SAGE UPDATES

Overview

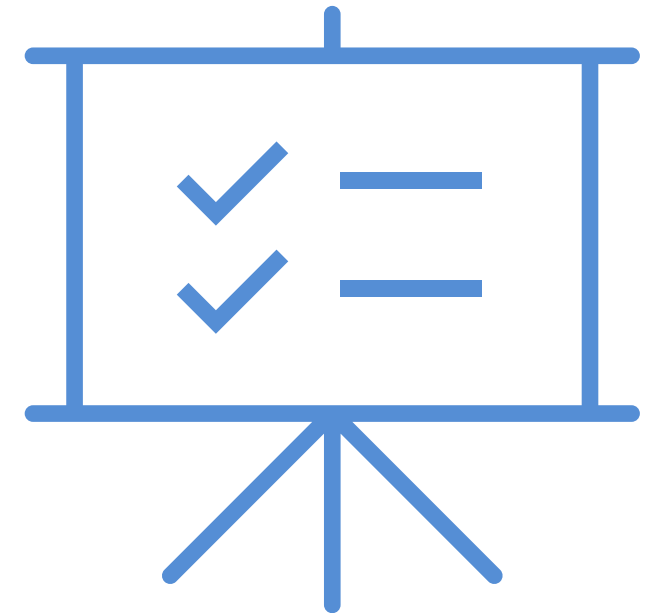- End of Year Configuration Changes
- Financial Eligibility Updates
- CalAIM Sage Documentation
- Local and State Denial Updates
- Merge Case Guidance
- SAPC Clinical Training Opportunities

FISCAL YEAR REMINDERS

Early Intervention Services for Youth and Young Adults (ASAM 0.5) was configured as a new LOC

- EPSDT services for youth (12-17) and young adults (18-20)
- Designed for those who do not meet DSM criteria for a SUD
- 12-17 ASAM 0.5 will only be available to contracted youth providers
- 18-20 ASAM 0.5 is available to all providers, however only youth providers are permitted to use the youth modifier for the enhanced rate.
- See page 60 of Provider Manual 6.0 for program requirements

Peer Support Specialist service codes were added to all authorizations/levels of care

- H0025 and H0038 codes with appropriate modifiers are currently being configured
- New User Access Group and discipline types
- New User Creation/Modification form
- Peers must be certified by CalMHSA peer certification program with anticipated start date in late Fall 2022

Effective for services starting 7/1/2022, a "PG" modifier was added to the current HCPCS for parenting-PPW authorizations to allow for enhanced rates for PPW providers.

- Secondary providers must ensure to update their systems to include the PG modifier on the appropriate codes according to the FY 22-23 Rates and Standards Matrix to receive the enhanced rate.
- All providers need to ensure they are selecting the new authorization grouping with PG in the name of the level of care for all Parenting-PPW authorizations.
  - Example: ASAM 1.0 21 and over/Parenting-PPW (PG)
- HD modifier is ONLY used for Perinatal/Pregnant patients

Rates configuration

- Rates were successfully configured, including OTP rates as of 8/15/2022
- Authorization and Claims freeze officially lifted on 8/15/2022
- New NDC codes were also updated in the system
- 22-23 Fiscal Year 2022-2023 Rates and Payment Policy Updates *(New - August 2022)*
  - Perinatal Rates Matrix Fiscal Year 2022-2023 *(New - August 2022)*
  - Standard Rates Matrix Fiscal Year 2022-2023 *(New - August 2022)*
  - Youth Rates Matrix Fiscal Year 2022-2023 *(New - August 2022)*

DOCUMENTING CHANGES TO MEDI-CAL OR OTHER ELIGIBILITY ON THE FINANCIAL ELIGIBILITY FORM

Updated document available on the SAPC website and SAPC Sage website

Previous Guidance: leave Applying For Medi-Cal guarantor when DMC becomes effective.

Updated Guidance: Delete Applying for Medi-Cal guarantor once DMC is effective and added to F.E.

Please be sure to bill all Applying for Medi-Cal claims and await EOB prior to deleting and adding DMC guarantor

Once the patient has active Medi-Cal coverage, this should be documented in the record in a miscellaneous note.

This can be considered a Care Coordination activity (and BILLABLE) if a service is also provided at that time.

1. Patient contacts counselor or care coordinator (case manager) to inform of Medi-Cal status

2. Care coordinator then assesses needs and assists patient with coordinating new benefits available through Medi-Cal, such as medical care, dental care, etc.

3. Since a service was offered, providers can now bill for the interaction.

   a. However, if the patient contacts staff and the only interaction is to inform of benefits, then no service was provided.

      i. The interaction must be documented accordingly, but it is not billable.

CalAIM SAGE UPDATES

CalAIM Documentation in Sage

Problem List:

❑ Effective 7/1/2022, according to DHCS BHIN 22-019, the Problem List replaced the treatment plan for all providers/levels of care except OTP

  ▪ Peer support services will require a treatment plan written on a progress note when Peer programs are implemented.

❑ For agencies that are JCAHO or CARF accredited (or other certifying entity), where a Treatment Plan is still required, the Problem List components must be incorporated into the Treatment Plan.

❑ Please review the CalAIM Documentation Reform documents and FAQs found on the Sage Website for further information about requirements and operationalizing the Problem List

  ▪ http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm (SAPC Home / Providers / Sage Home / Sage Trainings / Other Training Resources)

Progress Notes:

❑Effective 7/1/2022, according to DHCS BHIN 22-019, the following is required for progress notes:

✓Notes are to be finalized within three <mark>(3) *business* days (weekends are not included)</mark>, **including co-signatures** when appropriate. This includes Progress Notes, Miscellaneous Notes, Group Notes, and Daily Residential Notes.

✓The date of service counts as day 1.

➢Ex: Service delivered 9/6/22, must be documented and finalized by 9/8/2022.

✓All Crisis Service notes must be finalized within 24 hours.

Progress Notes:

When a Problem List is created, reviewed, or updated a Miscellaneous Note, Note Type: "Treatment Plan Review/Development" should be completed reflecting the work done with the Problem List

❑ Please review the CalAIM Documentation Reform documents and FAQ found on the Sage Website for further information about requirements and operationalizing the Problem List

✓ http://publichealth.lacounty.gov/sapc/providers/sage/other-training-resources.htm (SAPC Home / Providers / Sage Home / Sage Trainings / Other Training Resources)

Where do I go for the SAPC Provider Manual, updates/bulletins, and SAPC Trainings and Events?
(links provided below)

http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm

PROVIDER MANUAL AND FORMS	PROVIDER MEETINGS, BULLETINS, BRIEFS AND FACTSHEETS	CAPACITY BUILDING AND TRAINING RESOURCES
Expectations and requirements of substance use disorder network providers, including clinical and business standards, policies and procedures, and essential forms	Information on contract updates and changes at the County, State and Federal levels, and other documents that outline programmatic, financial, information technology and contracting changes and requirements	Tools and resources available to support substance use disorder providers in building and maintaining an effective workforce and business, and achieving patient outcomes

SAPC Provider Manual 6.0
Clinical Forms and Documents
Problem List Main
Problem List Addendum

SAPC Provider Network Information
July 5th All Provider Meeting Recording

SAPC Trainings and Events
SAPC Training Calendar
List of SAPC Trainings

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Sage Resources

SAPC Sage Website

Sage Provider Communications

SAPC Home / Providers / Sage Home / Sage Provider Communications

Fiscal Year 22-23

Fiscal Year 21-22

*Images are hyperlinked

Other Training Resources

SAPC Home / Providers / Sage Home / Sage Trainings / Other Training Resources

CalAIM Documentation Reform

Subject	Description	Date
CalAIM Documentation Requirements Updates Recording	This is a recording of DHCS's new documentation requirements and SAPC's interim solution to meet new standards, primarily focusing on the Problem List.	08/19/2022
CalAIM Documentation Requirements Updates PPT 8-19-2022	This is the PowerPoint presentation that accompanies the CalAIM Documentation Requirement Updates Recording.	08/19/2022
CalAIM Documentation Reform FAQ (Updated 8/30/2022)	This is a list of compiled questions and answers regarding DHCS' documentation requirements for the Problem List, Notes, and Assessments which went into effect 7/1/2022.	08/30/2022
Operationalizing the Problem List in Sage	This document outlines the interim Sage solution meeting DHCS' Problem List requirements	07/05/2022

Sage Newsfeed:

Available when you log in to Sage or through "News" on the Main Menu

Main Menu - Provider

Lookup Client

Add New Client/Client Search

News

ProviderConnect - News

	No.	Date	News
-	1.	7/26/2022	A CalAIM Documentation Reform FAQ has been published to the Sage page. Please copy and paste the link below to a web browser to access the document. http://publichealth.lacounty.gov/sapc/Sage/Training/CalAIMDocumentationReformFAQ072522.pdf
+	2.	7/7/2022	Job Aid on Operationalizing the Problem List in Sa (...)

LOCAL AND STATE DENIAL UPDATES

Denial Resolution Best Practices

Identify if denial is Local or State

- Using KPI Local Denial View or State Denial View (Quick Guide to Identifying Denials for details)
- 835 reports
- EOB
- ProviderConnect "Services Denied in MSO Report" for local denials

Utilize SAPC published denial resolution guides

- Claim Denial Reason and Resolution Crosswalk for Providers (Next update coming soon)
- Denial Crosswalk Instructions Version 3.0
- Quick Guide to Identifying Denials
- http://publichealth.lacounty.gov/sapc/providers/sage/provider-communications.htm (All communications are published with descriptions of what was communicated)
- Critical Error Report Guide for 837 Files (for 837 files with rejected claims that were not processed, usually show as an OA CARC group on the 835)
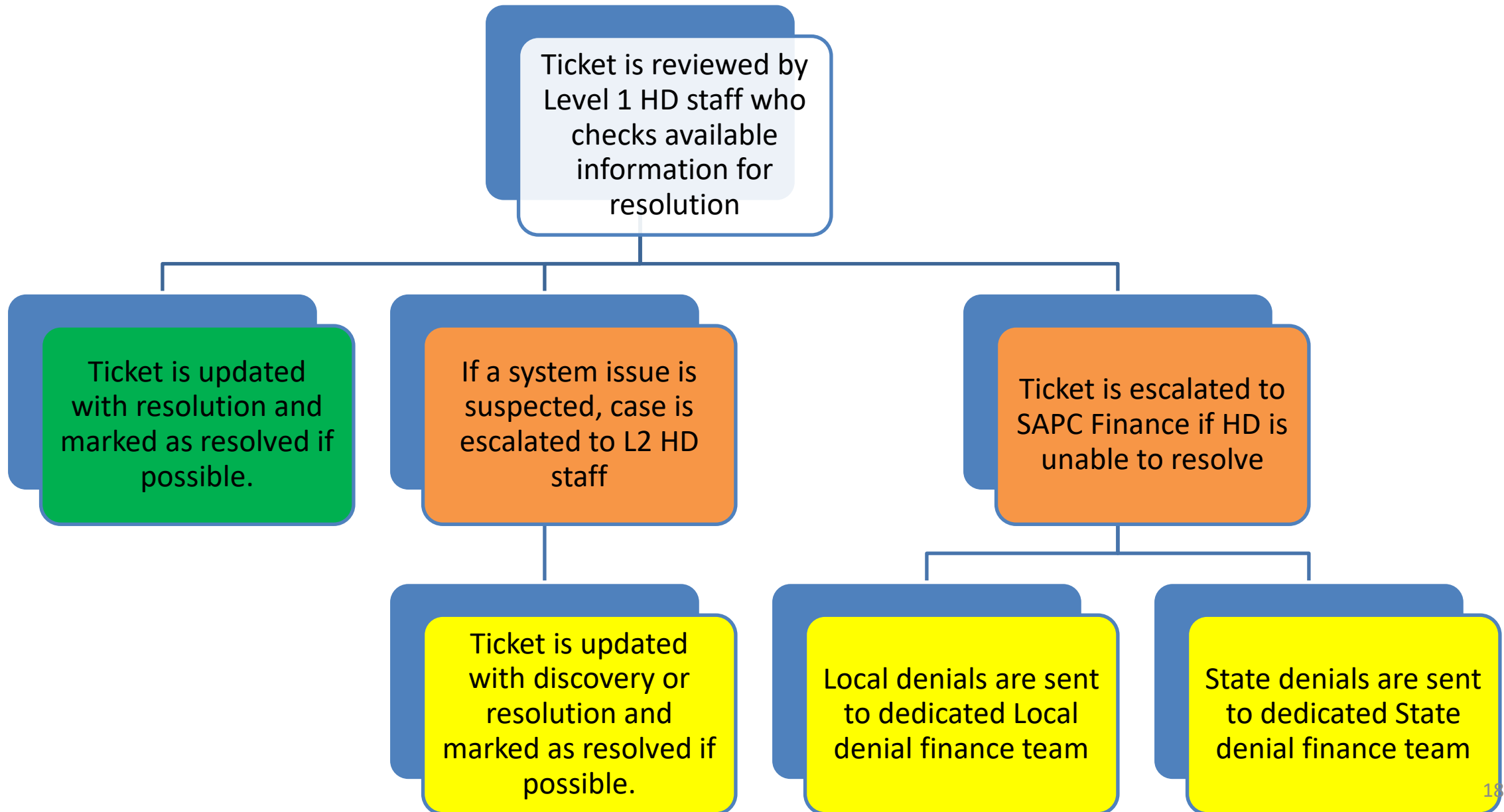
Work the Denial

- From the steps outlined in the various guides, attempt to identify the issue and resolution.
- Most denials are quickly resolved by following the steps.

Denial Resolution Best Practices

Open a Helpdesk Ticket when:

- After a full investigation and the cause is still unknown
- The resolution is unknown
- The resolution requires additional intervention from SAPC or Netsmart

When submitting a Helpdesk Ticket, include the following:

- Denial reason or Explanation of Coverage if Local denial (from EOB, PCONN, KPI)
- Denial CARC and RARC combination starting with "Denial CO…" if State denial (from KPI or EOB)
- All information from the denied service: PATID, Date of Service, date of takeback or denial, EOB ID, EOB date, 835 file name (if applicable)
- Approximate count of denials and dollar amount of denials
- Steps taken to resolve that were not effective

Life of a Finance Related Helpdesk Ticket

Ticket is reviewed by Level 1 HD staff who checks available information for resolution

Ticket is updated with resolution and marked as resolved if possible.

If a system issue is suspected, case is escalated to L2 HD staff

Ticket is escalated to SAPC Finance if HD is unable to resolve

Ticket is updated with discovery or resolution and marked as resolved if possible.

Local denials are sent to dedicated Local denial finance team

State denials are sent to dedicated State denial finance team

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Claim spans EOB Fiscal year

- Claims/Bills/837s cannot contain dates of service for more than one fiscal year or all claims will be denied.
- SAPC is aware of some claims where all dates of service occur within the same fiscal year, but the claims are still failing preadjudication or being denied. This is currently under investigation with Netsmart.
- Once resolved, SAPC will communicate the resolution via the Sage Communication
- Providers can remove those failed/denied services from the bill and submit them separately.
- Appears to be Primary Providers only

Total expected disbursement exceeds account level (CO 45, N640)

- Total amount billed exceeds amount remaining for contracted allowance.
- Two scenarios:
  1. Contract was actually exceeded. Agency needs to request a contract augmentation with the assigned CPA
  2. Sage error where claims and takebacks were not being appropriately calculated from the contract amount.
     a. The Sage error has been corrected and agencies who reported an issue have been notified.
     b. These denials can be resubmitted.
- Monthly Remittance Advice spreadsheet sent to agencies now includes Remaining Contract Amount field for agencies to better track.

Eligibility not found/verified in CalPM

(CO 177, N640)

- This denial is related to missing elements that are required on the claim to verify eligibility
- Does not mean the patient is not eligible, but that Sage cannot verify that the eligibility components that DMC validates against are present.
- Providers must include the following information in the patient record for the system to verify eligibility:

❑ **CIN on the DMC Guarantor on the Financial Eligibility (F.E.).**

❑ **Eligibility Verified must be marked Yes on DMC guarantor on the F.E.**

❑ **Valid address on the DMC guarantor on the F.E. (Do not enter 'Homeless' as the address)**

❑ **Coverage Effective Date must be on or before date of service on the DMC guarantor on the F.E.**

❑ **If Coverage Expiration Date is completed, must be after the date of service on the DMC guarantor on the F.E.**

❑ **Provider Diagnosis (ICD-10) form must have an ADMISSION Type of Diagnosis record on or before the date of service. Update or Onset diagnosis can be included, but only if an Admission type is present.**

❑ **If patient was Applying for Medi-Cal, then updated to full DMC, delete the Applying for Medi-Cal guarantor.**

CO 26 N650 Telehealth Denial

- Caused by a Sage configuration error
- **Issue has been RESOLVED**
- Providers should replace/resubmit claims denied for CO 26 N650
- Does not apply to NDC related denials under the same denial code.

CO 96 N362 Telehealth Denial

- Caused by a Sage configuration issue related to minutes to units conversion
- Issue has NOT BEEN RESOLVED
- Providers *should NOT* replace/resubmit these claims until instructed to do so by SAPC

Denial CO 177

- Based on the Aid Code, OHC, Share of Cost and/or Eligibility Status Code, the patient is not eligible for the service according to DMC.
- Before providing services, providers must verify the Aid Code, and Eligibility status is eligible for DMC services.
- Before billing SAPC, providers must follow OHC and share of cost procedures to avoid eligibility denials.
- If the message on the online eligibility verification is yellow or red, providers should contact DPSS for clarification if the reason is unknown.
- **Resolution:** Resubmit claim if the patient shows as eligible during that dates of service that were denied.
  If ineligible under DMC, patient may qualify under nonDMC other county funding if present.

Denial CO 16 MA39

- Gender entered on claim, as taken from the DMC guarantor from the F.E., does not match the gender on file with Medi-Cal.
- Currently, Medi-Cal gender only includes Male or Female, where the guarantor can include Male, Female or Unknown.
- **Resolution:** Verify the gender according to Medi-Cal, change on the DMC guarantor and resubmit the claim.
- Work with DPSS office to correct gender in Medi-Cal system

CO 96 N424

- The patient's Medi-Cal is linked to a county other than LA County.
- SAPC is primarily seeing this denial for older fiscal year claims where the authorization was approved prior to updated workflows related to county of responsibility or residence.
- Effective 7/1/2021 for dates of service up to one year prior to BHIN 21-032, Medi-Cal will adjudicate claims based on either county of residence or county of responsibility, which for claims sent from SAPC must indicate LA County.

Level 2/State Denial Clarification

CO 96 N424

There is also a delay in the Medi-Cal eligibility file being updated depending on when a county of residence/ICT has been initiated.

- If claims were submitted prior to the system updating, they would be denied and could be resubmitted once the system has been updated.
- Medi-Cal eligibility can take 1 to 3 months on average to update the county.
- If the provider validates that either county of residence or county of responsibility fields shows as LA County, the claims should be resubmitted.
  - Providers should open a helpdesk ticket to verify the county of residence or responsibility.
  - ➢Do not send direct emails to staff. This is especially important with emails that contain PHI and are NOT encrypted. Per DPH policy, these will be deleted immediately.

CO 96 M80- <u>RESOLVED</u>

Duplicate claim or claim already paid, related to the following resolved issues:

- Workflow issue regarding voids/replacements has been resolved.

- 835s that were not received from the State has been addressed and processed.

❖**Providers <u>should</u> now submit all claims denied for CO 96 M80 for replacement or resubmission.**

ADMISSION PROCEDURE and MERGE CASE UPDATES

STEP 1: When a patient first presents for treatment at your agency, **ALWAYS** verify if the patient has an existing record throughout the network by using the Add New Client/Client Search form from the Main Menu

Main Menu - Provider	
Lookup Client	
Add New Client/Client Search	
News	

STEP 2: Enter all known information about the patient, including Date of Birth.

If the SSN is not known, do not use 999-99-9999 as that is too common within the system. For better results, use another number duplicated, such as 111-11-1111 or 777-77-7777.

Search Criteria	
Social Security Number:	123-45-6789
Last Name:	Testing
First Name:	Admission
Sex:	● Female - F ○ Male - M ○ Transgender (F to M) - FTM ○ Transgender (M to F) - MTF ○ Unknown - U
Date of Birth:	05/18/1965

Search

How is the Score Determined?

❖The score is weighted based on the information provided in the search in the following order of importance:

1. **Social Security Number**

   a. SSN matches will result in at least a rank score of 100 if no other field matches

2. **Sex**

   a. Although sex does not show in the results, it is highly weighted in the score

3. **Date of Birth**

   a. DOB is not required in the search, however it is highly recommended to include, as this data point is equal to Sex.

4. **Last Name**

5. **First Name**

ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Social Security Number	Score
160487	ADMISSION TESTING	05/18/1965				123-45-6789	231
160555	TEST MERGEE	01/01/2021				123-45-6789	100
159966	SAPC WANG	01/01/2003				123-45-6789	100
160622	ADMISSION TESTING	02/28/2000	Los Angeles			123-45-6987	90

Search Parameters: Admission Testing, 05/18/1965, Female, 123-45-6789

ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Social Security Number	Score
160487	ADMISSION TESTING	05/18/1965				123-45-6789	231
160555	TEST MERGEE	01/01/2021				123-45-6789	100
159966	SAPC WANG	01/01/2003				123-45-6789	100
160622	ADMISSION TESTING	02/28/2000	Los Angeles			123-45-6987	90

❖Recommended Workflow:
- ❑ Verify all data elements match the patient you are admitting
- ❑ Check the score to see if the system matches the data (higher the score, the more likely the match)
  - ❑ All 5 items matched above resulting in score of 231, meaning this is highly likely the patient being admitted.
  - ❑ However, providers should still confirm the information is correct before admitting.
- ❑ Note there are 2 patients with the same name, but different demographics.
  - ❑ Please be extra careful not to select the wrong patient based on name alone.
  - ❑ Providers should check all information before selecting a PATID to admit.
- ❑ After thoroughly verifying the information is correct and matches the patient being admitted, only then should the patient be selected
- ❑ If no patient in resulting list matches, then a new record should be created.

If there is already an active patient record in the SAPC network, but <u>NOT</u> at the admitting agency:

- The system will open the Admission form to complete the necessary demographic information
- Providers should validate the name and SSN is correct with the patient before submitting this form in the top left corner of the form

Client Name:	PANTS, SAL
Member ID:	159942
SSN:	***-**-6789

- If a mistake is noticed, this form can be exited and return to results list without having to create a new record by selecting on the bottom **Return To List**

For patients with a matching result that have an active episode with the admitting agency:

- The system will open the patient record for the agency and skip the admission process.
- Before beginning to document, providers should open the Provider Admission form for the agency and verify the information is correct and for the correct patient.
  - This will avoid documenting in the wrong chart by mistake.

Results Do Not Populate a Match

- For instances when the SSN is unknown and a fake SSN was used, staff should check for similar names that match the date of birth as it is common for patients to have multiple names in the system and not provide an SSN.

  ❑ If last name and DOB match, verify with the patient if they have ever used another name or been at another agency under a different name.

  ❑ Always ask the patient if they have received SUD treatment within LA County and for the name of the agency.

  ❑ If they have had treatment in LA County, it is likely there is a record that exists in Sage, but possibly under a different name and/or missing SSN.

- After checking the search criteria was entered correctly and no match exists, providers should then scroll to the bottom of the results list to click the Add New Client button.

Reporting a Duplicate ID/Merge Case

Current Status of Merge Cases

Netsmart Helpdesk processes approximately 140 merge cases a week	While receiving 20-30 new merge cases every week

What Causes Delays in Processing

When both IDs have significant amount of data to merge (progress notes, claims, attachments, etc.)	If the same agency billed on each ID. This requires SAPC intervention to void claims with the State
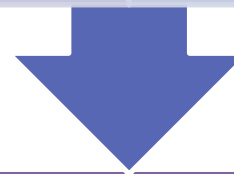
Improving the Process

Identify duplicate IDs as soon as possible and open a case. Stop billing and documenting on the wrong ID immediately. Communicate to all relevant staff to stop using the wrong ID.	Include the Source ID, Target ID and whether billing has occurred on one or multiple IDs in the ticket.

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SAPC CLINICAL TRAINING OPPORTUNITIES

SAPC Upcoming Trainings

Training Name & Link to the Flyer	Date
CalAIM Documentation Requirements Updates **Links →**	Friday 9/9/22 and Thursday 9/22/22
Streamlined Clinical Documentation for Substance Use Treatment Providers	Monday 9/12/22
Understanding the ASAM Criteria in the Context of the California Treatment System (ASAM-A)	Wednesday 9/7/22
Understanding the ASAM Criteria in Action from Assessment to Treatment Planning (ASAM-B)	Thursday 9/8/22
Fortifying Your Strength: Promoting Self-Care for Substance Use Treatment Providers	Tuesday 9/13/22

For more training information visit: SAPC Trainings and Events
For Clinical/Training Questions email:
SAPC.CST@ph.lacounty.gov

SAPC Upcoming Trainings

Training Name & Link to the Flyer	Date
[Making the Most of the ASAM CONTINUUM Assessment Tool](#)	Wednesday 9/21/22
[Utilizing Naloxone and Other Harm Reduction Strategies for YOUTH Providers](#)	Friday 9/23/22
[Care Coordination: Maximizing Success in SUD Treatment Through Integration and Coordination of Care](#)	Tuesday 9/27/22
[Foundational Principles of Ethical and Confidential Practice in Substance Use Treatment](#)	Wednesday 9/28/22
[Methadone and Beyond: Medications for Addiction Treatment (MAT) for Alcohol and Opioid Use Disorder](#)	Thursday 9/29/22
[Serving the Deaf and Hard of Hearing Community: Improving Access and Quality Services](#)	Friday 9/30/22

For more training information visit: [SAPC Trainings and Events](#)
For Clinical/Training Questions email:
[SAPC.CST@ph.lacounty.gov](#)

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Clinical Trainings

http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm

Training Calendar
View dates and times for upcoming trainings sponsored or supported by SAPC

Click here

Trainings
Find training information and resources, including how to register for these sessions

Click here

SUD Training Resources
Discover tools, resources, and links available to support substance use providers

Click here

Learning Management System
Access, participate, and track online learning experiences

Click here

CA SUD Certifying Bodies
Find links and resources

Click here

Archives
View past trainings and lecture series

Click here

Calendar of all SAPC clinical trainings and other SAPC sponsored events.

All links include registration information to the specific training and other important details.

Clinical Trainings

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Click on Trainings for a detailed list of all currently offered trainings, throughout several clinical and operations categories