Sage Updates

All Provider Meeting November 5, 2019

Overview

Today we will be presenting:

➢ New forms & processes for Screening & Referral Connections.

➢ How to improve your help desk experience.

➢ KPI Dashboards 2.0

    ➢ Key Points

    ➢ Payment Reconciliation

➢ How to improve your ability to investigate payment denials

➢Referral Connections Form is LIVE.

- ✓ After completing the ASAM CO-Triage screener (patients 18+) or the Youth screener (12-17), providers must use the Referral Connection form and follow the referrals procedure in order to claim for screening.

- ✓ Webinar recording and PowerPoint is available at http://publichealth.lacounty.gov/sapc/Sage/SageWebinars.htm

➢Youth Screener- LIVE in Sage on November 5, 2019.

- ✓ Effective 11/05/19, the paper youth screener will no longer be accepted. Providers must use the Sage Youth Screener when screening youth patients.

➢Provider Authorization (PAuth) are in process.

- ➢ PAuths will include all available screening per contracted level of care, age group and PPW status.

Help Us Help You…

- Friendly tips to enhance your helpdesk experience:
  - Provide as much detail as possible when reporting an issue
  - If submitting a ticket online, include screenshots (if applicable) and PATID's/Auth #s
  - Provide a good contact number and best contact times
  - Respond in a timely manner to help desk's inquiries and questions of clarification, either by telephone or within the Help Desk Portal.
  - Be sure to submit tickets with correct prioritization
    - Is it impacting just you or one particular form, your team or your entire agency?
    - Is there a workaround, can you still work or are you completely unable to work?
  - Your ticket will be automatically closed after 5 days, (and several attempts to contact user) if no response from provider

KPI Dashboards Data Sources

KPI Dashboard 2.0

Content Area: Completed information that does not require any additional processing, primarily clinical information, also claims adjudicated by DMC (e.g. The State)

Categories: Demographics, Cal-OMS, diagnosis, and claim details that have been fully processed by the county and state

Potential use: Analysis of agency needs, gap analysis, areas for expansion, training opportunities, agency progress report

KPI MSO Dashboard 2.0

Content Area: Primarily administrative data related to authorizations, billing and payments between SAPC and providers

Categories: Payments, authorizations, financial details, procedures

Potential use: Identify which services were paid, denied, or pended. Gather specific claim and procedure information for operational analysis

➢ The more data providers enter into Sage, the more useful KPI will be.

    ➢ Cal-OMS Admissions and Discharges

    ➢ Provider Admission form

    ➢ Frequency of billing

    ➢ Accuracy of data entered

➢ Data is refreshed nightly – it is up to date, but is not "real time".

➢ Certain 'objects' (graphs, boxes and other visualizations of the data) require transactions within the system to properly populate.

    ➢ For example, If there are no claims for a patient, they will not show on the MSO KPI, but will show on the other KPI dashboard.

➤ KPI Data is a "rolling" history for 2 calendar years (CY) + the remainder of the current calendar year.

> ➤ As of January 1, 2020, data available will be CY2018, CY2019 and each month in 2020 will add data.

➤ Secondary Providers will be able to utilize most of the Sheets (Views), however, since Sage relies on data entered directly into the system, not all views will be available.

> ➤ KPI can only display data entered into Sage directly or converted. However, since Cal-OMS, Admission data, Financial Eligibility, Diagnosis and Authorization must be directly entered, most information is available.

> ➤ Billing information *WILL* be available as the system converts 837 claims into Sage data once posted by IT.

Payment Reconciliation Overview

Intent
- This process was developed to help providers balance their budgets by identifying what services were paid, on which check they were paid, and why the check might not equal the amount they expected.
- The entire process is what is referred to as *Check Reconciliation*.

How
- The "Payment Reconciliation View" provides visibility on payments received based on services provided.
  - ➢ This view is not a standalone view for Check Reconciliation. It provides exact details about claims, payments and associated services to be further investigated as needed.
  - ➢ It provides exact details about claims, payments and associated services to be further investigated as needed.
  - ➢ If the Check amount and the Remittance Advice match exactly, then there is no need to further investigation.
- The <u>*Check Reconciliation*</u> process involves a review of documents provided by finance (I.e. Remittance Advice reports) ***AND*** the KPI "Payment Reconciliation View" to investigate any discrepancies.

- Payment Reconciliation View can be used for so much more than finding payments:

1. **Services per agency as a whole or per site-** How much did your whole agency or each site bill and receive for a given time frame

2. **Services per level of care-** Identify how many services were provided and paid for each level of care you provide.

3. **Services in general**- Will enable you to see what services you are charging for and for how much. Example: Did you bill for everything you could have? (e.g. Case management, treatment planning, discharge planning, etc…)

4. **Payments and denials for a particular contract-** Monitor your contract usage as often as needed.

5. **Charges by Practitioner-** Easily find all services paid and denied for a particular provider during any time frame available.

1. Select MSO KPI Dashboards 2.0 from the top drop down.
2. Using the Remittance Advice Report (RA) from SAPC Finance, check for items that were voided, taken back, or approved but payment was withheld.
3. The RA will be sent via the Secure File Transfer Protocol (SFTP) that SAPC provided to your agency (files are automatically deleted after 7 days from the SFTP)
    a. The RA will be posted once the check is created and entered into Sage.
        i. Checks are generally issued toward the end of each month.
        ii. Reviewing the Payment Reconciliation prior to reviewing the RA may cause confusion if sole purpose is trying to reconcile checks.
    b. Transitional payments/recoupments are not available in KPI at this time and will not be shown on the Payment Reconciliation view since these are not claim/service based activities
        i. Inclusion of transitional payments and recoupments will be a future enhancement to KPI.

3. Enter desired search parameters and filters
   - Check number(s) or EOB(s) from the Finance report
   - Date of service or date range
   - Service provided
   - Performing provider
   - Contract Number

4. Procedure Overview will populate all services associated to the parameters selected with detailed service information.

5. Detailed Check and EOB information is displayed in separate objects on the same screen.

Denial Visibility:

Using Provider Connect and KPI

How to Find Your Denials:

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- KPI Payment Reconciliation View filtered by denied claim status
  - Available for Primary and Secondary Sage users
  - Provides claims status, not denial reason.
  - Uses:
    - Number and amount of denials received
    - Claim status patterns within particular sites, services or staff.

- Services Denied in MSO report within Provider Connect
  - Available for Primary _AND_ Secondary Sage users
  - Agency wide, site specific, and date range filters
  - Report shows all denials for the parameters selected
  - Uses:
    - Identify patterns in actual denial reasons and determine if troubleshooting efforts to fix
      - Contact Helpdesk first if unable to fix and resubmit.

Patient Specific Denial Visibility

- Treatment tab in the patient chart in Provider Connect
  - Available for both Primary *AND* Secondary Sage users.
  - Select the fiscal year and month for review [2019-2020 ▾] [October - 2019 ▾] [view]
    - Or View All to show everything [VIEW ALL ▾] [VIEW ALL ▾] [view]
  - All approved, denied and pending claims will show for the date selected
    - Click on each date of service for denied claims to identify the denial reason
    OR
    - Scroll all the way to the bottom of the screen, beyond the listing of CPT codes. The Services Denied in MSO report will show all denied claims only for the month and FY selected above.

Services Denied in MSO (7/1/2019 - 6/30/2020)					
Agency	Member ID	Service Date	Reason for Denial	Service	Amount
Total					$ 0.00

Accessing KPI and Other Trainings

Step 1: Log in to PCONN Live

Step 2: Select Documentation

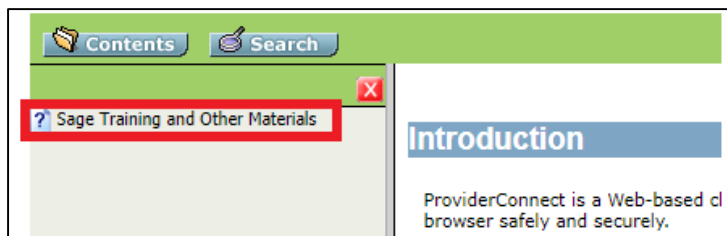| Main Menu - Provider		
Billing	Lookup Client	Provider
Reports	Add New Client/Client Search	Change Password
Documentation	News	Alerts
Logout / Exit		

Step 3: Click on Help

ProviderConnect - Documentation   Recovery, Inc. 11/1/2019 10:47:12 AM   Lookup Client | Main Menu | Log Out

Help

About ProviderConnect 2019.8.1

Step 4: Click on: "Sage Training and Other Materials" on the left hand side of the screen

Questions?