Substance Use Disorder Information System

Communication Release

9/23/2021

Telehealth Modifiers Upcoming Configuration

The California Department of Health Care services (DHCS) has provided counties with a draft information notice regarding new telehealth modifiers required to be included on claims for services provided via telehealth including a place of service code for telehealth services. This is intended to allow DHCS to track access to services and measure the proportion of services delivered by telehealth. All Medi-Cal covered services delivered by telehealth or telephone must be claimed using the following modifiers and place of service code, effective November 1, 2021:

- Televideo/Telehealth service: GT
- Telephone service: SC
- Place of service code: 02

SAPC has been working with Netsmart to configure Sage to support these requirements from DHCS for primary providers. SAPC is currently undergoing validation testing of the configuration in Sage and will be providing additional information and a job aid to providers once the configuration has been confirmed. Secondary providers will need to ensure their systems as properly configured to meet this requirement.

Updating Financial Eligibility Resources

In January 2021, to help providers maximize claiming to DMC and other county funding as well as clear up confusion regarding how to correctly complete the Financial Eligibility form in Sage, SAPC created the attached documents. These documents, designed to be job aids related to the financial eligibility process, clarify how to properly document financial eligibility, including how to accurately document changes in a patient's financial eligibility. These guidance documents cover how to ensure financial eligibility is initially entered correctly as well as how to document the following four situations and/or changes in financial eligibility that may occur during treatment.

1. Patients who initially admitted as Applying for Medi-Cal/MHLA, then become Medi-Cal/MHLA enrolled;
2. Patients who initially admitted as Medi-Cal/MHLA enrolled, then lose their benefits during treatment;
3. Patients who are admitted as other County Funding enrolled or MHLA and;
4. Patients who initially admitted as Self-pay, then become Medi-Cal, MHLA or other County Funding enrolled.

SAPC has noticed a number of denials related to incorrect completion of the Financial Eligibility form as it relates to when to use DMC, Applying for Medi-Cal and LA County Non-DMC guarantors, coverage effective and expiration dates, and ranking of guarantors from primary, secondary or tertiary. These documents are intended to assist providers in correctly documenting a patient's financial eligibility on the Sage Financial Eligibility form to minimize local and state denials.

The attached five documents include a primary document with all the scenarios and four smaller job aids with each specific scenario separated out. Providers can use the main document by itself, as it includes all the information needed, or each smaller document depending on the financial status change needed. Each document will walk providers through the specific steps needed in Sage to add or update the Financial Eligibility form.

These guidance documents are posted to the SAPC website under Network Providers > Provider Manual and Forms in the Finance Related Forms and Documents section. The all-inclusive document can also be found on the SAPC website under Sage > Sage Trainings > Finance.

Automation of Monthly Aid Code Report

Beginning in October, SAPC will begin providing the monthly Aid Code Report via the SFTP instead of via email from your agency's SAPC Contracts CPA. The report is produced each month after the MEDS file is received by SAPC from the State and loaded into Sage. This allows for providers to have the most up-to-date information available regarding Medi-CAL enrollment on the report received via the SFTP. Each agency's SFTP contact(s) will be emailed when the report is uploaded to the SFTP. Those contacts should then retrieve and forward the report to the necessary staff at the agency. Please note, that County and Aid Code Report only populates patients for whom providers have run 270/271 transactions in Sage. Also, the report will contain all patients at the agency/Legal Entity level.

Hospital Presumptive Eligibility (HPE) Update

Patients with a HPE code, including 4E, H0, H8, P2, P3 or P4, are granted up to sixty days of full scope eligibility while completing the Medi-Cal enrollment process. SAPC's QI & UM Care Managers will continue to grant full-service authorization requests for patients with HPE. For these patients, SAPC requests providers to validate the patient's HPE status monthly to validate it is still active or if it has expired without a full conversion to full Medi-Cal benefits. The SAPC Care Managers will be reviewing these service authorizations on an ongoing basis to validate the Financial Eligibility and will provide feedback to the agency should they find any discrepancies in the eligibility. SAPC encourages providers to use their case management benefit to aid patients with HPE in acquiring full scope Medi-CAL benefits if eligible.

Provider Meeting Save the Date

Please save the date for the upcoming All Treatment Provider and Sage Advisory Meeting. The meeting is scheduled as follows:

Date: Tuesday, October 12, 2021
Time: 9:00 a.m. – 12:00 p.m.
Place: Microsoft Teams Live Events – online option only. (Call in feature not available)

You can submit questions during the meeting via the meeting chat function or by emailing questions about agenda topics in advance to SAPCMonitoring@ph.lacounty.gov with Subject Line: All Treatment Provider Meeting October 12, 2021.

CalOMS Discharge Status Field

On the CalOMS Discharge and CalOMS Administrative Discharge forms, the Discharge Status field is a mandatory field for SAPC to submit the records to the State, however, it is not currently identified as a required field within Sage. SAPC is working to correct this so that the field is required in Sage before submitting. It is very important that providers complete this field on all CalOMS Discharges and Administrative Discharges. SAPC staff may have to reach out to providers to complete this field so that the record can be accepted by the State. Additionally, providers should be completing either the CalOMS Discharge or Administrative Discharge the day the patient leaves treatment.