



Substance Use Disorder Information System

# Communication Release

10/1/2020

## Medicare Billing

SAPC reminds providers to continue to run beneficiary status checks for all patients and to submit Medicare OTP claims through Medicare as first payor for Medicare beneficiaries as stated in [Information Notice 20-01](#). SAPC is working with DHCS on clarifying and setting up components that will be needed in both the State Short Doyle System and Sage system. **SAPC is asking providers to hold replacing Medicare Claims that are denied by the State or any new Medicare claims until the components have been completed.** A follow-up notification and additional information on the process to replace or submit these claims in Sage will be sent when more information is available.

## New ProviderConnect TRAIN URL

SAPC appreciates provider patience during the recent system downtime to configure ProviderConnect for the new Single Sign-on (SSO) process. While the ProviderConnect LIVE URL did not change, this new login configuration required a change to the URL for the TRAIN environment. The new URL for the TRAIN environment is: <https://sageuatssso.healthagency.lacounty.gov/pctrain>.

Please be sure to replace any internet browser bookmarks with this new URL. The login process in the TRAIN environment will mirror the County’s Multi-Factor Authentication process encountered in LIVE. Should you encounter any issues when accessing the TRAIN environment, please refer to the troubleshooting steps in the guides provided previously. If you cannot resolve the issue, contact the Sage Help Desk at (855) 346-2392.

## MSO KPI Dashboards 2.0 Payment Reconciliation Sheet Update

The Payment Reconciliation Sheet will be updated at 5pm on Thursday, October 1<sup>st</sup>, 2020. This will not cause any down time of KPI. This sheet will be updated to include two new fields that will help providers track corrections of State denied claims. The new fields, which were added to the end of the of the Procedure Overview Table, include “Takeback Date” and “Retro Reason.” With these added fields providers will be able to note a pattern of corrected claims denied by the state.

- Takeback Date is the same as the Takeback Date on the State Denial View and refers to the date the dollar amount from a retro adjudicated claim was taken back by SAPC.
- Retro Reason is the description as to why a claim was retro adjudicated by SAPC. This description will include State Denied related reasons, which will always begin with “Denial” followed by a CARC or CARC/RARC combination.

SAPC has attached is a recommended workflow for tracking State denials and corrections to this announcement. SAPC suggests providers utilize this document to assist in creating or refining a workflow to resolve State denials and track corrected claims. This workflow is not required but may assist in resolving State denials.

Client Name	DOS	Performing Provider Name	Procedure	Auth #	Claim Status	Total Charge	Total Disbur...	Total Takeback	Takeback Date	Retro Reason	
						<b>\$88.94</b>	<b>\$48.47</b>	<b>\$48.47</b>			
Test, Client	2020-10-28	Schwarz, Greg	Group Counseling (H0005:U8)	65432	Approved	\$23.43	\$23.43	-	-	-	→ Corrected Claim
Test, Client	2020-10-28	Schwarz, Greg	Group Counseling (H0005:U8)	65432	Approved	\$23.43	\$0.00	\$23.43	2020-01-29	Denial CO177	→ State Denial
Test, Client	2020-10-28	Orellana, Esther	Group Counseling (H0005:U8)	65432	Approved	\$17.04	\$17.04	-	-	-	→ Corrected Claim
Test, Client	2020-10-28	Orellana, Esther	Group Counseling (H0005:U8)	65432	Approved	\$17.04	\$0.00	\$17.04	2020-01-29	Denial CO177	→ State Denial

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## Searching for Clients Without a Social Security Number

Based on provider feedback, SAPC has identified a challenge with searching for clients who do not have a true social security number entered in Sage. SAPC providers often enroll patients without a social security number or who refuse to provide a social security number. Typically, in these situations, providers will admit the patient using a generic social security number (SSN) of 999-99-9999 or 000-00-0000. During the admission process, when searching for a new client using the Add New Client/Client search option, using these generic SSNs can lead to the results of the search to vary as there are thousands of patients in the system with the same SSN. Due to this, the results can be incorrect and lead to a duplicate record being created for a client.

To prevent this and allow for a more accurate database, SAPC recommends using a different generic SSN when searching for patients who do not have or did not provide a SSN. To work around this issue, when entering a generic SSN into the search form, providers should enter an alternate repeating 9-digit number, such as using 888-88-8888 or 222-22-2222. There is no concern in looking up a real SSN by mistake if using this convention as SSNs will never be the same repeating number.

Once the search is completed and providers are confident they have either found the right patient in the system or the patient does not have an existing record, providers should continue to utilize 999-99-9999 for the admitting SSN on the provider admission form. Any number entered in the search is not saved in the system. The only number saved is on the Provider Admission form itself.

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## ASAM CONTINUUM Updates

The American Society of Addiction Medicine (ASAM) has released version 3.1.2. of the ASAM CONTINUUM assessment tool which is integrated into Sage. The following is a summary of the changes in this application release as provided by ASAM.

### **Version 3.1.2:**

Version 3.1.2 updates ASAM CONTINUUM to improve consistency within the assessment and improve the Narrative and Summary Reports. Details regarding the release can be found below, as well as on the [ASAM CONTINUUM website](#).

### **Bug Fixes within the Assessment:**

- The internal error checking previously checked “How long was your last period of voluntary abstinence...?” (ASd15) against “When was your last use of [substance]” (ASd##R). When the two response values were not equal, the system triggered a pop-up error message. This update now allows for the possibility that the patient may have stopped using involuntarily prior to the assessment (e.g., due to incarceration), so that there can be different values for ASd15 and ASd##R.

### **Narrative Report Bug Fixes:**

- *Medical Section:* On question ASm09, “How would you rate the patient's need for medical treatment?”, when the interviewer selected “1” or “2” (“minimal health issues”), a logic error caused the Narrative Report to describe patients’ medical problems as “moderately severe” . This has been corrected.
- *Legal Section:* The Narrative Report previously did not display all arrests/charges that were endorsed. This has been corrected for both standard and RISE versions of ASAM CONTINUUM.
- *Psychiatric Section:* The “Serious Emotional and Psychological Problems – Lifetime” subsection of the Psychiatric Section incorrectly reported the history of depression and suicidal ideation for some patients. This was due to faulty sentence string logic, which has been corrected. The Narrative Report previously did not display all arrests/charges endorsed in the Legal Section. This has been corrected for both standard and RISE versions of ASAM CONTINUUM.
- Numerous other minor language and reporting improvements have been made as well.

### **Summary Report Bug Fix:**

- *Final Level of Care Recommendations Section*: Recommendations for some Co-Occurring Enhanced Levels of Care previously stated that the patient “met the diagnostic criteria for a mental disorder.” Since ASAM CONTINUUM currently calculates DSM-5 diagnoses for substance use disorders but not other psychiatric disorders, this sentence has been deleted.

#### **RISE-Only Fixes:**

- *ASAM CONTINUUM RISE* (i.e., the Re-entry Interview for patients leaving a controlled environment): The Narrative Report has undergone multiple changes to the time frame of assessment questions. For example, “How many close friends do you have?” is now asked in the future tense in RISE: “How many close friends will you have when you re-enter the community?”. A few other examples of the many specific changes include:
  - General Information Section: A CONTINUUM sentence stating how long the patient has lived at their current address has been rephrased in RISE to: “Before entering the controlled environment, [patient] had lived at [his/her/their] prior address for [time period].”
  - Employment and Support Section: A CONTINUUM statement of past 30-day income has been rephrased in RISE, e.g.: “In the past 30 days, [patient] has made [\$] income. This includes work while in the controlled environment. In the first 30 days after re-entering the community, [patient] expects to be paid for working on [#] days.”
  - Employment and Support Section: A CONTINUUM statement as to whether the patient has a driver’s license is now rephrased for in RISE: “When [patient] re-enters the community, [he/she/they] will [have/not have] a valid driver’s license.”
  - Alcohol and Drug Section: CONTINUUM data such as past 30-day alcohol/drug use history are now rephrased in RISE, e.g., “[He/she/they] reports experiencing alcohol problems on [#] of the last 30 days during the time period when [he/she/they] most commonly used alcohol. In the 30 days after [he/she/they] re-enter[s] the community, [he/she/they] expects to be [moderately/slightly/etc.] bothered by these problems.”

#### **Educational Session for Users**

Beginning November 2020, ASAM’s clinical subject matter experts will launch an [educational series](#) specific for users of the CONTINUUM tool. ASAM will unpack the core tools and skills for effective patient engagement when using the ASAM CONTINUUM. This training series is recommended for mental health professionals, including social workers, counselors, therapists, etc. who use ASAM CONTINUUM. Each training session will last 90 minutes. Clinicians can obtain 1.5 CEUs through NAADAC.

Registration will be capped at 100 attendees for the Part I session, which is tentatively scheduled for November 10th at 2 PM ET. Registrants will need to create a free ASAM eLearning Center account, and the link to sign up for the session is embedded above.

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## *Provider Internal Tracking of State Denials and Claim Corrections*

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SAPC is in the process of loading 835 files from the State which include State Denials. For claims which have been denied by the State and recouped by SAPC, providers will have visibility through Retro Explanation of Benefits (EOB) and the State Denial View in MSO KPI Dashboards 2.0. It is the responsibility of the provider to review these denied claims and correct them if possible. To track the identification and correction process SAPC has developed a recommended, though not mandatory, tracking process.

**Step 1. Create a Base Sheet for internal tracking:** This Base Sheet will be an excel document that is initially populated by the State Denial View- Procedure Overview and updated periodically.

- A. Go to the State Denial View and export the Procedure Overview table.
  - a. If the object does not populate due to too many items, you will need to drill down.

Please narrow your selections to less than 100,000 Procedure records for this chart to appear.

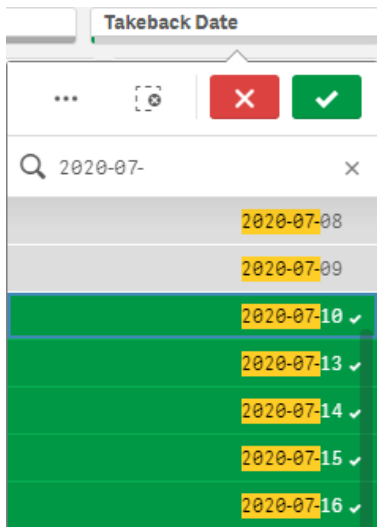
- i. Drill down on FY 18/19
      - 1. If this populates the view then proceed to “b.”
      - 2. If this does not populate the view then select a quarter or 6 months from the FY-month.
    - b. Focus on FY 18/19 to present as these fiscal years are not yet in the Cost Reporting process.
- B. Use the “Export data” function export the sheet to excel
- C. Save to Excel by renaming the file to end with “.xlsx”
  - a. Do not change the number or order of columns
- D. *If you had to drill down to populate the Procedure Overview, repeat the drilldown process to ensure all of FY 18/19, FY19/20, and present FY are included in the Base Sheet.*
- E. Add columns at the end of the exported Data
  - a. Claim corrected (Y/N)
  - b. Date corrected
  - c. Corrected by
  - d. Date re-billed to SAPC

**Step 2. Update the Base Sheet:** SAPC recommends updating at minimum on a weekly basis.

- F. Go to the State Denial View-Procedure Overview
- G. To include only the most recently retro’d claims, begin by drilling down by Takeback Date.

Provider Name	Contracting Provider Pro...	Retro EOB ID	State Denial Reason	Fiscal Year	Fiscal Year-Month	Takeback Date
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- H. Scroll or enter the date of the last time this sheet was exported.



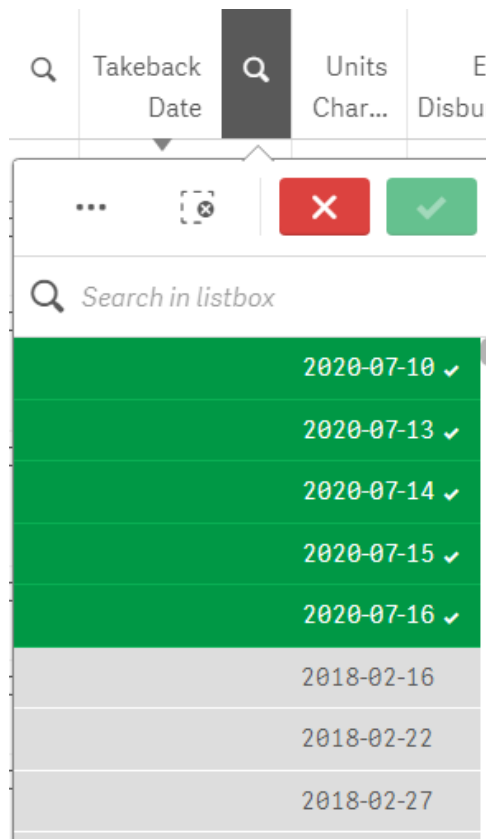
*Note: KPI refreshes nightly, so if the last data export was on 7/10/2020, the most recent data would have been from 7/9/2020 if a takeback was done on that day. Therefore, the next time you update your Base Sheet you would drill down to 7/10/2020 and select that and any other date thereafter.*

Example: Base Sheet was exported on 7/10/2020. If the State Denial View sheet is then looked at on 7/17/2020, then the Take Back Date should be filtered to only show 7/10/2020-present.

- a. An alternative way to drilling down on the Procedure Overview Sheet through the Takeback Date.
  - i. Click on the magnifying glass on the Takeback Date column. Select all dates since you last reviewed and exported the sheet. You may scroll or enter in the date since your last export.

Claim Status	Denial Reas...	Takeback Date	Units Charged
		▼	

- ii. Note the downward arrow below "Takeback Date." This indicates the sorting order is from newest to oldest. If the arrow was facing upward, this would indicate oldest to newest.
- b. Lastly, data may also be sorted by the retro date by using the Date Sort feature that was recently added to this sheet.



To select your desired dates, you may need to scroll and click on “load more” until you get to the most recent take back dates. Then select the dates since your last export.

1.
  - c. Export the Procedure Overview Table
  - d. Copy the rows with the new Takeback Date(s) and paste them on your base sheet.
    - i. *By only adding the most recently recouped claims, any updates on the Base Sheet such as corrected and rebilled claims are retained.*

Step 3. Verifying Replaced/Resubmitted Claims: The Payment Reconciliation Sheet has been updated to include two new fields that will assist in pattern identification. One of the easiest way to find corrected claims is by identifying the claims on the State Denial View.

- I. From the Base Sheet, identify the corrected claims have been submitted for rebilling.
- J. Find these claims on the State Denial View.
  - a. Select the patients and date(s) of services you are verifying have corrected claims.
    - i. This selection will limit the information that populates the payment reconciliation view.
- K. Transfer sheet to Payment Reconciliation View
- L. If you skip J and start at the Payment Reconciliation View, filter the Payment Reconciliation View by date of service (DOS) and client name to match the identified corrected claims.
  - a. Due to the amount of information the Payment Reconciliation View pulls, it may selections/drill downs for the sheet to populate.
- M. Look for the pattern of two rows with the same Client Name, DOS, Performing Provider Name, procedure, Auth #, APPROVED Claim Status and Total Charge. The difference you are looking for is one row will have a dollar amount in the Total Disbursement Column, and the other row will have a Takeback dollar amount, a Takeback Date, and if the Retro Reason begins with “Denial,”

this is a State Denial. This pattern of these two rows next to each other indicate the State Denied Claim has been replaced/resubmitted.

Client Name	DOS	Performing Provider Name	Procedure	Auth #	Claim Status	Total Charge	Total Disbur...	Total Takeback	Takeback Date	Retro Reason
						<b>\$80.94</b>	<b>\$40.47</b>	<b>\$40.47</b>		
Test, Client	2020-10-28	Schwarz, Greg	Group Counseling (H0005:U8)	65432	Approved	\$23.43	\$23.43	-	-	-
Test, Client	2020-10-28	Schwarz, Greg	Group Counseling (H0005:U8)	65432	Approved	\$23.43	\$0.00	\$23.43	2020-01-29	Denial CO177
Test, Client	2020-10-28	Orellana, Esther	Group Counseling (H0005:U8)	65432	Approved	\$17.04	\$17.04	-	-	-
Test, Client	2020-10-28	Orellana, Esther	Group Counseling (H0005:U8)	65432	Approved	\$17.04	\$0.00	\$17.04	2020-01-29	Denial CO177

- a. *Note: if a correction was made to DOS, Performing Provider Name, Procedure, or Auth#, the rows may not be near each other to determine a pattern. However, these fields are not expected to make up a significant number of corrections.*
  - i. *If your agency has State Denial requiring changes to these fields or an adjustment to units, which would impact Total Charge, then a notes section may be beneficial on the Base Sheet to help identify how replaced/resubmitted claims may be different.*