Communication Release

12/20/2023

Update to the Patient Handbook Acknowledgement will be Live on January 15, 2024

The Patient Handbook and Orientation Video Acknowledgement Form will be added to PCNX effective Monday 1/15. Patients will now have the option of using PCNX to acknowledge and sign that they have viewed the patient orientation video and/or been provided with the Patient Handbook as is required per DHCS BHIN 23-048. Network Providers are required to demonstrate new and existing patients have viewed the video in its entirety within fine (5) days from first service.

Orientation Video for Navigating the Rates and Standards Matrix

A new resource video is now available on the Sage Finance page. This video is intended to assist providers in understanding how to read and interpret the Rates and Standards matrix. Agencies are encouraged to access this helpful resource.

Multiple Dates Adjudication on Fast Service Entry

There has been some recent difficulty for Primary Sage Users with use of the adjudication functionality within Fast Service Entry Submission when using Multiple Dates. The multiple dates functionality assumes all claims will have the exact same claim information other than the date of service, i.e. the procedure code, units, duration and authorization number will all be identical. As such, the adjudication results are based on the first claim that is entered. If any of the information changes for the remaining dates of service, such as the authorization number is different or the performing provider license type changes, then the service(s) may be denied. This seems to be most common when the authorization number changes in the middle of a month.

The denial reason will not be visible immediately in the adjudication section unless the specific service row is selected from the Service Entry Summary section on the billing details page. To check for additional denials when using multiple dates, providers should take the following steps:

1. Scroll through the services created
2. Check for any that have 0.00 dollar amounts in the Allowed Amount, Total Fee Table Amount, or Expected Disbursement columns.
3. If the Billed Amount has a dollar amount and those columns show $0, that indicates a denial for that service.
4. Select the service row and click Edit Selected Item
5. Scroll down to the Adjudication section to view the denial information
6. Continue to select and Edit each row showing $0 amounts to correct all denied services on the batch.

Service Entry Summary

ts	Location	Duration (Minutes)	Billed Amount	Allowed Amount	Total Fee Table Am...	Expected Disbursem...	Private
	Non Residential Sub...	15		0.00	0.00	0.00	0
	Non Residential Sub...	15		0.00	0.00	0.00	0
	Non Residential Sub...	15		0.00	0.00	0.00	0
	Non Residential Sub...	15		0.00	0.00	0.00	0
	Non Residential Sub...	15		0.00	0.00	0.00	0

Add New Item   Edit Selected Item   Delete Selected Item

✓ Adjudication

Explanation Of Coverage

The service was denied for the following reason:
Procedure not on fee schedule.

State Denials for CO 96 N216

SAPC has identified and resolved a Sage configuration issue that led to some services submitted to DHCS being denied and recouped from providers. The Sage system for FY 23-24 was not sending performing provider taxonomy codes with the claims to DHCS which resulted in high denials for services received up to/around early November with dates of service in July and August 2023. Additional system configuration issues will lead these services to be denied and difficult for providers to identify for the following reasons:

- The majority of the denials posted with denial code CO 96 N216, which is visible on EOBs and in PCNX; however, it is not visible in MSO KPI.
  - For Secondary Providers: An additional issue occurred where many 835s produced did not show CO 96 N216, but instead erroneously showed CO 96 N640.

- On the EOBs with State denials for denial code CO 96 N216, the adjustment amount showed as $0.00; however, in PCNX when viewing the Patient Billing History widget, the Updated Disbursement field will display $0.00 indicating that the service charge was recouped. The $0 adjustment on the EOB with the State denial is inaccurate and the Patient Billing History widget is accurate that the funds were recouped.

SAPC Finance is working with Netsmart to identify a way to provide information to providers on the services affected and will follow-up as soon as possible.

PCNX Updates to Forms/Reports/Widgets

As a reminder the Sage-PCNX Guide to Reports was updated on 12/11/2023 and was posted to the SAPC PCNX Resources webpage. It provides a summary of the reports including the recommended export method. Access to the reports in Sage is based on an individual's User Role, so not all users may have access to all reports.
Additionally, the following updates have been made in Sage:

- Problem List/Treatment Plan widget was updated to show only the previous two years forms and up to 200 records.
- Pauth widget has been assigned to Finance Only user role.
- User roles associated with various reports were updated to provide appropriate access

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Upcoming EOB & Check Number Changes

As a reminder, effective Monday, December 11th, SAPC Finance is implementing changes to the Sage system that will decrease the volume of EOBs generated for an agency per day, and instituting a change to the check numbers entered in Sage when more than one EOB is paid on a single check. Both changes are planned based on provider feedback to the volume of EOBs received and challenges for secondary providers in posting 835s.

EOB Generation
- ❖ **Current Process:** Currently, the Sage system creates an EOB when a claim batch is closed. For primary providers, this is when a batch of services is submitted via the Fast Service Entry form. For secondary providers, this is a batch of services submitted via an 837. Both scenarios create a batch of claims in the system. When the batch is closed for adjudication then an EOB is created for those services. Due to current settings, an agency may receive anywhere from 1-100 EOBs per day based on how batches were submitted.
- ❖ **New Process:** The new change will cause EOB creation to be held until a specific time of each day in an effort generate fewer EOBs; most likely one EOB per day where billing was received and adjudicated. An EOB will have services submitted across all batches/files submitted and adjudicated within one day. EOBs will still be uploaded to the agency SFTP on a daily basis.

Check Number Naming Convention
- ❖ **Current Process:** When the Finance Contract Reimbursement Unit (CRU) is preparing checks for payment to providers, unpaid EOBs are reconciled to determine the next payment. When the payment is made to an agency, the CRU obtains the County's check number and enters it into Sage to associate all of the EOBs paid on the check. For secondary providers, this can cause their 835 files with their payment information and adjudications to be unable to post into their system. This creates the need for manual work to correct the issue as the check information is the same for every file which causes errors.

- ❖ **New Process:** Finance CRU will add a letter to the end of the check number when a check contains payment for more than one EOB. For example, if check 12345 paid services on EOBs 5678 and 7890 rather than each EOB and secondary provider 835 having check 12345 listed, now EOB 5678 may read check 12345 or 12345A and EOB 7890 will read check 12345A or 12345B. This allows the TRN segment on an 835 to be different and be able to be posted to the provider's EHR. This change will impact viewing the KPI Payment Reconciliation View and using the Check/EFT Number report with more details below. As providers see this change, feedback can be provided to SAPC-Finance@ph.lacounty.gov if this change in the check number naming convention causes difficulties in reconciling payments.
    - o This change will impact usage of the KPI Payment Reconciliation View if a user is filtering for a specific check that contains payment for multiple EOBs. If filtering by check number in KPI, all variations of the check number should be selected in the Check Number filter so that a full picture of all services paid on the check can be seen.
    - o This change will also impact usage of the Check/EFT Number Report. When running the report, all variations of the check number has to be ran by selecting the variations in the Check/EFT Number field and compiling the data onto one comprehensive report.

Reminders From Prior Sage Provider Communications:

OTP Providers May Submit Split Authorizations

Provider contracts have been approved for FY 2024 – 2025. OTP providers can now submit authorizations per usual process and no longer have to end date them on 6/30/2024.

Type of Authorization	Authorization Period
0.5, 1.0, 2.1	Start Date to last day of 6th month*
OTP	Start Date to last day of 12th month*

For any authorization that was approved with an end date of 06/30/2024, the provider will need to submit a continuing authorization for the remainder of the OTP eligibility period starting 07/01/2024. Providers should document in the authorization's comments that the authorization is a split authorization.

PCNX Office Hours: SAPC Calendar of Events, Trainings and Conferences. PCNX users are encouraged to drop in with their questions, comments and concerns to these regularly scheduled technical assistance sessions. These office hours are the primary avenue for providers to be able to get technical assistance on a regular basis.

Other Items from 12/7/2023:
- - **Providers Can Edit Patient Demographics without Submitting a Sage Help Desk Ticket**
- - **Claiming for History and Physical (H&P) Services** requirements for OTPs.
- - **Update on FY 23-24 H0019:U1/U2/U3 State Denials:** updated configuration to prevent these types of denials and rebilling can occur.
- - **Updated** QI & UM Checklist of Required Documentation Sage Version 6.0.
- - *Reminder* all service authorizations for FY 23/24 must include a Benefit Plan and an Authorization Grouping of "**All**."