BILLING & DENIAL RESOLUTION TUTORING LAB

AUGUST 6, 2026

- Reminders & Announcements
- Total Expected Disbursement exceeds current Account Level amount denial
- How to download an EOB
- Updated CIFP Guidance
- Tutoring Session Topic
  - OHC Billing Manual
- Agency Questions
- Open Q&A

REMINDERS & ANNOUNCEMENTS

REMINDERS

Q&A REMINDER

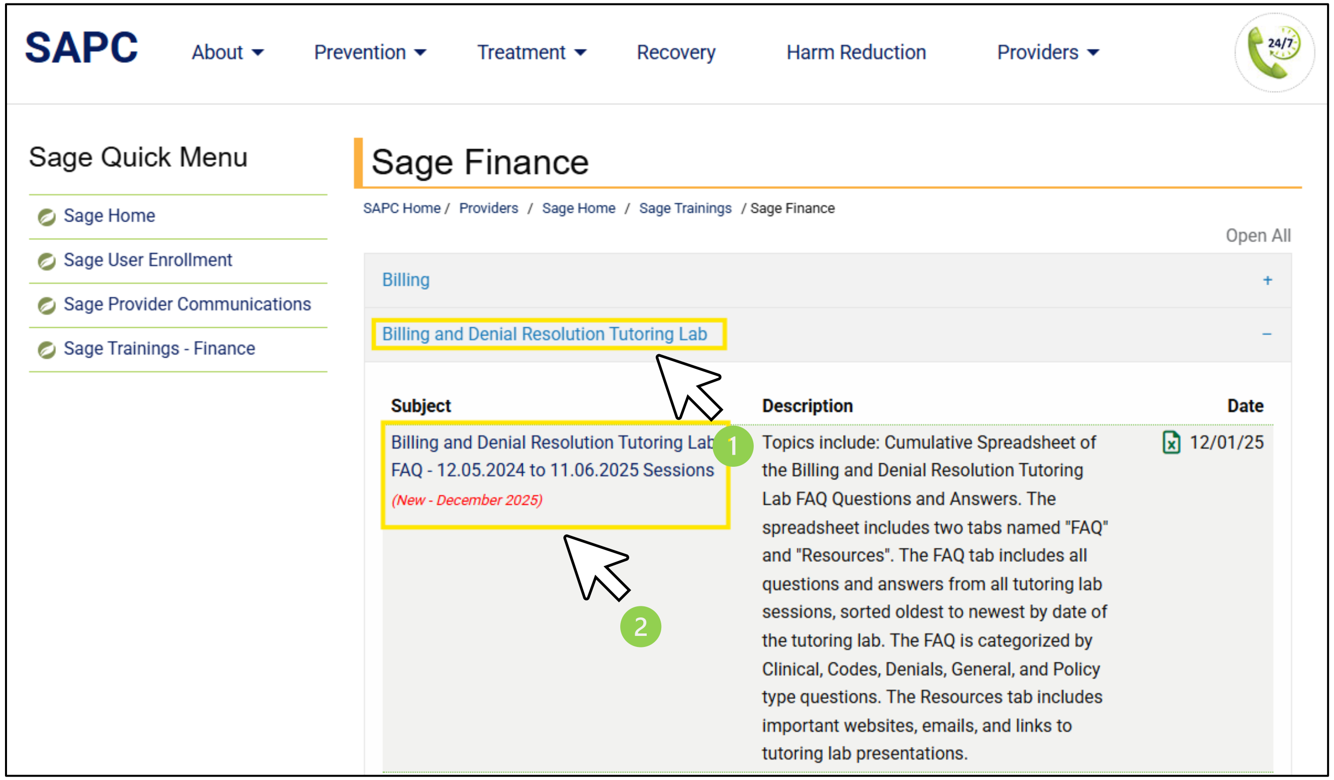
- As a reminder, to ask questions during this lab, please use one the following:
  - Q&A Button

  - Raise Hand Button

FAQ REMINDER

As a reminder, the compiled FAQ from each lab are uploaded monthly. Please check to see if your question has been asked & answered in previous tutoring labs. Find the latest compiled FAQ at*:* http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm

1. Visit the link above
2. Click on the section named **Billing and Denial Resolution Tutoring Lab**
3. To download an FAQ, click on the link ***Billing and Denial Resolution Tutoring Lab – 12.05.2024 to [Last Lab Date] Sessions***



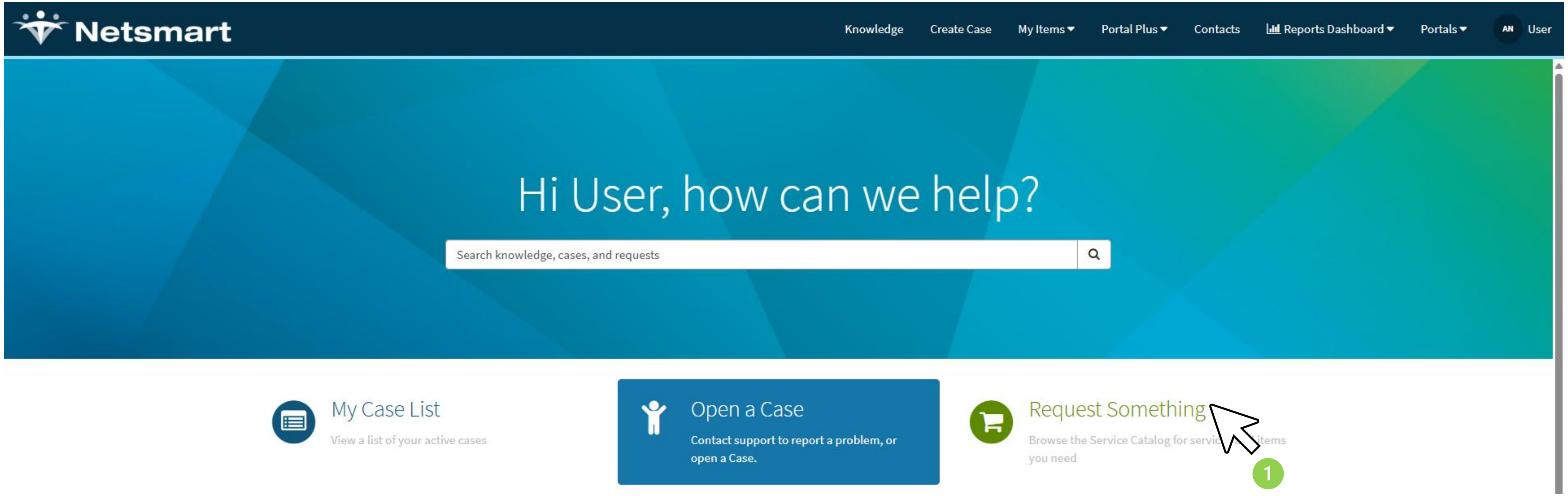
HELP DESK TICKET FORMS

- **Two different forms for Help Desk tickets**
- **ServiceNow Create Case Form**
  - Tickets go directly to Netsmart
  - Use this form to report Sage system issues
- **Request Billing Assistance Form**
  - Ticket goes directly to SAPC Finance
  - Use this form to report billing-related issues
  - Link: https://netsmart.service-now.com/plexussupport?id=sc_cat_item&sys_id=1ac545cf1b115e103001a9b6624bcb00&sysparm_category=4cb69d19c3921200b0449f2974d3ae69
- **Note:** Billing-related tickets submitted through the Create Case form will take longer to resolve

WHERE TO FIND THE REQUEST BILLING ASSISTANCE FORM

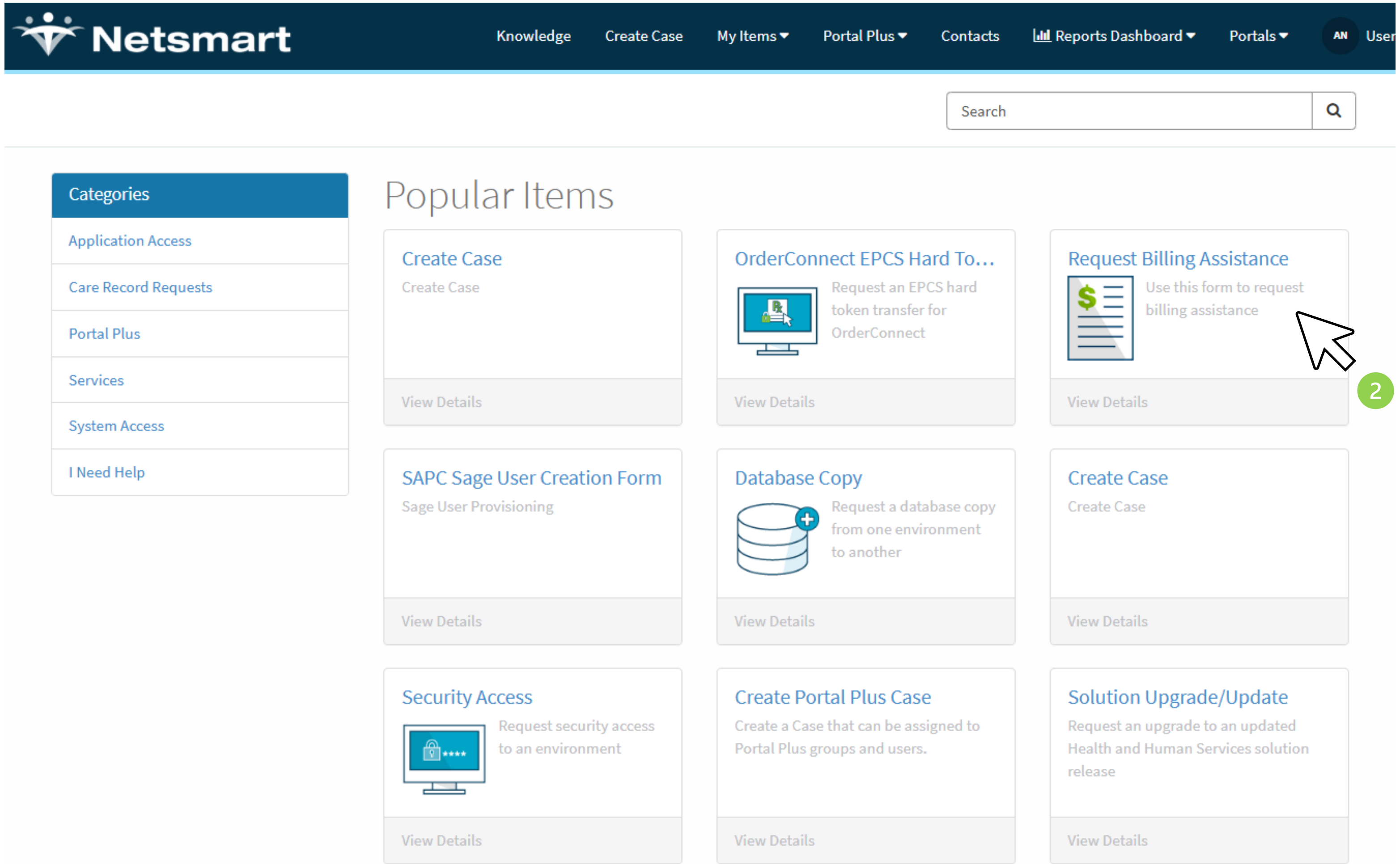
- There are two ways to access the Request Billing Assistance form:

  1. Direct Link: Request Billing Assistance **or**
  2. Follow these 2 steps:
     - Step 1: Click **Request Something**



WHERE TO FIND THE REQUEST BILLING ASSISTANCE FORM

- Step 2: Click **Request Billing Assistance**

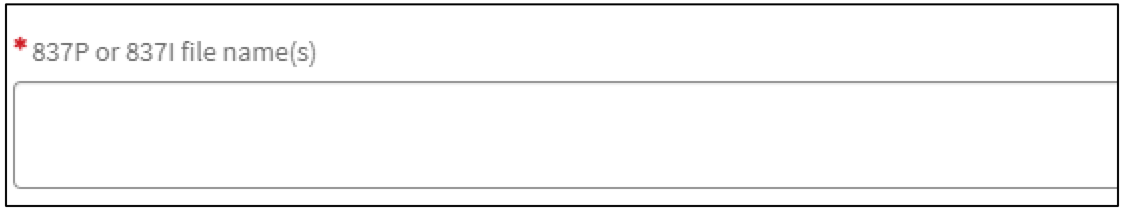


HELP DESK OPERATING HOURS

- SAPC Finance help desk tickets are worked during normal County business hours
  - Monday through Friday, 8AM to 5PM
  - Closed on all federal holidays
  - Any tickets received outside of this time is assigned the next business day
    - i.e. If a ticket is received on a Friday at 6PM, it will be assigned to an analyst on the following Monday

REQUEST BILLING ASSISTANCE FORM – SECONDARY SAGE USERS

- For Secondary Sage Users, there is a field asking for the **837P or 837I file name(s)**



- Please don’t enter **837P** in this field, this will delay investigation/resolution of your ticket
- Please provide the actual filename of the 837 file submitted
  - For example:
    - **ADP-1234-837P-07312020-001.txt**
    - **ADP-1234-837I-07312020-001.txt**
    - **ADP-1234-837P-07312020-replacement-001.txt**
    - **ADP-1234-837I-07312020-void-001.txt**

FOLLOW THE RECOMMENDED AGENCY WORKFLOW PRIOR TO OPENING A HELP DESK TICKET

We recommend that a Provider Agency attempts to self-resolve a denial before opening a Help Desk ticket by:

1. Opening the Sage Claim Denial and Resolution Crosswalk Version 5.0
    a. If a State denial, click on the State Denials tab, and look for **CARC/RARC** in **Denial Code** column
    b. If a Local denial, click on the Local Denials tab, and look for **Denial Reason in DMC Description** column
2. Following the resolution steps in the **Cause and Resolution** column
3. If you are unable to fix the issue using the steps above, please open a Help Desk ticket using the Request Billing Assistance form

ANNOUNCEMENTS

JUSTICE INVOLVED YOUTH PRE-RELEASE PROGRAM UPDATE

- For Provider Agencies invoicing for Justice Involved Youth Services, the move from invoicing to Sage billing is no longer effective 8/1/2026
- The new effective date for the move is now 9/1/2026
- Provider Agencies - please ensure that all staff involved are aware of the new effective date
- For reference, here is a link to the FY 26-27 JI FFS Rates Matrix
- If you have any questions, please reach out to Tracy Atwater (tatwater@ph.lacounty.gov) and/or SAPC Finance (SAPC-Finance@ph.lacounty.gov)

PEER SUPPORT CODES IN RECOVERY SERVICES PAUTH

- For FY 26-27 **Only**
    - Peer Support codes, H0025 & H0038, will be added to the Recovery Services Pauth
- SAPC will publish an updated **Sage Quick Billing Guide: Pauths** soon at http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm
- SAPC will publish an updated **FY 26-27 Rates Matrix** soon at http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins

FY 25-26 & FY 26-27 MAT NDC UPDATES

- Updates to multiple MAT NDC codes will be **effective, Monday, August 17, 2026**
  - These updates include:
    - Adding new NDC #s
    - Correcting existing NDC #s
    - Removing duplicate and invalid NDC #s
    - Correcting effective from/to dates
    - SAPC also added a new column to the Rates Matrix MAT NDCs tab
- Yes, these MAT NDC updates will apply to both FY 25-26 and FY 26-27
- SAPC will be releasing updated FY 25-26 & FY 26-27 Rates Matrices soon at http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins
- **Now let's take a closer look at the updates!**

FY 25-26 & 26-27 MAT NDC UPDATES

Code	Medication	Label Name	Change
S5000B	Buprenorphine Generic	BUPRENORPHINE HCL	NDC 00002283156 corrected to 00228315603, added NDCs 00054017713, 00228315303, 00904715404, 00904715504
S5000BN	Buprenorphine Combo Generic	BUPRENORPHINE HCL/NALOXONE HCL	Removed duplicate/invalid NDCs 00000540188, 00000540189, 00002283154, 00002283155
S5001BF	Buprenorphine-Naloxone Film Generic	BUPRENORPHINE HCL/NALOXONE HCL	Corrected NDC and Effective From Date - updated to 12496120201 and 12496120203; added NDCs 12496120403, 12496120801, 12496120803, 12496121203; added Effective To Date for NDCs 12496120401 and 12496121201
S5001BI	Buprenorphine Injectable	Buprenorphine: Long-acting injection (Sublocade)	Corrected Dosage/Form information for both NDCs; added new NDCs for Brixadi brand
S5000C	Disulfiram - Generic	DISULFIRAM	Removed invalid NDCs 00000540356 and 00000540357; added NDCs 42794002808, 62135043130, 62135043190, 62135043230, and 62135043290
S5000D	Naloxone HCL Generic	NALOXONE HCL	Moved NDC 00093216568 from S5001D section to this section
S5001D	Naloxone HCL (Narcan)	NALOXONE HCL	Removed duplicate NDCs 69547035302, 00781717612, and 45802081184

FY 25-26 & FY 26-27 MAT NDC UPDATES

- In the Rates Matrix **MAT NDCs** tab, added a **Drug Type Code** column

MAT NATIONAL DRUG CODES (NDC)							
Claims submitted with a NDC that has expired will be denied when submitted to DHCS and will be subject to recoupment. Use the NDC on the medication box to look up the appropriate Code in column A to bill.							
Code	Medication	Label Name	Effective From Date	Effective To Date	National Drug Code (NDC)	Drug Type Code	Dosage/Form

- The following drug type code numbers are designated by DHCS. The **Drug Type Code** corresponds to the **Drug Name and Delivery Method**

Drug Type	Drug Name and Delivery Method
1	Methadone – **No NDC Required**
2	Buprenorphine – "mono" product tablets
3	Disulfiram – aka Antabuse
4	Naloxone aka Narcan
5	Naltrexone (Not Vivitrol)
6	Acamprosate Tablets
7	Buprenorphine-Naloxone aka Suboxone
8	Buprenorphine-Naloxone: Sublingual film
9	Buprenorphine: Long-Acting Injection
10	Naltrexone: Long-Acting Injection – Vivitrol

Please note that Medicare Part D does not cover drug types 3, 6, 7, and 10.

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

When would you receive a **Total Expected Disbursement Exceeds Current Account Level Amount** denial?

*When claims are submitted **after** the maximum amount of money has already been disbursed for a Fiscal Year contract*

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

What does a **Total Expected Disbursement Exceeds Current Account Level Amount** denial look like?

Sage MSO KPI Dashboard – Claim Denial View

Claim Denial View

Procedure Overview: Locally Denied Claims (1)

Client Name/ID	Contracting Provider Program	Auth #	DOS	Performing Provider Name	Procedure	Charge Amount	Claim Status	Claim Status Reason	Explanation of Coverage
Totals						**$18.37**			
PATIENT, TEST (000001)	RECO 1000 S Fremont Ave	888888	2025-06-30	CLINICIAN, QUALIFIED	Methadone (H0020:UA:HG)	$18.37	Denied	No Entry	Total Expected Disbursement exceeds current Account Level

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

What does a **Total Expected Disbursement Exceeds Current Account Level Amount** denial look like?

COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 8/6/2026

Remittance Advice ***EOB Number: 123456*** **Check #: 202608061234567** **Check Date: 8/6/2026**

RECOVERY, INC.
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Page: 1

Client Name (ID): PATIENT, TEST (000001) **DOB: 01/01/2000** **Gender: M**

Date Claim Received: 8/52026

Batch.SvcRef#	Auth #	Contract #	Contract Type	Date of Service	Status	CPT Code	Claimed Units	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
999999SVC.000	888888	PH009999	DMC	06/252026	D	H2014:U7	4.0	$238.84	$0.00	$238.84	$0.00	$0.00
The service was denied for the following reason: Total Expected Disbursement exceeds current Account Level amount.												
999999SVC.000	888888	PH009999	DMC	06/262026	D	H0005:U7	6.0	$75.84	$0.00	$75.84	$0.00	$0.00
The service was denied for the following reason: Total Expected Disbursement exceeds current Account Level amount.												
							10.0	$314.68	$0.00	$314.68	$0.00	$0.00

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

If you receive a **Total Expected Disbursement Exceeds Current Account Level Amount** denial:

- **Please <u>do not</u> open a help desk ticket**
- Instead, please reach out to your assigned SAPC Contract Program Auditor (CPA) to:
  - Initiate the Contract Augmentation process, requesting more contract funding
  - Check on the status of a pending Contract Augmentation to see if it's been fully executed

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

What can Provider Agencies do to get ahead of receiving **Total Expected Disbursement Exceeds Current Account Level Amount** denials?

We recommend that Provider Agencies <u>routinely</u> monitor the Remittance Advice uploaded to the SFTP

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

SUBSTANCE ABUSE PREVENTION AND CONTROL
Remittance Advice
FY 2025/2026

RECOVERY, INC

Check Number	EOB Number	Date EOB Received	Amount Approved	DMC PH-001234	RBH H-799999	State Denials	Note
202608131234567	100000	8/1/2026	1,000.00	750.00	350.00		
202608131234567	100001	8/2/2026	500.00	500.00		(5.00)	
Total Approved Amount			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	
NET Total Approved Amount			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	
Total Amount Payable			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	

Net Total DMC Approved Amount	$	1,500.00
Current Year State Denials	$	(5.00)
Net DMC Payable	$	1,495.00
Net RBH Payable	$	350.00
Total Payable	$	1,845.00

Check # :202608131234567

Check Date:	8/13/2026	Check Amount : DMC	**$**	**1,495.00**
Check Date:	8/13/2026	Check Amount : RBH	**$**	**350.00**
		Total Payable	**$**	**1,845.00**

Remaining DMC Contract Amount Available as of 08/13/2026 **$ 25.00**

Remaining RBH Contract Amount Available as of 08/13/2026 **$ 100.00**

The contract utilization amount noted on this document is the remaining contract amount at a point in time. The current remaining amount may be more or less than what is noted on the RA due to claiming that has occurred as of the date noted.

TOTAL EXPECTED DISBURSEMENT EXCEEDS CURRENT ACCOUNT LEVEL AMOUNT DENIAL

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

FY 2025/2026

RECOVERY, INC

Check Number	EOB Number	Date EOB Received	Amount Approved	DMC PH-001234	RBH H-799999	State Denials	Note
202608131234567	100000	8/1/2026	1,000.00	750.00	350.00		
202608131234567	100001	8/2/2026	500.00	500.00		(5.00)	
Total Approved Amount			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	
NET Total Approved Amount			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	
Total Amount Payable			**1,500.00**	**1,250.00**	**350.00**	**(5.00)**	

Net Total DMC Approved Amount	$	1,500.00
Current Year State Denials	$	(5.00)
Net DMC Payable	$	1,495.00
Net RBH Payable	$	350.00
Total Payable	$	1,845.00

Check # :202608131234567

Check Date:	8/13/2026	Check Amount : DMC	**$**	**1,495.00**
Check Date:	8/13/2026	Check Amount : RBH	**$**	**350.00**
		Total Payable	**$**	**1,845.00**

Remaining DMC Contract Amount Available as of 08/13/2026 **$ 25.00**

Remaining RBH Contract Amount Available as of 08/13/2026 **$ 100.00**

The contract utilization amount noted on this document is the remaining contract amount at a point in time. The current remaining amount may be more or less than what is noted on the RA due to claiming that has occurred as of the date noted.

HOW TO DOWNLOAD AN EOB

HOW TO DOWNLOAD AN EOB

- **<u>Primary and Secondary Sage Users</u>**: EOBs are uploaded to your SFTP and are available to download for 14 days. After 14 days, the EOB is no longer available to download
- SAPC recommends Provider Agencies to check & download files in their SFTP **<u>everyday</u>**

COUNTY OF LOS ANGELES
Public Health
SUBSTANCE ABUSE PREVENTION AND CONTROL
Remittance Advice
as of 7/27/2026

Remittance Advice *EOB Number: 164147* Check #: Check Date:

RECOVERY, INC. (1)
5794 WASHINGTON STREET
MIAMI, CA 12060-9163

Amount Approved: $252.17

Page: 1

Client Name (ID): PATIENT,TEST (289566) DOB: 01/01/2000 Gender: M

Date Claim Received: 7/24/2026

Batch.SvcRef#	Auth #	Contract #	Contract Type	Date of Service	Status	CPT Code	Claimed Units	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
335576SVC.000	637536	341234	DMC	01/15/2026	A	H0034:U7	1.0	$252.17	$252.17	$0.00	$0.00	$252.17
							1.0	$252.17	$252.17	$0.00	$0.00	$252.17

The service was approved with the following notice: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.

HOW TO DOWNLOAD AN EOB

But what happens if you forget to download the EOBs from the SFTP?

You can download it from Sage!

☺

HOW TO DOWNLOAD AN EOB

Before we look at how to download an EOB, here two common places you can find an EOB number:

SUBSTANCE ABUSE PREVENTION AND CONTROL
Remittance Advice
FY 2025/2026

RECOVERY, INC.

Check Number	EOB Number	Date EOB Received	Amount Approved	DMC PH-001234	RBH H-123456	MRT-BHC-PH-0001234	State Denial	Contractor Void	Note
2026081312345678	123456	8/6/2026	5,000.00	5,000.00					

Sage MSO KPI Dashboard

Assets Sheets Bookmarks Providers.Provider N... Recovery, Inc.

Payment Reconciliation View

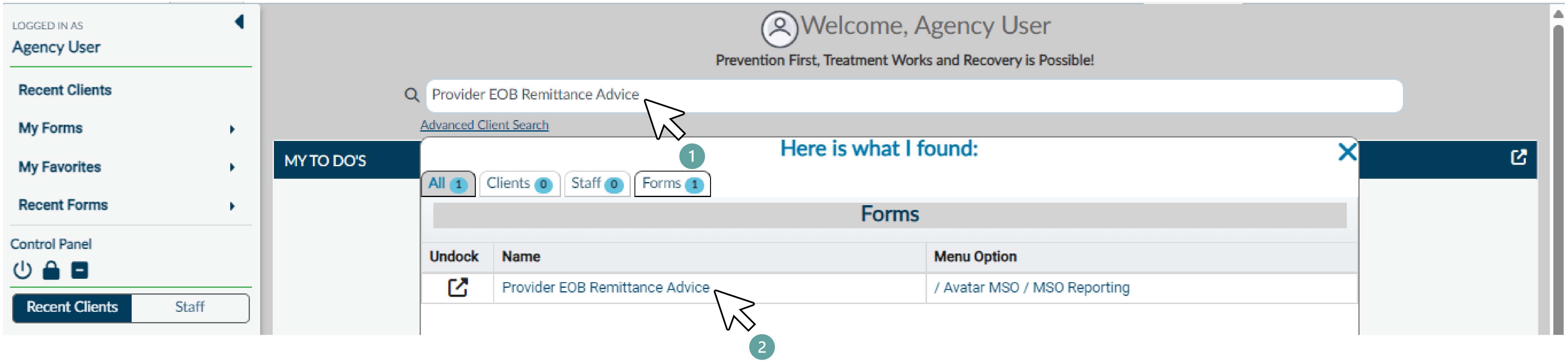
Fiscal Year | PATID | Check Number | Claim Status | Contract Number | Batch ID

Procedure Overview (4)

Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count	Total Takeback	Takeback Date	Retro Reason	Procedure ID	Date Claims Received	Batch ID	EOB ID	Retro Claim EOB	Check #
	9.00	$5,000.00	$5,000.00	4	$959.85								
Approved	2.00	$100.00	$100.00	1	-	-	-	12345678	2026-08-05	500001	123456	-	2026081312345678

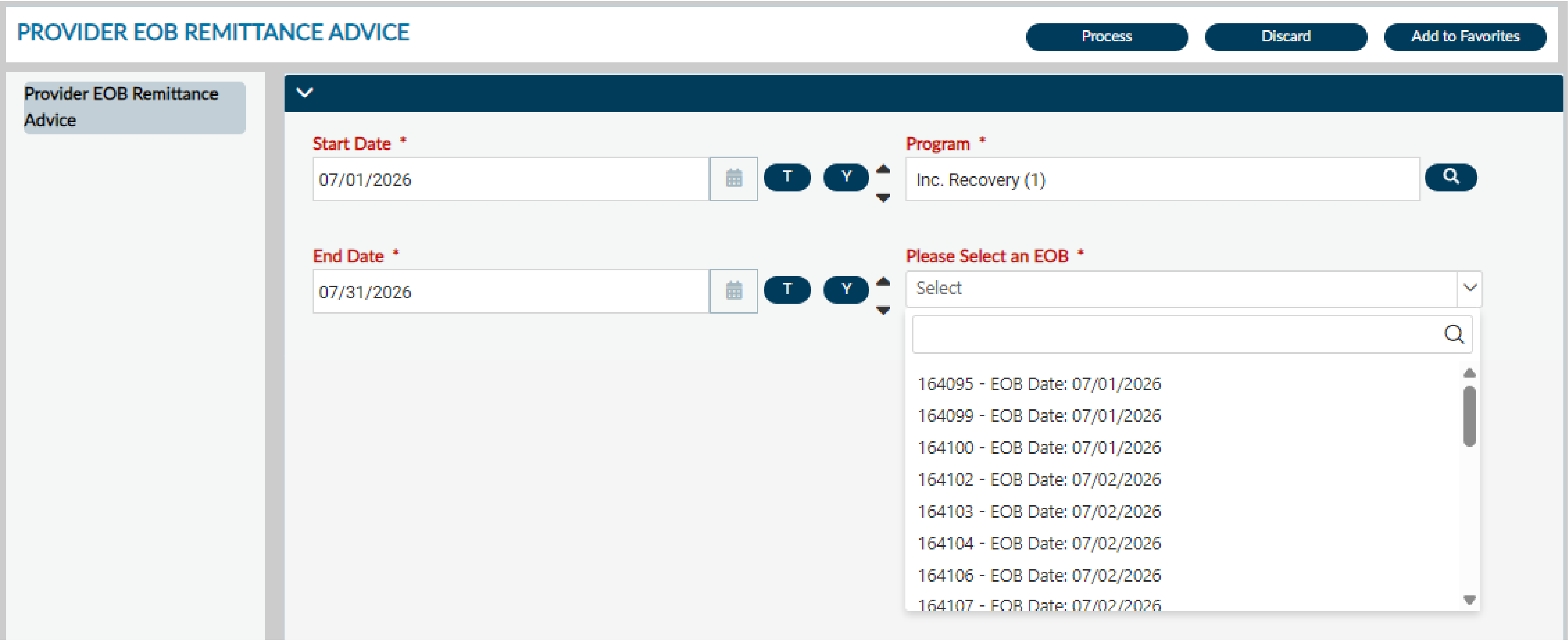
HOW TO DOWNLOAD AN EOB

- Downloading an EOB from Sage is easy, just follow these steps:
  1. Log into Sage, type **Provider EOB Remittance Advice,** and click on the **Provider EOB Remittance Advice link** in the search results



HOW TO DOWNLOAD AN EOB

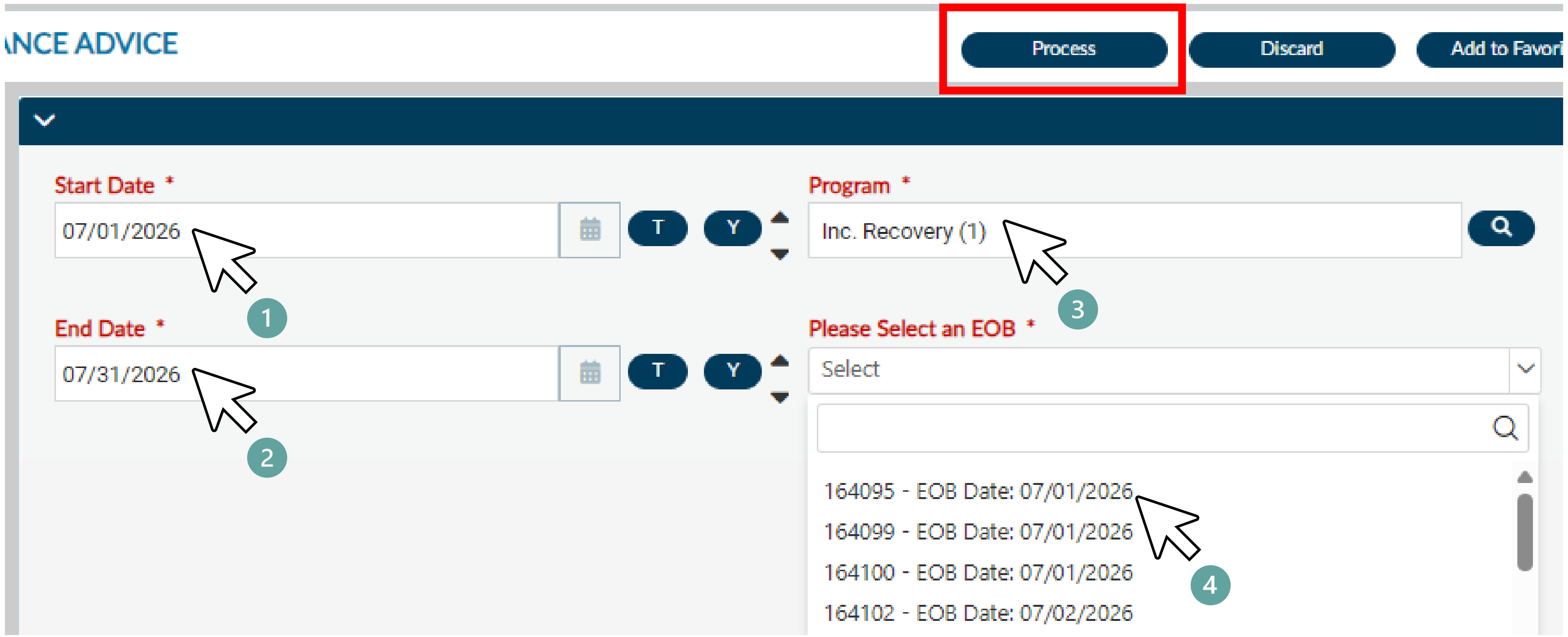
2. Here is the **Provider EOB Remittance Advice** report form:



HOW TO DOWNLOAD AN EOB

3. Complete the required fields indicated by arrows 1, 2, 3 & 4. Then click the **Process** button

Parameter	Description
Start Date (Required)	The earliest date an EOB was generated.
End Date (Required)	The latest date an EOB was generated.
Program (Required)	The Agency name. As EOBs are at the agency level there is no parameter to filter by sites.
Please Select an EOB (Required)	The drop down will truncate with all EOBs fitting the parameters. An EOB can be selected from the drop down or the search field can be used to enter a specific number.



REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) FORM ISSUE WITH OHC

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) WITH OHC – CURRENT ISSUE

- SAPC has identified an issue for Primary Sage Users related to the Replacement Claim Assignment (CMS-1500) form when users are attempting to add/edit/remove Third Party Adjudication data.
- When updates are made to the Third Party Adjudication data fields to enter/change Other Health Coverage (OHC) denial information, these changes are not being updated in Sage when the form is submitted.
- This issue only impacts Primary Sage Users; Secondary Sage users can continue to use replacement claims when updating OHC information on a denied service.

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) WITH OHC – CURRENT SOLUTION

While SAPC works with Netsmart on this issue, we request that for Primary Sage Users only, a new original service is submitted instead of a replacement claim.

- **Add** OHC Information: In the new claim if the OHC adjudication information needs to be added it can be included on the original service.
- **Update/Edit** OHC Information: In the new claim if the OHC adjudication information was incorrect then it can be entered correctly.
- **Remove** OHC Information: In the new claim if the OHC information should not have been included then it can be omitted.

UPDATED CIFP GUIDANCE

UPDATED CIFP GUIDANCE – IMPORTANT NOTE

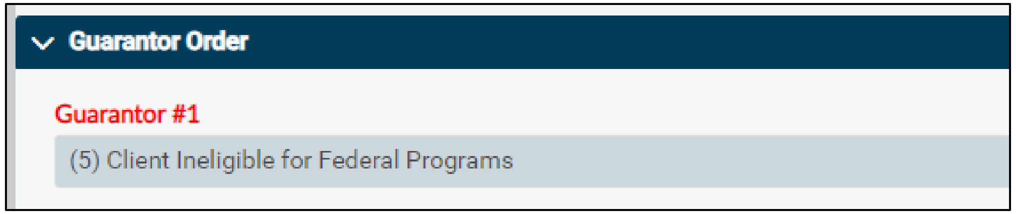
The CIFP guidance in this segment of the tutoring lab are **<u>requirements</u>**. Not following the guidance will lead to local denials, such as **Eligibility not found/verified in CalPM**. If a Client's Financial Eligibility forms are not set up correctly, please fix them now before submitting claims for Clients that use the CIFP guarantor.

UPDATED CIFP GUIDANCE – AGENDA

- Sage Financial Eligibility Form
    - CIFP Guarantor Order
    - Guarantor Coverage Effective/Expiration Dates
    - Subscriber’s Policy # and Subscriber Client Index Number
    - New Financial Eligibility Logic

UPDATED CIFP GUIDANCE – GUARANTOR ORDER

In the Sage Financial Eligibility form, set up the Client's guarantors like this:

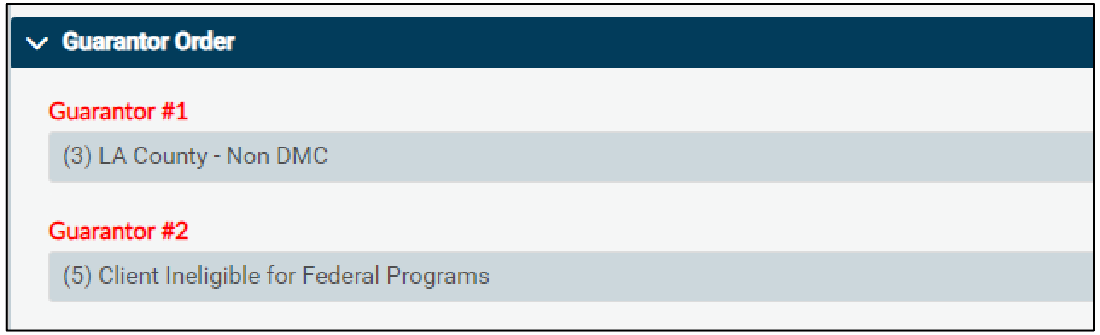


If the Client:

- Is undocumented and
- Never qualified for DMC and Non-DMC benefits

UPDATED CIFP GUIDANCE – GUARANTOR ORDER

In the Sage Financial Eligibility form, set up the Client's guarantors like this:



If the Client:

- Is undocumented and
- Previously qualified, but no longer qualifies for Non-DMC benefits and
- Never qualified for DMC benefits

UPDATED CIFP GUIDANCE – GUARANTOR ORDER

In the Sage Financial Eligibility form, set up the Client's guarantors like this:

If the Client:

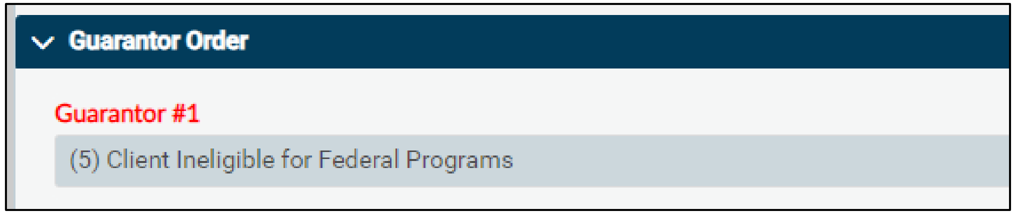
- Is undocumented and
- Previously qualified, but no longer qualifies for DMC benefits and
- Previously qualified, but no longer qualifies for Non-DMC benefits

UPDATED CIFP GUIDANCE – COVERAGE EFFECTIVE/EXPIRATION DATES

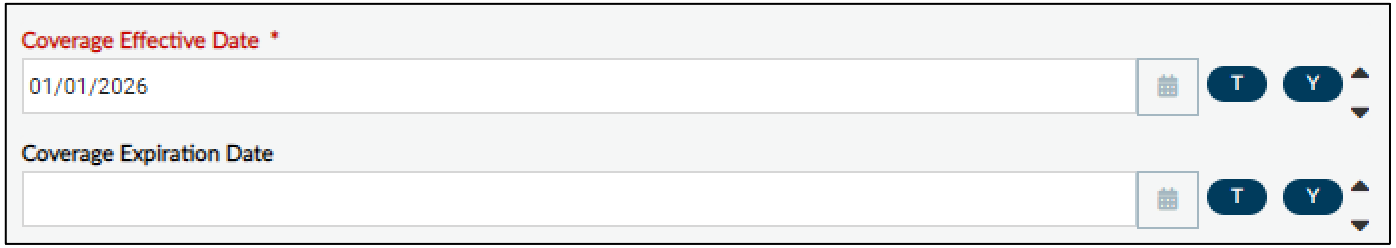
DMC and Non-DMC guarantors must have a **Coverage Expiration Date** that is prior to the **Coverage Effective Date** of the CIFP guarantor.

UPDATED CIFP GUIDANCE – COVERAGE EFFECTIVE/EXPIRATION DATES

In the Sage Financial Eligibility form, if the Client's guarantor order looks like this:



Here's an example of what the Coverage Effective Date and Coverage Expiration Date fields should look like. (Note: the dates below are examples, and you must use the Client's actual dates for the Sage Financial Eligibility form)



UPDATED CIFP GUIDANCE – COVERAGE EFFECTIVE/EXPIRATION DATES

In the Sage Financial Eligibility form, if the Client's guarantor order looks like this:

Guarantor Order

Guarantor #1
(3) LA County - Non DMC

Guarantor #2
(5) Client Ineligible for Federal Programs

Here's an example of what the Coverage Effective Date and Coverage Expiration Date fields should look like. (Note: the dates below are examples, and you must use the Client's actual dates for the Sage Financial Eligibility form)

Guarantor #1
(3) LA County - Non DMC

Coverage Effective Date *
06/01/2025

Coverage Expiration Date
12/31/2025

Guarantor #2
(5) Client Ineligible for Federal Programs

Coverage Effective Date *
01/01/2026

Coverage Expiration Date

UPDATED CIFP GUIDANCE – COVERAGE EFFECTIVE/EXPIRATION DATES

In the Sage Financial Eligibility form, if the Client's guarantor order looks like this:

Guarantor Order

Guarantor #1
(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Guarantor #2
(3) LA County - Non DMC

Guarantor #3
(5) Client Ineligible for Federal Programs

Here's an example of what the Coverage Effective Date and Coverage Expiration Date fields should look like. (Note: the dates below are examples, and you must use the Client's actual dates for the Sage Financial Eligibility form)

Guarantor #1
(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Coverage Effective Date *
06/01/2025

Coverage Expiration Date
12/31/2025

Guarantor #2
(3) LA County - Non DMC

Coverage Effective Date *
06/01/2025

Coverage Expiration Date
12/31/2025

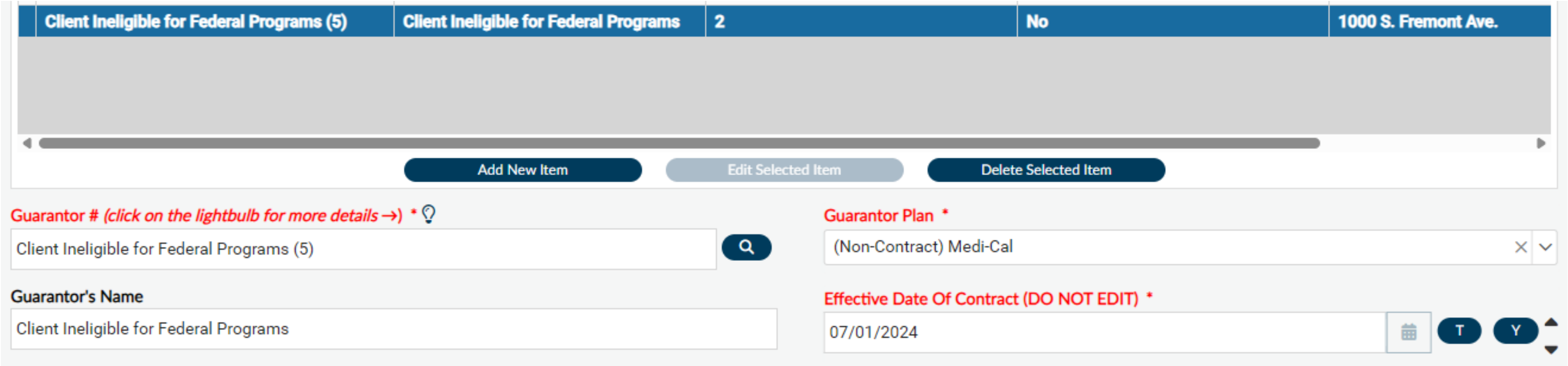
Guarantor #3
(5) Client Ineligible for Federal Programs

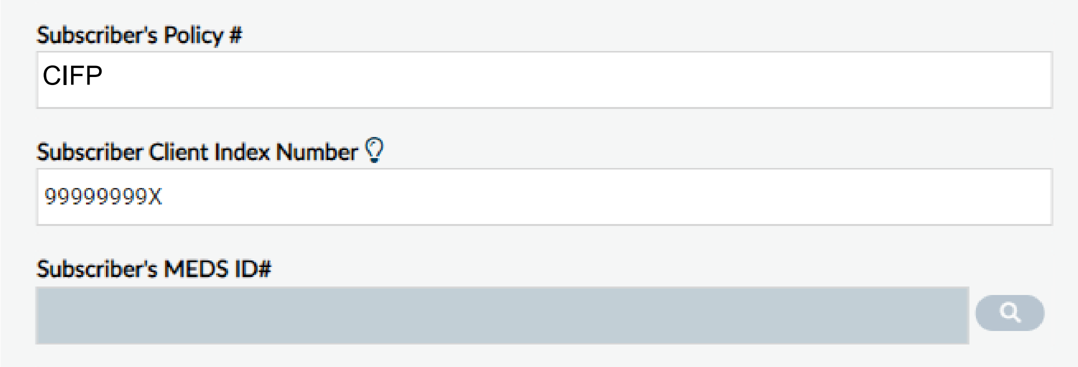
Coverage Effective Date *
01/01/2026

Coverage Expiration Date

UPDATED CIFP GUIDANCE – SUBSCRIBER'S POLICY # AND SUBSCRIBER CLIENT INDEX NUMBER

- In the Sage Financial Eligibility form, for the **Client Ineligible for Federal Programs** guarantor, you will need to enter **CIFP** in the **Subscriber's Policy #** field <u>**and**</u> the dummy CIN **99999999X** in the **Subscriber Client Index Number** (CIN) field, otherwise your CIFP claims will deny



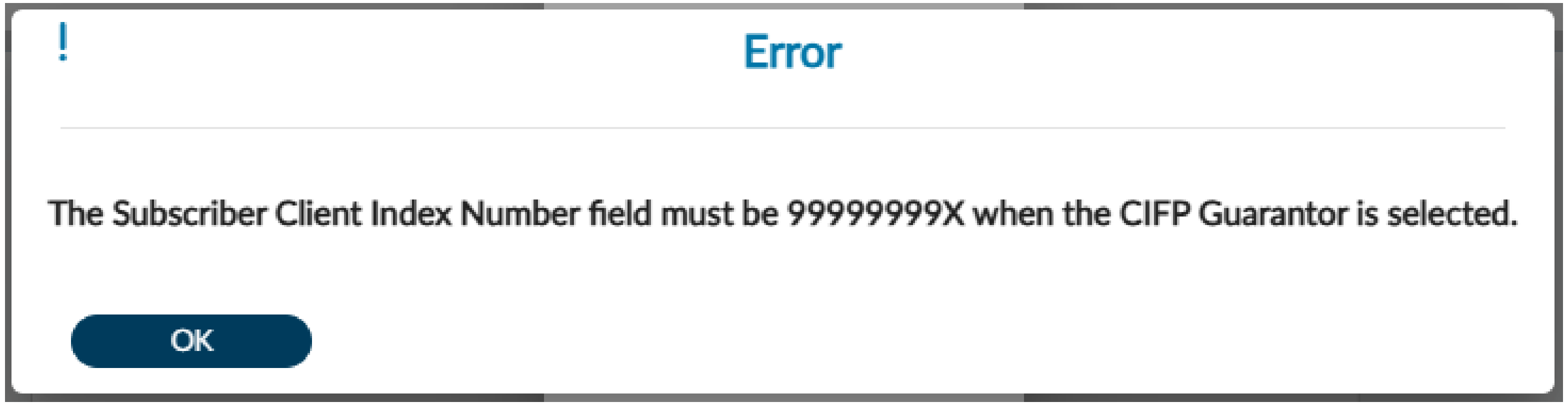


NEW FINANCIAL ELIGIBILITY LOGIC

- To support provider agencies in completing the Financial Eligibility form for a CIFP client, the form now has logic that will ensure it is completed accurately. **This logic is effective Monday, August 10, 2026**.
- The new logic does two things:
  1. Ensures that the dummy CIN is entered in the **Subscriber Client Index Number** field for the CIFP guarantor.
  2. Ensures that the DMC and Non-DMC guarantors have a **Coverage Expiration Date** that is prior to the **Coverage Effective Date** of the CIFP guarantor.

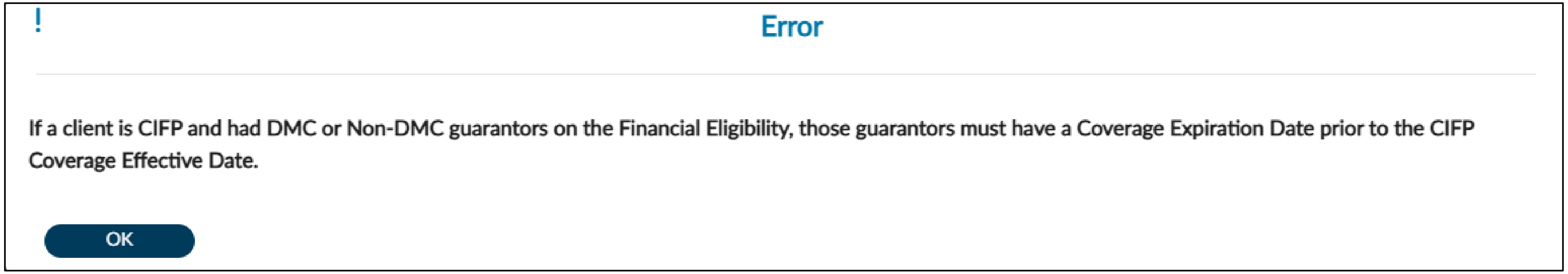
NEW FINANCIAL ELIGIBILITY LOGIC

- **Logic:** Ensures that the dummy CIN is entered in the **Subscriber Client Index Number** field for the CIFP guarantor.
- **Validation:** If anything other than the dummy CIN – 99999999X – is entered in the field, upon submission of the form, the error in the image below will occur.



NEW FINANCIAL ELIGIBILITY LOGIC

- **Logic:** Ensures that the DMC and Non-DMC guarantors have a **Coverage Expiration Date** that is prior to the **Coverage Effective Date** of the CIFP guarantor.
- **Validation:** If the client's Financial Eligibility form also contains the DMC and/or Non-DMC guarantors, the system will compare the Coverage Effective Date of the CIFP guarantor with the Coverage Expiration Date of the DMC and/or Non-DMC guarantors.
  - If the Coverage Expiration Date of the DMC and/or Non-DMC guarantors is not prior to the Coverage Effective Date of the CIFP guarantor, the error in the image below will occur when the form is submitted.



TUTORING SESSION: OHC BILLING MANUAL

OHC BILLING MANUAL UPDATES

- SAPC Finance has been completely rewritten the SAPC Other Health Coverage Billing Manual to provide updated guidance, clearer instruction, and more details regarding OHC and Medicare billing.
- A few highlights include:
  - Expanded information about Medicare as an OHC
  - Updated OHC Code Definitions table
  - Clarity on OHC responses and what to do when received
  - New appendices with helpful information: 1) Reading eligibility responses from the 271 and DHCS Provider Portal, 2) Medicare decision billing tree, 3) 837 OHC segment examples, and 4) acronyms

AGENCY QUESTIONS

SUBMIT YOUR QUESTIONS!

If you would like to submit your own questions to be answered in the next tutoring lab,

send an email to SAPC-Finance@ph.lacounty.gov

HELPFUL CONTACTS

HELPFUL CONTACTS

Unit/Branch Contact	Email *Do not send Protected Health Information (PHI) to any SAPC email*	Description of when to contact
Sage Helpdesk	**Phone Number:** (855) 346-2392 **ServiceNow Portal:** https://Netsmart.service-now.com/plexussupport	Sage related questions, including system errors, medical record modifications
Sage Management Division (SMD)	SAGE@ph.lacounty.gov	Sage process, workflow, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov	All authorization related questions, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care (SOC)	SAPC-SOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Health Outcomes and Data Analytics (HODA)	hoda_caloms@ph.lacounty.gov	All questions regarding Sage CalOMS: CalOMS submissions guidelines, issues related to CalOMS forms and submissions in Sage, Data Quality Report, and requests for trainings
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contracts, amendments, appeals, complaints, grievances and/or adverse events. Agency specific contract questions (i.e. Augmentations) should be directed to the agency CPA
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	Dsapc.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for clinical trainings
Finance	Sapc-Finance@ph.lacounty.gov	General questions related to billing. For specific questions related to billing denials, payments, and technical assistance, please open a ticket with the Request Billing Assistance form
Eligibility	DPH-SAPC-EST@ph.lacounty.gov	For any eligibility related questions such as for assistance identifying County of residence, help with the intercounty transfer (ICT) process, applying for Medi-Cal benefits

OPEN Q&A