim if the OHC information should not have been included then it can be omitted.

Submitting NDC Information for H0033 in 3.2-WM: To comply with Department of Health Care Services (DHCS) guidelines when billing H0033 for 3.2-WM, the National Drug Code (NDC) information must be provided for the Medication Assisted Treatment (MAT) medication that is being administered and observed. While agencies may administer non-MAT medications to clients while in 3.2-WM, DHCS only allows for H0033:U9 to be submitted with MAT medication NDCs.

The Fast Service Entry Submission form is now updated for Primary Sage users.

- New subsection added to Fast Service Detail: "NDC - H0033 3.2-WM ONLY"
- The fields "National Drug Code (837-2410-LIN-03)", "Quantity (837-2410-CTP-04)", and "Unit or Basis of Measurement (837-2410-CTP-05)" were added to be used when billing H0033 with a 3.2-WM LOC.

To ensure proper submission of NDC information for H0033 in 3.2-WM, Secondary Sage Users must include the following 837 loop and its segments as specified in the SAPC [837P Companion Guide](#).

1. LIN Segment – Drug Identification

- **LIN02** must contain the qualifier "N4" indicating National Drug Code.

- **LIN03** must contain the 11-digit NDC with no hyphens or spaces.
2. **CTP Segment – Drug Quantity**
- **CTP04** must include the quantity of the medication administered. Refer to the medication packaging to determine the correct dosage amount.
 - **CTP05** must include the unit of measure. This specifies the measurement type associated with the medication quantity. Allowable values are: F2 - International Unit, GR - Gram, ML - Milliliter, UN - Unit, or ME – Milligram.

This requirement is effective on 07/1/2026 and applies for FY 25-26 and forward. FY 25-26 services already submitted do not need to be rebilled to SAPC with the NDC information. However, any new or replacement claims for FY25-26 on should include this information.

SAPC will be publishing a job aid titled “Submitting NDC Information for H0033 in 3.2-WM”. This resource will provide step by step guidance for both primary and secondary providers on how to correctly submit NDC information to meet DHCS billing requirements.
