Communication Release

05/28/2024

New Document Routing & Appending Training

SAPC is hosting a training to review two (2) new provider requested Sage features that will greatly improve efficiency and workflows. Document Routing will allow users to send (route) certain forms/documents to a supervisor or approver for finalization and signature. Additionally, appending documents will allow providers to update the medical record with information that was missed or needs correction in after it the initial note was finalized without needing to revert from final to draft. These features will be enabled for both Primary and Secondary Sage Users for any forms or documents that are required to be directly entered into Sage.

This training is intended for all Sage users that enter clinical documentation, supervisors, and quality assurance team members at each agency. Details are available on SAPC's Training Calendar.

Training Flyer

Training Date	Training Time	Trainer	Registration Link
Monday June 3, 2024	9:00 am – 11:00 am	Esther Orellana, Ph.D.	Click here

Once registered you will receive confirmation from Webex with the webinar link and information. Please **type your email carefully,** if you don't receive an email, try registering again and ensure your email is correct.

Retro-Adjudication of Remaining State Denial Local Payments

SAPC Finance is in the process of completing retro-adjudications of services denied by DHCS where the full original payment amount was not fully recouped. This occurs when the rate SAPC pays an agency for a service is higher than the amount SAPC bills to DHCS and the service is denied by the State. When the State denial is posted into Sage, the system does not fully recoup the original amount paid to the agency. SAPC Finance is required to manually recoup the remaining amount to fully take back the payment. This will occur for State denials for the following types of services: Withdraw Management day rates and OTP medications excluding methadone.

For example, for 3.2-WM, a service is submitted to SAPC for $395 and is approved and paid for that amount. SAPC then bills the service to DHCS for $305 but the service is denied. When the denial is posted to Sage, the system is only taking back $305 from the $395 paid to the provider, leaving $90 showing as paid to the provider. SAPC Finance will then recoup the remaining $90 which will have the same denial code as the original State denial.

When viewing the service in KPI, providers will currently see two rows for the same service for the two separate recoupments totaling the full amount in the Takeback Amount column when viewing it in the Payment Reconciliation

View. SAPC is working to test possible ways to make this clearer in KPI and will provide an update if an alternative is identified to show the recoupments. In addition, the services can be reviewed in the Cost of Service by Client Report. This report will show that the service had two separate retros completed and the updated expected disbursement.

MSO KPI Payment Reconciliation View:

Procedure Overview (1)															
Provider Name	Contracting Provider Program	Client Name	Age on DOS	DOS	Performing Provider	Procedure Value	Auth LOC	Auth #	Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count	Total Takeback	Takeback Date	Retro Reason
Totals			·							1.00	$62.28	$0.00	1	$62.28		
				2023-07-06		Buprenorphine-Naloxone Film (S5000BF:UA:HG)			Approved	1.00	$31.14	$0.00	1	$31.14	2024-02-14	Denial CO 16 N327
				2023-07-06		Buprenorphine-Naloxone Film (S5000BF:UA:HG)			Approved	0.00	$31.14	$0.00	1	$31.14	2024-04-05	Denial CO 16 N327

Cost of Service by Client Report:

Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed A/P/D	Tot Fee Table Amount	Amt Billed	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2	Retro Date 2	Retro Amt 2	Retro EOBID 2	Updated Expected Disbursement
				7/6/2023			S5000BF:UA:HG		1.00 A	31.14	31.14	31.14	0.00	0.00		Denial CO 16 N327	02/14/2024	29.27		Denial CO 16 N327	04/05/2024	1.87		0.00

New Performing Provider Types Configuration Update

As noted in the March 29, 2024 Sage Provider Communication, the FY 23-24 Rates and Standards Matrix has been updated on the SAPC website to include the new performing provider types allowable under DMC-ODS. These codes and rates are aimed to be configured in Sage during the EOY configuration process. Once released, they will have an effective date of 7/1/2023. However, providers should not bill for these new performing provider types until SAPC has notified providers that the configuration is ready.

SAPC Contracts is reaching out to providers to confirm the supervisor's information, including their NPI, for any of the Clinical Trainee performing provider types currently credentialed in Sage. SAPC is required to maintain this information in Sage for appropriate billing to DHCS for the new performing provider types. It is vital that providers respond promptly to these requests and notify Contracts when a Clinical Trainee's supervisor changes so that the information can be updated in Sage. If this information is not kept current, then the services are likely to be denied by the State.

Prior to this being configured, providers may have requested Clinical Trainees be configured as SUD counselors for billing purposes. The agency's Sage liaison should update these users to the correct Clinical Trainee user role by submitting a user modification request to sageforms@ph.lacounty.gov.

Secondary Providers should take note of the Taxonomy, Modifiers, and Billing Rules tab to ensure that their EHR systems are appropriately configured for billing these new performing provider types.

Sage-PCNX Form, Report, and Widget Updates

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

Form/Report/Widget	Changes	Environment	Date Available
Service Authorization Request	**Form Updates** Three (3) new fields were added to the **Doc Request Date** subsection. These fields are in preparation for a workflow transition in FY 24/25. Due to the Clinical Contact form not being completed and/or updated appropriately, UM Care Managers have trouble reaching the correct person with whom to address authorization concerns. The **Clinical Contact**, **Phone Number**, and **Additional Contact Information** fields have been added to the Service Authorization Request form, so the most appropriate person to address authorization concerns is listed. *Note: if the Clinical Contact Information is completed on the Service Authorization Request form, the Clinical Contact form does NOT need to be completed.* *In the next FY the **Clinical Contact**, **Phone Number**, and **Additional Contact Information** will become <u>required</u>. The date is TBD.*	LIVE	5/28/2024
Discharge and Transfer Form	**Form Updates** This form was updated to remove questions that are no longer relevant and substituted to align with current policies. A correction was made that prohibits users from selecting other Providers when the patient was transferred. A new field, **Level of Care Discharged**, was added. These changes are in preparation for new reports. *Note: This form is to be completed within Sage by **ALL** Providers.*	LIVE	5/24/2024
Recovery Bridge Housing Discharge	**Form Updates** This form was updated to replace fields with report friendly values as well as replace obsolete fields. Removed: **Please explain in the Reason for Discharge** (free text box) **Has the patient been screened for Whole Person Care?** **Was the VI-SPDAT completed?** Added: **The client is being discharged to** (drop down options) **Why is the client being discharged** (drop down options) **Is the client a CARE Court participant** (Yes, No, Unknown) This form, in combination with the Provider Site Admission form, will generate data for a Census Report which will include Length of Stay.	TRAIN & LIVE	5/28/2024

	*Note: This form is to be completed within Sage by **both Primary and Secondary <u>Providers</u>**.*		
Progress Note Printout	<u>New Report</u> This report is a printout of the Progress Note record(s). Similarly, to the Problem List/Treatment Plan Printout, this report will show the electronic signatures for Draft and Final Submission. This will be added to the Report Guide when it is promoted to LIVE.	LIVE	5/28/2024
Provider File Attach	<u>Form Updates</u> The Provider File Attach form **File Type** field has been updated with general categories of the type of document that is being uploaded. (e.g. ASAM, Release of Information, Problem List) The **Document Type** field was also updated with specific values to provide more specificity of the document (e.g. ASAM Paper-Based, ROI-External, ROI-Internal). *Note: Providers are still required to use the appropriate naming convention when naming a file, however these updated fields will help narrow the search for documents during the authorization process, audits, and review for incentives.*	TRAIN & LIVE	5/24/2024 & 6/3/2024
Provider Site Admission	<u>New Form</u> A new form was created with only three (3) fields to indicate when a patient was admitted to a specific site and specific LOC. This form in combination with the Discharge and Transfer Form and Recovery Bridge Housing Discharge Form will help generate reports related to the number of admissions in a given period, a census count, and length of stay. Additional documentation will be provided once Providers have the opportunity to provide feedback. **This form is to be completed within Sage by all Providers (Primary and Secondary).**	TRAIN	Available Now

For questions/feedback/comments regarding the updated forms, reports, and/or widgets, please email Sage@ph.lacounty.gov.

Reminders From Prior Sage Provider Communications

FY 22-23 Group Counseling: The solution to resolve an issue with group counseling services for FY 22-23 that were billed with the incorrect measurement code on the service leading to increased denials when billed to DHCS was implemented and providers can resume submitting or resubmitting previous denials or new original services that were being held while this issue was resolved.

If provider agencies submitted services for group counseling during the time period while this was on hold, the services are unable to be adjusted and will likely be denied by DHCS when submitted for being over the maximum units allowed.

Providers will need to void and resubmit those claims. Group counseling services for FY 22-23 should be submitted in minutes and in 15-minute unit increments for FY 23-24.

Incorrect Claim Status Reason: Duplicate Service Found: SAPC and Netsmart are testing a solution to a recently publicized issue that has an invalid explanation of coverage message that pops up on the Fast Service Entry Submission form when entering certain procedure codes. Because of this issue, Sage appears to be showing an approval warning of "Duplicate Service Found" for services with a maximum of one unit, such as residential day rates and room and board. During investigation, we have found that there are no duplicate services for those claims. Additionally, SAPC has confirmed that the claims are still being approved as the message indicates "The service was approved with the following notices: Duplicate Service Found" which means the claim is approved and can be viewed by the claim status.

This warning is populating in error and will NOT result in denied claims. The claims should be approved if no other denial messages are shown on the Explanation of Coverage box and the Fast Service Entry Submission form shows the claim status as approved. If you notice an unexplained denial, please submit a Sage Help Desk ticket for further investigation.

 SAPC will continue to communicate updates to the network as they become available.