Sage
Substance Use Disorder Information System

Communication Release
6/4/2021

Critical Error Reports

SAPC is striving to offer continued support to providers and increase approved claim rates. To add an additional layer of visibility for our Secondary Sage Users, those who submit claims via an 837 HIPAA transaction, SAPC IT will begin uploading the current fiscal year's Critical Error Reports to each provider's SFTP. This is a new process that is in addition to the current critical errors some providers receive. This process will begin before the end of June.

Through extensive internal investigations, SAPC has determined that a primary reason for 'missing' claims is due to critical errors that caused claims to be rejected, preventing adjudication. There are two categories of critical errors related to 837 files that can cause issues with the processing of an 837 file. The first type is a general functional error where there are missing components within the file that prevents the entire file from being processed. Currently, when this error occurs, providers are notified by SAPC IT that the entire file was rejected and the segment containing the error must be corrected before the file can be processed. This is standard process within Sage and has not changed.

The second category of critical errors relates to the claim level within each 837 file that causes claims to be rejected, but the file to continue to process the remaining valid claims. These claims are noted on the 277CA file that is returned to providers for each 837 file. However, the actual segment and information that is missing is not contained in the 277CA. As such, SAPC will be implementing the new process that will automatically provide the Critical Error Report to providers via the SFTP to review.

In conjunction with the 277CA report, providers will have increased visibility on which claims were rejected and why they were rejected. As a reminder, rejected claims are NOT adjudicated, meaning they will not be approved, denied, or pended, but noted as rejected and must be resubmitted for adjudication. The Critical Error Report provides the claim level information for the rejected services, while the 277CA provides the service level information for the errored claim.

SAPC will provide a job aid to assist providers understand how to use the Critical Error Reports to reconcile claims from the 837 to the 835. This process will be most helpful in investigating claims that are not found on resulting 835 files, as it may be that these claims were not actually successfully received from providers.

End of Fiscal Year Reminders

❖ On Thursday, June 3, 2021, SAPC sent out a memo to treatment providers, advising that Thursday, July 8, 2021 is the deadline for submitting all outstanding reimbursement claims for fiscal year 2020-2021 to receive payments by July 23, 2021. Claims received or submitted between July 9-July 31, 2021 will be processed by August 13, 2021. Any claims received or submitted for fiscal year 2020-2021 after July 31, 2021 will be incorporated into the year-end cost report settlement. Questions regarding reimbursement claims can be directed to Edith Mendoza at emendoza@ph.lacounty.gov or (626) 299-3206.

❖ Providers should not submit claims for services conducted on or after July 1, 2021 until SAPC has notified agencies that the rates and system configurations for fiscal year 2021-22 have been completed. If claims are submitted for services conducted on or after 7/1/2021 before notification of completion of the configuration, these services will be automatically denied by Sage. Providers can continue to submit claims with service dates of 7/1/2020-6/30/2021 throughout July 2021.

❖ For secondary providers, please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as "split authorizations." This means that the authorization for the client will have two different authorizations and different authorization numbers for the different fiscal years. When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2021-22 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via ProviderConnect.

   o If the prior fiscal year's authorization number is submitted for the client for the new fiscal year, providers will receive local denials with the coverage denial reason "Invalid authorization number" and denial code CO284 M62.

❖ With the change in fiscal years, the KPI Dashboards will no longer contain data from January 1 – June 30, 2018 as of July 1, 2021. If there is particular data that providers would like to retain, SAPC suggests exporting the necessary data from KPI prior to June 30, 2021.

Reminder: Upcoming All Provider Meeting

The next All Provider Meeting is next week, Tuesday, June 8, 2021 at 9:00 am. Please see the agenda topics and link to the online meeting below.

Agenda Topics
- Sage and Billing; and Denial Resolution Update
- Perinatal Program Update
- Network Adequacy Update
- Managing Managed Care Plans – LA Care
- Contracts Update – FY 21-22 Master Monitoring Plan
- Question and Answer Segment

Meeting Link: All Provider Meeting Link