

BILLING & DENIAL RESOLUTION TUTORING LAB

FEBRUARY 5, 2026



AGENDA

- Reminders & Announcements
- Help Desk Ticket: Best Practices
- No Action EOBs
- Discharge and Transfer Form
- Women's Health History Form Updates
- New CIFP Guarantor
- Tutoring Session Topic
 - Practitioners in Sage
- Open Q&A

REMINDERS & ANNOUNCEMENTS

REMINDERS

Q&A REMINDER

- As a reminder, to ask questions during this lab, please use one the following:
 - Q&A Button



- Raise Hand Button



FAQ REMINDER

- As a reminder, FAQ are uploaded on a monthly basis. Please check to see if your question has been asked in previous tutoring labs.
- Link: <http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

SAPC About ▾ Prevention ▾ Treatment ▾ Recovery Harm Reduction Providers ▾ 

Sage Quick Menu

-  Sage Home
-  Sage User Enrollment
-  Sage Provider Communications
-  Sage Trainings - Finance

Sage Finance

SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance Open All

Billing

Billing and Denial Resolution Tutoring Lab

Subject	Description	Date
Billing and Denial Resolution Tutoring Lab FAQ - 12.05.2024 to 11.06.2025 Sessions (New - December 2025)	Topics include: Cumulative Spreadsheet of the Billing and Denial Resolution Tutoring Lab FAQ Questions and Answers. The spreadsheet includes two tabs named "FAQ" and "Resources". The FAQ tab includes all questions and answers from all tutoring lab sessions, sorted oldest to newest by date of the tutoring lab. The FAQ is categorized by Clinical, Codes, Denials, General, and Policy type questions. The Resources tab includes important websites, emails, and links to tutoring lab presentations.	12/01/25

HELP DESK TICKET FORMS

- Two different forms for Help Desk tickets
- ServiceNow Create Case Form
 - Tickets go directly to Netsmart
 - Use this form to report Sage system issues
- Request Billing Assistance Form
 - Ticket goes directly to SAPC Finance
 - Use this form to report billing-related issues
 - Link: https://netsmart.servicenow.com/plexussupport?id=sc_cat_item&sys_id=1ac545cf1b115e103001a9b6624bcb00&sysparm_category=4cb69d19c3921200b0449f2974d3ae69
- **Note:** Billing-related tickets submitted through the Create Case form will take longer to resolve

LOCKOUT CONFIGURATION UPDATE

- Outpatient Overridable Lockouts with Appropriate Modifiers are now billable for Primary & Secondary Providers
- Please make sure to follow the guidance per the Rates Matrix in the **Billing Rules** tab

- *Outpatient non-Overridable Lockout Codes (Column J) = Cannot be billed with Code in Column A*

- *Outpatient Overridable Lockouts with Appropriate Modifiers (Column K) = Can be billed with Code in Column A*

- Received a State Denial related to lockouts (CO 96 M80)?

- Open a help desk ticket using the [Request Billing Assistance](#) form for assistance.

A	J	K
Code	Outpatient Non-Overridable Lockout Codes	Outpatient Overridable Lockouts with Appropriate Modifiers (<i>Overridable Modifiers for codes with * are:59, XE, XP or XU</i> <i>Overridable Modifiers for codes with ** are:27, 59, XE, XP or XU</i>)
1		
90791	90846, 90847, 96170, 96171	90849*, 90865*, 90882*, 90885*, 90887*, 90889*, 96160*, 99202**, 99203**, 99204**, 99205**, 99212**, 99213**, 99214**, 99215**, 99234**, 99235**, 99236**, 99238**, 99239**, 99304**, 99305**, 99306**, 99307**, 99308**, 99309**, 99310**, 99341**, 99342**, 99344**, 99345**, 99347**, 99348**, 99349**, 99350**, 99367**, 99368**, 99408**, 99409**, 99415**, 99416**, 99418**, 99424**, 99441**, 99442**, 99443**, 99451**, 99491**, 99495**, 99496**, G0396*, G0397*, G2011*
2		

FY 24-25 BILLING DEADLINES

- Submit original and replacement claims for FY 24-25 services by the deadlines listed below:

Dates of Service

7/1/2024 - 12/31/2024

Deadline to Submit

Friday,
January 30, 2026

**DEADLINE
PASSED!**

Dates of Service

1/1/2025 - 6/30/2025

Deadline to Submit

Thursday,
April 30, 2026

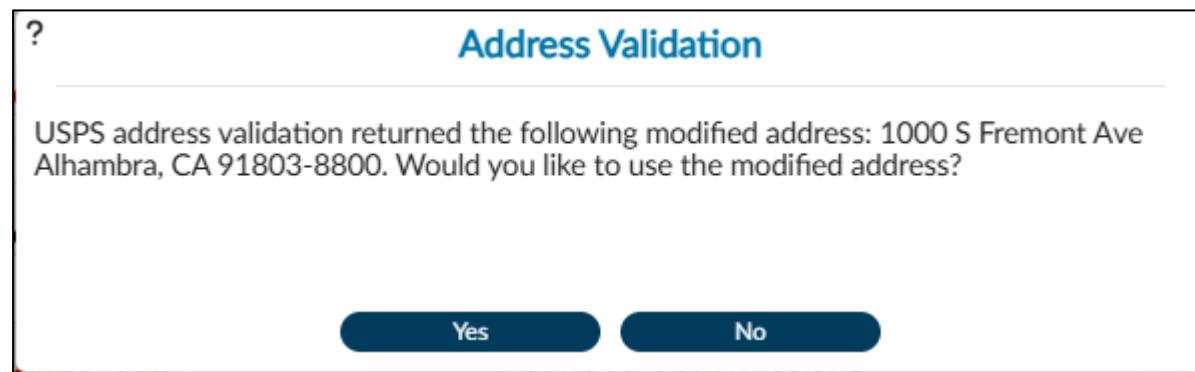
**83 DAYS
LEFT TO
SUBMIT!**

FY 24-25 BILLING DEADLINES

- In preparation of the billing deadlines, we recommend:
 - Don't wait until the last week (or even the last day!) to submit claims. Submit claims at least once a month before the deadline to allow for any corrections needed for Local and State denials.
 - Review all currently denied services to ensure services have been corrected and replaced (as able).
 - Review available contract amounts and request augmentations if necessary.
 - Lastly, open a [Request Billing Assistance](#) ticket for any support needed to resolve outstanding FY 24-25 questions.

FINANCIAL ELIGIBILITY ADDRESS

- For each patient, the address must be entered in the Financial Eligibility form.
- Under "Subscriber's Address - Zip *", when the 5-digit zip code is entered, the "Address Validation" will pop up. It's important to select "Yes" as this will populate the full address and zip code which includes the full 5-digit ZIP code and the 4-digit extension.
 - This is important because if the 4-digit extension is not included, it creates a rejection in the claim when it is being billed to the State which requires SAPC staff to correct.
 - Please make it best practice to select "Yes" in the "Address Validation" pop-up.



ANNOUNCEMENTS

MEDI-CAL ELIGIBILITY WIDGET AND REPORT

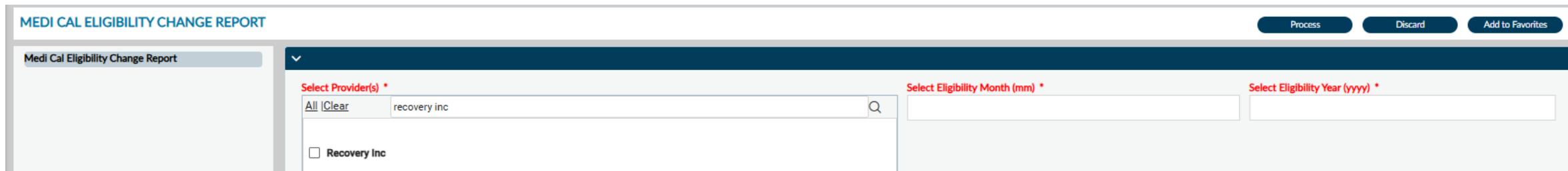
- New Widget - Medi-Cal Eligibility Information - Last 3 Months

MEDI-CAL ELIGIBILITY INFORMATION- LAST 3 MONTHS									
<input type="text" value="Search:"/>									
Eligibility Month	Client Name/PATID	Client Index Number	Date of Birth	County of Responsibility	County of Residence	Eligibility Status Code	OHC code	Managed Care Plan (MCP)	Initial Share of Cost Amount
Eligibility Mon	Client Name/PATID	Client Index	Date of Bir	County of Respon:	County of Resi	Eligibility Statu	OHC code	Managed Care	Initial Share of

- Contains the last three months of eligibility information available, if a client does not have three months of eligibility, then only the month with eligibility will display.
 - For example, if the client received eligibility for the first time in February, then only February will display.
- The widget will only populate clients where the CIN entered on the Financial Eligibility matches the MEDS file.
- Resident County Code is now visible, which is helpful for Inter-County Transfer clients.
- Widget is updated on a monthly basis using data from Medi-Cal. Any changes during the month will show on the following month's record.

MEDI-CAL ELIGIBILITY WIDGET AND REPORT

- New Report - Medi-Cal Eligibility Change Report



MEDI CAL ELIGIBILITY CHANGE REPORT

Medi Cal Eligibility Change Report

Select Provider(s) *
All recovery inc

Select Eligibility Month (mm) *

Select Eligibility Year (yyyy) *

Recovery Inc

Process Discard Add to Favorites

- Note: In Sage, search for the form without the hyphen, Medi Cal Eligibility Change Report

MEDI-CAL ELIGIBILITY WIDGET AND REPORT

- The report -
 - Shows any changes in key eligibility fields over any 2-month period selected
 - For example, entering month: 01 and year: 2026 will pull Medi-Cal eligibility information for December 2025 and January 2026.
 - Only pulls information on current clients with an approved authorization, within 6 months of the date parameters entered on the form.

MEDI CAL ELIGIBILITY CHANGE REPORT

Medi Cal Eligibility Change Report

Select Provider(s) * All |Clear Search Select Eligibility Month (mm) * 01 Select Eligibility Year (yyyy) * 2026

Process Discard Add to Favorites

SUBSTANCE ABUSE PREVENTION AND CONTROL

Medi-Cal Eligibility Change Report

Print Date: 2/5/2026

Parameters Selected:
RECOVERY, INC.
12/1/2025 - 1/1/2026

Provider	Client Name (PATID)	Eligibility Month	Aid Code	Eligibility Status Code	County Code	Resident County Code
RECOVERY, INC.	PATIENT, TEST (999999)	1/1/2026			19	
RECOVERY, INC.	PATIENT, TEST (999999)	12/1/2025	M1	301	19	19

MEDI-CAL ELIGIBILITY WIDGET AND REPORT

- Resources
 - Short Doyle Medi-Cal Aid Code Chart:
<https://www.dhcs.ca.gov/provgovpart/Documents/SDMC-Aid-Code-Chart.xlsx>
 - Use this chart to determine meaning of code in the "Aid Code" Column

 COUNTY OF LOS ANGELES
Public Health



SUBSTANCE ABUSE PREVENTION AND CONTROL

Medi-Cal Eligibility Change Report

Print Date: 2/5/2026

Parameters Selected:

RECOVERY, INC.
12/1/2025 – 1/1/2026

Provider	Client Name (PATID)	Eligibility Month	Aid Code	Eligibility Status Code	County Code	Resident County Code
RECOVERY, INC.	PATIENT, TEST (999999)	1/1/2026			19	
RECOVERY, INC.	PATIENT, TEST (999999)	12/1/2025	M1	301	19	19

NEW PRACTITIONER WIDGET

- SAPC released the new Practitioner License/Registration/Certification Expiration widget on Monday 2/02/2026 for providers to track upcoming license expirations for active practitioners in Sage.

PRACTITIONER LICENSE/REGISTRATION/CERTIFICATION EXPIRATION													
Search: <input type="text"/>													
name	Staff_ID	PROVID	Taxonomy	NPI	License/Cert/Reg Type	Board	Date Issued	Expiration Date	Status	Is Active in Sage	Actions Needed for Status	Date Inactive	Sage Registration Date
					RAC	CA Assoc Alcohol/Drug Educ (CAADE)	2021-12-23	04/20/2025 Click to verify credential	Expired	Yes	Contact Sageforms@ph.lacounty.gov with updated information to prevent billing denials.	N/A	2021-03-10
					LCSW	CA Board of Behavioral Services (BBS)	2024-01-24	01/31/2026 Click to verify credential	Expired	Yes	Contact Sageforms@ph.lacounty.gov with updated information to prevent billing denials.	N/A	2024-01-16
					RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-05	02/08/2026 Click to verify credential	Active	Yes	No Action Needed	N/A	2025-10-01
					RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-11	02/11/2026 Click to verify credential	Active	Yes	No Action Needed	N/A	2025-10-03
					RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-13	02/13/2026 Click to verify credential	Active	Yes	No Action Needed	N/A	2025-10-30
					RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-18	02/18/2026 Click to verify credential	Active	Yes	No Action Needed	N/A	2025-09-14
					RAC	CA Assoc Alcohol/Drug Educ (CAADE)	2025-02-26	02/26/2026 Click to verify credential	Active	Yes	No Action Needed	N/A	2025-11-04

NEW PRACTITIONER WIDGET

- The widget will display practitioners whose license is set to expire within the next three months so that providers and SAPC are able to better track license renewals. For licenses that expire without being updated, SAPC will end date the license for billing, which will cause claims to be denied after the expiration date.
- Once SAPC receives updated credentials, the end date will be removed and will allow for billing to be entered.
- If providers need to update the license expiration date only, and no other changes to the practitioner are needed, those can be directed to sageforms@ph.lacounty.gov directly.
- However, if any other changes are needed to a user or practitioner, provider Sage Liaisons must enter a help desk ticket for a user modification using the Request Something -> Sage User Creation Form.

FY 24-25 SAGE BILLING CONFIGURATION UPDATES

Effective the week of January 12, 2026, the following Sage Billing Configurations have been completed:

- Updated maximum units billable per service for codes:
 - 96131, 96171, 98960, 98961, 98962, 99416, 99417, H0001, H0004, H0005, H0007, H0014, H0025, H0033, H0034, H0034R, H0038, H0048, H0049, H0050, H1000, H2010M, H2010N, H2014, H2015, H2015-CN, H2017, H2017-CN, H2027, T1006, T1007, T1013, T1017, T2021, T2024
- Removal of fees to meet State policy:
 - 99415 for Residential (U1, U2, U3)
 - 99202-99205, 99212-99215 from WM (U4:U7, U4:U8)
 - 90849 from WM (U4:U7, U4:U8)
 - Occupational Therapist (OT) and OT Clinical Trainee for code 99368
 - Registered Nurse (RN) and RN Clinical Trainee for code H2017

FY 24-25 SAGE BILLING CONFIGURATION UPDATES

Effective the week of January 12, 2026, the following Sage Billing Configurations have been completed:

- Removal of the GC and/or HL modifiers from the codes:
 - 90885, 90887, 90889, 96170, 96171, 99367, 99368, 99417, 99418, H0001, H0007, H0012, H0014, H0019, H0033, H0034, H0048, H0049, H0049, H1000, H2010, H2014, H2015, H2017, H2027, H2034, S9976, T1006, T1007, T1009, T1013, T1017, T2027
 - These codes do not require the GC and/or HL modifiers as they are not billable to Medicare and do not require the Medicare COB override modifiers

FY 24-25 SAGE BILLING CONFIGURATION UPDATES

Effective the week of February 2, 2026, the following billing configurations will be updated in Sage:

- Removed code 99418 as it is not an applicable add-on code for the current code set
- Removed the 95 modifier from codes 98966, 98967, and 98968 as these services are restricted to phone telehealth and not tele-video
- Removed H0034 from OTP LOC as medication services is included in the bundled medication rate

FY 24-25 SAGE BILLING CONFIGURATION UPDATES

Effective the week of February 2, 2026, the following configurations will be updated in Sage:

- Removal of codes with the 27 modifier as this is not an applicable modifier for the SAPC network
- Removed 02 and 10 places of service from the H2010M and H2010N codes
 - As this is an incentive service, the place of service is not required to be a specific value and can be submitted with:
 - (55) Residential Substance Abuse Treatment Facility, (57) Non-residential Substance Abuse Treatment Facility, (58) Non-residential Opioid Treatment Fac, (15) Mobile Unit (approved for mobile OTPs only)
- Removal of modifiers 93 and 95 from T2021 and T2024 and replaced with SC
- Removal of 95 modifiers from 98966, 98967, and 98968

FY 25-26 SAGE BILLING CONFIGURATION UPDATES

Effective the week of January 12, 2026, the following Sage Billing Configurations have been completed:

- Updated maximum units billable per service for codes:
 - 96131, 96171, 98960, 98961, 98962, 99416, 99417, H0001, H0004, H0005, H0007, H0014, H0025, H0033, H0034, H0038, H0048, H0049, H0050, H1000, H2014, H2015, H2017, H2027, T1006, T1007, T1013, T1017, T2021, T2024

Effective the week of February 2, 2026, the following billing configurations will be updated in Sage:

- Added new Community Health Worker codes 98960, 98961, and 98962
- Removed code 99418 as it is not an applicable add-on code for the current code set
- Removed the 95 modifier from codes 98966, 98967, and 98968 as these services are restricted to phone telehealth and not tele-video
- Removed H0034 from OTP LOC, as medication services are included in the bundled medication rate

FY 24-25 & 25-26 SAGE BILLING CONFIGURATION UPDATES

- Resources:
 - FY 25-26 Rates Matrix: <http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-09/FY%2025-26%20Rates%20Matrix%20v1.2%20-%20Provider%20Facing%2012.29.2025.xlsx>
 - FY 24-25 Rates Matrix: <http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-02/Rates-and-Standards-Matrix-FY-24-25-Provider-Version-2.3.xlsx>
 - **Note: this linked version is actually version 4.0 but the filename is incorrect. SAPC is currently working on reuploading the file with the correct name soon.*

SAGE SYSTEM UPDATES

- Replacement Claim Assignment (CMS-1500) Form
 - Fixed the inability to add in Third Party adjudication data (OHC denial/payment information) and to click the "Display Valid Authorizations" button. These two issues are now resolved. If a user continues to experience challenges with these items, please submit a Sage Help Desk ticket. In the form, the buttons look like:
 - In the "Service Detail" section:
 - In the "OHC Information" section:



SAGE SYSTEM UPDATES

- A new adjudication rule was added that may cause services to approve with an approval notice of: **"This service is approved with the following notice: Add-on/Interactive Complexity Service in the Same Claim is denied."**
 - The services with that notice will be approved and paid on an EOB. Please disregard the message indicating the service is denied as the message is in error.
 - There is an issue with the update for the new rule that does not apply the message appropriately.
 - There is a fix that is undergoing testing and validation to resolve this message to only apply in the appropriate scenarios.

HELP DESK TICKETS: BEST PRACTICES

HELP DESK TICKETS: BEST PRACTICES

Non-Billing



Open a Case

Contact support to report a problem, or open a Case.

OR

Urgent Issue?

If the issue is urgent, please contact OneTeam Managed Services at:

+1 (855) 346-2392

Billing



Request Something

Browse the Service Catalog for services and items you need



Request Billing Assistance



Use this form to request billing assistance

[View Details](#)

HELP DESK TICKETS: BEST PRACTICES

- Before creating tickets: [Finance Resources](#)
- What to include in tickets:
 - PATID (other affected PATIDs in Description)
 - Dates of Service (multiple dates or range of dates ok)
 - Procedure Codes (in Description)

HELP DESK TICKET: BEST PRACTICES

- Local Denial

Add Row

* Local Denial Reason
Eligibility not found/verified in CalPM

* Member ID
999999

* Patient's Initials
AA

* Date(s) of Service (MM/DD/YYYY)
01/01/2026 - 02/05/2026

* Authorization Number
999999

* Was the claim submitted on a 837 file?
Yes

* 837P or 837I file name(s)
ADP-1234-837P-01312026-001

* Description of assistance needed (must be specific)
Per EOB ID 999999, all services for this client have been denied since January 1, 2026. I have reviewed the Financial Eligibility form and Authorization and could not find any issues.

HELP DESK TICKET: BEST PRACTICES

- State Denial

Add Row

* State Denial Reason
CO 177

* Member ID
999999

* Patient's Initials
AA

* Date(s) of Service (MM/DD/YYYY)
01/01/2026 - 02/05/2026

* Authorization Number
999999

* Was the claim submitted on a 837 file?
Yes

* 837P or 837I file name(s)
ADP-1234-837P-01312026-001

* Description of assistance needed (must be specific)
Per Retro EOB ID 999999, only the H0019:U1 services for this client have been denied since January 1, 2026. I have reviewed the client's Medi-Cal eligibility via DHCS Provider Portal and Real Time Inquiry (270) Request via Sage and could not find any issues.

HELP DESK TICKET: BEST PRACTICES

- General Billing Question

* Billing Assistance Request Type

General Billing Question

* Agency Name

Headquarters - LA DPH/SAPC

* Description of assistance needed (must be specific)

Hello. I am trying to use the "Replacement Claim Assignment (CMS-1500)" Sage form to replace services for PATID 999999 in EOB ID 999999 that were denied due to an error in the Financial Eligibility form. What "Replacement Options" selection would I make in this case, "Claim" or "Service"? What else is needed to complete and submit this form?

HELP DESK TICKET: BEST PRACTICES

- Payment Inquiry

* Billing Assistance Request Type

Payment Inquiry

* Agency Name

 Headquarters - LA DPH/SAPC

EOB ID

999999

* Contract #

PH000000

* Claim Submission Date(s) (MM/DD/YYYY)

01/02/2026

Check # (if payment has been issued)

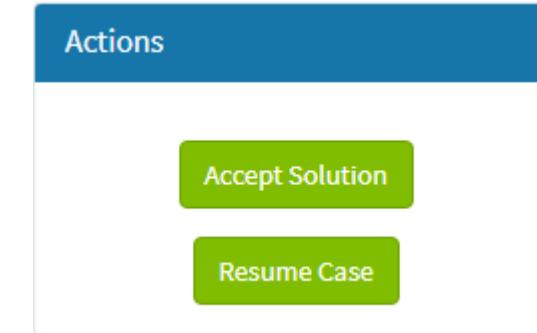
EFT # (if payment has been issued)

* Description of assistance needed (must be specific)

Hello. We have not yet received payment for this EOB. Could you provide an update when the check will be issued. Thank you.

HELP DESK TICKETS: BEST PRACTICES

- Multiple tickets:
 - same FY & same denial reason = same ticket
 - questions of the same topic = same ticket
- Follow Up:
 - communicate within the ticket (ask questions, provide details, etc.)
 - monitor email for notifications



NO ACTION EOBS

NO ACTION EOBS

- What are No Action EOBS?
 - Often State denials from DHCS are received with more than one denial code.
 - There are certain denial codes that SAPC fixes on behalf of providers issue and rebill to DHCS without the provider needing to take action.
 - SAPC Finance does not recoup these denial codes and providers don't see them in Sage.
 - In the scenario that:
 1. A set of denial codes for a service was received from DHCS, and
 2. The primary denial code is NOT recouped from the provider, but
 3. A secondary denial code was received that is set to produce a recoupment
 - An EOB was produced with a \$0 takeback for the secondary denial code and resulted in EOBs with this message.

NO ACTION EOBS

- What to expect with “No Action EOB” services?
 - Providers are to see the secondary denial reason with the \$0 takeback to address the denial reason.
 - Technically, no recoupment of actual funds has occurred.
 - Also, these \$0 recoupments do not show up in KPI’s State Denial and Payment Reconciliation Views
- So you’ve received a “Action EOB”, what are the next steps?
 - Nothing at this time.
 - Until you see a State denial with a recoupment amount greater than \$0, no action is necessary.

NO ACTION EOBS


COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL



Remittance Advice
as of 2/6/2025

Remittance Advice EOB Number: Check #: Check Date: 2/3/2025

Page: 1

Adjustment Notice
An adjustment of \$ 0.00 has been applied to this payment.

Current Claims:
Adjustment: 0.00
Adjusted EOB Total: 0.00

[Detail Adjustment Information for EOB Number:](#)

[Original Service Information](#)

[Orig EOB](#)

[Adjustment Information](#)

Client Name (ID)		DOB:		Gender:					
Batch.SvcRef#	DOS	Proc	Auth #	Status	Billed	Paid	Adj.Date	Adj.Amt	Adjustment Reason
	8/3/2023	T1007-U7		A	280.90	280.90	12/17/2024	\$0.00	Denial Co 96 N95
					280.90	280.90		0.00	

Client Name (ID)		DOB:		Gender:					
Batch.SvcRef#	DOS	Proc	Auth #	Status	Billed	Paid	Adj.Date	Adj.Amt	Adjustment Reason
	8/2/2023	T1006-U7		A	224.72	224.72	12/17/2024	\$0.00	Denial Co 96 N95
					224.72	224.72		0.00	

Hope, Wellness and Recovery... connecting people, ideas and resources...

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Disclosure of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

DISCHARGE AND TRANSFER FORM

DISCHARGE AND TRANSFER FORM

- Required to be completed by Primary and Secondary Sage Users
 - SUD treatment providers must submit discharge or transfer summaries to SAPC when patients are discharged or transition care
 - These summaries document the treatment episode, discharge reason, overall prognosis, follow-up plans, and other essential details for effective Care Coordination and high-quality SUD service delivery
 - As part of the discharge process, providers should be working with patients on discharge planning at the onset of treatment. Just like any encounter with a patient, any discussions regarding discharge planning would be documented in a progress note

DISCHARGE AND TRANSFER FORM

- In Sage, the Discharge and Transfer Form must be submitted by all treatment providers when:
 - A patient is stepping up or stepping down between residential Levels of Care (LOC) or between outpatient LOC (e.g. ASAM 2.1 to ASAM 1.0)
 - A patient is being discharged from any LOC (e.g. they are not stepping up or down to other LOCs)
- For residential and outpatient, the Discharge and Transfer Form must be completed on the day of the last in-person, or telehealth/telephone treatment unless the patient's discharge is unplanned
- For Opioid Treatment Programs (OTP) the Discharge and Transfer Form must be completed on the day that the patient had their last dispensing or administering of medication unless the patient's discharge is unplanned

DISCHARGE AND TRANSFER FORM

- What does the form look like?

MRS. CARLA TEST (000148387)

MRS. CARLA TEST (000148387)
F, 24, 01/01/2001, Female
Ht: -, Wt: -, BMI: -
Preferred Name: CARLY

Ep: 2 : Recovery Inc
Problem P: -
DX P: F10.131 Alcohol abuse with withdrawal...

Location: 123, LOS ANGELES, CA
Attn. Pract.: GREG SAPC SCHWARZ Psy.D. (Lic. Psycho...
Adm. Pract.: GREG SAPC SCHWARZ Psy.D. (Lic. Psycho...

Allergies (0)

DISCHARGE AND TRANSFER FORM

Autosaved at 2:24 PM Submit Backup Discard Add to Favorites

Discharge and Transfer

Discharging Provider
Discharge Reason
Summary

Date *
01/14/2025 T Y

Grace Period - Length of Stay less than/equal to 7 days?
 Check Here

Level of Care Discharged *
Select

Specify Number of Days

Discharging Provider

Program *
Contact Person *
Phone Number *

Discharge Reason

Reason for Discharge or Transfer *

Goals/Plan Complete at Level of Care
 Goals/Plan Complete at LOC + Transferred
 Left Before Goals/Plan Complete
 Left Before Complete + Transferred
 Voluntary

Administrative Discharge
 To More Appropriate System of Care
 Incarceration
 Death
 Other

Please Specify

DISCHARGE AND TRANSFER FORM

- Training on when and how to complete the Discharge and Transfer form, available on the SAPC-LNC: <https://www.sapc-lnc.org/www/lms/training-info.aspx?trainingID=384>

Sage Electronic Health Record Trainings

Sage-PCNX: Discharge and Transfer



Description

This training will review discharging or transferring a patient within or from your agency, including completing the Discharge and Transfer Form and Recovery Bridge Housing Discharge form. Both forms are required to be completed in Sage by Primary and Secondary Sage Users.

Learning Objectives

During this training you will learn:

- When to complete a Discharge and Transfer Form and Recovery Bridge Housing Discharge
- How to complete a Discharge and Transfer Form, and
- How to complete a Recovery Bridge Housing Discharge

Intended Audience

This training is appropriate for the SAPC provider Primary Sage User and Secondary Sage User network.

DISCHARGE AND TRANSFER FORM

Agency Billers:

Please connect with your clinicians/responsible staff to make sure the **Discharge and Transfer Forms** are completed in a timely manner!

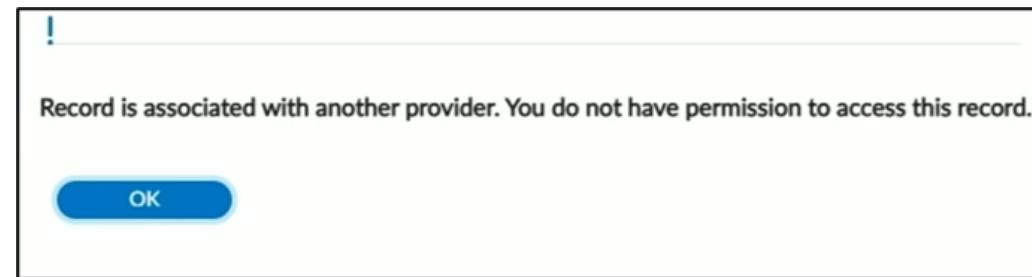
WOMEN'S HEALTH HISTORY FORM UPDATES

WOMEN'S HEALTH HISTORY FORM

- Required to be completed for all pregnant and 1-year postpartum clients.
- Each provider agency must create their own unique record per pregnancy.
- Records with overlapping pregnancy dates are not allowed within the same episode.
- Missing or incomplete records on the WHH form may be subject to State denials and subsequent recoupments, as this form initiates the pregnancy indicator on the claims to DHCS.

WOMEN'S HEALTH HISTORY

- The Women's Health History form has been updated as of 2/2/2026:
 - Only fields that are necessary for form completion are displayed.
 - Step by step guidance included at the top of the form for clarity.
 - Pop-up messages to prevent editing of a record created by a different agency (see below).



- New widgets to help identify which WHH records are associated to your agency:
 - Client Women's Health History Records (*Clinical Only* view in Sage)
 - PPW Women's Health History - Last 6 Months (*Financial Only* and *Financial + Clinical* views in Sage)
- New training video located in the *PCNX Training Videos* view in Sage.

WOMEN'S HEALTH HISTORY

WOMEN'S HEALTH HISTORY

Submit Discard Add to Favorites

Women's Health history

- Instructions
- Record Addition/Update
- Pregnancy Record History

Online Documentation

Instructions

Instructions for ADD record

- 1) Select Add
- 2) Enter client name/PATID
- 3) Select Episode
- 4) Enter the Assessment Date
- 5) Enter Pregnancy Start Date

**Note: There cannot be overlapping pregnancy records within a single Episode. However, there may be multiple records of the same pregnancy period by different Episodes as each agency is required to have their own record.*

Instructions for EDIT record

- 1) Select Edit
- 2) Enter client name/PATID
- 3) Select Record
- 4a) If the selected record was submitted by another agency there will be a pop up indicating "You do not have permission to access this record." Select a different record to edit or ADD a new record for the pregnancy.
- 4b) If Episode Number populates, update as needed then click Submit

Record Addition/Update

Add, Edit, or Delete a Record *

Add Edit

Client ID *
WHH,ONE (289449)

Selected Record
Select

Episode Number (If this does not prepopulate for "EDIT" do NOT submit this record) *
Episode # 2 Admit : 07/01/2025 Discharge : None Program : Recovery Inc

Filed Records

Record	Assessment Date	Pregnancy Start	Initial Treatment	Menstrual Date
1:	10/22/2025			
2:	10/02/2025	10/01/2025		
3:	10/03/2025			

WOMEN'S HEALTH HISTORY

▼ Pregnancy Record History

Assessment Date *
07/01/2025   

Pregnancy Start Date (Required for Perinatal)
06/30/2025   

Have you started prenatal care at another facility?
 Yes No

Pregnancy End Date (Required for Perinatal)
  

Note Section


WOMEN'S HEALTH HISTORY

- New widgets to help identify WHH records associated to your agency:
 - Client Women's Health History Records (*Clinical Only* view in Sage)
 - Displays all WHH records for your agency by PATID for a specified client.

CLIENT WOMEN'S HEALTH HISTORY RECORDS							
<input type="text" value="Search:"/>							
EP#	PATID	Assessment Date	Pregnancy Start Date	Pregnancy End Date	Form Status	Record Created by Process	
EP#	PATID	Assessment Date	Pregnancy Start Date	Pregnancy End Date	Form Status	Record Created by Process	
4	148387	2020-10-20	2020-10-20	2021-08-01	Complete	Women's Health History	
4	148387	2026-01-28	2026-01-01		Incomplete	Women's Health History	

Showing 1 to 2 of 2 entries

WOMEN'S HEALTH HISTORY

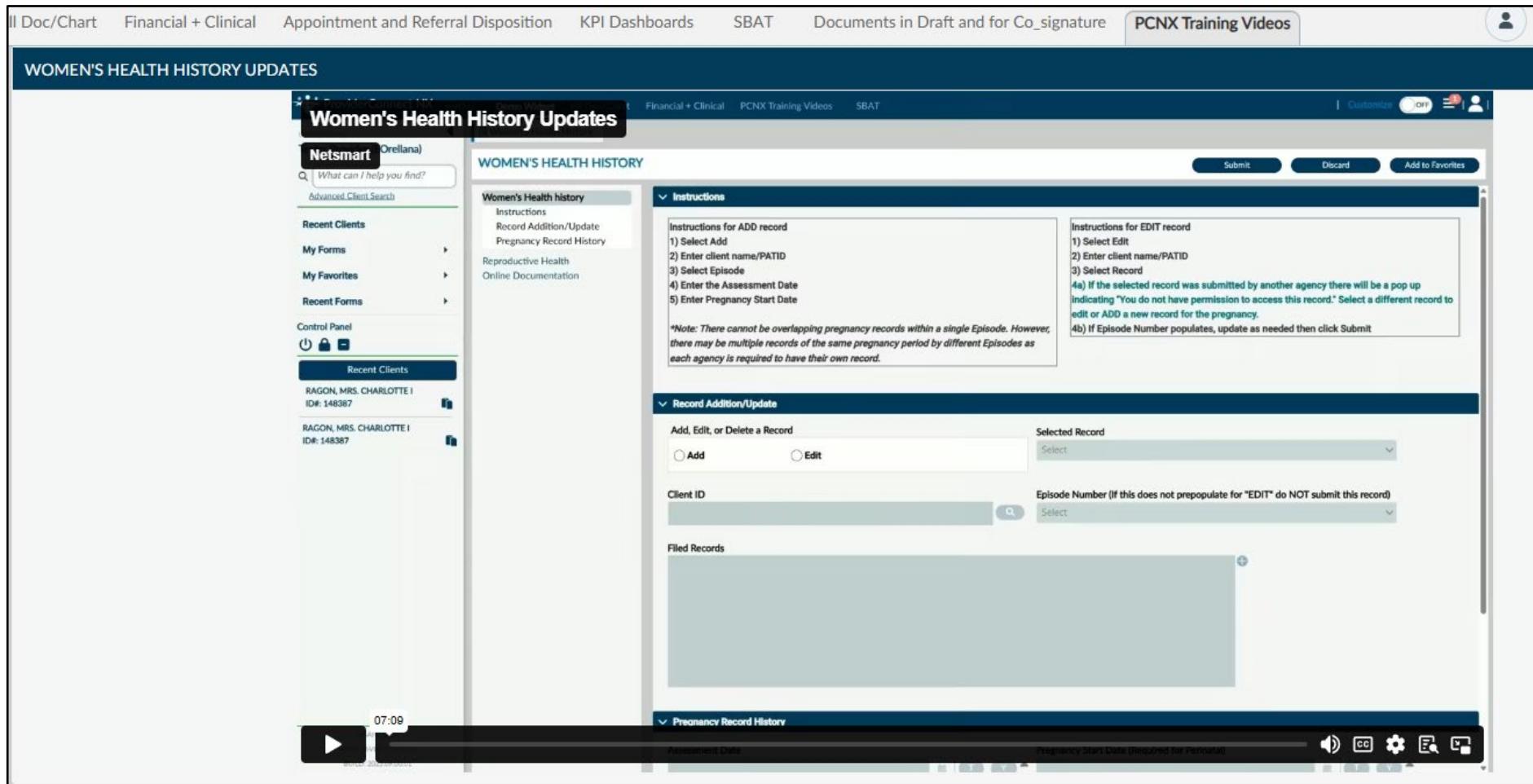
- New widgets to help identify WHH records associated to your agency:
 - PPW Women's Health History - Last 6 Months (*Financial Only* and *Financial + Clinical* views in Sage)
 - Displays WHH records created by your agency in the last six (6) months for clients who have approved PPW-parenting or PPW-perinatal service authorizations.

PPW WOMEN'S HEALTH HISTORY- LAST 6 MONTHS						
<input type="text" value="Search:"/>						
EP#	PATID	Assessment Date	Pregnancy Start Date	Pregnancy End Date	Form Status	Record Created by Process
	289299	2025-10-30	2025-07-02	2025-11-20	Complete	Women's Health History
1	289299	2025-12-03	2025-07-02	2025-11-21	Complete	Women's Health History
1	289299	2025-12-08	2025-12-03		Incomplete	Women's Health History

Showing 1 to 3 of 3 entries

WOMEN'S HEALTH HISTORY

- New training video located in the *PCNX Training Videos* view in Sage.



The screenshot shows the Sage software interface with the following details:

- Navigation Bar:** Doc/Chart, Financial + Clinical, Appointment and Referral Disposition, KPI Dashboards, SBAT, Documents in Draft and for Co_signature, **PCNX Training Videos** (highlighted in blue).
- Header:** WOMEN'S HEALTH HISTORY UPDATES, Women's Health History Updates, Orellana, Netsmart.
- Left Sidebar:** Recent Clients (RAGON, MRS. CHARLOTTE I, ID# 148387), My Forms, My Favorites, Recent Forms, Control Panel (Recent Clients, Recent Clients, RAGON, MRS. CHARLOTTE I, ID# 148387).
- Content Area:**
 - Women's Health History:** Instructions, Record Addition/Update, Pregnancy Record History, Reproductive Health, Online Documentation.
 - Instructions:** Instructions for ADD record (5 steps: Select Add, Enter client name/PATID, Select Episode, Enter the Assessment Date, Enter Pregnancy Start Date). Note: "There cannot be overlapping pregnancy records within a single Episode. However, there may be multiple records of the same pregnancy period by different Episodes as each agency is required to have their own record." Instructions for EDIT record (4 steps: Select Edit, Enter client name/PATID, Select Record, If the selected record was submitted by another agency there will be a pop up indicating "You do not have permission to access this record." Select a different record to edit or ADD a new record for the pregnancy. If Episode Number populates, update as needed then click Submit).
 - Record Addition/Update:** Add, Edit, or Delete a Record (radio buttons for Add and Edit), Selected Record (dropdown menu), Client ID (dropdown menu), Episode Number (dropdown menu), Filed Records (list area).
 - Pregnancy Record History:** Assessment Date, Last Update, Last Update (Received for Payment), and a video player showing 07:09.
- Bottom:** Video player controls (play, volume, search, etc.).

NEW CIFP GUARANTOR

NEW CIFP GUARANTOR

- What is CIFP?
 - CIFP is an acronym for a new guarantor: Client Ineligible for Federal Programs
- On 1/28/2026, SAPC released to the network [SAPC IN 26-02 - Coverage for Clients Who Are Ineligible for Federally Funded Substance User Disorder Treatment Services](#)
- The SAPC IN 26-02 outlines:
 - How providers can indicate in Sage that an individual with unsatisfactory immigration status (UIS) is engaging in treatment.
 - With the [H.R.1](#), UIS populations are no longer able to qualify for new Medicaid benefits. However, those with current benefits will retain them.
 - For individuals with UIS who: 1) don't already have Medi-Cal or 2) lose benefits due to not renewing on time, will no longer be able to apply for or receive Medi-Cal
 - Specific ways providers need to complete the patient's CalOMS, Financial Eligibility, and Service Authorization.

NEW CIFP GUARANTOR - WHEN TO USE

- Use the CIFP Guarantor when the Client:
 1. Has unsatisfactory immigration status **AND**
 2. Does not currently have Medi-Cal benefits **AND**
 3. Does not qualify for any other programs that are one of SAPC's Secondary Funding Sources, such as General Relief, CalWorks, AB 109.
- If the client does participate in one of the programs that SAPC receives Secondary Funding for, the new CIFP guarantor should not be used and the provider should complete the auth, Financial Eligibility, and CalOMS as usual for a Non-DMC client.

NEW CIFP GUARANTOR - SAGE REQUIREMENTS

- CalOMS
 - Under "Is the client a Medi-Cal beneficiary (eligibility determined)?", select NO
 - Under "Other funding programs", select "Client Ineligible for Federal Programs"
- Service Authorization
 - Under "Funding Source Authorization is For", select "Non-Drug Medi-Cal"
- Financial Eligibility
 - Under Guarantor #, select "Client Ineligible for Federal Programs (5)"
 - In the Subscriber Policy field, enter "CIFP"

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Scenario A: Patient's Medi-Cal coverage expired and no longer qualifies for secondary funding (e.g AB109).
 - Step 1: Add a new Client Ineligible for Federal Programs (5) guarantor to the patient's Financial Eligibility form

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

Financial Eligibility
Episode Information
Guarantor Order
Guarantor Selection
Guarantor Information
Subscriber Information
Benefits and Eligibility
Eligibility Inquiry
Employer Information
Customize Plan
Policy Number Override
Online Documentation

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
DMC Medi-Cal (1)	CALIFORNIA DEPARTMENT OF ALCO...	2	No	1700 K Street
LA County - Non DMC (3)	LA County - Non DMC	1	No	
Client Ineligible for Federal Programs (5)	Client Ineligible for Federal Programs	2	No	1000 S. Fremont Ave.

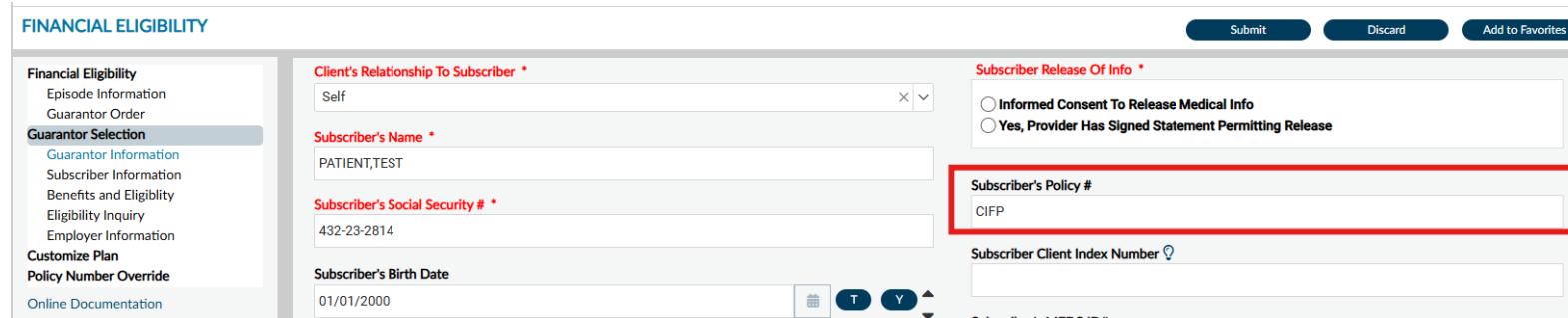
Add New Item Edit Selected Item Delete Selected Item

Guarantor # (click on the lightbulb for more details →) * ?
Client Ineligible for Federal Programs (5)

Guarantor Plan *
(Non-Contract) Medi-Cal

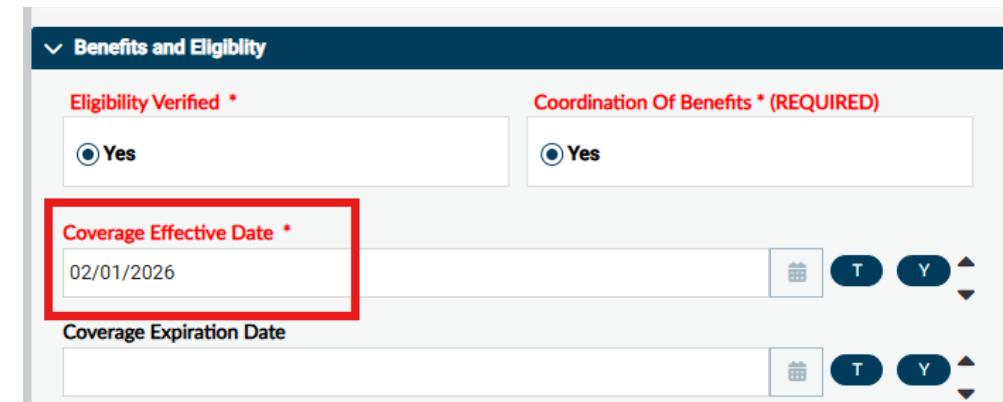
NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Step 2: Enter CIFP in the Subscriber's Policy # field



The screenshot shows the 'FINANCIAL ELIGIBILITY' form. On the left, a sidebar lists 'Financial Eligibility' options: Episode Information, Guarantor Order, **Guarantor Selection** (selected), Guarantor Information, Subscriber Information, Benefits and Eligibility, Eligibility Inquiry, Employer Information, Customize Plan, Policy Number Override, and Online Documentation. The main form area contains fields for 'Client's Relationship To Subscriber' (Self), 'Subscriber's Name' (PATIENT,TEST), 'Subscriber's Social Security #' (432-23-2814), 'Subscriber's Birth Date' (01/01/2000), 'Subscriber Release Of Info' (checkboxes for 'Informed Consent To Release Medical Info' and 'Yes, Provider Has Signed Statement Permitting Release'), and 'Subscriber's Policy #' (CIFP). The 'Subscriber's Policy #' field is highlighted with a red box.

- Step 3: Fill out all **Required Fields**, then for the **Coverage Effective Date** enter a date that is after when the patient was no longer eligible for DMC and Non-DMC coverage. In the example below, the patient's DMC and Non-DMC coverage expired on 1/31/2026, so we entered 02/01/2026.



The screenshot shows the 'Benefits and Eligibility' section. It includes fields for 'Eligibility Verified' (radio button selected for 'Yes') and 'Coordination Of Benefits * (REQUIRED)' (radio button selected for 'Yes'). The 'Coverage Effective Date' field is highlighted with a red box and contains the value '02/01/2026'. Below it is a 'Coverage Expiration Date' field with a calendar icon and date selection buttons.

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Step 4: Next, select the DMC Medi-Cal (1) guarantor, then enter the Coverage Expiration Date

Guarantor Information *				
Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
DMC Medi-Cal (1)	CALIFORNIA DEPARTMENT OF ALCO...	2	No	1700 K Street

Coverage Effective Date *				
07/01/2017				 

Coverage Expiration Date				
01/31/2026				 

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Step 5: Next, select the LA County - Non DMC (3) guarantor, then enter the Coverage Expiration Date

Guarantor Information *				
Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
DMC Medi-Cal (1)	CALIFORNIA DEPARTMENT OF ALCO...	2	No	1700 K Street
LA County - Non DMC (3)	LA County - Non DMC	1	No	

Coverage Effective Date *

 T Y

Coverage Expiration Date

 T Y

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Step 6: Lastly, update the Guarantor Order, then click the SUBMIT button:

FINANCIAL ELIGIBILITY

Financial Eligibility

- Episode Information
- Guarantor Order**

Guarantor Selection

- Guarantor Information
- Subscriber Information
- Benefits and Eligibility
- Eligibility Inquiry
- Employer Information

Customize Plan

Policy Number Override

[Online Documentation](#)

Coverage Comments

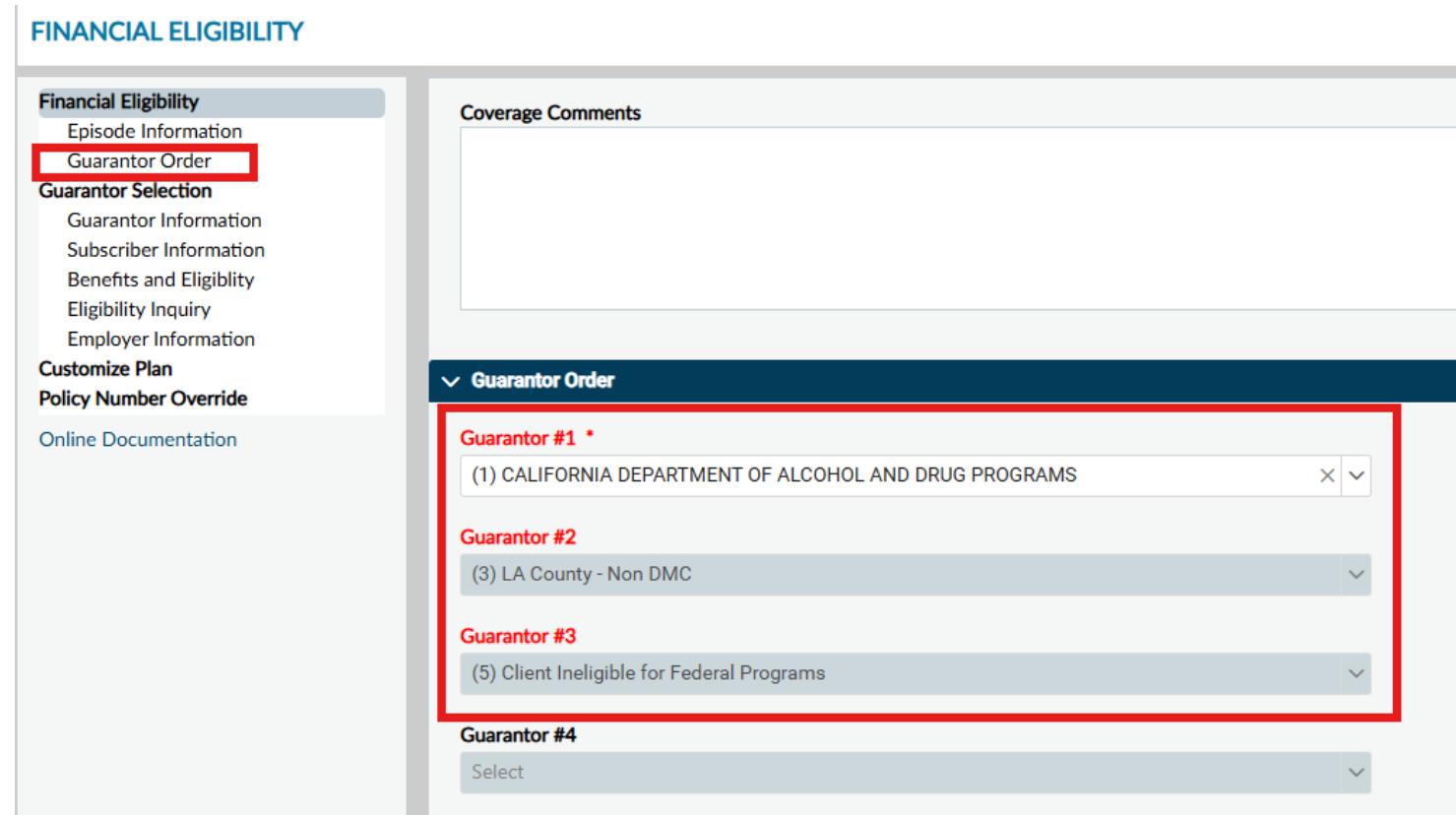
Guarantor Order

Guarantor #1 *
(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Guarantor #2
(3) LA County - Non DMC

Guarantor #3
(5) Client Ineligible for Federal Programs

Guarantor #4
Select



NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO A

- Important notes for Scenario A (Patient's Medi-Cal coverage expired and no longer qualifies for Non-DMC secondary funding (e.g AB109)).
 - Failure to enter an appropriate **Coverage Expiration Date** (e.g. a date before the CIFP guarantor's **Coverage Effective Date**) for both the **DMC Medi-Cal (1)** and **LA County - Non DMC (3)** guarantors will lead to denials.
 - This is because Sage will continue attempting to bill against DMC and Non-DMC funding sources first before the CIFP guarantor.

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO B

- Scenario B: Patient has no prior Medi-Cal coverage and does not qualify for Non-DMC secondary funding sources (e.g. AB 109).
 - Step 1: Add a new Client Ineligible for Federal Programs (5) guarantor to the patient's Financial Eligibility form

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

Guarantor Selection

Guarantor Information Subscriber Information Benefits and Eligibility Eligibility Inquiry Employer Information

Customize Plan

Policy Number Override

Online Documentation

Guarantor Information

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
Client Ineligible for Federal Programs (5)	Client Ineligible for Federal Programs	2	No	1000 S. Fremont Ave.

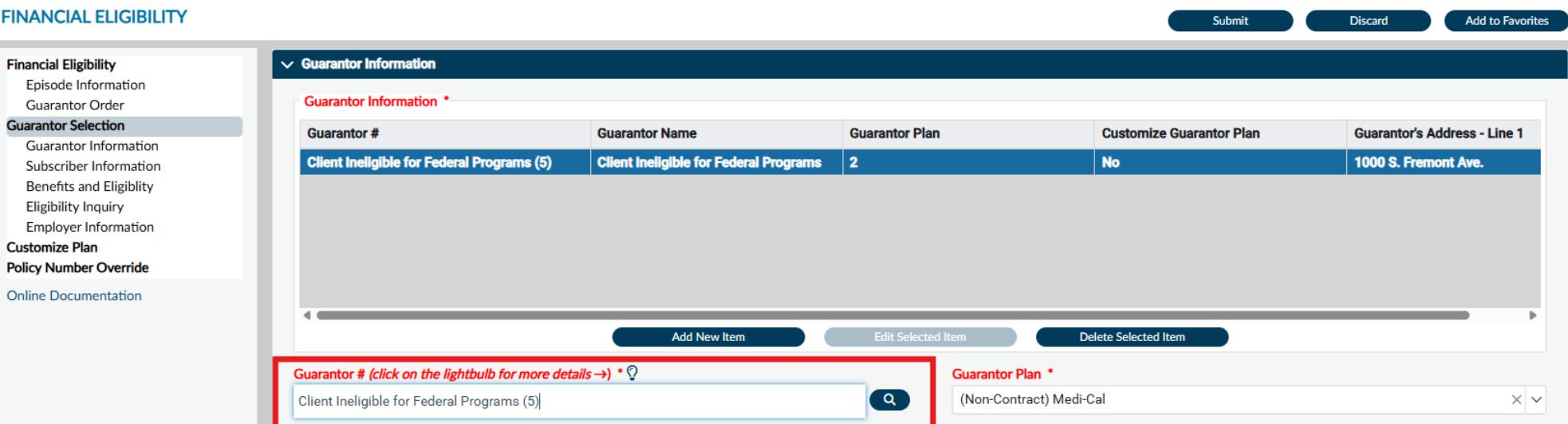
Add New Item Edit Selected Item Delete Selected Item

Guarantor # (click on the lightbulb for more details →) * 

Client Ineligible for Federal Programs (5) 

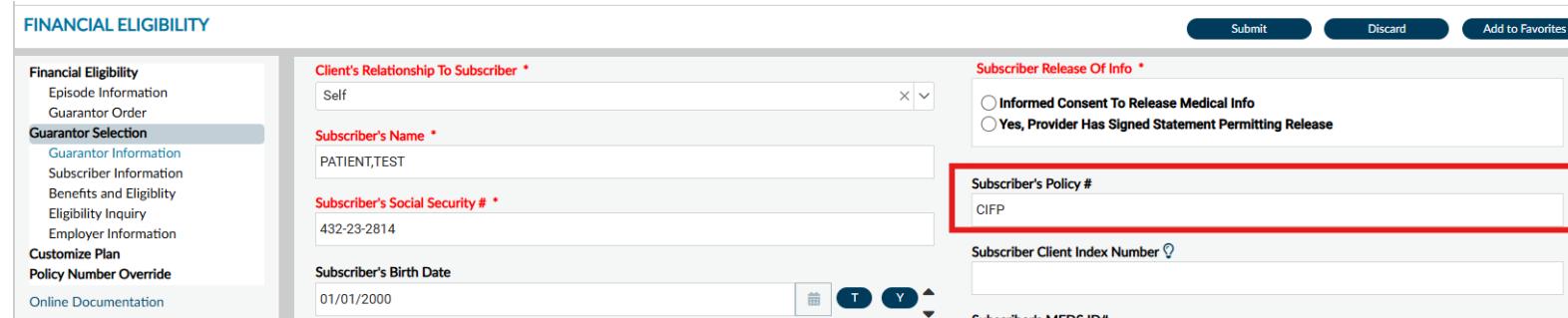
Guarantor Plan *

(Non-Contract) Medi-Cal  



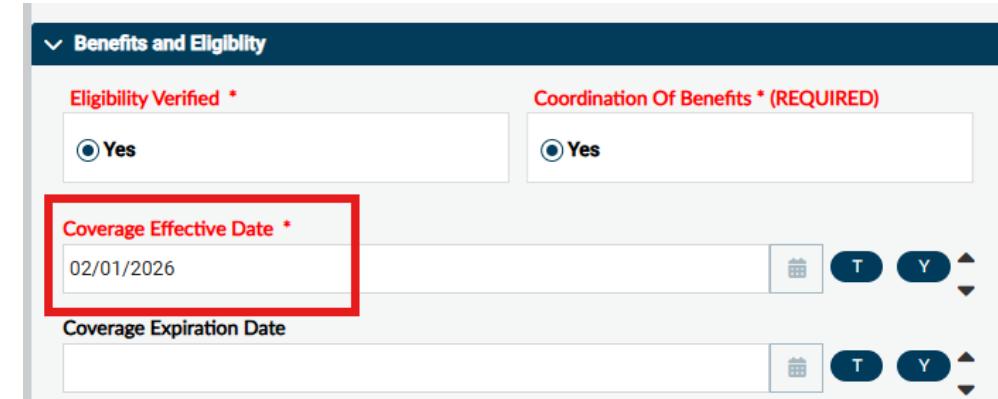
NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO B

- Step 2: Enter CIFP in the Subscriber's Policy # field



The screenshot shows the 'FINANCIAL ELIGIBILITY' form. On the left, a sidebar lists 'Financial Eligibility', 'Guarantor Selection' (which is selected), and 'Guarantor Information' (which is expanded). The main area contains fields for 'Client's Relationship To Subscriber' (Self), 'Subscriber's Name' (PATIENT,TEST), 'Subscriber's Social Security #' (432-23-2814), 'Subscriber's Birth Date' (01/01/2000), 'Subscriber Release Of Info' (with two radio button options), and 'Subscriber's Policy #' (CIFP). The 'Subscriber's Policy #' field is highlighted with a red box.

- Step 3: Fill out all **Required Fields**, then enter the **Coverage Effective Date**. This date should be on or before the first date of service using the CIFP guarantor.



The screenshot shows the 'Benefits and Eligibility' section. It includes fields for 'Eligibility Verified' (radio button selected for 'Yes') and 'Coordination Of Benefits * (REQUIRED)' (radio button selected for 'Yes'). Below these, the 'Coverage Effective Date' field is highlighted with a red box and contains the value '02/01/2026'. There is also a 'Coverage Expiration Date' field below it.

NEW CIFP GUARANTOR - FINANCIAL ELIGIBILITY FORM - SCENARIO B

- Step 4: Lastly, update the Guarantor Order, then click the SUBMIT button:

FINANCIAL ELIGIBILITY

Financial Eligibility

- Episode Information
- Guarantor Order**
- Guarantor Selection
- Guarantor Information
- Subscriber Information
- Benefits and Eligibility
- Eligibility Inquiry
- Employer Information

Customize Plan

Policy Number Override

Online Documentation

Coverage Comments

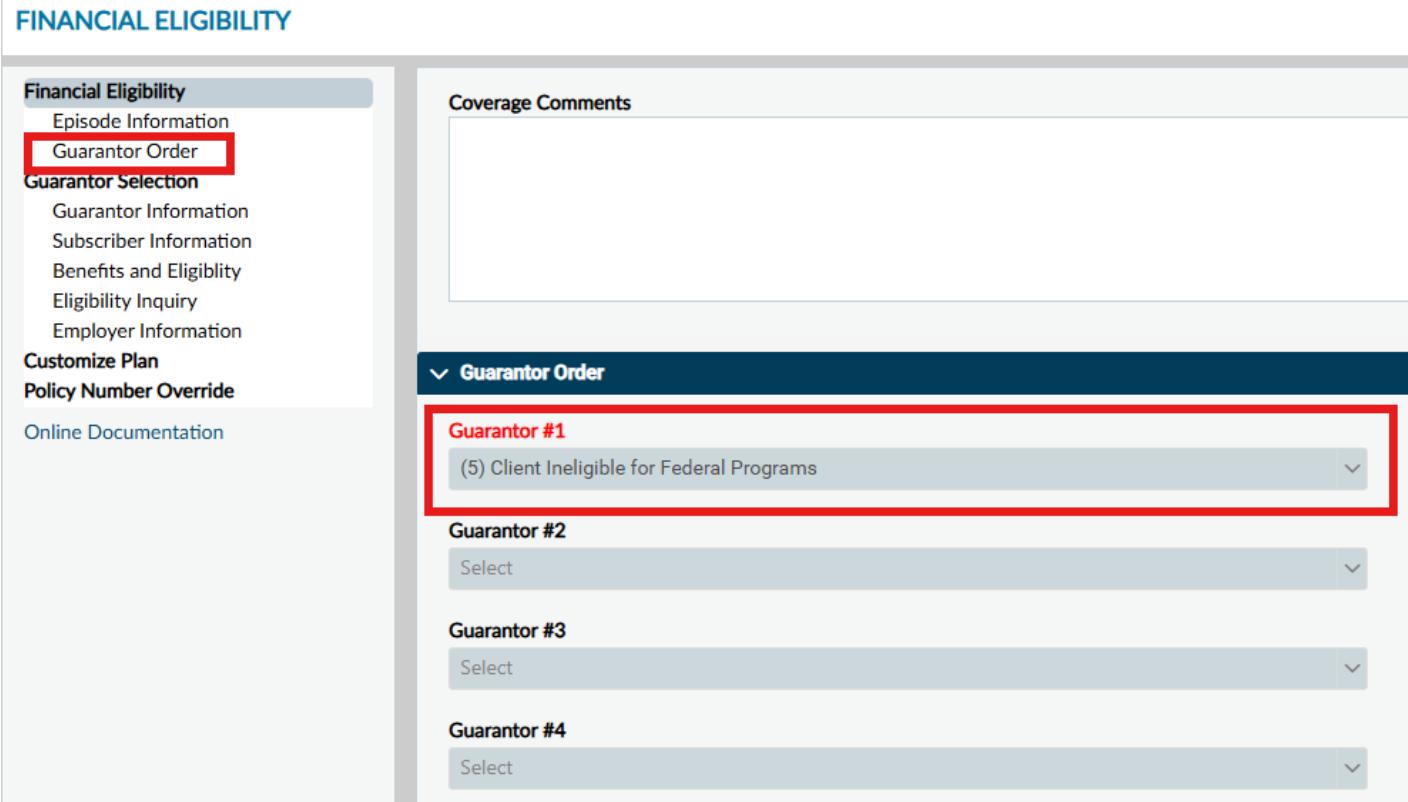
Guarantor Order

Guarantor #1
(5) Client Ineligible for Federal Programs

Guarantor #2
Select

Guarantor #3
Select

Guarantor #4
Select



CIFP PROVIDER WEBINAR

- SAPC will be scheduling a webinar for providers to go over the details of the IN and specific Sage actions to take.
- Be on the lookout for a communication within the next couple of weeks announcing the webinar and details.

TUTORING SESSION: PRACTITIONERS IN SAGE

PRACTITIONERS IN SAGE - SESSION AGENDA

- Practitioner Background
- Sage Practitioner Set-up and Modification
- Practitioner Billing Impacts
- Monitoring Practitioners
 - Network Practitioner Report Overview
 - Practitioner License/Registration/Certification Expiration Widget Overview
- Practitioner - Fixing Errors
- Final Take-Aways

PRACTITIONERS IN SAGE - BACKGROUND

- Practitioner set up in Sage plays an important role in billing and has impact at the Local and State level.
 - There are currently 23 different license types which can be set up in Sage.
 - Please see the "Disciplines" tab in the Rates Matrix.
 - It is important that practitioner's creation and modifications are completed accurately as inaccurate effective/end dates or practitioner/discipline categories can cause local denials or prevent State billing.
 - Wrong discipline or outdated discipline info can affect how much is paid for a service i.e. previously registered counselor who recently became an LPHA

PRACTITIONERS IN SAGE - CLINICAL TRAINEES

- DHCS requires the Clinical Trainee's supervisor's NPI to be listed on the claims or they will be denied.
- It is important that this information is provided to SAPC for Clinical Trainees. The Sage Help Desk is responsible for configuring the information in Sage so that it can be added to claims sent to DHCS.
- How to add the Clinical Trainee's supervisor's NPI to Sage?
 - Your agency's Sage Liaison should submit a Sage Help Desk ticket using the SAPC Sage User Creation Form to add the supervisor's information into Sage for the Clinical Trainee.

PRACTITIONERS IN SAGE - HOW TO SETUP/MODIFY

1. Complete the SAPC Sage User Creation Form
 - Link: https://netsmart.service-now.com/plexussupport?id=sc_cat_item&sys_id=bb4e177e1ba739109bca87f5624bcb3d&sysparm_category=6d23043bdb660d109083f042ba9619b7
 - Job Aid: <http://publichealth.lacounty.gov/sapc/docs/providers/sage/enrollment/Sage-User-Creation-Form-Job-Aid.pdf>
2. Upload supporting documents relevant to user's role.
 - Practitioner Category
 - A practitioner's configuration for State billing
 - Discipline
 - A practitioner's configuration for State and Local billing
 - Taxonomy Code
 - Student/Intern Supervisor's name

PRACTITIONERS IN SAGE - REQUIRED DOCUMENTS

Types of Practitioners	Required Documents
Practitioners (LPHA/License Eligible LPHA/Counselor)	<ul style="list-style-type: none">• Copy of ASAM training certificate for LPHA/License Eligible LPHA/Counselor• Copy of License/Credential for the LPHA/License Eligible LPHA/Counselor• Completed Credentialing Attestation Form• SAPC-LNC Certificate of Completion (Training Set)
Clinical Trainees	<ul style="list-style-type: none">• Completed Student-Intern Attestation Form• Completed Credentialing Attestation Form• SAPC-LNC Certificate of Completion (Training Set)
License Vocational Nurse (LVN)/Licensed Psychiatric Technician (LPT)/Medical Assistant (MA)/Community Health Worker (CHW)	<ul style="list-style-type: none">• Copy of License (LVN & LPT), Copy School Certificate (MA)• Completed Credentialing Attestation Form• Completed CHW Attestation Form• SAPC-LNC Certificate of Completion (Training Set)
Peer Support Specialists	<ul style="list-style-type: none">• Copy of California Mental Health Services Authority (CalMHSA) Certificate• Completed Credentialing Attestation Form• SAPC-LNC Certificate of Completion (Training Set)• Peer Support Specialists and MA are required to complete ASAM A training• LVN and LPT are required to complete ASAM A and B training

3. Review form to ensure information is correct before submitting request.
4. Sage Help Desk will make the necessary set up or changes for the practitioner.

PRACTITIONERS IN SAGE - SAGE USER CREATION FORM

Home > Customer Service > Care Record Requests > SAPC Sage User Creation Form

Search

SAPC Sage User Creation Form
Sage User Provisioning

Sage User Account Request
User Creation Job Aid

* Indicates required

* User Type
SAPC Provider

* Request Type
Creation
-- None --
Creation
Modification
Termination

System Code

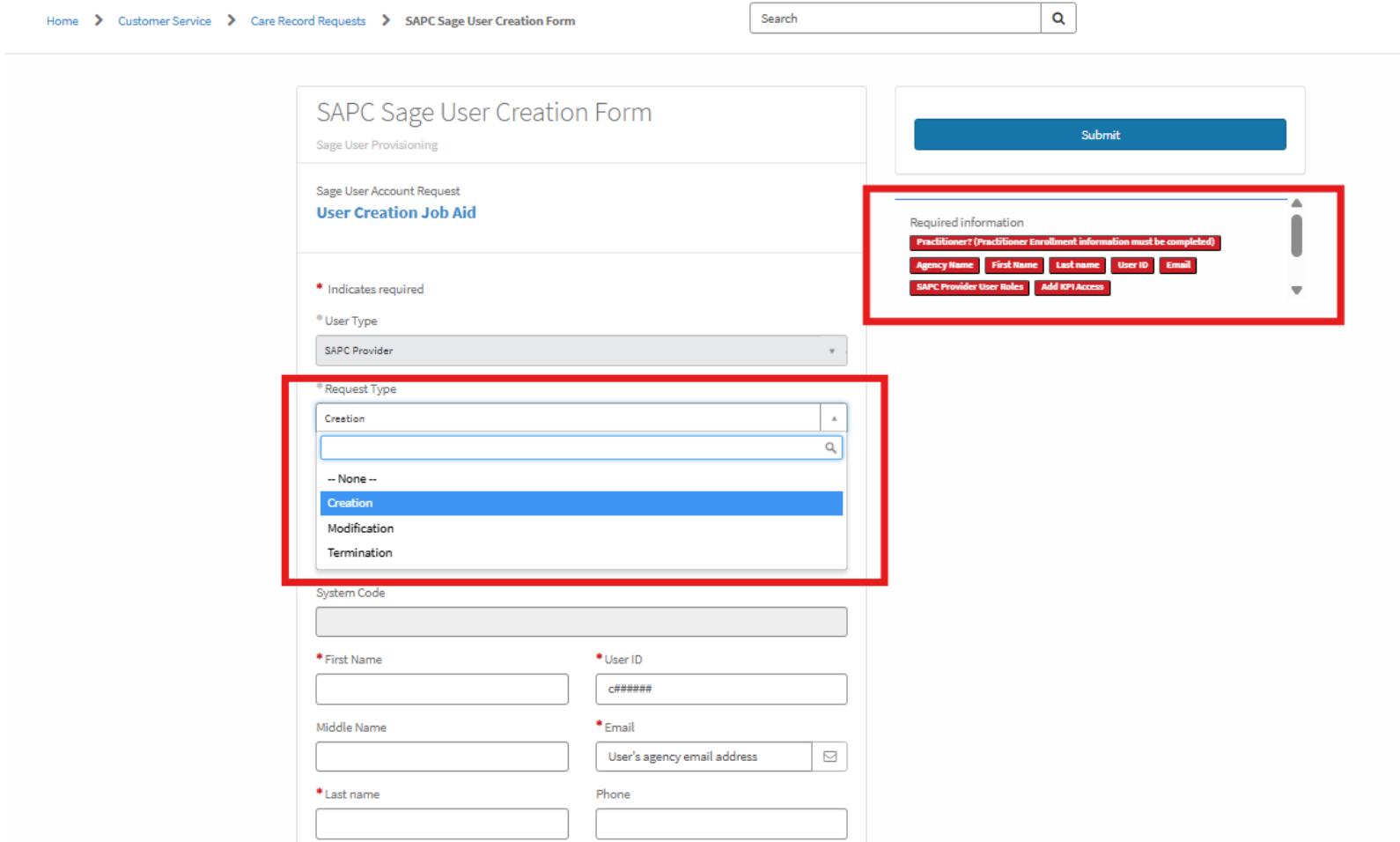
* First Name * User ID c#####

Middle Name * Email

* Last Name Phone

Required information
Practitioner? (Practitioner Enrollment information must be completed)
Agency Name First Name Last Name User ID Email
SAPC Provider User Roles Add KPI Access

Submit



PRACTITIONERS IN SAGE - BILLING IMPACTS

If the practitioner forms are not setup correctly, it can impact both Local and State billing.

Common local denials:

- Performing Provider is Blank:

- Incomplete or missing performing provider data in the inbound 837 file
- Performing provider information does not match records in Sage

- Procedure code not on fee schedule:

- Practitioner type does not align with the service code or site.
- Service code is not allowable for the practitioner on the claim

PRACTITIONERS IN SAGE - BILLING IMPACTS

- Common issues that prevent State billing
 - Practitioner Type Changes After Local Approval
 - Occurs when a practitioner type is modified after services have already been submitted and approved at the local level
 - Services may no longer associate a rate if the practitioner is no longer allowable for those service codes
 - *Example:* A Peer Support Specialist provides services in May and June, then is reclassified as a Registered Counselor effective June. June services billed under Peer Support service codes would no longer associate a rate and cannot be billed to the State. If SAPC confirms the updated practitioner status is accurate, these services would be recouped.

PRACTITIONERS IN SAGE - BILLING IMPACTS

- Common issues that prevent State billing
 - Mismatch Between Practitioner Category and Discipline in Sage
 - Practitioner discipline and category do not align during setup
 - *Example:* A Clinical Trainee is set up with an LPHA-Eligible discipline but categorized as a Clinical Trainee (e.g., LMFT, LCSW, LPCC CT) for their practitioner category. Services may be accepted locally under H2014:U7 but are missing the required Clinical Trainee modifier.
 - Services must be rebilled with the correct code (H2014:U7:AJ).

PRACTITIONERS IN SAGE - MONITORING

- How can a provider monitor their practitioner licensure?
 - Through the **Network Practitioner Report** and the **Practitioner License/Registration/Certification Expiration Widget**
- The **Network Practitioner Report** was created to provide a listing of an agency's practitioners' configurations in Sage. The configurations include how a practitioner's license is configured for billing during a certain period. This report has financial implications.
 - It is important to use this report to verify that your practitioners are setup correctly in Sage. Furthermore, after any modification is requested and completed, please use this report to confirm modifications were completed accurately.
 - [PCNX Guide to Reports - Page 79](#)

PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT

- All fields are optional. If you include dates, it will exclude practitioners who have been deactivated during the selected date range.

NETWORK PRACTITIONER REPORT

Network Practitioner Report

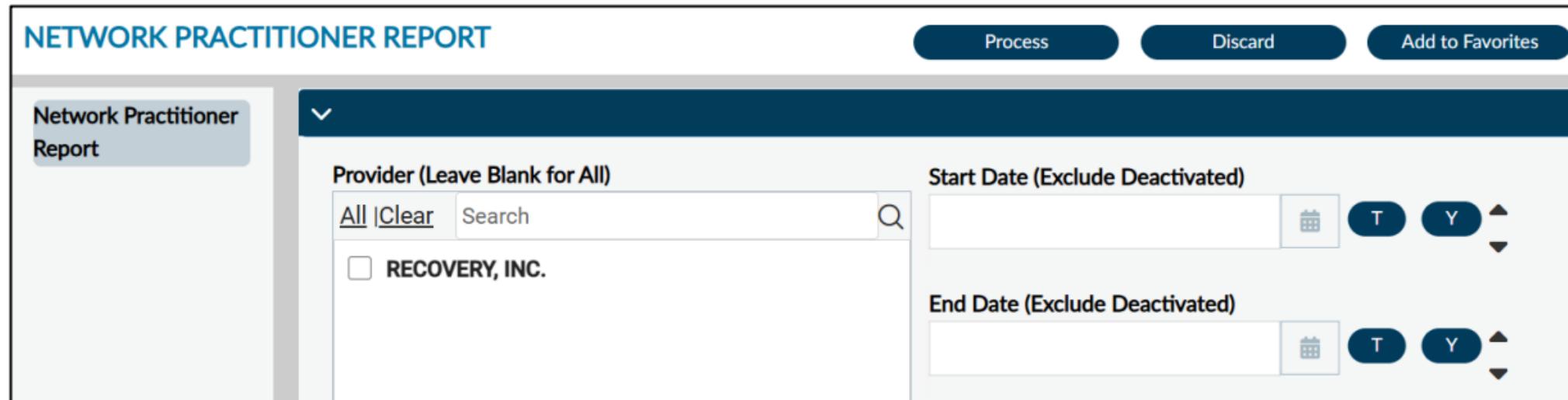
Provider (Leave Blank for All)
All |Clear Search

RECOVERY, INC.

Start Date (Exclude Deactivated)

End Date (Exclude Deactivated)

Process Discard Add to Favorites



PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT



SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER NETWORK PRACTITIONER REPORT



Print Date: 10/21/2025

Parameters Selected: Provider(s): Recovery Inc , to

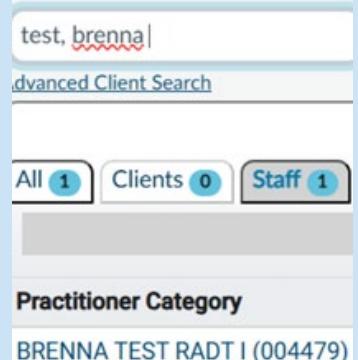
Practitioner Category	Practitioner Discipline	Credentials	Primary License Type	Provider	Practitioner Name	Staff ID	User ID	Effective Date	End Date	Active	Deactivated Date	NPI	Taxonomy Code
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Psy.D. (Lic. Psychologist)	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	SZUHAY,DANIEL	007277	DSzuhay	12/26/2023	06/16/2025	Inactive	10/03/2025	1679899249	103TC0700X
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Physician Assistant Clinical Trainee	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	SZUHAY,DANIEL	007277	DSzuhay	06/17/2025		Inactive	10/03/2025	1679899249	
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Ph.D. (Lic. Psychologist)	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	ORELLANA,ESTHER	006883	EOrellana	12/01/2017		Active		1376813667	103T00000X
Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Recovery, Inc.	HODGE,SHONN	008346	c158322	04/26/2025	05/13/2025	Inactive		1277436659	183500000X
Physician (MD or DO)	Licensed - LPHA	DO	Licensed - LPHA	Recovery, Inc.	HODGE,SHONN	008346	c158322	06/01/2025		Active		1277436659	
Physician (MD or DO)	Physician (MD or DO)	MD	Physician (MD or DO)	Recovery, Inc.	SMITH,JOHN	009998	JSmith	01/01/2017		Active		1277436659	101YA0400X
Registered SUD Counselor	Registered SUD Counselor		Registered SUD Counselor/Other Provider	Recovery, Inc.	DUDLEY,JUDITH NTST	002204	c171633	01/01/2018		Active			

*Column descriptions in the next slides

PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT

Field	Description
Practitioner Category	A practitioner's configuration for State billing.
Practitioner Discipline	A practitioner's configuration for State and Local Billing. (This should match the Category).
Credentials	Credentials are what appear after a practitioner's name when forms are submitted. This is typically an abbreviation of the practitioner's degree/registration/certification.
Primary License Type	A practitioner's configuration for Local Billing.
Provider	The agency's name.
Practitioner Name	The practitioner's name when they were set up as a "practitioner." *Note: If this name differs than the user's Sage description when logged in, open a Sage Help Desk ticket to ensure the names match.

PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT

Field	Description
Staff ID	Sage's assigned identification number for practitioners. *Note: When searching a staff's name in Sage's Smart Search bar, the Staff ID will be a six (6) digit number in parentheses in the first column. 
User ID	For providers, this is the practitioner's c#. County staff will reflect a combination of first and last name.
Effective Date	This is the date from when the Primary License Type was effective.
End Date	This is the date from when the Primary License Type was end-dated. If this is blank, the license is still active.

PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT

Field	Description
Active	<p>Active means the practitioner has not been deactivated in Sage.</p> <p>Inactive means one of two things:</p> <ol style="list-style-type: none">1. Inactive and a <u>blank</u> Deactivation Date means this license type is end-dated and there is an additional row for this practitioner with the current license that will show as active.2. Inactive and a Deactivation Date means this user no longer has an active Sage account. <p>Clinical Visible Only means the individual was set up as a practitioner but does not have a Sage login.</p> <p>Disabled means the User ID has been disabled and cannot be reactivated. Typically, this has occurred due to a data entry and a new account is created for the user.</p>
Deactivation Date	The date the user was deactivated in Sage.
NPI	The practitioner's NPI as provided by the agency's Sage Liaison.
Taxonomy Code	The practitioner's taxonomy code as provided by the agency's Sage Liaison. *Note: DHCS provided a list of allowable taxonomies by Practitioner type. Please see the Rate Matrix for a listing.

PRACTITIONERS IN SAGE - NETWORK PRACTITIONER REPORT

- Note: if a user's configuration does not reflect their current credentials, the agency's Sage Liaison should create a Help Desk ticket for a modification using the SAPC Sage User Creation Form catalog item within Service Now.

PRACTITIONERS IN SAGE - PRACTITIONER WIDGET

- The Practitioner License/Registration/Certification Expiration Widget, will display practitioners whose license is set to expire within the next three months so that providers and SAPC are able to better track license renewals. For licenses that expire without being updated, SAPC will end date the license for billing, which will cause claims to be denied after the expiration date.

PRACTITIONER LICENSE/REGISTRATION/CERTIFICATION EXPIRATION																										
<input type="text" value="Search:"/>																										
name	↑ name	Staff_ID	↑ Staff_ID	PROVID	↑ PROVID	Taxonomy	↑ Taxonomy	NPI	↑ NPI	License/Cert/Reg Type	Board	↑ Board	Date Issued	↑ Date Issued	Expiration Date	↑ Expiration Date	Status	↑ Status	Is Active in Sage	↑ Is Active in Sage	Actions Needed for Status	↑ Actions Needed for Status	Date Inactive	↑ Date Inactive	Sage Registration Date	↑ Sage Registration Date
										RAC	CA Assoc Alcohol/Drug Educ (CAADE)	2021-12-23	04/20/2025 Click to verify credential	Expired	Yes					Contact Sageforms@ph.lacounty.gov with updated information to prevent billing denials.		N/A		2021-03-10		
										LCSW	CA Board of Behavioral Services (BBS)	2024-01-24	01/31/2026 Click to verify credential	Expired	Yes					Contact Sageforms@ph.lacounty.gov with updated information to prevent billing denials.		N/A		2024-01-16		
										RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-05	02/08/2026 Click to verify credential	Active	Yes					No Action Needed		N/A		2025-10-01		
										RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-11	02/11/2026 Click to verify credential	Active	Yes					No Action Needed		N/A		2025-10-03		
										RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-13	02/13/2026 Click to verify credential	Active	Yes					No Action Needed		N/A		2025-10-30		
										RADT I	CA Consort Addiction Prog Profs (CCAPP)	2025-02-18	02/18/2026 Click to verify credential	Active	Yes					No Action Needed		N/A		2025-09-14		
										RAC	CA Assoc Alcohol/Drug Educ (CAADE)	2025-02-26	02/26/2026 Click to verify credential	Active	Yes					No Action Needed		N/A		2025-11-04		

PRACTITIONERS IN SAGE - PRACTITIONER WIDGET

- Once SAPC receives updated credentials, the end date will be removed and will allow for billing to be entered.
- If providers need to update the license expiration date only, and no other changes to the practitioner are needed, those can be directed to sageforms@ph.lacounty.gov directly.
- However, if any other changes are needed to a user or practitioner, provider Sage Liaisons must enter a help desk ticket for a user modification using the Request Something -> Sage User Creation Form.

PRACTITIONERS IN SAGE - FIXING ERRORS

- Fixing errors in claims
 - Confirm that the practitioner is allowable for the service code.
 - Verify in the "Billing Rules" tab in the Rates Matrix, in the "Allowable Disciplines" column
 - Review the MSO Provider Config 2023+ report that the practitioner is listed with the service code that is being billed.
 - If it is a Clinical Trainee, confirm that the service code has the appropriate clinical trainee modifier (AJ, AH, TD, TE, HM, CO, HP, HO.) For the definition of these modifiers, please refer to the "Modifiers" tab of the Rates Matrix
 - Secondary Providers:
 - Performing Provider is Blank: Confirm that the practitioner entered correctly in the 837 file and matches what is in Sage. This can be confirmed with the Network Practitioner Report.
 - If the information does not match, open a Sage Help Desk ticket. If there is a reference ticket showing a previous modification or creation that was completed incorrectly, provide that information.
 - If the information does not exist in Sage, start the Sage User Creation process.
 - Once this is complete, the claim can be resubmitted as a replacement.

PRACTITIONERS - FINAL TAKE AWAYS

- We covered the requirements when creating/modifying practitioners and how that impacts billing.
- Use the **Network Practitioner Report** and the **Practitioner License/Registration/Certification Expiration** to monitor and confirm Sage practitioner creations or modifications.
- Errors in Practitioner setup and configuration can lead to Local and State denials. Please make sure to monitor your practitioners to get ahead of these potential billing denials.
 - Coordinate with your SAPC Liaisons

PRACTITIONERS IN SAGE - RESOURCES

- Sage User Creation Form Job Aid
 - <http://publichealth.lacounty.gov/sapc/docs/providers/sage/enrollment/Sage-User-Creation-Form-Job-Aid.pdf>
- PCNX Guide to Reports
 - <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX%20Guide%20to%20Reports%2012.17.2025.pdf>
 - Network Practitioner Report
 - MSO Provider Config Report 2023+

HELPFUL RESOURCES

HELPFUL RESOURCES

- Denial Crosswalk:
<http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/DenialCrosswalk/Sage-Claim-Denial-Reason-and-Resolution-Crosswalk-V5.0.xlsx>
- Replacement Claim Job Aid:
<http://publichealth.lacounty.gov/sapc/docs/providers/sage/finance/Job-Aid-Replacement-Claim-Assignment-CMS-1500-Provider-Training.pdf>
- Guide to PCNX Reports:
<http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX-Guide-Reports.pdf>
- Guide to Widgets: <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX-Guide-Widgets.pdf>
- The entire catalog of SAPC Finance Billing Aids:
<http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

HELPFUL CONTACTS

HELPFUL CONTACTS

Unit/Branch Contact	Email <i>Do not send Protected Health Information (PHI) to any SAPC email</i>	Description of when to contact
Sage Helpdesk	Phone Number: (855) 346-2392 ServiceNow Portal: https://Netsmart.service-now.com/plexussupport	Sage related questions, including system errors, medical record modifications
Sage Management Division (SMD)	SAGE@ph.lacounty.gov	Sage process, workflow, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov	All authorization related questions, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care (SOC)	SAPC-SOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Health Outcomes and Data Analytics (HODA)	hoda_caloms@ph.lacounty.gov	All questions regarding Sage CalOMS: CalOMS submissions guidelines, issues related to CalOMS forms and submissions in Sage, Data Quality Report, and requests for trainings
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contracts, amendments, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	Dsapc.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for clinical trainings
Finance	Sapc-Finance@ph.lacounty.gov	General questions related to billing. For specific questions related to billing denials, payments, and technical assistance, please open a ticket with the Request Billing Assistance form
Eligibility	DPH-SAPC-EST@ph.lacounty.gov	For any eligibility related questions such as for assistance identifying County of residence, help with the intercounty transfer (ICT) process, applying for Medi-Cal benefits



OPEN Q&A