Communication Release

7/15/2022

KPI Data Update

KPI data is truncated at the beginning of the calendar year and fiscal year. It was expected that FY 18/19 would be lost on July 1st as it was specially retained beyond the typical KPI data range of two full fiscal years, two full calendar years, plus the current calendar year to allow providers to work State denials. However, SAPC was able to retain the second half of FY 18/19, January 1, 2019 through June 30, 2019.

Treatment Plan Configuration Update

New "default" functionality will be made available on the Treatment Plan form in Sage on 7/18/2022. Defaulting the Treatment Plan allows users to pull information forward from the most recent treatment plan onto a new Treatment Plan. When adding a new record, a pop up will appear asking if the user would like to copy data. Selecting "OK" will copy the data from the most recent Treatment Plan and prepopulate the new Treatment Plan form. Selecting "Cancel" will open a blank form. As the Treatment Plan form will be used to document the newly required Problem List, the default functionality reduces the time needed for documentation.

Not all fields will default forward when utilizing this functionality. SAPC is preparing a brief job aid to clarify the fields that are set to default when "OK" is selected and will be publishing the job aid within the next few weeks. Should you encounter an issue when utilizing this new functionality, please contact the Sage Help Desk at (855) 346-2392 or via the ServiceNow Portal at https://netsmart.service-now.com/plexussupport.

CalAIM Documentation Requirement Updates Training

DHCS released BHIN 22-019 specifying new documentation requirements that became effective 7/1/2022. At the All Provider Meeting on 7/5/2022 an introduction to new Problem List requirements was presented. SAPC's Clinical Standards and Training Unit will host a series of trainings focusing on the new documentation requirements and how they will be met within Sage. Two trainings are scheduled on 7/20/2022 and 7/27/2022. To register, go to the SAPC Training Calendar and click on the preferred training date.

Telehealth Adjudication Report

Currently, providers are unable to view telehealth claims in KPI, which is a common avenue to review adjudications for services. To allow providers to have easier visibility on telehealth claim status, SAPC's Finance and IT teams have developed a report outside of Sage containing data that will assist providers in identifying where a claim is in the billing process and the status of the claim at the time the report was run. The report contains both local and State adjudication information to assist providers in reviewing claim status and take action to resolve local and State denials, identify trends to reduce future denials, and reconcile payments containing telehealth claims.

It is important to note that the report will provide claim status updates conducted during the prior month. For example, in July 2022, providers will receive a report that shows claim status updates from the month of June. The Last Update Date field will show the date the claim was updated. The report may contain services from a variety of service months.

Effective July 15, 2022, and every month following on the 15th, SAPC will upload the Telehealth Adjudication Report to each provider's

SFTP. The report will be provided as a PDF and Microsoft Excel worksheet for providers use. A job aid that details the data being provided on the report has been posted to the Sage Website and can be located at:
http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/TelehealthAdjudicationReportJobAid.pdf

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Telehealth Group Service State Denials Update

SAPC has been working to resolve a system configuration issue in Sage that led to some telehealth group services being denied by DHCS for CO 96 N362. The issue is related to how Sage sends the unit information on the claim to DHCS. An update has been applied to Sage to correct the issue and SAPC is in the process of validating that the update has corrected the issue in the way intended. Once the issue has been confirmed to be resolved, SAPC will indicate to providers that claims denied for this State denial code are ready to be replaced/resubmitted. It is expected that this notification on the updated status will be sent in the next bi-weekly Sage Provider Communication by July 29, 2022.

Expired National Drug Codes Update

Previously, SAPC notified providers of an issue with some National Drug Codes (NDCs) that had been expired but no new code had been issued by DHCS. SAPC has been in communication with DHCS on this issue and has been working with them to obtain an updated listing of accepted NDC codes. DHCS has published an updated DMC NDC List on their MEDCCC Library webpage. However, it should be noted that the list contains missing information for some medications such as dosing information, missing code digits, labelers are incorrect or missing, and information on brand name vs. generic. SAPC has been advocating for the State to update the listing with this information, however, it does not appear likely that they will publish an updated list with corrected information. SAPC has worked internally to update the NDC list with appropriate and accurate information and will be publishing the information on the updated Rates and Standards Matrix for fiscal year 2022-23.

Some providers may have received State denials with code CO 26 N650 which indicates that, “This policy was not in effect for this date of loss. No coverage is available.” Based on SAPC’s investigation, this denial code was received for services where an expired NDC was used. Once the FY 22-23 Rates and Standards Matrix is published, Secondary Sage Users should update their EHR with the updated NDC information and replace the services that were denied for this code if an expired NDC was utilized.

End of the Year HOLD on Member Authorizations

SAPC is required to make new configurations in Sage that will affect service authorizations. Due to these changes, there will be a hold on submissions of member authorizations with a start date of July 1, 2022 until further notice. *Providers should not submit member authorizations with start dates of 7/1/2022 and after until SAPC has notified providers that the configurations are complete*. SAPC anticipates being able to release the hold on authorization requests by mid-August 2022.

Effective July 1, 2022, any authorization requests with start date 7/1/2022 will be automatically denied during this hold period. Providers will be responsible in resubmitting these authorizations once configurations are complete. Providers will only be exempt from the 30-day authorization submission time frame during the July 1 to mid-August authorization blackout period. All medical necessity documents are still required to be completed and submitted in a timely manner. Please note during this hold period, UM will continue to review any authorizations with date of services prior to 7/1/2022. Additionally, authorizations that start prior to 7/1/2022 and continue into FY22-23 will continue to ‘split’ and create the new authorization for the new fiscal year.

Providers may notice new services in the system starting in mid-July during our configuration period. However, providers should not use these services until the blackout period is lifted as they will not be fully configured. If you have questions regarding this authorization hold period, please contact SAPC Utilization Management 626-299-3531.

End of Fiscal Year Reminders

SAPC is working to configure Sage for the upcoming new fiscal year 2022-23. Starting July 1, 2022 there will be a blackout on the ability to submit and process claims and member authorizations, in Sage. The following reminders are important for providers to review and note to ensure alignment with necessary billing and system timeframes and considerations.

- Beginning July 1, 2022, providers should not submit claims for services conducted on or after July 1, 2022 until SAPC has notified agencies that the rates and system configurations for fiscal year 2022-23 have been completed. If claims are submitted for services conducted on or after 7/1/2022, before notification of completion of the configuration, these services will be automatically denied by Sage with the denied for "This service occurs during a claim processing blackout" and Denial Reason of "No active contract" under CARC/RARC CO 45 N640. Providers can continue to submit claims with service dates through June 30, 2022 for adjudication.
    - **For Primary Sage Users**, *it is important to not enter treatments in ProviderConnect for services provided on or after 7/1/2022 until notification has been sent the configuration is complete*. Providers should also hold back billing for services for dates of service of 7/1/2022 and after, during this time. Services entered into Sage prior to notification of completion will not reflect the new rates for FY 2022-23 and will adjudicate at this lower rate when billed to SAPC.
    - It is anticipated that the claiming blackout for FY 2022-23 will also be lifted around mid-August. SAPC will continue to provide updates on progress toward completion of the configuration as it becomes available.
- **Split Authorizations:** Please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as "split authorizations." This means that the authorization for the client will have two different authorizations and different authorization numbers for the different fiscal years.
    - **Primary Sage Users:** If you are a primary Sage User, please be sure to select the correct authorization from the drop-down list depending on what fiscal year you are billing for.
    - **Secondary Sage Users:** If you are a secondary Sage User, please ensure your EHR is updated with the new split authorization numbers for the 2022-23 fiscal year when preparing billing for the new fiscal year. New authorization numbers for split authorizations are available for providers to access via ProviderConnect using the Authorization Request Status report in the Reports section from the main menu. SAPC is updating the authorizations for FY22-23 and some split authorization numbers may change. SAPC recommends waiting until the claiming blackout has been lifted to validate the authorization numbers or provides an additional update that the authorization update has been completed.
    - Claims for FY 22-23 submitted with a FY 21-22 authorization number will be denied for "Invalid authorization number" and denial code CO 284 M62.
- Providers are encouraged to continue to work their claim denials for services through DOS 6/30/2022 during the authorization and claim submission blackout periods.

Medical Record Modification Requests

Effective Monday July 18, 2022, the new workflow for Medical Record Modification requests will be required when requesting any modifications to clinical documentation within Sage. Please follow the below steps when submitting helpdesk tickets for medical record modifications, including changes to finalized notes, treatment plans, discharge plans, admission dates, etc. For tickets that are created using the previous methods for modification requests (calling the helpdesk directly or Open a Case option), the helpdesk staff will provide the below instructions and will close the ticket. Providers **must** resubmit the request using this workflow. This new workflow will greatly improve the time needed to resolve these tickets.

This will involve entering tickets exclusively via the web portal rather than calling the Sage Help Desk. Additionally, providers will enter the ticket information in a different section of the portal (See screenshots of the "Request Something" option below).

On the main page of the Help Desk portal (https://netsmart.service-now.com/plexussupport), providers will now select

1. "Request Something" then select,
2. "Care Record Request" then select,

3. “Modify a Medical Record” and choose the appropriate choice from the predefined dropdown selections

This process will be used for the following modification requests:

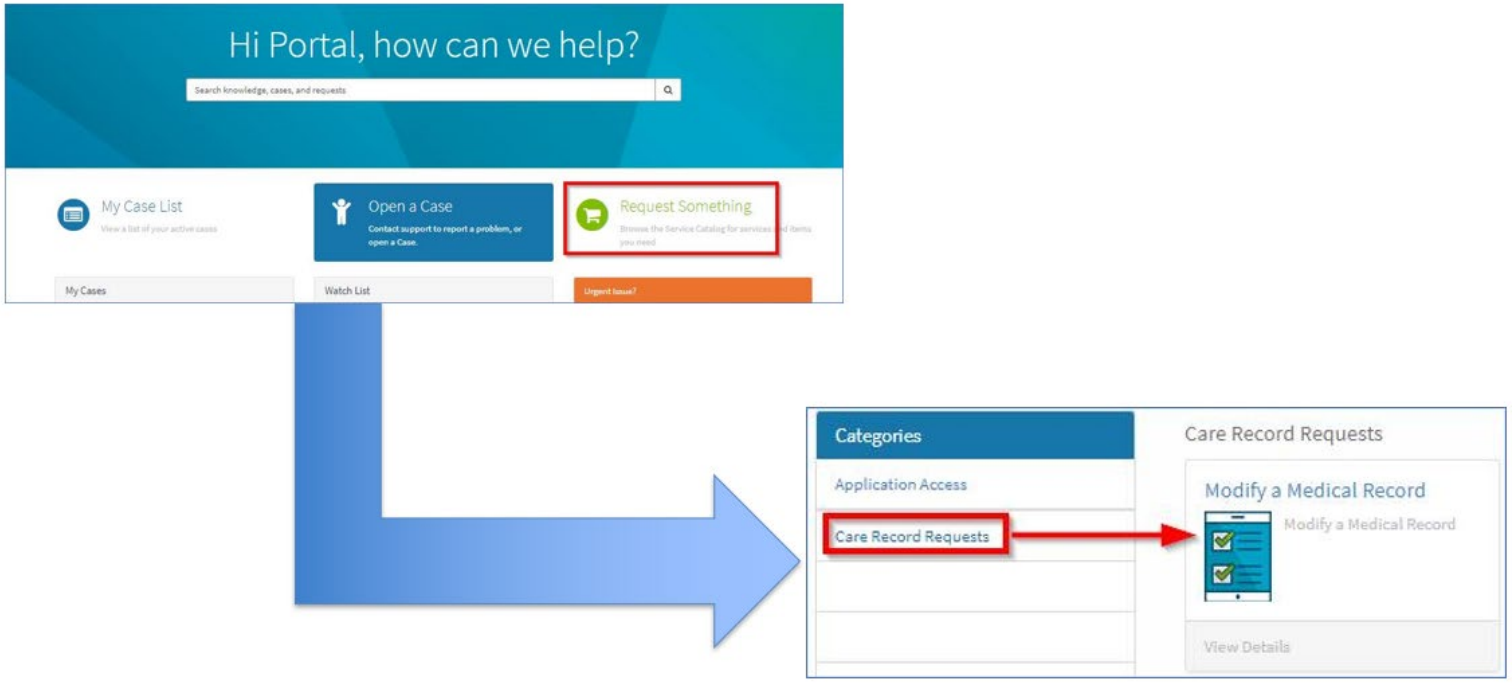
- Any document needing to be reverted from ***Final to Draft*** to make necessary changes.
- Modifying a date of service
- Modify a provider site or rendering provider
- Change Group Size
- Other documentation correction request not listed above (Free text to enter the change being requested)

Once one of the above drop-down selections is made, providers will be required to entered certain information before being able to submit the ticket.

A. Client ID with Initials (Must include both Sage Client ID and Initials)
B. Type of form (Drop-down options of BIRP, GIRP, Miscellaneous Note, SIRP, SOAP and Other, which will be a free text)
C. Name of Performing Provider
D. Group size (If individual note, enter N/A)
E. Date of Service (This is the date of the original service)
F. Start Time (This is the original start time)
G. End Time (This is the original end time)
H. Justification (Specify what needs to change, e.g. group size was 6 instead of 7)

Please be specific when entering the justification and provide any additional details that will help SAPC understand the need to modify a medical record and what needs to change for auditing purposes.

Providers will not be able to submit the ticket until all required fields are completed. This new workflow was developed to improve the timeliness of completing these requests. Once the ticket is processed, the ticket will be assigned directly to SAPC rather than the Sage Helpdesk. Providers will be notified of any questions or resolution steps in the same way they are currently being notified, via the case.



Modify a Medical Record

Modify a Medical Record

Use this form to modify a medical record.

* Request for SAPC

– None –

* Client ID with Client Initials

* Agency

* Episode

* Type of Form

– None –

* Name of Performing Provider

* Group Size (if individual, enter NA)

* Date of Service

* Start Time

* End Time

* Justification (specify what needs to change, e.g. group size was 6 instead of 7)