



Communication Release

7/13/2023

Providers Need to Finalize Notes left in Draft Status

During the PCNX trainings the new unified Progress Note form was introduced to the network. When providers transition to Sage-PCNX LIVE, the new Progress Note form will be enabled and all other Note forms will become Read-Only. Providers are encouraged to finalize all outstanding Progress Note (BIRP/GIRP/SIRP/SOAP) and Miscellaneous Note Options as soon as possible and prior the transition to PCNX.

Notes left in draft status in Sage-ProviderConnect (PCON) Classic will no longer be editable when the network transitions to PCNX. Notes left in draft status, in PCON Classic, will need to be recreated in the new Progress Note form.

PCON Forms that will be Read-Only in PCNX:

- Progress Note (BIRP)
- Progress Note (GIRP)
- Progress Note (SIRP)
- Progress Note (SOAP)
- Miscellaneous Note Options

Within PCON Classic some providers are still able to use the Documents in Draft or Licensed-Eligible LPHA reports, which will populate the notes that remain in draft status.

In addition, SAPC has created two special reports for Progress Notes in Draft and Miscellaneous Notes in Draft that will be uploaded to the provider SFTP (in the Notes In Draft folder) by Friday 7/14/2023. Either of these options will give providers a list of all notes currently in draft. Providers should finalize all notes as needed as soon as possible to avoid issues when PCNX is implemented.

Updated Rates and Standards Matrix

SAPC published an updated [Rates and Standards Matrix](#) on Tuesday 7/11/2023. The following changes were reflected in this most recent update:

- Discipline Tab – Update LP eliminated now MD/DO
- Place of Service Tab – Update for Descriptors
- MAT Tab and Billing Rule Tab - H2010 M,N,S added to billing rules (same as H0004)
- Outpatient, Withdrawal Management, OTP, and MAT Tab - G2212 Rates have been updated to all allowable disciplines

- Outpatient, Withdrawal management and OTP Tab - T1013 Updated as a single rate of \$30
- Lockout Code T1013 added to 90785
- Outpatient, Residential, Withdrawal Management, OTP, CENS, Rates Standards Tab - H0049-N Screening No Admission added back to rates matrix
- Outpatient, Withdrawal Management, OTP, and CENS Tab - H0005 rate has been updated to reflect the division of 4.5
- Outpatient, Withdrawal Management, and OTP Tab - Rate T10103 updated to single rate of \$30

Updated: SAPC Plan for Cut-Over to ProviderConnect NX (PCNX)

SAPC and Netsmart are diligently working to prepare for the launch of ProviderConnect NX (PCNX). SAPC is targeting the PCNX go-live to occur on or around mid-July 2023. This will allow providers to complete June claiming through the current process. SAPC will continue to update providers as we approach the targeted go-live date.

Planned Sage Downtime during PCNX Cut-Over: Mid-July 2023

SAPC anticipates a brief period of Sage being unavailable to providers as part of the conversion to PCNX. During the downtime, Netsmart will be moving PCON data to PCNX. Once the PCNX go-live has occurred, providers will no longer have access to Sage-ProviderConnect Classic. SAPC intends to keep the duration of Sage downtime to a minimum due to this conversion and scheduled this conversion to minimize interference with primary providers' claims submission to meet the SAPC-Finance deadlines for payments in June. Additionally, during this period of Sage unavailability/downtime, providers should utilize their Sage downtime procedures. SAPC will provide additional information in a future Sage Communication.

Utilization Management Practices during End of Fiscal Year (EOY and PCNX Cut-Over Periods)

The following is intended to give providers guidance on UM practices during the EOY and PCNX Cut-Over Periods.

- During the brief 1–2-day period of scheduled downtime, providers should use paper-based documentation. For the dates that Sage will be unavailable, UM is accepting paper-based ASAMs. Alternatively, providers may wait for PCNX go-live to complete ASAMs electronically.
- **Updated:** QI/UM will not grant exemptions for untimely medical necessity documentation. For non-residential authorizations, provider can request an initial engagement authorization to allow time to engage the patient in treatment and extend the timeframes for which medical necessity needs to be established (30 days for adults and 60 days for youth or persons experiencing homelessness).
- Given the brevity of the scheduled downtime (<3 days), providers will need to enter clinical information from the downtime once SAPC notifies that PCNX is available.
- Providers will be able to resume clinical documentation (admissions, notes, and auth requests and billing for FY 22-23) in PCNX for dates of service before and after the cut-over period.

Providers are reminded to follow the [Sage - File Attachment Standardized Naming Convention](#) for paper forms.

PCNX Training Recordings

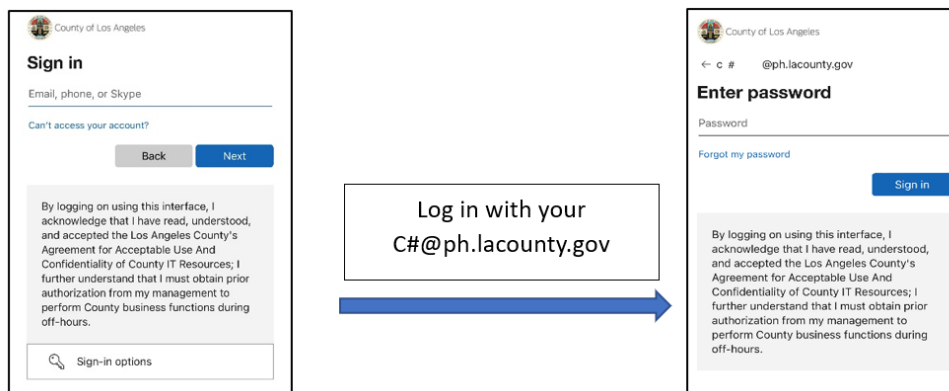
SAPC is currently holding PCNX training sessions. Special recordings for each module are being created as reference material and a resource for individuals who could not attend the webinar trainings. Unfortunately, these recordings are not permitted to be posted on our SAPC Sage page. However, they will be made available through Microsoft Stream.

How to Access Trainings Via Microsoft Stream:

To access these trainings, click on the link below for the item to view.

Description	Duration
Introduction to PCNX_Navigating the New User Interface Recording.mp4	34 minutes
PCNX Navigation User Guide (PDF)	N/A
PCNX For Primary Sage Users: Admissions and Intake (Recording)	1:15 minutes

This application will require authentication. Users must enter their C# and password to be granted access to the video recordings as well as written documentation.



Providers will be able to view these trainings while authenticated to the County's network. Providers will also be able to download the supplemental materials.

REMINDER: Service Authorization Request Blackout Period

SAPC implemented a Service Authorization Request Blackout period on 7/1/2023. We realize that these service authorization blackout periods can be disruptive. The 30-day Authorization Submission policy will be suspended during the service auth request blackout. Providers will have 30 days from the date the blackout is lifted to submit auths.

Key dates:

- **The Service Authorization Request Blackout Period is anticipated to take place from Saturday 7/1/2023 through mid-July 2023.**
 - During this time, providers must hold submissions of all service auth requests with start dates from 7/1/2023.
 - Otherwise, starting 7/1/2023 new service auth requests with start date 7/1/2023 and submitted during blackout will be automatically denied by UM.
 - Providers can continue to submit authorizations for dates of service prior to 7/1/2023 during the blackout
During the blackout, providers are expected to continue documenting treatment, medical necessity (including ASAM assessment, Misc note for level of care justification) in Sage. Exemptions will not be granted for untimely medical necessity documentation.
 - Once the Service Authorization Request Blackout is lifted, providers may submit service auth requests with start date 7/1/2023 and on. QI/UM will begin processing these requests.
 - Service auth requests with DOS prior to 7/1/2023 must be submitted using the current process (Auth Grouping) information.
 - Service auth requests with start dates of 7/1/2023 and after must use the *new* Benefit Plan authorization submission process.
 - More information about how to submit these Benefit Plan authorizations will be provided in the Sage PCNX trainings and in future Sage Communications.
 - SAPC will notify providers once the Service Authorization Request Blackout Period has been lifted.

QI/UM will continue to review all authorizations submitted prior to 7/1/2023 during the Service Authorization Request blackout period.

REMINDER: FY 23-24 Billing Submission Blackout Period - Started 7/1/2023

The Billing Submission Blackout period began 7/1/2023 for dates of service (DOS) starting 7/1/2023 to allow for rates configuration and validation for FY 23-24. As such, providers should not submit claims for DOS on or after 7/1/2023 until notified by SAPC that the Billing Submission Blackout has been lifted. Claims submitted during the billing blackout with DOS 7/1/2023 and after will be denied with the denial reason CO45 N650 "This service occurs during a claim processing blackout."

Providers can and are encouraged to continue to submit claims for dates of service on or before 6/30/2023 and can continue to work to resolve and resubmit denied claims for dates of service on or before 6/30/2023 during the blackout.

Fiscal Year 2022-2023 Billing Deadlines

As the current Fiscal Year comes to a close, SAPC is taking the necessary actions to ensure the appropriate expenditure of all contracted funds. This notice provides guidance on upcoming reimbursement deadlines to submit claims for services provided prior to June 30, 2023, according to contract type.

Drug Medi-Cal Treatment Services

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 31, 2023	After the Sage blackout period has been lifted.

Any other FY22-23 claims received or submitted after July 31, 2023, will be processed after the Sage blackout has been lifted and under the normal billing schedule.

Recovery Bridge Housing Service

Claim Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

Prevention, Client Engagement and Navigation Services, and all Other Contracts

Invoice Submission Deadline	Expected Date of Reimbursement
July 1, 2023 – July 7, 2023	End of July 2023
July 8, 2023 – July 15, 2023	End of August 2023

[FY 22-23 Billing Deadline Memo_05.23.2023.pdf](#)