Overview

1. Single Sign-On (SSO) Updates
2. Recovery Support Services Diagnoses
3. Group Formula Updates
4. State Denial Rebilling
5. Training Updates
Coming! Sage ProviderConnect Single Sign-on

Sage ProviderConnect Single Sign-on (SSO) is being tested for roll-out in September of this year.

**Benefits:**

1. Eliminates the need to log in again after completing the SAPC network multi-factor authentication.
2. Helps to strengthen a system component affecting data reliability.

**Date:** Late September 2020

⚠️ Will require an overnight downtime of ProviderConnect

AND MOST IMPORTANTLY...
NO MORE HTML ISSUES!!!
Sage ProviderConnect SSO – What to Expect

1. New log in instructions for Sage LIVE environment
   a. URL will not change
   b. Behind-the-scene changes to system will require users to refresh bookmarks
   c. Users may need to update a browser setting – if so, steps are well documented
   d. Troubleshooting steps will be provided
      • What to do If you encounter issues logging in? Clearing browser cache is a key fix

2. Log out – 2 step process
   a. Log out of Sage ProviderConnect
   b. Select account to log out

To protect access to your Account, you MUST ensure to use this 2-step log-out process!
Pre-view of Login Navigation Steps

Enter applicable URL for the environment
Pre-view of Login Navigation Steps (con’t)

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County’s Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.
Two-Step Log-out – Protect Your Account!
1. **When:** Please look for a Sage Communication specifically related to launch PCONN before the end of September 2020. Final date to be determined soon.
   - Please look for the special Sage Communication on PCONN SSO.

2. **SAPC to send specific user (and SME) instructions on how to authenticate to Sage PCONN SSO.**
   - This will include general troubleshooting measures on how to navigate this transition.
   - Users can also contact the Sage Help Desk for assistance at 855-346-2392.

3. **Preparation Webinar for your Tech Support or System Subject Matter Experts (SMEs).**
   - SAPC will host a webinar specifically for provider agency IT experts and SMEs to aid them in assisting in their colleagues’ transition to Sage PCONN SSO.
   - This will be held ~1 week before PCONN SSO Go Live.
To admit a patient into RSS, providers must follow the following steps:

- Discharge from the previous level of care in Cal-OMS discharge
- Admit into RSS on the Cal-OMS Admission
- Change Provider Diagnosis (ICD-10) form to reflect State approved remission diagnosis (See next slide)
- Submit authorization for RSS within 30 days of admitting into RSS.
Per MHSUDS Information Notice NO. 17-034:
“A beneficiary receiving recovery services will be in a state of “remission” due to the chronic nature of substance use disorders.”

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>ICD-10 Code Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1021</td>
<td>Alcohol dependence, in remission</td>
</tr>
<tr>
<td>F1121</td>
<td>Opioid dependence, in remission</td>
</tr>
<tr>
<td>F1221</td>
<td>Cannabis dependence, in remission</td>
</tr>
<tr>
<td>F1321</td>
<td>Sedative, hypnotic or anxiolytic dependence, in remission</td>
</tr>
<tr>
<td>F1421</td>
<td>Cocaine dependence, in remission</td>
</tr>
<tr>
<td>F1521</td>
<td>Other stimulant dependence, in remission</td>
</tr>
<tr>
<td>F1621</td>
<td>Hallucinogenic dependence, in remission</td>
</tr>
<tr>
<td>F1821</td>
<td>Inhalant dependence, in remission</td>
</tr>
<tr>
<td>F1921</td>
<td>Other psychoactive substance dependence, in remission</td>
</tr>
<tr>
<td>Z87898</td>
<td>Personal history of other specified conditions</td>
</tr>
</tbody>
</table>
Group Billing Formula Updates
Current State

• Individual documentation time = 1 additional unit added to units/day per service.
  • I.e. 60 minutes counseling is 4 units plus 1 unit of doc = 5 units/day billed
  • Documentation time on note should reflect actual start and end times for documentation
• Group formula remains the same as with previous years
  • 15 minutes for 2-4 participants
  • 30 minutes for 5-8 participants
  • 45 minutes for 9-12 participants

Future State

• No changes to individual documentation time
  • 1 additional unit added to units/day per service.
• All billing will include service time, documentation time and travel time as appropriate.
• Group formula: Providers will be able to bill up to 10 minutes per participant for documentation time.
  • Each person in the group may have different times depending on the actual documentation time spent.
  • The per minute rate will be the same as the service rate on the rates and standards matrix for the level of care and staffing level.
  • I.e. $2.18/minute for ASAM 1.0 registered counselor vs. $2.62 for same group run by an LPHA
STATE DENIAL REMINDERS
State denials for Fiscal Year 18/19 and 19/20 were different than DMC-ODS’ first year of billing.

The primary reasons for denials in FY 18/19 and 19/20 included issues with:

| Patient related information | Provider related information | Performing Provider related information |
Key Terms

Recoupment/Takeback
A claim is recouped or taken back after it has been denied by the State, which means money that has been paid out will be deducted from the next EOB posted in the system.

Payer Claim Control Number (PCCN)
This is the number assigned to each claim for tracking purposes and must be included on each replacement claim in order to follow the claim.

Replacement Claim
Replacement claim is the correction or updating of a previously submitted claim. A replacement is sent when a data element on the original claim either needs to be added or needs to be corrected.

Claim Resubmission
Refers to creating a new claim for a service(s) that has already been denied.
Billing with Sage

- **Resubmit** a new Claim
- This is the same process for any denied claim, local or state.
- State denied claims are voided in the Treatment History and original Bill Enum. As such, they will not show in the replacement claim drop-down.

Bill with 837P/I files

- **Replace** the service keeping the PCCN identifier provided by the SAPC on the 835 (REF*F8)
- CLM05-03 Must be ‘7’ to indicate replacement claim and the PCCN from the 835 must be listed in REF02
- See SAPC’s 837p Companion guide page 36 for example
Due to the hundreds of different code combinations, the crosswalk only includes the most common codes. In the event a provider receives a denial for a code that is not listed on the crosswalk, there are 2 options for how to decode the CARC/RARC combo:

1. Providers can go directly to the x12 website which is where codes are published to search for the language for the Claims Adjustment Reason Code (CARC) and the Remittance Advice Remark Codes (RARC). (Example: Denial CO 177 N424)
   - [https://x12.org/codes/claim-adjustment-reason-codes](https://x12.org/codes/claim-adjustment-reason-codes)
   - [https://x12.org/codes/remittance-advice-remark-codes](https://x12.org/codes/remittance-advice-remark-codes)
### 2. Use the existing codes on the crosswalk to form the combination needed.

- We included all the codes and exact verbiage from X12 in column B of the crosswalk. Most combinations can be found using the existing values in column B.
  - I.e. if you receive a denial for CO 177 N424
    - Search for CO 177 which states “Patient has not met the required eligibility requirements. (177) “
    - Then search for N424 which states “Patient does not reside in the geographic area required for this type of payment.(N424)”
    - This may translate to the patient is not eligible due to not living within in LA county or having their medi-cal assigned to LA county.

<table>
<thead>
<tr>
<th>CO177</th>
<th>Patient has not met the required eligibility. (177)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO96 N424</td>
<td>Non-covered charge(s). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Details Information REF), if present. (96)</td>
</tr>
</tbody>
</table>

- Patient does not reside in the geographic area required for this type of payment (N424)
Virtual/Distance Learning:

Moved all CE Events to virtual platforms since June 2020!

Will be continuing for the foreseeable future.

Advantages:
- Able to condense some materials.
- Able to attend from home or the office

Challenges:
- More distractions, easy to do other work
- Technology issues
If you register, please attend
• If you register and do not attend, that likely blocked someone else from attending.
• Please cancel your registration if you are unable to attend or contact SAPC.CST@ph.lacounty.gov to cancel.

Double check your email address when registering.
• If the wrong email is listed, you will not receive a meeting link and we will not know who you are.

To Do’s
You must complete your post test
• This helps us to track attendance so that we can continue to offer quality and free CE events.
• We need the post test to validate your attendance for our credentialing partners to offer CE’s.

Evaluations help us learn
• Completing the evaluations timely helps us to improve our presentations and create future presentations.
• Evaluations also help to continue to be able to provide CE approved events.
Attendees must log-in using a computer/laptop, smartphone or tablet. We cannot offer CE’s for telephone only call-ins.

Please be prepared to be on camera and don’t be shy! Use of cameras is always encouraged and may be required for participation in some trainings.

Everyone must log in as themselves. If you attend as group, all participants must register and log-in individually to receive credit.

Participation is required! We will be checking in with you throughout the trainings to validate your attendance and maximize learning.
Clarification of training requirements for registered SUD counselors who have completed their education but are not yet certified

• **Issue:** We have received several inquiries related to education requirements for Registered SUD Counselors who have completed their education but are not yet certified.
  – SAPC’s most recent **Provider Staffing Guidelines (IN 19-07)** highlights training requirements for SUD counselors. Unfortunately, we discovered the language in the recently published Provider Manual 5.0 did not include the edits from IN 19-07.

• **Clarification:** Registered counselors who have completed their training but have not yet become certified will still be required to have 45 hours training annually. This training requirement can be completed either via additional coursework or CE approved continuing education. SAPC’s clinical training sessions can meet this requirement.

• **Future steps:** SAPC will work to revise and release an updated Provider Staffing Guidelines IN to clearly indicate that this continued training can be completed via either by additional coursework or continuing education.