



## Communication Release

11/4/2022

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### Extended Monthly Billing Deadline Due to Provider Activity Report Error

On 11/2/2022, SAPC notified the treatment provider network that the Sage Provider Activity Report had an error and was temporarily down. SAPC continues to work with Netsmart on a resolution to the report error and will provide updates to the network as they are available. As the Provider Activity Report is needed for Primary Sage Users to conduct billing for newly documented services provided to patients, SAPC Finance is extending the regular monthly billing deadline of the 10<sup>th</sup> for November. A confirmed date for submission of monthly billing to be paid in November will be confirmed once the Provider Activity Report error has been resolved.

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### Pregnancy Indicator Update

The Sage system has been updated to support State guidance from [APL 21-13](#) and [MEDIL 22-21](#), the postpartum period is now 365 days from end date of pregnancy for patients under Aid Code 76. DHCS will be using the Expected Delivery Date provided to DPSS or Medi-Cal to determine the last day of the month from the 365<sup>th</sup> day. Providers should review each letter linked above for full plan details and aid code information.

The Sage update adds functionality to send the pregnancy indicator during the 365-day postpartum period when the Pregnancy End Date field on the Women's Health History form in ProviderConnect is entered. Sage utilizes the Pregnancy Start Date and End Date fields on this form to determine when to include a pregnancy indicator on a claim for the patient. Dates of service on or after the Pregnancy Start Date will continue to include the indicator for all dates of service until the Pregnancy End Date is entered. Once the Pregnancy End Date is entered, the system will only include the pregnancy indicator for the 365 days after the end date in accordance with State guidance. If the Pregnancy End Date is not entered on the form, the indicator will be included on claims past the 365-days allowed and will be denied by DHCS.

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### KPI Updated to Show Telehealth and Telephone Codes

SAPC is excited to announce a recent update to KPI to allow increased visibility and data accuracy related to the addition of telehealth and telephone codes in MSO KPI where the HCPCS code modifiers include either GT or SC. Due to confidentiality constraints and how the telehealth/telephone codes were configured, they were previously not viewable within the KPI dashboards. Effective Friday 10/28/2022, SAPC and Netsmart implemented a configuration change within KPI that will meet all confidentiality standards and allow the telehealth/telephone codes to display.

There are other known data discrepancy issues including suppression of data following the merge of a duplicate patient record and the use of an incorrect authorization number for the patient/date of service by Secondary Sage Users. The solution to address data suppression following the merge of a duplicate patient records is being tested.

If data discrepancy issues are noted, providers are encouraged to open a Sage Help Desk ticket that include screenshots of Sage Treatments, an EOB, or 835 of the specific data that is expected to be in KPI. Additionally, please include a screenshot of the full KPI screen so the filter selection is visible and date/time of when the screenshot was taken because data visibility can change with the nightly load.

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## Recovery Services Actual Level of Care Option on ASAM

SAPC will be adding a Recovery Services option to the ASAM Recommended Level of Care and Actual Level of Care dropdown menus on the ASAM Assessment form in Sage. This will allow providers, when admitting a patient directly into Recovery Services, to more accurately document Recovery Services throughout the chart.

Please note that the ASAM Criteria itself does not include a Recovery Services level of care as that is specific to Drug Medi-Cal. Because the Recommended and Actual Level of Care fields are linked to the ASAM website directly and must match, SAPC cannot add Recovery Services to Actual Level of Care only.

Although it is an option to select Recovery Services as a Recommended Level of Care, providers **should never** select Recovery Services as a Recommended Level of Care (the ASAM Continuum will never recommend Recovery Services as it is not part of the ASAM Criteria), and only as an Actual Level of Care. This will enable the Level of Care Override reason, which must be selected. Providers should choose the most appropriate reason based on what the ASAM is recommending.

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## “Services in this Claim Span the EOB Fiscal Year” Denials

SAPC is aware of a recent increase in denials and pre-adjudication failed services for Primary Sage Users related to “Services in the claim span the EOB fiscal year.” SAPC and Netsmart are investigating a resolution to prevent this from occurring in the future. SAPC requires EOBs to be split by fiscal year for processing of checks. While we work towards a system configuration to accomplish this, providers should follow these steps as a workaround to minimize the occurrence of this denial.

1. Providers can compile claims in ProviderConnect for different fiscals as normally done.
2. Only submit claims for one fiscal year per day.
  1. Do not submit claims for separate fiscal years on the same day.
  2. This will allow Finance to create the EOBs before the other claims for different fiscal years are received.
3. For previously denied claims, providers should resubmit those following the above steps.

Once we have a resolution to automatically split EOBs by fiscal year, we will notify providers via a Sage Provider Communication, however, until then, please continue to follow the above steps.

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## Closing FY 18-19 Billing

**Billing for FY 18-19 is closing today Friday, November 4, 2022.** The State has indicated to SAPC that billing for the 18-19 fiscal year must be finalized for cost reporting. Providers should ensure all resubmissions of any State denials are completed by this date. SAPC will accept and adjudicate services received through the end of 11/4/2022. Any services for FY 18-19 submitted after 11/4/2022 will be automatically denied by Sage with the reason, “Cost Reporting for Fiscal Year is Closed.”

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## Validating New Admissions with Existing Patients in Sage

SAPC is announcing a new feature to help reduce duplicate record creations in Sage. Effective 11/1/2022, when using the Add New Client/Client Search feature to admit a new patient to your agency, Sage will validate the First Name, Last Name, and Date of Birth against pre-existing patient records. If there is an existing patient that matches exactly on **all** three, the record will not be created. Users will receive an error message as follows:

“This entry matches the First Name, Last Name, and Date of Birth of a client already in the system. Please return to the client search, verify the information is correct and select the pre-existing client, if applicable.”

With this new feature, Sage will only create new records for unique patients that do not match the first name, last name, and date of birth of an existing patient. Should the user receive this error, please follow these steps:

1. Return to the Add New Client/Client Search form.
2. Verify the information entered was correct for the patient you are trying to admit.
3. Run the search again and look for the patient record that matches the First Name, Last Name and Date of Birth.
4. Select the correct existing patient to open a new episode for that patient.
5. If the information is entered correctly, and you are not finding the correct patient, please contact the helpdesk for further assistance.

During validation of this new feature SAPC found a common scenario where the Social Security Number may be different, but the First Name, Last Name and Date of Birth match for multiple patient records. This was usually due to a typo in the SSN or the existing record or new admission search criteria are showing a generic SSN such as 999-99-9999.

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