



## Communication Release

8/30/2024

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### REMINDER: Finance Billing Office Hours

SAPC's Finance Division will host ongoing Thursday weekly virtual drop in Billing Office Hours for providers to ask questions about billing submissions and/or denials, 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 on the [SAPC Training Calendar](#).

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

**Time:** 1:00 – 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#

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### New Required Service Authorization Request Fields in LIVE 8/30/24

The Service Authorization Request was previously updated to include three (3) new fields: Clinical Contact, Phone Number, and Additional Contact Information in the Doc Request Date section. Effective 8/30/2024 Clinical Contact and Phone Number is now required in LIVE. As the clinical contact information will now be gathered within the Service Authorization Request, providers will no longer need to complete the Clinical Contact form as part of authorization request process.

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### Updated Service Connections Log in LIVE 8/30/24

SAPC has updated the Service Connections Log to better understand pregnant individuals' need for prenatal services. Updates include four (4) new fields: "Are you receiving prenatal services?", "Would you like to receive prenatal services?", "Prenatal Service Type?", and "Specify other type. These changes were made available in LIVE as of 8/30/24. Providers are not required to complete these questions if they select "No," or "N/A" in response to "Currently Pregnant" and will be able to bypass these new required questions.

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### Billing Office Hours Documents

SAPC-Finance is excited to announce that the Billing Office hours documents – FAQs, slides, and recordings – have been posted to the [SAPC Sage website](#) under the Sage Trainings – [Finance subpage](#). A new section was created – Billing Office

Hours – which contains the documents for each session. The FAQ will be updated on a weekly basis after each session and the slides and recording should be updated within two (2) business days after the meeting.

Sage Finance

SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance

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Billing +

Billing Office Hours -

Subject	Description	Date
Billing Office Hours Frequently Asked Questions <i>(New - August 2024)</i>	Billing office hours listing of frequently asked questions. This list is updated on a weekly basis to provided users for the most recent information for common questions.	08/22/24
Billing Office Hours 7/25/2024 <i>(New - August 2024)</i>	Billing office hours presentation discussing items for the new Fiscal year FY 24-25 and Changes to the Rates and Standards Matrix.	08/22/24
Billing Office Hours Recording 7/25/2024 <i>(New - August 2024)</i>	Billing office hours presentation discussing items for the new Fiscal year FY 24-25 and Changes to the Rates and Standards Matrix.	08/22/24

Please send questions or troubleshooting requests in advance of the meeting, if possible, by emailing [SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov), and noting that the question/request is for the Billing Office Hours.

### Topics From Prior Sage Provider Communications

**Required Transition to Microsoft Authenticator app for Multi-Factor Authenticator:** To prevent providers from losing access to Sage-PCNX, KPI, VPN or other secure County websites that require the user to log in and authenticate users. All users, including county staff and contracted program providers, will be required to authenticate using the Microsoft Authenticator app on a smart phone. The only acceptable authentication option will be to use the Microsoft Authenticator app by August 31, 2024.

[Here are instructions on how to update your MFA method on your mobile device.](#) Please note while these instructions were drafted for County staff, it applies broadly to providers accessing SAPC applications using their C-number with Single-Sign-On. Voice calls and SMS text will no longer be permitted MFA methods after August 31, 2024, and agencies and staff will need to perform a free download and use the Microsoft Authenticator app.

- Requirements for Providers:
  - Any staff that accesses Sage-PCNX or SAPC applications using their C-numbers must have the free Microsoft Authenticator app downloaded on a mobile device and configured per the instructions above.
  - If staff are not willing or unable to utilize their personal mobile device, agencies must provide a mobile device with the configured Microsoft Authenticator app for the staff to utilize.
- Effective September 1, 2024, providers can no longer access Sage-PCNX or SAPC applications without authenticating through the Microsoft Authenticator app.

If you need further assistance or guidance with these instructions, please call the DPH Service Desk at 213-462-1411.

**C-Number Deactivation for Users with 60 Days of Inactivity:** On Friday August 23, 2024, DPH-ISD conducted a second C-Number deactivation protocol to temporarily disable any C-Number that had not logged into the Sage application for the previous 60 days. The first implementation was completed on 06/06/2024.

If a Sage user has not accessed the Sage system in over 60 days their account will be disabled. Once disabled, the user will not be able to log into any county application that requires authentication. Users will have an additional 30 days to re-activate their C-numbers before being permanently deactivated. C-Numbers can be reactivated by:

- a. Contacting the DPH Helpdesk at (213) 462-1411
- b. Contacting SAPC Contracts at [sageforms@ph.lacounty.gov](mailto:sageforms@ph.lacounty.gov)

To prevent deactivation, users should have logged into Sage before 08/23/2024. View only user roles that were created for billing and documentation only, who do not need access to the system, will not be impacted.

**Provider Site Admission Requirement:** Provider Site Admission (PSA) form is required to be completed by **ALL** providers in Sage as of 7/1/2024 for every new admission/re-admission to a program and level of care (LOC) combination.

If a patient is stepped up/down in LOC within the same site, a Discharge and Transfer Form should be completed in Sage and a new Provider Site Admission completed to reflect the date of the admission at that site with the new LOC. For additional information please see the [Provider Site Admission and Discharge Workflow Guide](#) and the updated [Sage-PCNX Guide to Reports](#).

**Sage Report Updates:** The Census Report and Provider File Attach Report are available in LIVE and TRN as of 8/9/24. The Census Report offers providers a concise listing of completed Provider Site Admission(s) (PSA) representing that a patient is, or was, admitted to one or more programs during a chosen time frame. The report provides limited patient demographic information, length of stay, and the last date of service billed for the respective site location.

The Provider File Attach report offers providers a concise listing of files stored in patients' records in Sage-PCNX that had been uploaded through the Provider File Attach form during a chosen time frame for tracking. It may be used for compliance checking and reporting purposes.

In addition, the Provider File Attach Report can be a tool for helping the provider validate that they have achieved the "Optimizing Care Coordination" Incentive Initiative with uploaded Release of Information files.

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## ***Release Notes from the ASAM CONTINUUM***

The following are the release notes from ASAM related to the ASAM CONTINUUM.



### **Pre-Release Notes – August 2024**

The American Society of Addiction Medicine is pleased to announce that the next ASAM CONTINUUM software update will be released on September 10, 2024. 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](#).

Summary Report Updates

1. In response to a Help Desk ticket, we have updated the Dimensional Analysis section of the Summary Report to more concisely describe the purpose of the Dimensional Analysis grid. We have eliminated the previous text which detailed the decision rules met within each dimension, since that caused some confusion regarding the final Level of Care recommendation.

**DIMENSIONAL ANALYSIS**

**NOTE: The Dimensional Analysis Grid shows dimensions for which at least some decision rules were met within each Level of Care. However, this information does not represent the final level of care and should not be used for utilization management or placement purposes. Please refer to the end of the report for the Final Level of Care recommendation.**

**Levels of Care**

**+** Meets Criteria  
**WM** Withdrawal Management  
**BIO** Biomedical Conditions  
**COC** Co-occurring Capable  
**COE** Co-occurring Enhanced

Dimension	0.5	1	OTS	2.1	2.5	3.1	3.2	3.3	3.5	3.7	4
Dimension 1			+				WM				WM
Dimension 2						BIO		BIO			+
Dimension 3				COC COE		+		+			COE
Dimension 4	+	+			+	+			+	+	
Dimension 5										+	
Dimension 6		+						+	+	+	

2. In the Summary Report Critical Items section, we have revised the output for ASm03e. Previously, when a patient endorsed having a current tuberculosis infection, the output stated (regardless of treatment status) that the patient may need a medical evaluation due to *possible* tuberculosis infection. Now, the output more clearly specifies treatment needs through improved alignment with the two response options for ASm03e that indicate current tuberculosis infection.

For question ASm03e: “Do you have a tuberculosis infection (TB)? Have you ever tested positive for TB?” (If yes, ask: “Is it being treated?” or “Was it fully treated?”)

If the answer is:

“Yes, known infection which is being or has been medically treated,”

the output will be:

“The patient has or had a tuberculosis infection which is being or has been medically treated.”

**CRITICAL ITEMS**

**The following critical medical/addiction item(s) were noted while completing this assessment:**

1. The patient has or had a tuberculosis infection which is being or has been medically treated.

If the answer is:

“Yes, known or suspected infection that is not being or has not been treated,”

the output will be:

“The patient has a known or suspected infection that is not being or has not been treated; therefore, consider whether the patient might benefit from a medical evaluation.”

**CRITICAL ITEMS**

**The following critical medical/addiction item(s) were noted while completing this assessment:**

1. The patient has a known or suspected infection that is not being or has not been treated; therefore, consider whether the patient might benefit from a medical evaluation.