Substance Use Disorder Information System

Communication Release

4/8/2022

837 Files with Duplicate Contents Processing Update

SAPC has conducted a review of 837 P/I files submitted from Secondary Providers that are duplicate files of a previously submitted file. As a result of this analysis, SAPC is making a change in process for these files to withhold processing the 837 P/I duplicate files to allow providers to review the file and confirm the file contents. This change in process is aimed at improving claim processing operation and avoid the processing of claims that have already been submitted to SAPC. This change in process should decrease critical errors received by providers and avoid future recoupment of claims found to be duplicate submissions of services provided to patients.

This change will be effective Monday, April 11, 2022. Under the new process, files identified to be duplicates of a prior file processed by SAPC will not be imported into Sage. Instead, these files will be put on hold and a notification email will be sent to the agency notifying them of the error of the file and request review of the file by the provider to confirm if this duplicate file was intentional and provide a justification of why the file should be processed. Justifications must be provided to Laysan Wong, lwong@ph.lacounty.gov, of SAPC IT with an indication of why a duplicate file was sent to SAPC and an indication of the reason why the file should be posted. SAPC will then review the justification and will confirm with the provider if the file will be processed.

Telehealth Services Denied by the State

SAPC has been monitoring the State adjudication of telehealth services submitted by providers. During this monitoring, SAPC found two common denial reasons that are affecting telehealth claims. Through this analysis, SAPC has found two system configuration errors that have led to these denial reasons. If providers have received the two denial reasons noted below for telehealth services, please follow the resolution information indicated.

- **CO 26 N650**
  - **Cause:** This State denial reason was caused by a Sage system configuration error that has been resolved.
  - **Resolution:** Providers do not need to make any corrections to these services as it was caused by a system error. These services should be replaced/resubmitted by providers.
- **CO 96 N362**
  - **Cause:** This State denial reason was caused by a Sage system configuration error that **has not yet been** resolved in the system.
  - **Resolution:** Claims denied for this reason should **not** yet be replaced/resubmitted by providers. SAPC is working with Netsmart to address the error and will update providers when the issue has been resolved and the claims can be replaced/resubmitted.

Submission of Billing Questions via the Sage Help Desk

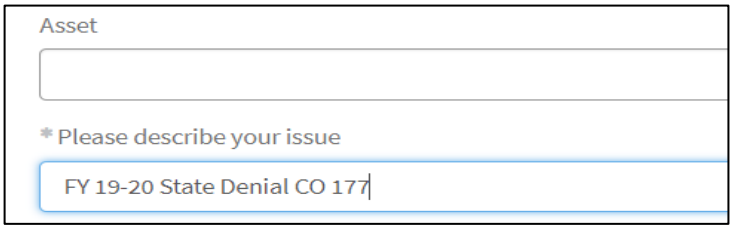
SAPC requests that providers with questions regarding billing submit a Sage Help Desk ticket via phone - (855) 346-2392 - or the Help Desk portal - https://netsmart.service-now.com/plexussupport. This will ensure that all questions are answered in a timely and appropriate manner. This process will ensure that the question is directed to the appropriate person and provides a history of the communication and resolution to providers, Netsmart, and SAPC. Questions directed to an individual staff member will be redirected to the Sage Help Desk to have their question addressed.

To facilitate the time resolution of cases, SAPC Finance Services Branch would like providers to be aware of some helpful tips prior to and when submitting a Help Desk ticket:

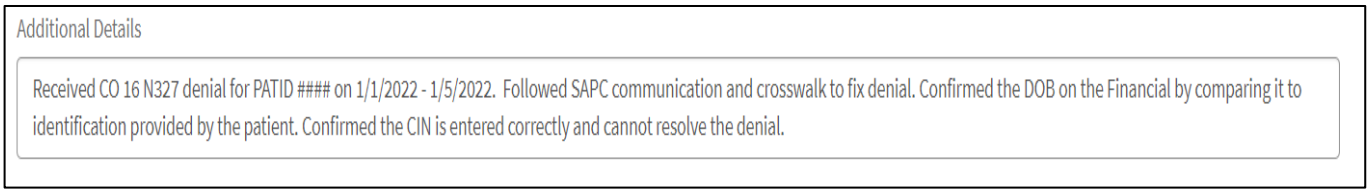
1. **Use SAPC Resources:** You can resolve many denials by using some of the resources available on SAPC's webpages.
    a. Finance Related Forms and Documents
    b. Sage Finance Trainings
    c. Sage Provider Communications
    d. Information Technology (IT) Related and Documents
2. **Submit separate tickets for separate issues**: Concerns can be better investigated when each issue has its own ticket number. When submitting denials for multiple patients or claims open a ticket for each type of denial issue. For example, if you have 25 patients with CO 16 MA 39 and 25 different patients with CO 177, submit one ticket for each denial reason.
3. **Use Attachments**: Attachments can help expedite the review and resolution of a ticket. Please upload any relevant documents that you feel will support the investigation and resolution. For example, include excel files with claims data, EOBs, or screenshots of ProviderConnect. In addition, please use attachments when there is a large volume of claims associated to the ticket.
4. **Alternate Contacts**: When possible, please provide an alternate contact. It is helpful to have an alternate contact that may be close to the matter, in the event the person that opened the ticket is not available.

In addition, SAPC Finance Services Branch requests the following information be provided when submitting a Help Desk ticket for Local and State Denials:

1. **"Please describe your issue" field**
   In this section of the ticket, provide a short description of the issue and include the Fiscal Year (FY) for the claims, the level of the denial (State or Local), and the denial code. Examples are provided below.



    a. FY 19-20 State Denial: CO 177
    b. FY 20-21 Local Denial: CO 16
2. **"Additional Details" field**
   In this section of the case, provide details related to the case and include the following information:



    a. Include the dates that are impacted. For example, 1/1/2022 – 1/5/2022.
    b. Include any investigations steps you have taken to troubleshoot the denial. For example, "Received DOB denial. Confirmed the DOB on the Financial Eligibility by comparing it to identification provided by the patient. Confirmed the CIN is entered correctly."
    c. If you do not include attachments that identify the patient's name, their PATID, and service details (at a minimum the service procedure codes and service date), include that information in this section.