



Communication Release

2/2/2024

Sage Help Desk Survey

The bi-annual Sage Help Desk Feedback Survey will be emailed to users who submitted a Sage Help Desk ticket within the last six months. The survey will be open from 2/5/2024 to 2/19/2024. The survey helps SAPC and the Sage Help Desk to determine if users are receiving the support they need from the Help Desk and identify any areas for improvement.

The survey responses and feedback are an important part of our ongoing process improvement efforts to serve you better. We encourage all Sage users that receive the survey to please complete it within the designated two-week period.

Updates for Patients with MHLA

The My Health LA program sunset January 31, 2024. Providers should assist patients with MHLA coverage to apply for Medi-Cal. Once Medi-Cal benefits are verified, providers should update the patient's Financial Eligibility (FE) form in Sage to reflect DMC as the primary guarantor and non-DMC as the secondary guarantor. The Cal-OMS admission does not need to be updated after a patient transitions from MHLA to Medi-Cal benefits.

For MHLA patients who are enrolled in Medi-Cal by 2/1/2024

- Existing authorizations will still be valid, and a new service authorization request is not necessary.
- For Primary Sage Users, continue to select non-DMC as the funding source on the Fast Service Entry Submission form otherwise your authorization number will not populate.
- For Secondary Sage Users, ensure billing reflects the accurate funding source based on your EHR configurations.

For MHLA patients who are NOT enrolled in Medi-Cal by 1/31/2024 and not eligible for an alternate Non-DMC funding source

- UM will approve 1x 30-day non-DMC patient applying for Medi-Cal if the patient has not already utilized this benefit in the current FY.
- If a patient is eligible for the 1x 30-day non-DMC patient applying for Medi-Cal benefit, then the provider will need to update Guarantor #1 to Applying for Medi-Cal and Guarantor #2 to Non-DMC.
- When requesting for a new Non-DMC Authorization, the provider should indicate in comments that the authorization is for a Non-DMC patient applying for Medi-Cal and FE has been updated.
- The provider will need to submit the 30-day Non-DMC patient applying for Medi-Cal Authorization with dates 2/1/24-3/1/24.
- UM will review new Non-DMC applying for Medi-Cal authorization and end date the existing Non-DMC MHLA auth to 1/31/24.
- If the patient has already used the 30-day applying for Medi-Cal benefit this FY, the provider will need to wait until the patient's Medi-Cal is active to submit authorization.

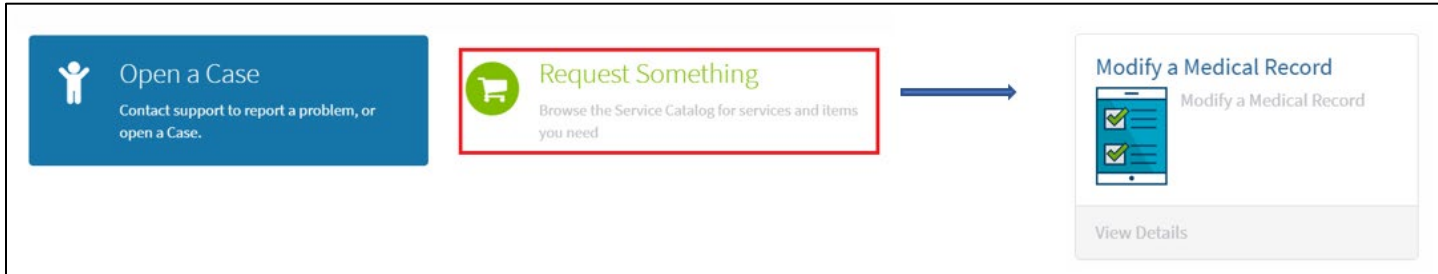
For MHLA patients who are NOT eligible for Medi-Cal by 2/1/24

- The provider should ensure CalOMS lists other appropriate Non-DMC funding sources (see [Provider Manual 8.0](#) p. 228).
- Patient FE guarantor should remain Non-DMC.
- The provider does not need to submit an authorization with start date prior to current authorization end date.

Medical Record Modification

SAPC continues to receive hundreds of Final to Draft requests weekly. Due to the high volume of tickets resolving a case can take on average of 1 week, and possibly longer, if the information provided on the Medical Record Modification form is incorrect/incomplete.

Providers are reminded that when requesting a Medical Record Modification through the Sage Help Desk, please ensure the required information is entered correctly. These tickets are automatically assigned to the proper unit who will review the request. Delays in completing the request is often due to SAPC not being able to find the record because the information provided is inaccurate or incomplete.

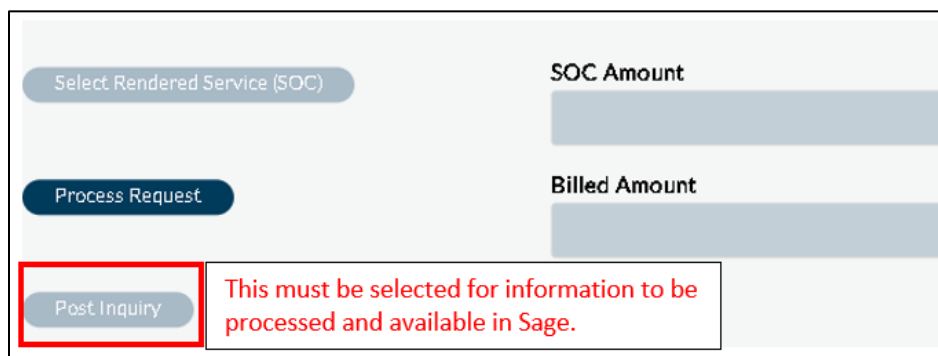


Once the ticket is created through the portal, you will receive an email with the ticket information. For follow up questions, including the status of the ticket, logging in through the [Help Desk portal](#) and adding a comment to the ticket directly is the best method to getting your ticket resolved as quickly as possible.

The #1 TIP to reduce Final to Draft requests is to not create a record until AFTER the service is rendered. Although believed prepping a draft note ahead of the service will result in faster documentation, it creates the opportunity for several errors such as wrong time, wrong date, wrong number of group participants, etc.

Real Time Eligibility 270 Inquiry Workflow

SAPC has identified a workflow issue where providers are not posting the results of the Real Time Eligibility 270 Inquiry form in Sage after viewing the report. Failure to post results prevents the data from being available to populate the reports and widgets used to view the aid and county codes from the 271 results. Previously, in ProviderConnect-Classic, posting was required before the report would populate; however, in PCNX posting is not required for the report to display, which allows the user to leave the page before posting without receiving a warning message. It is very important to post the file to ensure the data is available for all subsequent providers and available to you on the widgets and reports. Specifically, by using the 270 Eligibility report to post the results, the County and Aid Code Report and/or the 270 Inquiry widget, which is viewable on the Client Dashboard, will help to determine DMC eligibility.



SAPC does not have an update for when the issue related to the error on the eligibility report will be resolved. However, the data is being transmitted and available after posting on the widget and the County and Aid Code report in PCNX for providers who post the inquiry results.

Sage-PCNX Form Updates

The SAPC Sage Team would like to announce the following form updates:

Form	Changes	Environment
Patient Medications	Removed Type of Medication field and added Medication Start Date, End Date, and Status.	This update is currently in TRAIN for review. Will be moved to LIVE on 2/9/2024.
Problem List/Treatment Plan	<i>(Primary Sage Users Only)</i> Added diagnosis fields as they are now required per CalAIM documentation requirements. This allows users to select ICD-10 diagnoses in this searchable field. This functionality is very similar to what was provided in the prior Sage Treatment Plan form.	This update is currently in TRAIN for review. Will be moved to LIVE on 2/9/2024.
Discharge and Transfer Form	Replaced Whole Person Care question with Naloxone related questions.	Due to feedback and requested additional updates, this form is delayed being moved to LIVE.
Progress Note	Replaced “LPHA Specific Procedure (Only for LPHA use of CPT procedures)” with “Procedure Codes (CPT/HCPCS).” This now provides a full listing of CPT and HCPCS codes that will assist billers in selecting the appropriate procedure codes to bill. The code description matches language in the Rate and Standards Matrix , which direct service practitioners are highly encouraged to review.	Due to feedback and requested additional updates, this form is delayed being moved to LIVE.

For questions regarding using the updated forms, please email Sage@ph.lacounty.gov.

Sage-PCNX Widget and View Updates

SAPC has made the following changes:

Widget or View Name	Changes	Environment
CalPM Eligibility Check	Updated the lookback period to include coverage effective dates from 7/1/2017 and later. Providers may notice an increase in the number of rows with potential corrections due to this change.	This update is currently in the LIVE environment.
Views in Train	Updates to the views in Train to match the formatting and widgets assigned to those views in LIVE. The views in TRAIN were noted to be slightly different from those in LIVE. SAPC will update to mirror LIVE to enhance the training experience.	This update will occur on Monday 2/5 in the TRAIN Environment.

For questions regarding using the PCNX updates please email Sage@ph.lacounty.gov.

Submission of Suggested Sage Enhancement Requests

Due to the transition from ProviderConnect-Classic to PCNX, a variety of updates to forms, reports, and widgets have been updated or enhanced in Sage. If you have suggestions new or updates to forms, reports, and/or widgets, the SAPC Sage Team encourages you to please submit a Sage Helpdesk ticket.

In the “Please describe your issue” field begin with “**Enhancement Request:**” and indicate the item you would like suggest changes to. This will assist in directing the ticket to the appropriate group for review. In the “Additional Details” fields you can specify the requested changes, such as adding new fields. If possible, please attach a mockup of what you envision the changes to look like. If it is a new field, where should that field be added? If it is a report, what are all the fields you would like to see on report? The more specific you can be when making your suggestions for enhancement requests, the more likely it will be able to be considered for inclusion.

Updates to the Companion Guide 837P

SAPC has updated the [Companion Guide HIPAA 837P](#) (“Companion Guide”) to clarify the use of the Units for the Basis of Measurement Code data element in SV103 segment. The following clarification was made:

All services for fiscal year 23-24 and later, must be reported in ‘UN’ (units) as the Unit or Basis of Measurement Code in SV103. For Residential day rate claims, one day equals 1 unit.

- For group services delivered through 06/30/2023 services must be reported in 'MJ' (minutes) as the Unit or Basis of Measurement Code in SV103.

Provider Manual 8.0 is and Quick Reference Guide

The [Provider Manual 8.0](#) and updated [Quick Reference Guide](#) are available. SAPC encourages providers to disseminate the updated materials and keep them handy for reference.

Provider PCNX Office Hours

The Sage Management Division began offering drop-in PCNX Office Hours on Fridays at 10am in July 2023 in preparation for the transition to PCNX. As familiarity and understanding of the Sage-PCNX system grew, attendance at these office hours decreased. As a result, SAPC is reducing the frequency of the meetings due to the decreased need for weekly support. Links to the meeting can be found on the [SAPC training calendar](#). As always, providers may also submit a Sage Help Desk ticket for system issues and may email Sage@ph.lacounty.gov for general Sage questions.

ASAM CONTINUUM: Pre-Release Notes – Version 3.27 Notification

The American Society of Addiction Medicine is pleased to announce that version 3.27 of the ASAM CONTINUUM software will be released on February 13. Unless otherwise noted, CONTINUUM changes apply to both standard and RISE versions. Details about the updates to this software version can be found below and on the [CONTINUUM website](#).

Update to CONTINUUM Legal Information Section

In response to a Help Desk inquiry, we have streamlined the process of reporting charges and arrests by prepopulating ASI03-ASI15 criminal offense questions with a value of “0”. This enhancement is designed to optimize user efficiency. When “Yes” is chosen for ASI01z (“Have you ever been arrested or charged for any reason?”), the Warning message will prompt the user to

update the criminal offense fields with the message, "WARNING: The response indicates the patient has been arrested or charged. Please report specific charges in ASI03 – ASI18 below."

The screenshot shows a digital form interface. At the top, a green banner contains a question: "Have you ever been arrested or charged for any reason?" (Include misdemeanors, driving under the influence, and other major driving violations, e.g., reckless driving, speeding, no license, etc.) with "Yes" and "No" buttons. A warning message in orange text states: "WARNING: The response indicates the patient has been arrested or charged. Please report specific charges in ASI03 - ASI18 below." Below this is a yellow banner with the question: "How many times in your life have you been arrested and charged with the following criminal offenses?:"

"Shoplifting/vandalism"	0	ASI03
"Parole/probation violation"	0	ASI04
"Drug charges"	0	ASI05
"Forgery"	0	ASI06
"Burglary, larceny, B&E"	0	ASI08
"Weapons offense"	0	ASI07
"Robbery"	0	ASI09
"Assault"	0	ASI10
"Arson"	0	ASI11

Reminders From Prior Sage Provider Communications:

The deadline to request conversion to Secondary Sage User ended on 1/31/2024: If you have not contacted SAPC regarding your intent to convert by the deadline or submitted the official request, SAPC will not be able to accept the request for the coming FY24-25 Fiscal Year. SAPC-IT will be reaching out to each agency who submitted their request to begin the testing process. The deadline to begin testing is March 31, 2024. Due to the volume of test scenarios and number of agencies that will be engaging in the conversion process, providers who do not meet the deadline, will not be permitted to continue with the conversion process and must wait until the following fiscal year for FY 25-26 to convert. SAPC is configuring the TRAIN environment for each agency that has submitted their request to include updated procedure codes and rates to assist with testing. Please reach out to Lina Tsatryan lsatryan@ph.lacounty.gov to begin testing as soon as possible.

Patient Handbook Acknowledgement form went Live on January 15, 2024: Providers and patients now have the option of documenting in PCNX that a patient has viewed the patient orientation video and/or been provided with the Patient Handbook as is required per DHCS Behavioral Health Information Notice 23-048.
