Substance Use Disorder Information System

Communication Release

06/09/2025

KPI Truncation

KPI data is truncated every six (6) months at the beginning of the calendar and fiscal year. KPI maintains a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY), and the current FY and CY. As such, KPI data will be truncated on 7/1/2025, limiting available data to include only 1/1/2023 - present. As with previous truncation periods, providers who would like copies of KPI data from the time period 7/1/2022 - 12/31/2022 are encouraged to export relevant data from KPI on or before 6/30/2025.

The following data will be available effective 7/1/2025:

- Second half of Fiscal year 22/23; FY 23/24; FY 24/25; FY 25/26 to date
- CY 2023; CY 2024; CY 2025 to date

ROI Requirement for Primary Providers

Effective 7/1/2025, all Primary Sage Users will be required to utilize the Sage Release of Information- In Network form to record patient releases of information (ROI). Providers will no longer be able to just upload the paper-based form into the Provider File Attach module. If providers are unable to get the patient signature directly in Sage-PCNX but are able to get signatures outside of Sage for telehealth patients, the actual signed document can be uploaded into Provider File Attach and linked to the Sage Release of Information completed in Sage to take advantage of the functionality. Documenting consent in Sage will help streamline consents and enable additional functionality for consents management that will be introduced into the system in the coming months.

For Secondary Sage Users, while we are not requiring use of the form at this time, it will still be greatly beneficial to utilize the form in Sage for tracking and consents management functionality. Secondary Sage Users are strongly encouraged to utilize the form and follow the same process of uploading the signed form and linking to the Sage form if the patient is not able to sign directly in Sage.

SAPC provided a training on how to use the ROI form, which is available in the SAPC-LNC system to all providers.

End of Year Reminders

SAPC and Netsmart are diligently working to prepare Sage for FY 25-26. The following key considerations will help providers prepare to navigate the EOY transitions:

- **No Authorization Blackout during FY 25-26 Cut-Over:** SAPC is happy to announce that an authorization blackout is not anticipated. As such, providers will be permitted to continue to submit authorizations as we transition into FY 25-26.
    - Secondary Sage Users: If you are a secondary Sage User, please ensure your EHR is updated with the new split authorization numbers for the FY 25-26 in preparation for billing for the new fiscal year. New authorization numbers for split authorizations are available for providers to access via Sage PCNX using the Authorization

Request Status Report. Claims for FY 25-26 submitted with a FY 24-25 authorization number will be denied for "Invalid authorization number" and denial code CO 284 M62.

- **Providers can continue to submit claims for FY 24-25:** Providers can and should continue to submit claims from FY 24-25 with service dates through June 30, 2025, for adjudication during the EOY cut-over period. Currently, SAPC is not anticipating a claiming blackout for FY 25-26 services; however, providers should continue to review SAPC communications for updates.

- **SAPC will inform providers in the coming weeks if a Claim Submission Blackout for Dates of Service of 7/1/2025 and later will be necessary.**

SAPC-LNC Sage Training Requirements

All new Sage users must complete Sage trainings using the new SAPC Learning and Network Connection system, SAPC-LNC. The online training videos and post-test will be removed from the SAPC website by 6/13/2025. The SAPC-LNC is a more streamlined learning management system that will allow users to be assigned to specific training sets based on their user role and quickly access required trainings. The Sage-PCNX trainings are nested under the Sage Electronic Health Record Trainings content library, and various training sets for different user roles including secondary Sage users, clinical and financial user roles, and operations and administrative user roles are available for completion. Once completed, certificates of completion are automatically created and sent to SAPC to complete onboarding.

DHCS Medi-Cal Provider Portal

The Department of Health Care Services (DHCS) is implementing a series of changes to enhance existing electronic services and, in some cases, implementing new tools for Medi-Cal providers and submitters. DHCS requires that all users performing transactions, including running eligibility checks, register for the Medi-Cal Provider Portal by Monday July 7th. DHCS will discontinue the current Medi-Cal Transaction Services website on July 7th as it will be migrated to the new Provider Portal. Each user is required to have their own login to access the portal. Providers will still have access to the 270 request, AEVS and POS machines, which are not impacted by this migration. An administrator for the provider can contact the Telephone Service Center at (800) 541-5555 to request initial access. Only the administrator needs to call and register, at which point, they can enroll other users internally.

To support users in this transition, DHCS is hosting live virtual Medi-Cal Provider Portal Office Hours Question and Answer (Q & A) sessions to answer any questions providers may have regarding the Provider Portal. Registration is required.

Office Hours	Dates	Microsoft Teams Registration Link
10 to 11 a.m.	June 10, 2025	Medi-Cal Provider Portal Office Hour
10 to 11 a.m.	June 17, 2025	Medi-Cal Provider Portal Office Hour
10 to 11 a.m.	June 24, 2025	Medi-Cal Provider Portal Office Hour

For additional information please see the DHCS' Electronic Services Transition page. Please see the published FAQs for the new Provider Portal for additional information on how to register and the key differences.

State Denials for CO 177, CO 96 N362, CO 96 N54

Issue: DHCS has provided SAPC a list of FY 23-24 services that were erroneously denied due to various system issues with codes CO 177, CO 86 N362, and CO 96 N54.

- The CO 177 State denials mainly impacted service codes H2014, H2015, H2017, and T1017, for patients that have active OHC. These service codes are exempt from OHC requirements, but the state system did not recognize them as such.

- The CO 96 N362 state denials inaccurately denied 3.7/4.0 WM services with more than 1 unit, when the denial rule should only apply to non-inpatient claims.
- The CO 96 N54 denials also only impacted 3.7/4.0 WM services, where the state system was unable to map a rate for those services.

Resolution: For the impacted services, SAPC has placed the list of claims that still need to be rebilled in the SFTP folder for each provider under "Files\06-02-2025". They are available on the SFTP through 06/09/2025. Providers can resubmit these services at anytime prior to the June 30, 2025, deadline.

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837 File Processing Delays

Update: SAPC continues to work with Netsmart to resolve the issue of some 837 files not processing within 48 hours of upload to the SFTP. Netsmart has indicated that one of the causes of the delay is due to those files having a high volume of claims. Netsmart has recommended that providers submit 837 files with no more than 2,000 claims to help to minimize processing delays. SAPC will continue to provide updates as a permanent solution is identified.

Prior Communication: SAPC is aware of the recent delays in processing time for some 837 files submitted by providers to the SFTP folders. The majority of files are being processed in the normal time frames. However, there are some files with a delay in the loading, compiling, and posting of the file. SAPC's investigation shows that these impacted files are being processed between 1 to 3 days from upload to the SFTP and have not found any files that are not loading. Providers should submit a help desk ticket under "Request Billing Assistance", should they find any files that did not process within 3 days of uploading. We are working with Netsmart to identify and resolve the issue.

Replacing Denied Services

Providers are reminded that when rebilling both local and State denials, the service should be resubmitted as a replacement service instead of an original service. This aids in tracking the claim through Sage as well as reducing denials when the service is billed to DHCS. SAPC Finance has been seeing recent denials from DHCS due to issues with services being submitted as originals instead of replacements. If agencies need assistance with understanding how to replace services, please open a Sage Help Desk ticket using the Request Billing Assistance form or email SAPC-Finance@ph.lacounty.gov to request a meeting.

Updated Checklist of Required Documentation for Utilization Management

Updated Checklist of Required Documentation for Utilization Management to include additional information on Recovery Incentives-Contingency Management (RI-CM) and Pregnant and Parenting Women (PPW) requirements.

Highlights from Previous Communications

Enhancing Accuracy and Benefit of Sage Reports through Proper Documentation: Sage data and reporting is dependent on providers completing necessary documentation in a timely and accurate manner. SAPC has noticed missing required forms—such as Referral Connections, and the Discharge and Transfer Forms—that are necessary for various reporting needs. These Sage reports are needed for SAPC and provider utilization to review services provided, status of services provided, and properly manage business operations—making it critical that providers complete all the required documentation. Without proper and accurate documentation, SAPC and providers are at risk for not meeting compliance standards. Providers can review the Provider Manual for various requirements; however, the largest gaps are with Referral Connections and the Discharge and Transfer Form not being completed in Sage.

- **Referral Connections**: Providers are REQUIRED to complete a Referral Connections for all walk-in/call-in patients requesting services for which a screening was completed, except those referred by SASH, CENS, or CORE. Providers cannot bill for the screening without a corresponding completed Referral Connections in Sage.
- **Discharge and Transfer Form**: All providers, Primary and Secondary Sage Users, are REQUIRED to complete the Discharge and Transfer Form directly in Sage. This is a crucial form, along with the CalOMS Discharge forms, to indicate completion of a treatment episode. Without a completed Discharge and Transfer Form in Sage, SAPC nor our provider network, can accurately identify current patients or historical census for managing capacity.

To assist in improving compliance for these and other requirements, SAPC is in the process of simplifying these forms and developing methods to alert providers to the requirements and bundle forms together as a way of triggering completion. Your cooperation in this matter is appreciated.

Service Authorization Request Field Updates: Effective Tuesday 5/27/2025, the "Grouping" option to the Authorization Grouping or Individual Authorizations field in the Service Authorization Request form was removed as all new authorizations should only reflect Benefit Plans. The field cannot be removed as a response is required for the form to save. Additionally, the Authorization Grouping (Only for PRE-FY23/24 auths) and Display Authorization Grouping fields have been removed as they were conditionally required when "Grouping" was selected. This change will not impact any existing authorizations. If a correction to an authorization is needed, please contact the assigned Care Manager or call (626) 299-3531.