



Communication Release

07/08/2024

Reminders for End Of Year – Fiscal Year 24-25

SAPC and NTST continue to diligently work to prepare Sage for FY 24-25. The following are key considerations to help providers prepare to navigate the EOY transition:

- **Billing Submission Blackout Period - Started Monday 7/1/2024 for services delivered on or after Monday 7/1/2024.** Providers should not submit claims for DOS on or after 7/1/2024 until notified by SAPC that the Billing Submission Blackout has been lifted. If claims are submitted for services conducted on or after 7/1/2024 then these services will be automatically denied by Sage: “This service occurs during a claim processing blackout” and Denial Reason of “No active contract” under CARC/RARC CO 45 N640.
- **Providers can continue to submit claims for FY 23-24:** Providers can and should continue to submit claims from FY 23-24 with service dates through June 30, 2024, for adjudication during the EOY cut-over period. [FY 23-24 Billing Deadlines Memo](#) was emailed on Monday 6/3/24 with additional detail on Reimbursable Services, Acceptable Expense Documentation, and Actions to Take Now. Please remember to review and take the appropriate action to allow for the timely and accurate submission of billing claims. Your careful attention will ensure that reimbursements for services provided this fiscal year are reimbursed.

Drug Medi-Cal Treatment Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2024 – July 5, 2024	End of July 2024
July 6, 2024 – July 31, 2024	End of August 2024

All Other Services and Contracts

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2024 – July 5, 2024	End of July 2024
July 6, 2024 – July 15, 2024	End of August 2024

SAPC is targeting to have the FY 24-25 Claims Blackout Period lifted around the end of July. The goal being that providers will be able to submit their claims to SAPC for processing by the August claim submission deadline to receive payments for submission without interruption in the regular monthly payment submission and payment cadence.

No Authorization Blackout During FY 24-25 Cut-Over

SAPC is happy to announce that an authorization blackout is not required as part of FY 24-25 cut-over. As such, providers will be permitted to continue to submit authorizations as we transition into FY 24-25.

- **OTP Providers:** Due to provider contracts for FY 25-26 not yet being approved, all OTP providers must submit authorizations with end date 6/30/2025. Any authorizations submitted with end dates of 7/1/2025 and beyond will be automatically denied as service request rescinded by SAPC QI/UM. Providers will be instructed to resubmit authorization with correct end date.
- **Secondary Sage Users:** Secondary Sage Users should ensure that their EHR is updated with the correct FY 24-25 split authorization numbers. New authorization numbers for split authorizations are available for providers to access via Sage PCNX using the Authorization Request Status Report. Claims for FY 24-25 submitted with a FY 23-24 authorization number will be denied for “Invalid authorization number” and denial code CO 284 M62.

KPI Blank Procedures

SAPC and KPI Netsmart are aware of an issue impacting a small percentage of services in MSO KPI resulting in MSO KPI displaying a blank procedure description/code in “Procedure” columns and/or filter. SAPC and the Netsmart KPI team are working to resolve this issue as quickly as possible. To verify the procedure code, Providers may use Sage reports such as the Batch Status Report, Provider EOB Remittance Advise, Cost of Service by Client Report, or Provider Services Detail Report. SAPC will notify the network when this issue is resolved.

Finance Billing Office Hours

SAPC’s Finance Division will host virtual drop in Billing Office Hours Thursdays for providers to ask questions about billing through the PCNX environment, clarifications on the rates and standards matrix, and general questions and rules regarding billing. No Protected Health Information (PHI) will be shared during Office Hours. Meeting information can be found below as well as the [SAPC Training Calendar](#)

When: Every Thursday, July 25th, 2024, through October 24th, 2024.

Time: 1:00 PM – 2:00 PM

Meeting Link: [Billing Office Hours](#)

ID: 272 057 978 167

Passcode: RSqBKx +1 323-776-6996,586591664#

Phone conference ID: 586 591 664#

Appointment Disposition Log Available 7/1/24

As of July 1, 2024, SAPC treatment providers can begin completing the “Appointment Disposition Log” for all appointments resulting from initial patient encounters. This is a new workflow to better track referrals and appointments between SASH/CENS/CORE and treatment providers. Providers may access the [Appointment Disposition Job Aid](#) (dated 6/27/24) posted on the [SAPC website](#) which describes the overall functionality of the Sage-PCNX Appointment Disposition Log and Referral ID Report.

In addition to aiding in tracking referrals, the Appointment Disposition Log workflow will provide required information to comply with State timely access service requirements.

UPDATED Reminders Regarding 835s for Secondary Providers

In the event that a provider has not received an 835, it may be due to one of the situations below. If an agency has questions the information below does not answer, the question can be submitted via a [Sage Help Desk ticket](#) which allows for the secure exchange of patient information.

1. A check number has not yet been entered for the EOB the claims are on.
 - This may be due to the timing of the monthly billing cycle. Services should be submitted to SAPC by the 10th of the month to be paid by the 25th of the month. Once a check number has been assigned by the County, SAPC's Contract Reimbursement Unit (CRU) will enter the check number for the EOB into Sage, which triggers an 835 to be produced. If a provider has not received an 835 for two weeks after the 25th, it is recommended that the agency reach out to the SAPC CRU analyst noted on their check Remittance Advice to follow-up on the status of the check number being entered for the EOB.
2. The 835 not being downloaded from the SFTP within 14 days of upload.
 - The SFTP has a restriction of files only being available for 14 days for security purposes. If a file is not downloaded within the 14 days and has been removed from the SFTP, agencies can complete the [Reupload File Request Form](#) and submit it to SAPCProviderReq@ph.lacounty.gov to request any files during the last time the SFTP was checked be reuploaded.
3. The claims that have not appeared on an 835 were rejected by the Sage system due to formatting errors.
 - EDI requirements for 837 transactions must be adhered to for electronic file transmission processes to accurately function. If an EDI file contains errors in the formatting of the data included in the file, the entire file or only certain claims in the file may be rejected from the system. In this case, the errors are noted on either the Critical Error report and/or 277CA file. If a file or claim(s) are rejected, they are not adjudicated and will not appear on an 835. Providers must address the items found on the error report and then resubmit the claims to SAPC for adjudication.
4. **NEW:** Claims were submitted against a service authorization that is in a pending status.
 - If claims are submitted against a service authorization that is neither approved nor denied, they are put into a pending status in Sage. These services must be manually adjudicated by SAPC Finance and can be delayed, leading to 835s being received later than typically received for denied or approved services. To avoid this, providers should not submit services for authorizations that are in a pending status.

837P Companion Guide Update

The 837P Companion Guide June 2024 has been published on the DPH Sage website: [LA County Department of Public Health - Substance Abuse Prevention and Control - Sage Support System Guides](#). Please refer to the section entitled EDI Billing. The 837P Companion Guide provides vital information needed for Secondary providers of Sage to properly configure their billing systems to transmit claims to SAPC in the appropriate EDI file format. The companion guide updates include the following:

1. Page 9-10, Items 9-11: Section details the logic for the HCPCS/CPT Modifier Order and provides guidance to providers in the event a claim exceeds the 4 Modifier Limit.
 2. Appendix A examples have been updated to align with updated guidance.
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Reminders From Prior Sage Provider Communications

Billing for New Performing Provider Types: 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 have been configured in Sage with an effective date of 7/1/2023. Beginning Monday, 7/1/2024, Providers may begin billing for the new performing provider types. Providers may run the MSO Provider Config Report FY 2023+ to verify the procedure code/modifier combinations for which a site is configured.

SAPC Contracts contacted providers to confirm the supervisor's information, including their NPI, and 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. If your agency has not followed up with these requests, please respond promptly to these requests. In addition, notify Contracts when a Clinical Trainee's supervisor changes so that the information can be updated in Sage. If this information is missing or not kept current, then the services are likely to be denied by the State.

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.

Provider Site Admission Form Required: Effective 7/1/2024: The Provider Site Admission form went LIVE and is required for all new admissions and readmissions effective 7/1/2024. This *new* form was created with only five (5) fields to indicate when a patient was admitted to a specific site and specific LOC. In combination with the Discharge and Transfer Form and Recovery Bridge Housing Discharge Form, the Provider site Admission Form will make it possible to generate reports related to the number of admissions in a specified period, a census count, and be able to calculate lengths of stay.

The [Provider Site Admission form and Discharge Workflow Guide](#) explains the updated workflow for admissions/discharges. Providers are also strongly encouraged to complete this form for patients that were present in FY 23/24 and transitioned to FY 24/25.

This form is **REQUIRED** to be completed in Sage by Primary and Secondary Sage Users. It will be reviewed during the initial authorization request process and if it is missing or not filled out correctly, the authorization is subject to denial.