Communication Release
08/29/2025

Progress Note Status Report

SAPC has received reports of performance issues with the Progress Note Status Report. Some users reported longer processing times, the report not generating, or the report populating with no data, while other users are able to generate the report without issue. Netsmart is currently investigating the issue and will provide an update to affected users who created Sage Helpdesk tickets. SAPC requests that if you are experiencing this issue that you submit a Sage Help Desk ticket to receive the support for resolution and to help ensure SAPC understands the full scope of the issue.

Tip: The Progress Note Status Report runs the fastest when only the required parameters are selected. Once exported, users can sort, and filter as needed.

Appointment and Referral Disposition Training Recording

On July 31st, SAPC held an Appointment and Referral Disposition Workflow Training. SAPC incorporated feedback from the training and created a new recording for providers. Providers are encouraged to review the training to familiarize themselves with the updated form and workflow requirements. The training was made available in Sage, rather than the SAPC Learning Network Connection (SAPC-LNC), due to unforeseen delays in adding the training to the SAPC-LNC. SAPC temporarily restored the PCNX Training Videos view directly in Sage to users who will be utilizing this workflow. Providers will be notified when the training is available in the SAPC-LNC in future Sage Communications.

This training outlines the process to meet the requirements set in SAPC-IN 25-11 Requirements for Appointment and Referral Dispositions, which becomes effective and required on **Monday September 1, 2025**.
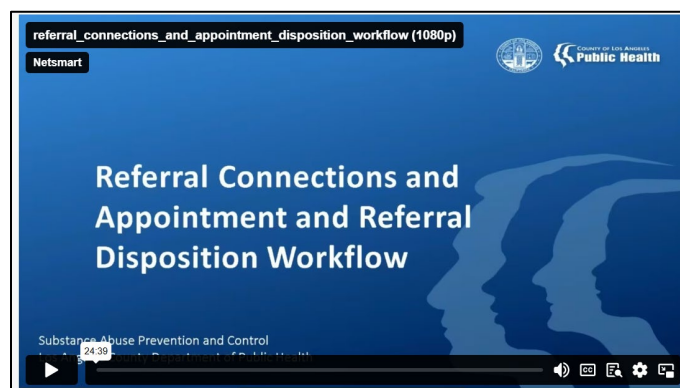
If you are unable to access the PCNX Training Video view, please contact the Sage Helpdesk for assistance.

Billing on Date of Discharge

The updated Provider Manual v10.0 includes guidance to provider agencies that operate sites with 24-hour services such as 3.1, 3.3, 3.5, and 3.2-WM regarding billing the bundled day rate on the date of discharge. As noted in the Residential Services section, on page 76, the residential bundled day rate and Room and Board rate are not billable on the patient's date of discharge. Unbundled services such as Care Coordination, Peer Support Services, and Medication Services remain billable on the client's date of discharge.

Reminder: Service Authorization Request Comments and Eligibility Verification Widgets

Authorization Status - Last 3 Months Widget

The Comments field reflects comments from the authorization from the UM care manager which includes reason for denial and any additional information required from the provider. This widget contains embedded logic that will highlight the comment by bolding and changing the font to red for authorizations that have been updated by UM within the last seven (7) days. This will alert users to any updates from the UM care managers on the widget without users having to manually check the authorizations via the form, allowing users to make requested changes immediately and then inform the UM care manager to avoid authorization delays or denials.

This widget is accessible in the "Financial Only" and "Financial + Clinical" Views.

Client's Current Eligibility Verification Widget

The Client's Current Eligibility Verification widget quickly displays the service(s) for which the patient is currently eligible to receive.

There are four (4) columns: Service, Last Verified Date, Expiration Date and Filed By. Only dates in the past will display as red, indicating the eligibility has expired and needs to be reverified by UM.

Service	Last Verified Date	Expiration Date	Filed By
Non-OTP Services	01/01/2023	07/31/2023	Greg Schwarz, Psy.D.

For additional information regarding eligibility period see: Eligibility Verification Member Authorizations (PDF)

Running Reports in Sage

When SAPC releases or updates reports in Sage, users may notice the first time they run the report that it may take a while to populate. Typically, the more often the report is run, the faster the report data will populate. However, SAPC has identified some situations where a report may fail to load. These failures to load may occur when 1) several reports are being run simultaneously or 2) when a report that is still processing is abruptly closed then re-run.

If the top of the report browser window says "about:blank" as noted in the image below, this is an indication that there has been an error, and the report will fail to load. To address this issue, users need to clear their cache then re-run the report. Instructions for clearing the cache vary by browser, so it is recommended users search for instructions for their respective browser.
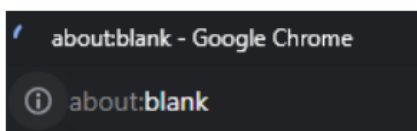
For a report to properly run, the top left of the report browser should read "Avatar NX Report Viewer."
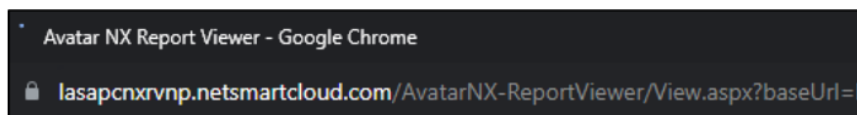
If this does not resolve your issue with running a report, please open a Sage Help Desk ticket at the Sage Help Desk ServiceNow Portal and include a snip of your browser as well as the exact parameters that were used to run the report. This information will be critical to investigating and assisting you.

County and Aid Code Report

The County and Aid Code Report has been updated in LIVE. Managed Care Plan (MCP) information has been added to the report and the Segment and File Index fields have been removed. The MCP has been added to allow providers to quickly identify the MCP for a given patient. The MCP information is displayed as the primary MCP first, followed by the partner plan if different than the primary MCP. For instance, LA Care partners with Blue Shield Of California Promise Health. The MCP column may show as L.A. Care, Blue Shield Promise. If there is no partner plan, the MCP column will list the primary MCP twice.

The County and Aid Code Report allows providers to have the most up-to-date information regarding Medi-Cal enrollment. The data in the report is contingent upon providers running and posting the Real Time Inquiry (270) Request monthly for patients.

This report is intended to easily access eligibility information, such as Aid Code, County Code and now MCP, which will be updated each time the 270 is run and posted. This report can also be used to verify gaps in coverage should the eligibility data change.

9/4 SAPC Finance Billing & Denial Resolution Tutoring Lab

The September Billing & Denial Resolution Tutoring Lab is scheduled for *Thursday, September 4th, from 1:00-2:30pm* and will continue to meet on the first Thursday of every month. These sessions 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 as well as 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 1:00-2:30 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.**

Highlights from Previous Communications

Upcoming Sage Billing Configuration Updates: SAPC Finance is working with Netsmart to update Sage's billing code configuration to fix errors implemented from the Rates Matrix provided by the Department of Health Care Services (DHCS) and update changes recently made by DHCS. The information below outlines the upcoming changes for FY 24-25 and 25-26. SAPC anticipates that these changes will be completed by late-September 2025. As the changes are completed, SAPC will communicate updates through future Sage Provider Communications. The majority of changes for FY 24-25 noted below have been completed for FY 25-26 and SAPC is now addressing the changes for FY 24-25. Some changes will be noted for both fiscal years as they were recently communicated by DHCS. Details of the changes will be noted on the updated Rates Matrix when it is posted to the SAPC website and will be communicated in more detail when the changes are completed. Questions regarding these upcoming changes can be emailed to SAPC-Finance@ph.lacounty.gov.

FY 24-25 Upcoming Changes
- Remove fees that remained after previous adjustments were made to the residential and WM bundles.
  - 99415 fees for residential LOCs
  - 90849 fees for 1.0-WM
  - 992** fees for 1.0-WM

- Remove fees for 99368 for all levels of care when delivered by an Occupational Therapist or Occupational Therapist Clinical Trainee. These were inaccurately configured in Sage as DHCS does not allow this service to be delivered by practitioners with this license type.
- Remove fees for H2017 for all levels of care when delivered by a Registered Nurse or Registered Nurse Clinical Trainee. These were inaccurately configured in Sage as DHCS does not allow this service to be delivered by practitioners with this license type.
- Add missing row for H2010N code for 2.0-WM tier 3.
- Add missing 90849 tier 2 rates for 2.1.
- Remove GC and HL modifiers from codes where Medicare COB is not required.
- Update allowable modifiers for non-DMC service codes on the Billing Rules tab.
- Update telehealth modifiers to add either 93 and/or 95 and 02 and 10, place of service codes, as applicable per new DHCS policy.
- Add SC modifier and 02 and 10, place of service codes, to H0007.
- Update codes on the CPT Add On Codes tab to remove non-DMC codes and some non-applicable DMC codes.
- Add rates for Licensed Psychiatric Technician (LPT) and LPT Clinical Trainees for codes H0020, S5000s, and S5001s.

FY 25-26 Upcoming Changes
- Correct available codes for Community Health Workers across the tiers.
- Update telehealth modifiers to add either 93 and/or 95 and 02 and 10, place of service codes, as applicable per new DHCS policy.
- Add SC modifier and 02 and 10, place of service codes, to H0007.

Diagnosis Record Entry: SAPC has noticed several Diagnosis forms in Sage with only a Mental Health diagnosis listed. For patients with established medical necessity, it is required to have the substance use related diagnosis be the primary diagnosis. If an Update Diagnosis record is created, providers can pull forward the last diagnosis and add or resolve diagnoses as appropriate. As a reminder, providers should only have one Admission diagnosis per patient, per episode, and subsequent diagnosis are entered as an "Update" diagnosis. To pull forward the diagnosis for a record, choose your episode in the **Select Episode to Default Diagnosis Information From,** then select the record you would like to pull forward from the **Select Diagnosis Entry to Default Information From**; typically, this would be the most recent record. For additional information on how to complete the Diagnosis form in Sage, please see Clinical Documentation Guide on the SAPC Sage website.

Progress Note Status Report Update: The Progress Note Status Report has been updated to reflect the new Progress Note field, "Applicable Services Provided," which notes whether MAT Education (H2010M) and/or Naloxone Handling/Distribution (H2010N) services were provided during a patient encounter. The updated version of the Progress Note Status Report was pushed to LIVE on Monday, 8/18/2025. Please note there may be a 15 to 20-minute delay for completed Progress Notes to generate onto the report. Sage-MD continues to work with Netsmart to decrease this delay.

FY 25-26 Billing Reminders: As provider agencies begin billing for FY 25-26 services, it is important that special attention is given to changes made for the new fiscal year to avoid unnecessary local denials. The following reminders are based on SAPC Finance's review of the first six weeks of billing for FY 25-26 services. Please be sure to review the information below and adjust procedures and internal documentation as necessary. The FY 25-26 Rates Matrix and Code Changes document posted to the SAPC website outlines the code changes for the new fiscal year.
- H2010S is no longer a billable service.
- $0 services are no longer billable for residential and WM levels of care, with the exception of H2010M and H2010N, which are still required for incentive tracking purposes.

- Authorizations spanning two fiscal years receive two separate authorizations – one for each fiscal year. Secondary provider agencies should ensure their EHRs are updated with the appropriate authorization numbers for FY 25-26 services.

Sage ASAM Assessment Form Update: The field names for ASAM Assessment and Finalize ASAM Assessment forms have been updated for clarity. The Recommended Level of Care label now read as the "Recommended Level of Care (by ASAM)" refers to the recommendation provided on the section of the ASAM. Actual Level of Care field label now read as "Actual Level of Care (Provider determined)" refers to the level of care to which the patient is referred or admitted.