Substance Use Disorder Information System

Communication Release

4/9/2021

Provider Activity Report Outage – Monthly Cost-based Payment Process

SAPC, in conjunction with Netsmart, has been working to resolve a known issue where some primary providers are unable to access the Provider Activity Report in ProviderConnect. Due to the inability to view the report, some providers have been unable to enter treatment services into ProviderConnect for billing to SAPC. To support providers while the issue is investigated and resolved, SAPC will be sending information to the affected primary providers regarding the process to request a monthly cost-based payment for the months affected by this issue. Providers need to notify SAPC that they are affected by this issue by submitting a case with the Sage Help Desk indicating that they are unable to access the Sage Provider Connect Provider Activity Report.

SAPC Finance will be sending an Excel template to the affected providers which can be completed with the monthly cost amounts for the affected months. Providers must complete the template with the monthly cost amount and send the completed spreadsheet to Edita Mendoza of SAPC Finance at emendoza@ph.lacounty.gov for immediate processing. SAPC Finance will calculate the appropriate monthly payment based on the monthly cost amount information provided, not to exceed 1/12 of the maximum contract allocation amount.

Providers must keep supporting documents such as general ledger and profit and loss statements to support their monthly cost amount information for cost reporting and audits that can be reviewed upon request by SAPC.

If your agency has encountered this issue with the Provider Activity Report and has not submitted a Sage Help Desk ticket, please ensure it is reported to the Help Desk as soon as possible. The Help Desk can be reached by phone at (855) 346-2392 or via the Sage Help Desk portal at https://netsmart.service-now.com/plexussupport.

New State Denial Code: CO 96 MA43

The State has recently started using a new denial code - CO 96 MA43 - which is not on SAPC's current denial Crosswalk but is scheduled to be added on the next updated version. Per X12.org who maintains all Claim Adjudication Reason Codes (CARC) and Remittance Advise Remark Codes (RARC), CO 96 MA43 stands for: "Non-covered charges; Missing/incomplete/invalid patient status". SAPC's investigation revealed these claims were denied when there was a discrepancy in the patient's name on the Financial Eligibility (FE) Subscriber's Name field to what the State has in their record.

Providers who encounter this type of denial should review the FE to ensure there is not a typo, as this was noted during the investigation process. The Subscriber's Name field should match the patient's full name listed on their Benefits Identification Card (BIC). When the FE is updated the claim may be resubmitted through Sage or replaced through an 837.

SFTP File Retention Policy Change

SAPC has taken steps to increase the duration files are available on the SFTP from 7 days to 14 days, based on requests from providers. This change will allow providers to access files uploaded to the SFTP by SAPC for 14 days from the date it was uploaded. The following SFTP folder files are affected by this increase: 277, 835, EOB, Remittance_Advice, Contracts_Audits\ToProvider folder files. The files will be deleted from the SFTP after the 14 days are reached. This change is effective as of Tuesday, April 6, 2021.

CIBHS OHC Webinar Follow-up

In preparation for the upcoming Sage OHC configuration, SAPC and CIBHS partnered to provide a training on how to work with patients with OHC on Wednesday, April 7, 2021. Attached to this communication is the PowerPoint presented during the training for reference. A

link to the full recording of the presentation can be accessed by utilizing the following link: https://californiainstituteforbehavior.app.box.com/s/66j39eznzizwa6vub3rouwn7o962gxwh.

The presentation reviews the different scenarios related to OHC, including using various methods of claiming to the OHC and removing OHC listing from the Medi-Cal system if necessary. Providers should continue to follow established DHCS and SAPC guidelines on billing the OHC carrier prior to submitting the claim to SAPC. The current workflow for determining OHC is to run the Real Time 270 Request and to verify the carrier on the Medi-Cal eligibility verification system (AEVS, P.O.S. machine or DHCS website). When viewing the 271 report, OHC information will show under the Medicaid section as a separate Managed Care Coordinator AND Other or Additional Payor section (see below):