



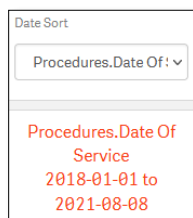
Substance Use Disorder Information System

Communication Release

8/13/2021

KPI Rolling History Update

SAPC has worked with Netsmart to temporarily increase the availability of historical claims in KPI. Typically, KPI only contains the two previous fiscal years plus the current fiscal year’s data. This data limitation would have restricted providers from full visibility of FY 18-19 State denied claims that providers may need to address. Netsmart is temporarily installing a manual update at the beginning of each month to increase data availability dating from January 1, 2018 to the present. When the manual update occurs, there may be brief periods where data will only be available from 7/1/2019 to present. In the event the FY18-19 data is not available when viewing KPI, it is likely due to the manual update process. SAPC recommends that providers recheck KPI at a later time as the data should be available when the update has completed.



Due to the vast volume of data in Sage, this extension of the available data will not be permanent. Therefore, it is imperative that providers address historical State denials as soon as they are able to do so. The data range can typically be found on the bottom right-hand corner of sheets, near the Date Sort filter. By reviewing these dates, providers can identify the data that currently available for viewing in KPI.

State System Adjudication Errors

On August 5, 2021, the State notified counties of adjudication errors in their Short Doyle Medi-Cal system that may have caused some claims to deny inappropriately. The majority of the issues identified were attributed to an update the State installed in their adjudication system on June 8, 2021. The State is working on a resolution for these issues and have asked counties to hold submission of replacement claims at this time. SAPC is seeking additional information from DHCS on these issues to assist SAPC and providers in identifying if any claims sent to the State by SAPC were affected. SAPC will provide additional details as available upon further discussion with the State.

Performing Provider Mapping

SAPC is making a change to the way Performing Providers are setup in Sage to assist SAPC’s State billing processes. Currently, part of the performing provider onboarding process is to “map” the performing provider to the program sites they provide services as indicated on the Sage User Creation Form. However, this has caused unintended billing errors when SAPC is sending claims from Sage to the State’s adjudication system when performing providers provide services at sites that agencies never requested them to be mapped to. To prevent future claiming issues, SAPC will be mapping performing providers to all program sites for the agency they are associated with. This will not affect any forms or procedures for providers when utilizing Sage and is solely a backend process for SAPC to improve billing processes.

! As a result of this change, providers will no longer need to request SAPC to update where a performing provider is providing services if the site(s) change, as they will be mapped to all program sites for the agency in Sage. As a result of this change, providers will no longer need to request SAPC to update where a performing provider is providing services if their site(s) change, as they will be mapped to all program sites for the agency in Sage.

Duplicate Services on ProviderConnect Billing Reports

In April 2021, SAPC and providers identified an issue with some ProviderConnect billing reports - Provider Billing Summary, Provider Billing Details reports, and Submitted Bills. This issue duplicated claims for voids and approvals which made claim totals on these reports

inaccurate. SAPC is happy to report that Netsmart has put an update in Sage that resolved this issue as of August 3, 2021. If providers are still seeing any duplicate service totals on these reports, please report it to the Sage Help Desk at (855) 346-2392 or via the Sage Help Desk ServiceNow Portal: <https://netsmart.service-now.com/plexussupport>.

Critical Error Report Reminder

As of June 21, 2021, SAPC has been providing critical error reports for secondary providers via the SFTP. These critical error reports are intended to be used in conjunction with the 277CA report to identify claims that were rejected by Sage for critical errors. These claims are NOT adjudicated and the reason for the critical error must be resolved and the claim resubmitted to SAPC in order for adjudication to occur. Details on the process can be found in prior Sage Provider Communications from [6/4/2021](#) and [6/18/2021](#), as well as the [Critical Error Reports Job Aid](#) posted to the SAPC website and the attached slides from the 8/10/2021 Provider Meeting.

FY21-22 Billing Reminders

- ❖ There is one rate across all discipline levels providing services in FY21-22. As previously announced, SAPC is no longer using staffing level for rate structure.
 - ❖ Use PAAuths for all RSS claims with dates of service 7/1/2021 and beyond.
 - ❖ Secondary providers must configure their EHR with new rates per the current Rates and Standards Matrix ([Standard](#), [Perinatal](#) and [Youth](#)).
 - ❖ Secondary providers must update authorizations that cross fiscal years with new authorization numbers before billing.
 - ❖ Documentation time for individual services at 1.0, 2.1, and RSS LOCs may be billed by adding one (1) unit.
 - ❖ Check aid code, county code, and eligibility status at admission and monthly before billing.
 - It is recommended that you upload MCAL/FE Verification and run the 270 before submitting an authorization.
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ASAM Continuum Release Update

On August 17, 2021, ASAM developers will be updating the ASAM Continuum with the below changes.

Question Updates:

- In the Drug and Alcohol section, updates ensure alignment between responses regarding the patient's last use of a substance and past 30-day frequency of use. An error message will now display if the interviewer has indicated a need for alcohol use treatment (ASd25a) when the patient did not endorse alcohol use. A similar error message will display if the interviewer has indicated a need for drug use treatment (ASd25d) when the patient did not endorse any (non-alcohol) drug use.

Question Updates (CONTINUUM RISE only):

Help/hint text in the blue info icons now better reflects the future-oriented, re-entry focus of the following RISE questions:

- ASf04, *"When you re-enter the community, what will your living arrangements be?"*
- ASf05, *"How long did you live in these arrangements before entering the controlled environment?" (If with parents or family, only count since age18)"*
- ASf19j, *"Upon re-entering the community, what is the likelihood that you could be hurt or victimized by another?"*
- ASf19d, *"Upon re-entry, will you be in close contact with anyone you have abused or neglected?"*
- ASf19e, *"Is that neglect or abuse likely to occur during your substance use?"*
- ASf19i, *"Upon re-entering the community, what is the likelihood that you could cause harm to or neglect others?"*
- ASf19f, *"Is it likely that family neglect/abuse will worsen without care at a level greater than Level 2?"*
- ASf19k, *"Is the risk of harm only a problem during alcohol or drug intoxication?"*
- ASf19l, *"Upon re-entering the community, will you be able to locate and get yourself to community resources safely?"*

Narrative Report Updates:

- We have clarified statements regarding the amount of time a patient has spent in a correctional facility.
- Free text entered in the Medical Section of the assessment now outputs more clearly in the Medical History subsection of the Narrative Report.
- Output in the Interviewer Impressions and Recommendations – Alcohol and Drugs subsection regarding primary substance now reads, *"Currently, {name of substance} is/are his/her/their most significant substance use problem."*

- Statements in the Alcohol & Drug Section regarding lifetime and past 30-day use have been separated into different paragraphs to improve readability.
- Sentences stating which substances are *not* problematic for the patient will no longer appear in the Narrative Report output.
- Various terms have been updated to reflect more current terminology, e.g., “opiates” has been replaced throughout with “opioids.”
- RISE output regarding the patient’s probation/parole status has been clarified to state that the patient will be on probation/parole upon re-entry into the community (if the interviewer endorses this in the assessment).

Summary Report Updates:

- We have clarified the Final Level of Care Recommendations section. Level of Care recommendations are now more clearly presented as a package of services to be combined as needed. Withdrawal Management, Opioid Treatment Services (OTS), and Opioid Treatment Program (OTP) recommendations, if applicable, are now listed before any Level of Care recommendations that should be considered in order to address patients’ needs in Dimensions 2 through 6.