



Communication Release

12/6/2024

Fiscal Year 2025-2026 Contract Extensions and Split Authorizations

SAPC Contracts has extended current contract numbers for FY 25-26 fiscal year. This will now allow authorizations (auths) that cross from FY 24-25 into FY 25-26 to split appropriately. All providers can now submit auths for the full authorization period if the auth crosses into the next fiscal year. This has primarily impacted OTP providers who have had to end date all auths at 6/30/2025. *Effectively immediately, OTPs and other providers no longer need to end date the authorizations to 6/30/2025 if the request extends to FY 25-26. UM will be able to process those authorizations as normal.*

For authorizations that were end dated for 6/30/2025, providers should submit a second authorization, with begin date of 7/1/2025 for the remaining authorization period.

Minimizing Duplicate Patients Records in Sage

During the intake process it is the responsibility of every provider to verify that the patient does not already have a Sage record with your agency or in the network. The creation of duplicate records for a patient requires merging of those records which is timely and may require new authorization and rebilling. When admitting a patient, providers should follow the following process:

1. Using the smart search bar Providers can search by last name, first name; date of birth (MM/DD/YYYY); Medi-Cal CIN; or social security number (###-##-####).
 - a. If the patient DOES appear, this indicates an existing record with your agency.
 - OR
 - b. If the patient does NOT appear then open the Admission (Outpatient) form.
2. Open the **Admission (Outpatient) form** and fill in as many fields as possible for the most targeted results. Please note that this form is used to search for patients across SAPC and should be use by SAPC providers at all Levels of Care, not just outpatient.
3. Review the results to verify the patient does not already have an existing record.
4. If the patient is **NOT** in the result list, click New Client so a new record (PATID) can be created for your agency.
 - a. If the patient is listed in the results, double click their name to access the existing record, which will open a new episode for your agency without creating a new PATID record.
5. If the patient appears to already have multiple records as illustrated in the image below, please contact the Sage Help Desk regarding which records should be used for documentation as these records will need to be merged.

Client Search

Last Name: First Name: Sex:

Social Security Number: Date of Birth:

Assigned ID: Alias: Subscriber Client Index Number: Alias (Additional Text):

Alias (Additional Text):

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Social Security Number
Info	76	TEST,ADDRESS	160486	05/05/1980	ALHAMBRA	91803-8800		444-44-4444
Info	76	TEST,ADMISSIONING	160684	01/01/2000				123-43-4342
Info	76	TEST,ADMIT	160347	01/01/1976	LOS ANGELES	90026		121-21-2121
Info	76	TEST,ADMIT	160348	01/01/1976	LOS ANGELES	90026		121-21-2121
Info	76	TEST,ADULT	159972	05/05/1960	ALHAMBRA	91803-8800		555-55-5555
Info	76	TEST,ADULT	160784					

RESOLVED: Provider File Attach Uploaded Files Issue

Netsmart resolved an issue that prevented providers from viewing files uploaded to the Provider File Attach form. Providers should now be able to view uploaded files in Sage. However, if an issue is encountered, please contact the Sage Help Desk at (855)346-2392 or create an online portal case at <https://oneteam.ntst.com>.

State Denials for Residential + OTP Counseling

The Department of Health Care Services (DHCS) recently made a change to allow OTP counseling while a client is simultaneously receiving residential treatment, H0019. This is for both individual counseling (H0004:UA:HG) and group counseling (H0005:UA:HG). Providers can resubmit any State denials for FY23-24 for services that were denied for these scenarios. The most likely State denial code associated with previously submitted claims for these services would be CO 96 M80.

Primary to Secondary Provider Conversion

SAPC provides an annual enrollment opportunity for all Contracted Providers 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, 2025**.

Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by **March 31, 2025**. 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 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 837 process going forward.

SAPC Finance Billing & Denial Resolution Tutoring Lab

SAPC Finance reminds providers that Billing & Denial Resolution Tutoring Lab has begun and is scheduled for 1 - 2:30pm on the first Thursday of every month. The Tutoring Lab will include announcements and reminders related to billing, demonstration of billing processes/review of policies/troubleshooting, and open Q&A. SAPC Finance encourages all agency billing staff to attend, and any additional agency staff interested in hearing billing and denial resolution information. If providers have requests for procedures or policies to review during the lab, please email SAPC-Finance@ph.lacounty.gov. The link to the meeting is below and will also be added to the SAPC Training Calendar. Please be sure to add it to your calendars!

Meeting Name: Billing & Denial Resolution Tutoring Lab

Date and Time: First Thursday of every month from 1-2:30 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](tel:+13237766996), [743250887#](tel:+13237766996) United States, Los Angeles

Phone conference ID: 743 250 887#

Highlights From Previous Communications

Recovery Bridge Housing (RBH) Benefits Expansion: Pregnant and Parenting Women (PPW) and Non-PPW clients may now be authorized for up to 365 days in a 12-month period. General RBH and PPW criteria will still apply. Please continue to refer to our [Checklist of Required Documentation](#) which can be found on SAPC website for required documentation.

Effective January 1, 2025, all RBH reauthorizations are required to be submitted timely. Partial denials may apply if reauthorizations are submitted late. For additional details regarding the authorization process, please contact sapc.qi.um@ph.lacounty.gov.

State Denial Code Updates:

CO 107 - State explanation of denial: "Short-Doyle denied the add-on or dependent service because the primary service was not valid".

Resolution:

- Resubmit the services to SAPC. SAPC is working with the State on clarifications regarding the denials and will not be recouping these services from providers at this time.
- The code will be added to the next update to the denial crosswalk being published in December 2024.

CO 177 - Issue: If providers receive CO 177 for patients who are undocumented but have Medi-Cal benefits, DHCS has started denying these services with CO 177 instead of CO 96 MA43, which SAPC has not been recouping from providers as this is a County funded beneficiary aid code.

Resolution:

- SAPC will temporarily turn off the automatic recoupment trigger for CO 177 to review the State denials received for this code to determine which are related to beneficiaries with Medi-Cal who are undocumented. SAPC will continue to not recoup those services and then will manually recoup the valid eligibility related denials received from DHCS.
- If an agency has received CO 177 State denials for patients who are undocumented and they believe these should not have been recouped for this reason, the agency should resubmit the services to SAPC for re-adjudication. Once the services are billed to DHCS, they will no longer be recouped. Please note that SAPC is not able to determine which patients are undocumented as that is not information available to SAPC or the Sage Help Desk.

CO 97 M86 for H2010M/N/S - Issue: Service codes for H2010M/N/S were recently billed to DHCS in error due to a configuration issue, leading to state denials and provider recoupments.

Resolution: The configuration has now been corrected and these services will no longer bill to DHCS. All State denials for H2010M/N/S services can be resubmitted for FY 23-24 and FY 24-25.

Guidance on Billing H2010M/N/S for FY 24-25: SAPC has published a [guidance document on the Sage website](#) with clarifications on billing and usage of H2010M/N/S. This document provides examples of how to bill the codes along with the service where the MAT education or naloxone distribution was delivered (H2010M and N) and examples of medication safeguarding/handling allows for billing H2010S for residential levels of care

P-Auths for Field-Based Service Transportation Mileage Available: SAPC and Netsmart implemented a new P-Auth for agencies approved to provide Field-Based Services (FBS). These agencies have an available P-Auth that includes code A0080-F only for billing mileage for FBS. Please note that only specific agency sites can be billed for this P-Auth.

T1013 Interpretive Services Rate Adjustment: SAPC announced an update to the rate for T1013 sign language/oral interpretive services. Effective November 20, 2024 the rate is standardized to a flat rate of \$30.92 across all provider tiers and for all allowable performing provider license types in the Sage system. As a reminder, this code can only be billed as an add-on service to applicable primary codes.

SAPC Peer Certification Scholarship Information: SAPC is providing a limited number of scholarships to cover costs associated with the CalMHSA Medi-Cal Peer Support Specialist Certification process. This scholarship is intended for those seeking initial certification only. Scholarships are available to individuals who either work or live in Los Angeles County.

Scholarships will be awarded on a first-come, first-served basis. **Apply here:** <https://forms.office.com/g/VU5Vw5p2w5>
For more information, please visit [SAPC's Certified Medi-Cal Peer Support Specialists webpage](#) or contact the SAPC Peers Implementation Team at SAPC_ASOC@ph.lacounty.gov.

Progress Note Status Report Update - Interim Solution: The Progress Note Status Report (PNSR) was updated to improve performance and minimize errors in data from populating. These fixes are *temporary* to ensure providers have access to this crucial report and that the data is populating timely. The following changes were needed to regain functionality and adequate performance of the report:

1. *Form Status parameter removed* - Form status will remain on the report output; however, providers will not be able to filter either Draft or Final from the initial output.
2. *Provider Name parameter removed* - The Performing Provider name will remain on the report output; however, providers will not be able to filter down to specific names on the initial output.
3. *Signature/Finalized by value removed* - This field had to be removed due to causing significant delays to the report's performance. This field does not impact visibility on finalized status of the note and will not impact claiming.

Providers should expect the report to populate within 10 minutes of running depending on the parameters selected and data being pulled. The report can be exported into CSV or other file types for further filtering and sorting to assist with efficient billing practices.

