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.

Clinical

- Census Report
- Documents in Draft and for Co Signature Report
- Miscellaneous Note Options Report (Printout)
- Patient Medication History Export Report
- Problem List/Treatment Plan Printout
- Problem List Reminder Report
- Progress Note Printout
- Progress Note Report (Printout)
- Provider File Attach Report
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- Contract Performance Reports [New]
- Contractor Void Replacement Report
- Cost of Service by Client Report
- MSO Provider Config Report 2023+
- Provider EOB Remittance Advice
- Provider Services Detail Report
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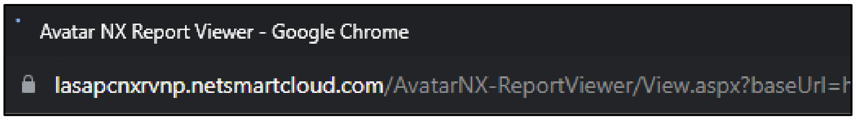
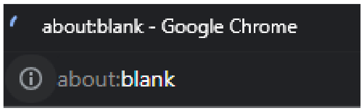
Clinical and Financial Use Reports

- Authorization Request Status Report
- County and Aid Code Report
- Provider Activity Report
- Progress Note Status Report

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:



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

Census Report

The Census Report offers providers a concise listing of completed Provider Site Admission(s) (PSA) representing that a patient is, or was, admitted to one or more programs during a chosen time frame. Since the Census Report is populated based on PSA Site Admission Date(s), given the parameters selected when running the Census Report, there may be multiple records for patients with more than one PSA. Records for patients who do not have any PSA will not populate the Census Report. The Census Report pulls data from the PSA, Discharge and Transfer Form and Recovery Bridge Housing Discharge (all three of which are required to be completed in Sage) to compile the information for providers to view in a succinct format for tracking, compliance checking and reporting purposes.

In addition, this report also provides some patient demographic information, length of stay, and the last date of service billed for the respective site location.

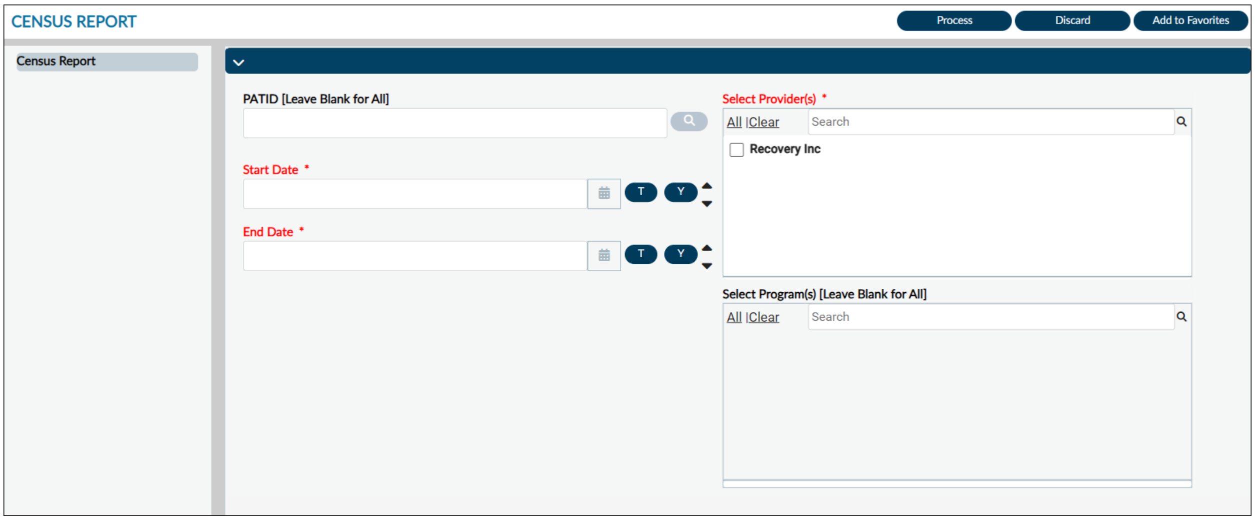
Records for patients with PSA in draft will populate the Census Report but with certain information not displayed. SAPC does not consider PSA(s) in draft status to be valid parts of the medical record. Only those records for patients with Finalized PSA(s) will display all applicable information for that site admission for that patient in the report.

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.

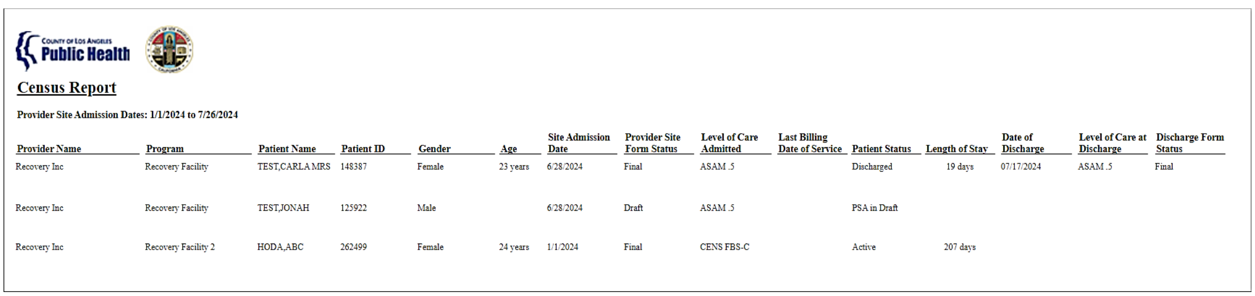
<u>Report Parameters:</u>

Parameter	Description
PATID (Leave Blank for All) (optional)	This report can be 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 it. If the user navigate/click outside the field while the system is searching for the patient a "No records found" message may appear.

	If this field is left blank, then patients who have one or more Provider Site Admission form(s) with Site Admission Dates within the chosen Start/End Date will populate the report.
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.
Select Provider(s) (Required)	Provider's name.
Select Program(s) (Leave Blank for All) (optional)	This report can be program specific. 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.



Report Output:



Census Report

Provider Site Admission Dates: 1/1/2024 to 7/26/2024

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
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
Recovery Inc	Recovery Facility	TEST,JONAH	125922	Male		6/28/2024	Draft	ASAM .5		PSA in Draft				
Recovery Inc	Recovery Facility 2	HODA,ABC	262499	Female	24 years	1/1/2024	Final	CENS FBS-C		Active	207 days			

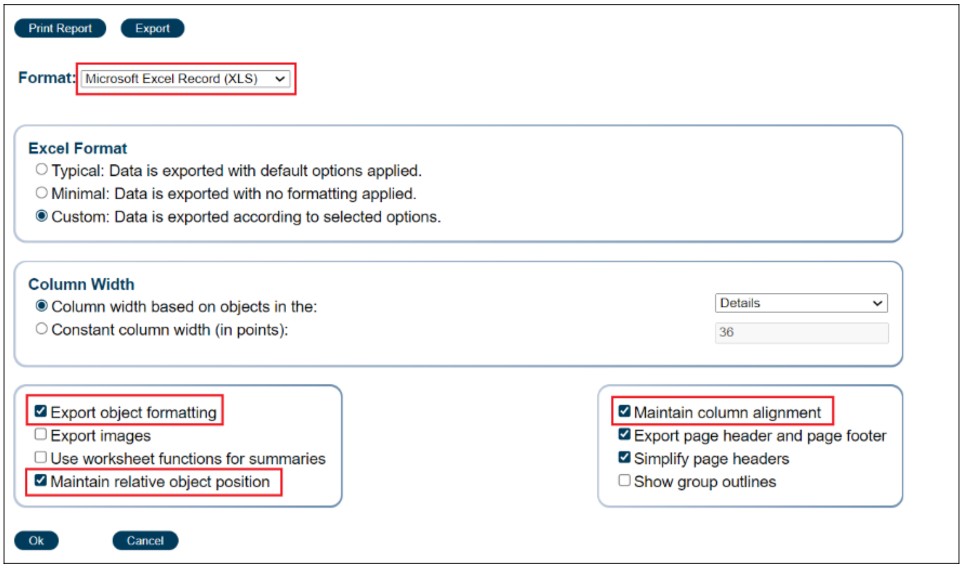
Report Output Fields:

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, the user can utilize the Update Client Data form to update the patient's gender in the SOGI section.

Age	Calculated based on Patient Status. • **Active:** Age displayed is as of the day the Census Report is run. • **Discharged:** Age displayed is as of the Date of Discharge. • **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 site admission. The Last Billing Date of Service populates only with a Date of Service last billed that is **after** the populated Site Admission Date. 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. • **PSA in Draft**: PSA's form status is draft. • **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. • **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). • **Active:** Length of Stay displayed is from PSA Site Admission Date to the day the Census Report is run. • **Discharged:** Length of Stay displayed is PSA Site Admission Date to the Date of Discharge. • **PSA in Draft:** Field is empty (blank).
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." *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.*

<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)**. 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															

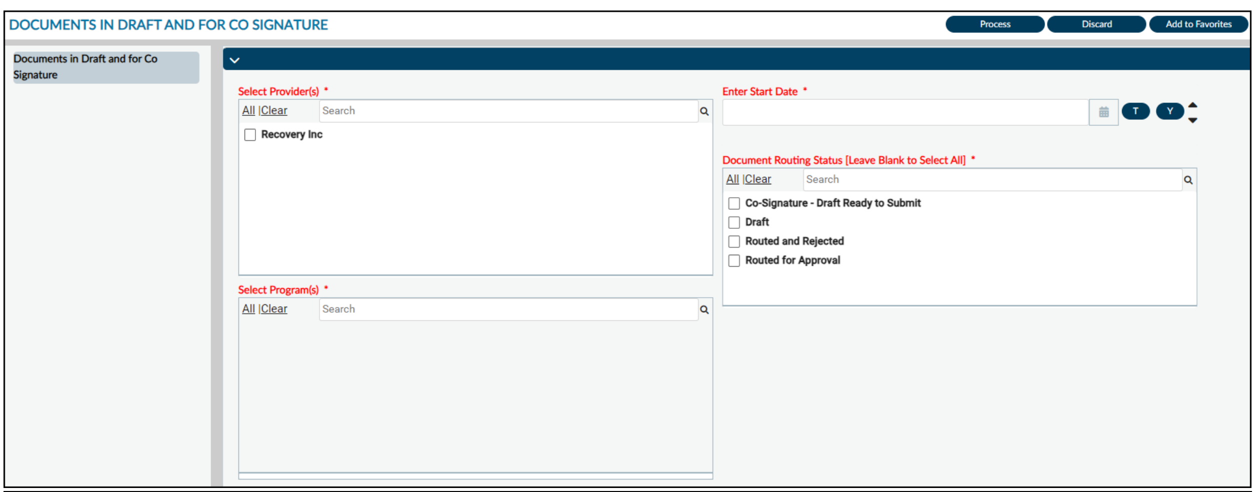
Documents in Draft and for Co Signature Report

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.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Select the Agency.
Select Program(s) (Required)	Select at least one site.
Enter Start Date (Required)	Enter the earliest date for the report to pull. The older the date, the longer it may take the report to generate.
Document Routing Status [Leave Blank to Select All] (Required)	This has four selections to choose from. You may select one or any combination: • **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.) • **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. • **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.)



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:

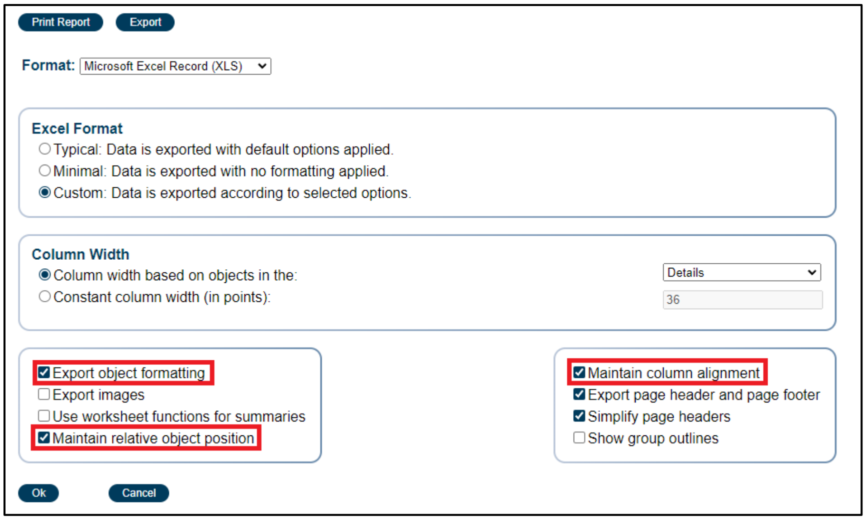
Field (Visible for all Documents)	Description
Patient Name (ID)	The patient's name written as last name, first name followed by the patient's Sage identification number in parentheses
Episode	The episode number
Form	The Sage form associated with the document listed in the report
Program	The agency site as selected in the Program field
Form Status	Indicates the current status of the document: • **Co-Signature – Draft Ready to Submit** • **Draft** • **Routed and Rejected** • **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: • Individual • Crisis • Residential Group • Family • Non-Residential Group • 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: • Goals/Plan Complete at Level of Care • Goals/Plan Complete at LOC + Transferred • Left Before Goals/Plan Complete • Left Before Complete + Transferred • Voluntary • Administrative Discharge • To More Appropriate System of Care • Incarceration • Death • 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: • Urine • Blood • Saliva • Hair • 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: • Referral to higher level of care • The client found stable housing • The client is no longer interested • The client used all approved time • 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.

<u>Report Export:</u>

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**.

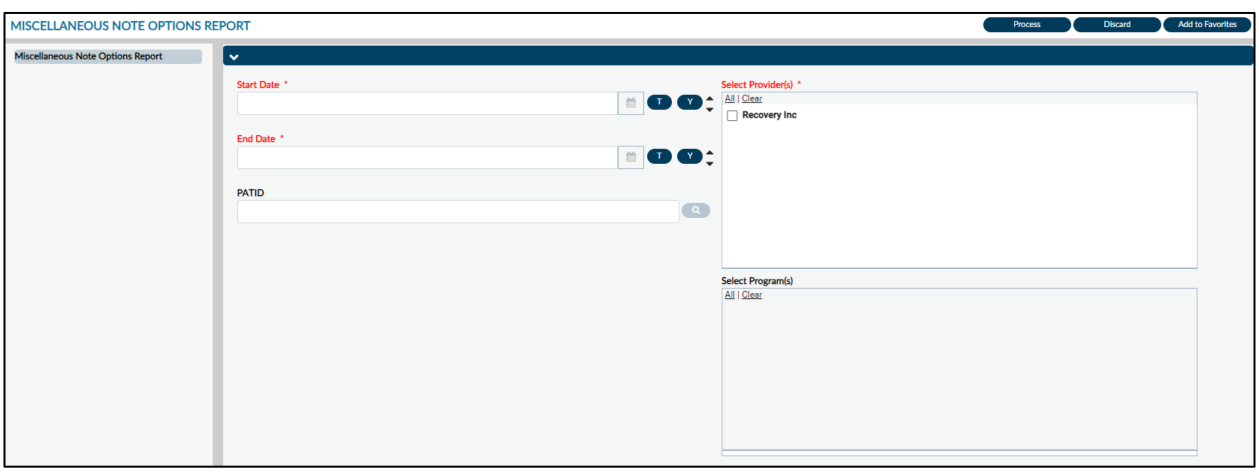


Miscellaneous Note Options Report (Printout)

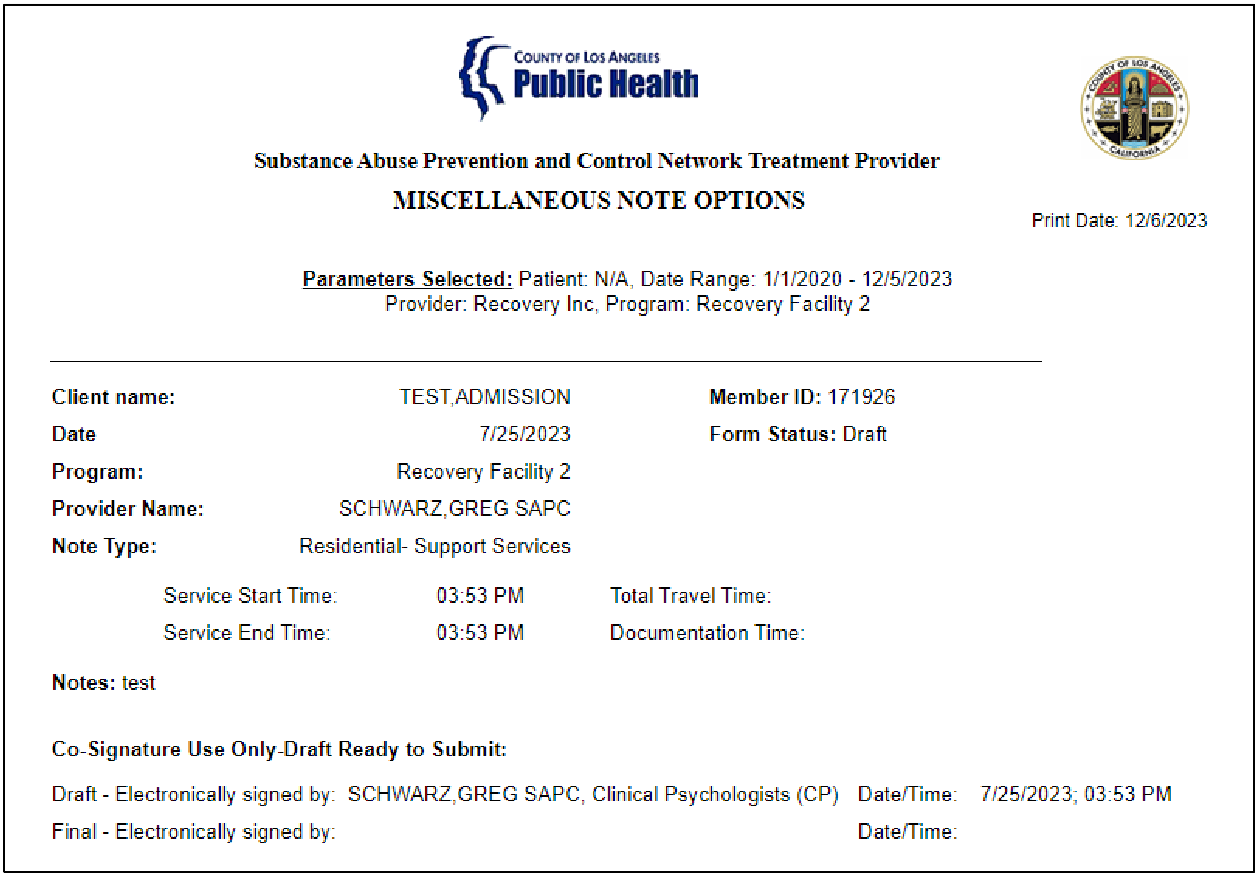
The Miscellaneous Note Options Report is a printout of the Miscellaneous Note Options form. It will include electronic signatures based on form submission. Providers are granted access to report in the event they need to print out copies of these records.

Report Parameters:

Parameter	Description
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.
Patient Name/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. A Patient's name or PATID may be entered.
Select Provider (Required)	Provider's name.
Program (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.



Report Output:


COUNTY OF LOS ANGELES Public Health

Substance Abuse Prevention and Control Network Treatment Provider

MISCELLANEOUS NOTE OPTIONS

Print Date: 12/6/2023

Parameters Selected: Patient: N/A, Date Range: 1/1/2020 - 12/5/2023
Provider: Recovery Inc, Program: Recovery Facility 2

Client name: TEST,ADMISSION **Member ID:** 171926

Date 7/25/2023 **Form Status:** Draft

Program: Recovery Facility 2

Provider Name: SCHWARZ,GREG SAPC

Note Type: Residential- Support Services

Service Start Time: 03:53 PM Total Travel Time:

Service End Time: 03:53 PM Documentation Time:

Notes: test

Co-Signature Use Only-Draft Ready to Submit:

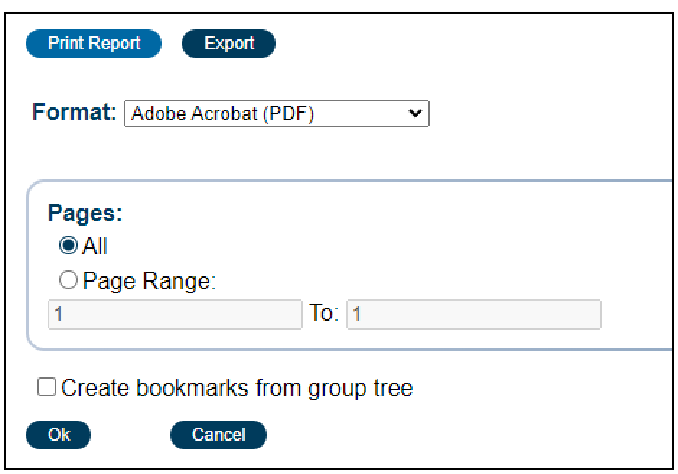
Draft - Electronically signed by: SCHWARZ,GREG SAPC, Clinical Psychologists (CP) Date/Time: 7/25/2023; 03:53 PM

Final - Electronically signed by: Date/Time:

Note: there are two lines for "Electronically signed by." The top line reflects when/if the form was last submitted in draft. The bottom line reflects the timestamp when the form was finalized. A blank top line indicates the form was set to final without ever being saved in draft.

Report Export:

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**.



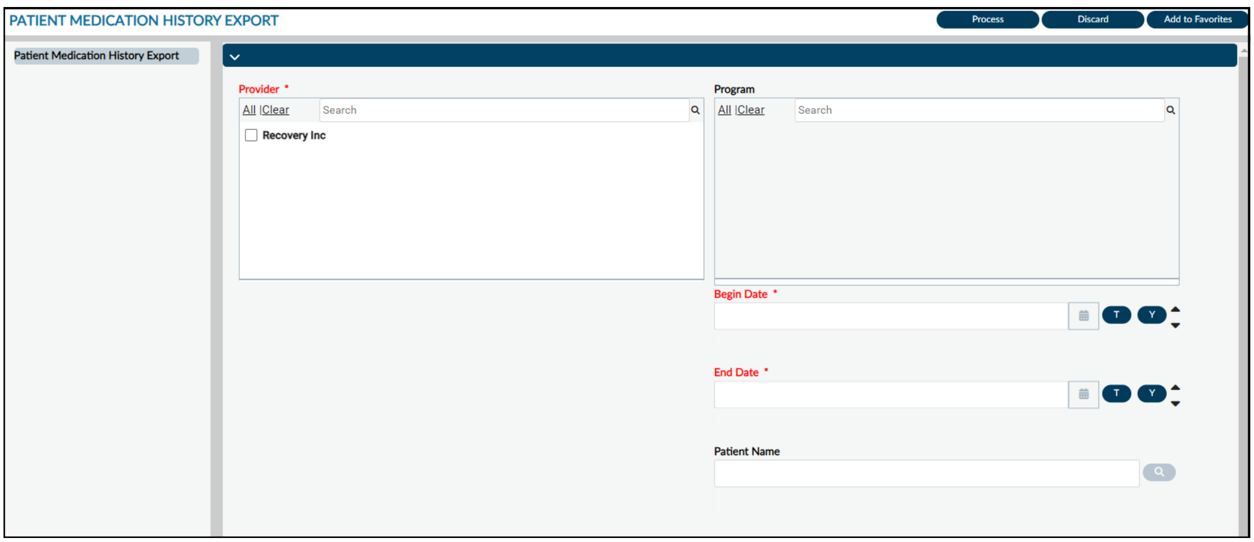
Patient Medication History Export

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.

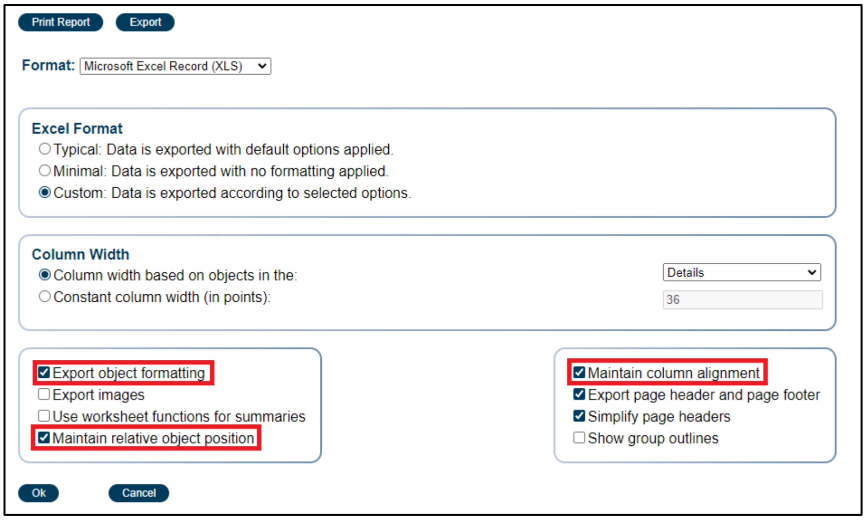
Report Parameters:

Parameter	Description
Provider (Required)	Provider's name
Program (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.
Client (Optional)	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 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**.



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.
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

Problem List/Treatment Plan Printout

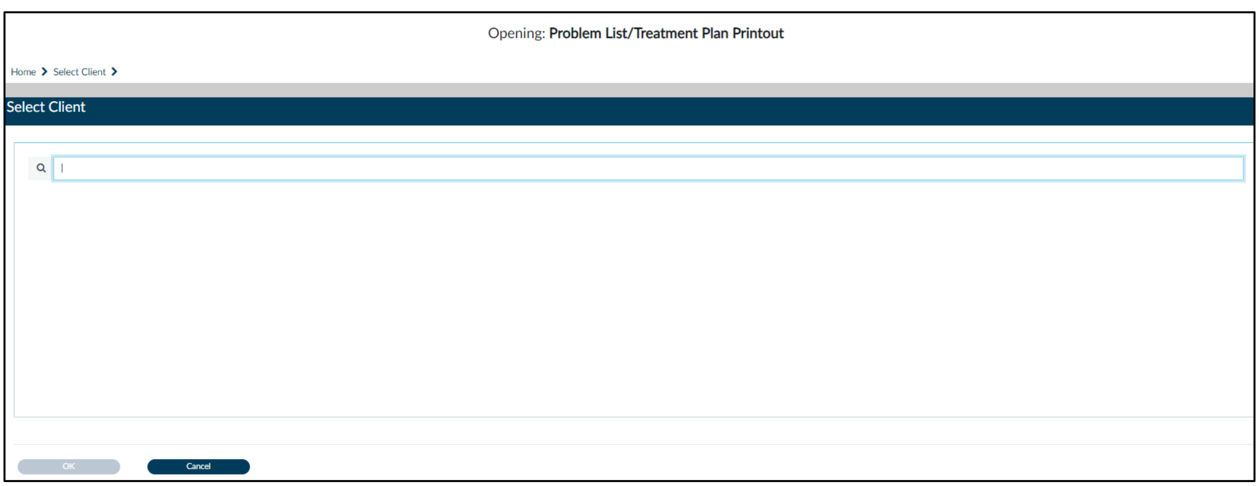
This report is a printout of the Problem List/Treatment Plan form in Sage and only applies to Primary Sage Users. As the Problem List/Treatment Plan form was updated for CalAIM Documentation reform on 7/1/2022, this report may also be used to print historical Treatment Plan forms.

This printout is intended to allow providers to give a copy to patients for their own records or if a record request is solicited.

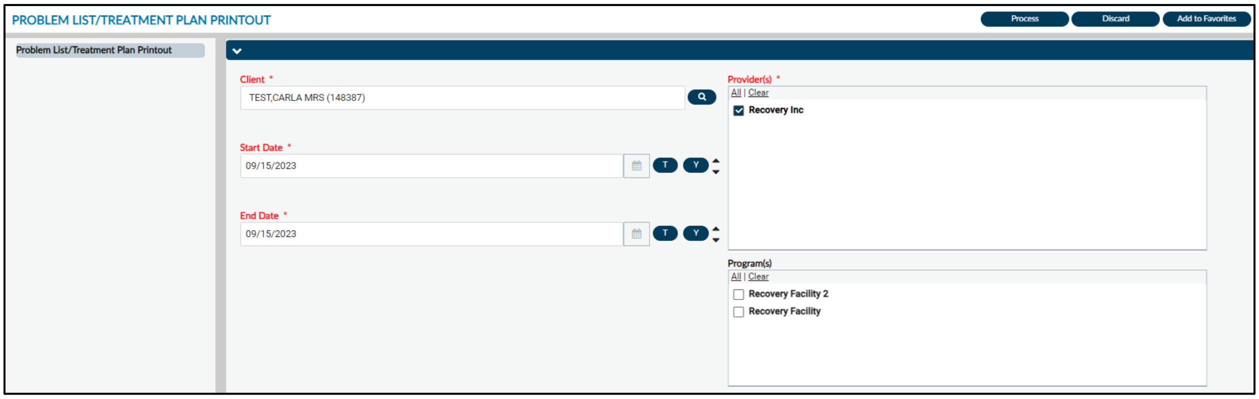
Report Parameters:

Parameter	Description
Client (Required)	The client's name (last,first) or PATID may be used.
Start Date (Required)	The earliest Problem List/Treatment Plan date to be pulled.
End Date (Required)	The latest Problem List/Treatment Plan date to be pulled.
Select Provider (Required)	Provider's name.
Program (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.

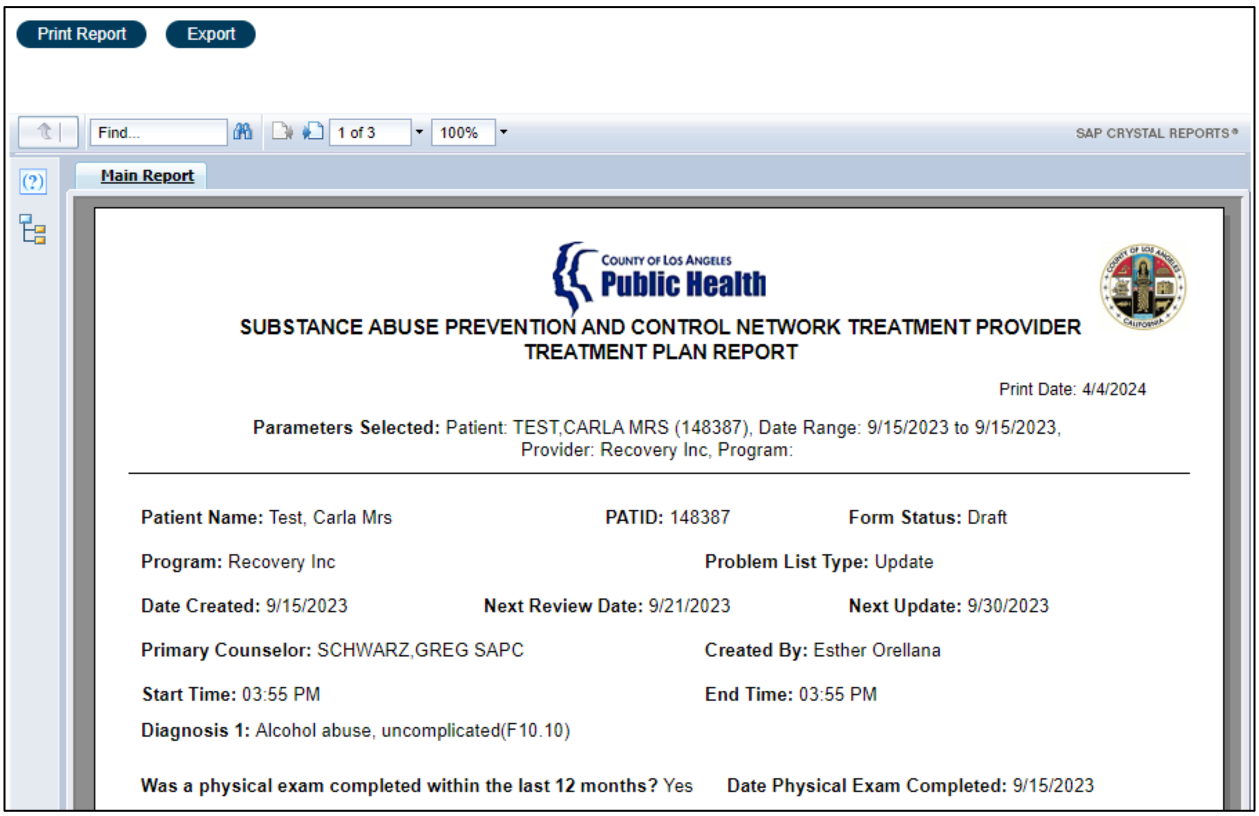
Note: When a patient is not already selected and this report is searched, the first window will be a client search.



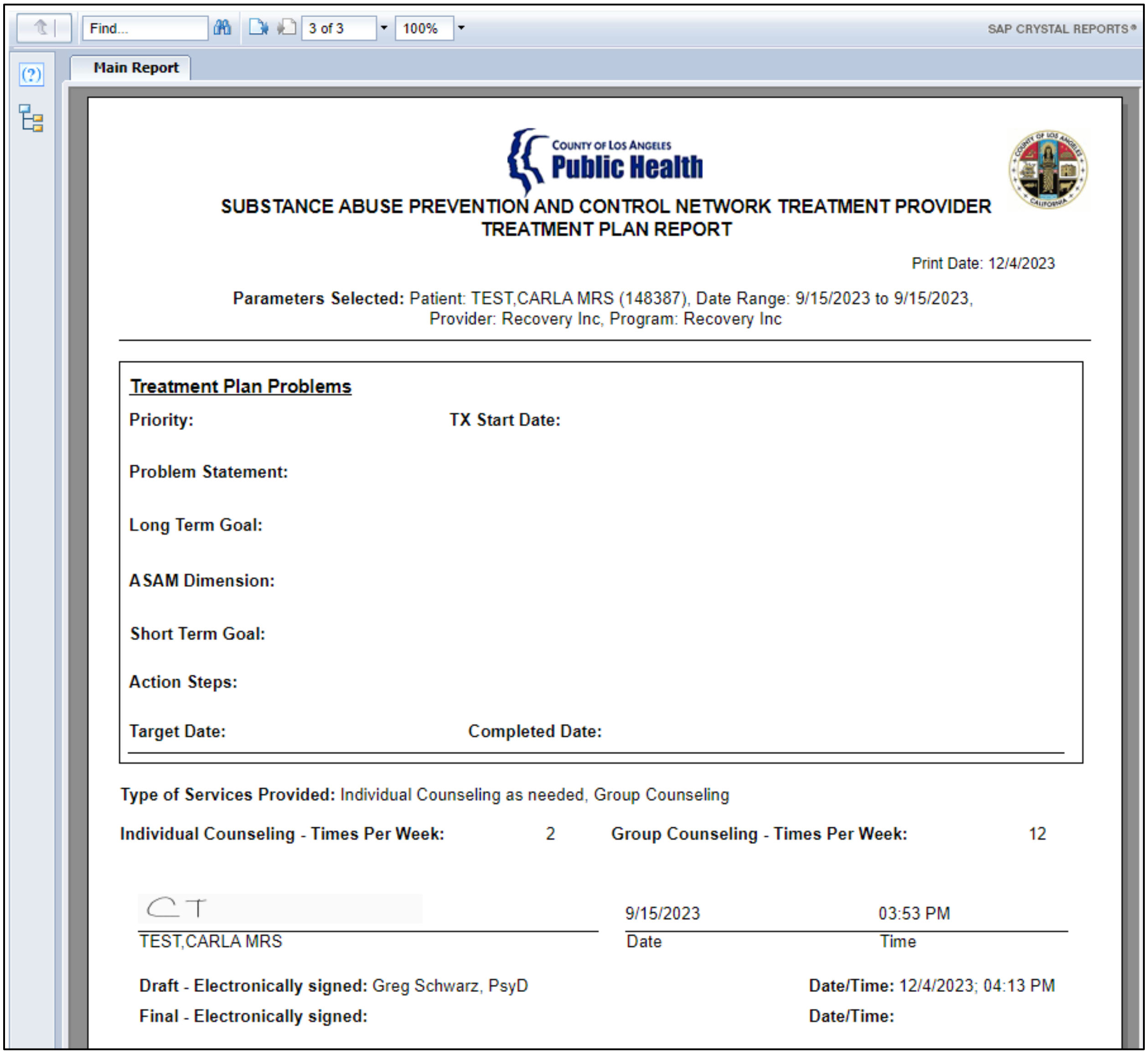
Once a patient is selected the report parameter screen will appear.



Report Output:



Depending on the length of the form, the output can be several pages long. The last page, as noted in the image below, will have the electronic signatures and timestamp of when the form was last submitted in Draft and Final form status.


Find...   3 of 3   100%   SAP CRYSTAL REPORTS®

Main Report

County of Los Angeles
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
TREATMENT PLAN REPORT

Print Date: 12/4/2023

Parameters Selected: Patient: TEST,CARLA MRS (148387), Date Range: 9/15/2023 to 9/15/2023, Provider: Recovery Inc, Program: Recovery Inc

Treatment Plan Problems

Priority: **TX Start Date:**

Problem Statement:

Long Term Goal:

ASAM Dimension:

Short Term Goal:

Action Steps:

Target Date: **Completed Date:**

Type of Services Provided: Individual Counseling as needed, Group Counseling

Individual Counseling - Times Per Week: 2 **Group Counseling - Times Per Week:** 12

TEST,CARLA MRS   9/15/2023 Date   03:53 PM Time

Draft - Electronically signed: Greg Schwarz, PsyD   **Date/Time:** 12/4/2023; 04:13 PM

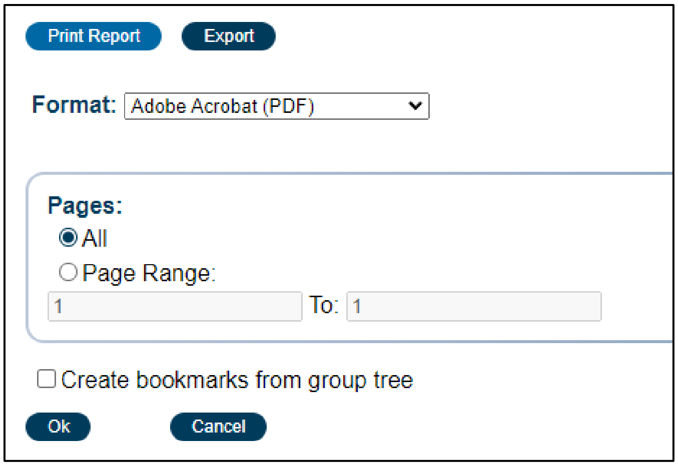
Final - Electronically signed: **Date/Time:**

As a reminder, the Treatment Plan Problems section is not required by the State, however some accrediting bodies still require a Treatment Plan. Additionally, the State no longer requires a patient signature, but the field is present should providers choose to utilize the feature.

Similar to the Miscellaneous Note Options Report and the Progress Note Report, If the **Draft – Electronically signed** line is blank, it means that the form was never saved as a Draft but was directly finalized. The Problem List/Treatment Plan form does need to be finalized by an (LE) LPHA for it to be valid.

<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**.



Problem List Reminder Report

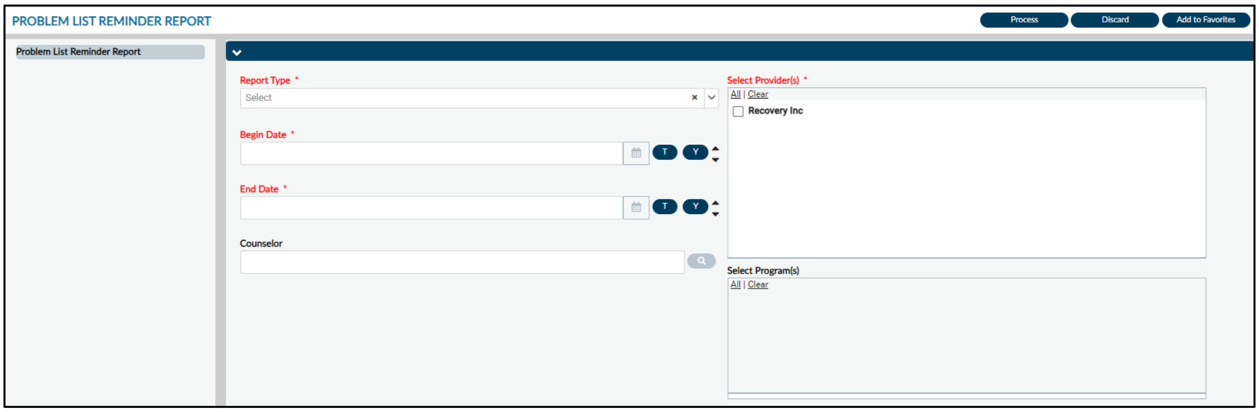
The Problem List/Treatment Plan form Primary Sage Users complete within Sage was updated to include the Next Review Date and Next Update fields. Providers were instructed to complete these fields based on the requirements for the patient's level of care. The Problem List Reminder Report utilizes those 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: **Review**: Date range will be specific to the Next Review field on the Problem List/Treatment Plan form. **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 (optional)	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.

Program (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. *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.

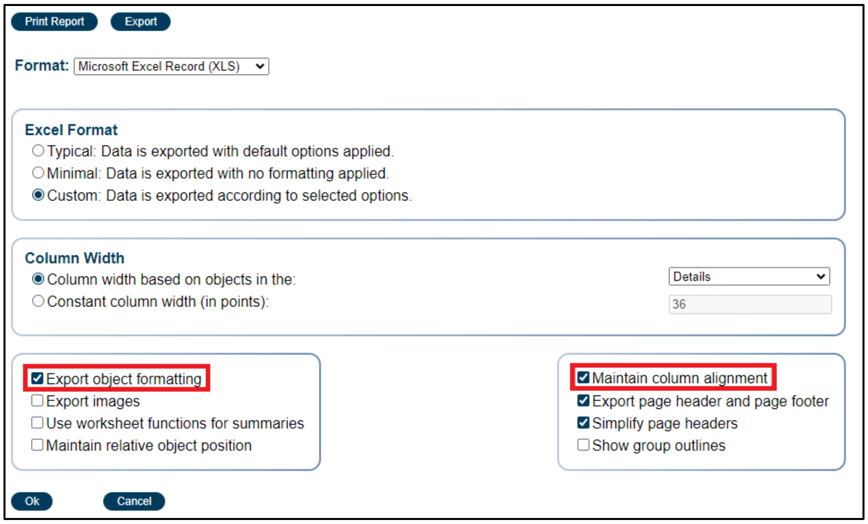
It is recommended providers run this report for at least 7 days in the future to allow sufficient time to review and update plans accordingly.

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
Date Created	The date the Problem List/Treatment Plan form was created. *Note: if there is a CalOMS discharge after the Problem List Date Created, the record will NOT appear on the report.* *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. • Black: the date is not past due • Red: the date is past due
Next Update Date	The date entered in the Next Update field on the Problem List/Treatment Plan form. • Black: the date is not past due • Red: the date is past due
Primary Counselor	The staff listed as the Primary Counselor on the Problem List/Treatment Plan form.

Report Export:

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.



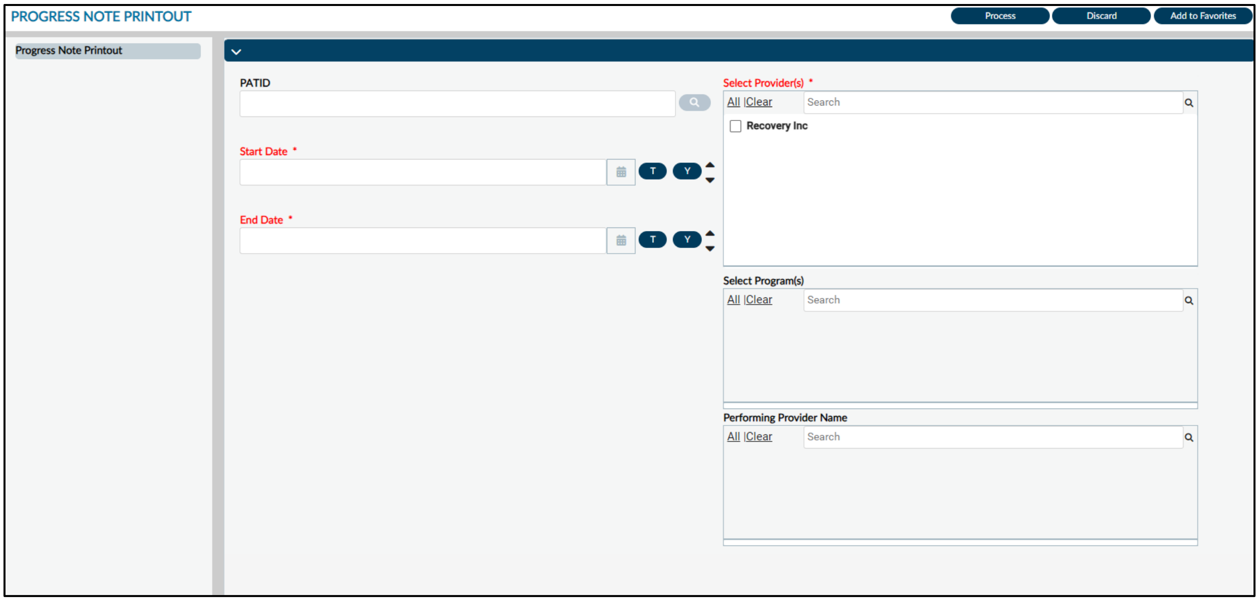
	A	B	C	D	E	F	G	H	I
1	Date Created	Problem List Type	Next Review	Next Update	Program	PATID	Last Name	First Name	Primary Counselor
2	Recovery Facility	159908	TEST	QIUM	10/22/2023	New Plan	11/20/2023	01/20/2024	SCHWARZ,GREG SAPC
3	Recovery Facility	160465	TEST	SURFACE	11/14/2023	New Plan	12/13/2023	02/11/2024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

Progress Note Printout

The Progress Note Printout provides a printable version of Progress Note records completed within Sage. It includes the standard header and can be selected for a specific patient and period.

Report Parameters:

Parameter	Description
PATID (optional)	The patient's Sage identification number. This will also work with lastname,firstname (no space after the comma).
Start Date (Required)	This pulls from the Date of Service entered on the Progress Note
End Date (Required)	This pulls from the Date of Service entered on the Progress Note
Select Provider (Required)	Provider's name.
Program (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. *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.*
Performing Provider Name (optional)	Select the performing provider's name to limit the report output.



Report Output:

COUNTY OF LOS ANGELES **Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE PRINTOUT

Print Date:7/29/2024

Parameters Selected: Patient: TEST,CARLA MRS (148387), Date Range: 6/11/2024 - 6/12/2024
Provider: Recovery Inc, Program: Recovery Facility

Patient Name: TEST,CARLA MRS	**Member ID:** 148387
Date of Service: 6/11/2024	**Program:** Recovery Facility
Service Start Time: 10:41 AM	**Service End Time:** 10:41 AM
Duration: 0 mins	**Form Status:** Final

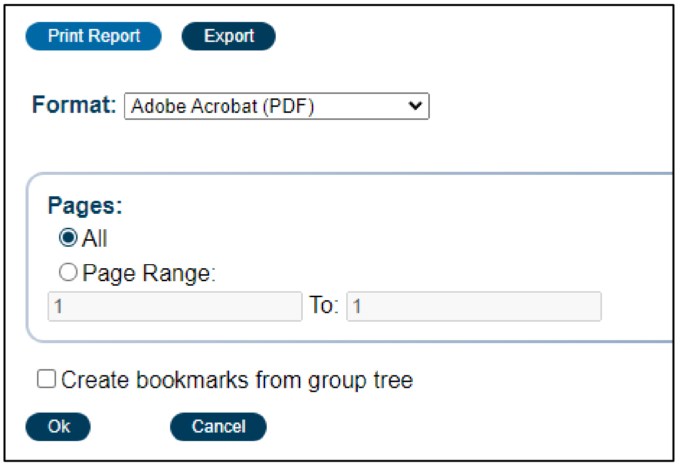
Service Detail

Method of Service Delivery: Face-to-Face	**Service Type:** Assessment
Note Type: Individual	**Procedure Codes:** Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)(H0001)
Was Client Present?: No	**Provider Name:** ORELLANA,ESTHER
Location: Non-residential Substance Abuse Treatmen	**Provider Name (Optional):**

The report output is a copy of the Progress Note record with the addition of electronic signatures at the bottom. Similar to the Miscellaneous Note Options Report and the Progress Note Report, If the **Draft – Electronically signed** line is blank, it means that the form was never saved as a Draft but was directly finalized.

Report Export:

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**.

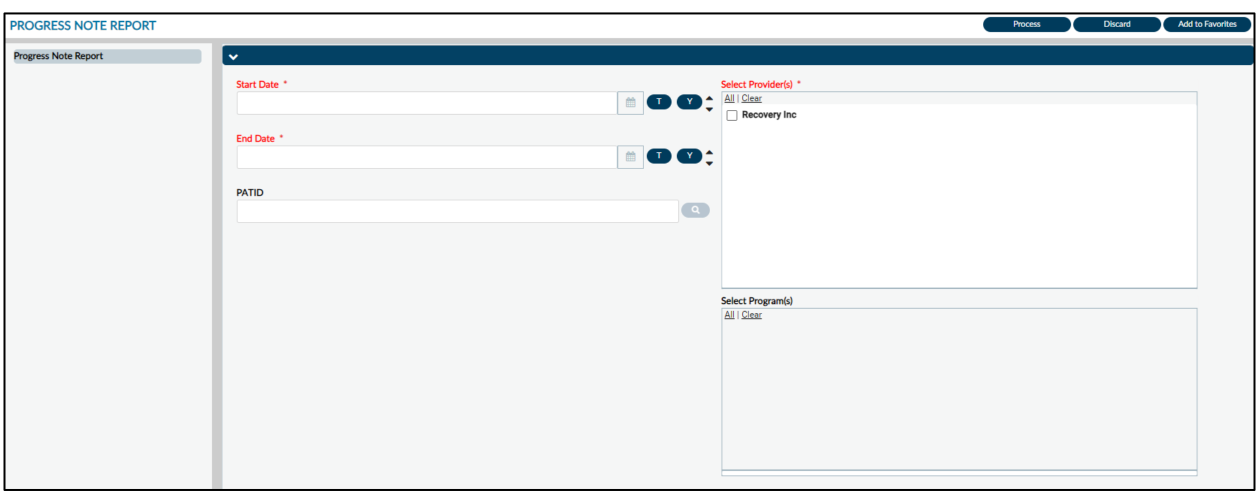


Progress Note Report (Printout)

The Progress Note Report is a printout of the BIRP/GIRP/SIRP/SOAP Progress Notes. It will include electronic signatures based on form submission. Providers are granted access to report in the event they need to print out copies of these records.

Report Parameters:

Parameter	Description
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.
Patient Name/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. A Patient's name or PATID may be entered.
Select Provider (Required)	Provider's name.
Program (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.



Report Output:

County of Los Angeles
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE REPORT

Print Date:8/18/2023

Parameters Selected: Patient: TEST,TESTER (160351), Date Range: 1/1/2023 - 8/18/2023
Program: Recovery Facility, Provider: Recovery Inc

Note Format:	SIRP	**Form Status:**	Final
Date:	2/21/2023		
Program:	Recovery Facility		
Provider Name:	KIM,TINA SAPC		
Note Type:	Group	**Method of Service Delivery:**	Telehealth (GT)
Service Start Time:	11:00 AM		
Service End Time:	11:55 AM		
Total Time Spent:	55 Min		
Number of Counselors in Group:	1		
Number of Clients in Group:	5		
Documentation Date:	2/21/2023		
Documentation Time:	12:00 PM-12:05 PM 5 Min		

Situation
Test

Intervention
test

Response
test

Progress
test

If the patient's preferred language is not English, were linguistically appropriate services provided? Yes

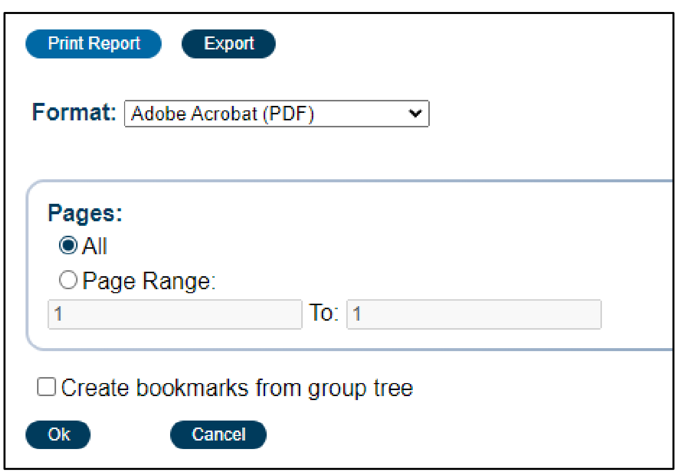
Draft - Electronically signed: Esther Orellana PConn **Date/Time:** 2/21/2023; 10:38 AM

Final - Electronically signed: SCHWARZ,GREG SAPC; Psy.D (Lic. Psychologist) **Date/Time:** 2/27/2023; 03:00 PM

Note: there are two lines for "Electronically signed by." The top line reflects when/if the form was submitted in draft. The bottom line reflects the timestamp when the form was finalized. A blank top line indicates the form was set to final without ever being saved in draft.

Report Export:

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**.

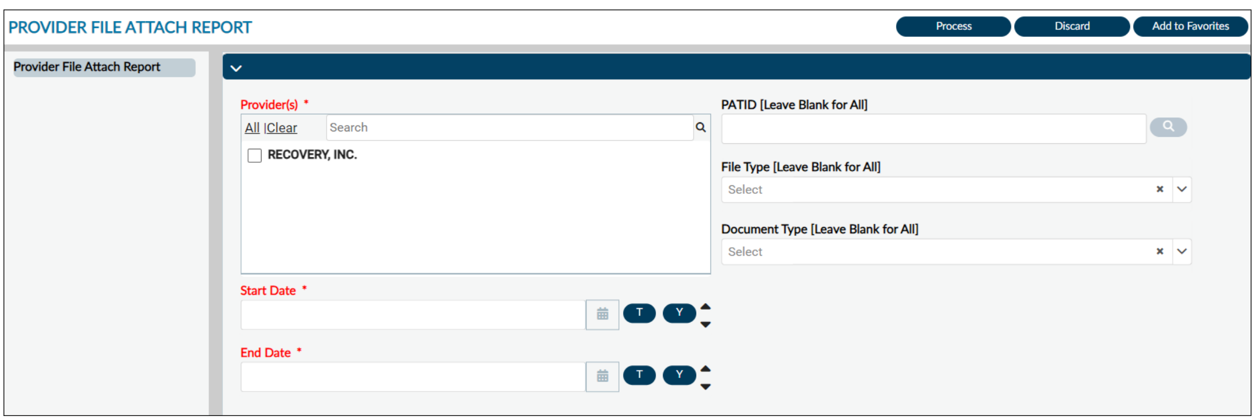


Provider File Attach Report

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.

<u>Report Parameters:</u>

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) (optional)	This report can be patient specific. Only a PATID may be entered. 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) (optional)	This report can be File Type specific, only displaying records associated with the chosen File Type. 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) (optional)	This report can be Document Type specific, only displaying records associated with the chosen Document Type. 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

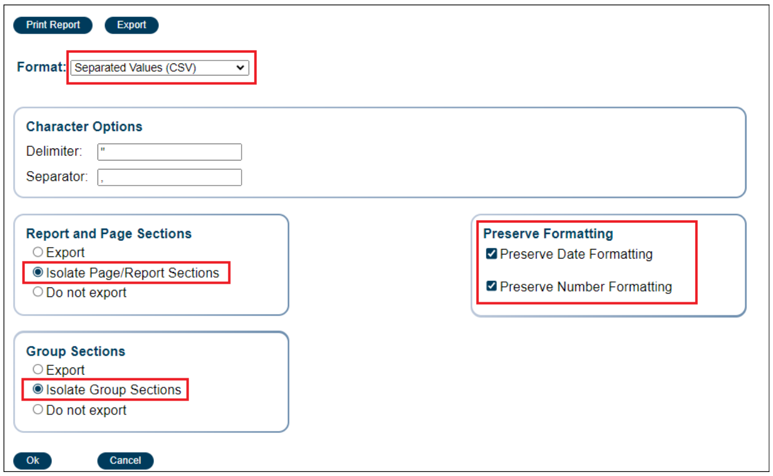
Report Output Fields:

Field	Description
Provider	The agency name.
File Type	File type chosen in Provider File Attach form when document was uploaded/stored into Sage. 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. 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. 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" 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. 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. 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. *Note: Uploaded documents should follow the standardized naming convention of* ***Document Type-Date (MM-DD-YY)-Patient's First & Last Initial-PATID*** *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).

<u>Report Export:</u>

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

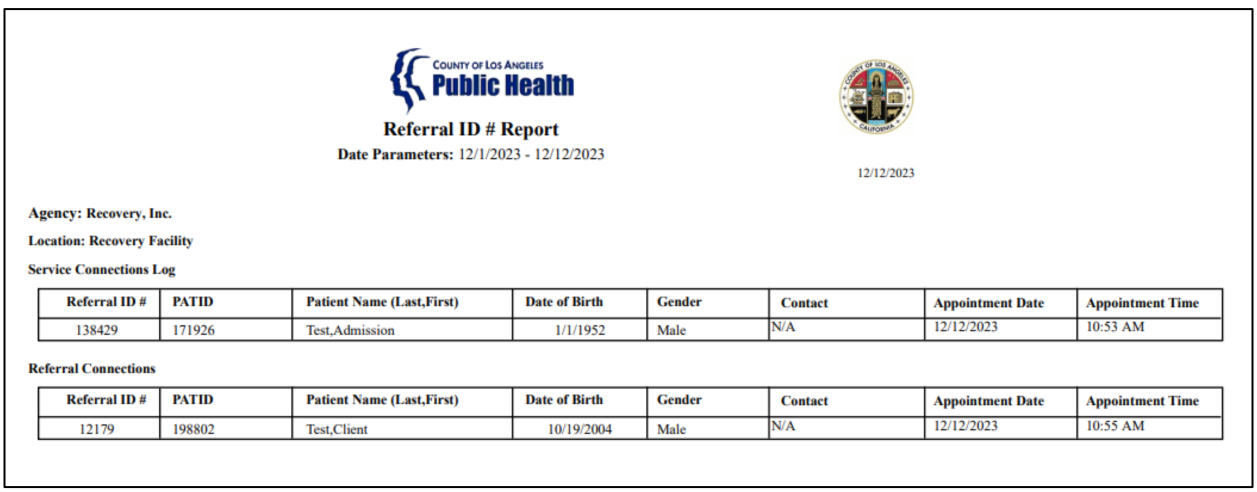
Referral ID Report

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 your 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 your 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.

Report Parameters:

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

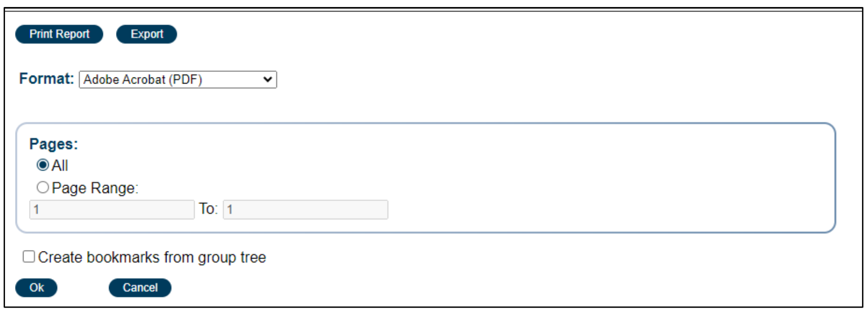
Report Output Fields:

Field	Description
Agency	Show your 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.
Referral ID #	Service Connection/Referral Connection form identification number.

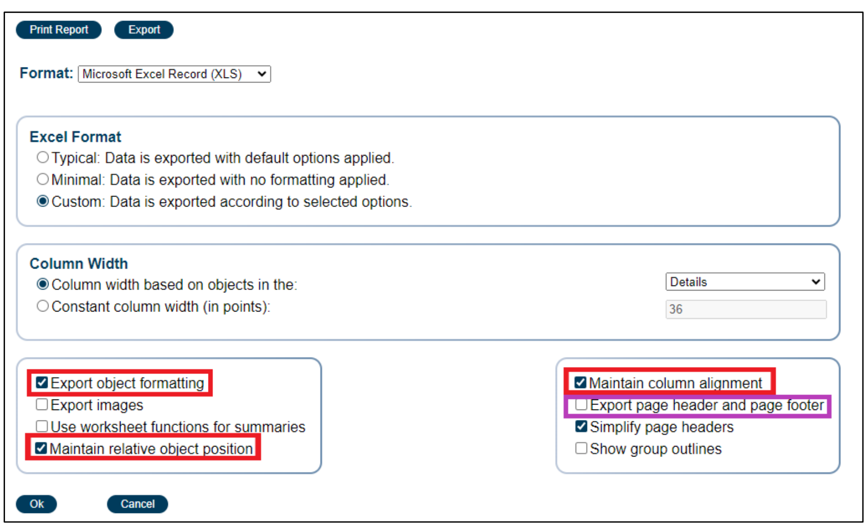
PATID	The patient's Sage identification number.
Patient Name (Last, First)	The patient's last and first name.
Date of Birth	The patient's date of birth.
Gender	The patient's gender.
Contact	The patient's prefer contact information (if available).
Appointment Date	The appointment date entered in Service 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	

Financial Reports

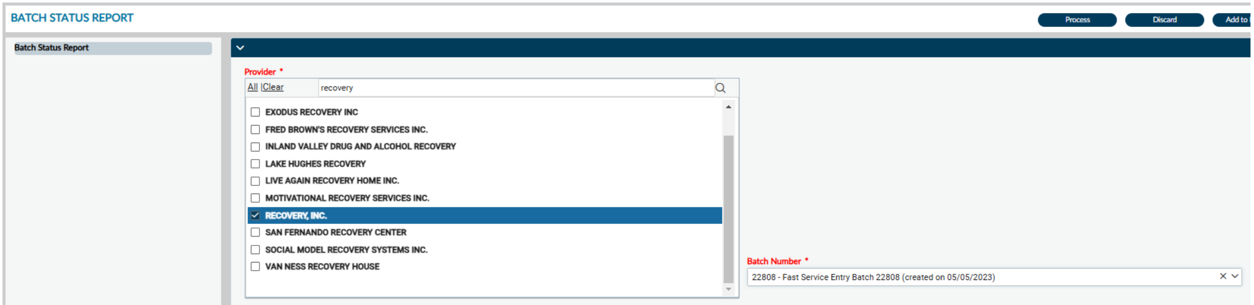
Batch Status Report

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.

<u>Report Parameters:</u>

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. <u>Primary Sage Users</u>: 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. <u>Secondary Sage Users</u>: 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:

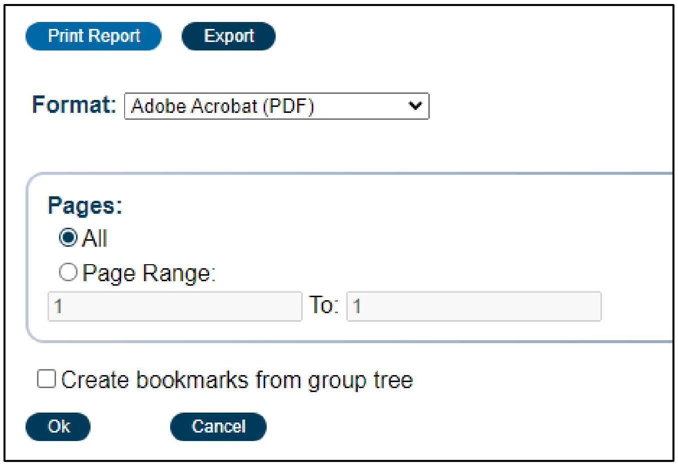
Field	Description
Summary Box	
Total Services	Total number of services in the batch.
Total Approved Units	Total number of approved units.
Total Denied Units	Total number of denied units.

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.
*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. *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 Approve, Deny, and Pend. It reflects the adjudication of the service. *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.

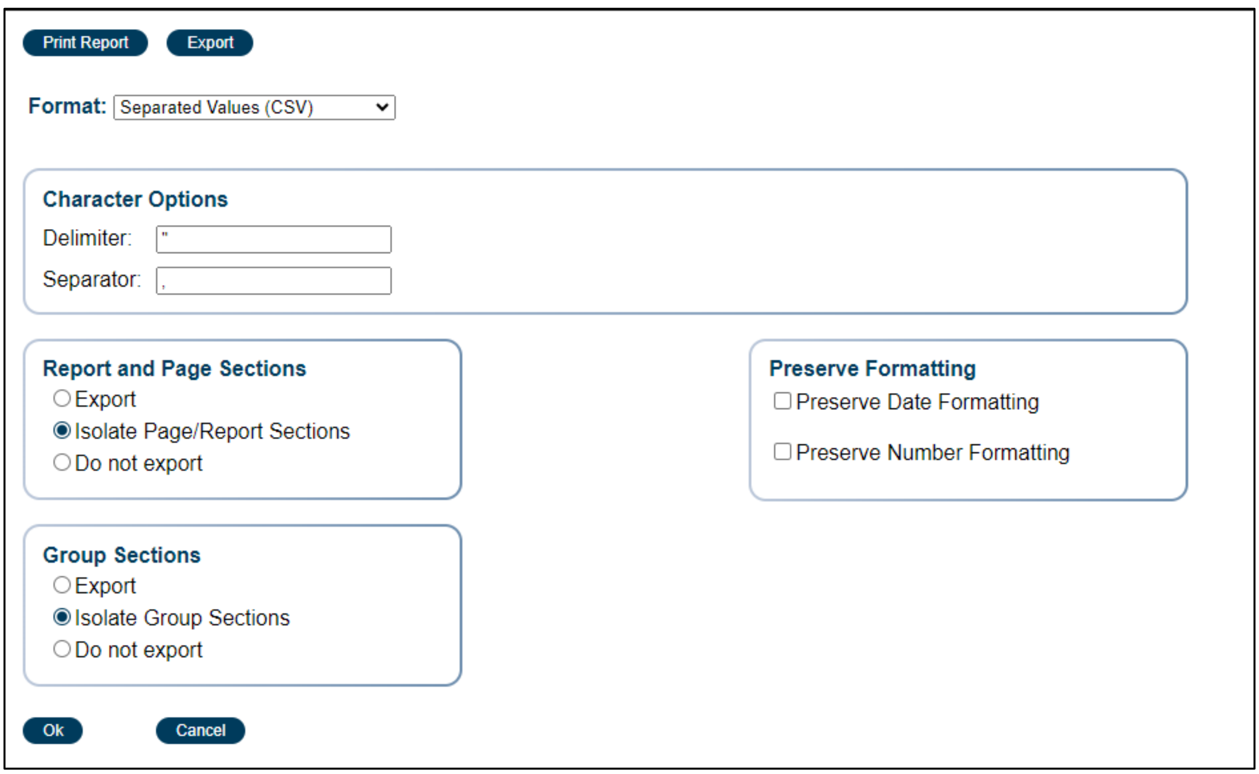
An asterisk (*) indicates a new or updated field

Report Export:

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:

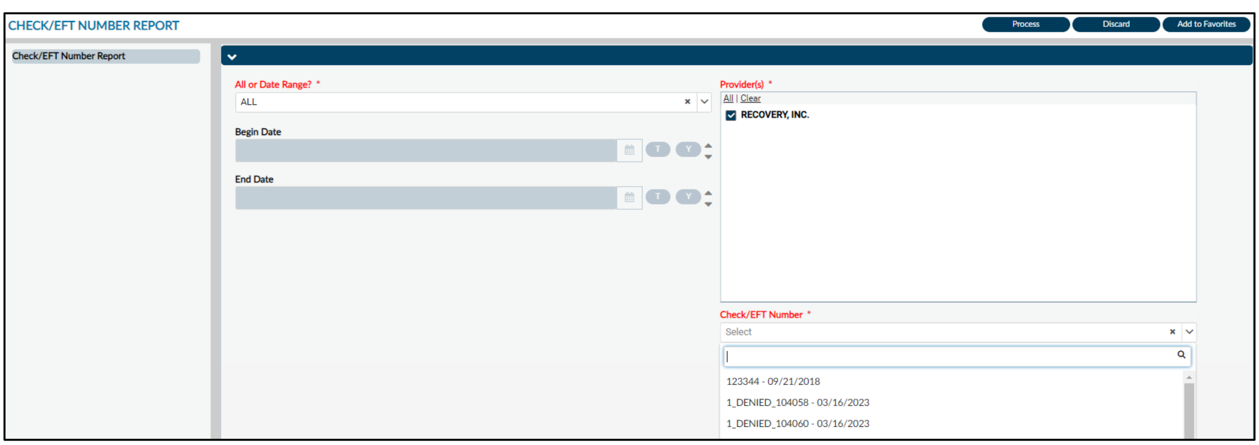
	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2	Batch Stat	Recovery,	Batch Stat	BATCH ID : 22808									
3	Member I	Date Of Se	Procedure	Auth Num	Program	Performin	Units	Amt Billec	Total Fee	Expected	A/D/P	A/D/P Me	EOB #
4	DOO,SCO(	5/5/2023	H0050:UA:	112172	Recovery	HINDMAN	1	50	45.61	45.61	Approved	The 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											

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.

<u>Report Parameters:</u>

Parameter	Description
All of Date Range? (Required)	**All**: It will generate a listing of all check numbers available by date. **Date Range**: It will limit the options of check based on check dates entered 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's 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.



<u>Report Output:</u>

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

Check/EFT Number Report

Check/EFT Date Range: -
Check/EFT Number: 09876556789
Check/EFT Amount: $200.00
Provider(s): Recovery, Inc.
Summary

Batch #	Total Billed	Total Pending	Total Approved	Total Denied
22668	$182.44	$0.00	$136.83	$45.61
Total:	**$182.44**	**$0.00**	**$136.83**	**$45.61**

Detail

Batch #	Program	Client ID	Date of Service	CPT Code	Claim Status	Explanation of Coverage	Amount Billed	Approved Payment
22668								
	Recovery Facillity							
		160851	2/25/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Denied	The service was denied for the following reason: No coverage level found.	$45.61	$0.00
		160851	2/26/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Approved		$45.61	$45.61
		160851	2/26/2023	"Behavioral health counseling and therapy, 15 minut" (H0004:U7)	Approved		$91.22	$91.22

The top section is a summary of the dollars associated with batches, where the Detail section has a 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.

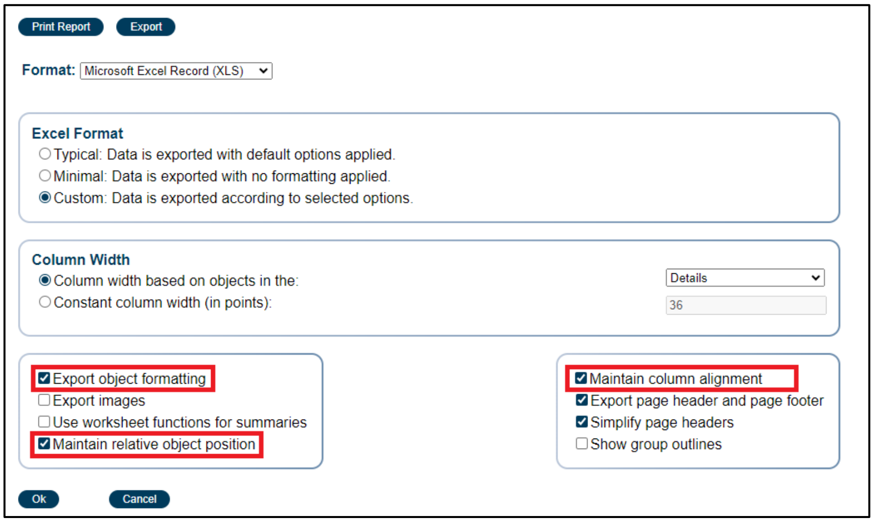
Report Output Fields:

Field	Description
Summary Section	
Batch #	Listing of all the batches associated with this check number.
Total Billed	The dollar amount billed to SAPC.
Total Pending	The dollar amount pending adjudication.
Total Approved	The dollar amount approved for the batch.
Total Denied	The dollar amount denied for the batch.
Detailed Section	
Batch #	The Batch 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: • Approved • Denied • Pending
Explanation of Coverage	Will only populate if the service was denied. It will indicate the reason for the denial.
Amount Billed	The amount billed for the service.
Approved Payment	The approved 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).** 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.



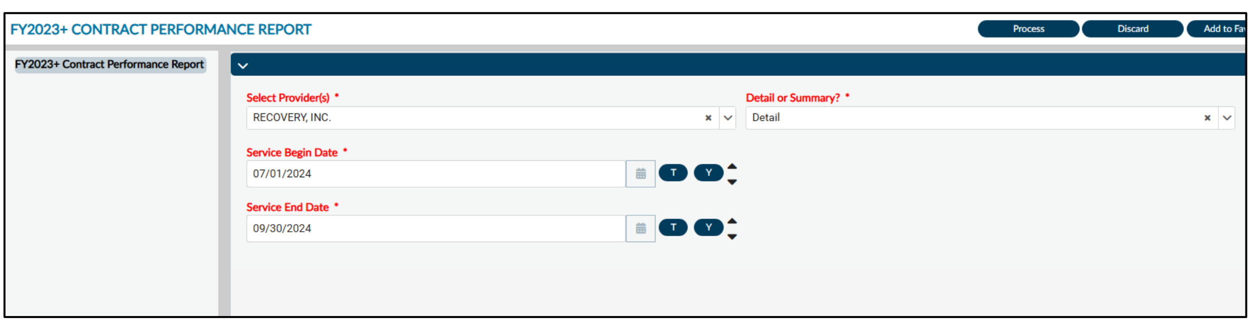
Contract Performance Reports

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

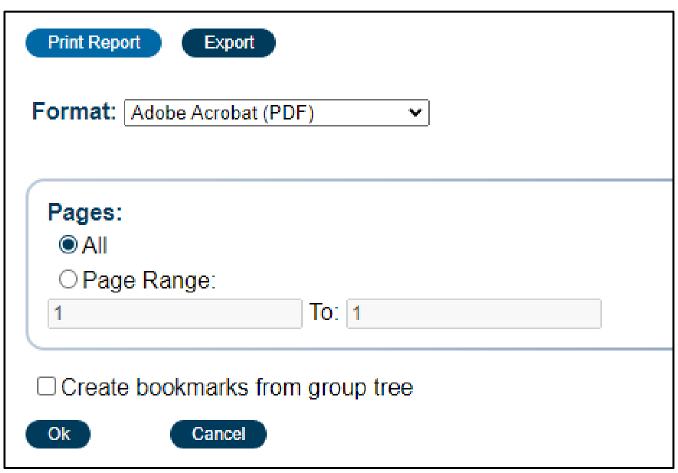
Location (Provider #)	Level of Care (LOC)	State Crosswalk	HCPCS Code Description	Unit Rate	YTD Billed UOS	Gross Amount Claimed	Approved UOS	Y-T-D Adjusted Approved Amount
Contract #: PH005555 (DMC-RECOVERY SERVICES) Contract Terms: 7/1/2024 to 6/30/2025								
	ASAM 3.1							
		H0001:U1			184	$0.00	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**

Report Output Fields:

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 coincide 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.
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.

Report Export:

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**.

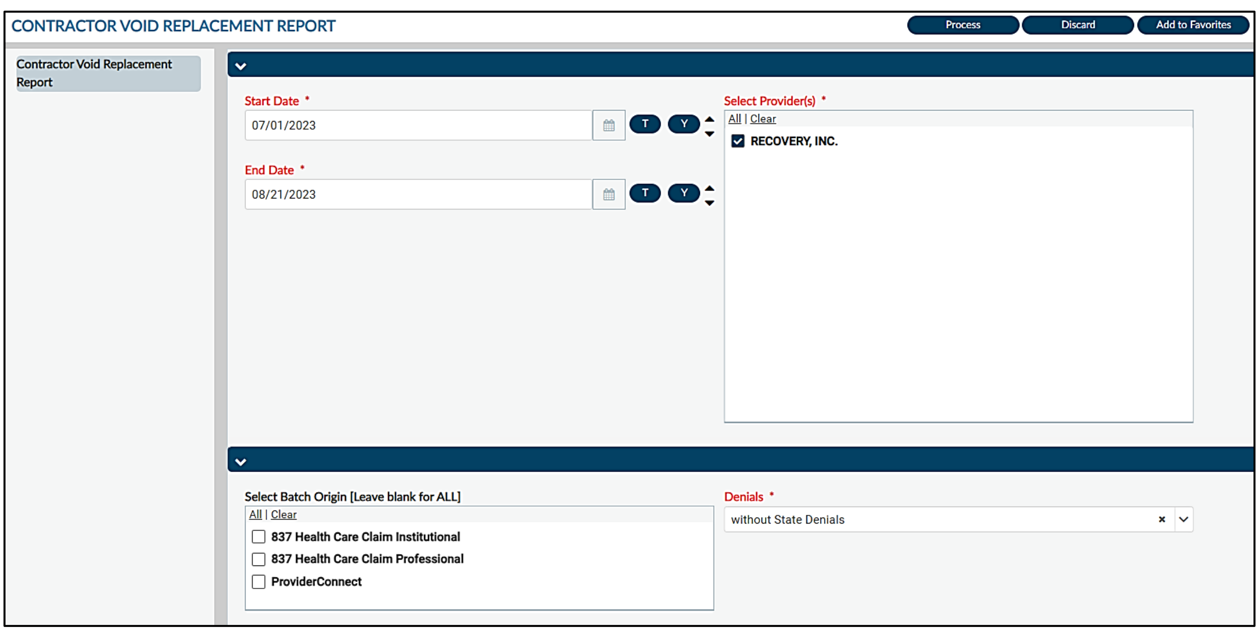


Contractor Void Replacement Report

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.

Report Parameters:

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] (optional)	Primary Sage Users: Leave Blank Secondary Sage Users: may select the appropriate 837 file type or leave blank.
Denials (Required)	Select "Without State Denials." *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. 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. 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

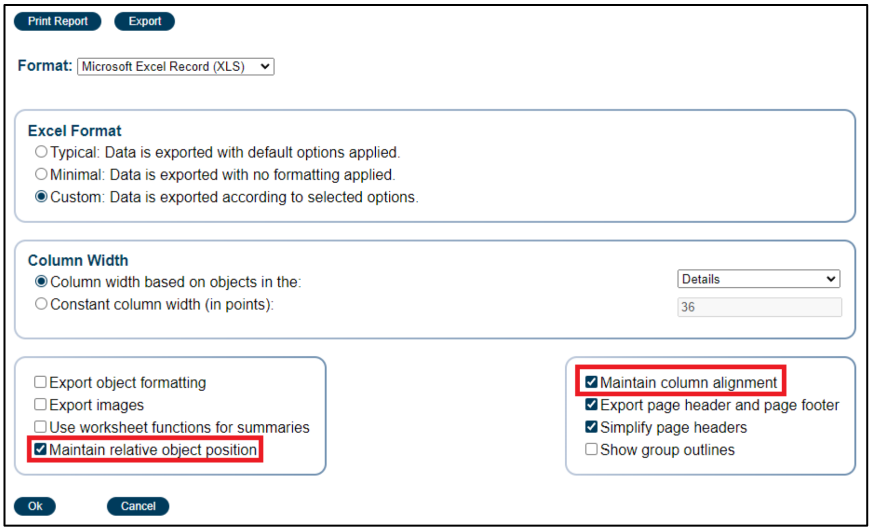
Report Output Fields:

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. Primary Sage users will see two options: 1. PC for ProviderConnect classic 2. MSO for PCNX submitted voids Secondary Sage users will see two options: 1. 837P 2. 837I
File Name	Secondary Sage users ONLY 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.
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.

	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. *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. *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. 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. *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.

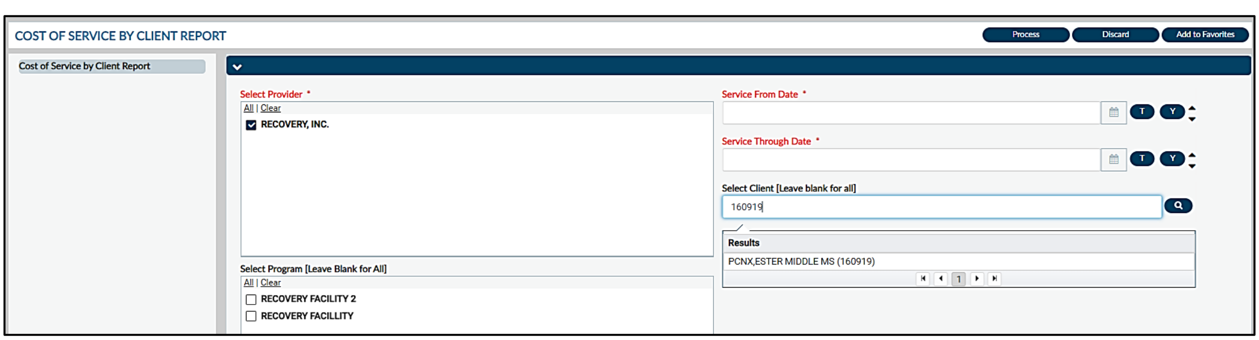


Cost of Service by Client Report

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.



<u>Report Output:</u>

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	12/10/202	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	12/10/202	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**

<u>Report Output Fields:</u>

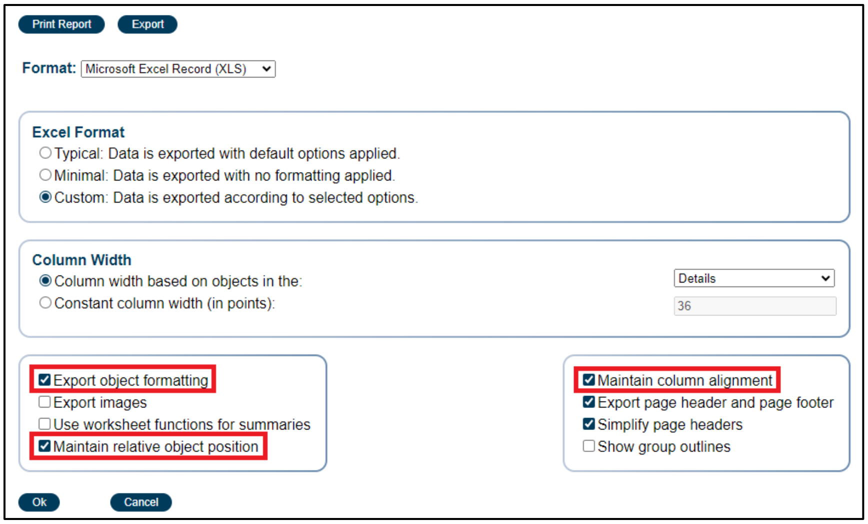
Field	Description
Provider	The agency name.
Program	The contracted program (side) that the service was billed under.
Patient	The patient's name- last name, first name.
PATID	The patient's Sage ID number.
Date of Service	The date of service.
EOB	The EOB number associated with the service.
BATCHID	The 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: A: Approved P: Pending 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. Example: • SAPC pays provider $200 for a service • SAPC bills the State $180 for a service • The State denies the service and SAPC auto recoups $180. • SAPC then does a second retro for $20. • In total $200 are recouped from the provider for the State Denied Service. 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.

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**, **Export images**, **Maintain relative object position**, and **Maintain column alignment**.

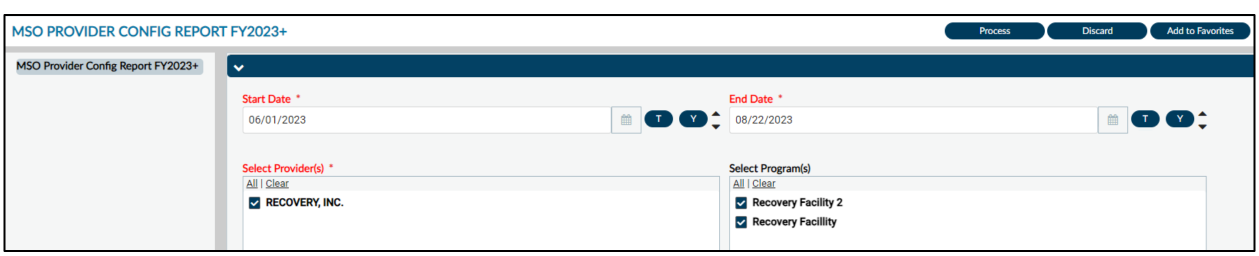


MSO Provider Config Report 2023+

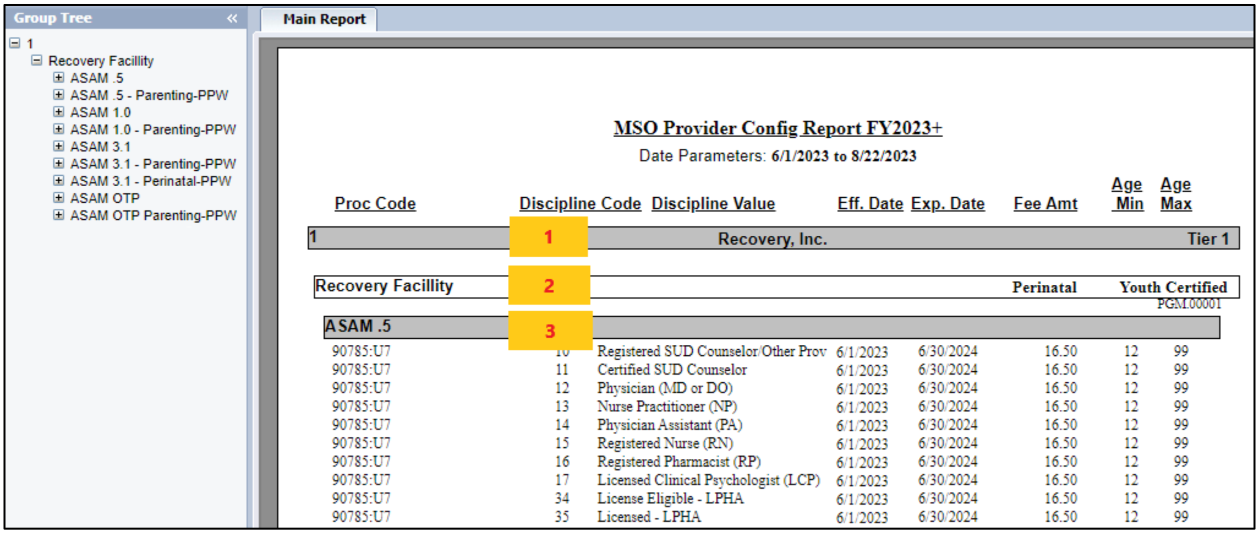
The MSO Provider Config 2023+ report is a new report that is now available to providers. This report provides a listing of the configured procedure codes and fees by site, level of care, and practitioner type. If providers get denials for "Procedure Not of Fee Schedule," this report can be used as a 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 *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) (optional)	This report could be run for all or some sites. *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.

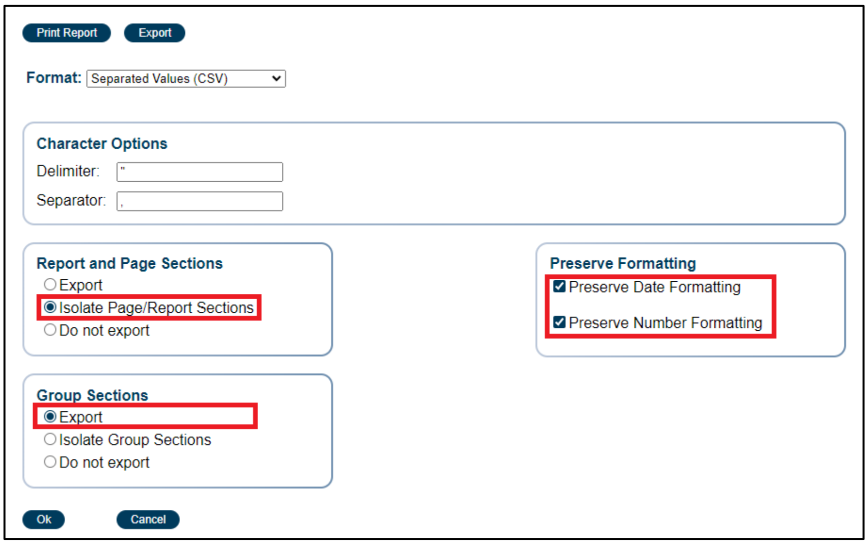
Report Output Fields:

Field	Description
1. LE/Agency Name/Tier	The top grayed out row indicates the **Legal Entity** (LE) number. For Recovery Inc this is 1. The **Agency Name** is centered 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. *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.

	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 !	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.

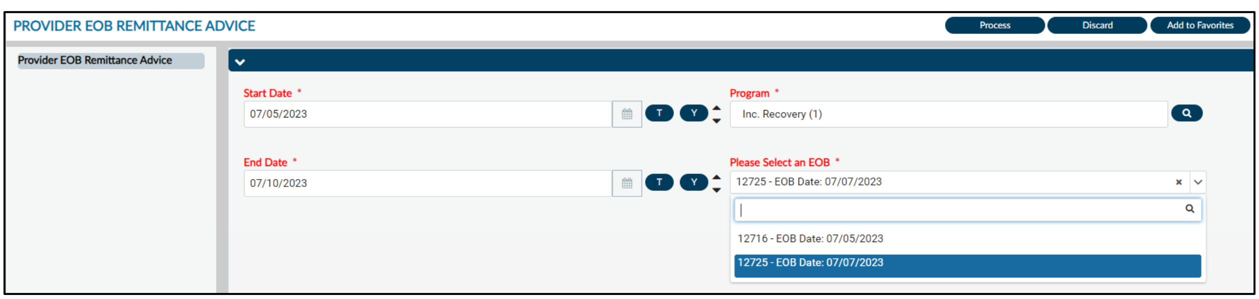
Column E (Perinatal) and Column F (Youth Certified) will be blank if the site is not configured for those services. Those columns may be hidden.

Provider EOB Remittance Advice

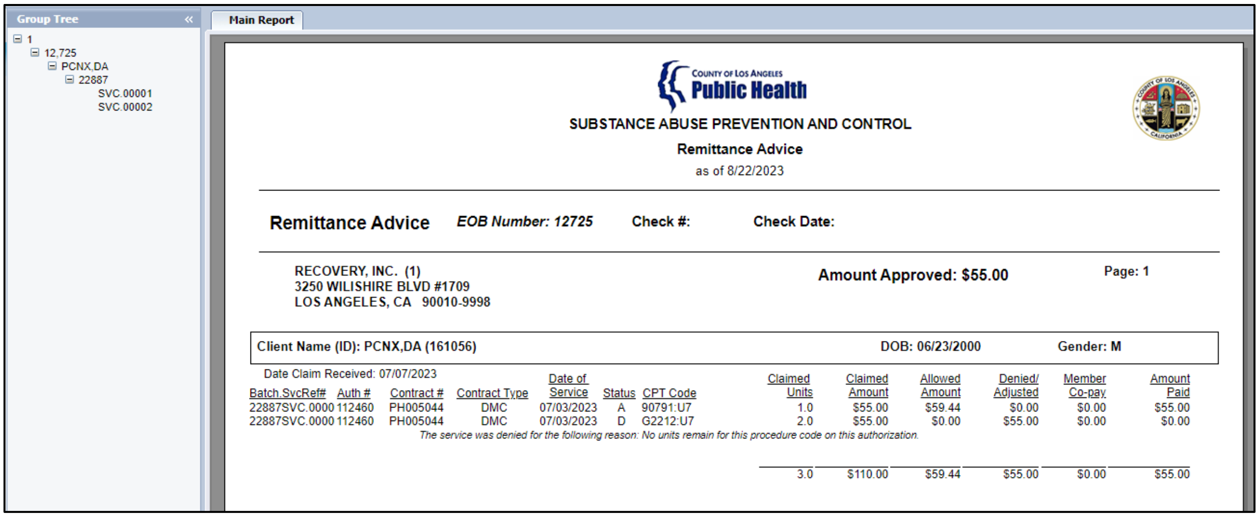
Providers historically have been provided copies of their EOB Remittance Advices via the Secure File Transfer Protocol (SFTP). With the transition to PCNX, providers will be able to access their EOBs directly from PCNX, including all historical EOBs.

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:



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.

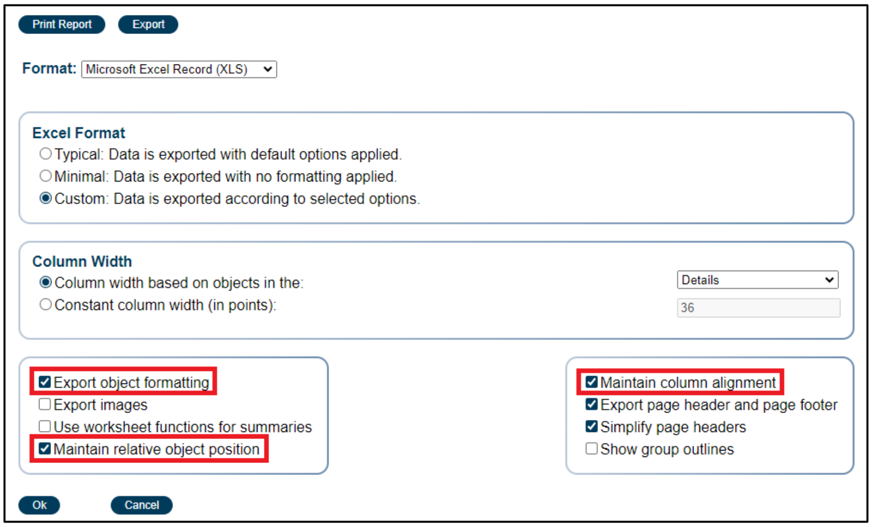
The report will list the patient and service information, including the adjudication.

<u>Report Output Fields:</u>

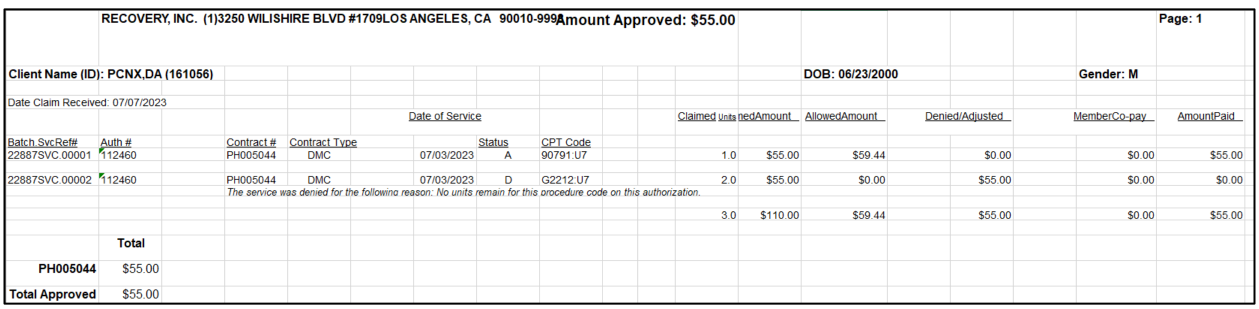
Field	Description
Batch. Svc Ref#	This is a combination of the Batch ID number and a specific service reference number. The combination allows for specificity of a service. This helps in denial investigations.
Auth #	The authorization number entered on the claim.
Contract #	The provider's contract number.
Contract Type	They type of contract.
Date of Service	The date of the service.
Status	The adjudication status. • A: Approved • D: Denied • 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 90010-999Amount 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

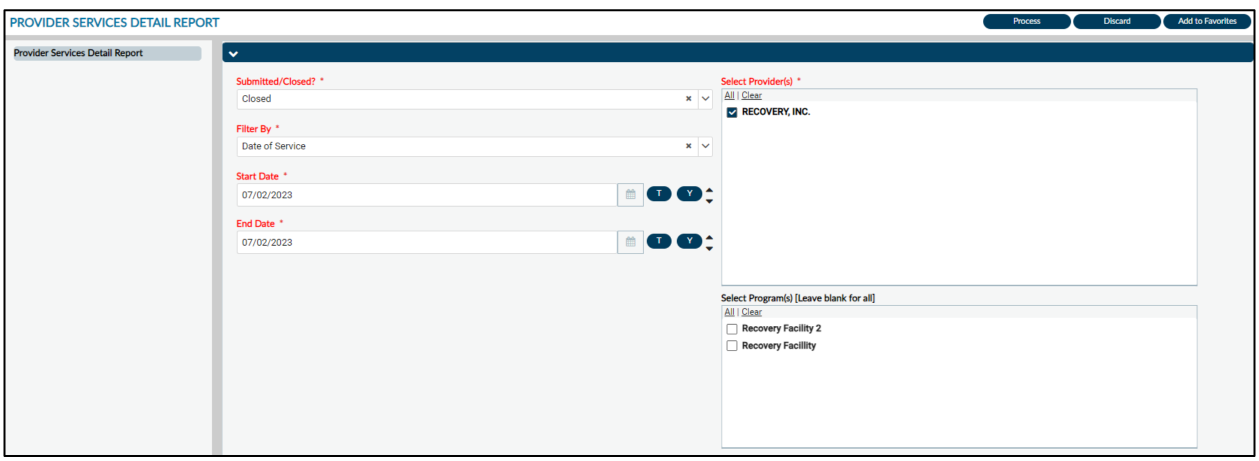
Provider Services Detail Report

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. 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. 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:

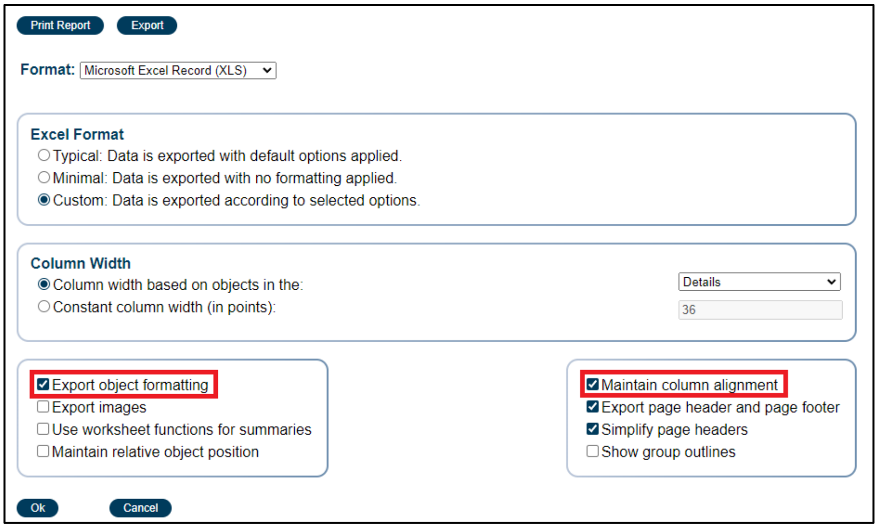
Field	Description
Provider	The agency name.
Contracting Provider	The site location billed.
Client ID	The patient's Sage number.
Client Name	The patient's name.
Auth Number	The authorization number used on the claim.
Date of Service	The service date.
Date Billed	The date the services was submitted to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

	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.



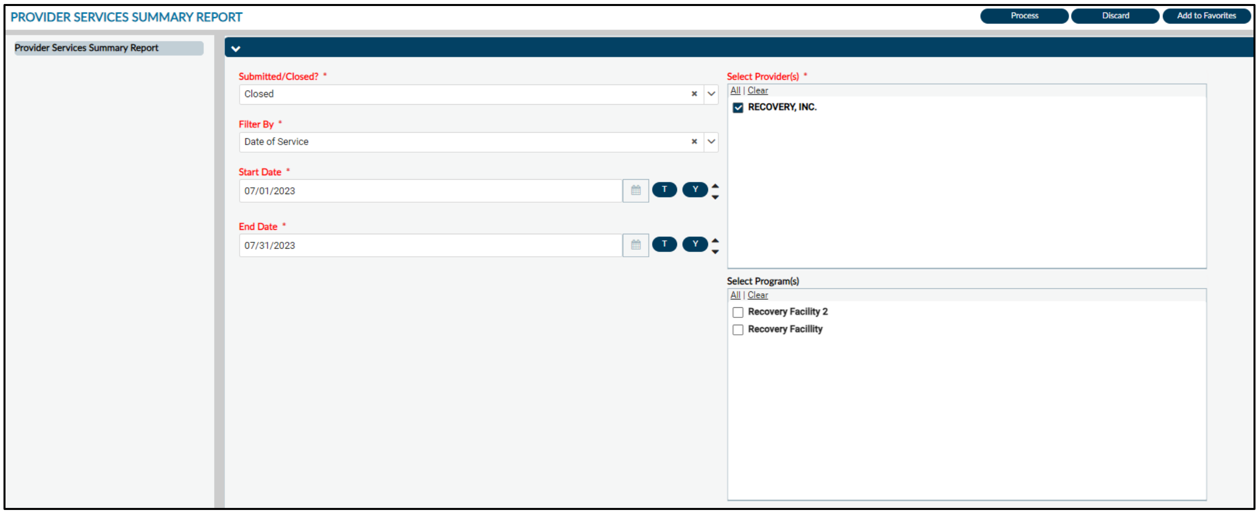
Provider Services Summary Report

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. 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. Secondary providers batches are closed automatically upon 837 submission, 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.



Report Output:

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

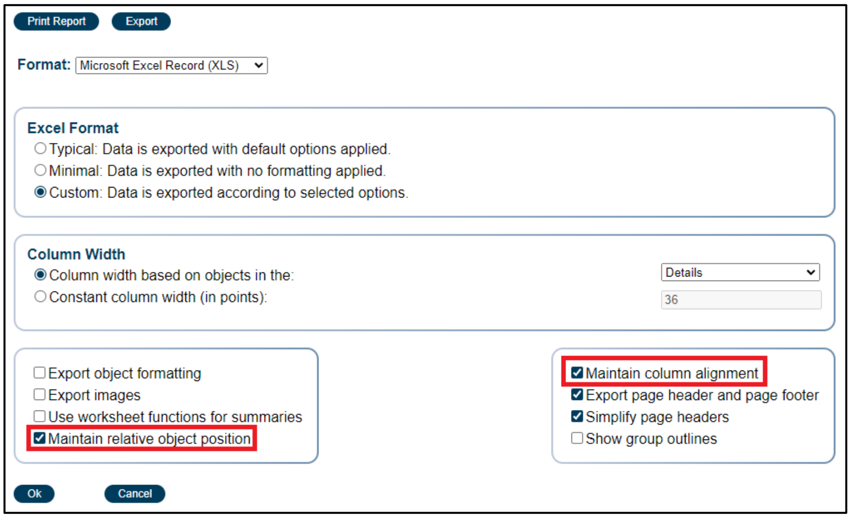
Report Output Fields:

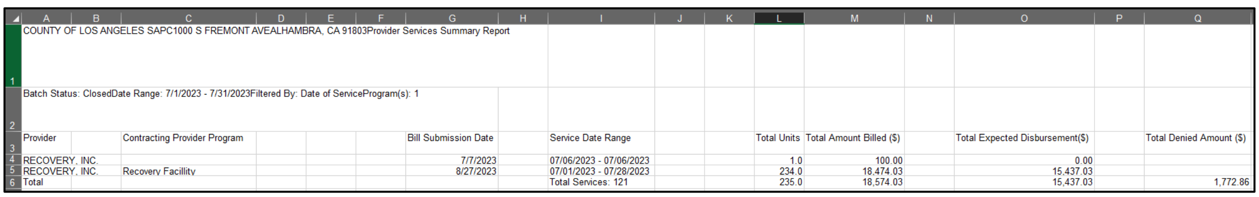
Field	Description
Provider	Agency name.
Contracting Provider Program	The provider site associated with billing.
Bill Submission Date	Date that the claims were submitted to SAPC via PCON, Fast Service Entry Submission (PCNX), or when 837 file was loaded in Sage.
Service Date Range	The range for dates 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.

Report Export:

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.



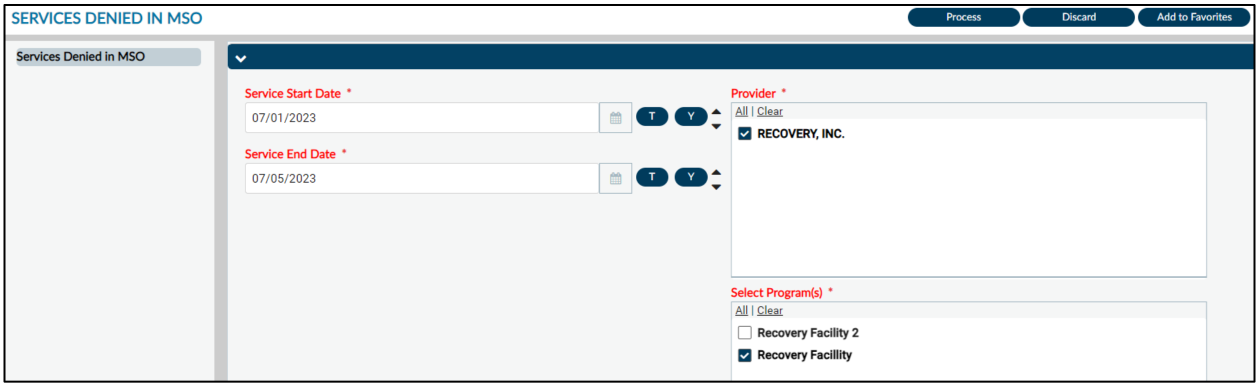


Services Denied in MSO

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.

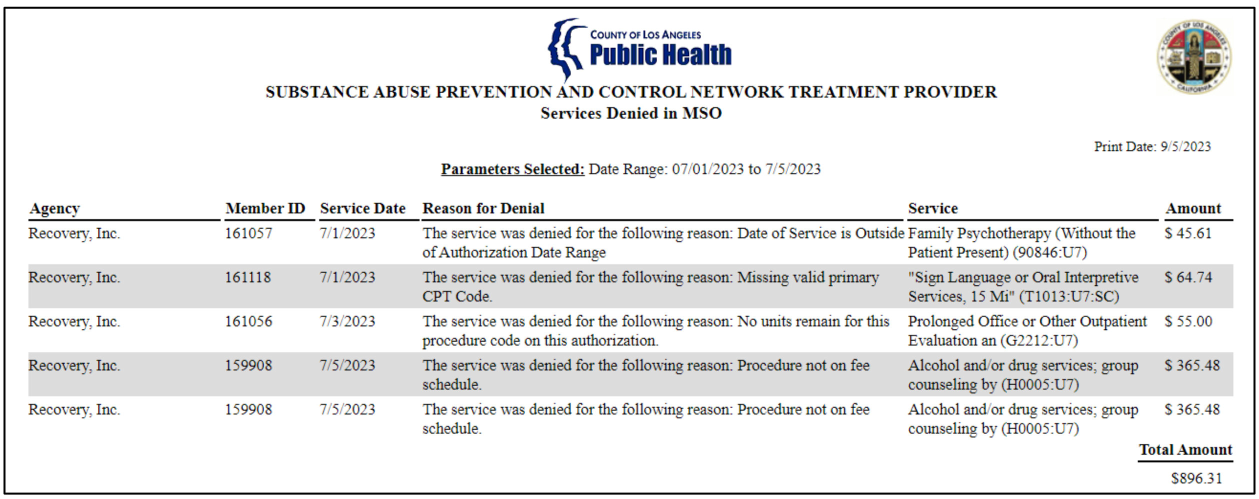
<u>Report Parameters:</u>

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: 9/5/2023

Parameters Selected: Date Range: 07/01/2023 to 7/5/2023

Agency	Member ID	Service Date	Reason for Denial	Service	Amount
Recovery, Inc.	161057	7/1/2023	The service was denied for the following reason: Date of Service is Outside of Authorization Date Range	Family Psychotherapy (Without the Patient Present) (90846:U7)	$ 45.61
Recovery, Inc.	161118	7/1/2023	The service was denied for the following reason: Missing valid primary CPT Code.	"Sign Language or Oral Interpretive Services, 15 Mi" (T1013:U7:SC)	$ 64.74
Recovery, Inc.	161056	7/3/2023	The service was denied for the following reason: No units remain for this procedure code on this authorization.	Prolonged Office or Other Outpatient Evaluation an (G2212:U7)	$ 55.00
Recovery, Inc.	159908	7/5/2023	The service was denied for the following reason: Procedure not on fee schedule.	Alcohol and/or drug services; group counseling by (H0005:U7)	$ 365.48
Recovery, Inc.	159908	7/5/2023	The service was denied for the following reason: Procedure not on fee schedule.	Alcohol and/or drug services; group counseling by (H0005:U7)	$ 365.48

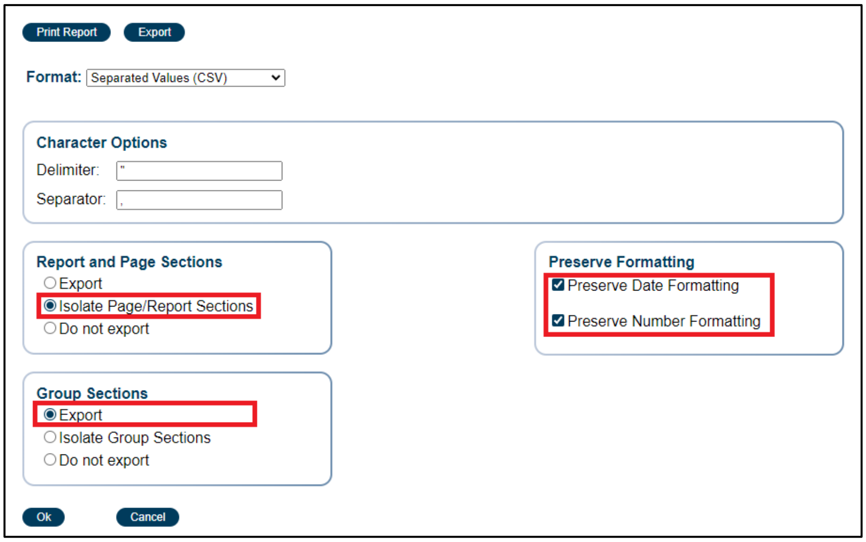
Total Amount
$896.31

<u>Report Output Fields:</u>

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	
Total Amount	The total amount denied.

<u>Report Export:</u>

It is recommended this report is 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
1	SUBSTANCE	Print Date: 9/5/2023				
2	Parameters Selected: Date Range: 07/01/2023 to 7/5/2023					
3						
4	Agency	Member ID	Service Date	Reason for Denial	Service	Amount
5	Recovery, Inc.	161057	7/1/2023	The service was	Family Psychotherapy (Without the Patient Present) (90846:U7)	$45.61
6	Recovery, Inc.	161118	7/1/2023	The service was	"Sign Language or Oral Interpretive Services, 15 Mi" (T1013:U7:SC)	$64.74
7	Recovery, Inc.	161056	7/3/2023	The service was	Prolonged Office or Other Outpatient Evaluation an (G2212:U7)	$55.00
8	Recovery, Inc.	159908	7/5/2023	The service was	Alcohol and/or drug services; group counseling by (H0005:U7)	$365.48
9	Recovery, Inc.	159908	7/5/2023	The service was	Alcohol and/or drug services; group counseling by (H0005:U7)	$365.48
10	Total Amount	$896.31				
11	Page -1 of 1					

Clinical and Financial Reports

Authorization Request Status Report

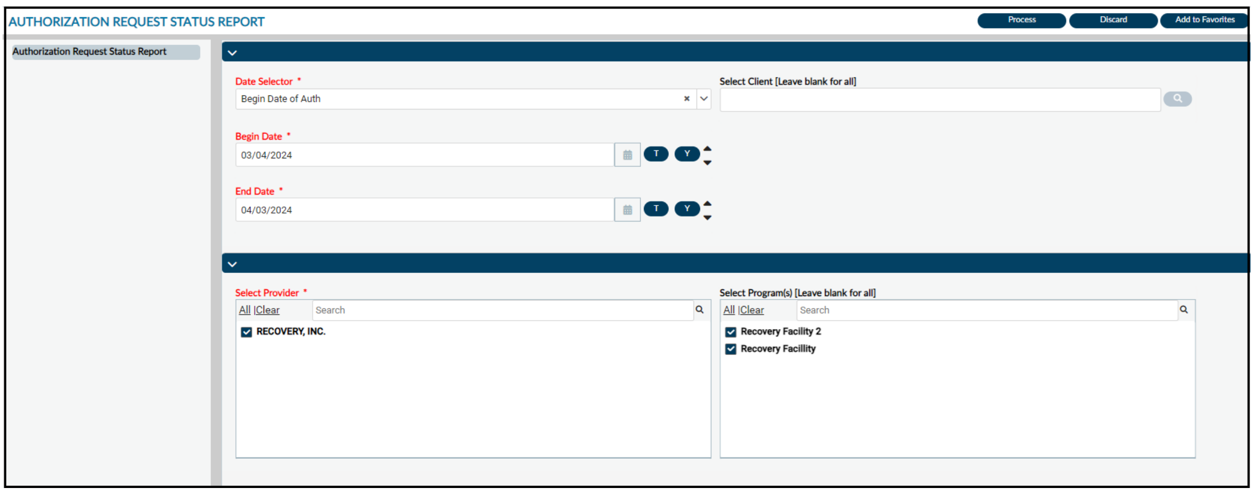
The Authorization Request Status Report provides a listing of authorizations within the selected parameters. This report will indicate when an authorization was initially requested, the current status of the authorization, funding source, the practitioner who originally submitted the authorization, as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

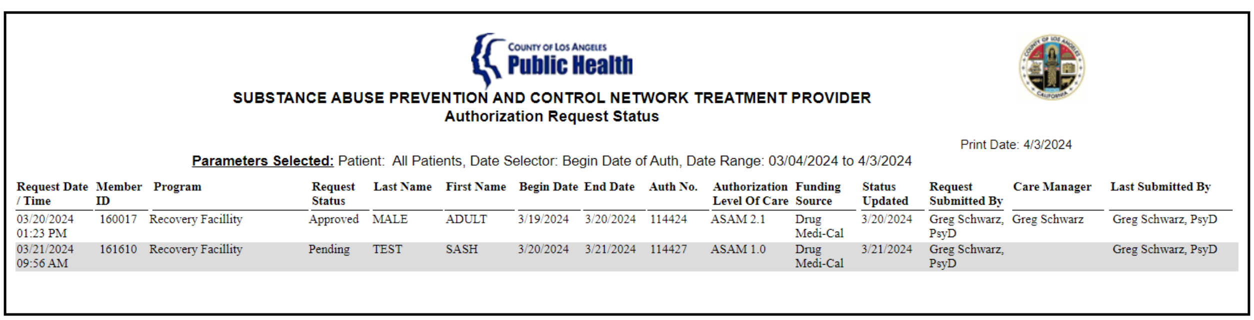
Parameter	Description
Date Selector (Required)	Specify if date range entered will be based off the authorization start date, authorization entry date (when the last time the submit button was clicked on the authorization), or authorization end date.

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] (optional)	This report can be patient specific. If this field is left blank it will pull authorizations for all patients meeting the parameters. A Patient's name or PATID may be entered.
Select Provider (Required)	The Agency name.
Program (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.



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

<u>Report Output:</u>



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

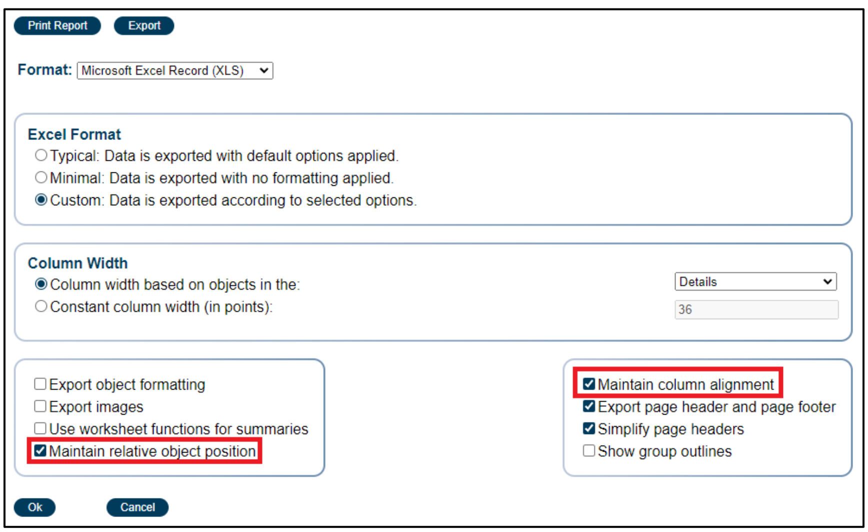
The report has been updated so the **Authorization Level of Care** reflects either the authorization grouping or the Benefit Plan. If only the **Select Provider** is selected, then PAuths will also be pulled into the report. If a provider is a campus provider, it is recommended the report is run with 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	
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.



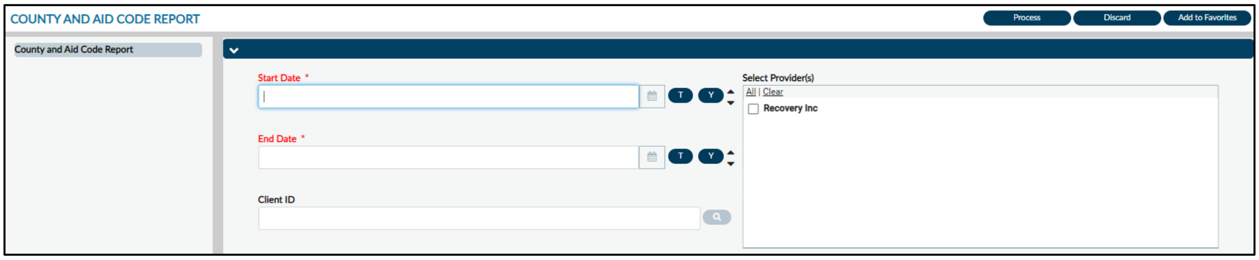
County and Aid Code Report

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.

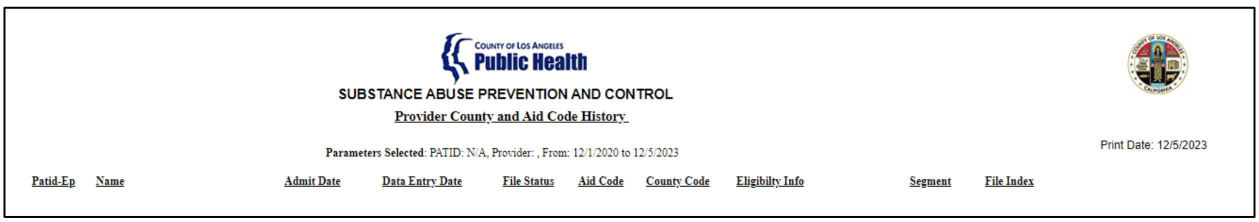
Report Parameters:

Parameter	Description
Start Date (Required)	The earliest day the report will pull.
End Date (Required)	The latest date the report will pull.

Client ID (optional)	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:



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.

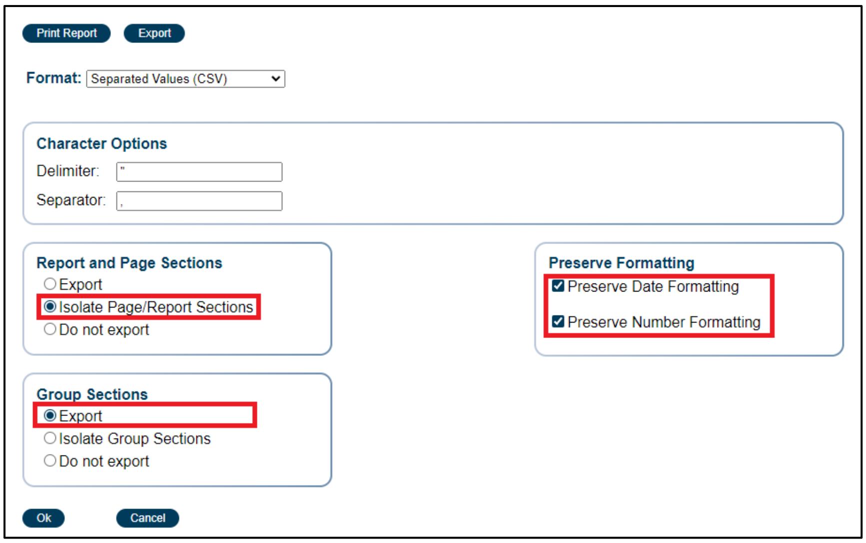
Report Output Fields:

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.
Aid Code	The primary aid code.
County Code	The County of Responsibility Code • Note: 19 = Los Angeles
Eligibility Info	Will indicate if Medi-Cal benefits are active for the period.

Segment	This is a required field for the report to accurately populate but is not used by providers.
File Index	This is a required field for the report to accurately populate but is not used by providers.

Report Export:

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.



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.

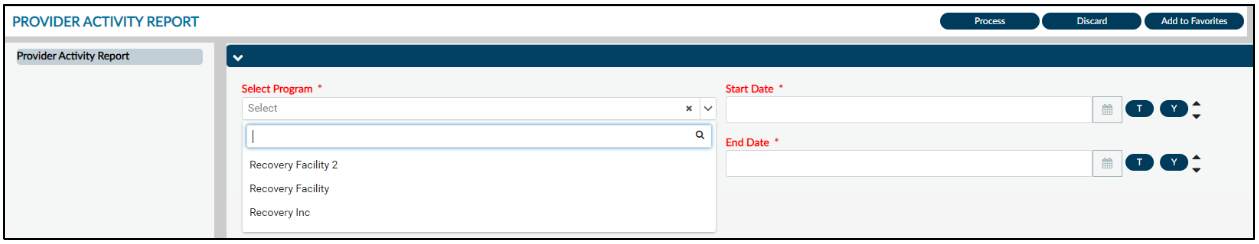
Notes left in draft were to be replicated in the new **Progress Note** form so they can pull into the **Progress Note Status Report**.

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

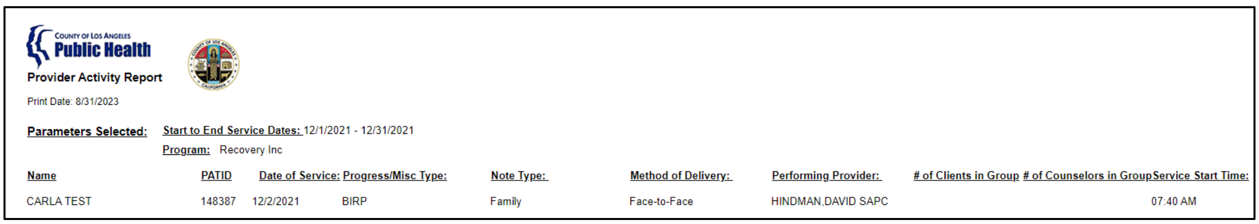
Report Parameters:

Parameter	Description
Select Program (Required)	Dropdown with Agency name and sites. *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.

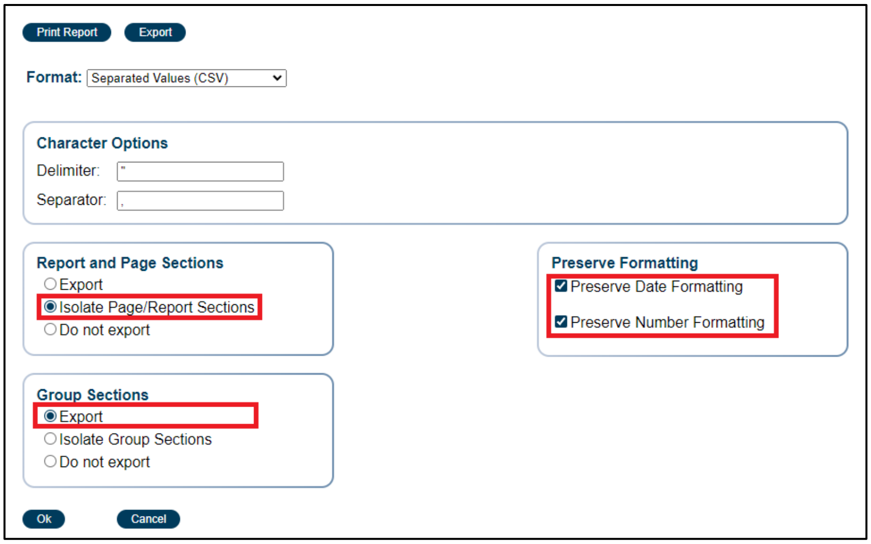
Financial Purpose

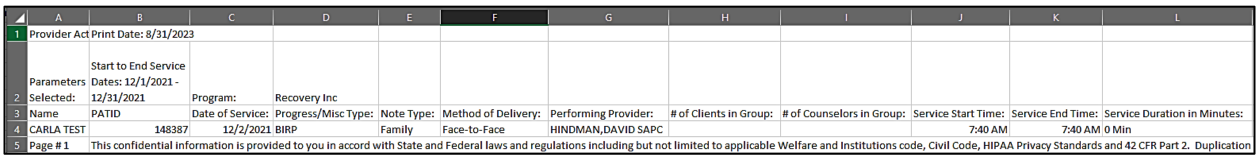
For financial purposes, this report is meant for Primary Sage Users who complete their clinical documentation in Sage. This output will allow billers to identify the needed categories to bill pre-FY 23/24 services.

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.

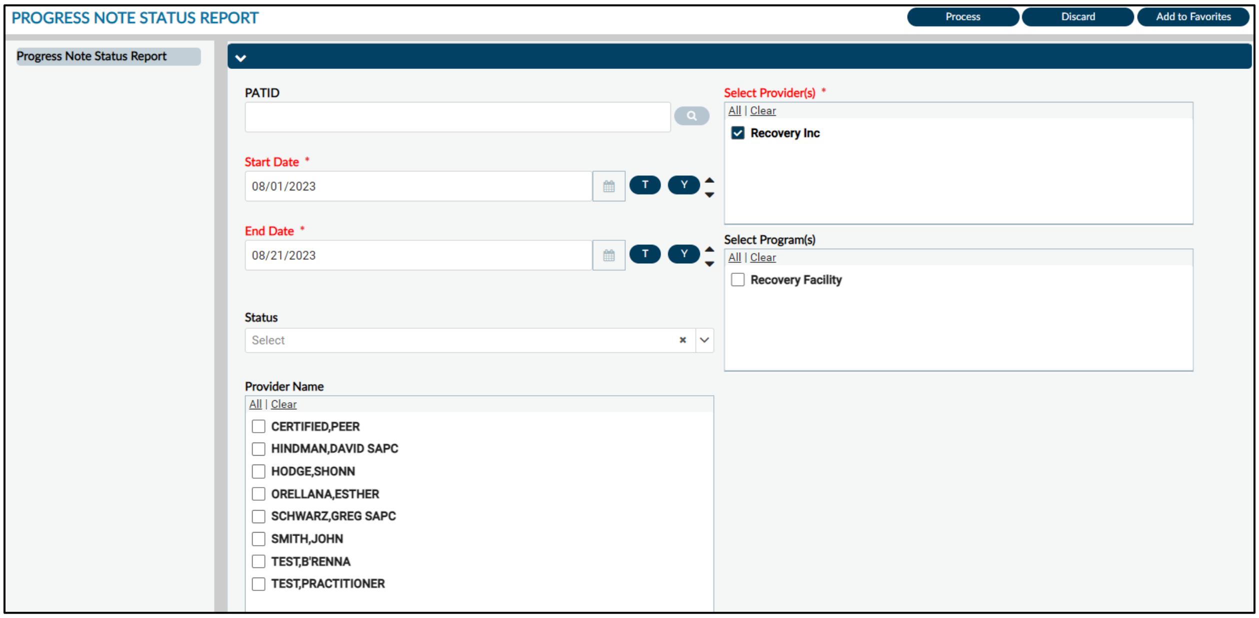
This report was updated 4/3/2024 in alignment with updates to the Progress Note form. The Progress Note Status Report was updated to calculate the duration column based on the new **Duration** field for notes submitted on 4/3/2024 and after. For notes finalized on 4/2/2024 and before, the duration column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

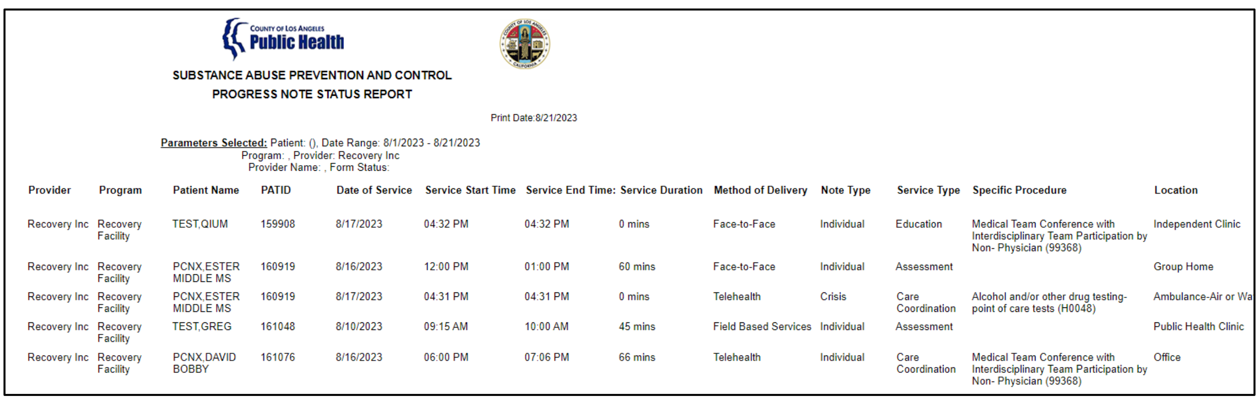
<u>Report Parameters:</u>

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. 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:


SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE STATUS REPORT

Print Date:8/21/2023

Parameters Selected: 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.