Substance Use Disorder Information System

ProviderConnect NX

# Sage-PCNX Guide to Reports

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## Types of Reports

In ProviderConnect NX (PCNX) reports are generated as "Crystal Reports" that open in a separate browser window. However, not all reports are the same. Though they all populate in the Crystal Report format some are simply printouts of a record while others are compilations of aggregate data. This guide will indicate which reports are printouts of a record.

Reports may have singular or multipurpose use. This guide is categorized by the potential use of the report: Clinical, Financial, or both.

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- Provider Activity Report
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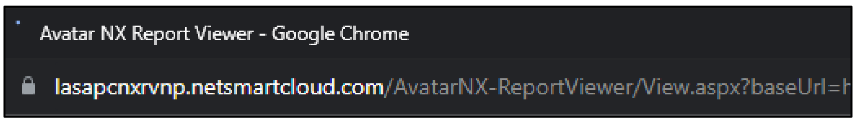
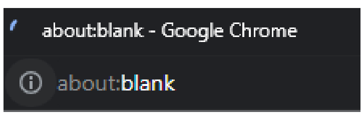
## Troubleshooting

As a general tip, when processing a report, a separate browser window will open. Users should expect to see the following format on the top left of the browser:




If the top left of the browser displays as the image below the report will not populate:




The “about:blank” error may occur if too many reports are being processed at the same time. This may also occur if the report window is closed before it finishes loading and then the user tries to re-run the report.

If this occurs, it is recommended users clear their cache, then re-run the report. The “Avatar NX Report Viewer” should appear at the top of the browser window.

# Clinical Reports

## CalOMS Open Admission Episode Report

The CalOMS Open Admission Episode Report provides cross episode visibility of a patient’s open Cal-OMS Admissions. Open Admission (OA) is defined as having a submitted Cal-OMS Admission form with no corresponding Cal-OMS Discharge or Cal-OMS Administrative Discharge. It is recommended this report is run at admission to ensure there are no overlapping treatment episodes for the same level of care. If the patient does have an OA for the same level of care for which you are trying to admit, please contact the identified provider to verify if the patient is currently receiving services. If the patient is no longer receiving services, request the other provider complete the Cal-OMS Discharge/Administrative Discharge, so the patient may be admitted.

The visibility of cross episode information is contingent on the completion of the Release of Information_In Network (ROI) form directly in Sage. The way in which the "Authorize All Providers or Select Providers Only" field is answered will indicate whether the agency running the report will have visibility on all, some, or no other agencies.

The ROI is an episodic form, so a patient may authorize different permissions for different agencies. The report will populate based on your agency's finalized ROI in Sage. If the ROI is revoked or expires, then the report will limit visibility on other episode information. The report will always show your own agency's information.

When a patient has no open Cal-OMS Admissions for any agency the report will populate with: **"There are no Open Admissions for this patient."**

If a patient has multiple open Cal-OMS Admissions across agencies, but there is no authorization or an active and valid Release of Information_In Network form, the report will populate with: **"No consents on File. Please contact the LA CalOMS Liaison for help."**

Report Parameters:

| Parameter | Description |
|---|---|
| Select Client (Required) | This report is patient specific. A patient's name (last, first) or PATID may be used. The system may take several seconds to process finding the patient. Once the patient's name or PATID is entered the user should wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click the name. If the user navigates/clicks outside the field while the system is searching for the patient a "No records found" message may appear. |
| Select Provider (Required) | Provider's name. |


Report Output:

Example: Recovery Inc has an ROI with all agency access.

COUNTY OF LOS ANGELES
Public Health

**SUBSTANCE ABUSE PREVENTION AND CONTROL**

**Cal-OMS Open Admission Episode Report**

as of 6/17/2025

**Patient Name:** TEST, CARLA
**PATID:** 148387
**Provider:** Recovery Inc

| Episode | Episode Program | Cal-OMS Admission Date | Cal-OMS Location of Admission | Cal-OMS Level of Care Admitted |
|---|---|---|---|---|
| 2 | Recovery Inc | 3/1/2025 | Recovery Facility | Outpatient Services |
| 6 | Primary Services | 4/21/2025 | PRIM 1000 S Fremont blvd. 4th floor | Opioid Treatment Program |

Example: Recovery Inc has an ROI that doesn't grant permission for Episode 2's agency open admission or Recovery Inc does not have a valid ROI on record.

**Cal-OMS Open Admission Episode Report**

as of 7/14/2025

**Patient Name:** SAGEMD, ESTHER
**PATID:** 289299
**Provider:** Recovery Inc

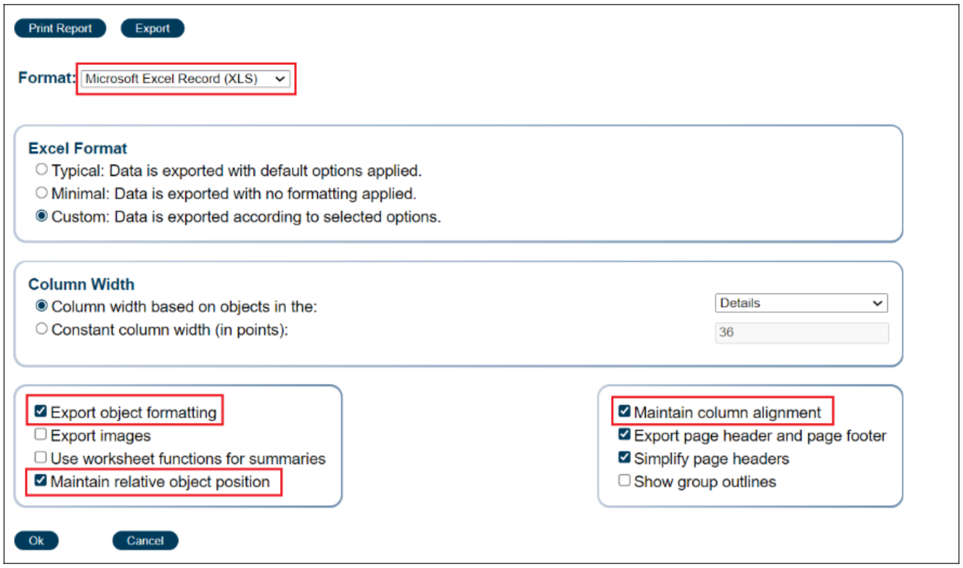
| Episode | Episode Program | Cal-OMS Admission Date | Cal-OMS Location of Admission | Cal-OMS Level of Care Admitted |
|---|---|---|---|---|
| 1 | Recovery Inc | 1/1/2023 | Recovery Facility | Outpatient Services |
| 2 | No consents on File. Please contact the LA County CalOMS Liaison for help. | | | |

| Field | Description |
|---|---|
| Episode | The patient's episode number. |
| Episode Program | The agency associated with that patient's episode. |
| Cal-OMS Admission Date | The date of the Cal-OMS Admission. |
| Cal-OMS Location of Admission | The site location to which the patient was admitted. |
| Cal-OMS Level of Care Admitted | The level of care to which the patient was admitted. |

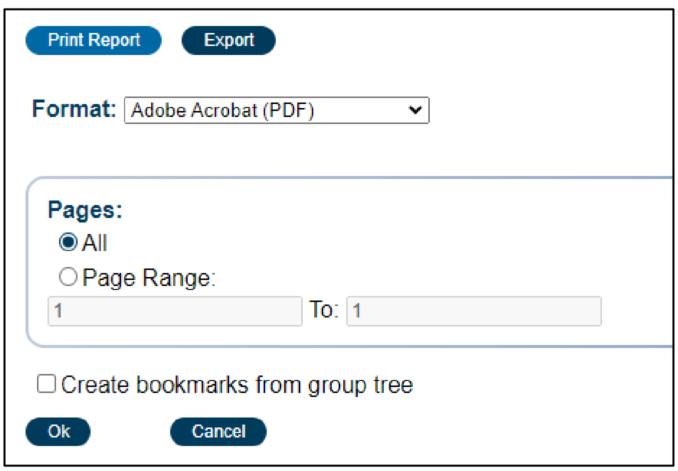
Report Export:

Though it is not expected this report will be exported for data analytics, it may be exported into an excel format or PDF.

For Excel use the following settings: Select **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting, Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.




For PDF use the following settings: Select **Adobe Acrobat**, the click **Export**.




## CENS Provider Activity Report

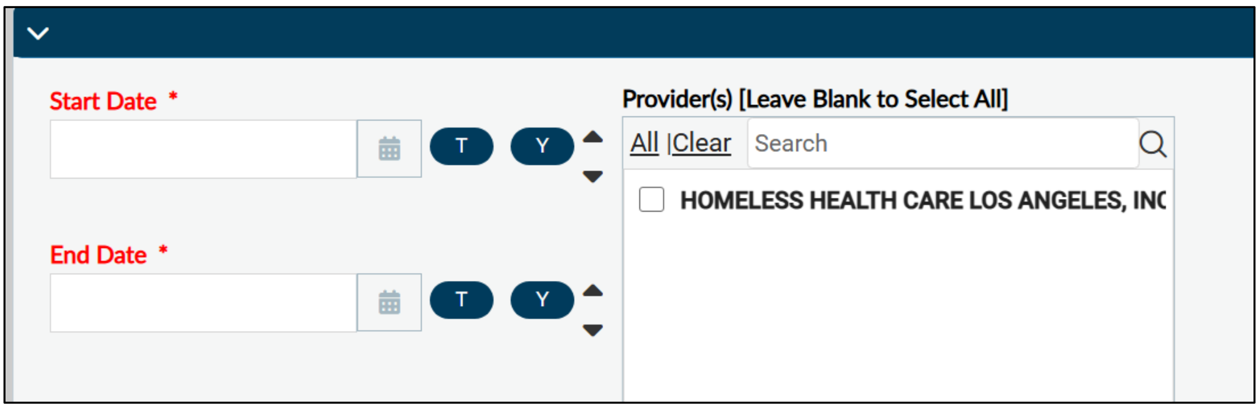
The **CENS Provider Activities Report** provides an overview of Client Engagement and Navigation Services (CENS) activities documented in the Service Connections Log (SCL) form and the Monthly Activity Report (MAR) form. This report is designed to support providers in monitoring service delivery, evaluating staff performance, and ensuring adequate coverage across the CENS program.

CENS providers are responsible for maintaining a robust referral process that promotes timely access to substance use disorder (SUD) treatment and ancillary services. The accuracy of this report is dependent on complete and timely entries in both the SCL and the MAR. It is recommended that providers run this report regularly, such as weekly or monthly, to validate documentation, identify gaps in service delivery, and ensure that all required CENS activities and referrals are accurately captured in PCNX.

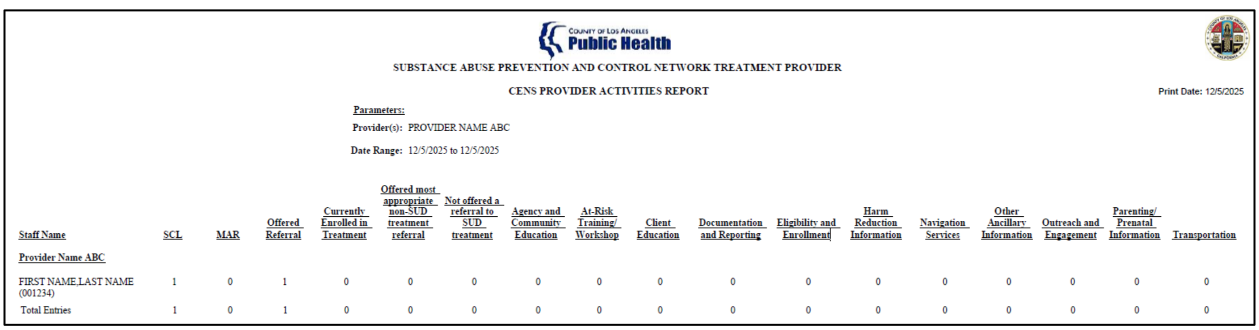
The visibility and accuracy of the report depend on the correct completion of the SCL and the MAR forms. When discrepancies appear in the output, staff should review, update, and finalize documentation in PCNX to ensure accurate reporting.

Report Parameters:

| Parameter | Description |
|---|---|
| Start Date (Required) | Sets the beginning date range for pulling data based on *Contact Dates* from the *Service Connections Log* form and *Activity Dates* from the *Monthly Activity Report* form. |
| End Date (Required) | Sets the ending date range for pulling data based on *Contact Dates* from the *Service Connections Log* form and *Activity Dates* from the *Monthly Activity Report* form. |
| Provider(s) | Provider agency name. |




Report Output:


COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER

CENS PROVIDER ACTIVITIES REPORT

Print Date: 12/5/2025

Parameters:

Provider(s): PROVIDER NAME ABC

Date Range: 12/5/2025 to 12/5/2025

| Staff Name | SCL | MAR | Offered Referral | Currently Enrolled in Treatment | Offered most appropriate non-SUD treatment referral | Not offered a referral to SUD treatment | Agency and Community Education | At-Risk Training/ Workshop | Client Education | Documentation and Reporting | Eligibility and Enrollment | Harm Reduction Information | Navigation Services | Other Ancillary Information | Outreach and Engagement | Parenting/ Prenatal Information | Transportation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Provider Name ABC | | | | | | | | | | | | | | | | | |
| FIRST NAME,LAST NAME (001234) | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Entries | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Report Output Fields:

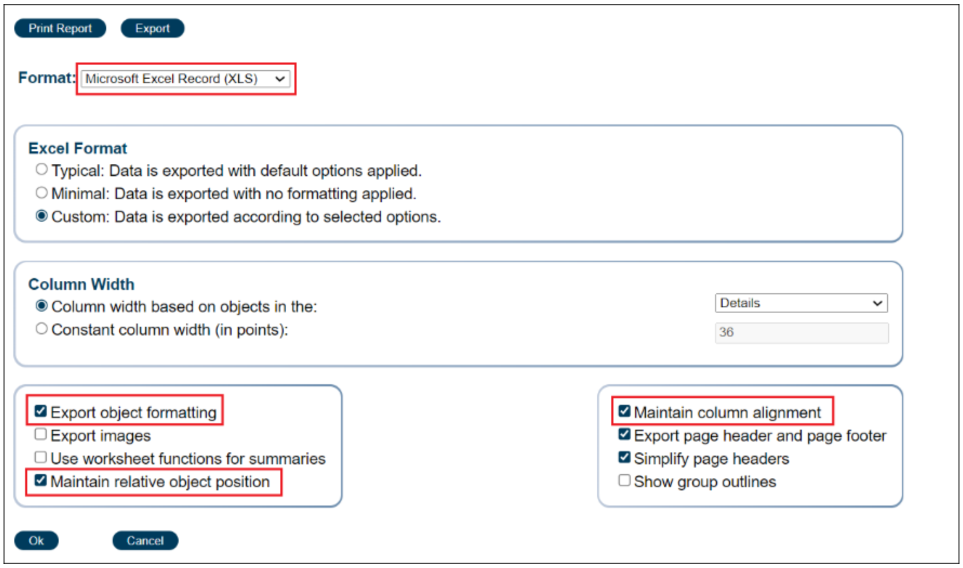
| Field | Description |
|---|---|
| Staff Name | CENS Staff user who entered information in the *Service Connections Log* form and/or the *Monthly Activity Report* form. If the staff name is not entered in the *Monthly Activity Report* form, this field will populate as blank. |

| Field | Description |
|---|---|
| SCL | Total count of *Service Connection Log* forms created by CENS staff within the selected *Contact Date* range (includes draft entries). |
| MAR | Total count of *Monthly Activity Report* forms created by CENS staff within the selected *Activity Date* range (includes draft entries). |
| Offered Referral | Total count of *Overall Disposition* entries in the *Service Connections Log* form matching:<br>• After Hours – Left Message for Provider<br>• Patient prefers to wait for availability<br>• Pending: In-Custody waiting for release<br>• Pending: Medical Clearance<br>• Referred to Next Most Appropriate LOC<br>• Referred to Out-of-Network SUD treatment<br>• Successful Referral to Treatment |
| Currently Enrolled in Treatment | Total count of *Currently Enrolled in Treatment* entries in the *Overall Disposition* field of the *Service Connections Log* form. |
| Offered Most Appropriate Non-SUD Treatment Referral | Total count of *Overall Disposition* entries in the *Service Connections Log* form matching:<br>• Called 911 for Emergency<br>• PC 1000 Program<br>• Referred to Adult At-Risk Program<br>• Referred to DUI Program<br>• Referred for Other Services<br>• Referred to Mental Health Services |
| Not offered a referral to SUD treatment | Total count of *Overall Disposition* entries in the *Service Connections Log* form matching:<br>• Cannot Complete<br>• Dropped Call and Unable to Reach Caller<br>• Not Eligible/No Referral Recommended<br>• Refused Referral or Treatment<br>• Other |
| Agency and Community Education | Total count of *Agency and Community Education* entries selected in the *CENS Activities* field of the *Monthly Activity Report* form. |
| At-Risk Training/ Workshop | Total count of *At-Risk Training/Workshop* entries selected in the *CENS Activities* field of the *Monthly Activity Report* form. |
| Client Education | Total count of *Client Education* entries selected in the *CENS Central Services* section of the *Service* |

| Field | Description |
|---|---|
| | *Connections Log* form and in the *CENS Activities field* of the *Monthly Activity Report* form. |
| Documentation and Reporting | Total count of *Documentation and Reporting* entries selected in the *CENS Central Services* section of the *Service Connections Log* form and in the *CENS Activities field* of the *Monthly Activity Report* form. |
| Eligibility and Enrollment | Total count of *Eligibility and Enrollment* entries selected in the *CENS Central Services* section of the *Service Connections Log* form and in the *CENS Activities field* of the *Monthly Activity Report* form. |
| Harm Reduction Information | Total count of *Harm Reduction Information* entries selected in the *CENS Activities* field of the *Monthly Activity Report* form. |
| Navigation Services | Total count of *Navigation Services* entries selected in the *CENS Central Services* section of the *Service Connections Log* form and in the *CENS Activities field* of the *Monthly Activity Report* form. |
| Other Ancillary Information | Total count of *Other Ancillary Information* entries selected in the *CENS Activities* field in the *Monthly Activity Report* form. |
| Outreach and Engagement | Total count of *Outreach and Engagement* entries selected in the *CENS Central Services* section of the *Service Connections Log* form and in the *CENS Activities field* of the *Monthly Activity Report* form. |
| Parenting/Prenatal Information | Total count of *Parenting/Prenatal Information* entries selected in the *CENS Activities* field in the *Monthly Activity Report* form. |
| Transportation | Total count of *Transportation* entries selected in the *CENS Activities* field in the *Monthly Activity Report* form. |

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is either **Adobe Acrobat (PDF)** or **Microsoft Excel (XLS)**. If users prefer a data format, select on **Microsoft Excel Record (XLS)**. Users will need to check off **Export object formatting, Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.




## Census Bed Management Report

The **Census Bed Management Report** provides detailed program information on bed availability and census. This report will replace the current Census Report as it incorporates the original Census Report output, with a separate output option.

There are two options available which will display data for a selected program within a specified date range:

- the **Census Report** provides information on admission, level of care, discharge date, last billed date of service, and length of stay within a program, and
- the **Daily Census with Bed Count** provides information on the total number of contracted beds utilized/active within a facility and remaining unused beds. This report is intended to be run for no more than a one-month period. Longer time frames will impact performance.

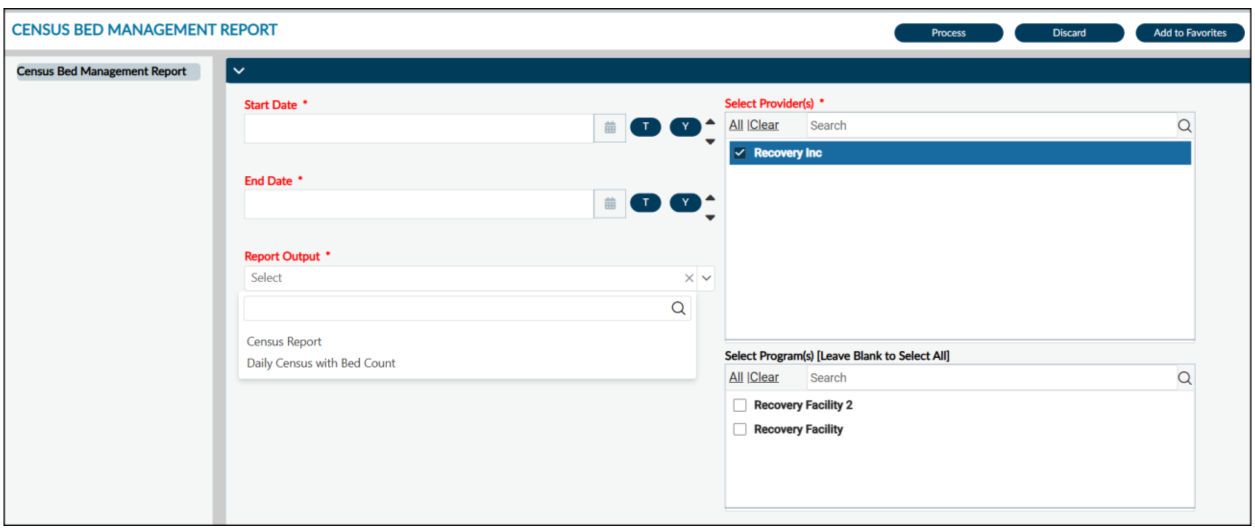
The accuracy of this data is dependent on 1) current contract information for each site, 2) completion of the Provider Site Admission, and 3) prompt completion of the Discharge and Transfer Form or Recovery Bridge Housing Discharge for the correct program of admission. When running either output of the report, providers may notice discrepancies in counts from the real numbers on site. This is due to missing or invalid Discharge and Transfer Forms. A patient will continue to show as active and remain in the daily count until the Discharge and Transfer Form is completed and the program address matches the address on the Provider Site Admission.

Records for patients with PSA in draft will populate the Census Report with a message indicating, “PSA in Draft” under Patient Status.

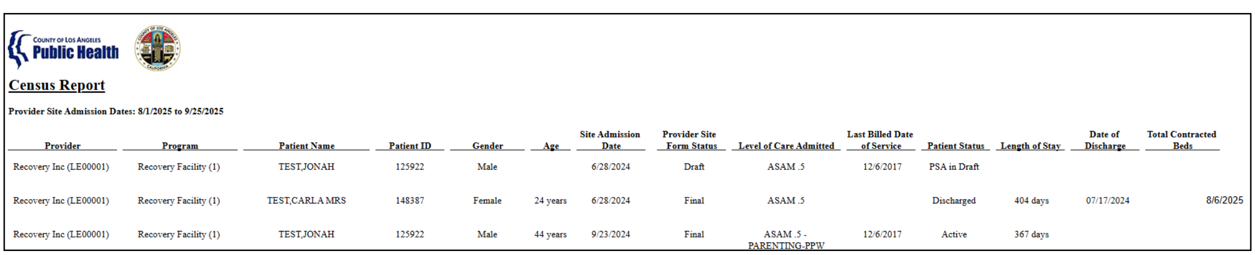
The PSA was made available and required to the network on 7/1/2024. Providers were encouraged to enter PSA(s) for patients who started the program prior to 7/1/2024. Therefore, it is recommended, to ensure patients are not accidentally omitted from the search, that earlier data from 7/1/2024 be used. For OTP providers, this may be several years prior to 2024.

Report Parameters:

| Parameter | Description |
|---|---|
| Start Date (Required) | The report populates based on Site Admission Date, where patients will only populate if the admission date falls between the start and end date of the parameters chosen. Providers should enter an earlier start date to capture previously admitted patients who would still be enrolled during the time frame selected. |
| End Date (Required) | Latest Site Admission Date from the PSA. |
| Report Output (Required) | Option to select either **Census Report** or **Daily Census with Bed Count**. |
| Select Provider(s) (Required) | Provider's name. |
| Select Program(s) (Leave Blank for All) | This report can be program specific.<br>The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow the user to pull site specific data |




Census Report Output:



COUNTY OF LOS ANGELES Public Health

**Census Report**

**Provider Site Admission Dates: 8/1/2025 to 9/25/2025**

| Provider | Program | Patient Name | Patient ID | Gender | Age | Site Admission Date | Provider Site Form Status | Level of Care Admitted | Last Billed Date of Service | Patient Status | Length of Stay | Date of Discharge | Total Contracted Beds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Recovery Inc (LE00001) | Recovery Facility (1) | TEST,JONAH | 125922 | Male | | 6/28/2024 | Draft | ASAM .5 | 12/6/2017 | PSA in Draft | | | |
| Recovery Inc (LE00001) | Recovery Facility (1) | TEST,CARLA MRS | 148387 | Female | 24 years | 6/28/2024 | Final | ASAM .5 | | Discharged | 404 days | 07/17/2024 | 8/6/2025 |
| Recovery Inc (LE00001) | Recovery Facility (1) | TEST,JONAH | 125922 | Male | 44 years | 9/23/2024 | Final | ASAM .5 - PARENTING-PPW | 12/6/2017 | Active | 367 days | | |

Census Report Output Fields:

| Field | Description |
|---|---|
| Provider Name | The agency name. |
| Program | The agency site chosen in the Provider Site Admission form. |
| Patient Name | Patient's name – last name, first name. |
| Patient ID | The patient's Sage identification number. |
| Gender | If there is no value displayed in Gender, users can utilize the Update Client Data form to update the patient's gender in the SOGI section. |
| Age | Calculated based on Patient Status.<br>• **Active:** Age displayed is as of the day the Census Report is run.<br>• **Discharged:** Age displayed is as of the Date of Discharge.<br>• **PSA in Draft:** Then field is empty (blank). |
| Site Admission Date | Site Admission Date from PSA. |
| Provider Site Form Status | "Draft" or "Final." Note that a PSA left in "Draft" status is not valid. |
| Level of Care Admitted | Level of Care chosen in the PSA. |
| Last Billing Date of Service | The Last Billing Date of Service is designed to show current billing for the patient at the program (site) for that admission. The Last Billing Date of Service populates only with a Date of Service last billed that is **after** the populated Site Admission Date.<br>If none, or the Last Billing Date of Service is prior to the Site Admission Date, then no value will be displayed. |
| Patient Status | Calculated based on PSA Form Status and Date of Discharge, if any.<br>• **PSA in Draft**: PSA's form status is draft.<br>• **Active:** PSA Form Status is "Final" and there is no Date of Discharge from either a Discharge and Transfer Form or Recovery Bridge Housing Discharge matching the PSA's LOC.<br>• **Discharged:** PSA Form Status is "Final" and there is a corresponding Date of Discharge from either a Discharge and Transfer Form or Recovery Bridge Housing Discharge form for matching the PSA's LOC. |
| Length of Stay | Calculated based on Patient Status (see above).<br>• **Active:** Length of Stay displayed is from PSA Site Admission Date to the day the Census Report is run.<br>• **Discharged:** Length of Stay displayed is PSA Site Admission Date to the Date of Discharge.<br>• **PSA in Draft:** Field is empty (blank). |

| Field | Description |
|---|---|
| Date of Discharge | Date of Discharge displayed is either from the Discharge and Transfer Form or Recovery Bridge Housing Discharge form for the associated with the corresponding PSA form with a matching LOC. |
| Level of Care at Discharge | Level of Care at Discharge from Discharge and Transfer Form for the associated PSA or, if discharged from RBH, Level of Care from the PSA associated with that RBH. |
| Discharge Form Status | Census Report will only display information for Discharge and Transfer Form or Recovery Bridge Housing Discharge form that are Finalized. For finalized forms, this field will populate with “Final.”<br><br>*Note: The Date of Discharge, Level of Care at Discharge and Discharge Form Status will not populate if either a Discharge and Transfer Form or Recovery Bridge Housing Discharge form is left in “Draft” status. In addition, the Patient Status will show as Active and fields calculated based on a Patient Status will populate as if the patient is still Active.* |

Daily Census with Bed Count Output

COUNTY OF LOS ANGELES Public Health

**Census Report**

**Provider Site Admission Dates: 8/1/2025 to 9/25/2025**

| Program | Date | Number of Contracted Beds | Total Beds Utilized/Active | Remaining Unused Beds | Percent Utilized |
|---|---|---|---|---|---|
| Recovery Facility (1) | 8/1/2025 | 5 | 2 | 3 | 40% |
| Recovery Facility (1) | 8/2/2025 | 5 | 2 | 3 | 40% |
| Recovery Facility (1) | 8/3/2025 | 5 | 2 | 3 | 40% |

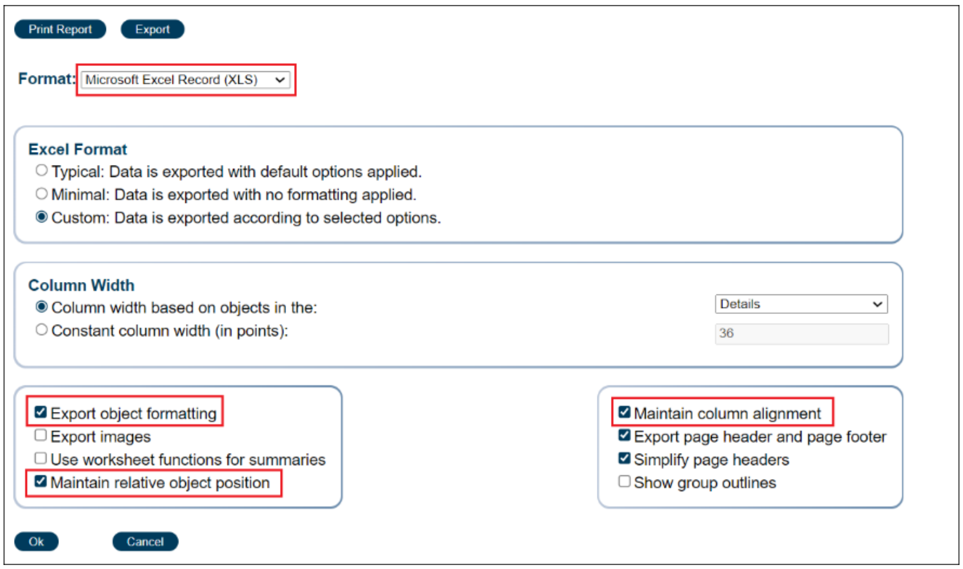
Daily Census with Bed Count Output Fields:

| Field | Description |
|---|---|
| Program | The agency site chosen in the Provider Site Admission form. |
| Date | Dates within the date range selected when running the report. |
| Number of Contracted Beds | Total number of contracted beds as indicated by the current contract information for each site. |
| Total Beds Utilized/Active | Total number of beds currently in use. |

| Field | Description |
|---|---|
| Remaining Unused Beds | Total number of beds not in use. |
| Percent Utilized | Percentage of beds in use. |

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting, Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.




The above setting will yield the following output, after performing the "AutoFit Column Width" function in Excel. The User may want to

- Add the State/End Site Admission Date parameters to the top of the Excel file, as they do not automatically download.
- Convert the Patient ID's (column D) to numbers.

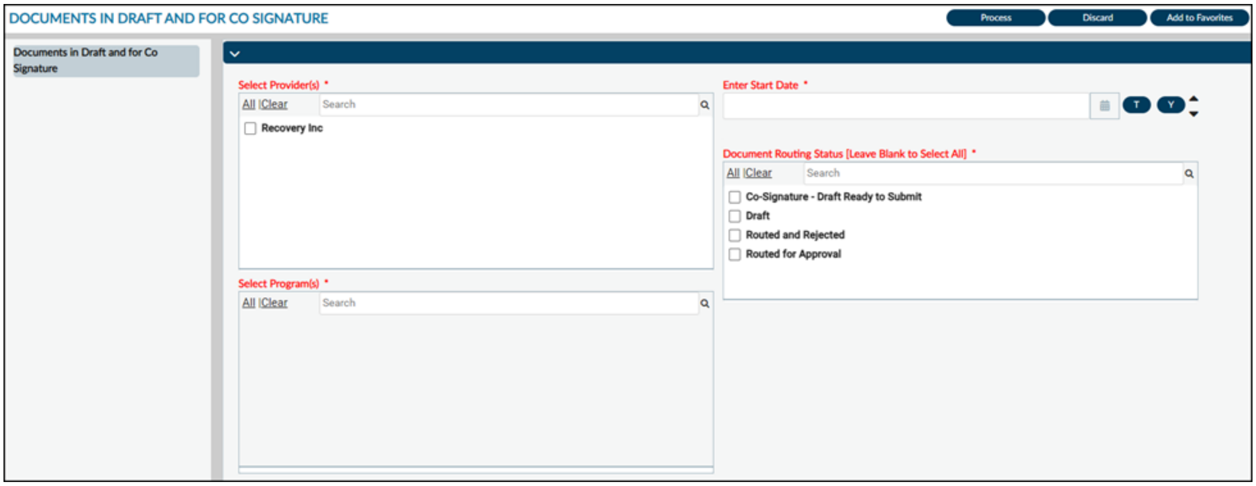
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Provider Name | Program | Patient Name | Patient ID | Gender | Age | Site Admission Date | Provider Site  Form Status | Level of Care Admitted | Last Billing Date of Service | Patient Status | Length of Stay | Date of Discharge | Level of Care at Discharge | Discharge Form Status |
| 2 | Recovery Inc | Recovery Facility | TEST,CARLA MRS | 148387 | Female | 23 years | 6/28/2024 | Final | ASAM .5 | | Discharged | 19 days | 07/17/2024 | ASAM .5 | Final |
| 3 | Recovery Inc | Recovery Facility | TEST,JONAH | 125922 | Male | | 6/28/2024 | Draft | ASAM .5 | | PSA in Draft | | | | |
| 4 | Recovery Inc | Recovery Facility 2 | HODA,ABC | 262499 | Female | 19 years | 1/1/2024 | Final | CENS FBS-C | | Active | 213 days | | | |
| 5 | | | | | | | | | | | | | | | |

## Documents in Draft and for Co Signature Report

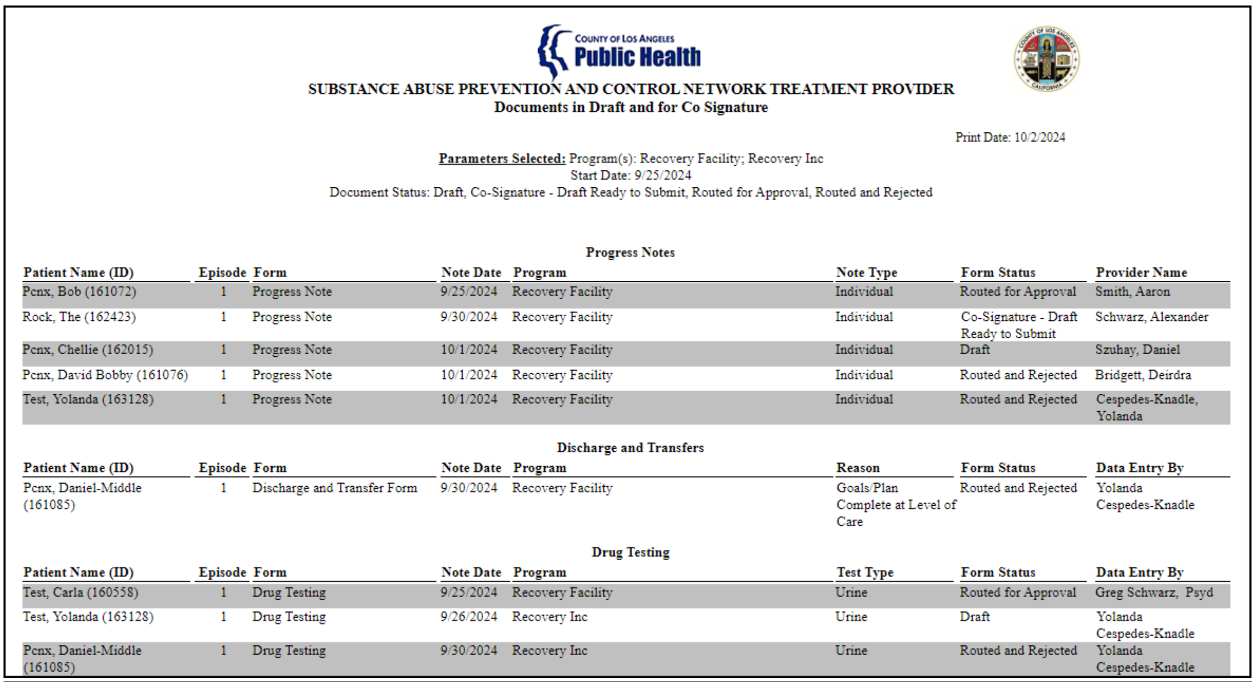
The Documents in Draft and for Co Signature Report (formally titled Documents Requiring Co_Signature) captures documents that are currently in draft as well as documents that require an action by a supervisor. This report currently lists the following documents: Progress Note, Discharge and Transfer Form, Recovery Bridge Housing Discharges, Drug Testing, and Patient Medications. SAPC plans to add additional forms to this report in the future. Filters have been added to allow the user to limit the responses based on whether the document has been 1) left in draft, 2) left in draft and the "ready to submit" option was checked (indicating need for LE-LPHA/LPHA to review and finalize), 3) routed for signature and is pending approval, 4) routed for signature but rejected by the supervisor.

<u>Report Parameters:</u>

<table>
<tr><th>Parameter</th><th>Description</th></tr>
<tr><td>Select Provider(s) (Required)</td><td>Select the Agency.</td></tr>
<tr><td>Select Program(s) (Required)</td><td>Select at least one site.</td></tr>
<tr><td>Enter Start Date (Required)</td><td>Enter the earliest date for the report to pull. The older the date, the longer it may take the report to generate.</td></tr>
<tr><td>Document Routing Status [Leave Blank to Select All] (Required)</td><td>This has four selections to choose from. You may select one or any combination:
<ul>
<li>Co-Signature – Draft Ready to Submit: will limit the report to draft documents where the “Draft Ready to Submit” check box IS marked. (This is previous functionality that allowed users to indicate that a note had been drafted and was awaiting review/finalization by a supervisor. Document Routing is enhanced functionality that is intended to streamline workflows and improve efficiency, however SAPC is not requiring that providers use this functionality and the “Draft Ready to Submit” check box will remain for providers to use.)</li>
<li>Draft: will limit the report to documents that have been left in draft and not finalized, and the “Draft Ready to Submit” check box was NOT marked.</li>
<li>Routed and Rejected: will limit the report to documents that have been finalized and routed for signature to a supervisor, but where the supervisor has rejected the document. (This option comes from the Document Routing function, enhanced functionality for users who need to route documents for review by a supervisor.) Routed for Approval: will limit report to documents that have been finalized and routed for signature to a supervisor and are pending review by the supervisor. (As with Routed and Rejected above, this option comes from the Document Routing function.)</li>
</ul></td></tr>
</table>




## Report Output:



COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Documents in Draft and for Co Signature

Print Date: 10/2/2024

Parameters Selected: Program(s): Recovery Facility; Recovery Inc
Start Date: 9/25/2024
Document Status: Draft, Co-Signature - Draft Ready to Submit, Routed for Approval, Routed and Rejected

Progress Notes

| Patient Name (ID) | Episode | Form | Note Date | Program | Note Type | Form Status | Provider Name |
|---|---|---|---|---|---|---|---|
| Pcnx, Bob (161072) | 1 | Progress Note | 9/25/2024 | Recovery Facility | Individual | Routed for Approval | Smith, Aaron |
| Rock, The (162423) | 1 | Progress Note | 9/30/2024 | Recovery Facility | Individual | Co-Signature - Draft Ready to Submit | Schwarz, Alexander |
| Pcnx, Chellie (162015) | 1 | Progress Note | 10/1/2024 | Recovery Facility | Individual | Draft | Szuhay, Daniel |
| Pcnx, David Bobby (161076) | 1 | Progress Note | 10/1/2024 | Recovery Facility | Individual | Routed and Rejected | Bridgett, Deirdra |
| Test, Yolanda (163128) | 1 | Progress Note | 10/1/2024 | Recovery Facility | Individual | Routed and Rejected | Cespedes-Knadle, Yolanda |

Discharge and Transfers

| Patient Name (ID) | Episode | Form | Note Date | Program | Reason | Form Status | Data Entry By |
|---|---|---|---|---|---|---|---|
| Pcnx, Daniel-Middle (161085) | 1 | Discharge and Transfer Form | 9/30/2024 | Recovery Facility | Goals/Plan Complete at Level of Care | Routed and Rejected | Yolanda Cespedes-Knadle |

Drug Testing

| Patient Name (ID) | Episode | Form | Note Date | Program | Test Type | Form Status | Data Entry By |
|---|---|---|---|---|---|---|---|
| Test, Carla (160558) | 1 | Drug Testing | 9/25/2024 | Recovery Facility | Urine | Routed for Approval | Greg Schwarz, Psyd |
| Test, Yolanda (163128) | 1 | Drug Testing | 9/26/2024 | Recovery Inc | Urine | Draft | Yolanda Cespedes-Knadle |
| Pcnx, Daniel-Middle (161085) | 1 | Drug Testing | 9/30/2024 | Recovery Inc | Urine | Routed and Rejected | Yolanda Cespedes-Knadle |

## Report Output Fields:

| Field (Visible for all Documents) | Description |
|---|---|
| Patient Name (ID) | The patient's name displayed as last name,first name followed by the patient's Sage identification number in parentheses. |
| Episode | The episode number. |
| Form | The Sage form associated with the document listed in the report. |
| Program | The agency site as selected in the Program field. |

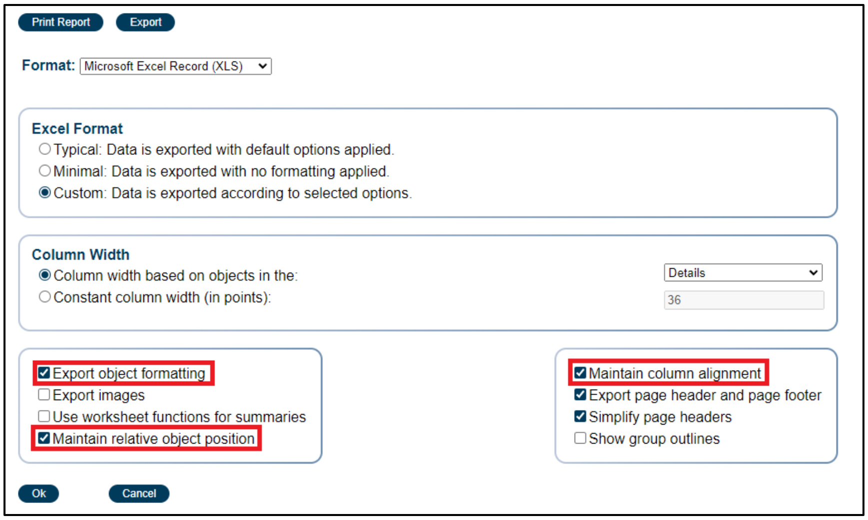
| | |
|---|---|
| Form Status | Indicates the current status of the document:<br>• **Co-Signature – Draft Ready to Submit**<br>• **Draft**<br>• **Routed and Rejected**<br>• **Routed for Approval** |
| **Field (Progress Notes only)** | **Description** |
| Note Date | The date the service was rendered as entered in the Date of Service field. |
| Note Type | The type of service provided:<br>• Individual<br>• Crisis<br>• Residential Group<br>• Family<br>• Non-Residential Group<br>• Non-Billable |
| Provider Name | The name of the staff who rendered the service. |
| **Field (Discharge and Transfers only)** | **Description** |
| Note Date | The date the patient was discharged or transferred as entered in the Date Patient Discharged field. |
| Reason | The reason for discharge or transfer:<br>• Goals/Plan Complete at Level of Care<br>• Goals/Plan Complete at LOC + Transferred<br>• Left Before Goals/Plan Complete<br>• Left Before Complete + Transferred<br>• Voluntary<br>• Administrative Discharge<br>• To More Appropriate System of Care<br>• Incarceration<br>• Death<br>• Other |
| Data Entry By | The last user to take an action on the form in Sage and click "Submit." |
| **Field (Drug Testing only)** | **Description** |
| Note Date | The date the drug test was completed as entered in the Date of Drug Test field. |
| Test Type | Type of drug test:<br>• Urine<br>• Blood<br>• Saliva<br>• Hair<br>• Sweat |

| | |
|---|---|
| | • Other |
| Data Entry By | The last user to take an action on the form in Sage and click “Submit.” |
| **Field (Patient Medications only)** | **Description** |
| Note Date | The date of medication review as entered in the Medication Review Date field. |
| Data Entry Date | The date the note was last Submitted in Sage. |
| Data Entry By | The last user to take an action on the form in Sage and click “Submit.” |
| **Field (Recovery Bridge Housing Discharges only)** | **Description** |
| Discharge Date | The date the patient was discharged as entered in the RBH Discharge Date field. |
| Reason | The reason for discharge:<br>• Referral to higher level of care<br>• The client found stable housing<br>• The client is no longer interested<br>• The client used all approved time<br>• Other |
| Data Entry By | The last user to take an action on the form in Sage and click “Submit.” |

*Note: Column names in the Documents in Draft and for Co Signature report were updated for uniformity.*

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS). For a cleaner looking export, additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.




## Form Printouts

SAPC has created printout versions of various clinical data entry forms. These are formatted so they may be printed and shared with patients or third parties, with appropriate release of information consent documented. The following Printouts are available to users with a clinical/direct service provider, clerical, or operations related role.

- Admission (Outpatient) Printout
- Diagnosis Printout
- Discharge and Transfer Form Printout
- Drug Testing Printout
- Miscellaneous Note Options Report
- Monthly Activity Report Printout (for CENS staff)
- Patient Handbook Acknowledgement Printout
- Patient Medications Printout
- Problem List/Treatment Plan Printout
- Progress Note Printout
- Progress Note Report (for historical BIRP, GIRP, SIRP, SOAP notes)
- RBH Discharge Printout
- Referral Connections Printout
- Service Connections Log Printout
- Update Client Data Printout
- Youth and Young Adult Screener Printout

As forms have evolved, fields have been added and/or removed. Fields that are no longer visible on the form will populate the Printout to ensure historical data is still available to end users. When no data is available for a field, the Printout will show “No Entry.”

Report Parameters:

The Printouts will generally have the following parameters, all of which are required.

| Parameter | Description |
|---|---|
| Patient Name (PATID) (Required) | This report is patient specific. A Patient's name or PATID may be entered.<br><br>If a patient is selected prior to opening up the Printout, the patient's name will auto populate this field. |
| Provider (Required) | Provider's name. |
| Start Date (Required) | Earliest Date of Service to be pulled. |
| End Date (Required) | The latest Date of Service to be pulled. |

Report Output:

This is a sample portion of the Diagnosis Printout

COUNTY OF LOS ANGELES
Public Health

**SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER**

**DIAGNOSIS PRINTOUT**

**Print Date:** 12/2/2025

**Parameters Selected:** **Patient:** SAGEMD,ESTHER MIDDLE (289299), **Date Range:** 1/1/2020 - 12/2/2025, **Provider:** Recovery Inc

**Patient Name:** SAGEMD,ESTHER MIDDLE (289299) **DOB:** 1/1/2010

**Type of Diagnosis:** Admission
**Date of Diagnosis:** 1/1/2023
**Time of Diagnosis:** 03:09 PM

**Diagnosis:** Alcohol use disorder, moderate **DSM-5:** Alcohol use disorder, moderate

### *Draft/Final Form Electronic Signature*

Forms that contain a Form Status field will reflect the electronic signature of the user that submitted the form in Draft status (if applicable) and the user that submitted the form in Final status.

**Draft - Electronically Signed:** Cespedes-Knadle2,Yolanda, Ph.D. (Lic. Psychologist) **Date/Time:** 12/02/2025; 02:06 PM
**Final - Electronically Signed:** Cain,Melanie, Ph.D. (Lic. Psychologist) **Date/Time:** 12/04/2025; 11:02 AM

If a Draft/Final form was never submitted in Draft status before being finalized, then the Draft signature line will display "Finalized Only" and will reflect only the signature of the user who submitted the form in Final status.

**Draft - Electronically Signed:** Finalized Only **Date/Time:**

**Final - Electronically Signed:** Cespedes-Knadle2,Yolanda, Ph.D. (Lic. Psychologist) **Date/Time:** 08/20/2025; 10:07 AM

If a Draft/Final form was routed for signature, an additional signature block will appear beneath the Draft / Final signature block displaying the message "Document Routed for Co-Signature" and the form Status as "Final." This is followed by the electronic signature(s) of the user(s) that co-signed the form, identified as either "Supervisor" or "Approver" as applicable.

**Document Routed for Co-Signature**

**Status:** Final

**Electronically Signed by:**

Melanie Cain, Ph.D. (Lic. Psychologist); 06/10/2025; 03:05 PM, Supervisor;

**Document Routed for Co-Signature**

**Status:** Final

**Electronically Signed by:**

YCespedesKnadle, NP; 08/20/2025; 10:08 AM, Supervisor;
Melanie Cain, Ph.D. (Lic. Psychologist); 08/20/2025; 10:35 AM, Approver;

For documents that have been appended, a signature block at the end of the printouts will reflect the electronic signature of the user that submitted the appended comment, identified as "Appended Author." As with other fields that have no available data, this section will display "No Entry" if the document was not appended.

**Append Comments:**

Additional comments to be appended to this progress note...

**Electronically Signed by:** Yolanda Cespedes-Knadle2 Ph.D. (Lic. Psychologist), 12/04/2025, 11:22 AM, Appended Author

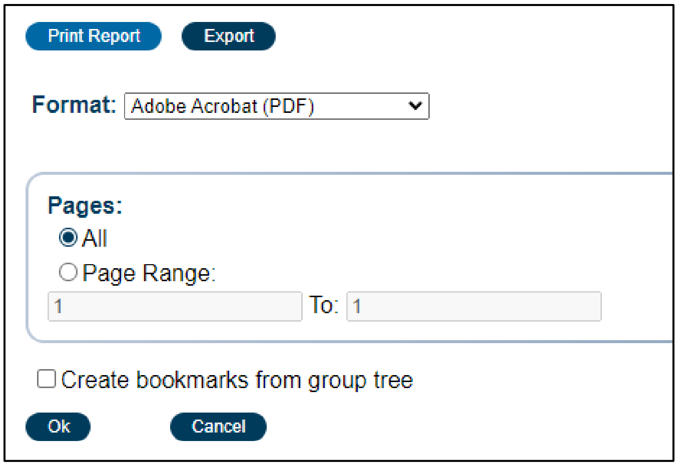
### *Non*-Draft/Final Form Electronic Signature

Forms that are "Submit" only with no Form Status field will show one electronic signature. This reflects the logged in user who submitted the record.

**Electronically signed:** Orellana,Esther, Ph.D. (Lic. Psychologist) **Date/Time:** 05/06/2025 03:10 PM

<u>Report Export:</u>

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select "Adobe Acrobat (PDF") from the drop down, then click **Ok**.



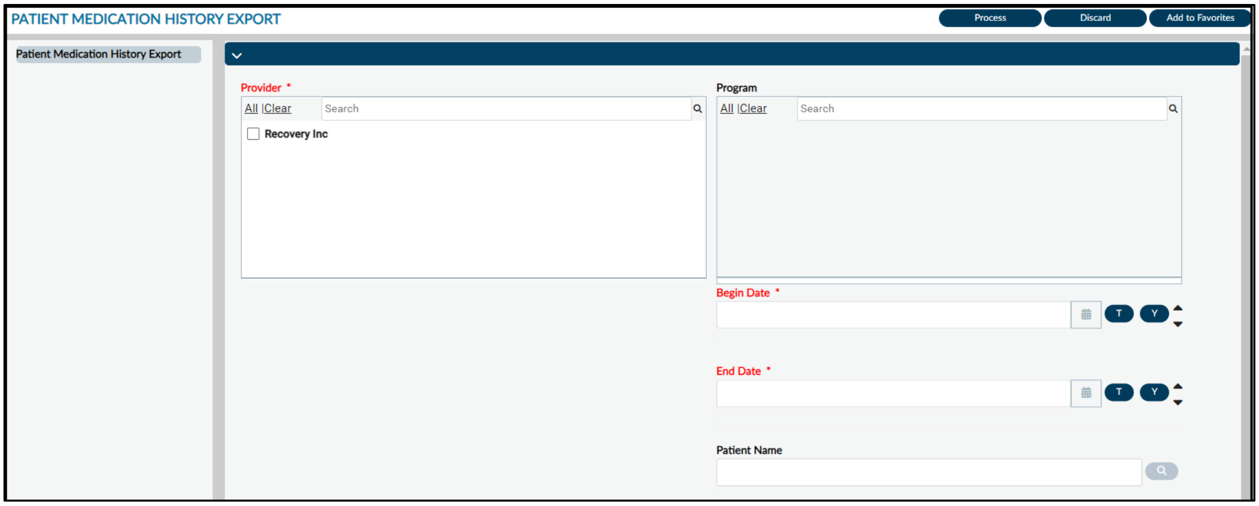

## Patient Medication History Export

This report provides an aggregate list of all Patient Medication forms completed. The report can be limited to run by patient or site location. The broader the parameters the longer it may take the report to populate.

Due to the length of this report, it cannot be viewed within Sage and requires it is EXPORTED to Excel.

Report Parameters:

| Parameter | Description |
|---|---|
| Provider (Required) | Provider's name |
| Program | The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data. |
| Client | The client's name (last,first) or PATID may be used. |
| Start Date (Required) | The earliest date to be pulled. |
| End Date (Required) | The latest date to be pulled. |




Report Output:

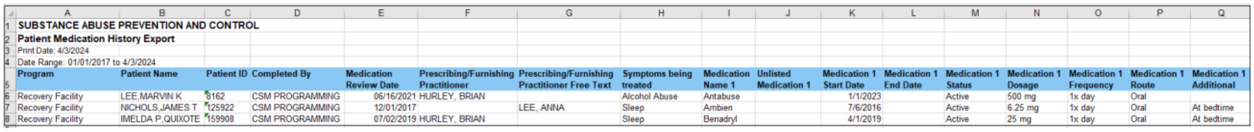
The report will consist of 66 columns, as detailed below, for up to 6 medications entered in the Patient Medication form.

Report Output Fields:

| Field | Description |
|---|---|
| Program | The program listed on the Patient Medication form. |
| Patient Name | Client's name (last, first, middle initial). |
| PATID | The patient's Sage identification number. |
| Completed By | User's name who completed the Patient Medication form. |
| Medication Review Date | Date medication(s) was/were reviewed by prescriber/furnishing practitioner. |
| Prescribing/Furnishing Practitioner | Medical provider prescribing listed medication(s). |
| Prescribing/Furnishing Practitioner Free Text | Free text name of medical provider prescribing listed medication(s). |
| Symptoms being treated | Symptoms being treated for all listed medication(s). |
| Medication Name (1-6) | Name of medication. |
| Unlisted Medication (1-6) | If "Unlisted Medication" was chosen from **Medication Name** drop-down list in the Patient Medication form, then the free text name of medication. |
| Medication (1-6) Start Date | Date medication was prescribed. |
| Medication (1-6) End Date | Date medication was stopped. |
| Medication (1-6) Status | Active, Completed, or Inactive. |
| Medication (1-6) Dosage | Medication dosage. |
| Medication (1-6) Frequency | Frequency of medication. |
| Medication (1-6) Route | Route of administration of medication. |

| Field | Description |
|---|---|
| Medication (1-6) Additional | Any additional notes entered in the Patient Medication form for that medication. |
| Possible Side Effects | Listed Possible Side Effects Discussed checked in Patient Medication form. |
| Other Side Effects | Free text entered in Specify Other Side Effects in the Patient Medication form. |
| Comments | Free text entered in Comments in Patient Medication form. |
| Form Status | Draft or Final. |

Below is a partial view of the entire spreadsheet noting the first 16 columns.

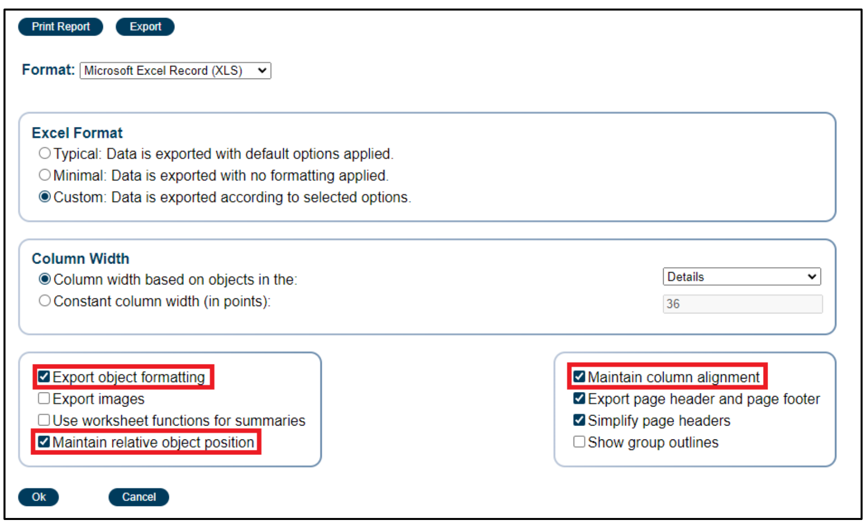


SUBSTANCE ABUSE PREVENTION AND CONTROL
Patient Medication History Export
Print Date: 4/3/2024
Date Range: 01/01/2017 to 4/3/2024

| Program | Patient Name | Patient ID | Completed By | Medication Review Date | Prescribing/Furnishing Practitioner | Prescribing/Furnishing Practitioner Free Text | Symptoms being treated | Medication Name 1 | Unlisted Medication 1 | Medication 1 Start Date | Medication 1 End Date | Medication 1 Status | Medication 1 Dosage | Medication 1 Frequency | Medication 1 Route | Medication 1 Additional |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Recovery Facility | LEE,MARVIN K | 8162 | CSM PROGRAMMING | 06/16/2021 | HURLEY, BRIAN | | Alcohol Abuse | Antabuse | | 1/1/2023 | | Active | 500 mg | 1x day | Oral | |
| Recovery Facility | NICHOLS,JAMES T | 125922 | CSM PROGRAMMING | 12/01/2017 | | LEE, ANNA | Sleep | Ambien | | 7/6/2016 | | Active | 6.25 mg | 1x day | Oral | At bedtime |
| Recovery Facility | IMELDA P,QUIXOTE | 159908 | CSM PROGRAMMING | 07/02/2019 | HURLEY, BRIAN | | Sleep | Benadryl | | 4/1/2019 | | Active | 25 mg | 1x day | Oral | At bedtime |

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export, additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.



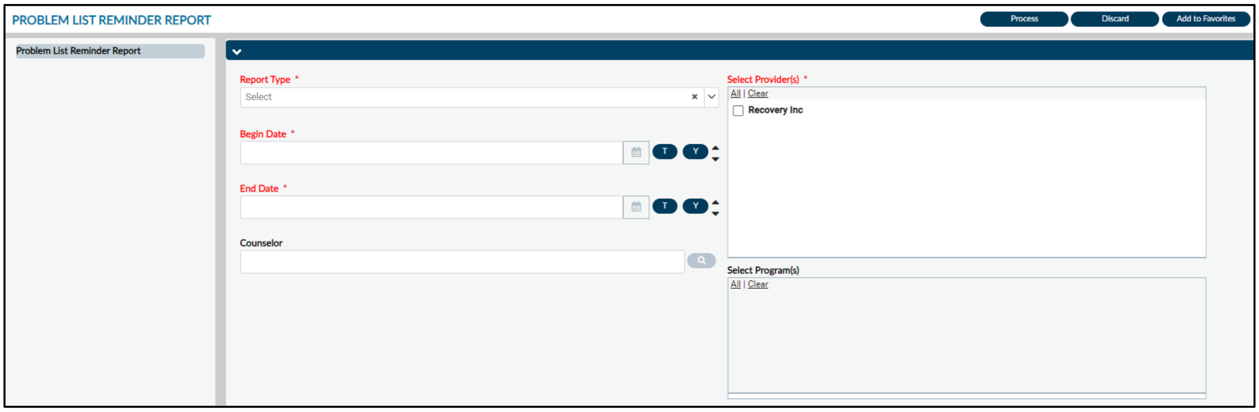

## Problem List Reminder Report

The Problem List/Treatment Plan form Primary Sage Users complete within Sage was updated to include the Next Review Date and Next Update fields. Providers were instructed to complete these fields based on the requirements for the patient’s level of care. The Problem List Reminder Report utilizes those fields to give providers an idea of upcoming deadlines for finalized plans.

This report is intended to be run with future dates so providers can see what is due soon. Initially, providers may want to run some historical dates to ensure there are no plans out of compliance.  This report will only populate records within the selected parameters and if a Plan has a Creation Date after a Cal-OMS Discharge/Cal-OMS Administrative Discharge. If records appear for patients known to be discharged, providers are encouraged to verify completion of a Cal-OMS Discharge.

Report Parameters:

| Parameter | Description |
|---|---|
| Report Type (Required) | This report can focus on one of two options:<br>**Review**: Date range will be specific to the Next Review field on the Problem List/Treatment Plan form.<br>**Update**: Date range will be specific to the Next Update field on the Problem List/Treatment Plan form. |
| Begin Date (Required) | This pulls the earliest Review or Update Date based on the selection made on the Report Type field. This is NOT based on the creation of the Problem List/Treatment Plan form. |
| End Date (Required) | This pulls the latest Review or Update Date based on the selection made on the Report Type field. This is NOT based on the creation of the Problem List/Treatment Plan form. |
| Counselor | This is based off the Primary Counselor field on the Problem List/Treatment Plan form. If this field is blank the report will populate all records within the selected parameters. Selecting a staff's name will limit the report to records where that staff was identified as the Primary Counselor. |
| Select Provider (Required) | Provider's name. |
| | The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data.<br>*Note: some records were incorrectly entered with the Provider name instead of the site location, so if the output does not match what is expected, run the report with this field blank.* |




## Report Output:


COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Problem List Reminder Report

Print Date:12/4/2023

**Parameters Selected:** Provider: Recovery Inc, Program: N/A, Report Type: Review, From:11/20/2023 to 12/15/2023, Counselor: All Counselors

| Program | PATID | Last Name | First Name | Date Created | Problem List Type | Next Review Date | Next Update Date | Primary Counselor |
|---|---|---|---|---|---|---|---|---|
| Recovery Facility | 159908 | TEST | QIUM | 10/22/2023 | New Plan | 11/20/2023 | 01/20/2024 | SCHWARZ,GREG SAPC |
| Recovery Facility | 160465 | TEST | SURFACE | 11/14/2023 | New Plan | 12/13/2023 | 02/11/2024 | SCHWARZ,GREG SAPC |

The report has color coded logic to show if a Next Review Date or Next Update Date is past due. In the image above, the record for Test, QIUM shows the Next Review Date is past due as indicated by the red date. The second record for Test, Surface shows the Next Review Date in black, therefore it is still within compliance.

It is recommended providers run this report for at least 7 days in the future to allow sufficient time to review and update plans accordingly.

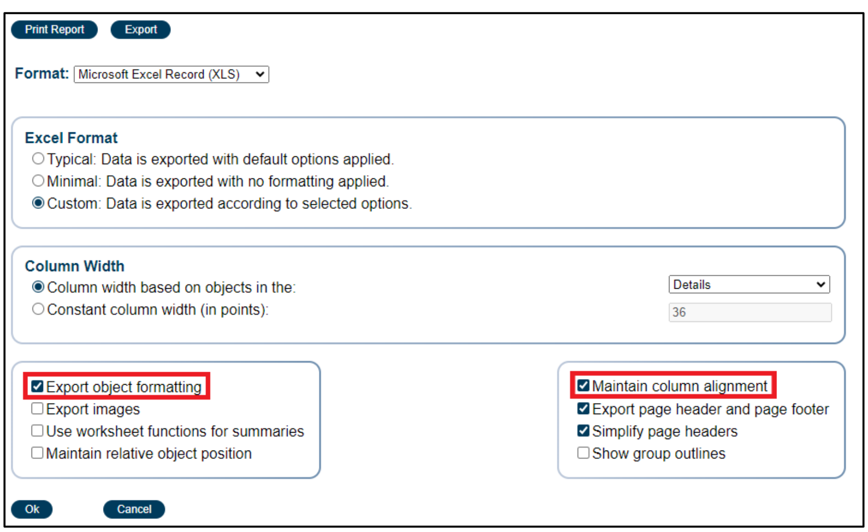
## Report Output Fields:

| Field | Description |
|---|---|
| Program | The program listed on the Problem List/Treatment Plan form. If an agency name is noted in this field, it was selected incorrectly, and future plans should indicate the site at which services are rendered/will be billed from. |
| PATID | The patient’s Sage identification number |
| Last Name | The patient’s last name |
| First Name | The patient’s first name |

| Field | Description |
| --- | --- |
| Date Created | The date the Problem List/Treatment Plan form was created.<br>*Note: if there is a CalOMS discharge after the Problem List Date Created, the record will NOT appear on the report.*<br><br>*Note: If a wide date range is selected, there is a possibility of seeing multiple records for a single patient. One way to distinguish the correct one is to see the Date Created for the most recent plan.* |
| Problem List Type | This will note if the record is a New Plan or an Update. |
| Next Review Date | The date entered in the Next Review Date field on the Problem List/Treatment Plan form.<br>• Black: the date is not past due<br>• Red: the date is past due |
| Next Update Date | The date entered in the Next Update field on the Problem List/Treatment Plan form.<br>• Black: the date is not past due<br>• Red: the date is past due |
| Primary Counselor | The staff listed as the Primary Counselor on the Problem List/Treatment Plan form. |

<u>Report Export</u>:

To export the report, click the Export button at the top of the screen. For Problem List Reminder Report the recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Export object formatting** and **Maintain column alignment** as those are not part of the default checked items.



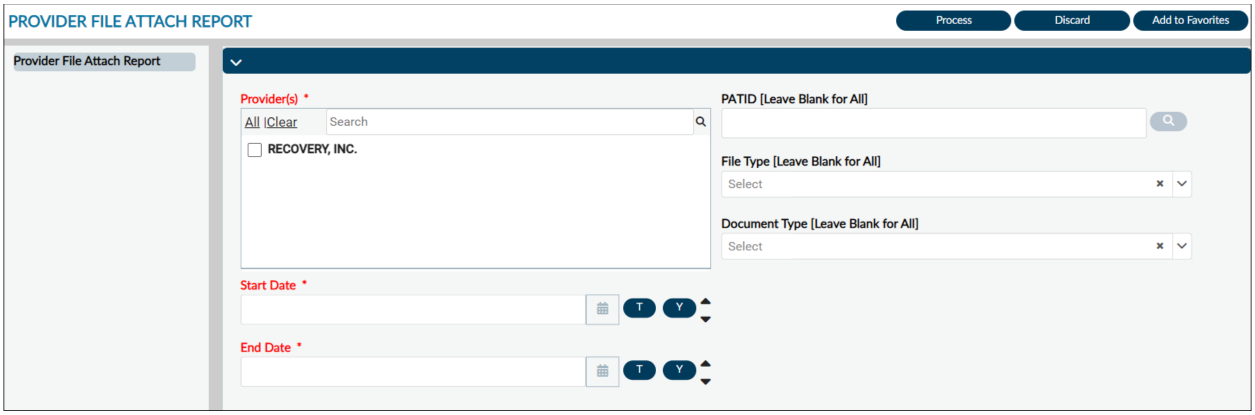
| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Date Created | Problem List Type | Next Review | Next Update | Program | PATID | Last Name | First Name | Primary Counselor |
| 2 | Recovery Facility | 159908 | TEST | QIUM | 10/22/2023 | New Plan | 11/20/2023 | 01/20/2024 | SCHWARZ,GREG SAPC |
| 3 | Recovery Facility | 160465 | TEST | SURFACE | 11/14/2023 | New Plan | 12/13/2023 | 02/11/2024 | SCHWARZ,GREG SAPC |
| 4 | Page -1 of 1 | | | | | | | | |
| 5 | | | | | | | | | |

## Provider File Attach Report

The Provider File Attach Report offers providers a concise listing of files stored in patients' records in Sage-PCNX that had been uploaded through the Provider File Attach form during a chosen time frame for tracking, compliance checking and reporting purposes. This report provides this listing of files based on selected parameters.

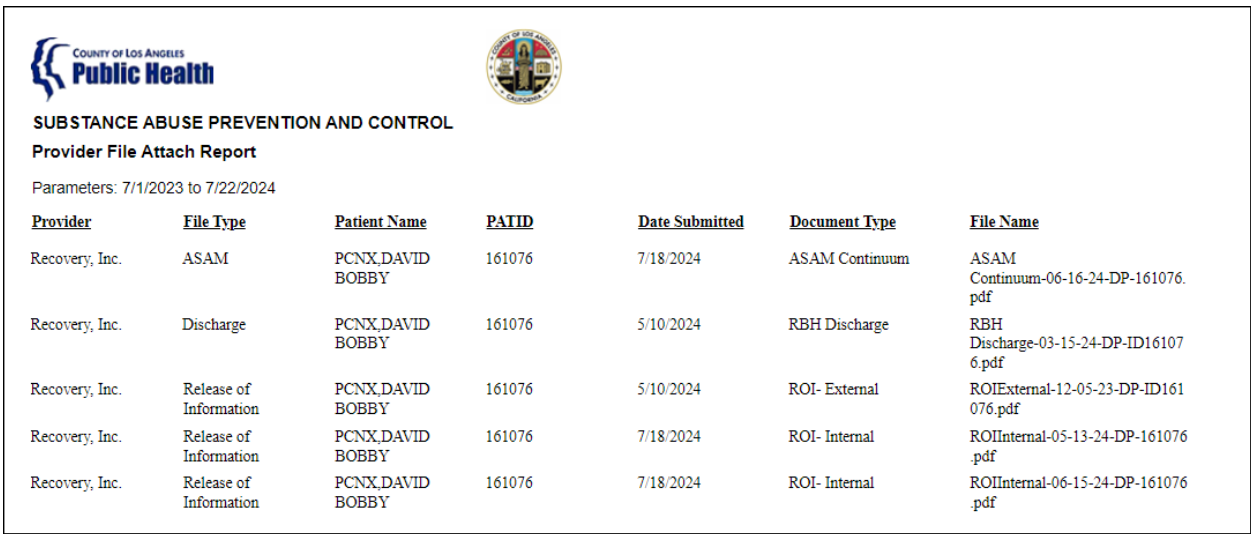
Report Parameters:

| Parameter | Description |
|---|---|
| Provider(s) (Required) | Provider's name. |
| Start Date (Required) | Start Date is based on the date that a file was uploaded. Enter the earliest date for the report to pull. |
| End Date (Required) | End Date is based on the date that a file was uploaded. Enter the latest date for the report to pull. |
| PATID (Leave Blank for All) | This report can be patient specific. Only a PATID may be entered.<br>If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report. |
| File Type (Leave Blank for All) | This report can be File Type specific, only displaying records associated with the chosen File Type.<br>If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report. |
| Document Type (Leave Blank for All) | This report can be Document Type specific, only displaying records associated with the chosen Document Type.<br>If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report. |




The Provider File Attach Report can display several different combinations of stored patients' file records based on parameters chosen within a time frame.

Report Output:



COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

**Provider File Attach Report**

Parameters: 7/1/2023 to 7/22/2024

| Provider | File Type | Patient Name | PATID | Date Submitted | Document Type | File Name |
|---|---|---|---|---|---|---|
| Recovery, Inc. | ASAM | PCNX,DAVID BOBBY | 161076 | 7/18/2024 | ASAM Continuum | ASAM Continuum-06-16-24-DP-161076.pdf |
| Recovery, Inc. | Discharge | PCNX,DAVID BOBBY | 161076 | 5/10/2024 | RBH Discharge | RBH Discharge-03-15-24-DP-ID161076.pdf |
| Recovery, Inc. | Release of Information | PCNX,DAVID BOBBY | 161076 | 5/10/2024 | ROI- External | ROIExternal-12-05-23-DP-ID161076.pdf |
| Recovery, Inc. | Release of Information | PCNX,DAVID BOBBY | 161076 | 7/18/2024 | ROI- Internal | ROIInternal-05-13-24-DP-161076.pdf |
| Recovery, Inc. | Release of Information | PCNX,DAVID BOBBY | 161076 | 7/18/2024 | ROI- Internal | ROIInternal-06-15-24-DP-161076.pdf |

Report Output Fields:

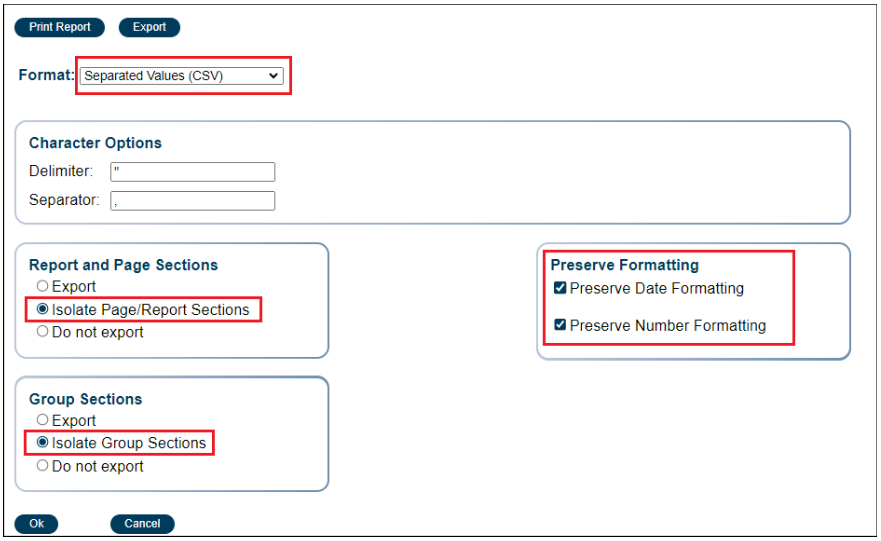
| Field | Description |
|---|---|
| Provider | The agency name. |
| File Type | File type chosen in Provider File Attach form when document was uploaded/stored into Sage.<br>Prior to the expansion of File Type choices in the Provider File Attach form in June 2024, there were only 3 File Type choices, Provider, Authorization and Other.<br>If a file was uploaded within the chosen start/end date parameters, yet prior to the expansion of File Type choices in June 2024, then one of these 3 File Types will be displayed in the report.<br>As discussed in the Provider File Attach Report Job Aid, for files uploaded after the expansion of File Types, the "Provider" File Type should not be used as the "Provider" |

| Field | Description |
|---|---|
| | File Type indicates that the file is not patient specific and therefore shouldn't be stored in a patient's chart |
| Patient Name | Patient's name – last name, first name. |
| PATID | The patient's Sage identification number. |
| Date Submitted | Date document was uploaded/stored into Sage through Provider File Attach form. |
| Document Type | Document type chosen in Provider File Attach form when document was uploaded/stored into Sage.<br>If a file was uploaded within the chosen start/end date parameters, yet prior to the addition of Document Type choices in the Provider File Attach form in June 2024, then "No Entry" will populate this field. |
| Document Name | Name given document prior to it being uploaded/stored into Sage.<br>As a reminder, prior to uploading a file into the Sage-PCNX Provider File Attach form, the file will need to be named and saved on the user's computer.<br><br>*Note: Uploaded documents should follow the standardized naming convention of*<br>***Document Type-Date (MM-DD-YY)-Patient's First & Last Initial-PATID***<br>*Please refer to the* ***Provider File Attach Report Job Aid*** *for further information.* |

The Provider File Attach Report does not populate based on dates that are part of the name of the uploaded document. The report populates based on the date that file was uploaded in the Provider File Attach form (Date Submitted field).

Report Export:

The recommended export format for this report is **Separated Values (CSV)**. Users will need to check off "Isolate Page/Report Sections" in the **Report and Page Sections**, "Export" in the **Group Selections** and "Preserve Date Formatting" and "Preserve Number Formatting" in the **Preserve Formatting** section.




The above setting will yield the following output, after performing the “AutoFit Column Width” function in Excel.

| | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | SUBSTANCE ABUSE PREVENTION AND CONTROL | Provider File Attach Report | Parameters: 1/1/2024 to 8/1/2024 | | | | |
| 3 | Provider | File Type | Patient Name | PATID | Date Submitted | Document Type | File Name |
| 4 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/3/2024 | No Entry | Avatar CareFabric 2024 Update 11.1.pdf |
| 5 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/4/2024 | No Entry | Avatar NX Update 2024.01.03 Acceptance Tests.pdf |
| 6 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/5/2024 | No Entry | RADplus 2024 Update 5.pdf |
| 7 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/8/2024 | No Entry | RADplus 2024 Update 44.pdf |
| 8 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/10/2024 | No Entry | RADplus 2024 Update 44.pdf |
| 9 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/16/2024 | No Entry | Avatar MSO 2024 Update 5.pdf |
| 10 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 4/19/2024 | No Entry | Avatar MSO 2024 Update 2 (3).pdf |
| 11 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 5/8/2024 | No Entry | RADplus 2024 Update 12.pdf |
| 12 | Recovery, Inc. | Other | TEST,ADMISSION | 171926 | 5/28/2024 | No Entry | Avatar Cal-PM 2024 Update 29 (3).pdf |
| 13 | Recovery, Inc. | Other | TEST,ADMIT | 172115 | 1/29/2024 | No Entry | 837I_12-21_132251 (1).txt |
| 14 | Recovery, Inc. | Other | TEST,ADMIT | 172115 | 2/14/2024 | No Entry | RADplus 2024 Monthly Release 2024.00.00 Summary.pdf |
| 15 | Recovery, Inc. | Other | TEST,ADMIT | 172115 | 3/15/2024 | No Entry | Avatar Appointment Scheduling 2022 Update 21.pdf |
| 16 | Recovery, Inc. | Other | TEST,BOY | 156860 | 3/14/2024 | No Entry | Avatar MSO 2024 Update 1.pdf |
| 17 | Recovery, Inc. | Other | TEST,BRENNAS | 205899 | 1/5/2024 | No Entry | Test Attachment.pdf |
| 18 | Recovery, Inc. | Other | TEST,BRENNAS | 205899 | 4/1/2024 | No Entry | Test Attachment.pdf |
| 19 | Recovery, Inc. | Other | TEST,CARLA MRS | 148387 | 7/19/2024 | Administration | Test Carla ASAM 2-2-2021.pdf |
| 20 | Recovery, Inc. | Other | TEST,MIKE S | 125928 | 7/22/2024 | Other | Provider File Attach Test file.pdf |
| 21 | Recovery, Inc. | Other | TESTA,ATEST | 128040 | 1/30/2024 | No Entry | 837I_06-15_144908 (1).txt |
| 22 | Recovery, Inc. | Pregnancy Status | TEST,CARLA MRS | 148387 | 7/17/2024 | Proof of Delivery/Birth | Unicorn.tif |
| 23 | Recovery, Inc. | Release of Information | TEST,CARLA MRS | 148387 | 6/11/2024 | ROI- External | ROIExternal-01-13-24-DP-ID161085.pdf |
| 24 | Recovery, Inc. | Release of Information | TEST,CARLA MRS | 148387 | 6/11/2024 | ROI- Internal | ROIInternal-05-13-24-DP-910185.pdf |
| 25 | Recovery, Inc. | Release of Information | TEST,CARLA MRS | 148387 | 7/18/2024 | Revocation | FileNamingConvention.pdf |
| 26 | Recovery, Inc. | Treatment Plan/Care Plan | TEST,CARLA MRS | 148387 | 6/25/2024 | Problem List/Treatment Plan Note | CCInbox SBOX.tif |

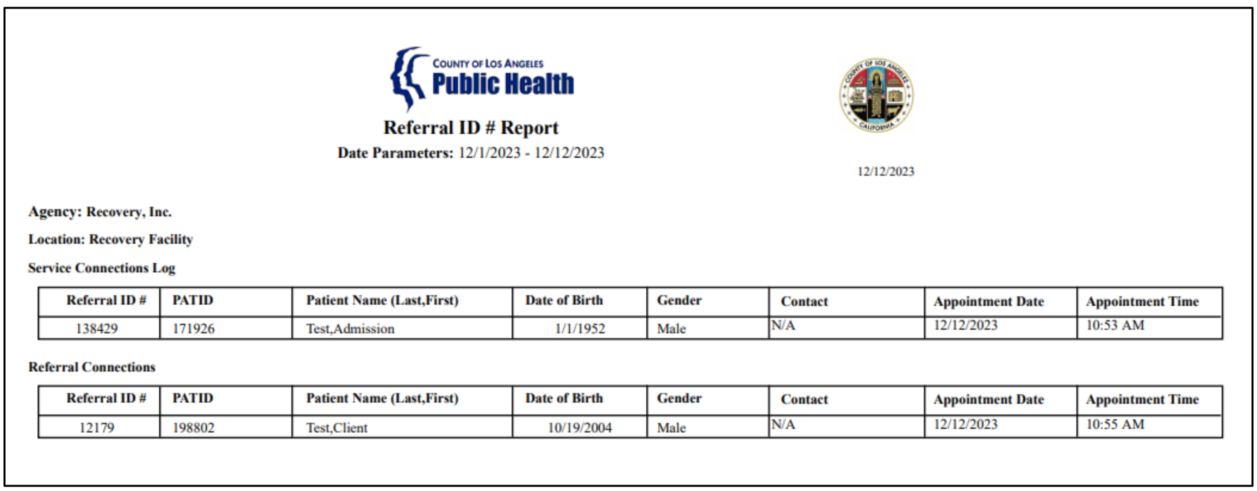
## Referral ID Report

The Referral ID report is populated from the Referral Connections Form (completed for direct provider referrals) and Service Connection Log (completed by SASH, CENS, and CORE) who screened the client with a provisional level of care. Based on the screening results, SASH, CENS, CORE, or direct providers have contacted the user’s agency site and arranged an appointment for assessment/intake. The report provides client Name, Date of Birth, gender information for validation purposes, preferred contact, and appointment date (and time, if available) for referrals made to the user’s agency. The purpose of this report is to provide referral information and ensure patients who show, or no show to their appointment are tracked correctly. Providers will use this report information to complete the Appointment Disposition Log form and input the outcome of a patient’s appointment status.

<u>Report Parameters:</u>

| Parameter | Description |
|---|---|
| Start Date (Required) | The earliest appointment date the report will pull. |
| End Date (Required) | The latest appointment date the report will pull. |
| Select Providers(s) (Required) | Select your agency. |


Report Output:



COUNTY OF LOS ANGELES Public Health

**Referral ID # Report**

**Date Parameters:** 12/1/2023 - 12/12/2023

12/12/2023

**Agency: Recovery, Inc.**

**Location: Recovery Facility**

**Service Connections Log**

| Referral ID # | PATID | Patient Name (Last,First) | Date of Birth | Gender | Contact | Appointment Date | Appointment Time |
|---|---|---|---|---|---|---|---|
| 138429 | 171926 | Test,Admission | 1/1/1952 | Male | N/A | 12/12/2023 | 10:53 AM |

**Referral Connections**

| Referral ID # | PATID | Patient Name (Last,First) | Date of Birth | Gender | Contact | Appointment Date | Appointment Time |
|---|---|---|---|---|---|---|---|
| 12179 | 198802 | Test,Client | 10/19/2004 | Male | N/A | 12/12/2023 | 10:55 AM |

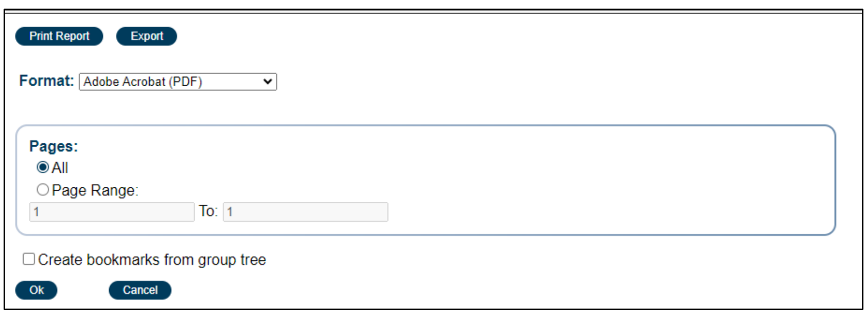
Report Output Fields:

| Field | Description |
|---|---|
| Agency | Displays agency name. |
| Location | Information is grouped by agency site address. |
| Service Connection Log | Information is grouped by Service Connection Log to indication appointment was made by either SASH, CENS, or CORE. |
| Referral Connection | Information is grouped by Referral Connection to indicate appointment was made by provider. |

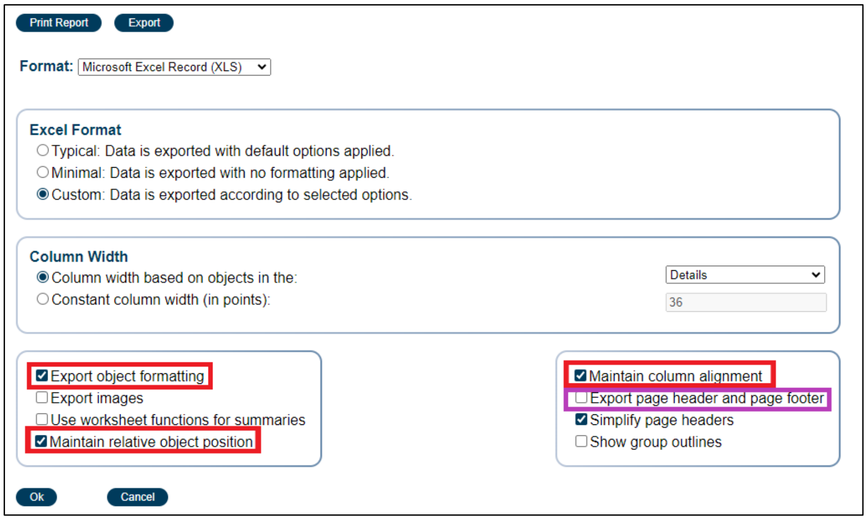
| Field | Description |
|---|---|
| Referral ID # | Service Connection/Referral Connection form identification number. |
| PATID | The patient’s Sage identification number. |
| Patient Name (Last, First) | The patient’s last and first name. |
| Date of Birth | The patient’s date of birth. |
| Gender | The patient’s gender. |
| Contact | The patient’s prefer contact information (if available). |
| Appointment Date | The appointment date entered in Service Connection or Referral Connections form. |
| Appointment Time | The appointment time entered in Service Connection or Referral Connections form (if available). |

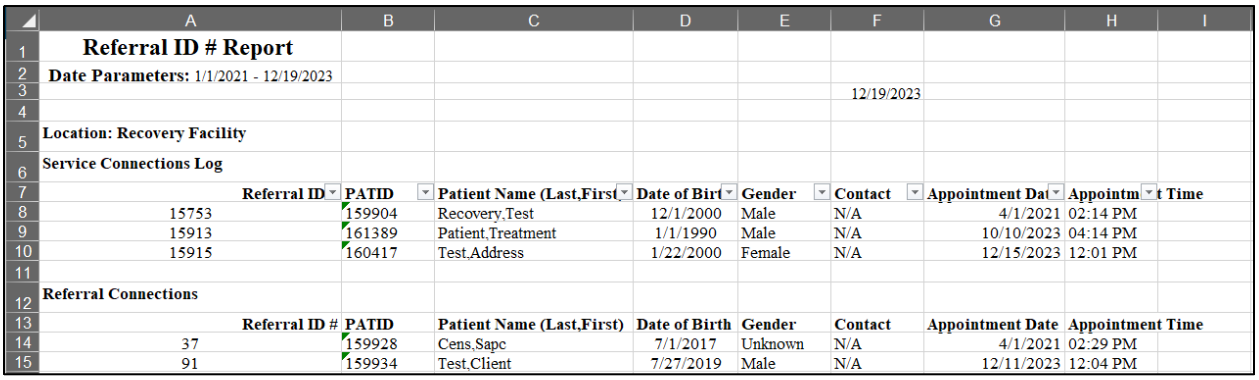
<u>Report Export:</u>

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select “Adobe Acrobat (PDF”) from the drop down, then click **Ok**.  This export will permit the viewing of the report.




If users require manipulating the data, such as filtering and/or sorting, the recommended export is Microsoft Excel Record (XLS). This permits the manipulation of data by grouping, such as the Service Connections Log by site or Referral Connections by site. Please note that three additional boxes need to be checked off and one defaulted box must be unclicked.



| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Referral ID # Report | | | | | | | | |
| 2 | Date Parameters: 1/1/2021 - 12/19/2023 | | | | | | | | |
| 3 | | | | | | 12/19/2023 | | | |
| 4 | | | | | | | | | |
| 5 | Location: Recovery Facility | | | | | | | | |
| 6 | Service Connections Log | | | | | | | | |
| 7 | Referral ID | PATID | Patient Name (Last,First) | Date of Birt | Gender | Contact | Appointment Dat | Appointm | t Time |
| 8 | 15753 | 159904 | Recovery,Test | 12/1/2000 | Male | N/A | 4/1/2021 | 02:14 PM | |
| 9 | 15913 | 161389 | Patient,Treatment | 1/1/1990 | Male | N/A | 10/10/2023 | 04:14 PM | |
| 10 | 15915 | 160417 | Test,Address | 1/22/2000 | Female | N/A | 12/15/2023 | 12:01 PM | |
| 11 | | | | | | | | | |
| 12 | Referral Connections | | | | | | | | |
| 13 | Referral ID # | PATID | Patient Name (Last,First) | Date of Birth | Gender | Contact | Appointment Date | Appointment Time | |
| 14 | 37 | 159928 | Cens,Sapc | 7/1/2017 | Unknown | N/A | 4/1/2021 | 02:29 PM | |
| 15 | 91 | 159934 | Test,Client | 7/27/2019 | Male | N/A | 12/11/2023 | 12:04 PM | |

## Release of Information In Network Report

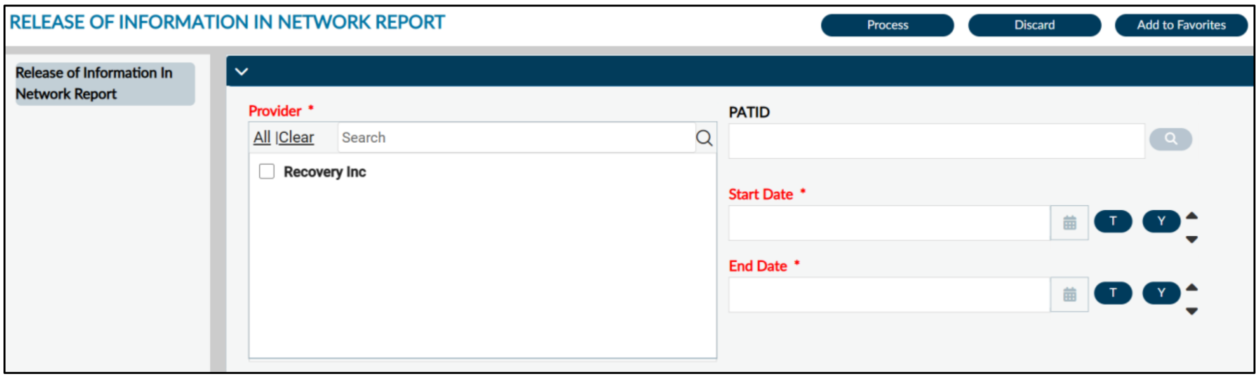
The Sage-PCNX Release of Information_In Network form (ROI) is used to document a patient's authorization to disclose PHI and specifies 1) what health information the patient authorizes to be released from their medical record, 2) with whom the information may be shared, and 3) the expiration date of the authorization (if any).

This report provides a listing of ROI forms completed in Sage.

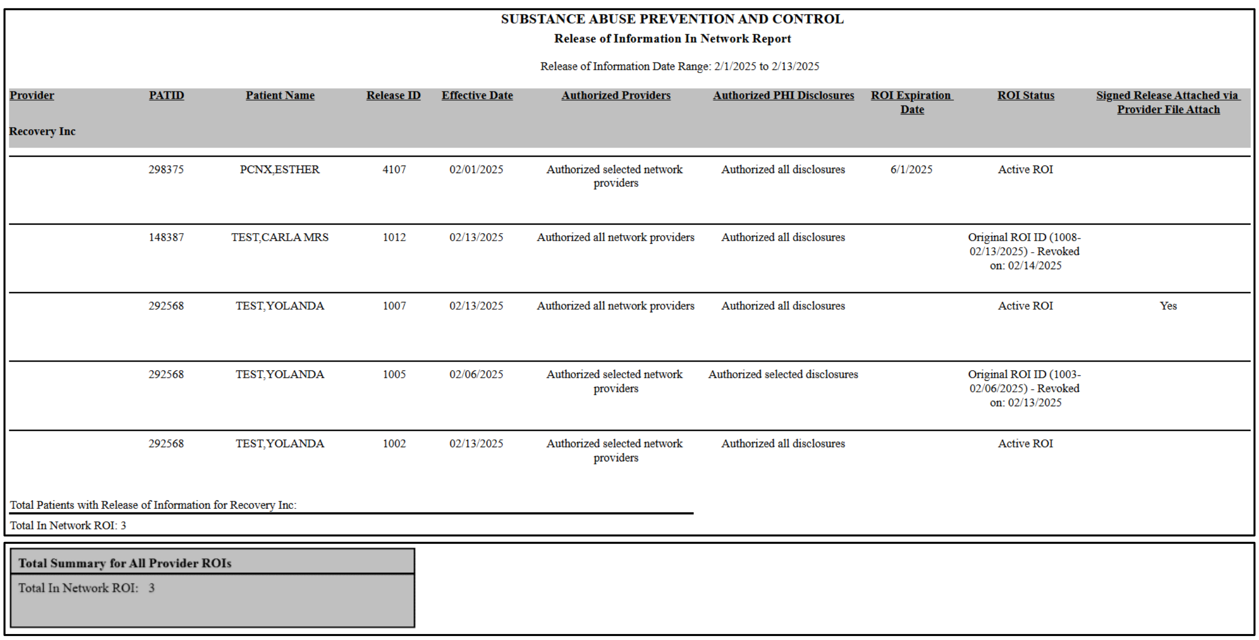
<u>Report Parameters:</u>

| Parameter | Description |
|---|---|
| Provider (Required) | Select your agency. |
| PATID | This report is patient specific. A patient's name (last,first) or PATID may be used. The system may take several seconds to process finding the patient. Once the patient's name or PATID is entered the user should wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click the name. If the user navigates/clicks outside the field while the system is searching for the patient a "No records found" message may appear. |

| Parameter | Description |
|---|---|
| Start Date (Required) | The earliest **Effective Date** the report will pull. |
| End Date (Required) | The latest **Effective Date** the report will pull. |




Report Output:



SUBSTANCE ABUSE PREVENTION AND CONTROL
Release of Information In Network Report
Release of Information Date Range: 2/1/2025 to 2/13/2025

| Provider | PATID | Patient Name | Release ID | Effective Date | Authorized Providers | Authorized PHI Disclosures | ROI Expiration Date | ROI Status | Signed Release Attached via Provider File Attach |
|---|---|---|---|---|---|---|---|---|---|
| Recovery Inc | | | | | | | | | |
| | 298375 | PCNX,ESTHER | 4107 | 02/01/2025 | Authorized selected network providers | Authorized all disclosures | 6/1/2025 | Active ROI | |
| | 148387 | TEST,CARLA MRS | 1012 | 02/13/2025 | Authorized all network providers | Authorized all disclosures | | Original ROI ID (1008-02/13/2025) - Revoked on: 02/14/2025 | |
| | 292568 | TEST,YOLANDA | 1007 | 02/13/2025 | Authorized all network providers | Authorized all disclosures | | Active ROI | Yes |
| | 292568 | TEST,YOLANDA | 1005 | 02/06/2025 | Authorized selected network providers | Authorized selected disclosures | | Original ROI ID (1003-02/06/2025) - Revoked on: 02/13/2025 | |
| | 292568 | TEST,YOLANDA | 1002 | 02/13/2025 | Authorized selected network providers | Authorized all disclosures | | Active ROI | |

Total Patients with Release of Information for Recovery Inc:
Total In Network ROI: 3

**Total Summary for All Provider ROIs**
Total In Network ROI: 3

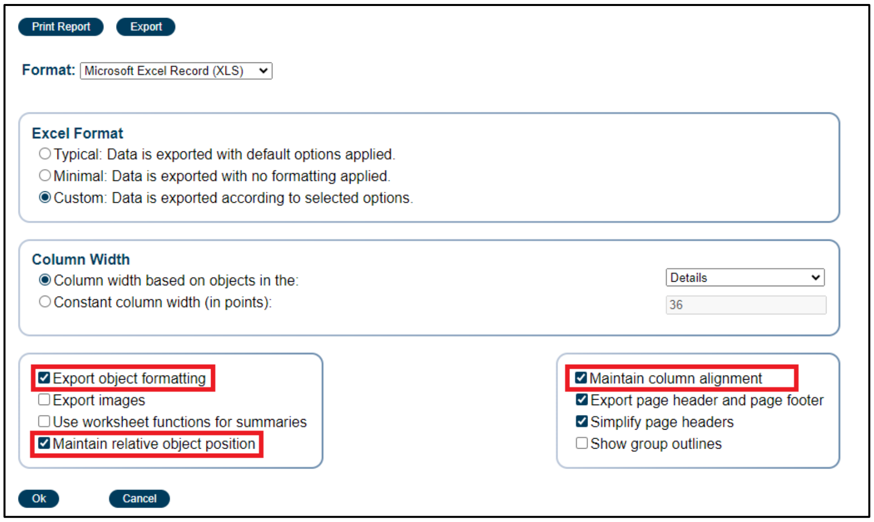
Report Output Fields:

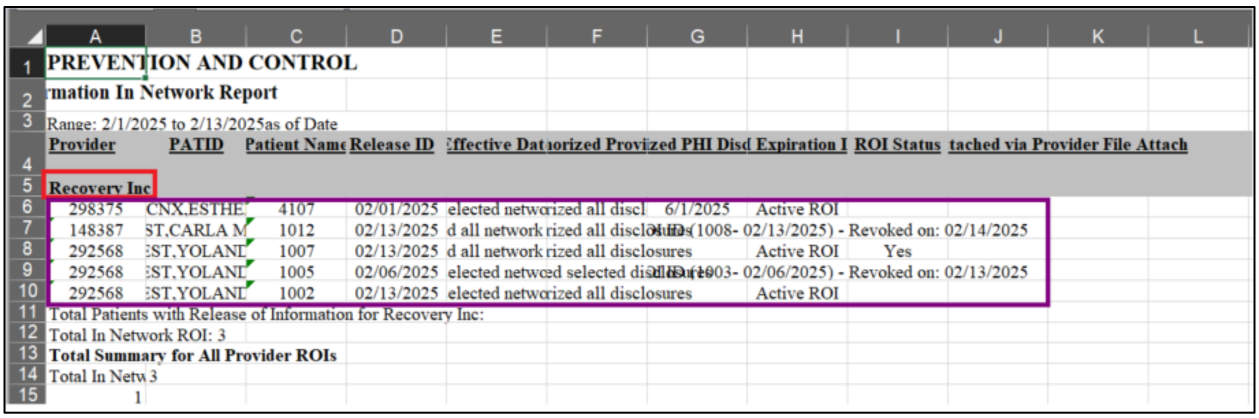
| Field | Description |
|---|---|
| Provider | Agency name. |
| PATID | The patient's Sage identification number. |
| Patient Name | The patient's last and first name. |
| Release ID # | ROI form identification number. |
| Effective Date | Date listed on the **Effective Date of Release** field. |
| Authorized Providers | One of two options will appear:<br>• Authorized all network providers |

| Field | Description |
| --- | --- |
| | • Authorized selected network providers |
| Authorized PHI Disclosures | One of two options will appear:<br>• Authorized all disclosures<br>• Authorized selected disclosures |
| ROI Expiration Date | The date the ROI expired. If blank, then no expiration date was entered on the form. |
| ROI Status | One of two options will appear:<br>• Active ROI<br>• Original ROI ID (XX)- Revoked on: XX/XX/XXXX<br>An Active ROI is one that has not been revoked. If an ROI expired, this field would still reflect Active ROI if the form was not revoked. |
| Signed Release Attached via Provider File Attach | If the "Uploaded Signature" section of the Release of Information_In Network form was completed, this column will show Yes, otherwise it will be blank. |
| Totals | |
| Total patients with Release of Information for XX | The XX will list the selected agency. As this report is also used by SAPC, it helps separate ROIs by agency. |
| Total In Network ROI: # | The number reflects the number of patients. |
| Total Summary for All Provider ROIs | As this report is also used by SAPC, this section provides an overall total of ROIs across selected agencies. |
| Total In Network ROI: # | The number reflects the number of patients with at least one Active ROI. |

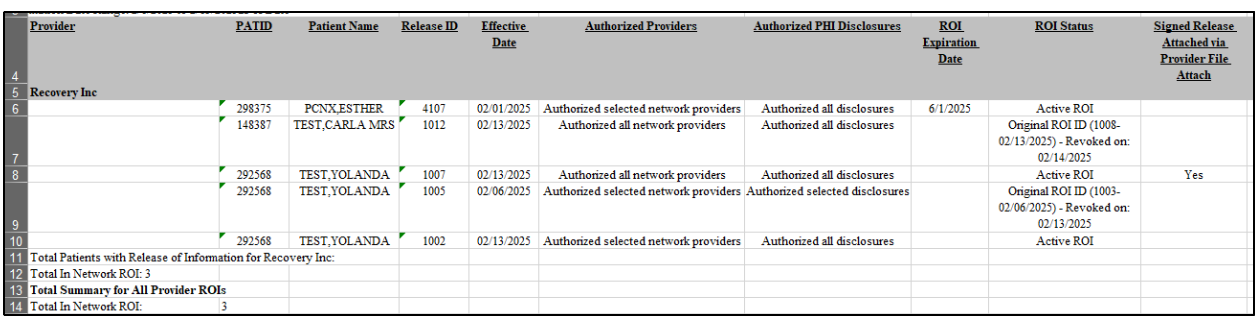
Report Export:

This report requires some manipulation after exporting. The recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.




Select the data boxed in purple (rows 6-10 in the example) and move them one column to the right. That will align the data with the correct columns. Resize the columns to see the data within its own cell.



| Provider | PATID | Patient Name | Release ID | Effective Date | Authorized Providers | Authorized PHI Disclosures | ROI Expiration Date | ROI Status | Signed Release Attached via Provider File Attach |
|---|---|---|---|---|---|---|---|---|---|
| Recovery Inc | | | | | | | | | |
| | 298375 | PCNX,ESTHER | 4107 | 02/01/2025 | Authorized selected network providers | Authorized all disclosures | 6/1/2025 | Active ROI | |
| | 148387 | TEST,CARLA MRS | 1012 | 02/13/2025 | Authorized all network providers | Authorized all disclosures | | Original ROI ID (1008-02/13/2025) - Revoked on: 02/14/2025 | |
| | 292568 | TEST,YOLANDA | 1007 | 02/13/2025 | Authorized all network providers | Authorized all disclosures | | Active ROI | Yes |
| | 292568 | TEST,YOLANDA | 1005 | 02/06/2025 | Authorized selected network providers | Authorized selected disclosures | | Original ROI ID (1003-02/06/2025) - Revoked on: 02/13/2025 | |
| | 292568 | TEST,YOLANDA | 1002 | 02/13/2025 | Authorized selected network providers | Authorized all disclosures | | Active ROI | |
| Total Patients with Release of Information for Recovery Inc: | | | | | | | | | |
| Total In Network ROI: 3 | | | | | | | | | |
| Total Summary for All Provider ROIs | | | | | | | | | |
| Total In Network ROI: | 3 | | | | | | | | |

# Financial Reports

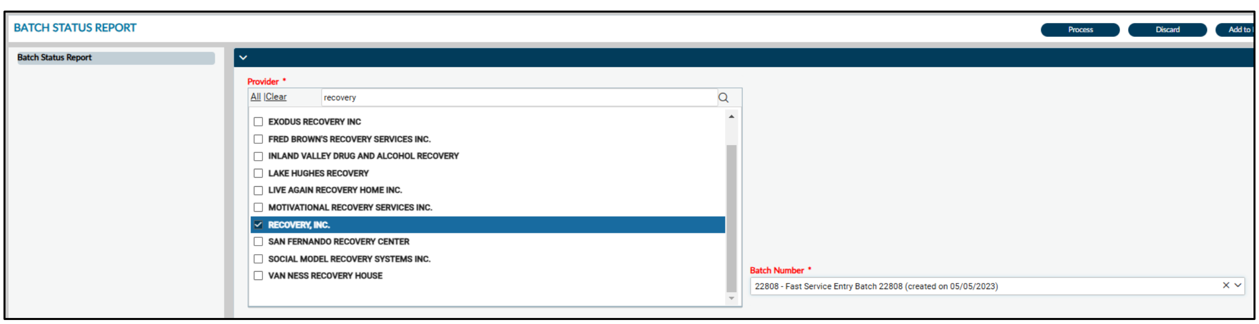
## Batch Status Report

The Batch Status Report has been updated. In ProviderConnect (PCON) classic, when a bill was created, a Bill Enumeration number was generated, however it does not exist in PCNX. When claims are submitted in PCNX a batch is created. Primary Sage users will receive an indication of the Batch Number when submitting claims through the Fast Service Entry Submission form. Secondary Sage users may see the associated batch number to services through MSO KPI dashboards.

The Batch Status Report provides a summary of services and adjudication associated with a batch. It also indicates if a batch is **closed** (processed by finance) or **active** (not yet processed by finance). This report may be used by both Primary and Secondary Sage users.

Report Parameters:

| Parameter | Description |
|---|---|
| Provider(s) (Required) | Provider's name. As claims are submitted by an agency this is not broken down by site location. However, the output will indicate the site billed. |
| Batch Number (Required) | Either enter or select a batch number. The default is to show the oldest batch first.<br><br>Primary Sage Users: the naming convention will show as **Fast Service Entry Batch** if the claims were generated out of PCNX. It will show as PConn Web Services if claims were generated from ProviderConnect classic.<br><br>Secondary Sage Users: the naming convention will show as either **HIPAA837P Claim Processing** or **HIPAA837I Claim Processing**. |




Report Output:

**Batch Status Report**

**Recovery, Inc. (1)**

**Batch Status - Closed**

***BATCH ID : 22808***

| Member ID | Date Of Service | Procedure Code | Auth Number | Program | Performing Provider | Units | Amt Billed | Total Fee Table Amt | Expected Disbursement | A/D/P | A/D/P Message | EOB # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOO,SCOOBY (159906) | 05/05/2023 | H0050:UA:HF | 112172 | Recovery Facillity | HINDMAN,DAVID SAPC - Licensed Clinical Psychologist (LCP) | 1.00 | 50.00 | 45.61 | 45.61 | Approved | The service was approved with the following notice: Limited by allowed amount. | 12587 |
| DOO,SCOOBY (159906) | 05/05/2023 | H0050:U7:HF | 112172 | Recovery Facillity | HINDMAN,DAVID SAPC - Licensed Clinical Psychologist (LCP) | 1.00 | 50.00 | 45.61 | 45.61 | Approved | The service was approved with the following notice: Limited by allowed amount. | 12587 |

| Total Services | Total Approved Units | Total Denied Units | Total Pending Units | Total Units | Total Charges | Total Approved | Total Denied | Total Pending |
|---|---|---|---|---|---|---|---|---|
| 2 | 2.00 | 0.00 | 0.00 | 2.00 | $100.00 | $100.00 | $0.00 | 0.00 |

The bottom of the report provides an overall summary of the claims in the batch, including how many services were in this batch, the number of units, and the adjudication. The report sorts claims alphabetically in ascending order by a patient's last name in the Member ID field.

Report Output Fields:

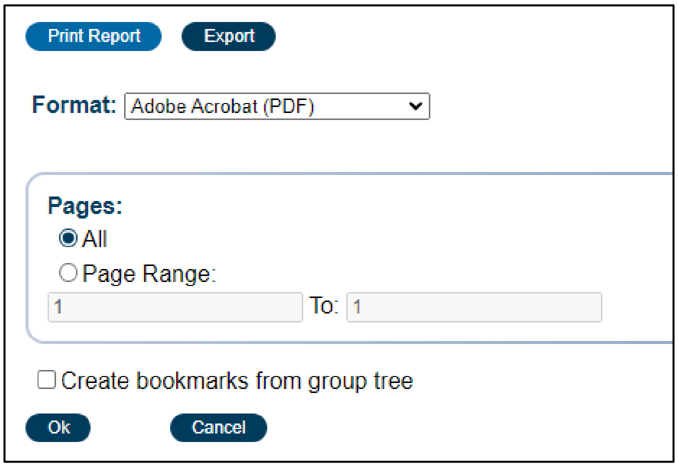
| Field | Description |
|---|---|
| **Summary Box** | |
| Total Services | Total number of services in the batch. |
| Total Approved Units | Total number of approved units. |
| Total Denied Units | Total number of denied units. |
| Total Pending Units | Total number of pending units. |
| Total Units | Total number of units billed. |
| Total Charges | Total amount billed to SAPC. For Primary Sage users submitting billing through the **Fast Service Entry Submission** this reflects the **Total Charge** field. |
| Total Approved | Total approved amount. |
| Total Denied | Total denied amount. |
| Total Pending | Total pending amount. |
| **Patient Service Detail** | |
| *Member ID | Patient's name and PATID. |
| *Date of Service | Date of service. |
| *Procedure Code | Procedure code that was billed. |
| Auth Number | Authorization number associated with the billed service. |

| Field | Description |
|---|---|
| *Program | Contracting provider program address associated with service. |
| *Performing Provider | Performing provider associated with the service. |
| Units | Units billed. |
| Amt Billed | This is the amount billed to SAPC. For Primary Sage Users this is the **Total Charge** field on the **Fast Service Entry Submission** form. |
| Total Fee Table Amt | This reflects the dollar amount on the Fee Table in Sage. Essentially the max that could be paid out barring any exceptions such as third-party payment.<br><br>*Note: it is important to bill SAPC the accurate rate otherwise this report may be misinterpreted as getting paid less than what was billed, when in fact the disbursement will be based on the fee table and third-party payment taken into account.* |
| *Expected Disbursement | This is what SAPC expects to pay out to the provider, which may be different than the Amt Billed and Total Fee Table Amt. |
| A/D/P | A/D/P - stands for <u>A</u>pprove, <u>D</u>eny, and <u>P</u>end. It reflects the adjudication of the service.<br><br>*Note: the adjudication is only valid once the batch is Closed.* |
| *A/D/P Message | Message output for A/D/P field |
| EOB # | Once an Explanation of Benefits (EOB) is generated this field will populate with the number. |

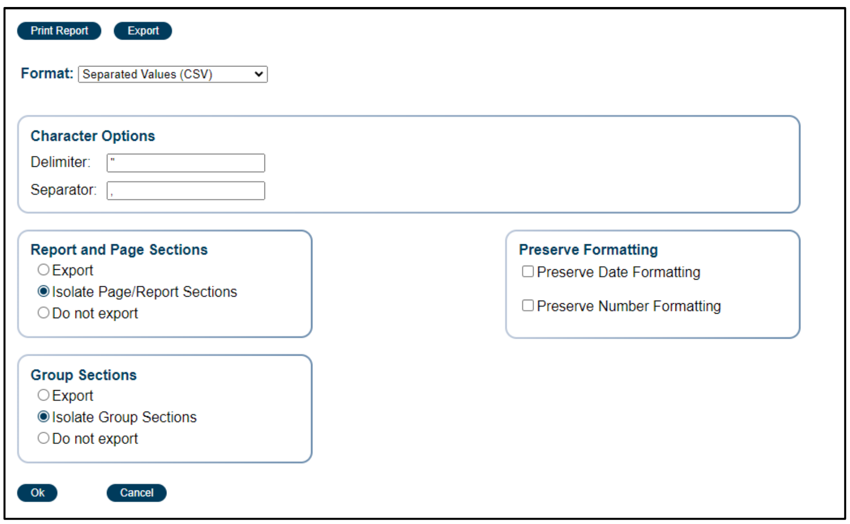
An asterisk (*) indicates a new or updated field

<u>Report Export:</u>

This report is best viewed within PCNX without exporting. Should providers want to export, they may use **Adobe Acrobat (PDF)** or **Separated Values (CSV)** to maintain the same layout of the report. If exported to Microsoft Excel Record (XLS) the layout does not lend itself to filtering or sorting as there is no main header on this version.




If exported as Separated Values (CSV), the export parameters for Character Options, Report and Page Sections, Group Sections, and Preserve Formatting should match the image below to maintain the same formatting as Adobe Acrobat (PDF).




An example of an exported Separated Values (CSV) file using the parameters above:

| | A | B | C | D | E | F | G | H | I | J | K | L | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | |
| 2 | Batch Stat | Recovery, | Batch Stat | BATCH ID : | 22808 | | | | | | | | |
| 3 | Member I | Date Of Se | Procedure | Auth Num | Program | Performin | Units | Amt Billec | Total Fee | Expected | A/D/P | A/D/P Me | EOB # |
| 4 | DOO,SCO( | 5/5/2023 | H0050:UA: | 112172 | Recovery | HINDMAN | 1 | 50 | 45.61 | 45.61 | Approved | The servic | 12587 |
| 5 | DOO,SCO( | 5/5/2023 | H0050:U7: | 112172 | Recovery | HINDMAN | 1 | 50 | 45.61 | 45.61 | Approved | The servic | 12587 |
| 6 | Total Serv | Total Appı | Total Deni | Total Pen( | Total Unit | Total Char | Total Appı | Total Deni | Total Pending | | | | |
| 7 | 2 | 2 | 0 | 0 | 2 | $100.00 | $100.00 | $0.00 | 0 | | | | |
| 8 | Run Date: | Page -1 of 1 | | | | | | | | | | | |

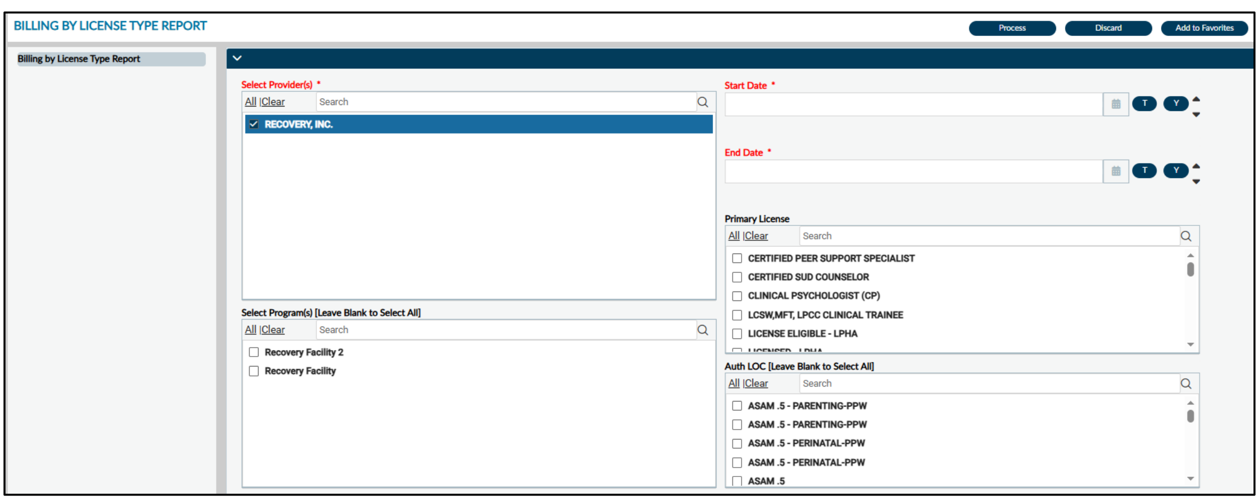
## Billing by License Type and LOC Report

The Billing by License Type and LOC Report was created to provide an aggregate count of approved billing by site location, license type, and auth level of care (LOC). As a practitioner's license may change such as going from a Registered Counselor to Certified Counselor or License Eligible LPHA to LPHA, this report takes into account the license type at the time of service. As some site locations may offer multiple levels of care, a practitioner's license may be counted multiple times across the different levels of care. For example, a site that offers ASAM 1.0, ASAM 2.1, and RI Program Contingency Management, may have a single practitioner providing services to clients at each of those LOCs. Therefore, that practitioner's license could be counted under each of those LOCs.

Report Parameters:

| Parameter | Description |
|---|---|
| Select Provider(s) (Required) | Provider's name. |
| Start Date (Required) | The earliest date of service billed. |
| End Date (Required) | The latest date of service billed. |
| Select Program(s) [Leave Blank to Select All] | This report may be run for all sites or selected sites. Leaving this field blank will pull information for all sites. |
| Primary License | This is a practitioner's license configuration for billing SAPC. |
| Auth LOC | This is the LOC as noted on the member or provider authorization. |

**Note: for large agencies it is recommended that this report be run for no more than a month period as it may timeout.*




Report Output:

**SUBSTANCE ABUSE PREVENTION AND CONTROL**

**Billing By License Type Report**

**Parameters Used**

Provider: Recovery, Inc., Program(s): Recovery Facility

6/1/2024 to 7/1/2025

Primary License:

Auth LOC:

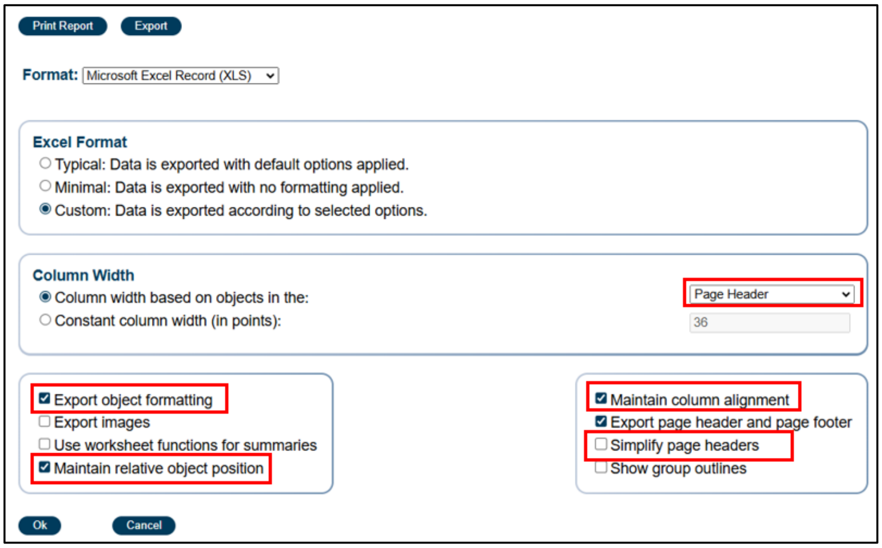
| Provider | Program | Primary License | License Count | Auth LOC | Procedure Count for Approved Services | Total Charged | Total Disbursed (after takebacks) | Total Takeback |
|---|---|---|---|---|---|---|---|---|
| Recovery, Inc. | Recovery Facility | Certified Peer Support Specialist | 1 | ASAM 1.0 | 2 | $63.37 | $63.37 | |
| Recovery, Inc. | Recovery Facility | Certified Peer Support Specialist | 1 | ASAM 1.0 - Parenting-PPW | 2 | $63.37 | $63.37 | |
| Recovery, Inc. | Recovery Facility | Certified Peer Support Specialist | 1 | ASAM 1.0 - Perinatal-PPW | 2 | $63.37 | $63.37 | |
| Recovery, Inc. | Recovery Facility | Certified Peer Support Specialist | 1 | ASAM 2.1 | 3 | $80.10 | $67.78 | $12.32 |

Report Output Fields:

| Field | Description |
|---|---|
| Provider | Provider’s name. |
| Program | The site location associated with billing. |
| Primary License | This is a practitioner’s license configuration for billing SAPC at the time of the service. |
| License Count | The number of unique practitioners with the listed license type. |
| Auth LOC | The level of care billed based on the member authorization or provider authorization (PAUTH). |
| Procedure Count for Approved Services | The number of approved services billed. |
| Total Charged | The amount billed to SAPC. |
| Total Disbursed (after takebacks) | The amount paid to the provider after takebacks. (This figure could change depending on when the report is run). |
| Total Takeback | The amount voided or retro adjudicated. If there are no known takebacks this field will be blank. |
| Last Page Only: Totals | |
| Total: Procedure Count for Approved Services | This will provide an aggregate of the total number of approved procedures for the selected parameters. |
| Total: Total Charged | This will provide an aggregate of the total amount charged to SAPC for the selected parameters. |
| Total: Total Disbursed (after takebacks) | This will provide an aggregate of the total amount disbursed for the selected parameters. |
| Total: Total Takeback | This will provide an aggregate of the total amount taken back via contractor void or other retro adjudication process for the selected parameters. |

Report Export:

The recommended export format for this report is **Microsoft Excel Record (XLS).** Change the drop down from “Details” to **Page Header**. Check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**. Unselect **Simplify page headers.**

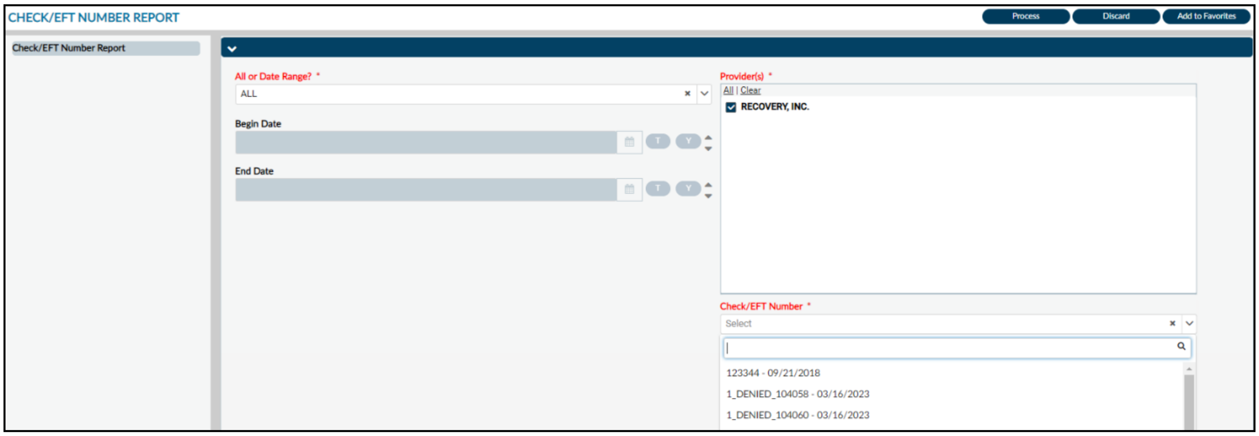



## Check/EFT Number Report

This report was replicated from Sage-PCON to Sage-PCNX to show a summary and details of services associated with a check number.

Report Parameters:

| Parameter | Description |
|---|---|
| All of Date Range? (Required) | **All**: It will generate a listing of all check numbers available by date.<br>**Date Range**: It will limit the options based on check dates entered in the date fields. |
| Begin Date (Conditionally Required) | The earliest check date to be pulled. |
| End Date (Conditionally Required) | The latest check date to be pulled. |
| Provider(s) (Required) | Provider agency name. Checks are issued at the agency level not the site level therefore there is no program specific field. |
| Check/EFT Number (required) | From the drop down, select the check number to populate the report. If the check number or partial check number is known, it may also be entered into the search bar once the drop down is enabled. |




Report Output:

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

**Check/EFT Number Report**

**Check/EFT Date Range:** -
**Check/EFT Number:** 577897987Q
**Check/EFT Amount:** $6,328.40
**Provider(s):** Recovery, Inc.

| Batch # | EOB Number | Total Billed | Total Approved | Total Denied |
|---|---|---|---|---|
| 333860 | 162330 | $5,209.40 | $4,980.89 | $0.00 |
| 333865 | 162335 | $2,169.49 | $1,347.51 | $821.98 |
| | **Grand Total:** | **$7,378.89** | **$6,328.40** | **$821.98** |

| Batch # | EOB Number | Program | Client ID | Date of Service | CPT Code | Claim Status | Explanation of Coverage | Billed Amount | Approved Amount | Denied Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 333865 | 162335 | Recovery Facility | 289266 | 9/2/2024 | Group counseling by a clinician, 15 mins (H0005:U7) | Approved | | $50.00 | $50.00 | $0.00 |
| 333865 | 162335 | Recovery Facility | 289266 | 9/3/2024 | Psychiatric diagnostic evaluation, 60 mins (90791:U7) | Approved | | $410.99 | $410.99 | $0.00 |
| 333865 | 162335 | Recovery Facility | 289266 | 9/3/2024 | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | Denied | The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types. | $410.99 | $0.00 | $410.99 |
| 333865 | 162335 | Recovery Facility | 289266 | 10/1/2024 | Behavioral health counseling and therapy, 15 mins (H0004:U7) | Approved | | $102.75 | $102.75 | $0.00 |
| 333865 | 162335 | Recovery Facility | 289266 | 10/2/2024 | Group counseling by a clinician, 15 mins (H0005:U7) | Approved | | $50.00 | $50.00 | $0.00 |
| 333865 | 162335 | Recovery Facility | 289266 | 10/3/2024 | Psychiatric diagnostic evaluation, 60 mins (90791:U7) | Approved | | $410.99 | $410.99 | $0.00 |
| 333865 | 162335 | Recovery Facility | 289266 | 10/3/2024 | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | Denied | The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types. | $410.99 | $0.00 | $410.99 |
| 333865 | 162335 | Recovery Facility | 289267 | 9/5/2024 | Long Term Residential Day Rate (H0019:U1) | Approved | | $220.03 | $220.03 | $0.00 |

The top section is a summary of the dollars associated with batches, whereas the subsequent section has a detailed breakdown by patient and procedure per batch.

*Note: check numbers with "DENIED" in the naming convention are fake check numbers pending EOBs being associated with a real check number. These fake check numbers will not populate on the report.*

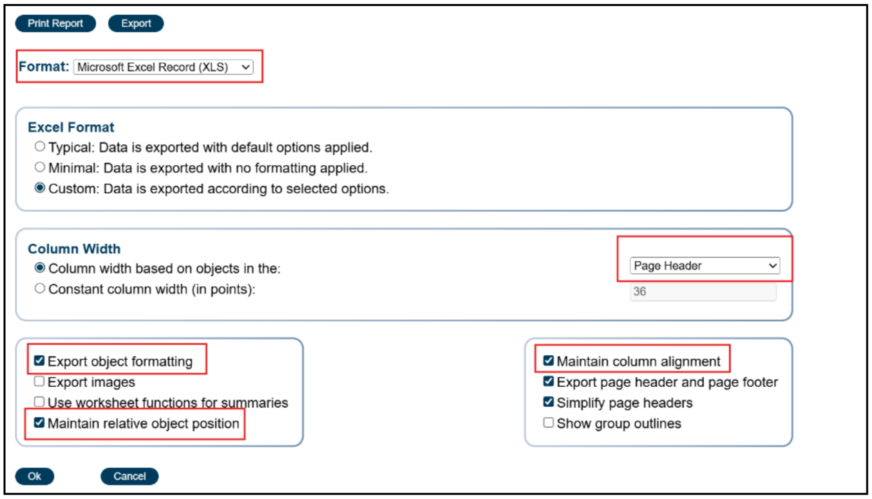
Report Output Fields:

| Field | Description |
|---|---|
| *Summary Section* | |
| Batch # | Listing of all the batches associated with this check number. |

| Field | Description |
|---|---|
| EOB Number | Listing of all the EOBs related to the batches associated with this check number. |
| Total Billed | The dollar amount billed to SAPC. |
| Total Approved | The dollar amount approved for the batch. |
| Total Denied | The dollar amount denied for the batch. |
| *Detail Section* | |
| Batch # | The Batch number. |
| EOB Number | The EOB number. |
| Program | The site location associated with the billed service. |
| Client ID | The patient's Sage identification number. |
| Date of Service | The date of the service. |
| CPT Code | The billed procedure description and code. |
| Claim Status | The claim status:<br>• Approved<br>• Denied<br>• Pending |
| Explanation of Coverage | Will only populate if the service was denied. It will indicate the reason for the denial. |
| Billed Amount | The amount billed for the service. |
| Approved Amount | The approved amount for the service. |
| Denied Amount | The denied amount for the service. |

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS).** Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

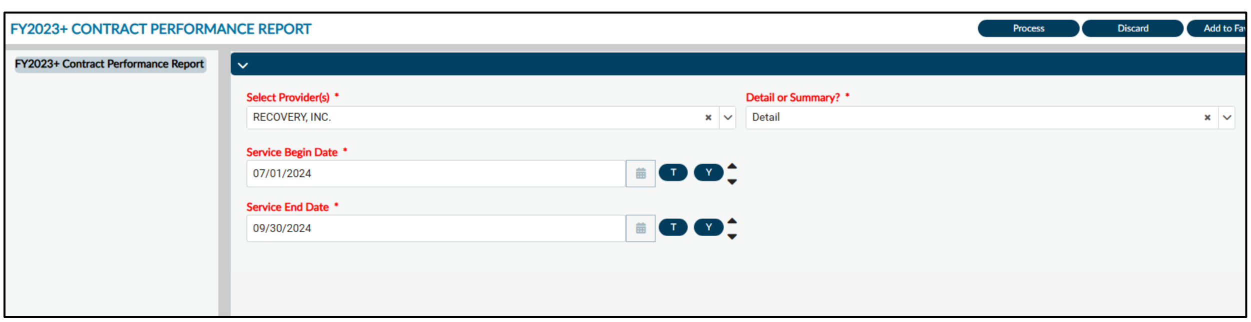



## Contract Performance Reports

The Contract Performance Reports allows providers to review the total number of units of services delivered by Provider Site, by ASAM level of Care and by HCPCS/CPT Code. The "Detail" report is used to complete fiscal reporting tool requirements where the units of services are reported to account for program costs. The "Summary" report is provided to give providers a high-level overview of units of service by HCPCS/CPT and by ASAM Level of Care. Each section is listed by provider site, contract number and ASAM contracted levels of care.

- FY2020+ Contract Performance Report
  For fiscal years between 2020 and 2022 (FY 20-21, FY 21-22, and 22-23) providers will use the FY 2020+ Contract Performance Report.
- FY2023+ Contract Performance Report
  For fiscal years 2023 (FY 23-24) and after providers will use the FY 2023+ Contract Performance Report.

<u>Report Parameters:</u>




| Parameter | Description |
|---|---|
| Service Provider(s)* (Required) | Select the Agency. |

| | |
|---|---|
| Detail or Summary? * (Required) | Select either a Detail view or a Summary view of the data. |
| Service Begin Date * (Required) | The earliest date the report will pull. |
| Service End Date * (Required) | The latest date the report will pull. |

Report Output:

Detail Type Output

**Detail**

**Provider:** RECOVERY SERVCES INC
1000 S Freemont Ave

| Location (Provider #) | Level of Care (LOC) | State Crosswalk | HCPCS Code Description | Unit Rate | YTD Billed UOS | Gross Amount Claimed | Approved UOS | Y-T-D Adjusted Approved Amount |
|---|---|---|---|---|---|---|---|---|
| Contract #: 555555 (RBH- Recovery Services Inc.) Contract<br>Terms: 7/1/2024 to 6/30/2025 | | | | | | | | |
| | RBH - Recovery Bridge Housing | | | | | | | |
| | | H2034 | | | | | | |
| | | | H2034 Recovery Bridge Housing | $ 60.50 | 2228 | $134,794.00 | 620 | $37,510.00 |
| | | H2034 | | | 2228 | $134,794.00 | 620 | $37,510.00 |
| | RBH - Recovery Bridge Housing | | | | 2228 | $130,075.00 | 620 | $37,510.00 |
| | | | Contract Totals | | 2228 | $6,110.50 | 620 | $37,510.00 |
| RECOVERY 1000 S Freemont Ave Totals | | | | | 2228 | $130,075.00 | 620 | $37,510.00 |

Page 1 of 12 Run Date: 11/27/2024 9:05:4

Summary Type Output

**Summary**

Provider: RECOVERY SERVICES
1000 S Freemont Ave.

| Location (Provider #) | Level of Care (LOC) | State Crosswalk | HCPCS Code Description | Unit Rate | YTD Billed UOS | Gross Amount Claimed | Approved UOS | Y-T-D Adjusted Approved Amount |
|---|---|---|---|---|---|---|---|---|
| Contract #: PH005555 (DMC-RECOVERY SERVICES) Contract Terms: 7/1/2024 to 6/30/2025 | | | | | | | | |
| | ASAM 3.1 | | | | | | | |
| | | | H0001:U1 | | 184 | $0.00 | 184 | $0.00 |
| | | | H0004:U1 | | 408 | $0.00 | 400 | $0.00 |
| | | | H0019 | | 1726 | $379,771.78 | 1684 | $370,530.52 |
| | | | H0038 | | 8 | $402.32 | 8 | $402.32 |
| | | | H2010N:U1 | | 1 | $0.00 | 1 | $0.00 |
| | | | H2014:U1 | | 245 | $0.00 | 241 | $0.00 |
| | | | S9976:U1 | | 1707 | $42,675.00 | 1707 | $42,675.00 |
| | | | T1007:U1 | | 218 | $0.00 | 218 | $0.00 |
| | | | T1017:U1 | | 251 | $14,547.61 | 247 | $14,325.85 |
| | ASAM 3.1 | | | | 4748 | $431,520.07 | 4690 | $427,933.69 |
| | ASAM 3.5 | | | | | | | |
| | | | H0001:U3 | | 187 | $0.00 | 187 | $0.00 |
| | | | H0004:U3 | | 339 | $0.00 | 327 | $0.00 |
| | | | H0019 | | 1351 | $338,357.95 | 1285 | $321,828.25 |
| | | | H0038 | | 20 | $1,005.80 | 20 | $1,005.80 |
| | | | H2010N:U3 | | 1 | $0.00 | 1 | $0.00 |
| | | | H2014:U3 | | 230 | $0.00 | 226 | $0.00 |
| | ASAM 3.5 | | | | | | | |
| | | | S9976:U3 | | 1403 | $35,075.00 | 1401 | $35,025.00 |
| | | | T1007:U3 | | 166 | $0.00 | 162 | $0.00 |
| | | | T1017:U3 | | 239 | $14,090.51 | 229 | $13,486.85 |
| | ASAM 3.5 | | | | 3936 | $383,983.18 | 3838 | $371,345.90 |
| | | | Contract Totals | | 8684 | $49,927.93 | 8528 | $799,279.59 |
| 1000 S Freemont Ave Totals | | | | | 8684 | $815,503.25 | 8528 | $799,279.59 |
| RECOVERY SERVICES- Totals | | | | | 8684 | $825,925.97 | 8528 | $799,279.59 |

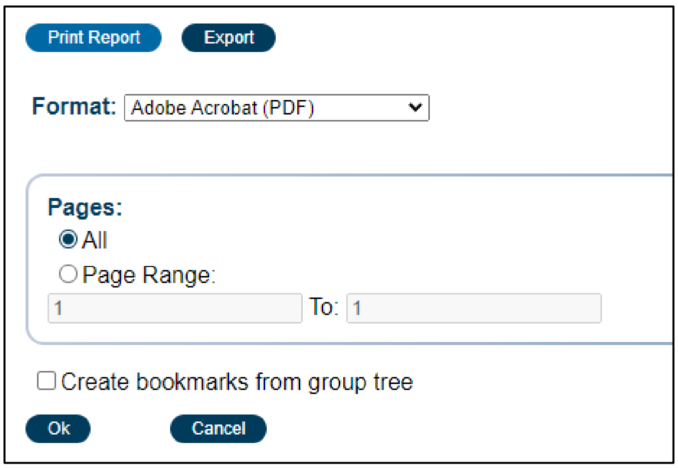
<u>Report Output Fields</u>:

| Field | Description |
|---|---|
| Provider Name | The agency name. |
| Provider Address (Location) | Information is grouped by agency’s provider site addresses. |
| Level of Care | ASAM level of care that coincides with the Benefit Plans. |
| State Crosswalk | Ignore, this is an old column that is no longer used. |
| HCPCS Code Description | This will reflect the procedure code, including CPT. |
| Unit Rate (Only Available on Detail Report) | Rate at which claim is paid by unit per HCPCS/CPT Code. |
| Year to Date (YTD) Billed Units of Service | The number of units billed per HCPCS/CPT Code as of the day in which the report was generated. |
| Gross Amount Claimed | The total amount that was claimed by the provider for each HCPCS/CPT code. |
| Approved Units of Service | The number of units approved for each HCPCS/CPT Code. |

| Field | Description |
| --- | --- |
| Year to Date (YTD) Adjusted Approved Amount | The total amount of approved claims by HCPCS/CPT Code. |
| Contract Totals | The total amounts by each contracted provider. |
| Provider Total | The total amounts by the Agency. |

<u>Report Export:</u>

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select "Adobe Acrobat (PDF") from the drop down, then click **Ok**.



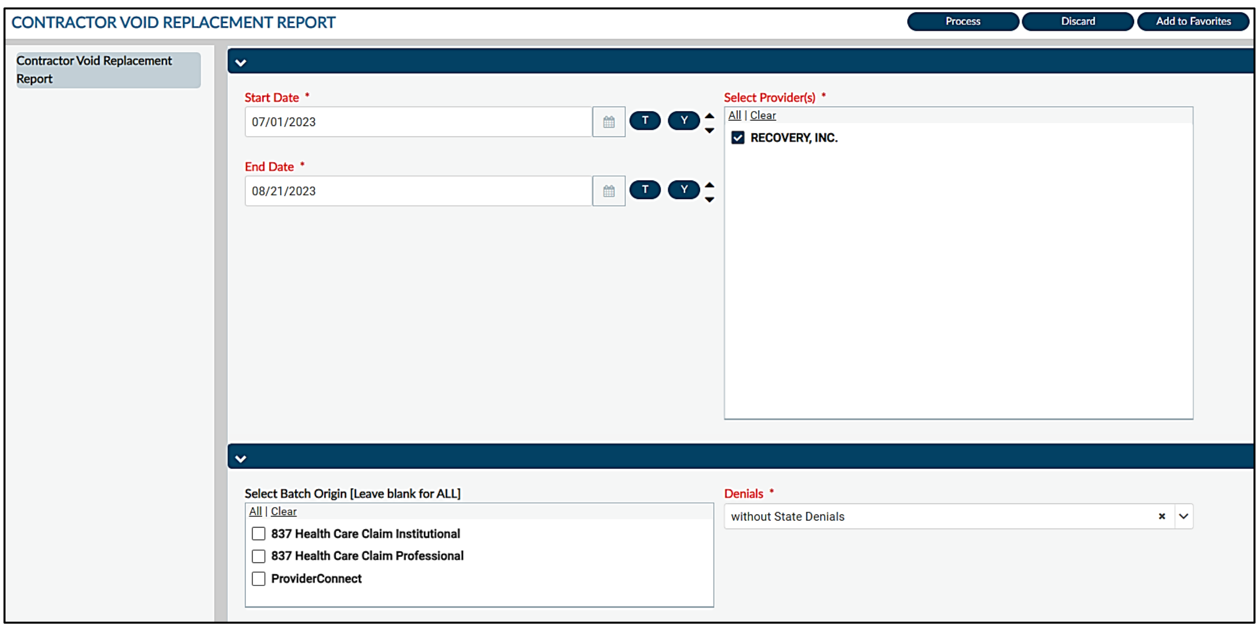

## Contractor Void Replacement Report

The Contractor Void Replacement Report is a new report available to providers in PCNX. This report populates with a listing of claims that have been voided by providers. It also provides information regarding whether the claim has already been sent to the State. The timing of resubmitting claims that were already billed to the State is important, otherwise there is risk of the State denying it as a duplicate service.

<u>Report Parameters:</u>

| Parameter | Description |
| --- | --- |
| Start Date (Required) | Earliest Date of Service to be pulled. |
| End Date (Required) | The latest Date of Service to be pulled. |
| Select Provider(s) (Required) | Provider's name. As claims are submitted by an agency this is not broken down by site location. |
| Select Batch Origin [Leave blank for ALL] | Primary Sage Users: Leave Blank<br>Secondary Sage Users: may select the appropriate 837 file type or leave blank. |
| Denials (Required) | Select "Without State Denials." |

| Parameter | Description |
|---|---|
| | *Note: This report is still being configured to display State Denials but is not fully functional at PCNX Go-LIVE.* |
| Batch Number (Required) | Either enter or select a batch number. The default is to show the oldest batch first.<br><br>Primary Sage Users: the naming convention will show as Fast Service Entry Batch if the claims were generated out of PCNX. It will show as PConn Web Services if claims were generated from ProviderConnect classic.<br><br>Secondary Sage Users: the naming convention will show as either HIPAA837P Claim Processing or HIPAA837I Claim Processing. |




Report Output:

COUNTY OF LOS ANGELES
Public Health

**Substance Abuse Prevention and Control**
**Contractor Void Report**

Print Date: 8/21/2023

| EOB ID | PATID | Date of Service | Procedure Code | Orig. Distr. Amt | Voided Amt | Batch Origin | File Name | Date Void/ Replaced | Voided /Replaced | Rebill EOB ID | MSO Void/ Replace Code | PM Void/ Repl Pended | PM Void/ Repl Rcvd | PM Void/ Repl Cmplt |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 Recovery, Inc. | | | | | | | | | | | | | | |
| 12733 | 160919 | 7/10/2023 | 90791:U7 | 91.37 | 91.37 | MSO | | 7/13/2023 | Contractor Void | 12744 | | | | |
| 12747 | 160919 | 7/11/2023 | H0004:U7 | 51.58 | 51.58 | MSO | | 7/13/2023 | Contractor Void | 12750 | | | | |
| 12748 | 160919 | 7/8/2023 | T1017:U7 | 108.64 | 108.64 | MSO | | 7/13/2023 | Contractor Void | 12750 | | | | |
| 12748 | 160919 | 7/11/2023 | 90846:U7 | 200.00 | 200.00 | MSO | | 7/13/2023 | Contractor Void | 12750 | | | | |
| 12799 | 161128 | 7/1/2023 | H0004:U7 | 200.00 | 200.00 | MSO | | 8/9/2023 | Contractor Void | 12801 | | | | |

| Total # Claims | Total Orig Amt | Total Voided Amt |
|---|---|---|
| 5 | 651.59 | 651.59 |

| Total # Claims | Total Orig Amt | Total Voided Amt |
|---|---|---|
| 5 | 651.59 | 651.59 |

Report Output Fields:

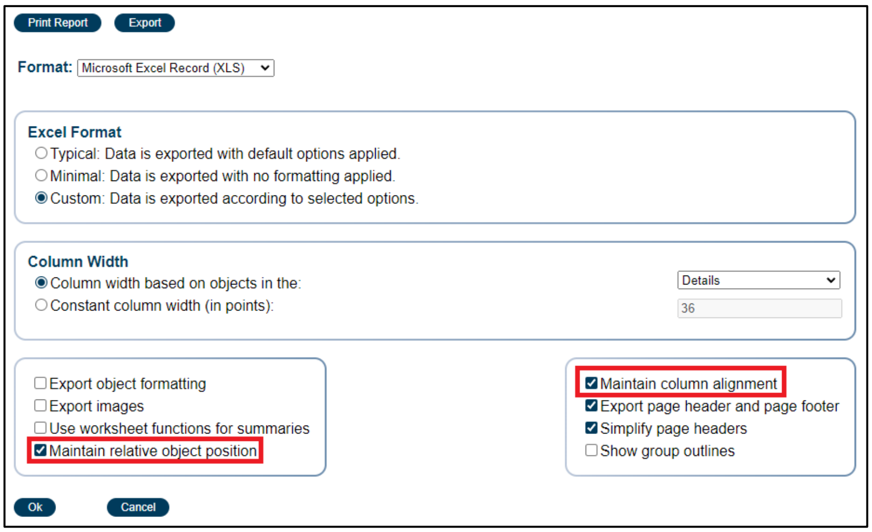
| Field | Description |
|---|---|
| EOB ID | The Explanation of Benefits (EOB) number. |
| PATID | The patient's Sage ID. |
| Date of Service | Date of Service that was voided. |
| Procedure Code | Procedure code that was billed. |
| Orig. Distr. Amt | Original disbursed amount to provider. |
| Voided Amt | The amount voided. This typically matches the Orig. Distr. Amt field. |
| Batch Origin | How the void got into the system.<br>Primary Sage users will see two options:<br>1. PC for ProviderConnect classic<br>2. MSO for PCNX submitted voids<br>Secondary Sage users will see two options:<br>1. 837P<br>2. 837I |
| File Name | Secondary Sage users ONLY<br>This is the 837 file name that contained the void/replacement. |
| Date Void/Replaced | The date the service was voided or replaced by the provider. |
| Voided/Replaced | Indicates if the service was voided (Contractor Void) or replaced (Replacement) by the provider. |
| Rebill EOB ID | This is the EOB ID associated with the rebilled service. |

| Field | Description |
|---|---|
| MSO Void/Replace Code | MSO refers to how the provider submitted the claim in Sage. If the code is 7, that represents the service was replaced. A code of 8 represents the service was voided.<br><br>*Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.* |
| PM Void/Repl Pended | PM refers to SAPC's interaction with the State system after the claim is received from the provider or the MSO system. The service was submitted by the provider to be voided/replaced; however, the original service has not been adjudicated by the State and the system cannot process the void/replacement until the original is adjudicated. A date in this field represents the date the void/replacement is pending adjudication of the original claim before the void/replacement can be submitted to the State.<br><br>*Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.* |
| PM Void/Repl Rcvd | Once the system receives the adjudication/835 for the original claim, after it was placed in pending status, a date will populate in this field to note when the 835 was received.<br><br>*Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.* |
| PM Void/Repl Compt | The service replacement has been processed by the State and SAPC has received and processed the corresponding 835. A date value in this field represents a completed void/replacement where the void/replacement claim has been sent to the state.<br><br>Providers should not submit a new claim for a voided claim until this field is populated. If a new claim is submitted before the process has been completed, the State will view the new claim as a duplicate and deny it as CO 96 M80. |

| Field | Description |
|---|---|
| | *Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.* |

Report Export:

To export the report, click the Export button at the top of the screen. For Contractor Void Replacement Report, the recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.



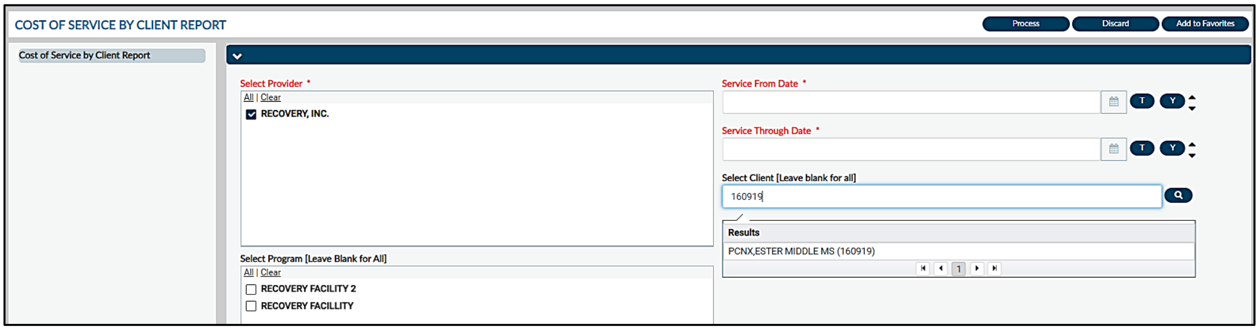

## Cost of Service by Client Report

The Cost of Service by Client Report is a new report in Sage-PCNX. It was designed to mimic the treatment page of Sage-PCON classic. This report provides a listing of billed services, but unlike the Provider Services Detailed Report, the Cost of Service by Client Report can be limited by a specific client.

Report Parameters:

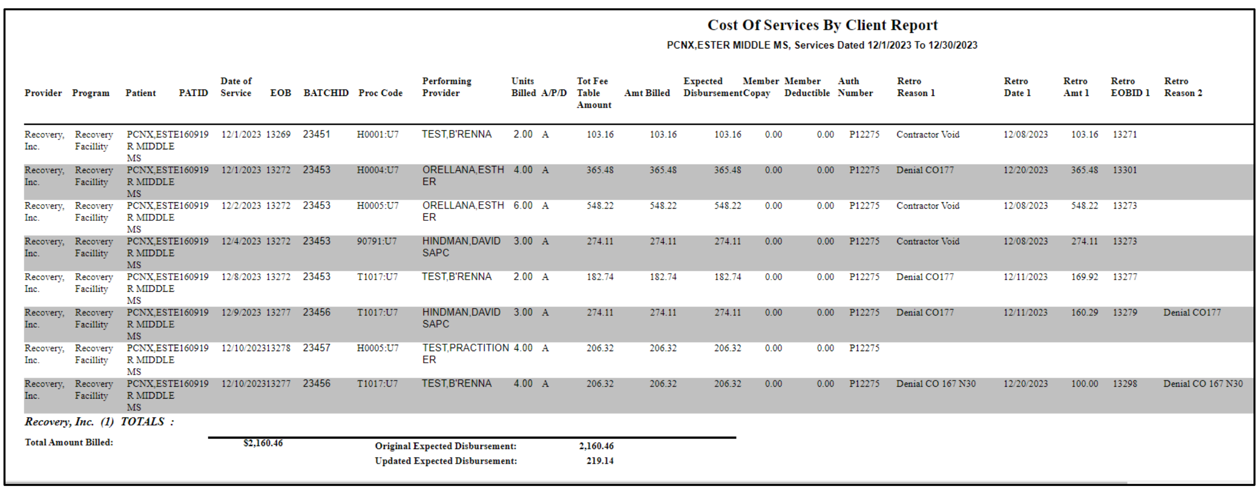
| Parameter | Description |
|---|---|
| Select Provider(s) (Required) | Select the Provider. |
| Select Program(s) (optional) | This report could be run for all or some sites. Leaving this field blank will pull information for all sites. |
| Service From Date (Required) | The earliest date of service billed. |
| Service Through Date (Required) | The latest date of service billed. |

| | |
|---|---|
| Select Client [Leave blank for all] (optional) | Enter the patient's PATID (preferred). The system will take several seconds to process finding the patient. Once the PATID is entered wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click it. If you navigate/click outside the field while the system is searching for the patient a "No records found" message may appear. |




## Report Output:

This report has several columns and is best reviewed as an export.



**Cost Of Services By Client Report**

PCNX,ESTER MIDDLE MS, Services Dated 12/1/2023 To 12/30/2023

| Provider | Program | Patient | PATID | Date of Service | EOB | BATCHID | Proc Code | Performing Provider | Units Billed | A/P/D | Tot Fee Table Amount | Amt Billed | Expected Disbursement | Member Copay | Member Deductible | Auth Number | Retro Reason 1 | Retro Date 1 | Retro Amt 1 | Retro EOBID 1 | Retro Reason 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/1/2023 | 13269 | 23451 | H0001:U7 | TEST,B'RENNA | 2.00 | A | 103.16 | 103.16 | 103.16 | 0.00 | 0.00 | P12275 | Contractor Void | 12/08/2023 | 103.16 | 13271 | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/1/2023 | 13272 | 23453 | H0004:U7 | ORELLANA,ESTHER | 4.00 | A | 365.48 | 365.48 | 365.48 | 0.00 | 0.00 | P12275 | Denial CO177 | 12/20/2023 | 365.48 | 13301 | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/2/2023 | 13272 | 23453 | H0005:U7 | ORELLANA,ESTHER | 6.00 | A | 548.22 | 548.22 | 548.22 | 0.00 | 0.00 | P12275 | Contractor Void | 12/08/2023 | 548.22 | 13273 | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/4/2023 | 13272 | 23453 | 90791:U7 | HINDMAN,DAVID SAPC | 3.00 | A | 274.11 | 274.11 | 274.11 | 0.00 | 0.00 | P12275 | Contractor Void | 12/08/2023 | 274.11 | 13273 | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/8/2023 | 13272 | 23453 | T1017:U7 | TEST,B'RENNA | 2.00 | A | 182.74 | 182.74 | 182.74 | 0.00 | 0.00 | P12275 | Denial CO177 | 12/11/2023 | 169.92 | 13277 | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/9/2023 | 13277 | 23456 | T1017:U7 | HINDMAN,DAVID SAPC | 3.00 | A | 274.11 | 274.11 | 274.11 | 0.00 | 0.00 | P12275 | Denial CO177 | 12/11/2023 | 160.29 | 13279 | Denial CO177 |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/10/2023 | 13278 | 23457 | H0005:U7 | TEST,PRACTITIONER | 4.00 | A | 206.32 | 206.32 | 206.32 | 0.00 | 0.00 | P12275 | | | | | |
| Recovery, Inc. | Recovery Facillity | PCNX,ESTER MIDDLE MS | 160919 | 12/10/2023 | 13277 | 23456 | T1017:U7 | TEST,B'RENNA | 4.00 | A | 206.32 | 206.32 | 206.32 | 0.00 | 0.00 | P12275 | Denial CO 167 N30 | 12/20/2023 | 100.00 | 13298 | Denial CO 167 N30 |

*Recovery, Inc. (1) TOTALS :*

**Total Amount Billed:** **$2,160.46**

**Original Expected Disbursement:** **2,160.46**

**Updated Expected Disbursement:** **219.14**

## Report Output Fields:

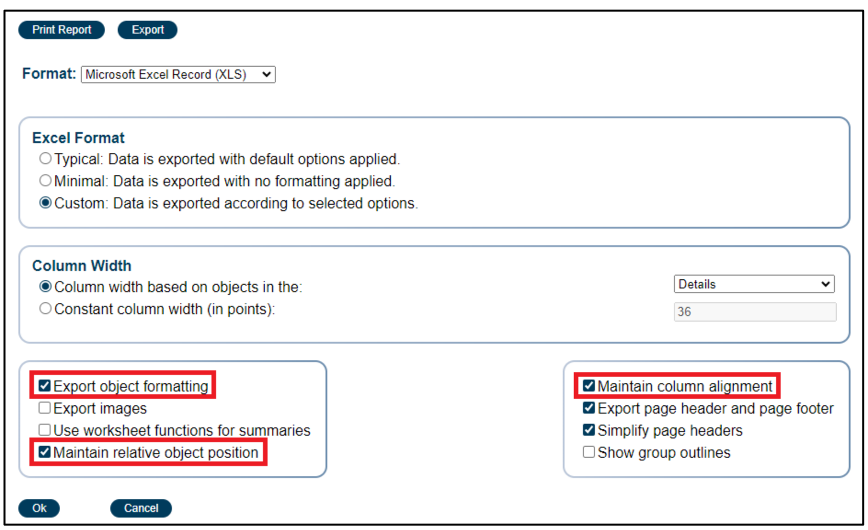
| Field | Description |
|---|---|
| Provider | The agency name. |
| Program | The contracted program (side) that the service was billed under. |
| Patient | The patient's name- last name, first name. |
| PATID | The patient's Sage ID number. |
| Date of Service | The date of service. |
| EOB | The EOB number associated with the service. |

| Field | Description |
|---|---|
| BATCHID | The batch ID number associated with the service. |
| Proc Code | The procedure code that was billed. |
| Performing Provider | The performing provider associated with the claim. |
| Units Billed | The number of units billed. |
| A/P/D | The local adjudication of the claim:<br>A: Approved<br>P: Pending<br>D: Denied |
| Tot Fee Table Amount | The dollar amount the system indicates the services should be paid out as. |
| Amt Billed | The amount the provider claimed on the service. (As this is manually entered it could be higher or lower than the fee table). |
| Expected Disbursement | The dollar amount that is expected to be paid out. It will not exceed the fee table amount. |
| Member Copay | The amount entered on the claim as a member copay. |
| Member Deductible | The amount entered on the claim as a member deductible. |
| Auth Number | The authorization number associated with the billed service. |
| Retro Reason 1 | This will indicate if a service was a Contractor Void or State Denial. Claims denied by the State and recouped from providers will have the naming convention of "Denial CO #". |
| Retro Date 1 | The date the service was recouped. |
| Retro Amt 1 | The amount that was recouped. |
| Retro EOBID 1 | The EOB where the retro service can be found. |
| Retro Reason 2 | There are some instances where SAPC pays out the provider more than what is billed to the State. If the State denies one of these claims it will only recoup the amount that was billed to the State. In these cases, Finance will complete a secondary retro to recoup the remaining balance so that the full amount paid to the provider is recouped.<br><br>Example:<br>• SAPC pays provider $200 for a service<br>• SAPC bills the State $180 for a service<br>• The State denies the service and SAPC auto recoups $180.<br>• SAPC then does a second retro for $20. |

| Field | Description |
| --- | --- |
| | • In total $200 are recouped from the provider for the State Denied Service.<br>The retro reason for this instance will match the Retro Reason 1. |
| Retro Date 2 | The date the service was recouped. |
| Retro Amt 2 | The amount that was recouped. |
| Retro EOBID 2 | The EOB where the retro service can be found. |
| Updated Expected Disbursement | The expected disbursement after taking into account recoupments. |
| Last Page | |
| Total Amount Billed | The total amount billed to SAPC. |
| Original Expected Disbursement | The total amount SAPC paid out to the provider prior to any retros. |
| Updated Expected Disbursement | The total amount SAPC paid out to the provider after retros. |

<u>Report Export:</u>

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export additionally check off **Export object formatting**, **Export images**, **Maintain relative object position**, and **Maintain column alignment**.

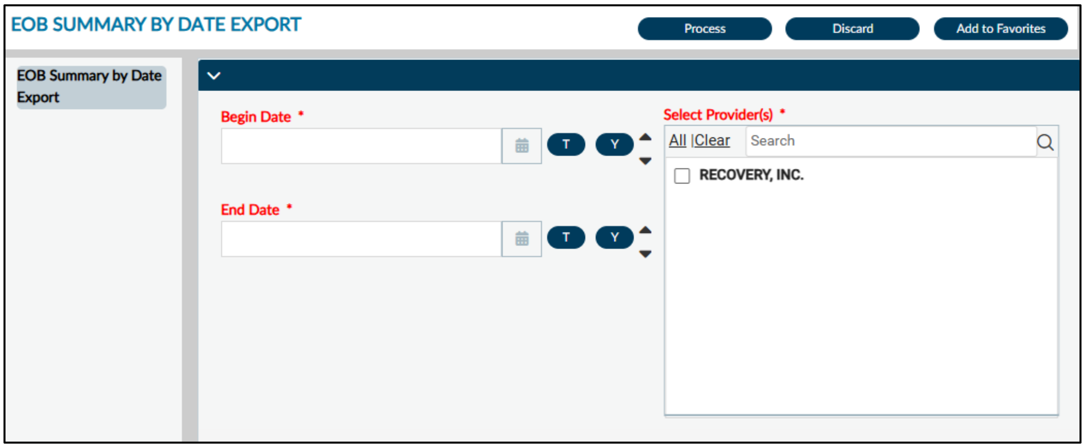



## EOB Summary by Date Export

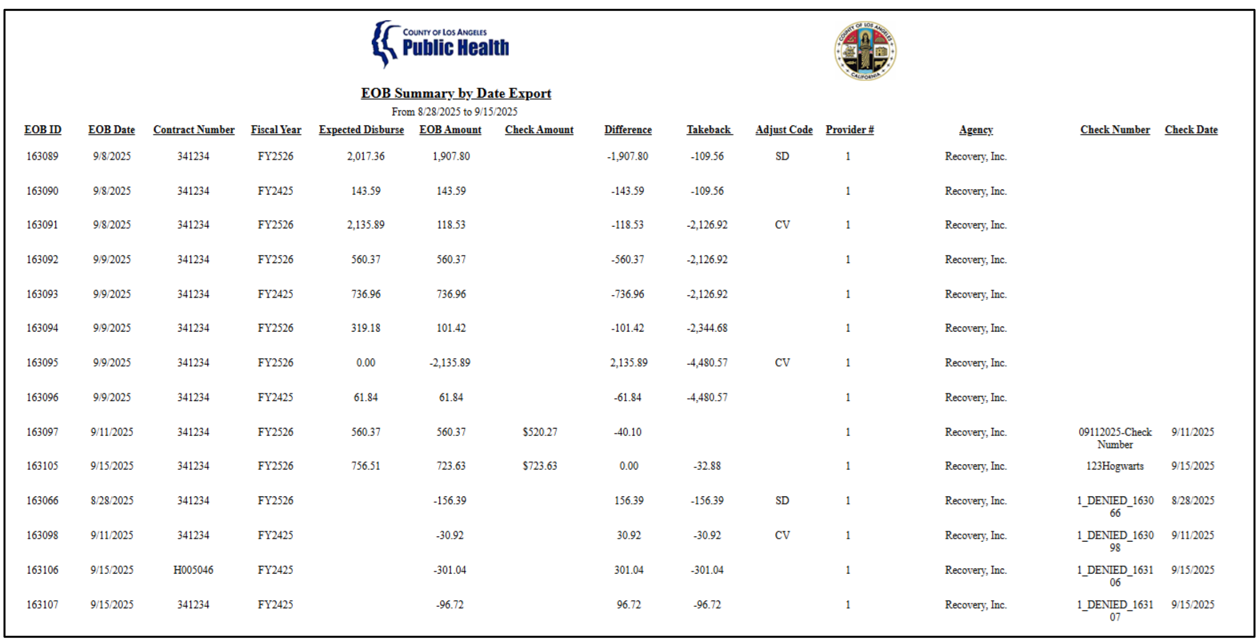
The EOB Summary by Date Export is a new report that has been released in Sage to help providers with reconciliation and monitoring. This report provides an overview of payment and adjustment information from the Provider EOB Remittance Advice based on a selected EOB date range.

Report Parameters:

| Parameter | Description |
|---|---|
| Begin Date (Required) | The earliest EOB date to pull. |
| End Date (Required) | The latest EOB date to pull. |
| Select Provider(s) (Required) | Select the Provider Agency. |




Report Output:



COUNTY OF LOS ANGELES Public Health

EOB Summary by Date Export

From 8/28/2025 to 9/15/2025

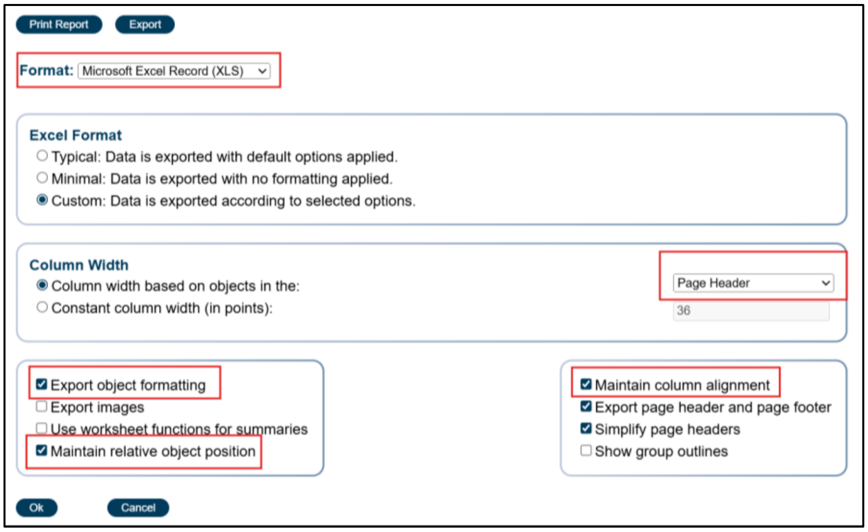
| EOB ID | EOB Date | Contract Number | Fiscal Year | Expected Disburse | EOB Amount | Check Amount | Difference | Takeback | Adjust Code | Provider # | Agency | Check Number | Check Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 163089 | 9/8/2025 | 341234 | FY2526 | 2,017.36 | 1,907.80 | | -1,907.80 | -109.56 | SD | 1 | Recovery, Inc. | | |
| 163090 | 9/8/2025 | 341234 | FY2425 | 143.59 | 143.59 | | -143.59 | -109.56 | | 1 | Recovery, Inc. | | |
| 163091 | 9/8/2025 | 341234 | FY2526 | 2,135.89 | 118.53 | | -118.53 | -2,126.92 | CV | 1 | Recovery, Inc. | | |
| 163092 | 9/9/2025 | 341234 | FY2526 | 560.37 | 560.37 | | -560.37 | -2,126.92 | | 1 | Recovery, Inc. | | |
| 163093 | 9/9/2025 | 341234 | FY2425 | 736.96 | 736.96 | | -736.96 | -2,126.92 | | 1 | Recovery, Inc. | | |
| 163094 | 9/9/2025 | 341234 | FY2526 | 319.18 | 101.42 | | -101.42 | -2,344.68 | | 1 | Recovery, Inc. | | |
| 163095 | 9/9/2025 | 341234 | FY2526 | 0.00 | -2,135.89 | | 2,135.89 | -4,480.57 | CV | 1 | Recovery, Inc. | | |
| 163096 | 9/9/2025 | 341234 | FY2425 | 61.84 | 61.84 | | -61.84 | -4,480.57 | | 1 | Recovery, Inc. | | |
| 163097 | 9/11/2025 | 341234 | FY2526 | 560.37 | 560.37 | $520.27 | -40.10 | | | 1 | Recovery, Inc. | 09112025-Check Number | 9/11/2025 |
| 163105 | 9/15/2025 | 341234 | FY2526 | 756.51 | 723.63 | $723.63 | 0.00 | -32.88 | | 1 | Recovery, Inc. | 123Hogwarts | 9/15/2025 |
| 163066 | 8/28/2025 | 341234 | FY2526 | | -156.39 | | 156.39 | -156.39 | SD | 1 | Recovery, Inc. | 1_DENIED_163066 | 8/28/2025 |
| 163098 | 9/11/2025 | 341234 | FY2425 | | -30.92 | | 30.92 | -30.92 | CV | 1 | Recovery, Inc. | 1_DENIED_163098 | 9/11/2025 |
| 163106 | 9/15/2025 | H005046 | FY2425 | | -301.04 | | 301.04 | -301.04 | | 1 | Recovery, Inc. | 1_DENIED_163106 | 9/15/2025 |
| 163107 | 9/15/2025 | 341234 | FY2425 | | -96.72 | | 96.72 | -96.72 | | 1 | Recovery, Inc. | 1_DENIED_163107 | 9/15/2025 |

Report Output Fields:

| Field | Description |
| --- | --- |
| EOB ID | The EOB number. |
| EOB Date | The date that the EOB was created. |
| Contract Number | The provider's contract number. |
| Fiscal Year | The accounting period that the EOB belongs to. |
| Expected Disburse | The expected amount SAPC will pay providers. If the EOB was denied, this field will be blank. |
| EOB Amount | Total amount listed on the Provider EOB. |
| Check Amount | If a check has been issued, this field will reflect the total check amount. If a check has not been issued, this field will be blank. |
| Difference | The difference between the EOB Amount and the Check Amount. |
| Takeback | The amount that was taken back due to voids or adjustments. |
| Adjust Code | The general adjustment reason/category. CV = Contractor Void. SD= State Denial. If there is no adjustment reason, this field will be blank. |
| Provider # | The provider agency number. |
| Agency | The provider agency name. |
| Check Number | If a check has been issued, this field will reflect the check number. If a check has not been issued, this field will be blank. |
| Check Date | If a check has been issued, this field will reflect the check date. If a check has not been issued, this field will be blank. |

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS).** Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check the following boxes: **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**, as those are not part of the default checked items.



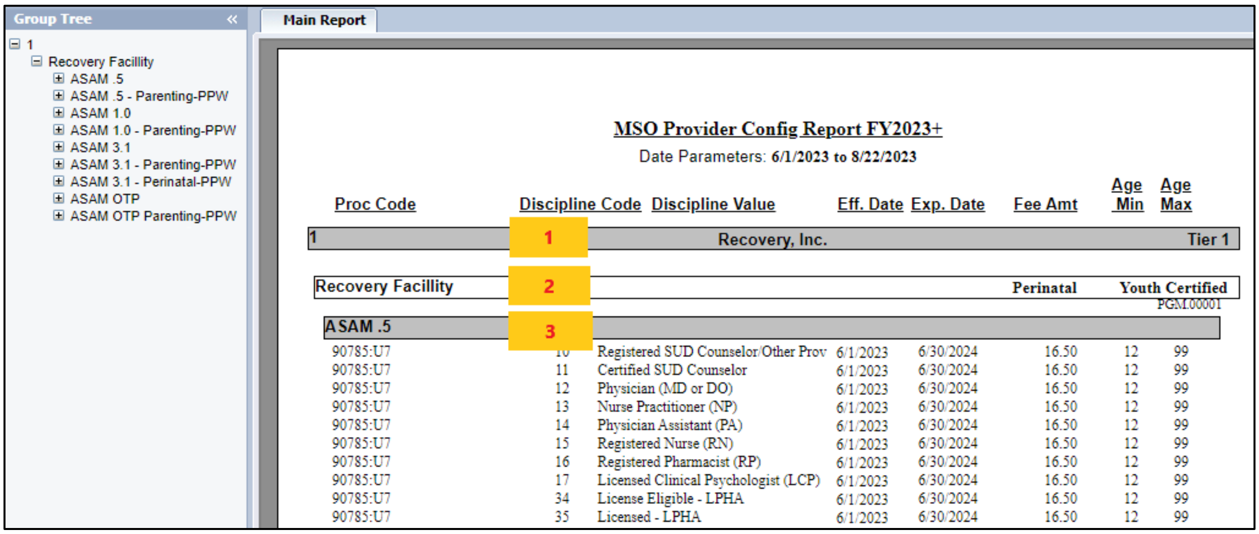

## MSO Provider Config Report 2023+

The MSO Provider Config 2023+ report is a new report that is now available to providers. This report provides a listing of the configured procedure codes and fees by site, level of care, and practitioner type. If providers get denials for “Procedure Not of Fee Schedule,” this report can be used as a resource to confirm that the site is configured for a specific service for a certain practitioner type. This report will only pull procedures configured for FY 23/24+; it will not yield information for previous fiscal years.

Report Parameters:

| Parameter | Description |
|---|---|
| Start Date (Required) | The earliest date to pull |
| End Date (Required) | The latest date to pull<br><br>*Note: it is recommended the Start and End Dates are within the same fiscal year.* |
| Select Provider(s) (Required) | Select the Provider |
| Select Program(s) | This report could be run for all or some sites.<br><br>*Note: With payment reform a significant number of codes were configured. Depending on the size of the agency, this report output could be several thousands of pages.* |


## Report Output:




| Proc Code | Discipline Code | Discipline Value | Eff. Date | Exp. Date | Fee Amt | Age Min | Age Max |
|---|---|---|---|---|---|---|---|
| 90785:U7 | 10 | Registered SUD Counselor/Other Prov | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 11 | Certified SUD Counselor | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 12 | Physician (MD or DO) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 13 | Nurse Practitioner (NP) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 14 | Physician Assistant (PA) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 15 | Registered Nurse (RN) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 16 | Registered Pharmacist (RP) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 17 | Licensed Clinical Psychologist (LCP) | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 34 | License Eligible - LPHA | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |
| 90785:U7 | 35 | Licensed - LPHA | 6/1/2023 | 6/30/2024 | 16.50 | 12 | 99 |

*Note:* Recovery Inc was set up with FY 23/24 services starting 6/1/2023 which is why it appears the report is pulling FY22/23 information.

In the Crystal Report format, which is how PCNX reports are displayed in a separate browser window, some reports will have “Group Trees.” This is a listing of groupings found on the left-hand side of the report that can be used to narrow the search within the report. This is a helpful tool as some reports can be hundreds to thousands of pages long.

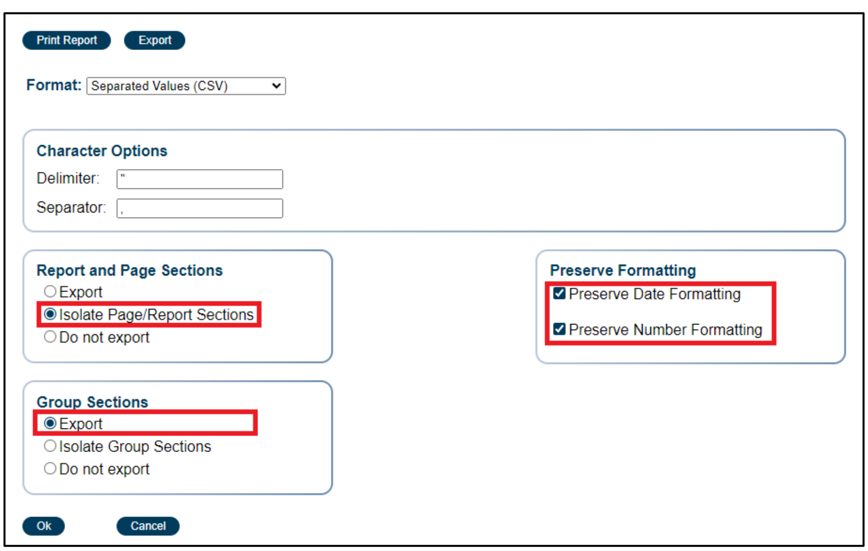
## Report Output Fields:

| Field | Description |
|---|---|
| 1. LE/Agency Name/Tier | The top grayed out row indicates the **Legal Entity** (LE) number. For Recovery Inc this is 1.<br>The **Agency Name** is centered<br>The **Tier level** (1, 2, or 3) is flush right |
| Proc Code | Procedure code: HCPCS or CPT including all allowable modifiers for the line item. |
| Discipline Code | The numerical code associated with a practitioner’s discipline. |
| Discipline Value | The value description of a practitioner’s discipline as allowed by DHCS. |

| Field | Description |
|---|---|
| | *Note: Master's Level clinicians will be grouped as either License Eligible-LPHA or Licensed LPHA. Other clinicians will be specifically configured as their rates vary by discipline.* |
| Eff. Date | The date the code is effective for use. |
| Exp. Date | The date the code expires and cannot be claimed after that date. |
| Fee Amt | The associated rate for the code and discipline. |
| Age Min | The youngest age permitted to be served. |
| Age Max | The oldest age permitted to be served. |
| 2. Site Name | In a white boarded box, the site name is listed along with whether that site can provide Perinatal services and is Youth Certified.<br><br>*Note: If Perinatal and Youth Certified are not visible on the report, the site is not configured to render services to that population.* |
| 3. LOC/Plan Definition | The second grayed out row indicates the ASAM Level of Care which coincides with the new Benefit Plans that are inputted into the Service Authorization Request. |

Report Export:

The recommended export format for this report is **Separated Values (CSV).** Once exported, some manipulation will still need to occur with the header; however, it provides the best option to sort and filter. Users will need to check off "Isolate Page/Report Sections" in the **Report and Page Sections,** "Export" in the **Group Selections** and "Preserve Date Formatting" and "Preserve Number Formatting" in the **Preserve Formatting** section.



The above setting will yield the following output. As is visible in the image below, the top row does not align with the proper columns.

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | MSO Prov | Date Para | Proc Code | Discipline | Discipline | Eff. Date | Exp. Date | Fee Amt | Age | Age | | | | | | |
| 2 | Recovery, | 1 | Tier 1 | Recovery | Perinatal | Youth Cer | PGM.0000 | ASAM .5 | 90785:U7 | 10 | Registere | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 3 | Recovery, | 1 | Tier 1 | Recovery | Perinatal | Youth Cer | PGM.0000 | ASAM .5 | 90785:U7 | 11 | Certified S | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 4 | Recovery, | 1 | Tier 1 | Recovery | Perinatal | Youth Cer | PGM.0000 | ASAM .5 | 90785:U7 | 12 | Physician | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 5 | Recovery, | 1 | Tier 1 | Recovery | Perinatal | Youth Cer | PGM.0000 | ASAM .5 | 90785:U7 | 13 | Nurse Pra | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 6 | Recovery, | 1 | Tier 1 | Recovery | Perinatal | Youth Cer | PGM.0000 | ASAM .5 | 90785:U7 | 14 | Physician | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |

After exporting users should select C1-J2, cut, and paste to I2-P2.

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | MSO Provider Config Report FY2023+ | Date Parameters: 6/1/2023 to 8/22/2023 | | | | | | | Proc Code | Discipline Code | Discipline Value | Eff. Date | Exp. Date | Fee Amt | Age Min | Age Max |
| 2 | Recovery, Inc. | 1 | Tier 1 | Recovery Facillity | Perinatal | Youth Certified | PGM.0000 | ASAM .5 | 90785:U7 | 10 | Registered SUD Counselor/Other Prov | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 3 | Recovery, Inc. | 1 | Tier 1 | Recovery Facillity | Perinatal | Youth Certified | PGM.0000 | ASAM .5 | 90785:U7 | 11 | Certified SUD Counselor | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 4 | Recovery, Inc. | 1 | Tier 1 | Recovery Facillity | Perinatal | Youth Certified | PGM.0000 | ASAM .5 | 90785:U7 | 12 | Physician (MD or DO) | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |
| 5 | Recovery, Inc. | 1 | Tier 1 | Recovery Facillity | Perinatal | Youth Certified | PGM.0000 | ASAM .5 | 90785:U7 | 13 | Nurse Practitioner (NP) | 6/1/2023 | 6/30/2024 | 16.5 | 12 | 99 |

Column B and Column G may be deleted or hidden.

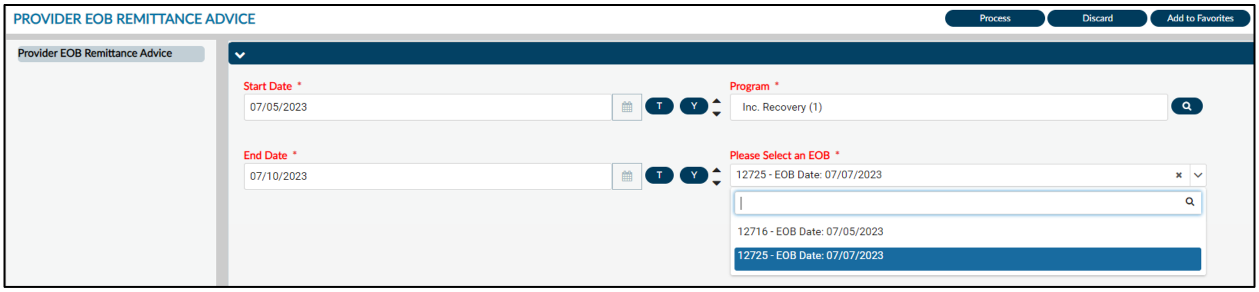
Column E (Perinatal) and Column F (Youth Certified) will be blank if the site is not configured for those services. Those columns may be hidden.

## Provider EOB Remittance Advice

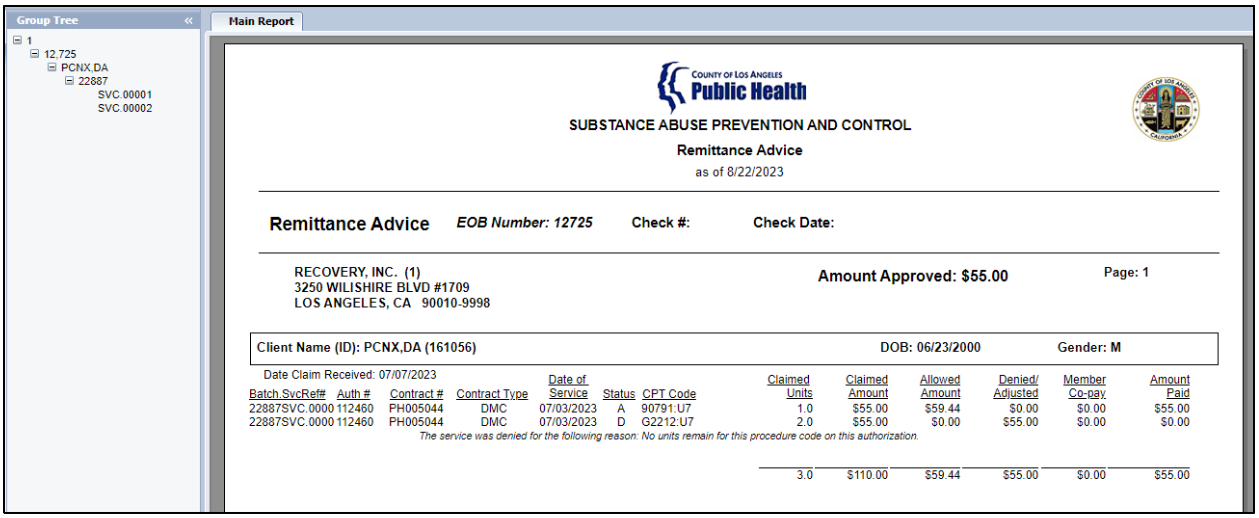
Providers historically have been provided copies of their EOB Remittance Advices via the Secure File Transfer Protocol (SFTP). With the transition to PCNX, providers will be able to access their EOBs directly from PCNX, including all historical EOBs.

Report Parameters:

| Parameter | Description |
|---|---|
| Start Date (Required) | The earliest date an EOB was generated. |
| End Date (Required) | The latest date an EOB was generated. |
| Program (Required) | The Agency name. As EOBs are at the agency level there is no parameter to filter by sites. |
| Please Select an EOB (Required) | The drop down will truncate with all EOBs fitting the parameters. An EOB can be selected from the drop down or the search field can be used to enter a specific number. |




Report Output:




COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 8/22/2023

**Remittance Advice** *EOB Number: 12725* **Check #:** **Check Date:**

RECOVERY, INC. (1)
3250 WILISHIRE BLVD #1709
LOS ANGELES, CA 90010-9998

**Amount Approved: $55.00** Page: 1

**Client Name (ID): PCNX,DA (161056)** **DOB: 06/23/2000** **Gender: M**

Date Claim Received: 07/07/2023

| Batch.SvcRef# | Auth # | Contract # | Contract Type | Date of Service | Status | CPT Code | Claimed Units | Claimed Amount | Allowed Amount | Denied/ Adjusted | Member Co-pay | Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22887SVC.0000 | 112460 | PH005044 | DMC | 07/03/2023 | A | 90791:U7 | 1.0 | $55.00 | $59.44 | $0.00 | $0.00 | $55.00 |
| 22887SVC.0000 | 112460 | PH005044 | DMC | 07/03/2023 | D | G2212:U7 | 2.0 | $55.00 | $0.00 | $55.00 | $0.00 | $0.00 |
| | | | | | | | 3.0 | $110.00 | $59.44 | $55.00 | $0.00 | $55.00 |

*The service was denied for the following reason: No units remain for this procedure code on this authorization.*

When first generated, all EOBs will have a blank Check # and Check Date field; those are entered manually by finance at a later time. When the check information is entered, the EOB will reflect the change. At the end of the report there will also be a summary table.

The report will list the patient and service information, including the adjudication.

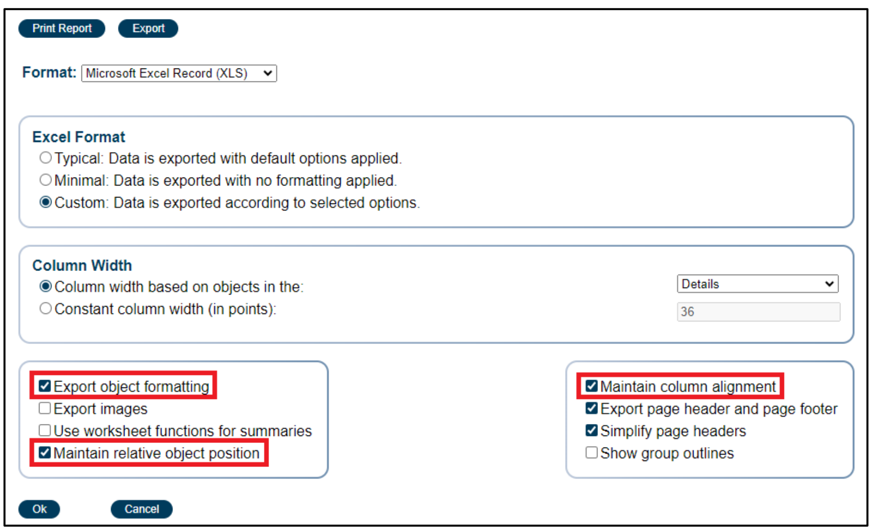
Report Output Fields:

| Field | Description |
|---|---|
| Batch. Svc Ref# | This is a combination of the Batch ID number and a specific service reference number. The combination allows for specificity of a service. This helps in denial investigations. |
| Auth # | The authorization number entered on the claim. |
| Contract # | The provider's contract number. |
| Contract Type | They type of contract. |
| Date of Service | The date of the service. |
| Status | The adjudication status.<br>• A: Approved<br>• D: Denied |

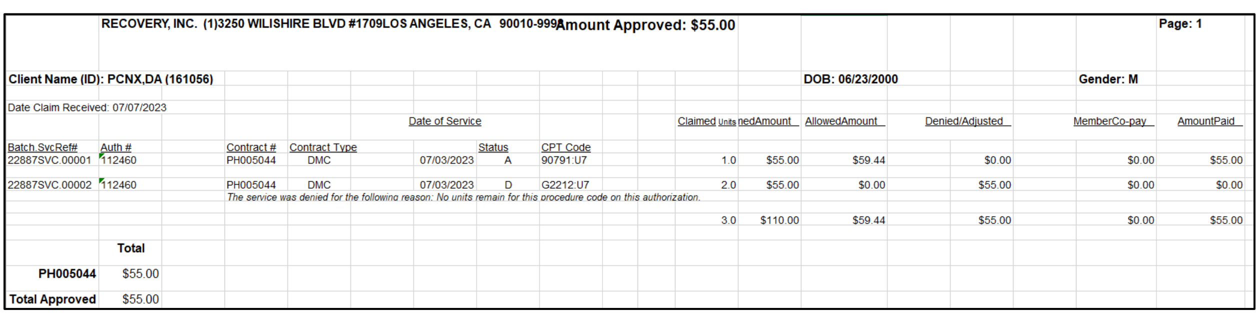
| Field | Description |
|---|---|
| | • P: Pending |
| CPT Code | This will reflect the procedure code, including HCPCS. |
| Claimed Units | Number of units claimed. |
| Claimed Amount | The amount entered by the provider on the claim. |
| Allowed Amount | The amount allowed by the fee table minus any third-party payment. If a service is denied, this will be $0. |
| Denied/Adjusted | The dollar amount denied or adjusted. |
| Member Co-pay | The amount the patient paid. Typically, this will be $0. |
| Amount Paid | This is the expected disbursement. |

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.




This is the preferred export so the **BatchSvcRef#** column can be fully visible.



RECOVERY, INC. (1)3250 WILISHIRE BLVD #1709LOS ANGELES, CA 90010-999 Amount Approved: $55.00 Page: 1

Client Name (ID): PCNX,DA (161056) DOB: 06/23/2000 Gender: M

Date Claim Received: 07/07/2023

| Batch.SvcRef# | Auth # | Contract # | Contract Type | Date of Service | Status | CPT Code | Claimed Units | nedAmount | AllowedAmount | Denied/Adjusted | MemberCo-pay | AmountPaid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22887SVC.00001 | 112460 | PH005044 | DMC | 07/03/2023 | A | 90791:U7 | 1.0 | $55.00 | $59.44 | $0.00 | $0.00 | $55.00 |
| 22887SVC.00002 | 112460 | PH005044 | DMC | 07/03/2023 | D | G2212:U7 | 2.0 | $55.00 | $0.00 | $55.00 | $0.00 | $0.00 |
| | | The service was denied for the following reason: No units remain for this procedure code on this authorization. | | | | | | | | | | |
| | | | | | | | 3.0 | $110.00 | $59.44 | $55.00 | $0.00 | $55.00 |

| | Total |
|---|---|
| PH005044 | $55.00 |
| Total Approved | $55.00 |

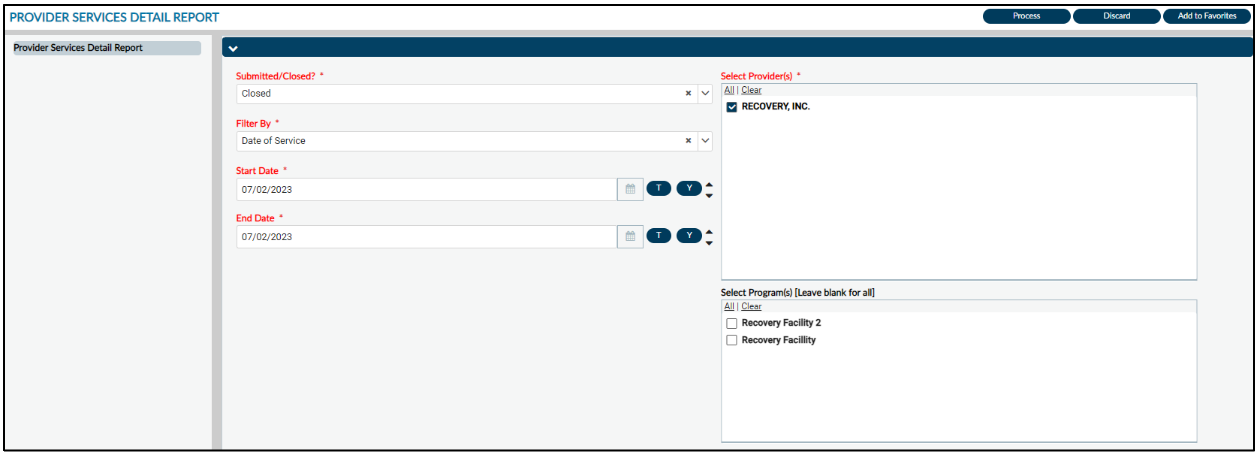
## Provider Services Detail Report

The Provider Services Detail Report was replicated from PCON classic to PCNX. This report provides a listing of billed services for a given period including the amount billed, expected disbursement, and if a check number is associated with a service. This report was updated to account for voided and resubmitted services that were included in the total values creating inflated total billed and paid amounts.

Depending on the use case, providers may change the parameters. This report can be used to determine how much was billed, paid, denied for a given data range of service, as well as to track how much billing is submitted within a given period (daily, weekly, monthly).

Report Parameters:

| Parameter | Description |
| --- | --- |
| Submitted/Closed? (Required) | This report may be filtered by **Closed** batches or by **Submitted** which means the batch is still active.<br><br>Primary Sage Users' batches are closed manually by Finance. Although these are typically closed within a business day, there may be a need to run this report under **Submitted** to capture services that have not yet been processed.<br><br>Secondary providers batches are closed automatically upon 837 submission, therefore **Closed** is the recommended option. |
| Filter By (Required) | This report may be filtered by **Bill Submission Date** or **Date of Service**. |
| Start Date (Required) | The earliest date the report will pull based on the previous parameters. |
| End Date (Required) | The latest date the report will pull based on the previous parameters. |
| Select Providers(s) (Required) | Select your agency. |
| Select Program(s) | Limits the report output to just the selected sites. If left blank, the report will pull data for all sites. |




## Report Output:

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

**Provider Services Detail Report**

**Batch Status: Closed**
**Date Range: 7/2/2023 - 7/2/2023**
**Filtered By: Date of Service**
**Providers Selected:**
**Recovery, Inc. (1)**

**Programs Selected:**
All

Run Date: 2/15/2024 9:21:44 AM

Page 1 of 1

| Provider | Contracting Provider | Client ID | Client Name | Auth Number | Date of Service | Date Billed | CPT Code | Units | Duration | Location | Clinician | Amount Billed ($) | Expected Disbursement ($) | Status | Check # | Check Date | Check Amount ($) | Batch # | Voided? | Date Voided | Voided Amount ($) | Adj Billed ($) | Adj Expected Disbursement ($) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Recovery, Inc. | Recovery Facillity | 159908 | TEST,QIUM | 112549 | 7/2/2023 | 7/11/2023 | "Behavioral health counseling and therapy, 15 minut" (H0004:U7) | 4.00 | 60 | Office | Hindman, David Sapc | 365.48 | 365.48 | Billed | | | | 22895 | Yes | 7/12/2023 | 365.48 | 0.00 | 0.00 |
| Recovery, Inc. | Recovery Facillity | 161118 | PCNX,PC | 112739 | 7/2/2023 | 8/27/2023 | Alcohol and/or drug assessment. (Note: Use this co (H0001:U7) | 1.00 | 15 | Office | Test, B'Renna | 50.00 | 45.61 | Billed | | | | 23034 | No | | 0.00 | 50.00 | 45.61 |
| Recovery, Inc. | Recovery Facillity | 161118 | PCNX,PC | 112739 | 7/2/2023 | 8/27/2023 | Alcohol and/or drug assessment. (Note: Use this co (H0001:U7) | 1.00 | 15 | Office | Schwarz, Greg Sapc | 50.00 | 45.61 | Billed | | | | 23034 | No | | 0.00 | 50.00 | 45.61 |
| Recovery, Inc. | Recovery Facillity | 159906 | DOO,SCOOBY | 113312 | 7/2/2023 | 12/1/2023 | Recovery Bridge Housing (H2034) | 1.00 | 15 | Office | Kim, Tina Sapc | 50.00 | 50.00 | Billed | Testttt 1234 | 12/1/2023 | 50.00 | 23399 | No | | 0.00 | 50.00 | 50.00 |

**Totals:** **Services**: 4 **Units**: 7.00 **Amount Billed**: 515.48 **Expected Disbursement**: 506.70
**Adjusted Billed**: 150.00 **Adjusted Expected Disbursement**: 141.22

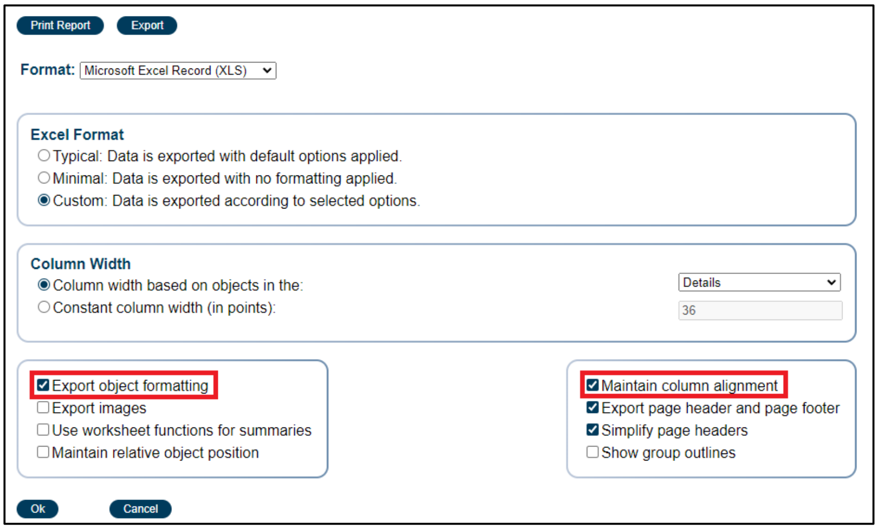
## Report Output Fields:

| Field | Description |
|---|---|
| Provider | The agency name. |
| Contracting Provider | The site location billed. |
| Client ID | The patient's Sage number. |
| Client Name | The patient's name. |
| Auth Number | The authorization number used on the claim. |
| Date of Service | The service date. |
| Date Billed | The date the services was submitted to SAPC for adjudication. |
| CPT Code | The procedure billed. This includes CPT and HCPCs codes. |
| Units | The units billed. |
| Duration | The duration billed. |

| Field | Description |
|---|---|
| Location | The place of service entered on the claim. |
| Clinician | The practitioner associated with rendering the service. |
| Amount Billed ($) | The amount billed to SAPC. This will match the Total Charge field that was entered in the Fast Service Entry Submission form for Primary Sage users. |
| Expected Disbursement ($) | The expected amount SAPC will pay providers. |
| Status | This will reflect **Billed** or **Unbilled**.<br>**Billed**: Batch is closed.<br>**Unbilled**: Batch is active. |
| Check # | If the service has been associated with a Check then this will reflect a number, otherwise it will be blank. |
| Check Amount ($) | If a check number has been issued, this field will reflect the total check amount. If the service is not associated with a check, this field will be blank. |
| Batch # | This is the batch number associated with the service. |
| Voided? | Yes = the service is a Contractor Void<br>No = the service has not been voided |
| Date Voided | The date the service was voided. This will be blank if the service has not been voided. |
| Voided Amount ($) | The dollar amount voided. |
| Adj Billed ($) | The adjusted billed. This will be the billed amount minus the voided amount. If the service is voided this will likely be $0. |
| Adj Expected Disbursement ($) | This is the adjusted expected disbursement. It will help provide a total minus the contractor voids to reflect the reimbursement of services. |
| Last Page Only | |
| Services | The last page of the report shows the total number of services billed within the selected parameters. |
| Units | The last page of the report shows the total number of units billed within the selected parameters. |
| Amount Billed | The last page of the report shows the total amount billed to SAPC within the selected parameters. |
| Adjusted Billed | The last page of the report shows the total adjusted billed which removes the billed amount for voided services. |
| Expected Disbursement | The last page of the report shows the expected disbursement SAPC will pay the provider within the selected parameters. |
| Adjusted Expected Disbursement | The last page of the report shows the expected disbursement SAPC will pay the provider within the selected parameters after adjusting for voided services. |

Report Export:

To export the report, click the Export button at the top of the screen. For Provider Services Detail Report the recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Export object formatting** and **Maintain column alignment** as those are not part of the default checked items. Using other export formats may result in data duplicating incorrectly in cells.




## Provider Services Summary Report

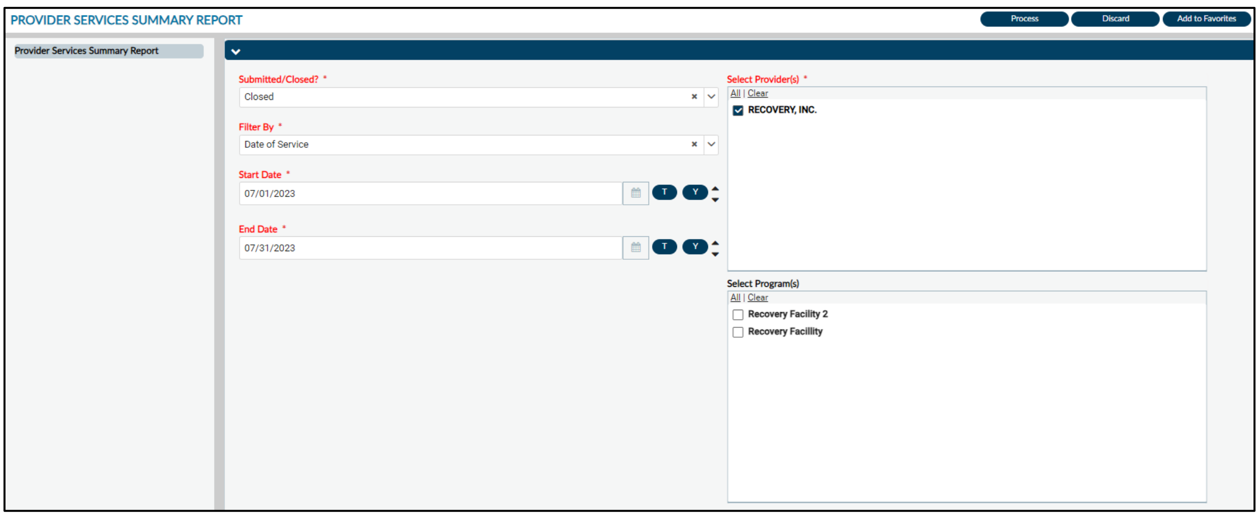
The Provider Services Summary Report was replicated from PCON classic to PCNX. This report provides a summary of totals billed during a given period based on parameters selected. This report is broken down by Agency level (typically PAUTHs) and site-specific totals.

This report can be used for determining how much was billed, paid, and/or denied for a given data range of service, as well as to track how much billing is submitted within a given period (daily, weekly, monthly). Providers may change the parameters depending on their use case.

Report Parameters:

| Parameter | Description |
|---|---|
| Submitted/Closed? | This report may be filtered by **Closed** batches or by **Submitted** which means the batch is still active.<br><br>Primary Sage Users' batches are closed manually by Finance. Although these are typically closed within a business day, there may be a need to run this report under **Submitted** to capture services that have not yet been processed. |

| Parameter | Description |
| --- | --- |
| | Secondary providers batches are closed automatically upon 837 submissions, therefore **Closed** is the recommended option. |
| Filter By | This report may be filtered by **Bill Submission Date** or **Date of Service**. |
| Start Date | The earliest date the report will pull based on the previous parameters. |
| End Date | The latest date the report will pull based on the previous parameters. |
| Select Providers(s) | Select your agency. |
| Select Program(s) | Limits the report output to just the selected sites. If left blank, the report will pull data for all sites. |




<u>Report Output:</u>

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

**Provider Services Summary Report**
**Batch Status: Closed**
**Date Range: 7/1/2023 - 7/31/2023**
**Filtered By: Date of Service**
**Program(s): 1**

Run Date: 8/31/2023 4:09:31 PM

Page 1 of 1

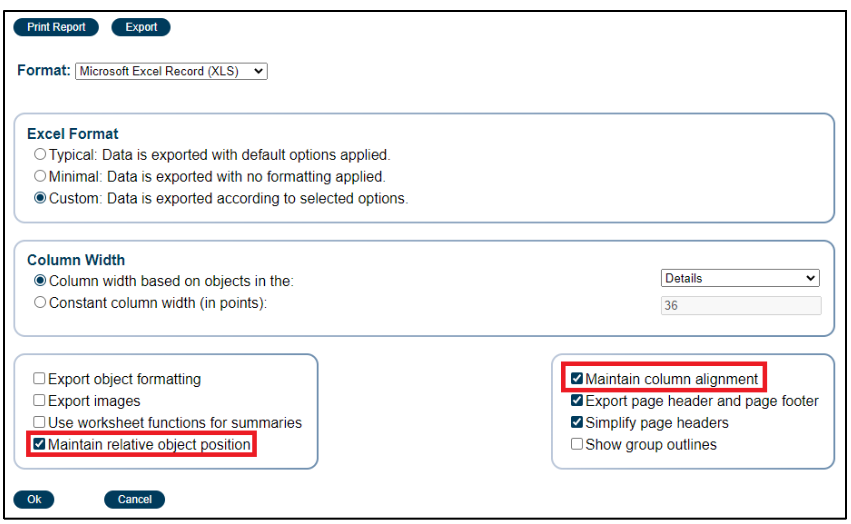
| Provider | Contracting Provider Program | Bill Submission Date | Service Date Range | Total Units | Total Amount | Total Expected Disbursement($) | Total Denied Amount ($) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RECOVERY, INC. | | 7/7/2023 | 07/06/2023 - 07/06/2023 | 1.0 | 100.00 | 0.00 | |
| RECOVERY, INC. | Recovery Facillity | 8/27/2023 | 07/01/2023 - 07/28/2023 | 234.0 | 18,474.03 | 15,437.03 | |
| **Total** | | | **Total Services:** 121 | 235.0 | 18,574.03 | 15,437.03 | 1,772.86 |

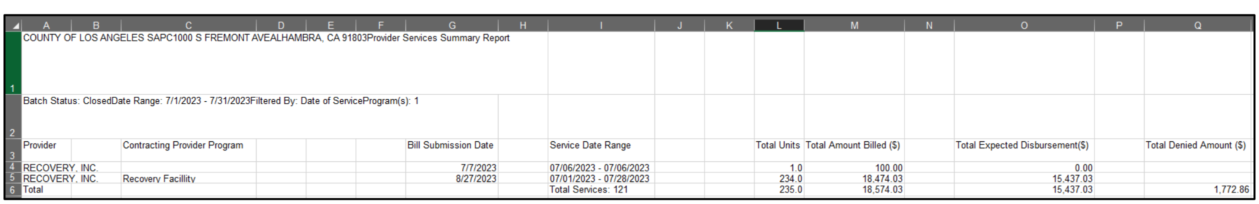
<u>Report Output Fields:</u>

| Field | Description |
|---|---|
| Provider | Agency name. |
| Contracting Provider Program | The provider site associated with billing. |
| Bill Submission Date | Date that the claims were submitted to SAPC via PCON, Fast Service Entry Submission (PCNX), or when 837 file was loaded in Sage. |
| Service Date Range | The range for dates of service billed based on the parameters selected. |
| Total Units | Number of units billed. |
| Total Amount | The dollar amount billed to SAPC. |
| Total Expected Disbursement ($) | Depending on whether a batch is closed or open, reflects the expected payment to the provided. |
| Total Denied Amount ($) | The amount denied locally by SAPC. |
| Total Services | Total count of services billed. |

<u>Report Export:</u>

To export the report, click the Export button at the top of the screen. For Provider Services Summary Report the recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. Using other export formats may result in data duplicating incorrectly in cells.



COUNTY OF LOS ANGELES SAPC1000 S FREMONT AVEALHAMBRA, CA 91803Provider Services Summary Report

Batch Status: ClosedDate Range: 7/1/2023 - 7/31/2023Filtered By: Date of ServiceProgram(s): 1

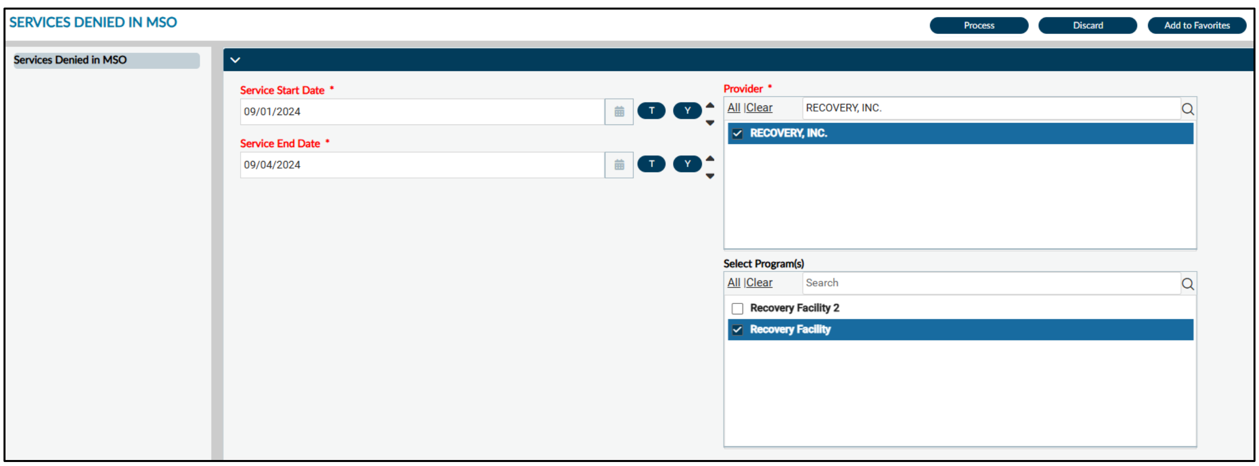
| Provider | Contracting Provider Program | Bill Submission Date | Service Date Range | Total Units | Total Amount Billed ($) | Total Expected Disbursement($) | Total Denied Amount ($) |
|---|---|---|---|---|---|---|---|
| RECOVERY, INC. | | 7/7/2023 | 07/06/2023 - 07/06/2023 | 1.0 | 100.00 | 0.00 | |
| RECOVERY, INC. | Recovery Facillity | 8/27/2023 | 07/01/2023 - 07/28/2023 | 234.0 | 18,474.03 | 15,437.03 | |
| Total | | | Total Services: 121 | 235.0 | 18,574.03 | 15,437.03 | 1,772.86 |

## Services Denied in MSO

The Services Denied in MSO report was replicated from PCON classic to PCNX. This report provides a listing of services that were denied locally by SAPC. This report will not reflect services that were denied by the State.

<u>Report Parameters:</u>

| Parameter | Description |
|---|---|
| Service Start Date (Required) | The earliest start date the report will pull. |
| Service End Date (Required) | The latest date the report will pull. |
| Provider (Required) | The agency name. |
| Select Program(s) (Required) | The site location. Users should select only one site at a time as the output of the report does not distinguish the sites. |




*Note:* The image above shows a short date range to demonstrate the Total Amount feature on the output; however, this report can be run for longer periods, up to a year duration.

<u>Report Output:</u>

County of Los Angeles Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Services Denied in MSO

Print Date: 10/7/2025

**Parameters Selected:** Date Range: 09/01/2024 to 9/4/2024

| Agency | Member ID | Service Date | Batch ID | EOB ID | Reason for Denial | Service | Amount |
|---|---|---|---|---|---|---|---|
| Recovery, Inc. | 289266 | 9/3/2024 | 333865 | 162335 | The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types. | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $ 410.99 |
| Recovery, Inc. | 289266 | 9/3/2024 | 333867 | 162336 | The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types. | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $ 410.99 |
| Recovery, Inc. | 289268 | 9/1/2024 | 333867 | 162336 | The service was denied for the following reason: This contracting provider does not have this authorization number. | Alcohol andor drug screening (H0049-N:U7) | $ 63.65 |

**Total Amount**

$ 885.63

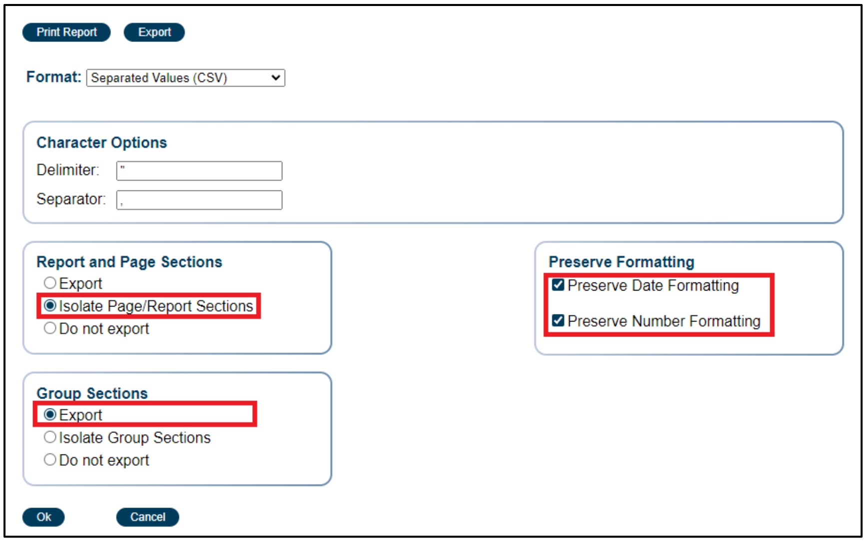
Report Output Fields:

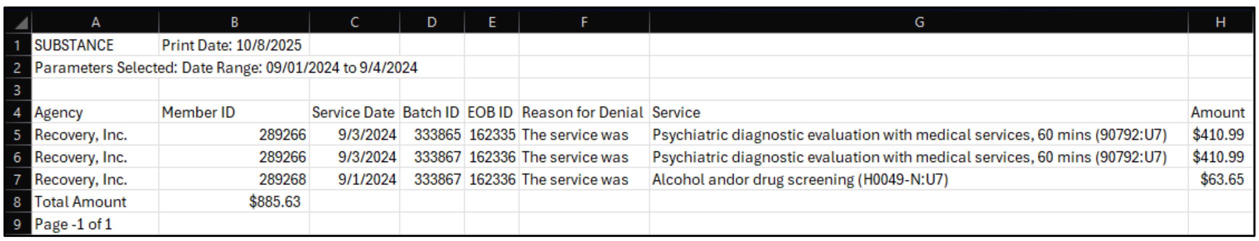
| Field | Description |
|---|---|
| Agency | The provider agency name. |
| Member ID | The patient's Sage number |
| Service Date | The date of service billed. |
| Batch ID | The batch number associated with the service line. |
| EOB ID | The EOB number associated with the service line. |
| Reason for Denial | The reason the service was denied locally. |
| Service | The procedure billed. |
| Amount | The amount denied. |
| *Last Page Only* | |
| Total Amount | The total amount denied. |

Report Export:

There are two recommended options to export this report:

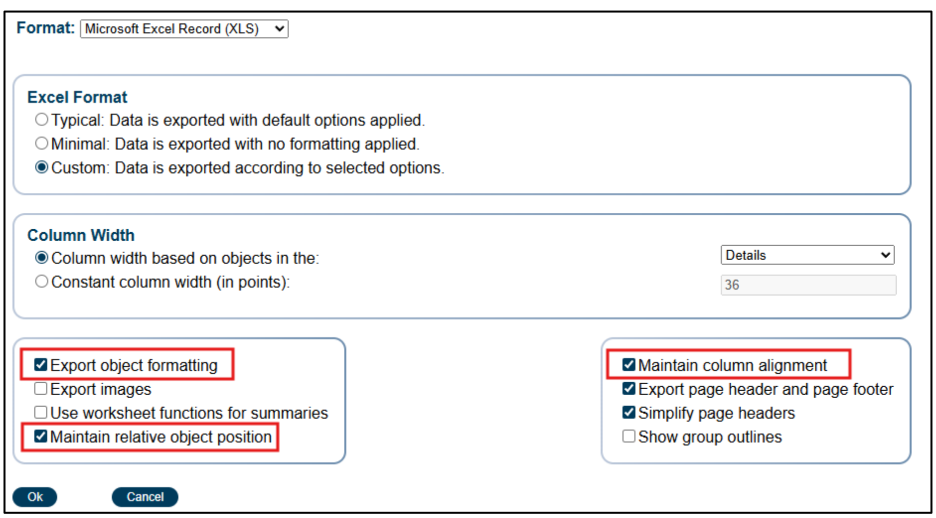
1. This report can be exported using a **Separated Values (CSV)** format. To export, click **Export** at the top of page. In the **Report and Page Selections**, click "Isolate Page/Report Sections". In **Group Selections**, click "Export." In the **Preserve Formatting** section, click on both options: "Preserve Date Formatting" and "Preserve Number Formatting." Click OK. The file will save, and users may rename the file. When viewing the file in excel it is recommended the last two (2) rows are deleted prior to sorting and filtering.



| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| 1 | SUBSTANCE | Print Date: 10/8/2025 | | | | | | |
| 2 | Parameters Selected: Date Range: 09/01/2024 to 9/4/2024 | | | | | | | |
| 3 | | | | | | | | |
| 4 | Agency | Member ID | Service Date | Batch ID | EOB ID | Reason for Denial | Service | Amount |
| 5 | Recovery, Inc. | 289266 | 9/3/2024 | 333865 | 162335 | The service was | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $410.99 |
| 6 | Recovery, Inc. | 289266 | 9/3/2024 | 333867 | 162336 | The service was | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $410.99 |
| 7 | Recovery, Inc. | 289268 | 9/1/2024 | 333867 | 162336 | The service was | Alcohol andor drug screening (H0049-N:U7) | $63.65 |
| 8 | Total Amount | $885.63 | | | | | | |
| 9 | Page -1 of 1 | | | | | | | |

2. This report can also be exported in **Microsoft Excel Record (XLS)** format**.** To export, click **Export** at the top of page. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. Click OK. The file will save, and users may rename the file.



| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| 1 | Agency | Member ID | Service Date | Batch ID | EOB ID | Reason for Denial | Service | Amount |
| 2 | Recovery, Inc. | 289266 | 9/3/2024 | 333865 | 162335 | The service was denied | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $410.99 |
| 3 | Recovery, Inc. | 289266 | 9/3/2024 | 333867 | 162336 | The service was denied | Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7) | $410.99 |
| 4 | Recovery, Inc. | 289268 | 9/1/2024 | 333867 | 162336 | The service was denied | Alcohol andor drug screening (H0049-N:U7) | $63.65 |
| 5 | | | | | | | Total Amount | |
| 6 | | | | | | | $885.63 | |
| 7 | | | | | Page -1 of 1 | | | |

## Clinical and Financial Reports

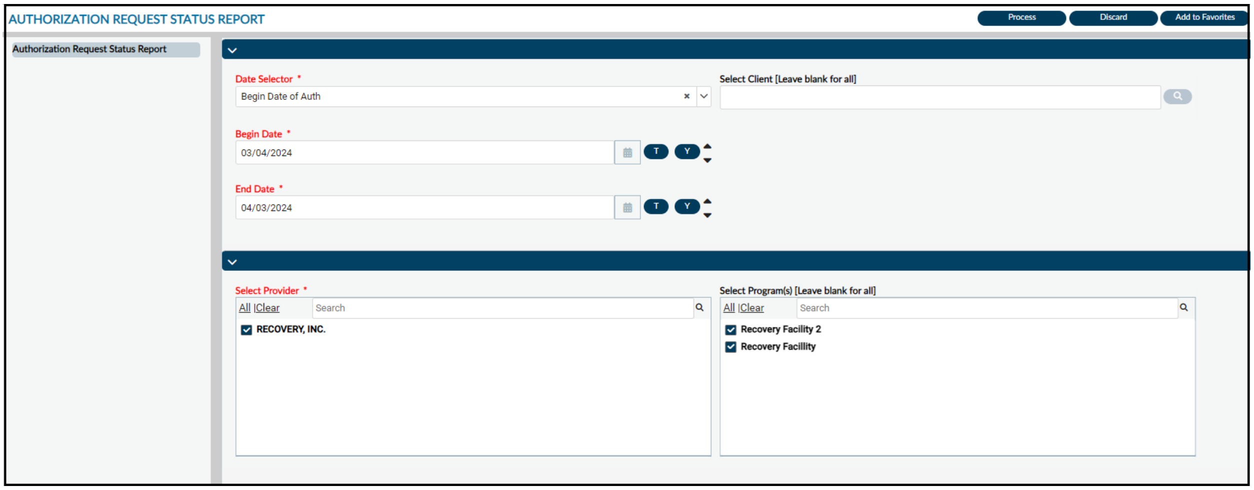
### Authorization Request Status Report

The Authorization Request Status Report provides a listing of authorizations within the selected parameters. This report will indicate when an authorization was initially requested, the current status of the authorization, funding source, the practitioner who originally submitted the authorization, as well as who last updated the authorization.

This report can be used to ensure only approved authorizations are billed against, as well as to quickly identify any authorizations that need follow up because of a pending/denied status.

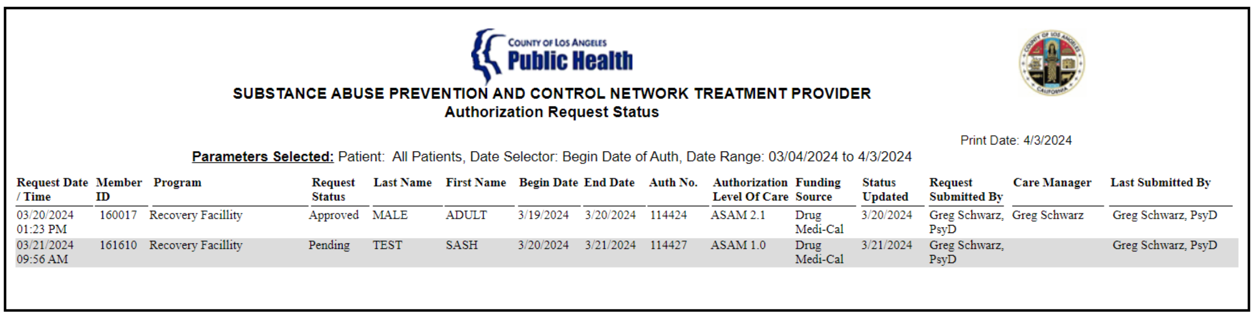
Report Parameters:

| Parameter | Description |
|---|---|
| Date Selector (Required) | Specify if date range entered will be based off the authorization start date, authorization entry date (when the last time the submit button was clicked on the authorization), or authorization end date. |
| Begin Date (Required) | The report will pull any authorizations according to the Date Selector chosen and which have a date entered. |
| End Date (Required) | The report will pull any authorizations according to the Date Selector chosen and which have a date entered. |
| Select Client [Leave blank for all] | This report can be patient specific. If this field is left blank it will pull authorizations for all patients meeting the parameters.<br>A Patient’s name or PATID may be entered. |
| Select Provider (Required) | The Agency name. |
| Program | The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data. |




*Note:* the default for the **Begin Date** and **End Date** is for the last 30 days. This can be adjusted manually.

Report Output:



COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Authorization Request Status

Print Date: 4/3/2024

**Parameters Selected:** Patient: All Patients, Date Selector: Begin Date of Auth, Date Range: 03/04/2024 to 4/3/2024

| Request Date / Time | Member ID | Program | Request Status | Last Name | First Name | Begin Date | End Date | Auth No. | Authorization Level Of Care | Funding Source | Status Updated | Request Submitted By | Care Manager | Last Submitted By |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03/20/2024 01:23 PM | 160017 | Recovery Facillity | Approved | MALE | ADULT | 3/19/2024 | 3/20/2024 | 114424 | ASAM 2.1 | Drug Medi-Cal | 3/20/2024 | Greg Schwarz, PsyD | Greg Schwarz | Greg Schwarz, PsyD |
| 03/21/2024 09:56 AM | 161610 | Recovery Facillity | Pending | TEST | SASH | 3/20/2024 | 3/21/2024 | 114427 | ASAM 1.0 | Drug Medi-Cal | 3/21/2024 | Greg Schwarz, PsyD | | Greg Schwarz, PsyD |

The report has been updated so the **Authorization Level of Care** reflects either the authorization grouping or the Benefit Plan. If only the **Select Provider** is selected, then PAuths will also be pulled into the report. If a provider is a campus provider, it is recommended the report is run with no **Select Programs(s)** selected.

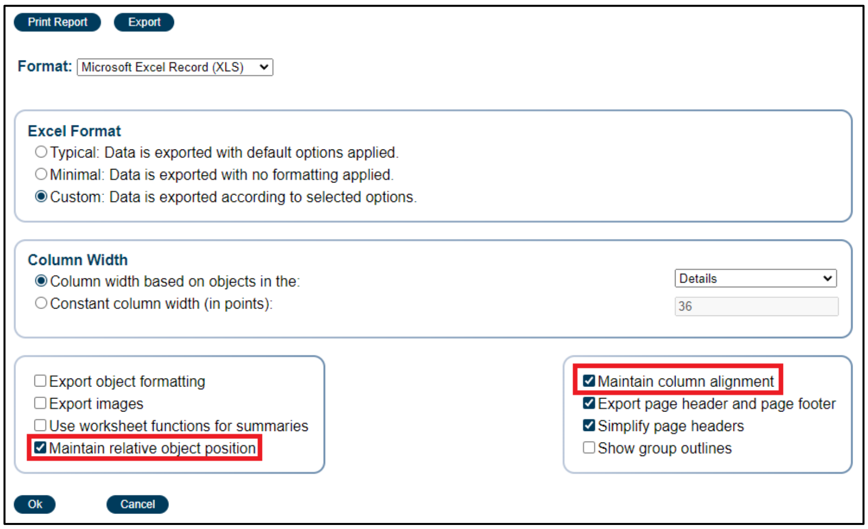
An additional update to the report output now includes **Funding Source** and **Request Submitted By** (which reflects the practitioner who originally submitted the authorization).

| Field | Description |
|---|---|
| Agency | The agency name. |
| Member ID | The patient's Sage number |
| Service Date | The date of service billed. |
| Reason for Denial | The reason the service was denied locally. |
| Service | The procedure billed. |
| Amount | The amount denied. |
| Last Page Only | |

| Field | Description |
|---|---|
| Total Amount | The total amount denied. |

Report Export:

To export the report, click the Export button at the top of the screen. For Authorization Request Status report the recommended export is **Microsoft Excel Record (XLS).** Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

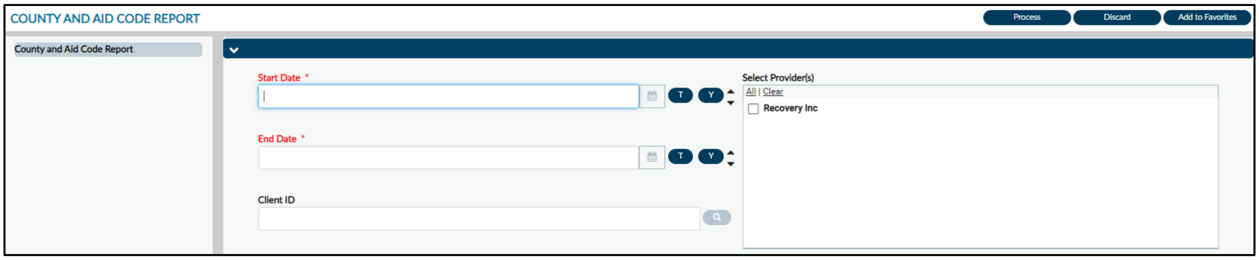



## County and Aid Code Report

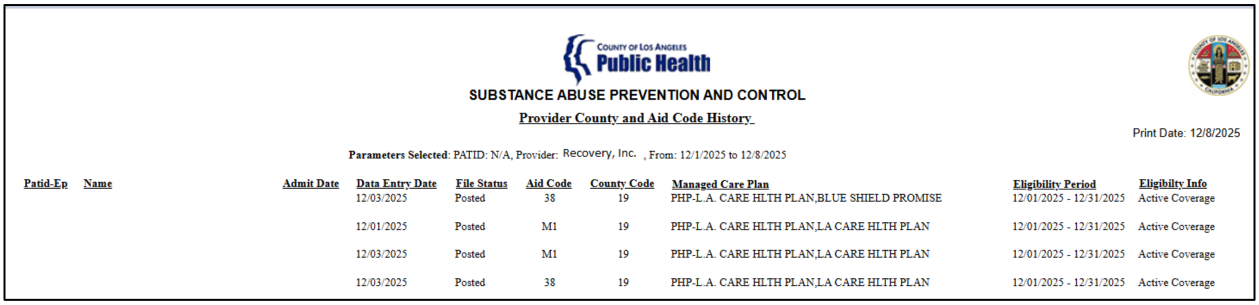
The County and Aid Code Report was developed for SAPC use and was provided monthly to providers via the SFTP. This report has been reconfigured for direct provider use. Data on the report is contingent on providers running the Real Time Inquiry (270) Request monthly for patients. In combination with the State MEDS file, which is uploaded to Sage monthly, this report allows providers to have the most up-to-date information available regarding Medi-Cal enrollment.

Report Parameters:

| Parameter | Description |
|---|---|
| Start Date (Required) | The earliest day the report will pull. |
| End Date (Required) | The latest date the report will pull. |
| Client ID | This report can be patient specific. If this field is left blank it will pull data for all patients meeting the parameters. A Patient’s name or PATID maybe entered. |
| Select Provider (Required) | Check off the agency name for the report to populate. |




Report Output:



COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Provider County and Aid Code History

Print Date: 12/8/2025

Parameters Selected: PATID: N/A, Provider: Recovery, Inc. , From: 12/1/2025 to 12/8/2025

| Patid-Ep | Name | Admit Date | Data Entry Date | File Status | Aid Code | County Code | Managed Care Plan | Eligibility Period | Eligibilty Info |
|---|---|---|---|---|---|---|---|---|---|
| | | | 12/03/2025 | Posted | 38 | 19 | PHP-L.A. CARE HLTH PLAN,BLUE SHIELD PROMISE | 12/01/2025 - 12/31/2025 | Active Coverage |
| | | | 12/01/2025 | Posted | M1 | 19 | PHP-L.A. CARE HLTH PLAN,LA CARE HLTH PLAN | 12/01/2025 - 12/31/2025 | Active Coverage |
| | | | 12/03/2025 | Posted | M1 | 19 | PHP-L.A. CARE HLTH PLAN,LA CARE HLTH PLAN | 12/01/2025 - 12/31/2025 | Active Coverage |
| | | | 12/03/2025 | Posted | 38 | 19 | PHP-L.A. CARE HLTH PLAN,LA CARE HLTH PLAN | 12/01/2025 - 12/31/2025 | Active Coverage |

Report Output Fields:

| Field | Description |
|---|---|
| Patid-EP | Patient Sage identification number and Episode number. |
| Name | The patient’s name. |
| Admit Date | Admission date to the Agency. |
| Data Entry Date | Date Real Time Inquiry (270) Request was submitted. |
| File Status | Indicates that the 271 Response was posted. Records will only populate if the 271 is posted. |
| Aid Code | The primary aid code. |
| County Code | The County of Responsibility Code<br>• Note: 19 = Los Angeles |
| Managed Care Plan | This indicates the patient’s Managed Care Plan (MCP).If the patient does not have an MCP, the following message will be displayed, “No MCP On File.” |
| Eligibility Period | Reflects the month eligibility period for which the Real Time Inquiry (270) Request was submitted. |
| Eligibility Info | Will indicate if Medi-Cal benefits are active for the period. |

## Clinical Purpose

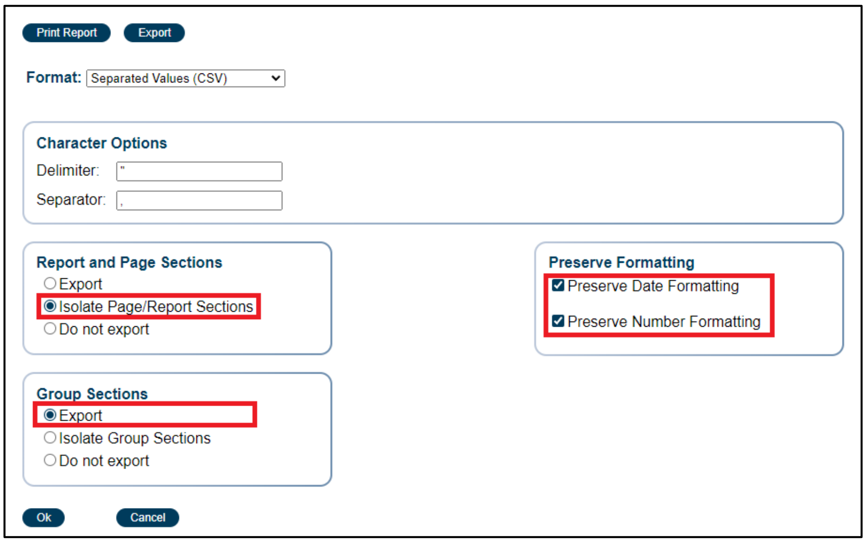
This report can be used for eligibility purposes in preparation for authorization requests. If the county code is not 19 (Los Angeles), then providers may pursue doing an intercounty transfer. If a patient is not eligible for Medi-Cal for a period, then providers should work with the patient toward regaining benefits. Additionally, the Financial related forms, such as the Financial Eligibility should be updated to reflect the appropriate guarantors.

## Financial Purpose

This report can be used to verify that the correct funding source is selected when billing, such as when a patient lost their Medi-Cal benefits.

<u>Report Export:</u>

To export the report, click the Export button at the top of the screen. The recommend export is **Separated Values (CSV).** Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections,** “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section.



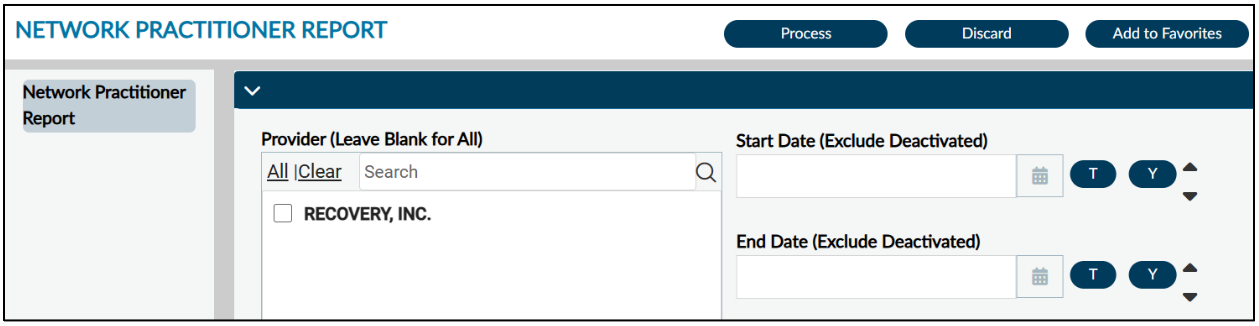

## Network Practitioner Report

The Network Practitioner Report was created to provide a listing of an agency’s practitioners’ configurations in Sage. The configurations include how clinical documentation such as a progress note may display an electronic signature and how a practitioner’s license is configured for billing during a certain period. This report has both clinical and financial implications.

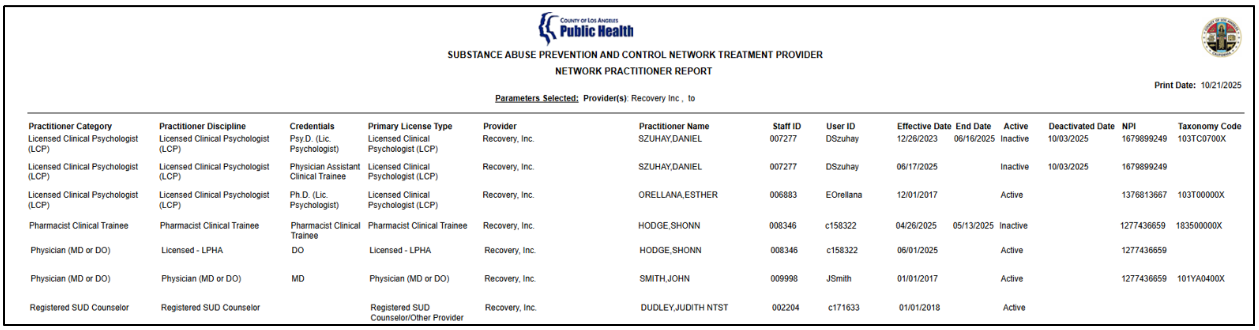
<u>Report Parameters:</u>

| Parameter | Description |
|---|---|
| Provider (Leave Blank for All) | Select your agency or leave blank. |
| Start Date (Exclude Deactivated) | This is an optional field. Adding a date range will <u>**exclude**</u> any practitioners who have been Deactivated during the selected date range.<br>Leaving this field blank will pull all practitioners ever associated with the agency. |
| End Date (Exclude Deactivated) | This is an optional field. Adding a date range will <u>**exclude**</u> any practitioners who have been Deactivated during the selected date range. |

| | |
|---|---|
| | Leaving this field blank will pull all practitioners ever associated with the agency. |




Report Output:



COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER

NETWORK PRACTITIONER REPORT

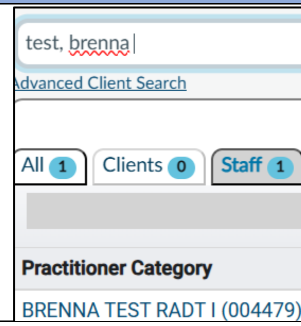
Print Date: 10/21/2025

Parameters Selected: Provider(s): Recovery Inc , to

| Practitioner Category | Practitioner Discipline | Credentials | Primary License Type | Provider | Practitioner Name | Staff ID | User ID | Effective Date | End Date | Active | Deactivated Date | NPI | Taxonomy Code |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Licensed Clinical Psychologist (LCP) | Licensed Clinical Psychologist (LCP) | Psy.D. (Lic. Psychologist) | Licensed Clinical Psychologist (LCP) | Recovery, Inc. | SZUHAY,DANIEL | 007277 | DSzuhay | 12/26/2023 | 06/16/2025 | Inactive | 10/03/2025 | 1679899249 | 103TC0700X |
| Licensed Clinical Psychologist (LCP) | Licensed Clinical Psychologist (LCP) | Physician Assistant Clinical Trainee | Licensed Clinical Psychologist (LCP) | Recovery, Inc. | SZUHAY,DANIEL | 007277 | DSzuhay | 06/17/2025 | | Inactive | 10/03/2025 | 1679899249 | |
| Licensed Clinical Psychologist (LCP) | Licensed Clinical Psychologist (LCP) | Ph.D. (Lic. Psychologist) | Licensed Clinical Psychologist (LCP) | Recovery, Inc. | ORELLANA,ESTHER | 006883 | EOrellana | 12/01/2017 | | Active | | 1376813667 | 103T00000X |
| Pharmacist Clinical Trainee | Pharmacist Clinical Trainee | Pharmacist Clinical Trainee | Pharmacist Clinical Trainee | Recovery, Inc. | HODGE,SHONN | 008346 | c158322 | 04/26/2025 | 05/13/2025 | Inactive | | 1277436659 | 183500000X |
| Physician (MD or DO) | Licensed - LPHA | DO | Licensed - LPHA | Recovery, Inc. | HODGE,SHONN | 008346 | c158322 | 06/01/2025 | | Active | | 1277436659 | |
| Physician (MD or DO) | Physician (MD or DO) | MD | Physician (MD or DO) | Recovery, Inc. | SMITH,JOHN | 009998 | JSmith | 01/01/2017 | | Active | | 1277436659 | 101YA0400X |
| Registered SUD Counselor | Registered SUD Counselor | | Registered SUD Counselor/Other Provider | Recovery, Inc. | DUDLEY,JUDITH NTST | 002204 | c171633 | 01/01/2018 | | Active | | | |

Report Output Fields:

| Field | Description |
|---|---|
| Practitioner Category | A practitioner's configuration for State billing. |
| Practitioner Discipline | A practitioner's configuration for State and Local Billing. (This should match the Category). |
| Credentials | Credentials are what appear after a practitioner's name when forms are submitted. This is typically an abbreviation of the practitioner's degree/registration/certification. |
| Primary License Type | A practitioner's configuration for Local Billing. |
| Provider | The agency's name. |
| Practitioner Name | The practitioner's name when they were set up as a "practitioner."<br>**Note: If this name differs than the user's Sage description when logged in, open a Sage Help Desk ticket to ensure the names match.* |

| Field | Description |
|---|---|
| Staff ID | Sage's assigned identification number for practitioners. *Note: When searching a staff's name in Sage's Smart Search bar, the Staff ID will be a six (6) digit number in parentheses in the first column.  |
| User ID | For providers, this is the practitioner's c#. County staff will reflect a combination of first and last name. |
| Effective Date | This is the date from when the Primary License Type was effective. |
| End Date | This is the date from when the Primary License Type was end-dated. If this is blank, the license is still active. |
| Active | **Active** means the practitioner has not been deactivated in Sage.<br><br>**Inactive** means one of two things:<br>1. Inactive and a <u>blank</u> Deactivation Date means this license type is end-dated and there is an additional row for this practitioner with the current license that will show as active.<br>2. Inactive and a Deactivation Date means this user no longer has an active Sage account.<br><br>**Clinical Visible Only** means the individual was set up as a practitioner but does not have a Sage login.<br><br>**Disabled** means the User ID has been disabled and cannot be reactivated. Typically, this has occurred due to a data entry and a new account is created for the user. |
| Deactivation Date | The date the user was deactivated in Sage. |
| NPI | The practitioner's NPI as provided by the agency's Sage Liaison. |
| Taxonomy Code | The practitioner's taxonomy code as provided by the agency's Sage Liaison.<br>**Note: DHCS provided a list of allowable taxonomies by Practitioner type. Please see the Rate Matrix for a listing.* |

**Note: if a user's configuration does not reflect their current credentials, the agency's Sage Liaison should create a Help Desk ticket for a modification using the SAPC Sage User Creation Form catalog item within Service Now.*

### Clinical Purpose

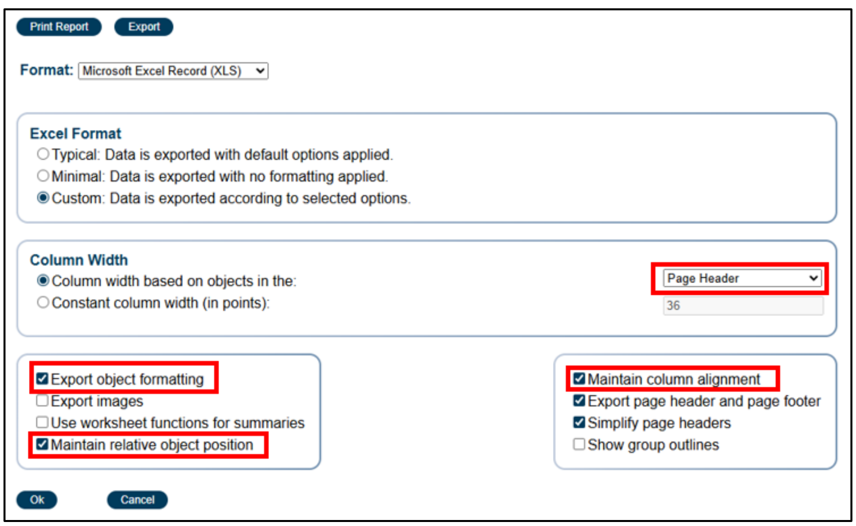
This report can be a quality assurance tool to ensure practitioners are displaying the appropriate credentials when submitting forms. For Document Routing enabled forms, such as the Progress Note and Problem List/Treatment Plan, Utilization Management can quickly identify if the correct practitioner type finalized required documentation. This also serves as a check to verify if a credential has not been updated such as when a registered counselor becomes a certified counselor.

### Financial Purpose

Historically, practitioners could have slightly different configurations for Local and State billing. With payment reform, the practitioner types have been aligned. Any remaining discrepancies between Practitioner Category and/or Practitioner Discipline should be resolved as they may result in Local or State denials. As noted above, the agency's Sage Liaison should create a Help Desk ticket for a modification using the SAPC Sage User Creation Form catalog item within Service Now.

<u>Report Export:</u>

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS). In the Column Width section change "Details" to "Page Header."** Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.




### Provider Activity Report

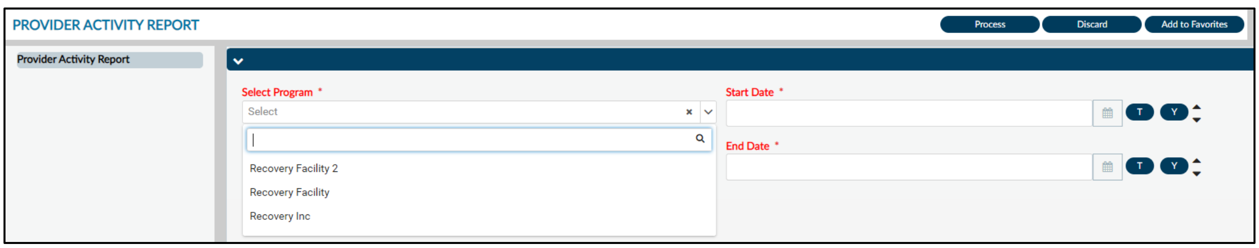
The Provider Activity Report was recreated from ProviderConnect classic to PCNX. It pulls information from the BIRP/GIRP/SIRP/SOAP Progress Notes as well as the Miscellaneous Note Options. These note options were disabled to prevent providers from creating new records or editing existing draft records when SAPC transitioned to PCNX on September 12, 2023.

Notes left in draft were to be replicated in the new **Progress Note** form so they can pull into the **Progress Note Status Report**.

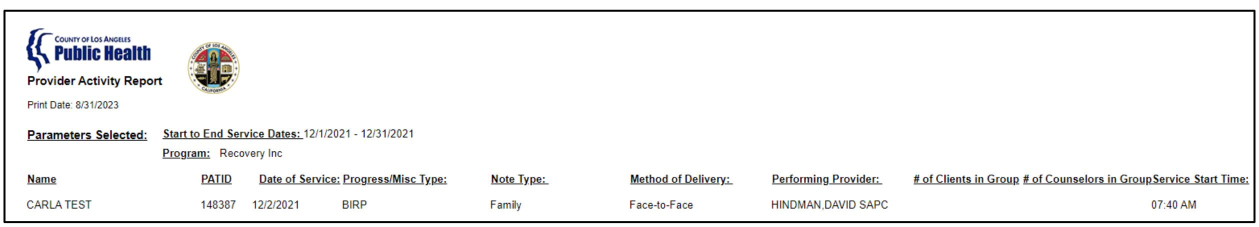
As with the PCON classic Provider Activity Report, in PCNX version of the report is limited to pulling only finalized notes.

Report Parameters:

| Parameter | Description |
|---|---|
| Select Program (Required) | Dropdown with Agency name and sites.<br><br>*Note: if a user selected the Agency's name on the note instead of selecting a site, it is recommended the report be run twice, once with just this parameter, and then again with "Select Program(s)" selected otherwise it will not capture all the data.* |
| Start Date (Required) | Earliest Date of Service to be pulled. |
| End Date (Required) | The latest Date of Service to be pulled. |




Report Output:




## Clinical Purpose

For clinical purposes, this report reflects finalized notes. This can be used for quality improvement purposes to ensure notes are completed within specified timelines. Based on filtering and sorting this report can also be used for productivity monitoring of staff for Primary Sage users.

## Financial Purpose

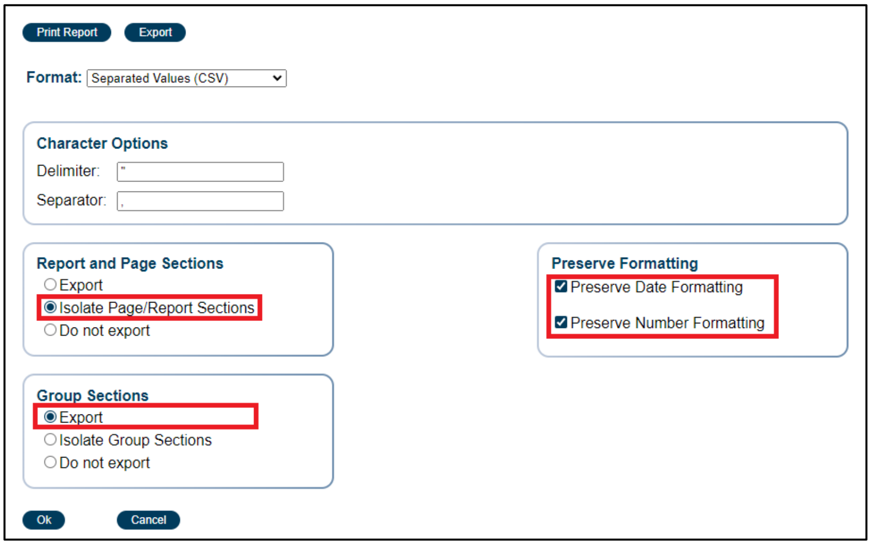
For financial purposes, this report is meant for Primary Sage Users who complete their clinical documentation in Sage. This output will allow billers to identify the needed categories to bill pre-FY 23/24 services.

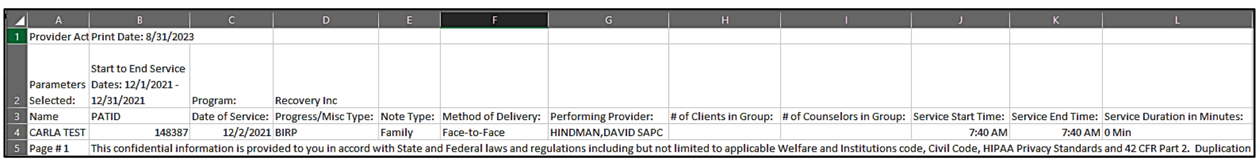
Report Export:

The recommended export for report is the Separated Values (CSV) format, however it may also be exported as a Microsoft Excel Record (XLS). Users will need to check off

“Isolate Page/Report Sections” in the **Report and Page Sections,** “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section.

When viewing the file in Excel, it is recommended that the last row is deleted prior to adjusting formatting as it may impact column width.



| | A | B | C | D | E | F | G | H | I | J | K | L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Provider Act | Print Date: 8/31/2023 | | | | | | | | | | |
| 2 | Parameters Selected: | Start to End Service Dates: 12/1/2021 - 12/31/2021 | Program: | Recovery Inc | | | | | | | | |
| 3 | Name | PATID | Date of Service: | Progress/Misc Type: | Note Type: | Method of Delivery: | Performing Provider: | # of Clients in Group: | # of Counselors in Group: | Service Start Time: | Service End Time: | Service Duration in Minutes: |
| 4 | CARLA TEST | 148387 | 12/2/2021 | BIRP | Family | Face-to-Face | HINDMAN,DAVID SAPC | | | 7:40 AM | 7:40 AM | 0 Min |
| 5 | Page # 1 | This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code, HIPAA Privacy Standards and 42 CFR Part 2.  Duplication | | | | | | | | | | |

## Progress Note Status Report

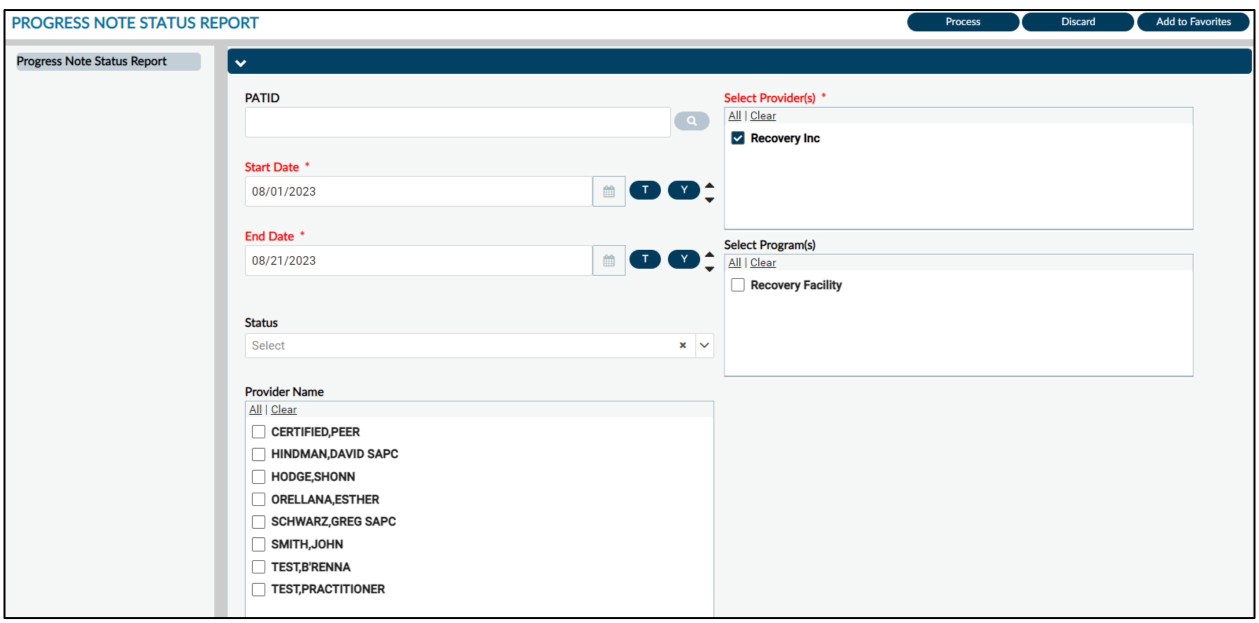
The Progress Note Status Report is the replacement for the Provider Activity Report. It will pull data from the new Progress Note form that was created specifically for PCNX. This field can be pulled by Agency, site, patient, from status, and by the rendering provider.

This report was updated 4/3/2024 in alignment with updates to the Progress Note form. The Progress Note Status Report was updated to calculate the duration column based on the new **Duration** field for notes submitted on 4/3/2024 and after. For notes finalized on 4/2/2024 and before, the duration column will still calculate based on the difference of the Service End Time minus the Service Start Time.

Additionally, the Form Status column in the output has been updated to show “Pending” for notes that were document routed and are still pending a signature.

<u>Report Parameters:</u>

| Parameter | Description |
|---|---|
| PATID (optional) | This report can be patient specific. If this field is left blank it will pull notes for all patients meeting the remaining parameters.<br>A Patient's name or PATID maybe entered. |
| Start Date (Required) | Earliest Date of Service to be pulled. |
| End Date (Required) | The latest Date of Service to be pulled. |
| Select Provider(s) (Required) | The agency name. |
| Select Program(s) (optional) | The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data. |
| Status (optional) | Users can select to only run the report for Progress Notes in Draft or Final form status. If this field is left blank it will pull both. |
| Provider Name (optional) | This parameter will populate with the staff member's name associated with rendering the service as indicated on the note based on the previously selected parameters. |




Report Output:

COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE STATUS REPORT

Print Date:8/21/2023

<u>Parameters Selected:</u> Patient: (), Date Range: 8/1/2023 - 8/21/2023
Program: , Provider: Recovery Inc
Provider Name: , Form Status:

| Provider | Program | Patient Name | PATID | Date of Service | Service Start Time | Service End Time: | Service Duration | Method of Delivery | Note Type | Service Type | Specific Procedure | Location |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Recovery Inc | Recovery Facility | TEST,QIUM | 159908 | 8/17/2023 | 04:32 PM | 04:32 PM | 0 mins | Face-to-Face | Individual | Education | Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99368) | Independent Clinic |
| Recovery Inc | Recovery Facility | PCNX,ESTER MIDDLE MS | 160919 | 8/16/2023 | 12:00 PM | 01:00 PM | 60 mins | Face-to-Face | Individual | Assessment | | Group Home |
| Recovery Inc | Recovery Facility | PCNX,ESTER MIDDLE MS | 160919 | 8/17/2023 | 04:31 PM | 04:31 PM | 0 mins | Telehealth | Crisis | Care Coordination | Alcohol and/or other drug testing-point of care tests (H0048) | Ambulance-Air or Wa |
| Recovery Inc | Recovery Facility | TEST,GREG | 161048 | 8/10/2023 | 09:15 AM | 10:00 AM | 45 mins | Field Based Services | Individual | Assessment | | Public Health Clinic |
| Recovery Inc | Recovery Facility | PCNX,DAVID BOBBY | 161076 | 8/16/2023 | 06:00 PM | 07:06 PM | 66 mins | Telehealth | Individual | Care Coordination | Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99368) | Office |

This report has numerous fields that could not be captured in the snip above and is recommended this report is exported for ease of use.

## Clinical Purpose

For clinical purposes, this report can indicate the notes that are in draft, as well as when the note was finalized. This can be used for quality improvement purposes to ensure notes are completed within specified timelines. Based on filtering and sorting, this report can also be used for productivity monitoring of staff by Primary Sage users.

## Financial Purpose

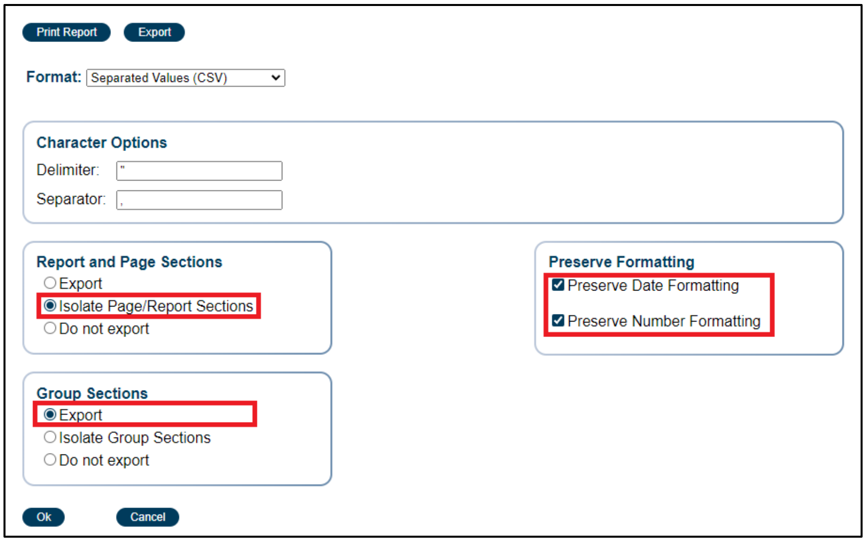
For financial purposes, this report is meant for Primary Sage Users who complete their clinical documentation in Sage. This output will allow billers to identify the needed categories to bill HCPCS. The Specific Procedure field in combination with Supplemental Services will give billers visibility as to which CPT codes to bill.

The Specific Procedure field has two types of services, those with CPT codes and those without. Procedures without a CPT code are services that are associated with various duration ranges. It is up to the biller to identify the appropriate code based on the duration of the service.

<u>Report Export:</u>

It is recommended this report is exported using a **Separated Values (CSV)** format.

Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections,** “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section. Click Ok. The file will save, and users may rename the file. When viewing the file in excel it is recommended the last row is deleted prior to adjusting formatting as it may impact column width.


Print Report
Export
Format: Separated Values (CSV)
Character Options
Delimiter:
Separator:
Report and Page Sections
Export
Isolate Page/Report Sections
Do not export
Preserve Formatting
Preserve Date Formatting
Preserve Number Formatting
Group Sections
Export
Isolate Group Sections
Do not export
Ok
Cancel