![Sage - Substance Use Disorder Information System]

Communication Release
2/25/2022

Completing the Other Health Coverage Form in ProviderConnect

To support Primary Sage Users in completing the Other Health Coverage form in ProviderConnect, SAPC has created a brief instructional video that reviews how to complete the form. The video can be viewed by clicking the following link: http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/ohc/022322/OHCFormTutorial022322.htm. It is recommended that Primary Sage Users view the instructional video and use the SAPC OHC Provider Billing Manual to complete the Other Health Coverage form prior to submitting any claims with OHC detail on the treatment to SAPC. In particular, it is important that providers enter accurate information in the third party payer fields as inaccurate information may cause the claim to be denied by the State.

SAPC has monitored the forms that have been submitted and noted that inaccurate information is being entered in the Third Party Payer Identifier field. The OHC's Payer Identifier is an identifying number assigned to the insurance carrier. Generally, the carrier's payer ID is five digits and can be fully numeric or alphanumeric. For example, Aetna Better Health California's payer ID is 128CA. The carrier's payer ID can be found through a variety of different ways:

- Internet search for the carrier and their payer ID
  - A helpful website to search for carrier payer IDs is: http://www.healthdataservices.com/payerid/payerlist.htm. SAPC cannot confirm the accuracy or maintenance of this list as it is not a SAPC or governmental website but is an extensive list of carrier information including payer IDs.
- Contacting the carrier directly
- Reviewing the patient's insurance carrier benefits card

Final to Draft Progress Note Requests

SAPC and the Netsmart Help Desk continue to examine more efficient workflows for processing the large number of progress note modifications requested each week. As such, we are requesting providers submit Sage Help Desk tickets via the online portal rather than calling the Help Desk: https://netsmart.service-now.com/plexussupport.

Submitting tickets through the portal will allow providers to enter all the necessary information at the time of submission and will allow the Helpdesk and SAPC to process tickets more timely without the need for back and forth with the provider to gather essential information. When submitting the ticket online, please be sure to enter the following information and you may use this as a template in the ticket:

- Client ID with Initials
- Agency
- Episode
- Type of Form: (BIRP, GIRP, SIRP, SOAP, Miscellaneous Note Options, Service Connections Log, Referral Connections, Discharge and Transfer Form, Drug Testing, Patient Medications, RBH Discharge, or Treatment Plan)
- Date/Time of Note Entry
- Performing Provider
- Group Size (If applicable)
- Date of Service
- Start Time
- End Time

- Justification (Must be specific as to what needs to be changed and why)

Additionally, please continue to pay close attention when completing documentation in the system, including entering notes only after a service was delivered, rather than starting the note beforehand. Additionally, the date entered on progress notes is the date of service not the date the note was written. These precautions will assist in reducing the number of tickets entered related to progress note modification/final to draft requests.

Resubmission of Certain RSS Denials for Fiscal Year 2021-22

SAPC has identified local adjudication rules in Sage that led denials for a handful of RSS claims that were submitted for patients with authorizations for another level of care other than RSS. As of 7/1/2022, RSS is allowed to be provided to a patient while also undergoing treatment for another level of care, per BHIN 21-020. SAPC has corrected the Sage configuration and providers should no longer receive denials for RSS services with the following reason: "Claim status has been set to D because of Claim Adjudication Rule XXX – RSS X." If agencies have received this denial reason code for RSS services for fiscal year 2021-22, SAPC requests agencies to resubmit these claims for adjudication.

Resubmission of State Denied FY 18-19 Claims for CO 96 M80

SAPC has identified several factors related to denial code CO 96 M80 that have prevented providers from resubmitting these claims, either through new or replacements claims. SAPC has worked closely with the State and internally to resolve these issues. _Providers are now allowed to resubmit those denied claims for Fiscal Year (FY) 18-19._ The majority of these denials were related to day rate claims, such as Methadone (H0020), Residential Clinical Day Rates (H0019), and Withdrawal Management/Detox Day rates (H0014, H0012, 0953).

Providers are strongly encouraged to submit those FY 18-19 claims as soon as possible to meet the 2/28/2022 deadline, referenced in the January 27, 2022 SAPC Provider Communication, to receive payment for these services prior to cost settlement. SAPC will continue to accept all claims for FY 18-19 after 2/28/2022, however, approved services received after 2/28/2022 will not receive payment until SAPC completes the cost settlement process with the State.

All providers can utilize the MSO KPI State Denial View or Payment Reconciliation View and/or the actual EOBs to identify which claims were denied for CO 96 M80. Secondary Sage Users should also have 835s with the State denial information. Please refer to the Remittance Advice (RA) spreadsheets provided via the SFTP to determine which EOBs contain State denials. If providers need to request RAs, EOBs, or 835s to be reuploaded to their SFTP, please complete this form: Reupload File (277, 835, EOB, RA) Request Form, and email the completed form to SapcProviderReq@ph.lacounty.gov.

After identifying which claims were denied for CO 96 M80, providers should verify that these claims need to be resubmitted, as this denial reason code generally indicates that a claim is a duplicate claim. **Claims that have been paid and show a paid amount for the service, should <u>not</u> be resubmitted** as payment was already received. Resubmitting claims that have an associated payment will be denied as a duplicate.

Services where the provider is not showing any original payment or the payment was voided by the provider, can be resubmitted through a new claim entry for Primary Sage Users or the replacement claim process for Secondary Sage Users. If during your investigation you find claims that were paid at a lower rate **and** have previously not been voided, the State and SAPC will settle at the higher rate for services where rate changes occurred. Providers should not void these claims as they will not be processed in time before the 2/28/2022 deadline, which would cause payment for the new claim, if approved, to be held until cost settlement. SAPC recommends leaving these claims as is and settling for the higher rate during the final cost settlement.

It is important to note that this notice only applies to claims for FY 18-19 dates of service. SAPC is continuing to resolve and develop workflows to ensure FY 19-20 and later CO 96 M80 denials will be approved when resubmitted. At this time, SAPC is still working internally and with the State to ensure the remaining claims are processed accordingly. Providers resubmitting CO 96 M80 denials for other fiscal years will do so at their own risk.

Erroneous State Denied Claim Resubmission

SAPC has been monitoring replacement claims related to the State error for OTP dosing claims that were erroneously denied for CO 96 M80. SAPC has noticed that these claims remain denied and have seen minimal replacements by providers. SAPC

strongly encourages OTP providers to work with their billing team to submit those replacement claims as soon as possible to ensure timely payment. <u>The denials were not dependent on date of service but claim date.</u> If your OTP agency received a State denial for CO 96 M80 between September 16 and October 19, 2021 and after investigating there was no previous payment for that claim (i.e. that was the first submission), please replace those claims as soon as possible so SAPC can resubmit the claims to the State for appropriate adjudication. These claims would show only on 835s received between September 16, 2021 and October 18, 2021. Providers can also filter the State Denial View in KPI to show only takeback dates in that date range and show only Denial CO 96 M80 to compile a list of potential claims meeting criteria for this error.

Should providers require additional technical support, please submit a Sage Help Desk ticket. Sage Help Desk tickets can be submitted via phone at (855) 346-2392 or via the ServiceNow portal at https://netsmart.servicenow.com/plexussupport.