Sage – Core Functions
Los Angeles County’s Substance Use Disorder Information System

Substance Abuse Prevention and Control
County of Los Angeles Health Agency & Department of Public Health

All Provider Meeting: March 8, 2018
Outline

• Sage: Developmental Progress and Updates
• Core Functions of Sage
  o Tips for Successful Use
• Communications between SAPC/Netsmart and Provider Staff
• Password Resets
• Sage Access Groups
• Where to Go for Help
Sage Issues

“Provider” Issues
- Missing info (CIN, diagnosis, financial eligibility, etc)
- Communication with Netsmart/SAPC
- Opening duplicate clients

“System” Issues
- Data conversion issues
- Design/development needs
- Billing errors
- Contract amount setup
Sage: Developmental Progress & Updates

CHALLENGES

Help Desk Workflow
- Log-in & Access issues

Revised Help Desk Workflow
- Improved coordination between Help Desk and SAPC
- Reduced premature case closures

Authorization Issues
- Submissions for wrong LOC and LOC’s that don’t require authorization
- Lack of supporting documentation

Billing Issues
- CIN #
- Diagnosis in Provider Diagnosis (ICD-10) Form
- NPI’s
- Contract amount setup

Billing Interventions
- Data conversions
- Provider actions (resubmission of billing)
- Assisting providers (diagnosis report, room & board and RBH, correcting contract amounts)

UM Staff Interventions
- Provider education on UM process via Sage

INTERVENTIONS
Sage – Keys for Success

1. **ACCURACY & PRECISION** of information entered in Sage
2. **TIMELINESS** of activities

- Timely and accurate information in earlier processes prevent downstream problems
- Responsiveness to SAPC staff for clarifications

*Both of these are key actions to reduce the likelihood of system authorization and billing denials due to missing or inaccurate client information!***
Core Functions of Sage

1. Admission / Intake Process
   - Add New Client/Client Search
   - Financial Eligibility Form
   - ASAM assessment
   - Provider Diagnosis (ICD-10) Form
   - Clinical Contact Form

2. Data Collection
   - CalOMS/LACPRS (admission & discharge)

3. Clinical Work / Documentation / Authorizations
   - Authorization Form
   - Clinical documentation (progress notes, treatment plans, miscellaneous notes, etc)

4. Billing

Sage processes need to happen in a stepwise manner – incorrect/missing information or delays in upstream processes will result in problems with downstream processes.
1. Admission/Intake Process

• If the admission process within Sage contains incorrect/missing information, the Financial Eligibility Form fields will not pre-populate and there may be errors in the system.

• **Admission dates** must fall within treatment service dates, otherwise admission dates after treatment service dates will result in billing errors.

• **Providers should ALWAYS check “Add New Client/Client Search”** before opening up a new case within Sage to make sure that a client profile doesn’t already exist for that patient.
  • “Look Up Client” section → Only searches patients at your specific site
  • “Add New Client/Client Search” section → Searches patients across entire Sage network

  • To avoid duplicate clients where multiple Sage profiles get created for the same patient, providers need to first check the “Add New Client/Client Search” to make sure that patient’s profile isn’t already in Sage before creating a new profile
1. Admission/Intake Process (cont’d)

- **FINANCIAL ELIGIBILITY FORM**
  - **Common billing error** ➔ Providers were NOT entering the *Client Index Number (CIN)* into the CIN field on the Financial Eligibility Form,
  - **“CIN” field must be filled out for billing to the state (e.g. for DMC)**
    - If a patient doesn’t have Medi-CAL, and is not applying for Medi-CAL, they will not have a CIN# ➔ Leave the “CIN” field blank.
  - **“Policy Number” is a REQUIRED Field and CANNOT be left blank.**
    - For Patients who are NOT Medi-Cal eligible, the “Policy Number” field should read “Not Applicable”.

- **“Guarantors” section vs. “Funding Source” section ➔ Common point of confusion**
  - **Financial Eligibility Form** ➔ “Guarantors” section = DMC insurance status
  - **Authorization Form** ➔ “Funding Source” section = Provider contract type
    - “DMC” in the “Guarantors” section has a different meaning than “DMC” in the “Funding Source” section (*SEE NEXT SLIDE*)
### Different Meanings of “DMC” and “Non-DMC” Within Sage

<table>
<thead>
<tr>
<th><strong>FINANCIAL ELIGIBILITY FORM</strong></th>
<th>Under “Guarantors” section, “DMC” refers to their <strong>DMC insurance status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DMC = Patients who have DMC insurance</td>
<td>Applying for DMC = Patients who are eligible and applying for DMC</td>
</tr>
<tr>
<td>LA County Non-DMC = Patients who do not qualify for DMC; includes My Health LA, AB 109, DCFS, JJCPA, Title IV</td>
<td>Self-Pay = Everyone else (e.g., self-pay, private insurance, etc → should be entered in CalOMS within Sage, but not billed via Sage)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AUTHORIZATION FORM</strong></th>
<th>Under “Funding Source” section, “DMC” refers to the <strong>provider contract type</strong></th>
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</thead>
<tbody>
<tr>
<td>DMC provider contract</td>
<td>DMC reimbursable levels of care (OTP, ASAM 1.0, ASAM 1.0-At-Risk [for &lt; age 21], ASAM 2.1, ASAM 3.1/3.3/3.5, 1-WM, 3.2-WM, Recovery Support Services) for:</td>
</tr>
<tr>
<td></td>
<td>DMC patients</td>
</tr>
<tr>
<td></td>
<td>My Health LA patients</td>
</tr>
<tr>
<td></td>
<td>County program participants (AB-109, CalWORKS, General Relief, etc)</td>
</tr>
<tr>
<td>Non-DMC provider contract</td>
<td>Non-DMC reimbursable services → <strong>Recovery Bridge Housing, 3.7-WM, 4-WM, CENS</strong></td>
</tr>
<tr>
<td></td>
<td>Services provided by non-DMC certified providers</td>
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<tr>
<td></td>
<td>Specialty County programs (Meth programs, Women and Children)</td>
</tr>
</tbody>
</table>
1. Admission/Intake Process (cont’d)

• **ASAM Assessment**
  - The ASAM CONTINUUM assessment contains yellow fields that are required because they are part of its computer algorithm to calculate appropriate levels of care.
  - If your agency does not take vitals or use the GAF, please use the values below as default entries:
    - **Blood pressure:**
      - Systolic ("high" number) – 110
      - Diastolic ("low" number) – 70
    - **Heart Rate** – 60 beats per minute
    - **Global Assessment of Functioning (GAF)** – 80
  - For criminal justice patients, questions on ASAM assessment should be asked within the context of the patient‘s condition **30 days prior to incarceration**
ASAM CONTINUUM™ – Updates

• ASAM CONTINUUM is a living and evolving tool ➞ Enhancements to the ASAM CONTINUUM algorithm are being made to enhance precision of level of care recommendations by the assessment tool
  • Providers won’t notice any difference in terms of use of the tool and no action from them is required, but these will be implemented within the next month.
  • SAPC is continually working with ASAM to identify and implement enhancements.

• ASAM CONTINUUM Narrative Report is coming (likely by April 2018)
  • Automated narrative summary of patient’s ASAM assessment.
1. Admission/Intake Process (cont’d)

- **Provider Diagnosis (ICD-10) Form**
  - **Common billing error** ➔ There MUST be a diagnosis entered in the Provider Diagnosis (ICD-10) Form to process billing
  - Many providers are mistakenly entering a diagnosis in the “Diagnosis” field of the Authorization form, instead of entering a diagnosis in the Provider Diagnosis (ICD-10) Form.
  - **Providers need to leave the Diagnosis field in the Authorization Form blank.**

- **Clinical Contact Form**
  - **THIS FORM ALLOWS SAPC QI & UM STAFF TO KNOW WHO TO SPEAK TO AT PROVIDER AGENCIES TO FOLLOW UP ON CASES**
  - Delays in correspondence with providers are one of the main reasons for delays in authorizations, eligibility verifications, and subsequently billing ➔ **Providers need to enter staff contact information in this Clinical Contact Form, preferably of the person who completed the ASAM assessment**
2. Data Collection

- All RED fields in CalOMS/LACPRS are required
- Missing or inaccurate information in CalOMS/LACPRS will result in the inability to submit the CalOMS/LACPRS form in Sage due to data quality checks in the system.
- Providers MUST report all known funding streams for all patients served
  - Without this information, the SUD system will not be able to maximize its financial resources.
- Providers MUST remember to discharge patients from CalOMS/LACPRS
  - Not discharging patients from CalOMS/LACPRS creates problems when patients present at other providers for treatment and requires providers to call each other to ask that patients be discharged from CalOMS.
- Refer to Data Collection User Guide on SAPC’s Sage website for more detailed information.
3. Clinical Work / Documentation / Authorizations

• **AUTHORIZATION FORM**
  • Authorization Form should only be submitted AFTER providers have completed all elements SAPC needs to review authorizations (e.g., finalized ASAM, completed Provider Diagnosis (ICD-10) Form, etc).
  • Refer to *Sage Version of Checklists of Required Documentation* for questions on what clinical documentation is required for authorizations and eligibility verifications.
  • Authorization Forms submitted without necessary clinical documentation will be denied.

• Providers should only submit Authorization Forms for AUTHORIZED SERVICES (residential, Recovery Bridge Housing, WM or MAT for youth < age 18).
• Authorization Forms submitted for NON-AUTHORIZED SERVICES (OTP, OP, IOP, WM for adults, etc) will be denied because these services do not require authorization.
3. Clinical Work / Documentation / Authorizations (cont’d)

• **Miscellaneous Note – Unique circumstances**
  • Any situation where the diagnosis in the Provider Diagnosis (ICD-10) Form does not match the diagnosis in the ASAM assessment, including if the ASAM assessment doesn’t result in a DSM-5 diagnosis → Need to document justification for the diagnosis and the DSM-5 criteria met in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.
  
• Any situation where provider is requesting a level of care other than that recommended on the ASAM assessment → Need to document justification for discrepancy and provide information on why the referred to level of care is more appropriate in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.
“Financial Blackouts”

• “Financial blackouts” → When SAPC Utilization Management (UM) staff receive missing or incorrect information and are unable to verify eligibility for non-authorized services, these cases are effectively in pending status and providers can claim for these services, but WILL NOT BE PAID until necessary information is provided.
  • These cases will ultimately be denied if providers do not submit the necessary/corrected information within 3 business days.

• “Financial blackouts” are an example of how closely the eligibility verification and UM processes within Sage are linked with billing.

• SAPC would like to avoid “financial blackouts” to the extent possible, as this results in extra work on both SAPC and provider staff.

• Providers can avoid “financial blackouts” by submitting accurate and timely information to SAPC, and being responsive when SAPC contacts them for additional information.
4. Billing

• **NOTE**: Most provider issues with billing are related to provider activities performed within Sage PRIOR to the actual billing and claims submission process.
  • Many problems with billing and denied claims can be due to errors or missing information submitted prior to providers submitting claims → Billing issues require troubleshooting by contacting Help Desk

• The **Provider Activity Log Report** captures clinical work performed to help billers track billable clinical activities that were performed by provider staff.
  • Providers need to be sure they are finalizing notes, as only FINALIZED notes populate to the Provider Activity Log Report.
  • If unclear if notes have been finalized, staff may go back and look through their notes in Sage to ensure they have been finalized.
Communication

• Communication between SAPC/Netsmart and provider staff is a top challenge
  • Hundreds of Help Desk resolutions are pending action from providers – providers must return calls from the Help Desk!
  • SAPC UM staff often are unable to get a hold of counselors/clinicians to clarify eligibility and authorization issues, resulting in financial blackouts and denials → Providers must fill out Clinical Contact Form
  • Many provider agencies often do not answer their phone and do not have voicemail → Providers MUST answer their phones during business hours and set up a voicemail.
Communication (cont’d)

• Some frontline provider staff are not familiar with basic eligibility or authorization policies, or basic aspects of the DMC-ODS Waiver.
  • Provider staff need to read the Provider Manual.
  • Provider agencies need to develop policies and procedures on how to ensure dissemination of information from SAPC meetings/materials to frontline counselors and clinicians.

• CareConnect Inbox ➔ Secure way to communicate with SAPC and other providers; functions similar to email.
Password Resets

• **NOTE:** Sage passwords expire every 90 days and need to be updated – this is a County technical and security requirement
• County is currently working on a process to provide automatic reminders for Sage users
### Sage Access Groups

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Clinical Only – LPHA</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Only – Licensed-Eligible LPHA</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Only – Counselor</td>
</tr>
<tr>
<td>4</td>
<td>Clinical Only – Student/Intern</td>
</tr>
<tr>
<td>5</td>
<td>Financial Only</td>
</tr>
<tr>
<td>6</td>
<td>Financial + Clinical – LPHA</td>
</tr>
<tr>
<td>7</td>
<td>Financial + Clinical – Licensed-Eligible LPHA</td>
</tr>
<tr>
<td>8</td>
<td>Financial + Clinical – Counselor</td>
</tr>
<tr>
<td>9</td>
<td>Audit User (view-only access to SELECT clinical &amp; financial data)</td>
</tr>
<tr>
<td>10</td>
<td>Operations (view-only access to ALL clinical &amp; financial data)</td>
</tr>
<tr>
<td>11</td>
<td>Clerical</td>
</tr>
<tr>
<td>12</td>
<td>Clinical View Only – No Log-In</td>
</tr>
</tbody>
</table>

*Assessing anticipated staff tasks when assigning the Sage Access Group is very important. The information provided to SAPC determines what kind of access / permissions your staff will have within Sage.

*Refer to Sage Access Group Description document on SAPC’s Sage website for more details*
Where To Go For Help

- **SAPC’s Sage Website**

**Contains information on:**
- Frequently Asked Questions (FAQs)
- Instructions on managing user access – onboarding/offboarding staff
- Training calendar – March available now, April available soon
- … and more
Where To Go For Help (cont’d)

• Sage Webinar Training Series
• SAPC’s Sage Website
• Training Resources
  – ASAM CONTINUUM™ and Triage Tool Training Videos
    • http://asamcontinuum.org/knowledgebase/video-comprehensive-continuum-orientation/
  – Basic Computer Skills: Web-based trainings by Netsmart are available by emailing LearningServices@ntst.com

• Sage Help Desk – (855) 346-2392
• Sage Help Desk Portal https://netsmart.service-now.com/plexussupport
• Sage email – Sage@ph.lacounty.gov