



Communication Release

12/03/2025

KPI Data Truncation

KPI data is truncated every six (6) months at the beginning of the calendar and fiscal year. KPI maintains a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY), and the current FY and CY. As such, KPI data will be truncated on 1/1/2026, limiting available data to include only 7/1/2023 - present. As with previous truncation periods, providers who would like copies of KPI data from the time period 1/1/2023- 6/30/2023 are encouraged to export relevant data from KPI on or before 12/31/2025. The following data will be available effective 1/1/2026:

Available Fiscal Years	Available Calendar Years
All FY 23/24	7/1/2023-12/31/2023
All FY 24/25	All CY 2024
FY 25/26 to date	All CY 2025
	CY 2026 to date

Primary to Secondary Provider Conversion

SAPC provides an annual enrollment opportunity for all Provider Agencies to convert from a Primary User to Secondary User of the Sage Electronic Health Record (EHR) System. If your agency would like to convert from Primary to Secondary Sage User status, please send an official, signed request addressed to the SAPC-IT at SAPCProvConvReq@ph.lacounty.gov no later than **January 31, 2026**.

Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing of their EHR system by March 31, 2026. Testing processes need to be completed no later than June 30th. During this testing process period, the provider is required to:

1. Identify a minimum of two contact persons at your agency who will be responsible for creating and submitting all 837 test files. These two individuals will also be responsible for responding to and addressing all SAPC requests related to this conversion.
2. If needed, submit Sage User Creation forms for any new or modified user accounts per standard procedure.
3. Engage the EHR vendor or Information Technology staff to complete all necessary configuration of the agency's EHR by the identified timeline and in accordance with SAPC specifications.
4. Create and submit test 837 files and resolve identified issues.
5. Once testing is done in the TRAIN environment, create and submit a small number of claims in the Live Environment until the agency has achieved at least an 80% adjudication approval rate.

Once the conversion is successfully completed, a Sage Secondary Provider Certificate will be issued by SAPC. After the certification, the provider will officially be a secondary provider and will be given instructions on how to submit their claims via the 837 process going forward.

Highlights from Previous Communications

KPI: Payment Reconciliation View Update: The MSO KPI Dashboards 2.0 Payment Reconciliation View Sheet has been updated. The following fields were added to the Procedure Overview object: EOB ID, EOB ID, Retro Claim EOB, Check #, Check Amount, and Check Date. These fields will help reconcile a procedure with an EOB, check, and possible Retro EOB if applicable without having to navigate to a different object. Additionally, a layout change was made where the Client Name is now the first column. This will allow users to scroll across the sheet and maintain visibility on the Client Name. Additional sheets with tables where the first column is Provider Name will be updated over the next month to have the Client Name listed in the first column and allow for scrolling with the first column fixed in place. For additional information on KPI sheets please see the [SAPC Sage KPI training page](#).

KPI: REAL SOGI Sheet and Job Aid: The REAL SOGI sheet is now available in PM KPI Dashboards. This sheet provides agency level details from the Race, Ethnicity, and Language (REAL) demographic fields and the Sexual Orientation and Gender Identity (SOGI) demographic fields. This demographic data is captured on the Admission (Outpatient) and Update Client Data forms in Sage. The REAL SOGI sheet can be used to gather statistics on the rates at which the REAL SOGI fields are completed and the breakdown of response options for completed fields. It is also a way for providers to view demographic information about the patients they serve, which may inform programmatic improvements and strategies for meeting patient needs. For additional information, please see the [REAL SOGI Job Aid](#) on the KPI training page.

Diagnosis Form Updates: Language has been added to two fields on the Diagnosis form as a reminder that DMC-ODS requires a primary substance use related diagnosis once medical necessity has been established. For clients in the assessment period who do not yet have a primary SUD diagnosis established, [Behavioral Health Information Notice \(BHIN\) 22-013](#) indicates ICD-10 codes Z55-Z65 “Persons with potential health hazards related to socioeconomic and psychosocial circumstances” or Z03.89 “Encounter for observation for other suspected diseases and conditions ruled out” may be used. For a list of approved diagnosis, please see the [FY 25/26 Billing Manual](#).

T2021 and T2024 Telehealth Modifiers: SAPC and Netsmart are in the process of updating the telehealth modifiers for codes T2021 and T2024. The current configuration includes 93 and 95; however, the Department of Healthcare Services (DHCS) updated the allowable modifiers recently which requires SAPC to make the change in Sage. DHCS has removed the 93 and 95 modifiers from T2021/T2024 and replaced them with SC. Providers should continue to use the 93 and 95 modifiers for codes as indicated in the rates and standards matrix. The FY 24-25 Rates Matrix reflects this change; however, Sage has not yet been updated. While the configuration is moved forward, provider agencies can continue billing T2021 and T2024 with the 93 or 95 modifiers. SAPC will adjust the modifier to SC before billing DHCS to prevent denials and recoupments. SAPC will announce in a future Sage Provider Communication when the configuration is complete, and the SC modifier is ready to bill for the two codes.
