![Sage - Substance Use Disorder Information System]

Communication Release
03/03/2026

Change to Overlapping Discharge/Admission Auth Dates Policy

Effective March 1, 2026, SAPC's Utilization Management (UM) unit is updating its policy regarding overlapping discharge and admission dates. UM will allow a 1-day overlap when the discharge and admission date occur on the same day, for all levels of care. UM will utilize the date listed on the Discharge and Transfer Form (D&T) or Recovery Bridge Housing Discharge Form, both required to be completed in Sage by all providers, as when considering allowance of overlapping discharge and admission dates. If the D&T or Recovery Bridge Housing Discharge Form is not completed by the discharging agency, the overlap will not be approved.

UM will allow agencies to request retroactive service authorization adjustments to allow for billing of services on the date of discharge if necessary for approved authorizations that fall within FY 25-26 **(7/1/25-2/28/26)**. Provider agencies must identify the authorizations requested to have a change to the authorization end date and submit the list of authorizations to UM for review. Upon receipt of the list of authorizations, UM will review the discharge date as noted on the D&T and review the client's chart to determine if there is an overlapping authorization for the same day. If the end date of the discharging authorization is found on the D&T and there is an overlapping admission on the same day, then UM will decide whether to change the end date. For authorizations with an adjusted end date, the agency can then submit billing for the date of discharge once the adjustment is confirmed. Please note that for residential and withdrawal management levels of care, billing for overlapping day rates is not allowed and only the unbundled services are permissible.

If the required information is not received and/or the D&T or RBH Discharge Form are not completed or the information on the form is not accurate, the request will be denied. Requests for adjustments submitted after the deadline will not be allowed.

To submit the list of authorizations for review, follow the process as outlined below:
1. Prepare a list of approved authorization that require an end date adjustment due to overlaps of discharge and admission dates that fall within from *FY 25-26 (7/1/25-2/28/26)*.
   a) The list must include the patient's name, PATID, and authorization number.
2. Ensure the *D&T* or *RBH Discharge form* was completed and the discharge date on it is correct.
3. Send the list of authorizations with the required information in a **secure** email to Adriana Lewis ALewis2@ph.lacounty.gov and Laura Conejo lconejodelaguila@ph.lacounty.gov by close of business **Friday March 13th.**
4. UM will notify providers via secured emails once the authorization adjustments are completed.
5. Providers submit claims for the additional day.

PCNX TRAIN Now Available

SAPC completed configurations for Sage PCNX TRAIN. All agencies, Primary and Secondary, are now configured in TRAIN. Providers are encouraged to use this environment to onboard staff and practice gaining familiarity of workflows in this non-production environment where there is NO real client information or protected health information (PHI). Agencies should be clear to not place any PHI for actual clients in this non-production environment.

SAPC will also use TRAIN to preview upcoming functionality and solicit feedback on new/updated forms, reports, and/or widgets.

If you have not accessed the TRAIN environment for an extended period, your account may have been deactivated. In this situation, please contact the Sage Help Desk for assistance. The Sage Help Desk will also be able to provide the TRAIN URL if needed.

Sage Help Desk Phone Number: (855) 346-2392
Sage Help Desk ServiceNow Portal: https://netsmart.service-now.com/plexussupport

Provider Site Admission Form Corrections

Completion of the Provider Site Admission (PSA) form is required by Primary and Secondary Sage users. The PSA form is reviewed by Utilization Management's (UM) Care Managers when assessing Service Authorization Requests for approval. UM will request the PSA form is corrected if the PSA admission date does not align with the Begin Date for an initial Service Authorization Request or does not match the requested Level of Care (LOC).

To correct a PSA, open a Sage Help Desk ticket for "Modify a Medical Record" to revert the PSA from Final to Draft. Users should NOT create a new PSA record as this will cause issues with the Census Bed Management Report. Having multiple PSAs for the same admission will result in having an Active client on the Census Bed Management Report with no corresponding Discharge and Transfer Form for both PSAs, reflecting the same admission.

To correct duplicate PSAs, open a Sage Help Desk ticket for "Modify a Medical Record" to revert the incorrect PSA from Final to Draft. Once in Draft the duplicate PSA may be deleted.

Providers may run the Census Bed Management Report to identify PATIDs with multiple records for the same site location and similar/exact admission dates.

Sage Help Desk Feedback Survey

It is time for the Bi-Annual Sage Help Desk Feedback Survey. Users who submitted a Sage Help Desk ticket within the last six months will receive an email with the subject line: "**Sage Help Desk Needs Your Feedback**" from Client Experience at ClientExperience@ntst.com. The survey will be open from 3/3/2026 to 3/31/2026. This important survey helps SAPC and the Sage Help Desk determine if providers are receiving the support they need from the Help Desk and identify any areas for improvement.

The survey responses and feedback are an important part of our ongoing process improvement efforts to serve you better. We encourage all Sage users that receive the survey to please complete it within the designated four-week period. As a reminder, please check spam and junk folders if you submitted a Help Desk ticket in the last six months and do not see the survey email in your inbox.

Field-Based Services Updates

Field-Based Services (FBS) released Information Notice 26-01, which provides updates to the FBS Standards and Practices to expand FBS services and update documentation requirements.

FBS requires accurate and complete documentation. Claims and progress notes should have matching Place of Service (POS) codes and accurate duration of services. Only time spent for billable service components may be included in the service duration (FBS Standards and Practices, Page 6). Time spent on non-billable activities such as documentation, waiting, or travel must not be included in the duration of service time.

Primary Sage users must:

- Select "Field-Based Services" for Method of Service Delivery
- Enter the appropriate POS* code within the Location field
- Document the location where services were provided (e.g., name of FBS location and/or address) within the Field-Based Services Location field

Secondary Sage users must document services with a progress note in their EHR with the following:

- Notation that services were delivered via FBS
- Appropriate POS* code
- Location where the services were delivered (e.g., name of FBS location and/or address)

Please refer to the FBS Standards and Practices (page 11) for more details on updated documentation guidelines.

Note: POS code "11- Office" is intended for a medical provider's office (e.g., doctor's office) and NOT a DMC-Certified facility

Discontinuation of the FBS Transportation Benefit

Field-Based Services mileage reimbursement is no longer a covered benefit, **effective 1/12/2026**. Agencies may continue to submit claims for mileage reimbursement prior to this date, but transportation will no longer be an allowable code for services provided on or after 1/12/2026. The FY 25-26 FBS Enhanced Benefit, which provides an extra 10% reimbursement of total approved claims, was designed to offset any additional costs associated with providing Field-Based Services, including transportation.

If you have any questions, please e-mail SAPC-SOC@ph.lacounty.gov.

3/5 SAPC Finance Billing & Denial Resolution Tutoring Lab

The March Billing & Denial Resolution Tutoring Lab is scheduled for *Thursday, March 5th, from 1:00-2:30pm.* If providers have requests for procedures or policies to review during the lab, please email SAPC-Finance@ph.lacounty.gov.

Meeting Name: Billing & Denial Resolution Tutoring Lab

Date and Time: First Thursday of every month from 1:00-2:30 pm
Meeting Link and Call-in Information (via Microsoft Teams): Billing & Denial Resolution Tutoring Lab Meeting Link
Meeting ID: 278 929 667 194
Passcode: shijHi

Dial in by phone
+1 323-776-6996,743250887# United States, Los Angeles
Phone conference ID: 743 250 887#

The recorded presentation, slides, and FAQ for the prior Finance Billing & Denial Tutoring Lab are available at *Sage Finance* ***under Billing and Denial Resolution Tutoring Lab.***

KPI Migration and Training

SAPC completed its KPI migration to the AWS Cloud. Users will now see the Sage PM KPI Dashboard and Sage MSO KPI Dashboard. Navigation on the cloud dashboards is different than the legacy dashboards. To aid providers in this transition the KPI Dashboards User Guide was updated and can be found on the SAPC Sage website.

SAPC is also hosting a Teams Webinar on the KPI Dashboard updates!
Purpose: This training will cover the basics of understanding what KPI Dashboards are, how information is populated, and how to navigate the cloud dashboards. This training will NOT cover how to conduct analysis using specific sheets.
Who Should Attend: Users with active KPI accounts. KPI access is restricted. New KPI account requests need prior approval from your agency's Sage Liaison.

Trainer: Esther Orellana, Ph.D.

Training Date	Training Time	Registration REQUIRED
Thursday March 5, 2026	9:00am -10:00am	Register Here Flyer

If you have questions about the training, please email Sage@ph.lacounty.gov

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Highlights from Previous Communications

County and Aid Code Report Updates: An updated version of the County and Aid Code Report became available Tuesday, 2/17/2026. This update introduces several new enhancements to improve visibility into Medi-Cal coverage details. The new "Share of Cost" and "Unmet Share of Cost" fields indicate whether a patient has a Medi-Cal share of cost and whether the share of cost amount has been met. The report now also displays the "Client Index Number" associated with each data line. In addition, the "Data Entry Date" field has been renamed to "271 Posted Date", the "File Status" field has been removed, and several fields have been reordered for improved clarity and usability. As a reminder, the County and Aid Code Report provides current Medi-Cal enrollment information, including the Aid Code, County Code, and Managed Care Plan (MCP) details. Providers can use this report to verify Medi-Cal eligibility and potential gaps in coverage. This report sources eligibility information from the Real Time Inquiry (270) Request/Eligibility Response (271) combined with the data from the State MEDS file. To ensure the report reflects the

most updated eligibility information, providers should continue running and posting the Real Time Inquiry (270) Request monthly for patients.

Denial CO 284: Beginning February 11, 2026, claims for services billed after the service authorization has ended will be denied with Denial CO 284. This commonly occurs when a client changes providers and/or levels of care, leading to a shortened service authorization end date. If billing has occurred through the original end date, Sage prevents editing the end date in the Service Authorization Form, but the revised end date can be found in the Comments section of the form. For questions regarding updated service authorization dates, please contact the case manager listed in the Comments section of the Service Authorization Request form.

Clinical Documentation FAQ Updated: The Clinical Documentation FAQ has been updated and will be available the week of 2/16/2026 on the SAPC Sage website. This FAQ is a compilation of questions received from providers during trainings, meetings, and email. It was reformatted in General Service Questions, specific form sections such as Assessment forms, Diagnosis form, Progress Note form and more, as well as a section specific to Secondary Sage User Documentation. The FAQ can be found with other guides and job aids on the SAPC Sage website: http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm

Patient Medications Form Update: The Patient Medications form was updated in TRAIN Jan 30th to include a diagnosis widget that populates to the right of the form. The PCNX Client Diagnosis History lists your agency's diagnosis for the selected client. It is in chronological order with the most recent diagnosis date listed at the top. It will list all diagnoses entered in the Sage-PCNX Diagnosis form, including if multiple diagnoses are listed on a single record. This widget is now available in LIVE when accessing the Patient Medications form.

Collateral Contact Form Update: The Collateral Contact form was updated in TRAIN and LIVE to allow all Sage users to be able to find their name in the "Form Completed By" search field. The field was previously limited to practitioners only. The updated field also auto-populates with the logged in user's name when opening the form.