![Sage - Substance Use Disorder Information System]

Communication Release

6/17/2022

End of Fiscal Year Reminders

SAPC is working to update Sage for the upcoming new fiscal year 2022-23. The following reminders are important for providers to review and note to ensure alignment with necessary billing and system timeframes and considerations.

❖ As of July 1, 2022, providers should not submit claims for services conducted on or after July 1, 2022 until SAPC has notified agencies that the rates and system configurations for fiscal year 2022-23 have been completed. If claims are submitted for services conducted on or after 7/1/2022 before notification of completion of the configuration, these services will be automatically denied by Sage. Providers can continue to submit claims with service dates prior to 7/1/2022 for adjudication.

   o For Primary Sage Users, it is important to not enter treatments in ProviderConnect for services provided on or after 7/1/2022 until notification has been sent the configuration is complete. Services entered into Sage prior to notification of completion will not reflect the new rates for FY 22-23 and will adjudicate at this lower rate when billed to SAPC.

   o It is anticipated that the claiming blackout for FY 22-23 will be released around mid-August. SAPC will continue to provide updates on progress toward completion of the configuration.

❖ 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 2022-23 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.

Telehealth Claims Report

SAPC has been working on a monthly report for providers to view their telehealth local and State claim adjudications, as this information is not currently available in KPI. To support providers in using this report, SAPC-Finance is working on preparing a job aid to support providers in understanding the report and how it can be used. The report was inadvertently sent to providers via the SFTP before the job aid was available. The job aid will be sent to providers prior to the next release of the report via the SFTP in July.

KPI Data Visibility

On 7/1/2022, Fiscal Year 2018-19 data will no longer be available in the KPI Dashboards. SAPC had worked with Netsmart to maintain FY18-19 data in KPI to allow continued visibility into FY18-19 denied claims. As a standard, KPI only contains data from the two prior fiscal years plus the current fiscal year's data. The volume of data currently in KPI, which includes FY18-19, is causing slow downs in KPI functionality and can no longer be maintained.

If providers want to maintain visibility into this data, SAPC recommends providers export the data from KPI for use once the data is no longer available.

Medical Record Modification Requests

SAPC and the Sage Help Desk have worked to implement a new workflow to help improve the process of requesting and resolving tickets related to medical record modifications. This will involve entering tickets exclusively via the web portal rather than calling the Sage Help Desk. Additionally, providers will enter the ticket information in a different section of the portal. This change was available as of Monday June 6, 2022.

On the main page of the Help Desk portal (https://netsmart.service-now.com/plexussupport), providers will now select

1. "Request Something" then select,
2. "Care Record Request" then select,
3. "Modify a Medical Record" and choose the appropriate choice from the predefined dropdown selections

This process will be used for the following modification requests:

- Any document needing to be reverted from _Final to Draft_ to make necessary changes.
- Modifying a date of service
- Modify a provider site or rendering provider
- Change Group Size
- Other documentation correction request not listed above (Free text to enter the change being requested)

Once one of the above drop-down selections is made, providers will be required to entered certain information before being able to submit the ticket.

A. Client ID with Initials
B. Type of form (Drop-down options of BIRP, GIRP, Miscellaneous Note, SIRP, SOAP and Other, which will be a free text)
C. Name of Performing Provider
D. Group size (If individual note, enter N/A)
E. Date of Service
F. Start Time
G. End Time
H. Justification (Specify what needs to change, e.g. group size was 6 instead of 7)

Please be specific when entering the justification and provide any additional details that will help SAPC understand the need to modify a medical record and what needs to change for auditing purposes.

Providers will not be able to submit the ticket until all required fields are completed. This will significantly improve the timeliness of completing these requests. Once the ticket is processed, the ticket will be assigned directly to SAPC rather than the Sage Helpdesk. Providers will be notified of any questions or resolution steps in the same way they are currently being notified, via the case.

Providers will not see these changes until Monday June 6, 2022. If providers call the helpdesk after that time for a medical record modification request, they will be directed to use the portal.
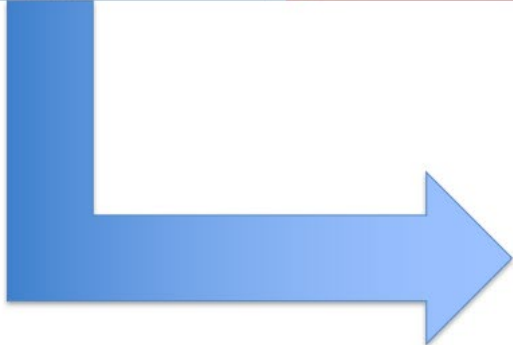
Hi Portal, how can we help?

Search knowledge, cases, and requests

My Case List
View a list of your active cases

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

Request Something
Browse the Service Catalog for services and items you need

My Cases | Watch List | Urgent Issue?

Categories
- Application Access
- Care Record Requests

Care Record Requests

Modify a Medical Record
Modify a Medical Record

View Details

Modify a Medical Record

Modify a Medical Record

Use this form to modify a medical record.

* Request for SAPC

— None —

* Client ID with Client Initials

* Agency

* Episode

* Type of Form

— None —

* Name of Performing Provider

* Group Size (if individual, enter NA)

* Date of Service

* Start Time

* End Time

* Justification (specify what needs to change, e.g. group size was 6 instead of 7)