Communication Release

7/29/2021

Document Modification Workflow

SAPC and Netsmart have created a formalized workflow document, at the request of our providers, to assist in requesting changes to finalized documents within Sage. Document modification request remain the highest number of Sage Help Desk tickets created each week. Because of the extensive time it takes for documentation, some providers have utilized certain shortcuts that may increase the chances of errors that require SAPC and Netsmart intervention to correct. We encourage providers to only begin the note writing process after the service has been delivered and not start notes before the session. This is especially apparent in group notes where we receive requests to delete/modify notes for group members who did not attend the group.

Additionally, please remember that the date of the note **cannot be modified**, even if the note is moved from final to draft. Before saving your notes, please verify the date is correct. Providers are able to delete draft notes if they notice an issue before they finalize the note. This may reduce the number of requests to modify documents after being submitted as final.

Please see the attached workflow for submitting a Sage Help Desk ticket to request finalized documents to be modified. This process involves the Sage Help Desk validating all information is present in the ticket before escalating to the SAPC team to 'work' the ticket. SAPC ensures the note meets criteria to be placed in draft and updates the ticket with the resolution.

Most requests are approved, however, the following types of documentation requests will not be approved or will cause delays in approval of a modification:

1. Assessment/Treatment Plan notes that were involved in the authorization process cannot be modified. Providers need to create a new note to replace the incorrect note.
2. Miscellaneous notes that were involved in the authorization process cannot be modified. Providers need to create a new note to replace the incorrect note.
3. Treatment Plan modifications involving incorrect diagnosis, or errors on problem statements or goals will not be approved. Providers must create a new treatment plan and document the error on a miscellaneous note.
4. Insufficient justification for the request will cause delays in the process.
5. Requests with missing information or invalid information, such as wrong identification of note type or date of note in request doesn't match notes in Sage. Providers must provide detailed information about which note needs to be modified to ensure that the correct note is placed in draft.

The workflow document will be available on the Sage webpage under the [Sage Help Desk section.](#)

Deactivated Performing Providers

SAPC recently identified a configuration issue within Sage where, in rare instances, performing providers were created twice in the system with different staff ID codes. This caused those duplicate IDs to be configured differently than the original staff ID. To correct this issue, SAPC identified the duplicate IDs and deactivated those IDs within the system as of Tuesday July 27, 2021. SAPC is working to ensure the original IDs are configured correctly as well. This configuration is anticipated to be completed by August 5, 2021.

As a result, some secondary providers may need to reconfigure their EHR system to include the correct corresponding staff ID. The NPI numbers for each duplicate were identical and will not change in the reconfiguration. We are identifying the affected providers and the assigned SAPC CPA will send a list to each of those providers with the correct information to be configured. If providers receive a denial or critical error for missing performing provider, please check this against the list of deactivated staff and resubmit once the configuration is complete.

FY21-22 Claim Blackout Lifted & New Fiscal Year Reminders (Repeat)

SAPC is excited to announce that the claiming blackout for fiscal year 2021-2022 has been lifted as of today, July 27, 2021. Providers can now begin submitting billing for 2021-2022 services. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

Utilizing Recovery Support Services

Effective 7/1/2021, Recovery Support Services (RSS) procedures for admission, authorization, and billing have changed to reduce barriers to access RSS services. DHCS clarified via BHIN-21-020 that patients may be admitted directly into RSS based on a self-assessment or provider assessment of risk without a previous level of care within the SAPC network. While assessment services remain non-billable within RSS levels of care, SAPC recommends utilizing the ASAM Continuum to assist in establishing medical necessity and to ensure placement at the appropriate level of care.

RSS Authorizations

Medical necessity must be established by the provider and documented within the patient's chart as with all services. However, for all RSS services and RSS claims from 7/1/2021 onward, providers will not be submitting a request for a member authorization through QI & UM as previously done. All providers will be pre-approved for RSS and given a Provider Authorization (PAuth) to utilize for claiming. PAuths will be configured based on contracted age groups and PPW status for RSS. For example, a provider who is contracted for 21 and over PPW and 21 and over non PPW services, will receive two PAuths to cover those services: PAuth 1- RSS 21 and over- Non-PPW, PAuth 2- RSS 21 and over- PPW. If a provider has all age groups and PPW contracts, they will be awarded six total PAuths.

SAPC's CPAs will provide the PAuth numbers to each Secondary Sage User this week via email. Primary Sage Users can access this information during the billing process as it has been pre-configured in Sage. If your agency does not receive the list of PAuths by Friday, July 30, 2021, please reach out to your agency's CPA to notify them.

RSS Billing

Netsmart and SAPC have configured Sage for the new fiscal year, including creating the new PAuths. These PAuths will cover all RSS claims and services from 7/1/2021 to 6/30/2021. These are billed the same way as the incentives are billed.

Additionally, there is a change in the previous level of care U code included in the HCPCS code for RSS. Providers previously used the U code that corresponded to the previous level of care where patient was discharged. With the new program parameters that allow for direct admission, the previous level of care U code is no longer required. However, a secondary U code is still required and should reflect a level of care for which the program site is certified to provide. For example, RSS delivered at site A after patient discharged from Residential Services at another provider. However, the RSS provider is not certified for residential services, but is certified for outpatient. Provider would bill using certified outpatient U code of U7 (outpatient) as the secondary U code. The exception is for Ambulatory Withdrawal Management, as the State will deny RSS services with U4 or U5 as the secondary U code. In this instance providers should indicate a different level of care for which they are certified to provide services, such as U7 or U8.

Please see PowerPoint slides from the June 8, 2021 Provider Meeting for additional information.

Split Authorization Numbers

For Secondary Sage Users, 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 patient will have two different authorizations and different authorization numbers for the different fiscal years. When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2021-22 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via ProviderConnect.

If the prior fiscal year's authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, "Invalid authorization number," and denial code CO284 M62.

Sage Help Desk

Should you experience any difficulty submitting claims or have questions regarding billing, please contact the Sage Help Desk at (855) 346-2392. Your notification will help us better monitor Sage and provide timely resolution.

All Provider & Sage Advisory Meeting - August 10, 2021 @ 9 a.m.

The next All Provider & Sage Advisory Meeting will be held on August 10, 2021 at 9 a.m. The meeting will include a Sage update along with other key network updates.   Please contact your CPA for the meeting link if needed.

Workflow Purpose

The purpose of this workflow is to assist Sage Users in requesting changes to finalized documents within Sage. The workflow outlines the steps and information required to be submitted to SAPC via a Sage Help Desk Ticket. Without this information, the request may be denied or delayed. Not all requests for modifying documentation will be approved.

This workflow cannot be utilized for:

- Assessment/Treatment Plan notes that were involved in the authorization process. Providers need to create a new note to replace the incorrect note.
- Miscellaneous Notes that were involved in the authorization process cannot be modified. Providers need to create a new note to replace the incorrect note.
- Treatment Plan modifications involving incorrect diagnosis, or errors on problem statements or goals. Providers must create a new treatment plan and document the error on a miscellaneous note.

Workflow Steps

1. Providers contact the Helpdesk via the Sage Help Desk Portal or by phone.
   - For situations where more than two documents (ex. 10 group notes) are needing modification, users must utilize the online portal system to submit an individual ticket for each note.
   - If only one document requires modification (ex. One treatment plan), users may use the portal or call by phone.
2. The assigned Sage Help Desk agent will work with the provider to validate all the correct information is present before the ticket can be escalated to SAPC for approval.
   - To ensure tickets are processed timely, providers must include the following information in the ticket:
     Required Case Information:
     - Client ID with Initials
     - Agency
     - Episode
     - Form/Type of Note (including Miscellaneous Note Type)
     - Date/Time of entry
     - Provider/Clinician (Associated to the note/document)
     - Group size, if applicable
     - Date of service
     - Start Time
     - End Time
     - Justification (must be specific)
3. Once the required information has been validated, the Sage Help Desk agent will escalate the ticket to SAPC for review and final resolution.
4. SAPC will review the request and make a decision to approve or deny based on:
   - The justification for the request.

- How the change may or may not impact the original authorization.
- How the change may or may not impact the treatment plan.

5. If approved, SAPC will place the requested documentation back to draft for necessary corrections.
   - SAPC will provide specific instructions on what changes are permitted based on the original request in the helpdesk ticket
   - SAPC will resolve the ticket once the documentation has been changed from Final to Draft.
   - It is the providers responsibility to then make the necessary changes.

6. Providers should make only the requested changes to the note and should not delete the note.
   - Modified notes are subject to later auditing to ensure only the requested changes were made.

7. Once the changes are made, providers must re-finalize the note.
   - Once the note is re-finalized, it may show on the Provider Activity Report again
   - Providers should inform their billing department not to rebill this service if it has already been billed and paid.