



## Communication Release

6/30/2023

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### SAPC Plan for Cut-Over to ProviderConnect NX (PCNX)

SAPC and Netsmart are diligently working to prepare for the launch of ProviderConnect NX (PCNX). SAPC is targeting the PCNX go-live to occur on or around mid-July 2023. This date was selected to allow providers to complete June claiming through the current process. SAPC will continue to update providers as we approach the targeted go-live date.

#### **Planned Sage Downtime during PCNX Cut-Over: Mid-July 2023**

SAPC anticipates a brief period of Sage being unavailable to providers as part of the conversion to PCNX. During the downtime, Netsmart will be moving PCONN data to PCNX. Once the PCNX go-live has occurred, providers will no longer have access to Sage-ProviderConnect Classic. SAPC intends to keep the duration of Sage downtime to a minimum due to this conversion and scheduled this conversion to minimize interference with primary providers' claims submission to meet the SAPC-Finance deadlines for payments in June. Additionally, during this period of Sage unavailability/downtime, providers should utilize their Sage downtime. SAPCs will provide additional information in a future Sage Communication.

#### **Utilization Management Practices during End of Fiscal Year (EOY and PCNX Cut-Over Periods)**

The following is intended to give providers guidance on UM practices during the EOY and PCNX Cut-Over Periods.

- During the brief 1–2-day period of scheduled downtime, providers should use paper-based documentation. For the dates that Sage will be unavailable, UM is accepting paper-based ASAMs. Alternatively, providers may wait for PCNX go-live to complete ASAMs electronically.
- QI/UM will not grant exemptions for untimely medical necessity documentation. As such, providers should ensure that they complete the ASAM assessment within 30-days of admission for adults and within 60-days of admission for youth or persons experiencing homelessness.
- The downtime is expected to be limited 1-2 days. Given the brevity of the scheduled downtime (<3 days), providers will need to enter clinical information from the downtime once SAPC notifies that PCNX is available.
- Providers will be able to resume clinical documentation (admissions, notes, and auth requests and billing for FY 22-23) in PCNX for dates of service before and after the cut-over period.

Providers are reminded to follow the [Sage - File Attachment Standardized Naming Convention](#) for paper forms.

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## Service Authorization Request Blackout Period

As part of the end of year conversion activities, SAPC will implement a Service Authorization Request Blackout period. We realize that these service authorization blackout periods can be disruptive. SAPC is working diligently to minimize the duration as much as possible. To aid providers to best prepare, SAPC is providing the following guidance for service authorization request submissions. The 30-day Authorization Submission policy will be suspended during the service auth request blackout. Providers will have 30 days from the date the blackout is lifted to submit auths.

### **Key dates:**

- **The Service Authorization Request Blackout Period is anticipated to take place from Saturday 7/1/2023 through mid-July 2023.**
  - During this time, providers must hold submissions of all service auth requests with start dates from 7/1/2023.
    - Otherwise, starting 7/1/2023 new service auth requests with start date 7/1/2023 and submitted during blackout will be automatically denied by UM.
  - Providers can continue to submit authorizations for dates of service prior to 7/1/2023 during the blackout
  - *During the blackout, providers are expected to continue documenting treatment, medical necessity (including ASAM assessment, Misc note for level of care justification) in Sage. Exemptions will not be granted for untimely medical necessity documentation.*
  
- Once the Service Authorization Request Blackout is lifted, providers may submit service auth requests with start date 7/1/2023 and on. QI/UM will begin processing these requests.
  - Service auth requests with DOS prior to 7/1/2023 must be submitted using the current process (Auth Grouping) information.
  - Service auth requests with start dates of 7/1/2023 and after must use the *new* Benefit Plan authorization submission process.
    - More information about how to submit these Benefit Plan authorizations will be provided in the Sage PCNX trainings and in future Sage Communications.
  
- SAPC will notify providers once the Service Authorization Request Blackout Period has been lifted.

QI/UM will continue to review all authorizations submitted prior to 7/1/2023 during the Service Authorization Request blackout period.

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## Billing Submission Blackout Period - Starts 7/1/2023

As has been the case in previous years, SAPC will implement a billing submission blackout period for dates of service (DOS) starting 7/1/2023 to allow for rates configuration and validation for FY 23-24. As such, providers should not submit claims for DOS on or after 7/1/2023 until notified by SAPC that the Billing Submission Blackout has been lifted. Claims submitted during the billing blackout with DOS 7/1/2023 and after will be denied with the denial reason CO45 N650 “This service occurs during a claim processing blackout.”

Providers can and are encouraged to continue to submit claims for dates of service on or before 6/30/2023 and can continue to work to resolve and resubmit denied claims for dates of service on or before 6/30/2023 during the blackout.

### PCNX Training Recordings

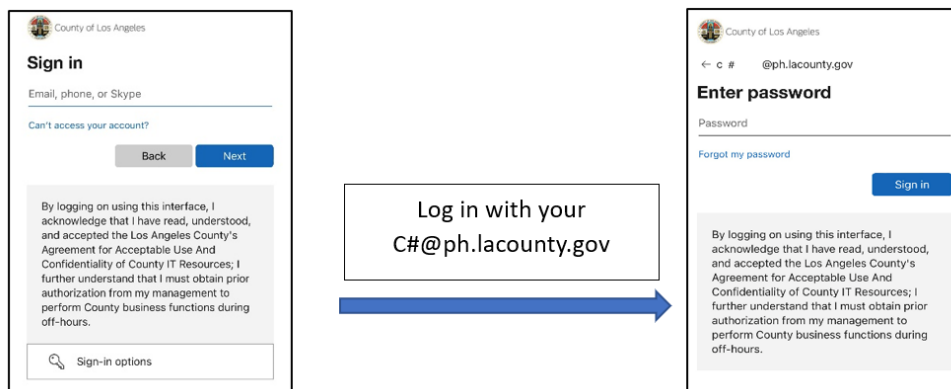
SAPC is currently holding PCNX training sessions. Special recordings for each module are being created as reference material and a resource for individuals who could not attend the live trainings. Unfortunately, these recordings are not permitted to be posted on our SAPC Sage page. However, they will be made available through Microsoft Stream.

#### How to Access Trainings Via Microsoft Stream:

To access these trainings, click on the links below for the training that you wish to view. You will be required to authenticate to the LA County network to view these training sessions.

Description	Duration
<a href="#">Introduction to PCNX Navigating the New User Interface Recording.mp4</a>	34 minutes
<a href="#">PCNX Navigation User Guide (PDF)</a>	N/A
<a href="#">PCNX For Primary Sage Users: Admissions and Intake (Recording)</a>	1:15 minutes

This application will require authentication. Users must enter their C# and password to be granted access to the video recordings as well as written documentation.



Providers will be able to view these trainings while authenticated to the County’s network. Providers will also be able to download the supplemental materials.

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### REMINDER: PCNX Training Dates for Sage Users

To prepare providers for the transition to PCNX, SAPC is offering several *new* provider trainings. The trainings are grouped into modules and will be offered through Team Meetings.

**Registration is required.** Click on the “Flyer” hyperlink for details on the training including the registration link.

Training Module	Intended Audience	Date/Time	Flyer Link
PCNX for Primary Sage Users: Clinical Documentation	Primary Sage Users	Wednesday 7/5/2023 3:00 pm – 5:00 pm	<a href="#">Flyer</a>
PCNX for Primary Sage Users: Clinical Documentation	Primary Sage Users	Thursday 7/6/2023 10:00 am –12:00 pm	<a href="#">Flyer</a>
PCNX for Primary Sage Users: Financial and Billing	Primary Sage Users	Tuesday 7/11/2023 2:00 pm – 4:00 pm	<a href="#">Flyer</a>
PCNX for Primary Sage Users: Financial and Billing	Primary Sage Users	Thursday 7/13/2023 1:00 pm – 3:00 pm	<a href="#">Flyer</a>

**Please enter your email carefully when registering** as the invitation will be sent to the email entered. If you don’t receive a confirmation email within an hour, there may be a typo in the email entered, and you will need to **re-register**. The host is unable to resend your unique link.

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### Fiscal Year 2022-2023 Billing Deadlines

As the current Fiscal Year comes to a close, SAPC is taking the necessary actions to ensure the appropriate expenditure of all contracted funds. This notice provides guidance on upcoming reimbursement deadlines to submit claims for services provided prior to June 30, 2023, according to contract type.

#### Drug Medi-Cal Treatment Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 31, 2023	After the Sage blackout period has been lifted.

Any other FY22-23 claims received or submitted after July 31, 2023, will be processed after the Sage blackout has been lifted and under the normal billing schedule.

### Recovery Bridge Housing Service

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

### Prevention, Client Engagement and Navigation Services, and all Other Contracts

Invoice Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

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### FINAL REMINDER: Fiscal Year 2021-2022 Close Out

Friday, June 30, 2023, is the official close out date for Fiscal Year 2021-2022. Providers must finalize any pending billing and submit any correctable denials by the deadline. Providers are highly encouraged to submit prior to the deadline in the event they encounter technical issues.

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### FINAL REMINDER: KPI Rolling History Truncation

KPI data is truncated every six months, at the beginning of the calendar and fiscal year. For a period, we had an extended rolling history that allowed visibility on older claims. However, as FYs 18-19, 19-20, 20-21 are now closed, SAPC is reverting KPI to its intended lookback period of having two full fiscal years, two full calendar years, plus the current fiscal and calendar year.

On 7/1/2023 data will be truncated, limiting data from 1/1/2021-present. As with previous truncation periods, providers who would like copies of KPI are encouraged to export relevant data from KPI on or before 6/30/2023.

Data Available through 6/30/2023	Data Available ON 7/1/2023
1/1/2020- 6/30/2023	1/1/2021 - present

Data no longer available through KPI will be the second half of FY 19/20 and first half of FY 20/21.

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## ASAM Release Notes – Version 3.22

The American Society of Addiction Medicine is pleased to announce that version 3.22 of the ASAM CONTINUUM and CO-Triage software has been released. 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](#).

### Updates to CONTINUUM Interview, Psychological Section

In the Psychological section, Psychological Interviewer Rating subsection, we have added a new response option to question ASp19h (“Is the patient able to safely access the community for work, education, and other community resources?”).

- Previously the interviewer could select “No or not applicable” or “Yes.” Now there will be three response options: “No,” “Yes,” or “Not applicable.”
- “Not applicable” implies that the patient may not be able to independently access the community, but is not at risk because:
  - The patient has a caregiver to enable safe community access, or
  - The patient does not need to access the community (e.g., because the patient is currently in a residential program/controlled environment, or does not currently work, go to school, or use social services).

### Standard CONTINUUM

The new response option “Not applicable” includes the following statement in parentheses:

- Not applicable (**e.g., patient does not need to access the community because they are in a controlled environment or protected transport can be arranged**)



The screenshot shows a software interface with two questions. The first question, ASp19h, is "Is the patient able to safely access the community for work, education, and other community resources?". A dropdown menu is open for this question, showing three options: "No", "Yes", and "Not applicable (e.g., patient does not need to access the community because they are in a controlled environment or protected transport can be arranged)". The second question, ASp19, is "Does the patient carry a psychiatric diagnosis?".

### CONTINUUM RISE:

- The new response option “Not applicable” includes the following statement in parentheses:
  - Not applicable (**e.g., patient will not need to access the community because they will be in a controlled environment or protected transport will be arranged**)

- Additionally, we have updated the question hint/help text for question ASp19h.
  - Previously, this statement referred to the patient’s **independent** ability to access the community. The word “independent” was removed to acknowledge that some patients have caregivers who can help them to safely access the community. The statement will now appear as follows:

**Answer based on the patient’s ability to access the community. Use both the patient’s response & all available objective data to draw a conclusion.**

### **CO-Triage Report: New Critical Item for Suicidal Ideation**

- In response to a Help Desk inquiry, we have added a critical item alert for suicidal ideation to the CO-Triage report.
  - For question TAsp08D (“*Are you having serious thoughts of suicide?*”) a new critical item will be displayed in the CO-Triage report when any of the following response options is selected:
    - “Symptoms present, with impairment and/or imminent risk BUT related only to intoxication”
    - “Symptoms present, with impairment and/or imminent risk BUT related only to substance withdrawal”
    - “Symptoms present, with impairment and/or imminent risk but not related to substance use or withdrawal”

The alert will appear as shown in the following screenshot:

We have made several changes to facilitate clinical focus on the most acute psychiatric symptoms displayed in the Summary Report Critical Items, as follows:

**CRITICAL ITEMS**

.....

\*\*\*[Name] has had serious thoughts of suicide. The patient should be evaluated by a mental health specialist to determine the proper level of care. If [Name] is assessed to be at suicide risk, then she should be housed in an appropriately safe setting where her status can be continuously evaluated until she no longer poses a risk of suicide.