



SUD Electronic Information System

Sage-PCNX Guide to Reports

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Types of Reports

In ProviderConnect NX (PCNX) reports are generated as “Crystal Reports” that open in a separate browser window. However, not all reports are the same. Though they all populate in the Crystal Report format some are simply printouts of a record while others are compilations of aggregate data. This guide will indicate which reports are printouts of a record.

Reports may have singular or multipurpose use. This guide is categorized by the potential use of the report: Clinical, Financial, or both.

Clinical

- [CalOMS Open Admission Episode Report](#)
- [CENS Provider Activity Report](#)
- [Census Bed Management Report](#)
- [Discharge and Transfer Audit Report \[New\]](#)
- [Discharge Reason Report](#)
- [Documents in Draft and for Co Signature Report](#)
- [Form Printouts](#)
- [Patient Medication History Export Report](#)
- [Problem List Reminder Report](#)
- [Provider File Attach Report](#)
- [Referral ID Report](#)
- [Release of Information In Network Report](#)

Financial

- [Batch Status Report](#)
- [Billing by License Type and LOC Report](#)
- [Billing by Procedure Code Report](#)
- [Check/EFT Number Report](#)
- [Contract Performance Reports](#)
- [Contractor Void Replacement Report](#)
- [Cost of Service by Client Report](#)
- [EOB Summary by Date Export](#)
- [MSO Provider Config Report 2023+](#)
- [Provider EOB Remittance Advice](#)
- [Provider Services Detail Report](#)
- [Provider Services Summary Report](#)
- [SAPC Financial Eligibility Change Report](#)
- [Services Denied in MSO](#)

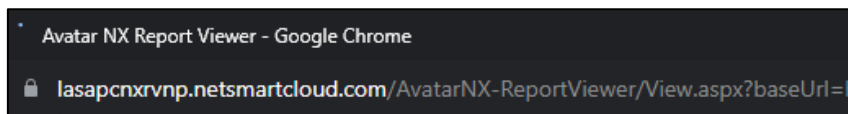
Clinical and Financial Use Reports

- [Authorization Request Status Report](#)

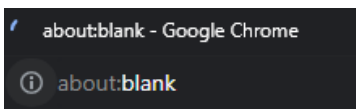
- [County and Aid Code Report](#)
- [Diagnosis History Report](#)
- [LPHA Follow Up Assessment Worklist Report](#) [New]
- [Network Practitioner Report](#)
- [Provider Activity Report](#)
- [Progress Note Status Report](#)
- [ROI for Payment and Operations Compliance Report](#)
- [ROI for Payment and Operations Export](#) [New]

Troubleshooting

As a general tip, when processing a report, a separate browser window will open. Users should expect to see the following format on the top left of the browser:



If the top left of the browser displays as the image below the report will not populate:



The “about:blank” error may occur if too many reports are being processed at the same time. This may also occur if the report window is closed before it finishes loading and then the user tries to re-run the report.

If this occurs, it is recommended users clear their cache, then re-run the report. The “Avatar NX Report Viewer” should appear at the top of the browser window.

Clinical Reports

CalOMS Open Admission Episode Report

The CalOMS Open Admission Episode Report provides cross-episode visibility of a patient’s open Cal-OMS Admissions. Open Admission (OA) is defined as having a submitted Cal-OMS Admission form with no corresponding Cal-OMS Discharge or Cal-OMS Administrative Discharge. It is recommended this report is run at admission to ensure there are no overlapping treatment episodes for the same level of care. If the patient does have an OA for the same level of care for which you are trying to admit, please contact the identified provider to verify if the patient is currently receiving services. If the patient is no longer receiving services, request the other provider complete the Cal-OMS Discharge/Administrative Discharge, so the patient may be admitted.

The visibility of cross episode information is contingent on the completion of the Release of Information_In Network (ROI) form directly in Sage. The way in which the “Authorize All Providers or Select Providers Only” field is answered will indicate whether the agency running the report will have visibility on all, some, or no other agencies.

The ROI is an episodic form, so a patient may authorize different permissions for different agencies. The report will populate based on your agency’s finalized ROI in Sage. If the ROI is revoked or expires, then the report will limit visibility on other episode information. The report will always show your own agency’s information.

When a patient has no open Cal-OMS Admissions for any agency the report will populate with: **“There are no Open Admissions for this patient.”**

If a patient has multiple open Cal-OMS Admissions across agencies, but there is no authorization or an active and valid Release of Information_In Network form, the report will populate with: **“No consents on File. Please contact the LA CalOMS Liaison for help.”**

Report Parameters:

Parameter	Description
Select Client (Required)	This report is patient specific. A patient’s name (last, first) or PATID may be used. The system may take several seconds to process finding the patient. Once the patient’s name or PATID is entered the user should wait until the processing icon appears, then wait until the patient’s name appears below “Select Client” and click the name. If the user navigates/clicks outside the field while the system is searching for the patient a “No records found” message may appear.
Select Provider (Required)	Provider’s name.

CALOMS OPEN ADMISSION EPISODE REPORT

Process
Discard
Add to Favorites

CalOMS Open Admission
Episode Report

Select Client *

TEST,CARLA MRS (148387)

Select Provider *

All Clear Search

Recovery Inc

Report Output:

Example: Recovery Inc has a ROI with all agency access.



SUBSTANCE ABUSE PREVENTION AND CONTROL
Cal-OMS Open Admission Episode Report
as of 6/17/2025

Patient Name: TEST, CARLA
PATID: 148387
Provider: Recovery Inc

<u>Episode</u>	<u>Episode Program</u>	<u>Cal-OMS Admission Date</u>	<u>Cal-OMS Location of Admission</u>	<u>Cal-OMS Level of Care Admitted</u>
2	Recovery Inc	3/1/2025	Recovery Facility	Outpatient Services
6	Primary Services	4/21/2025	PRIM 1000 S Fremont blvd. 4th floor	Opioid Treatment Program

Example: Recovery Inc has a ROI that doesn't grant permission for Episode 2's agency open admission or Recovery Inc does not have a valid ROI on record.

Cal-OMS Open Admission Episode Report				
as of 7/14/2025				
Patient Name: SAGEMD, ESTHER				
PATID: 289299				
Provider: Recovery Inc				
Episode	Episode Program	Cal-OMS Admission Date	Cal-OMS Location of Admission	Cal-OMS Level of Care Admitted
1	Recovery Inc	1/1/2023	Recovery Facility	Outpatient Services
2	No consents on File. Please contact the LA County CalOMS Liaison for help.			

Field	Description
Episode	The patient's episode number.
Episode Program	The agency associated with that patient's episode.
Cal-OMS Admission Date	The date of the Cal-OMS Admission.
Cal-OMS Location of Admission	The site location to which the patient was admitted.
Cal-OMS Level of Care Admitted	The level of care to which the patient was admitted.

Report Export:

Though it is not expected this report will be exported for data analytics, it may be exported into an excel format or PDF.

For Excel use the following settings: Select **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report **Export**

Format: Microsoft Excel Record (XLS) ▼

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the: Details ▼
- ☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok **Cancel**

For PDF use the following settings: Select **Adobe Acrobat**, then click **Export**.

Print Report **Export**

Format: Adobe Acrobat (PDF) ▼

Pages:

- ☒ All
- ☐ Page Range:

1 To: 1

☐ Create bookmarks from group tree

Ok **Cancel**

CENS Provider Activity Report

The **CENS Provider Activities Report** provides an overview of Client Engagement and Navigation Services (CENS) activities documented in the Service Connections Log (SCL) form and the Monthly Activity Report (MAR) form. This report is designed to support providers in monitoring service delivery, evaluating staff performance, and ensuring adequate coverage across the CENS program.

CENS providers are responsible for maintaining a robust referral process that promotes timely access to substance use disorder (SUD) treatment and ancillary services. The accuracy of this report is dependent on complete and timely entries in both the SCL and the MAR. It is recommended that providers run this report regularly, such as weekly or monthly, to validate documentation, identify gaps in service delivery, and ensure that all required CENS activities and referrals are accurately captured in PCNX.

The visibility and accuracy of the report depend on the correct completion of the SCL and the MAR forms. When discrepancies appear in the output, staff should review, update, and finalize documentation in PCNX to ensure accurate reporting.

Report Parameters:

Parameter	Description
Start Date (Required)	Sets the beginning date range for pulling data based on <i>Contact Dates</i> from the <i>Service Connections Log</i> form and <i>Activity Dates</i> from the <i>Monthly Activity Report</i> form.
End Date (Required)	Sets the ending date range for pulling data based on <i>Contact Dates</i> from the <i>Service Connections Log</i> form and <i>Activity Dates</i> from the <i>Monthly Activity Report</i> form.
Provider(s)	Provider agency name.

The screenshot shows a web form for report parameters. On the left, there are two date selection fields: 'Start Date *' and 'End Date *'. Each field has a text input, a calendar icon, and 'T' and 'Y' buttons. On the right, the 'Provider(s) [Leave Blank to Select All]' section features a dropdown menu with 'All', 'Clear', and 'Search' options, and a list of providers. The first provider listed is 'HOMELESS HEALTH CARE LOS ANGELES, INC' with an unchecked checkbox.

Report Output:

 																	
SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER																	
CENS PROVIDER ACTIVITIES REPORT																	
Parameters:																	
Provider(s): PROVIDER NAME ABC																	
Date Range: 12/5/2025 to 12/5/2025																	
Print Date: 12/5/2025																	
Staff Name	SCL	MAR	Offered Referral	Currently Enrolled in Treatment	Offered most appropriate, non-SUD treatment referral	Not offered a referral to SUD treatment	Agency and Community Education	At-Risk Training/Workshop	Client Education	Documentation and Reporting	Eligibility and Enrollment	Harm Reduction Information	Navigation Services	Other Ancillary Information	Outreach and Engagement	Parenting/Prenatal Information	Transportation
Provider Name ABC																	
FIRST NAME LAST NAME (001234)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Entries	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Report Output Fields:

Field	Description
Staff Name	CENS Staff user who entered information in the <i>Service Connections Log</i> form and/or the <i>Monthly Activity Report</i> form. If the staff name is not entered in the <i>Monthly Activity Report</i> form, this field will populate as blank.
SCL	Total count of <i>Service Connection Log</i> forms created by CENS staff within the selected <i>Contact Date</i> range (includes draft entries).
MAR	Total count of <i>Monthly Activity Report</i> forms created by CENS staff within the selected <i>Activity Date</i> range (includes draft entries).
Offered Referral	Total count of <i>Overall Disposition</i> entries in the <i>Service Connections Log</i> form matching: - After Hours – Left Message for Provider - Patient prefers to wait for availability - Pending: In-Custody waiting for release - Pending: Medical Clearance - Referred to Next Most Appropriate LOC - Referred to Out-of-Network SUD treatment - Successful Referral to Treatment
Currently Enrolled in Treatment	Total count of <i>Currently Enrolled in Treatment</i> entries in the <i>Overall Disposition</i> field of the <i>Service Connections Log</i> form.

Field	Description
Offered Most Appropriate Non-SUD Treatment Referral	Total count of <i>Overall Disposition</i> entries in the <i>Service Connections Log</i> form matching: • Called 911 for Emergency • PC 1000 Program • Referred to Adult At-Risk Program • Referred to DUI Program • Referred for Other Services • Referred to Mental Health Services
Not offered a referral to SUD treatment	Total count of <i>Overall Disposition</i> entries in the <i>Service Connections Log</i> form matching: • Cannot Complete • Dropped Call and Unable to Reach Caller • Not Eligible/No Referral Recommended • Refused Referral or Treatment • Other
Agency and Community Education	Total count of <i>Agency and Community Education</i> entries selected in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
At-Risk Training/Workshop	Total count of <i>At-Risk Training/Workshop</i> entries selected in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Client Education	Total count of <i>Client Education</i> entries selected in the <i>CENS Central Services</i> section of the <i>Service Connections Log</i> form and in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Documentation and Reporting	Total count of <i>Documentation and Reporting</i> entries selected in the <i>CENS Central Services</i> section of the <i>Service Connections Log</i> form and in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Eligibility and Enrollment	Total count of <i>Eligibility and Enrollment</i> entries selected in the <i>CENS Central Services</i> section of the <i>Service Connections Log</i>

Field	Description
	form and in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Harm Reduction Information	Total count of <i>Harm Reduction Information</i> entries selected in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Navigation Services	Total count of <i>Navigation Services</i> entries selected in the <i>CENS Central Services</i> section of the <i>Service Connections Log</i> form and in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Other Ancillary Information	Total count of <i>Other Ancillary Information</i> entries selected in the <i>CENS Activities</i> field in the <i>Monthly Activity Report</i> form.
Outreach and Engagement	Total count of <i>Outreach and Engagement</i> entries selected in the <i>CENS Central Services</i> section of the <i>Service Connections Log</i> form and in the <i>CENS Activities</i> field of the <i>Monthly Activity Report</i> form.
Parenting/Prenatal Information	Total count of <i>Parenting/Prenatal Information</i> entries selected in the <i>CENS Activities</i> field in the <i>Monthly Activity Report</i> form.
Transportation	Total count of <i>Transportation</i> entries selected in the <i>CENS Activities</i> field in the <i>Monthly Activity Report</i> form.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is either **Adobe Acrobat (PDF)** or **Microsoft Excel (XLS)**. If users prefer a data format, select **Microsoft Excel Record (XLS)**. Users will need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report Export

Format: Microsoft Excel Record (XLS)

Excel Format

☐ Typical: Data is exported with default options applied.

☐ Minimal: Data is exported with no formatting applied.

☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details

☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok Cancel

Census Bed Management Report

The **Census Bed Management Report** provides detailed program information on bed availability and census. This report will replace the current Census Report as it incorporates the original Census Report output, with a separate output option.

There are two options available which will display data for a selected program within a specified date range:

- the **Census Report** provides information on admission, level of care, discharge date, last billed date of service, and length of stay within a program, and
- the **Daily Census with Bed Count** provides information on the total number of contracted beds utilized/active within a facility and remaining unused beds. This report is intended to be run for no more than a one-month period. Longer time frames will impact performance.

The accuracy of this data is dependent on 1) current contract information for each site, 2) completion of the Provider Site Admission, and 3) prompt completion of the Discharge and Transfer Form or Recovery Bridge Housing Discharge for the correct program of admission. When running either output of the report, providers may notice discrepancies in counts from the real numbers on site. This is due to missing or invalid Discharge and Transfer Forms. A patient will continue to show as active and remain in the daily count until the Discharge and Transfer Form is completed and the program address matches the address on the Provider Site Admission.

Records for patients with PSA in draft will populate the Census Report with a message indicating, “PSA in Draft” under Patient Status.

The PSA was made available and required to the network on 7/1/2024. Providers were encouraged to enter PSA(s) for patients who started the program prior to 7/1/2024. Therefore, it is recommended, to ensure patients are not accidentally omitted from the search, that earlier data from 7/1/2024 be used. For OTP providers, this may be several years prior to 2024.

Report Parameters:

Parameter	Description
Start Date (Required)	The report populates based on Site Admission Date, where patients will only populate if the admission date falls between the start and end date of the parameters chosen. Providers should enter an earlier start date to capture previously admitted patients who would still be enrolled during the time frame selected.
End Date (Required)	Latest Site Admission Date from the PSA.
Report Output (Required)	Option to select either Census Report or Daily Census with Bed Count .
Select Provider(s) (Required)	Provider’s name.
Select Program(s) (Leave Blank for All)	This report can be program specific. The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow the user to pull site specific data

CENSUS BED MANAGEMENT REPORT
Process
Discard
Add to Favorites

Census Bed Management Report

Start Date *

T

Y

End Date *

T

Y

Report Output *

Select

Census Report

Daily Census with Bed Count

Select Provider(s) *

All | Clear

Search

Recovery Inc

Select Program(s) [Leave Blank to Select All]

All | Clear

Search

☐ Recovery Facility 2
 ☐ Recovery Facility

Census Report Output:

Census Report Provider Site Admission Dates: 8/1/2025 to 9/25/2025													
Provider	Program	Patient Name	Patient ID	Gender	Age	Site Admission Date	Provider Site Form Status	Level of Care Admitted	Last Billed Date of Service	Patient Status	Length of Stay	Date of Discharge	Total Contracted Beds
Recovery Inc (LE00001)	Recovery Facility (1)	TEST,JONAH	125922	Male		6/28/2024	Draft	ASAM 5	12/6/2017	PSA in Draft			
Recovery Inc (LE00001)	Recovery Facility (1)	TEST,CARLA MRS	148387	Female	24 years	6/28/2024	Final	ASAM 5		Discharged	404 days	07/17/2024	8/6/2025
Recovery Inc (LE00001)	Recovery Facility (1)	TEST,JONAH	125922	Male	44 years	9/23/2024	Final	ASAM 5 - PARENTING-PPW	12/6/2017	Active	367 days		

Census Report Output Fields:

Field	Description
Provider Name	The agency name.
Program	The agency site chosen in the Provider Site Admission form.
Patient Name	Patient's name – last name, first name.
Patient ID	The patient's Sage identification number.
Gender	If there is no value displayed in Gender, users can utilize the Update Client Data form to update the patient's gender in the SOGI section.
Age	Calculated based on Patient Status.

Field	Description
	• Active: Age displayed is as of the day the Census Report is run. • Discharged: Age displayed is as of the Date of Discharge. • PSA in Draft: Then field is empty (blank).
Site Admission Date	Site Admission Date from PSA.
Provider Site Form Status	“Draft” or “Final.” Note that a PSA left in “Draft” status is not valid.
Level of Care Admitted	Level of Care chosen in the PSA.
Last Billing Date of Service	The Last Billing Date of Service is designed to show current billing for the patient at the program (site) for that admission. The Last Billing Date of Service populates only with a Date of Service last billed that is after the populated Site Admission Date. If none, or the Last Billing Date of Service is prior to the Site Admission Date, then no value will be displayed.
Patient Status	Calculated based on PSA Form Status and Date of Discharge, if any. • PSA in Draft: PSA’s form status is draft. • Active: PSA Form Status is “Final” and there is no Date of Discharge from either a Discharge and Transfer Form or Recovery Bridge Housing Discharge matching the PSA’s LOC. • Discharged: PSA Form Status is “Final” and there is a corresponding Date of Discharge from either a Discharge and Transfer Form or Recovery Bridge Housing Discharge form for matching the PSA’s LOC.
Length of Stay	Calculated based on Patient Status (see above). • Active: Length of Stay displayed is from PSA Site Admission Date to the day the Census Report is run. • Discharged: Length of Stay displayed is PSA Site Admission Date to the Date of Discharge. • PSA in Draft: Field is empty (blank).

Field	Description
Date of Discharge	Date of Discharge displayed is either from the Discharge and Transfer Form or Recovery Bridge Housing Discharge form for the associated with the corresponding PSA form with a matching LOC.
Level of Care at Discharge	Level of Care at Discharge from Discharge and Transfer Form for the associated PSA or, if discharged from RBH, Level of Care from the PSA associated with that RBH.
Discharge Form Status	Census Report will only display information for Discharge and Transfer Form or Recovery Bridge Housing Discharge form that are Finalized. For finalized forms, this field will populate with "Final." <i>Note: The Date of Discharge, Level of Care at Discharge and Discharge Form Status will not populate if either a Discharge and Transfer Form or Recovery Bridge Housing Discharge form is left in "Draft" status. In addition, the Patient Status will show as Active and fields calculated based on a Patient Status will populate as if the patient is still Active.</i>

Daily Census with Bed Count Output

 					
<u>Census Report</u>					
Provider Site Admission Dates: 8/1/2025 to 9/25/2025					
<u>Program</u>	<u>Date</u>	<u>Number of Contracted Beds</u>	<u>Total Beds Utilized/Active</u>	<u>Remaining Unused Beds</u>	<u>Percent Utilized</u>
Recovery Facility (1)	8/1/2025	5	2	3	40%
Recovery Facility (1)	8/2/2025	5	2	3	40%
Recovery Facility (1)	8/3/2025	5	2	3	40%

Daily Census with Bed Count Output Fields:

Field	Description
Program	The agency site chosen in the Provider Site Admission form.
Date	Dates within the date range selected when running the report.
Number of Contracted Beds	Total number of contracted beds as indicated by the current contract information for each site.
Total Beds Utilized/Active	Total number of beds currently in use.
Remaining Unused Beds	Total number of beds not in use.
Percent Utilized	Percentage of beds in use.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report Export

Format: Microsoft Excel Record (XLS) ▼

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the: Details ▼
- ☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok Cancel

The above setting will yield the following output, after performing the “AutoFit Column Width” function in Excel. The User may want to

- Add the State/End Site Admission Date parameters to the top of the Excel file, as they do not automatically download.
- Convert the Patient ID's (column D) to numbers.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Provider Name	Program	Patient Name	Patient ID	Gender	Age	Site Admission Date	Provider Site	Form Status	Level of Care	Admitted Last Billing Date	Patient Status	Length of Stay	Date of Discharge	Level of Care at Discharge	Discharge Form Status
1	Recovery Inc	Recovery Facility	TEST CARLA MRS	148387	Female	23 years	6/28/2024	Final	ASAM 5		Discharged	19 days	07/17/2024	ASAM 5	Final
2	Recovery Inc	Recovery Facility	TEST JONAH	125922	Male		6/28/2024	Draft	ASAM 5		PSA in Draft				
3	Recovery Inc	Recovery Facility 2	HODA ABC	262499	Female	19 years	1/1/2024	Final	CENS FBS-C		Active	213 days			

Discharge and Transfer Audit Report

The Discharge and Transfer Audit Report was developed to allow providers and SAPC quick visibility on Discharge and Transfers that have or have not been submitted. Timely and accurately submitting the Discharge and Transfer Form (D/T) in Sage-PCNX is essential for programs and SAPC to manage operations successfully. The Discharge and Transfer Form is a required form under SAPC and CalAIM that summarizes the client's treatment, aftercare and resources, where a copy must be offered to the client upon completion to better assist the client in aftercare. Additionally, this is the most accurate method throughout Sage-PCNX for providers and SAPC to identify the actual discharge date for a particular admission.

As such, providers and SAPC can use the Discharge and Transfer Audit Report to better track compliance and ensure the form is submitted. The report itself provides specific data points that are needed to track and update Sage-PCNX correctly, such as Admission Date, Discharge Date, Last Approved Date of Service for Level of Care, next Admission Date for Provider and Discharge/Transfer information.

Please note that the Discharge and Transfer Form is linked to the Provider Site Admission when the program and level of care match exactly. If the D/T has a different program and/or level of care, the report will not populate a corresponding discharge. Which may account for many of the missing discharges in the results.

The primary purpose of this report is for compliance purposes, to ensure agencies are submitting Discharge and Transfer Forms timely within the required timelines. Per SAPC guidance, The Discharge and Transfer Form needs to be completed on the day of the last in-person treatment/telephonic contact or dispensed or administered medication (OTP) for all LOCs unless the client's discharge is unplanned. For unplanned discharges, the form needs to be completed within 30 calendar days of the last date services were provided. This report will be used by SAPC compliance teams for auditing purposes as well. For clinical purposes, the report can be used to track discharges throughout the agency for trends in discharges or types of discharges by level of care or program.

Parameter	Description
Select Provider(s) (Required)	Select the provider agency.

Parameter	Description
Provider Site Admission Start Date (Required)	Enter the earliest admission date to run report for based on the Provider Site Admission "Admission Date field."
Provider Site Admission End Date (Required)	Enter the last admission date to run report for based on the Provider Site Admission "Admission Date field."
Level of Care	This field is not required. No selections will default to all levels of care. Providers can select none, one, multiple or all levels of care to populate the report. This can be used to audit a particular level of care or multiple levels of care depending on the intent of the audit.

Report Output

Note: Image displayed below features sample data and does not contain any protected health information.

Discharge and Transfer Audit Report											
Parameters Selected:											
Provider(s): Recovery Inc											
Date Range: 1/1/2025 to 9/13/2026											
Level of Care:											
Provider	Program	Client Name (PATID)	Level of Care	Admission Date	Discharge/Transfer Date	Discharged or Transferred	D/T Reason	Transferred To	Transferred To Program	Next Admission Date at Provider	Last Approved Date Service for Level of Care
Recovery Inc	Recovery Facility	SAGEMD,YOLANDA (289233)	ASAM 5 - PARENTING -FPW	8/4/2026	No Discharge on File	No Discharge on File	N/A	N/A	N/A		
Recovery Inc	Recovery Facility	SAGEMD,ESTHER MIDDLE (289299)	ASAM 1.0	2/19/2026	06/17/2026	DISCHARGED	Goals/Plan Complete at Level of Care	N/A	N/A		
Recovery Inc	Recovery Facility	BELL,TINCEER III (289219)	ASAM 1.0	4/11/2025	10/20/2025	TRANSFERRED	Goals/Plan Complete at LOC + Transferred	A higher level of SUD care	ALCOHOLISM CENTER FOR WOMEN, INC.		5/17/2025
Recovery Inc	Recovery Facility 2	DAVIDSON,HARLEY MARIE (289317)	ASAM 1.0	7/5/2025	No Discharge on File	No Discharge on File	N/A	N/A	N/A		
Recovery Inc	Recovery Facility	FLAMINGO,PINK (289627)	ASAM 1.0	2/15/2026	No Discharge on File	No Discharge on File	N/A	N/A	N/A		2/16/2026
Recovery Inc	ROOT 3939 Atlantic Ave, Ste 102	HIM,DUMMYON E (289618)	ASAM 2.1	2/9/2026	No Discharge on File	No Discharge on File	N/A	N/A	N/A		
Recovery Inc	Recovery Facility	SAGEMD,YOLANDA (289233)	ASAM 2.1	4/21/2025	No Discharge on File	No Discharge on File	N/A	N/A	N/A	6/15/2026	

Report Output Fields:

Field	Description
Provider	The agency name.
Program	Program name that matches the admission and discharge forms.
Client Name (PATID)	Client Name (PATID)
Level of Care	Level of Care from the admission and discharge forms.
Admission Date	Provider Site Admission, Admission Date
Discharge/Transfer Date	Discharge and Transfer Form Discharge Date

Field	Description
Discharged or Transferred	Based on the discharged reason, this will populate either if the client was discharged or transferred.
D/T Reason	1 of 9 reasons listed on the D/T form as the reason for discharge.
Transferred To	If the client was transferred, displays to either a higher or lower level of care as indicated on the form.
Transferred To Program	If transferred, the name of the program the client was transferred to.
Next Admission Date at Provider	If the client was later admitted to the same agency, this will populate the next Provider Site Admission date for that agency at any of the programs . This will only populate if the next admission date for the same provider listed in the Provider column. If the client was admitted to the same provider and the discharge is missing, this column will display in red font.
Last Approved Date of Service for Level of Care	The last <u>SAPC</u> approved date of service (not including state denials) for that admission and level of care.

Clinical Purpose

The primary purpose of this report is primarily for compliance purposes, to ensure agencies are submitting Discharge and Transfer Forms timely within the required timelines. Per SAPC guidance, The Discharge Form need to be completed on the day of the last in-person treatment/telephonic contact or dispensed or administered medication (OTP) for all LOCs unless the client's discharge is unplanned. For unplanned discharges, the form needs to be completed within 30 calendar days of the last date services were provided. This report will be used by SAPC compliance teams for auditing purposes as well.

For clinical purposes, the report can be used to track discharges throughout the agency for trends in discharges or types of discharges by level of care or program.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check the following boxes: **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**, as those are not part of the default checked items.

Discharge Reason Report

The Discharge Reason Report identifies discharge reasons and dates of discharge for individual clients or provider programs. The report may be run for a program, program site, or individual client. The accuracy of this data is based on completion of the Discharge and Transfer Form in Sage. At this time, the report does not include discharge information from the Recovery Bridge Housing Discharge.

Providers may run this report when conducting program evaluation or wanting to determine primary reasons for program discharge, i.e., successfully completing treatment.

**Note: All providers, primary and secondary alike, are required to complete the Discharge and Transfer form in Sage.*

Report Parameters

Parameter	Description
Select Provider (Required)	The agency name.
Select Program	Specific program within an agency.

Start Date (Required)	The report populates based on program Discharge Date. Patients will only populate if the discharge date falls between the start and end date of the parameters chosen.
End Date (Required)	The date the Discharge and Transfer form was completed in Sage.
PATID	The patient's Sage identification number. When entered, the report will run for a specific client. This is an optional field.
Select Discharge Reason	Optional field. When selected, the report will run for the chosen reason, beneficial for programs to determine particular discharge reasons which are on the Discharge and Transfer Form. • Administrative Discharge • Death • Goals/Plan Complete at Level of Care • Goals/Plan Complete at LOC + Transferred • Incarceration • Left Before Complete + Transferred • Left Before Goals/Plan Complete • Other • To More Appropriate System of Care • Voluntary

DISCHARGE REASON REPORT
Process Discard Add to Favorites

Discharge Reason Report

Select Provider *

All Clear Search

☐ RECOVERY, INC.

Select Program(s)

All Clear Search

Start Date *

T Y

End Date *

T Y

PATID

Search

Select Discharge Reason

All Clear Search

☐ Administrative Discharge
☐ Death
☐ Goals/Plan Complete at Level of Care
☐ Goals/Plan Complete at LOC + Transferred
☐ Incarceration
☐ Left Before Complete + Transferred
☐ Left Before Goals/Plan Complete
☐ Other
☐ To More Appropriate System of Care
☐ Voluntary

Output for one selected patient:

		
SUBSTANCE ABUSE PREVENTION AND CONTROL		
<u>Discharge Reason Report</u>		
Print Date: 4/10/2026		
Parameters Selected: PATID 300968, 1/1/2024 to 4/10/2026 Discharge Reason: ALL		
Provider(s): ADDICTION RESEARCH AND TREATMENT INC., ACTION FAMILY COUNSELING - SCV INC., AEGIS TREATMENT CENTERS, LLC		
Client Name	PATID	Date of Discharge
PCNX,MELANIE	300968	11/12/2025
Reason for Discharge	Program	Form Status
Left Before Goals/Plan Complete	Recovery Facility	Final
PCNX,MELANIE	300968	11/17/2025
Administrative Discharge	Recovery Facility	Final

Report Output Fields:

Field	Description
Client Name	Client's name – last name, first name.
PATID	The patient's Sage identification number.
Date of Discharge	The date the client was discharged from the program which should be entered on the Discharge and Transfer Form within Sage.
Reason for Discharge	The selected reason for discharge selected on the Discharge and Transfer Form within Sage. • Administrative Discharge • Death • Goals/Plan Complete at Level of Care • Goals/Plan Complete at LOC + Transferred • Incarceration • Left Before Complete + Transferred • Left Before Goals/Plan Complete • Other • To More Appropriate System of Care • Voluntary
Program	The agency site as selected in the Program field.

Form Status	Draft or Final. Indicates whether the Discharge and Transfer Form is in Draft or Final status. This report populates both Draft and Final data.
-------------	---

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the: Details
- ☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Report Export:

The recommended export for this report is the **Microsoft Excel Record (XLS)**. For a cleaner looking export, additionally check off Export object formatting, **Maintain relative object position**, and **Maintain column alignment**.

The above setting will yield the following output, after performing the “AutoFit Column Width” function in Excel.

SUBSTANCE ABUSE PREVENTION AND CONTROL						
Discharge Reason Report						
Parameters Selected: PATID , 1/1/2022 to 4/10/2026				Discharge Reason		
Provider(s): Recovery Inc, SUPR Services				Print Date: 4/10/2026		
Client Name	PATID	Date of Discharge	Reason for Discharge	Program	Form Status	
TEST.MIKE S	125928	10/17/2024	Goals/Plan Complete at LOC + Transferred	Recovery Facility	Final	
TEST.CARLA MRS	148387	7/17/2024	Goals/Plan Complete at Level of Care	Recovery Facility	Final	
TEST.CARLA MRS	148387	10/18/2024	Goals/Plan Complete at Level of Care	Recovery Facility	Final	
TEST.SHONN	181237	8/22/2023	Death	Recovery Facility	Draft	
TEST.BRENNAS	205899	5/30/2024	Goals/Plan Complete at Level of Care	Recovery Facility	Final	

Documents in Draft and for Co Signature Report

The Documents in Draft and for Co Signature Report (formally titled Documents Requiring Co_Signature) captures documents that are currently in draft as well as documents that require an action by a supervisor. This report currently lists the following documents: Progress Note, Discharge and Transfer Form, Recovery Bridge Housing Discharges, Drug Testing, and Patient Medications. SAPC plans to add additional forms to this report in the future. Filters have been added to allow the user to limit the responses based on whether the document has been 1) left in draft, 2) left in draft and the “ready to submit” option was checked (indicating need for LE-LPHA/LPHA to review and finalize), 3) routed for signature and is pending approval, 4) routed for signature but rejected by the supervisor.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Select the Agency.
Select Program(s) (Required)	Select at least one site.
Enter Start Date (Required)	Enter the earliest date for the report to pull. The older the date, the longer it may take the report to generate.
Document Routing Status [Leave Blank to Select All] (Required)	This has four selections to choose from. You may select one or any combination: • Co-Signature – Draft Ready to Submit: will limit the report to draft documents where the “Draft Ready to Submit” check box IS marked. (This is previous functionality that allowed users to indicate that a note had been drafted and was awaiting review/finalization by a supervisor. Document Routing is enhanced functionality that is intended to streamline workflows and improve efficiency, however SAPC is not requiring that providers use this functionality and the “Draft Ready to Submit” check box will remain for providers to use.) • Draft: will limit the report to documents that have been left in draft and not finalized, and the “Draft Ready to Submit” check box was NOT marked. • Routed and Rejected: will limit the report to documents that have been finalized and routed for

Parameter	Description
	signature to a supervisor, but where the supervisor has rejected the document. (This option comes from the Document Routing function, enhanced functionality for users who need to route documents for review by a supervisor.) Routed for Approval: will limit report to documents that have been finalized and routed for signature to a supervisor and are pending review by the supervisor. (As with Routed and Rejected above, this option comes from the Document Routing function.)

DOCUMENTS IN DRAFT AND FOR CO SIGNATURE

Process

Discard

Add to Favorites

Documents in Draft and for Co Signature

Select Provider(s) *

All | Clear

Search

☐ Recovery Inc

Select Program(s) *

All | Clear

Search

Enter Start Date *

T

Y

Document Routing Status [Leave Blank to Select All] *

All | Clear

Search

☐ Co-Signature - Draft Ready to Submit
☐ Draft
☐ Routed and Rejected
☐ Routed for Approval

Report Output:



**COUNTY OF LOS ANGELES
Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Documents in Draft and for Co Signature



Print Date: 10/2/2024

Parameters Selected: Program(s): Recovery Facility; Recovery Inc
Start Date: 9/25/2024
Document Status: Draft, Co-Signature - Draft Ready to Submit, Routed for Approval, Routed and Rejected

Progress Notes							
Patient Name (ID)	Episode	Form	Note Date	Program	Note Type	Form Status	Provider Name
Pcnx, Bob (161072)	1	Progress Note	9/25/2024	Recovery Facility	Individual	Routed for Approval	Smith, Aaron
Rock, The (162423)	1	Progress Note	9/30/2024	Recovery Facility	Individual	Co-Signature - Draft Ready to Submit	Schwarz, Alexander
Pcnx, Chellie (162015)	1	Progress Note	10/1/2024	Recovery Facility	Individual	Draft	Szuhay, Daniel
Pcnx, David Bobby (161076)	1	Progress Note	10/1/2024	Recovery Facility	Individual	Routed and Rejected	Bridgett, Deirdra
Test, Yolanda (163128)	1	Progress Note	10/1/2024	Recovery Facility	Individual	Routed and Rejected	Cespedes-Knadle, Yolanda

Discharge and Transfers							
Patient Name (ID)	Episode	Form	Note Date	Program	Reason	Form Status	Data Entry By
Pcnx, Daniel-Middle (161085)	1	Discharge and Transfer Form	9/30/2024	Recovery Facility	Goals/Plan Complete at Level of Care	Routed and Rejected	Yolanda Cespedes-Knadle

Drug Testing							
Patient Name (ID)	Episode	Form	Note Date	Program	Test Type	Form Status	Data Entry By
Test, Carla (160558)	1	Drug Testing	9/25/2024	Recovery Facility	Urine	Routed for Approval	Greg Schwarz, Psyd
Test, Yolanda (163128)	1	Drug Testing	9/26/2024	Recovery Inc	Urine	Draft	Yolanda Cespedes-Knadle
Pcnx, Daniel-Middle (161085)	1	Drug Testing	9/30/2024	Recovery Inc	Urine	Routed and Rejected	Yolanda Cespedes-Knadle

Report Output Fields:

Field (Visible for all Documents)	Description
Patient Name (ID)	The patient's name displayed as last name,first name followed by the patient's Sage identification number in parentheses.
Episode	The episode number.
Form	The Sage form associated with the document listed in the report.
Program	The agency site as selected in the Program field.
Form Status	Indicates the current status of the document: • Co-Signature – Draft Ready to Submit • Draft • Routed and Rejected • Routed for Approval

Field (Progress Notes only)	Description
Note Date	The date the service was rendered as entered in the Date of Service field.
Note Type	The type of service provided: • Individual • Crisis • Residential Group • Family • Non-Residential Group • Non-Billable
Provider Name	The name of the staff who rendered the service.
Field (Discharge and Transfers only)	Description
Note Date	The date the patient was discharged or transferred as entered in the Date Patient Discharged field.
Reason	The reason for discharge or transfer: • Goals/Plan Complete at Level of Care • Goals/Plan Complete at LOC + Transferred • Left Before Goals/Plan Complete • Left Before Complete + Transferred • Voluntary • Administrative Discharge • To More Appropriate System of Care • Incarceration • Death • Other
Data Entry By	The last user to take an action on the form in Sage and click "Submit."
Field (Drug Testing only)	Description

Note Date	The date the drug test was completed as entered in the Date of Drug Test field.
Test Type	Type of drug test: • Urine • Blood • Saliva • Hair • Sweat • Other
Data Entry By	The last user to take an action on the form in Sage and click "Submit."
Field (Patient Medications only)	Description
Note Date	The date of medication review as entered in the Medication Review Date field.
Data Entry Date	The date the note was last Submitted in Sage.
Data Entry By	The last user to take an action on the form in Sage and click "Submit."
Field (Recovery Bridge Housing Discharges only)	Description
Discharge Date	The date the patient was discharged as entered in the RBH Discharge Date field.
Reason	The reason for discharge: • Referral to higher level of care • The client found stable housing • The client is no longer interested • The client used all approved time • Other
Data Entry By	The last user to take an action on the form in Sage and click "Submit."

Note: Column names in the Documents in Draft and for Co Signature report were updated for uniformity.

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS). For a cleaner looking export, additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.

Print Report **Export**

Format: Microsoft Excel Record (XLS) ▼

Excel Format

☐ Typical: Data is exported with default options applied.

☐ Minimal: Data is exported with no formatting applied.

☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details ▼

☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok **Cancel**

Form Printouts

SAPC has created printout versions of various clinical data entry forms. These are formatted so they may be printed and shared with patients or third parties, with appropriate release of information consent documented. The following Printouts are available to users with a clinical/direct service provider, clerical, or operations related role.

- Admission (Outpatient) Printout
- Client Other Healthcare Coverage Printout
- Diagnosis Printout
- Discharge and Transfer Form Printout
- Drug Testing Printout
- Financial Eligibility Printout
- Miscellaneous Note Options Report
- Monthly Activity Report Printout (for CENS staff)
- Patient Handbook Acknowledgement Printout
- Patient Medications Printout

- Problem List/Treatment Plan Printout
- Progress Note Printout
- Progress Note Report (for historical BIRP, GIRP, SIRP, SOAP notes)
- RBH Discharge Printout
- Release of Information_In Network Printout
- Referral Connections Printout
- Reproductive Health Printout
- ROI for Treatment and Care Coordination Printout
- Service Authorization Request Printout
- Service Connections Log Printout
- Update Client Data Printout
- Women's Health History
- Youth and Young Adult Screener Printout

As forms have evolved, fields have been added and/or removed. Fields that are no longer visible on the form will populate the Printout to ensure historical data is still available to end users. When no data is available for a field, the Printout will show "No Entry."

Report Parameters:

The Printouts will generally have the following parameters, all of which are required.

Parameter	Description
Patient Name (PATID) (Required)	This report is patient specific. A Patient's name or PATID may be entered. If a patient is selected prior to opening up the Printout, the patient's name will auto populate this field.
Provider (Required)	Provider's name.
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.

Report Output:

This is a sample portion of the Diagnosis Printout



**SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
DIAGNOSIS PRINTOUT**

Print Date: 12/2/2025

Parameters Selected: Patient: SAGEMD,ESTHER MIDDLE (289299), Date Range: 1/1/2020 - 12/2/2025,
Provider: Recovery Inc

Patient Name: SAGEMD,ESTHER MIDDLE (289299)

DOB: 1/1/2010

Type of Diagnosis: Admission

Date of Diagnosis: 1/1/2023

Time of Diagnosis: 03:09 PM

Diagnosis: Alcohol use disorder, moderate

DSM-5: Alcohol use disorder, moderate

Draft/Final Form Electronic Signature

Forms that contain a Form Status field will reflect the electronic signature of the user that submitted the form in Draft status (if applicable) and the user that submitted the form in Final status.

Draft - Electronically Signed: Cespedes-Knadle2,Yolanda, Ph.D. (Lic. Psychologist)

Date/Time: 12/02/2025; 02:06 PM

Final - Electronically Signed: Cain,Melanie, Ph.D. (Lic. Psychologist)

Date/Time: 12/04/2025; 11:02 AM

If a Draft/Final form was never submitted in Draft status before being finalized, then the Draft signature line will display "Finalized Only" and will reflect only the signature of the user who submitted the form in Final status.

Draft - Electronically Signed: Finalized Only

Date/Time:

Final - Electronically Signed: Cespedes-Knadle2,Yolanda, Ph.D. (Lic. Psychologist)

Date/Time: 08/20/2025; 10:07 AM

If a Draft/Final form was routed for signature, an additional signature block will appear beneath the Draft / Final signature block displaying the message "Document Routed for Co-Signature" and the form Status as "Final." This is followed by the electronic signature(s) of the user(s) that co-signed the form, identified as either "Supervisor" or "Approver" as applicable.



Document Routed for Co-Signature

Status: Final

Electronically Signed by:

Melanie Cain, Ph.D. (Lic. Psychologist); 06/10/2025; 03:05 PM, Supervisor;

Document Routed for Co-Signature

Status: Final

Electronically Signed by:

YCespedesKnadle, NP; 08/20/2025; 10:08 AM, Supervisor;
Melanie Cain, Ph.D. (Lic. Psychologist); 08/20/2025; 10:35 AM, Approver;

For documents that have been appended, a signature block at the end of the printouts will reflect the electronic signature of the user that submitted the appended comment, identified as "Appended Author." As with other fields that have no available data, this section will display "No Entry" if the document was not appended.

Append Comments:

Additional comments to be appended to this progress note...

Electronically Signed by: Yolanda Cespedes-Knadle2 Ph.D. (Lic. Psychologist), 12/04/2025, 11:22 AM, Appended Author

Non-Draft/Final Form Electronic Signature

Forms that are "Submit" only with no Form Status field will show one electronic signature. This reflects the logged in user who submitted the record.

Electronically signed: Orellana, Esther, Ph.D. (Lic. Psychologist)

Date/Time: 05/06/2025 03:10 PM

Report Export:

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select "Adobe Acrobat (PDF)" from the drop down, then click **Ok**.

Print Report
Export

Format: Adobe Acrobat (PDF)

Pages:
☒ All
☐ Page Range:
1 To: 1

☐ Create bookmarks from group tree

Ok Cancel

Patient Medication History Export

This report provides an aggregate list of all Patient Medication forms completed. The report can be limited to run by patient or site location. The broader the parameters the longer it may take the report to populate.

Due to the length of this report, it cannot be viewed within Sage and requires it to be EXPORTED to Excel.

Report Parameters:

Parameter	Description
Provider (Required)	Provider's name
Program	The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data.
Client	The client's name (last,first) or PATID may be used.
Start Date (Required)	The earliest date to be pulled.
End Date (Required)	The latest date to be pulled.

Report Output:

The report will consist of 66 columns, as detailed below, for up to 6 medications entered in the Patient Medication form.

Report Output Fields:

Field	Description
Program	The program listed on the Patient Medication form.
Patient Name	Client's name (last, first, middle initial).
PATID	The patient's Sage identification number.
Completed By	User's name who completed the Patient Medication form.
Medication Review Date	Date medication(s) was/were reviewed by prescriber/furnishing practitioner.
Prescribing/Furnishing Practitioner	Medical provider prescribing listed medication(s).
Prescribing/Furnishing Practitioner Free Text	Free text name of medical provider prescribing listed medication(s).
Symptoms being treated	Symptoms being treated for all listed medication(s).
Medication Name (1-6)	Name of medication.

Field	Description
Unlisted Medication (1-6)	If “Unlisted Medication” was chosen from Medication Name drop-down list in the Patient Medication form, then the free text name of medication.
Medication (1-6) Start Date	Date medication was prescribed.
Medication (1-6) End Date	Date medication was stopped.
Medication (1-6) Status	Active, Completed, or Inactive.
Medication (1-6) Dosage	Medication dosage.
Medication (1-6) Frequency	Frequency of medication.
Medication (1-6) Route	Route of administration of medication.
Medication (1-6) Additional	Any additional notes entered in the Patient Medication form for that medication.
Possible Side Effects	Listed Possible Side Effects Discussed checked in Patient Medication form.
Other Side Effects	Free text entered in Specify Other Side Effects in the Patient Medication form.
Comments	Free text entered in Comments in Patient Medication form.
Form Status	Draft or Final.

Below is a partial view of the entire spreadsheet noting the first 16 columns.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	SUBSTANCE ABUSE PREVENTION AND CONTROL																
2	Patient Medication History Export																
3	Print Date: 4/3/2024																
4	Date Range: 01/01/2017 to 4/3/2024																
5	Program	Patient Name	Patient ID	Completed By	Medication Review Date	Prescribing/Furnishing Practitioner	Prescribing/Furnishing Practitioner Free Text	Symptoms being treated	Medication Name 1	Unlisted Medication 1	Medication 1 Start Date	Medication 1 End Date	Medication 1 Status	Medication 1 Dosage	Medication 1 Frequency	Medication 1 Route	Medication 1 Additional
6	Recovery Facility	LEE, MARVIN K	6162	CSM PROGRAMMING	06/16/2021	HURLEY, BRIAN		Alcohol Abuse	Antabuse		1/1/2023		Active	500 mg	1x day	Oral	
7	Recovery Facility	NICHOLS, JAMES T	125922	CSM PROGRAMMING	12/01/2017		LEE, ANNA	Sleep	Ambien		7/6/2016		Active	6.25 mg	1x day	Oral	At bedtime
8	Recovery Facility	IMELDA P. QUIROTE	165998	CSM PROGRAMMING	07/02/2019	HURLEY, BRIAN		Sleep	Benadryl		4/1/2019		Active	25 mg	1x day	Oral	At bedtime

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export, additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Problem List Reminder Report

The Problem List/Treatment Plan form Primary Sage Users complete within Sage was updated to include the Next Review Date and Next Update fields. Providers were instructed to complete these fields based on the requirements for the patient's level of care. The Problem List Reminder Report utilizes those fields to give providers an idea of upcoming deadlines for finalized plans.

This report is intended to be run with future dates so providers can see what is due soon. Initially, providers may want to run some historical dates to ensure there are no plans out of compliance. This report will only populate records within the selected parameters and if a Plan has a Creation Date after a Cal-OMS Discharge/Cal-OMS Administrative Discharge. If records appear for patients known to be discharged, providers are encouraged to verify completion of a Cal-OMS Discharge.

Report Parameters:

Parameter	Description
Report Type (Required)	This report can focus on one of two options: Review: Date range will be specific to the Next Review field on the Problem List/Treatment Plan form. Update: Date range will be specific to the Next Update field on the Problem List/Treatment Plan form.

Begin Date (Required)	This pulls the earliest Review or Update Date based on the selection made on the Report Type field. This is NOT based on the creation of the Problem List/Treatment Plan form.
End Date (Required)	This pulls the latest Review or Update Date based on the selection made on the Report Type field. This is NOT based on the creation of the Problem List/Treatment Plan form.
Counselor	This is based off the Primary Counselor field on the Problem List/Treatment Plan form. If this field is blank the report will populate all records within the selected parameters. Selecting a staff's name will limit the report to records where that staff was identified as the Primary Counselor.
Select Provider (Required)	Provider's name.
	The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data. <i>Note: some records were incorrectly entered with the Provider name instead of the site location, so if the output does not match what is expected, run the report with this field blank.</i>

PROBLEM LIST REMINDER REPORT

Process Discard Add to Favorites

Problem List Reminder Report

Report Type *
Select

Begin Date *
[Calendar Icon] T Y

End Date *
[Calendar Icon] T Y

Counselor
[Text Field]

Select Provider(s) *
All | Clear
☐ Recovery Inc

Select Program(s)
All | Clear

Report Output:



COUNTY OF LOS ANGELES

Public Health



SUBSTANCE ABUSE PREVENTION AND CONTROL

Problem List Reminder Report

Print Date:12/4/2023

Parameters Selected: Provider: Recovery Inc, Program: N/A, Report Type: Review,
From:11/20/2023 to 12/15/2023, Counselor: All Counselors

<u>Program</u>	<u>PATID</u>	<u>Last Name</u>	<u>First Name</u>	<u>Date Created</u>	<u>Problem List Type</u>	<u>Next Review Date</u>	<u>Next Update Date</u>	<u>Primary Counselor</u>
Recovery Facility	159908	TEST	QIUM	10/22/2023	New Plan	11/20/2023	01/20/2024	SCHWARZ,GREG SAPC
Recovery Facility	160465	TEST	SURFACE	11/14/2023	New Plan	12/13/2023	02/11/2024	SCHWARZ,GREG SAPC

The report has color coded logic to show if a Next Review Date or Next Update Date is past due. In the image above, the record for Test, QIUM shows the Next Review Date is past due as indicated by the red date. The second record for Test, Surface shows the Next Review Date in black, therefore it is still within compliance.

It is recommended providers run this report for at least 7 days in the future to allow sufficient time to review and update plans accordingly.

Report Output Fields:

Field	Description
Program	The program listed on the Problem List/Treatment Plan form. If an agency name is noted in this field, it was selected incorrectly, and future plans should indicate the site at which services are rendered/will be billed from.
PATID	The patient's Sage identification number
Last Name	The patient's last name
First Name	The patient's first name
Date Created	The date the Problem List/Treatment Plan form was created. <i>Note: if there is a CalOMS discharge after the Problem List Date Created, the record will NOT appear on the report.</i>

Field	Description
	<i>Note: If a wide date range is selected, there is a possibility of seeing multiple records for a single patient. One way to distinguish the correct one is to see the Date Created for the most recent plan.</i>
Problem List Type	This will note if the record is a New Plan or an Update.
Next Review Date	The date entered in the Next Review Date field on the Problem List/Treatment Plan form. • Black: the date is not past due • Red: the date is past due
Next Update Date	The date entered in the Next Update field on the Problem List/Treatment Plan form. • Black: the date is not past due • Red: the date is past due
Primary Counselor	The staff listed as the Primary Counselor on the Problem List/Treatment Plan form.

Report Export:

To export the report, click the Export button at the top of the screen. For Problem List Reminder Report the recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting** and **Maintain column alignment** as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS) ▼

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details ▼
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☐ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

	A	B	C	D	E	F	G	H	I
	<u>Date Created</u>	<u>Problem List Type</u>	<u>Next Review</u>	<u>Next Update</u>	<u>Program</u>	<u>PATID</u>	<u>Last Name</u>	<u>First Name</u>	<u>Primary Counselor</u>
1									
2	Recovery Facility	159908	TEST	QIUM	10/22/2023	New Plan	11/20/2023	01/20/2024	SCHWARZ,GREG SAPC
3	Recovery Facility	160465	TEST	SURFACE	11/14/2023	New Plan	12/13/2023	02/11/2024	SCHWARZ,GREG SAPC
4	Page -1 of 1								
5									

Provider File Attach Report

The Provider File Attach Report offers providers a concise listing of files stored in patients' records in Sage-PCNX that had been uploaded through the Provider File Attach form during a chosen time frame for tracking, compliance checking and reporting purposes. This report provides this listing of files based on selected parameters.

Report Parameters:

Parameter	Description
Provider(s) (Required)	Provider's name.
Start Date (Required)	Start Date is based on the date that a file was uploaded. Enter the earliest date for the report to pull.
End Date (Required)	End Date is based on the date that a file was uploaded.

Parameter	Description
	Enter the latest date for the report to pull.
PATID (Leave Blank for All)	This report can be patient specific. Only a PATID may be entered. If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report.
File Type (Leave Blank for All)	This report can be File Type specific, only displaying records associated with the chosen File Type. If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report.
Document Type (Leave Blank for All)	This report can be Document Type specific, only displaying records associated with the chosen Document Type. If this field is left blank, then all files stored through the Provider File Attach form for all patients will populate the report.

PROVIDER FILE ATTACH REPORT Process Discard Add to Favorites

Provider File Attach Report

Provider(s) *
 All | Clear Search

☐ RECOVERY, INC.

PATID (Leave Blank for All)

File Type (Leave Blank for All)
 Select x

Document Type (Leave Blank for All)
 Select x

Start Date *
 T Y

End Date *
 T Y

The Provider File Attach Report can display several different combinations of stored patients' file records based on parameters chosen within a time frame.

Report Output:




SUBSTANCE ABUSE PREVENTION AND CONTROL

Provider File Attach Report

Parameters: 7/1/2023 to 7/22/2024

<u>Provider</u>	<u>File Type</u>	<u>Patient Name</u>	<u>PATID</u>	<u>Date Submitted</u>	<u>Document Type</u>	<u>File Name</u>
Recovery, Inc.	ASAM	PCNX,DAVID BOBBY	161076	7/18/2024	ASAM Continuum	ASAM Continuum-06-16-24-DP-161076.pdf
Recovery, Inc.	Discharge	PCNX,DAVID BOBBY	161076	5/10/2024	RBH Discharge	RBH Discharge-03-15-24-DP-ID161076.pdf
Recovery, Inc.	Release of Information	PCNX,DAVID BOBBY	161076	5/10/2024	ROI- External	ROIExternal-12-05-23-DP-ID161076.pdf
Recovery, Inc.	Release of Information	PCNX,DAVID BOBBY	161076	7/18/2024	ROI- Internal	ROIInternal-05-13-24-DP-161076.pdf
Recovery, Inc.	Release of Information	PCNX,DAVID BOBBY	161076	7/18/2024	ROI- Internal	ROIInternal-06-15-24-DP-161076.pdf

Report Output Fields:

Field	Description
Provider	The agency name.
File Type	File type chosen in Provider File Attach form when document was uploaded/stored into Sage. Prior to the expansion of File Type choices in the Provider File Attach form in June 2024, there were only 3 File Type choices, Provider, Authorization and Other. If a file was uploaded within the chosen start/end date parameters, yet prior to the expansion of File Type choices in June 2024, then one of these 3 File Types will be displayed in the report. As discussed in the Provider File Attach Report Job Aid, for files uploaded after the expansion of File Types, the “Provider” File Type should not be used as the “Provider” File Type indicates that the file is not patient specific and therefore shouldn’t be stored in a patient’s chart
Patient Name	Patient’s name – last name, first name.
PATID	The patient’s Sage identification number.

Field	Description
Date Submitted	Date document was uploaded/stored into Sage through Provider File Attach form.
Document Type	Document type chosen in Provider File Attach form when document was uploaded/stored into Sage. If a file was uploaded within the chosen start/end date parameters, yet prior to the addition of Document Type choices in the Provider File Attach form in June 2024, then “No Entry” will populate this field.
Document Name	Name given document prior to it being uploaded/stored into Sage. As a reminder, prior to uploading a file into the Sage-PCNX Provider File Attach form, the file will need to be named and saved on the user’s computer. <i>Note: Uploaded documents should follow the standardized naming convention of</i> Document Type-Date (MM-DD-YY)-Patient’s First & Last Initial-PATID <i>Please refer to the <u>Provider File Attach Report Job Aid</u> for further information.</i>

The Provider File Attach Report does not populate based on dates that are part of the name of the uploaded document. The report populates based on the date that file was uploaded in the Provider File Attach form (Date Submitted field).

Report Export:

The recommended export format for this report is **Separated Values (CSV)**. Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections**, “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section.

Print Report
Export

Format: Separated Values (CSV)

Character Options
Delimiter: " "
Separator: ,

Report and Page Sections
☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Group Sections
☐ Export
☒ Isolate Group Sections
☐ Do not export

Preserve Formatting
☒ Preserve Date Formatting
☒ Preserve Number Formatting

Ok
Cancel

The above setting will yield the following output, after performing the “AutoFit Column Width” function in Excel.

	A	B	C	D	E	F	G
1							
2	SUBSTANCE ABUSE PREVENTION AND CONTROL	Provider File Attach Report	Parameters: 1/1/2024 to 8/1/2024				
3	Provider	File Type	Patient Name	PATID	Date Submitted	Document Type	File Name
4	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/3/2024	No Entry	Avatar CareFabric 2024 Update 11.1.pdf
5	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/4/2024	No Entry	Avatar NX Update 2024.01.03 Acceptance Tests.pdf
6	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/5/2024	No Entry	RADplus 2024 Update 5.pdf
7	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/8/2024	No Entry	RADplus 2024 Update 44.pdf
8	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/10/2024	No Entry	RADplus 2024 Update 44.pdf
9	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/16/2024	No Entry	Avatar MSO 2024 Update 5.pdf
10	Recovery, Inc.	Other	TEST,ADMISSION	171926	4/19/2024	No Entry	Avatar MSO 2024 Update 2 (3).pdf
11	Recovery, Inc.	Other	TEST,ADMISSION	171926	5/8/2024	No Entry	RADplus 2024 Update 12.pdf
12	Recovery, Inc.	Other	TEST,ADMISSION	171926	5/28/2024	No Entry	Avatar Cal-PM 2024 Update 29 (3).pdf
13	Recovery, Inc.	Other	TEST,ADMIT	172115	1/29/2024	No Entry	8371_12-21_132251 (1).txt
14	Recovery, Inc.	Other	TEST,ADMIT	172115	2/14/2024	No Entry	RADplus 2024 Monthly Release 2024.00.00 Summary.pdf
15	Recovery, Inc.	Other	TEST,ADMIT	172115	3/15/2024	No Entry	Avatar Appointment Scheduling 2022 Update 21.pdf
16	Recovery, Inc.	Other	TEST,BOY	156860	3/14/2024	No Entry	Avatar MSO 2024 Update 1.pdf
17	Recovery, Inc.	Other	TEST,BRENNAS	205899	1/5/2024	No Entry	Test Attachment.pdf
18	Recovery, Inc.	Other	TEST,BRENNAS	205899	4/1/2024	No Entry	Test Attachment.pdf
19	Recovery, Inc.	Other	TEST,CARLA MRS	148387	7/19/2024	Administration	Test Carla ASAM 2-2-2021.pdf
20	Recovery, Inc.	Other	TEST,MIKE S	125928	7/22/2024	Other	Provider File Attach Test file.pdf
21	Recovery, Inc.	Other	TEST,AATEST	128040	1/30/2024	No Entry	8371_06-15_144908 (1).txt
22	Recovery, Inc.	Pregnancy Status	TEST,CARLA MRS	148387	7/17/2024	Proof of Delivery/Birth	Unicorn.tif
23	Recovery, Inc.	Release of Information	TEST,CARLA MRS	148387	6/11/2024	ROI- External	ROIExternal-01-13-24-DP-ID161085.pdf
24	Recovery, Inc.	Release of Information	TEST,CARLA MRS	148387	6/11/2024	ROI- Internal	ROIInternal-05-13-24-DP-910185.pdf
25	Recovery, Inc.	Release of Information	TEST,CARLA MRS	148387	7/18/2024	Revocation	FileNamingConvention.pdf
26	Recovery, Inc.	Treatment Plan/Care Plan	TEST,CARLA MRS	148387	6/25/2024	Problem List/Treatment Plan Note	CCInbox SBOX.tif

REAL SOGI Report

The REAL SOGI Report provides agency level details from the Race, Ethnicity, and Language (REAL) demographic fields and the Sexual Orientation and Gender Identity (SOGI) demographic fields. This demographic data is captured on the Admission (Outpatient) and Update Client Data forms in Sage. The REAL SOGI Report can be used to gather statistics on

1) the rates at which the REAL SOGI fields are completed (or left blank) and 2) the breakdown of response options for completed REAL SOGI fields.

The REAL SOGI Report mirrors the data that is captured by the REAL SOGI PM KPI sheet and can serve as a back-up to this sheet. In addition, the report also displays separate metrics for the breakdown of responses by what was entered at admission (on the Admission (Outpatient) form) and what is currently on file for the client in Sage (which may be from the admission entry or from a subsequent update through the Update Client Data form). This additional data provides visibility on whether there may be changes over time to demographic entries for particular clients.

Report Parameters:

Parameter	Description
Select Providers(s) (Required)	Select your agency.
Start Date (Required)	The earliest admission date the report will pull.
End Date (Required)	The latest admission date the report will pull.

REAL SOGI REPORT

Process Discard Add to Favorites

REAL SOGI Report

Select Provider(s) *

All Clear Search

☐ Recovery Inc

Start Date *

T

Y

End Date *

T

Y

Report Output:

 										
SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER REAL SOGI Report Print Date: 4/21/2026										
	Percentage Blank					Percentage Completed				
	Race	Ethnicity	Language	Sexual Orientation	Gender Identity	Race	Ethnicity	Language	Sexual Orientation	Gender Identity
Grand Totals	16.33%	19.05%	17.01%	36.73%	39.46%	83.67%	80.95%	82.99%	63.27%	60.54%
Recovery Inc	24	28	25	54	58	123	119	122	93	89
	147	147	147	147	147	147	147	147	147	147
Provider Totals	16.33%	19.05%	17.01%	36.73%	39.46%	83.67%	80.95%	82.99%	63.27%	60.54%

Percentage of Patients by Race Type (Admission)										
	Alaskan Native	American Indian	Armenian	Asian Native	Black/African-American	Cambodian	Chinese	Filipino	Guamanian	Hawaiian
Recovery Inc	3	0	0	0	5	0	0	0	0	2
Provider Totals	17.65%	0.00%	0.00%	0.00%	29.41%	0.00%	0.00%	0.00%	0.00%	11.76%
Grand Totals	17.65%	0.00%	0.00%	0.00%	29.41%	0.00%	0.00%	0.00%	0.00%	11.76%
Percentage of Patients by Race Type (Current)										
	Alaskan Native	American Indian	Armenian	Asian Native	Black/African-American	Cambodian	Chinese	Filipino	Guamanian	Hawaiian
Recovery Inc	3	0	0	0	6	0	0	0	0	1
Provider Totals	11.11%	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	0.00%	0.00%	3.70%
Grand Totals	11.11%	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	0.00%	0.00%	3.70%

Report Output Fields:

Field	Description
Grand Totals	Displays the overall percentages of clients with each REAL SOGI field left blank (orange) and completed (green) for all providers selected in the report parameters.
Provider Totals	Upper row displays client counts for the number of clients with each REAL SOGI field left blank (orange) and completed (green), listed by provider. This is displayed as a fraction, with the numerator reflecting the number of clients with blank (or completed) fields and the denominator

Field	Description
	reflecting the total number of clients captured by the report parameters regardless of whether the corresponding demographic field for the client is blank or completed. Lower row displays the percentages of clients with each REAL SOGI field left blank (orange) and completed (green), listed by provider.
Percentage of Patients by Race Type (Admission)	<u>Provider Totals</u> Upper row displays client counts for the number of clients that selected each Race response at the time of admission, listed by provider. Lower row displays the percentages of clients that selected each Race response at the time of admission, listed by provider. Only clients with completed Race fields for the displayed provider are included in these metrics. <u>Grand Totals</u> Displays the percentages of clients that selected each Race response at the time of admission. Only clients with completed Race fields are included in these metrics.
Percentage of Patients by Race Type (Current)	<u>Provider Totals</u> Upper row displays client counts for the number of clients who currently have each Race response selected in Sage, listed by provider. This may reflect a Race entry that was made at the time of admission or that was made subsequently through Update Client Data. Lower row displays the percentages of clients who currently have each Race response selected in Sage, listed by provider. This may reflect a Race entry that was made at the time of admission or that was made subsequently through Update Client Data. Only clients with completed Race fields for the displayed provider are included in these metrics.

Field	Description
	<u>Grand Totals</u> Displays the percentages of clients who currently have each Race response selected in Sage for all providers selected in the report parameters. This may reflect a Race entry that was made at the time of admission or that was made subsequently through Update Client Data. Only clients with completed Race fields are included in these metrics.
Percentage of Patients by Ethnicity Type (Admission)	Displays the breakdown of client response options selected for the Ethnicity field at admission in the same way as described above for Race.
Percentage of Patients by Ethnicity Type (Current)	Displays the breakdown of client response options currently selected for the Ethnicity field in Sage in the same way as described above for Race.
Percentage of Patients by Language Type (Admission)	Displays the breakdown of client response options selected for the Language field at admission in the same way as described above for Race.
Percentage of Patients by Language Type (Current)	Displays the breakdown of client response options currently selected for the Language field in Sage in the same way as described above for Race.
Percentage of Patients by Sexual Orientation Type (Admission)	Displays the breakdown of client response options selected for the Sexual Orientation field at admission in the same way as described above for Race.
Percentage of Patients by Sexual Orientation Type (Current)	Displays the breakdown of client response options currently selected for the Sexual Orientation field in Sage in the same way as described above for Race.
Percentage of Patients by Gender Identity Type (Admission)	Displays the breakdown of client response options selected for the Gender Identity field at admission in the same way as described above for Race.

Field	Description
Percentage of Patients by Gender Identity Type (Current)	Displays the breakdown of client response options currently selected for the Gender Identity field in Sage in the same way as described above for Race.

Report Export:

The recommended export format for this report is Microsoft Excel (XLS). Click **Export** at the top of the screen, in the **Format** section select “Microsoft Excel (XLS)” from the drop-down, then click **Ok**. All default settings can be left as is.

Print Report

Export

Format:

Microsoft Excel (XLS)

Column Width

☒ Column width based on objects in the:

Whole Report

☐ Constant column width (in points):

36

Export page headers and page footers:

Once per report

☐ Create page breaks for each page
☒ All pages

☐ Convert date values to strings
☐ From:

1

To:

1

☐ Show gridlines

Ok

Cancel

Referral ID Report

The Referral ID report is populated from the Referral Connections Form (completed for direct provider referrals) and Service Connection Log (completed by SASH, CENS, and CORE) who screened the client with a provisional level of care. Based on the screening results, SASH, CENS, CORE, or direct providers have contacted the user’s agency site and arranged an appointment for assessment/intake. The report provides client Name, Date of Birth, gender information for validation purposes, preferred contact, and appointment date (and time, if available) for referrals made to the user’s agency. The purpose of this report is to provide referral information and ensure patients who show, or no show to their appointment are tracked correctly. Providers will use this report information to complete the Appointment

Disposition Log form and input the outcome of a patient's appointment status.

Report Parameters:

Parameter	Description
Start Date (Required)	The earliest appointment date the report will pull.
End Date (Required)	The latest appointment date the report will pull.
Select Providers(s) (Required)	Select your agency.

REFERRAL ID REPORT
Process
Discard
Add to Favorites

Referral ID Report

Start Date *

T

Y

End Date *

T

Y

Select Provider(s) *

All | Clear

☐ RECOVERY, INC.

Report Output:



Referral ID # Report

Date Parameters: 12/1/2023 - 12/12/2023



12/12/2023

Agency: Recovery, Inc.

Location: Recovery Facility

Service Connections Log

Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
138429	171926	Test,Admission	1/1/1952	Male	N/A	12/12/2023	10:53 AM

Referral Connections

Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
12179	198802	Test,Client	10/19/2004	Male	N/A	12/12/2023	10:55 AM

Report Output Fields:

Field	Description
Agency	Displays agency name.
Location	Information is grouped by agency site address.
Service Connection Log	Information is grouped by Service Connection Log to indication appointment was made by either SASH, CENS, or CORE.
Referral Connection	Information is grouped by Referral Connection to indicate appointment was made by provider.
Referral ID #	Service Connection/Referral Connection form identification number.
PATID	The patient's Sage identification number.
Patient Name (Last, First)	The patient's last and first name.
Date of Birth	The patient's date of birth.
Gender	The patient's gender.
Contact	The patient's prefer contact information (if available).
Appointment Date	The appointment date entered in Service Connection or Referral Connections form.
Appointment Time	The appointment time entered in Service Connection or Referral Connections form (if available).

Report Export:

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select "Adobe Acrobat (PDF)" from the drop down, then click **Ok**. This export will permit the viewing of the report.

Print Report Export

Format: Adobe Acrobat (PDF)

Pages:

☒ All

☐ Page Range:

1 To: 1

☐ Create bookmarks from group tree

Ok Cancel

If users require manipulating the data, such as filtering and/or sorting, the recommended export is Microsoft Excel Record (XLS). This permits the manipulation of data by grouping, such as the Service Connections Log by site or Referral Connections by site. Please note that three additional boxes need to be checked off and one defaulted box must be unchecked.

Print Report Export

Format: Microsoft Excel Record (XLS)

Excel Format

☐ Typical: Data is exported with default options applied.

☐ Minimal: Data is exported with no formatting applied.

☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details

☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☐ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok Cancel

	A	B	C	D	E	F	G	H	I
1	Referral ID # Report								
2	Date Parameters: 1/1/2021 - 12/19/2023								
3						12/19/2023			
4									
5	Location: Recovery Facility								
6	Service Connections Log								
7	Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time	
8	15753	159904	Recovery,Test	12/1/2000	Male	N/A	4/1/2021	02:14 PM	
9	15913	161389	Patient,Treatment	1/1/1990	Male	N/A	10/10/2023	04:14 PM	
10	15915	160417	Test,Address	1/22/2000	Female	N/A	12/15/2023	12:01 PM	
11									
12	Referral Connections								
13	Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time	
14	37	159928	Cens,Sapc	7/1/2017	Unknown	N/A	4/1/2021	02:29 PM	
15	91	159934	Test,Client	7/27/2019	Male	N/A	12/11/2023	12:04 PM	

Release of Information_In Network Report

The Sage-PCNX Release of Information_In Network form (ROI) is used to document a patient's authorization to disclose PHI and specifies 1) what health information the patient authorizes to be released from their medical record, 2) with whom the information may be shared, and 3) the expiration date of the authorization (if any).

This report provides a listing of ROI forms completed in Sage.

Report Parameters:

Parameter	Description
Provider (Required)	Select your agency.
PATID	This report is patient specific. A patient's name (last,first) or PATID may be used. The system may take several seconds to process finding the patient. Once the patient's name or PATID is entered the user should wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click the name. If the user navigates/clicks outside the field while the system is searching for the patient a "No records found" message may appear.
Start Date (Required)	The earliest Effective Date the report will pull.
End Date (Required)	The latest Effective Date the report will pull.

RELEASE OF INFORMATION IN NETWORK REPORT

Process Discard Add to Favorites

Release of Information In Network Report

Provider *

All Clear Search

☐ Recovery Inc

PATID

Start Date *

End Date *

Report Output:

SUBSTANCE ABUSE PREVENTION AND CONTROL Release of Information In Network Report									
Release of Information Date Range: 2/1/2025 to 2/13/2025									
Provider	PATID	Patient Name	Release ID	Effective Date	Authorized Providers	Authorized PHI Disclosures	ROI Expiration Date	ROI Status	Signed Release Attached via Provider File Attach
Recovery Inc									
	298375	PCNX,ESTHER	4107	02/01/2025	Authorized selected network providers	Authorized all disclosures	6/1/2025	Active ROI	
	148387	TEST,CARLA MRS	1012	02/13/2025	Authorized all network providers	Authorized all disclosures		Original ROI ID (1008-02/13/2025) - Revoked on: 02/14/2025	
	292568	TEST,YOLANDA	1007	02/13/2025	Authorized all network providers	Authorized all disclosures		Active ROI	Yes
	292568	TEST,YOLANDA	1005	02/06/2025	Authorized selected network providers	Authorized selected disclosures		Original ROI ID (1003-02/06/2025) - Revoked on: 02/13/2025	
	292568	TEST,YOLANDA	1002	02/13/2025	Authorized selected network providers	Authorized all disclosures		Active ROI	
Total Patients with Release of Information for Recovery Inc:									
Total In Network ROI: 3									

Total Summary for All Provider ROIs
Total In Network ROI: 3

Report Output Fields:

Field	Description
Provider	Agency name.
PATID	The patient's Sage identification number.
Patient Name	The patient's last and first name.
Release ID #	ROI form identification number.
Effective Date	Date listed on the Effective Date of Release field.
Authorized Providers	One of two options will appear: - Authorized all network providers - Authorized selected network providers
Authorized PHI Disclosures	One of two options will appear: Authorized all disclosures

Field	Description
	Authorized selected disclosures
ROI Expiration Date	The date the ROI expired. If blank, then no expiration date was entered on the form.
ROI Status	One of two options will appear: - Active ROI - Original ROI ID (XX)- Revoked on: XX/XX/XXXX An Active ROI is one that has not been revoked. If an ROI expired, this field would still reflect Active ROI if the form was not revoked.
Signed Release Attached via Provider File Attach	If the “Uploaded Signature” section of the Release of Information_In Network form was completed, this column will show Yes, otherwise it will be blank.
Totals	
Total patients with Release of Information for XX	The XX will list the selected agency. As this report is also used by SAPC, it helps separate ROIs by agency.
Total In Network ROI: #	The number reflects the number of patients.
Total Summary for All Provider ROIs	As this report is also used by SAPC, this section provides an overall total of ROIs across selected agencies.
Total In Network ROI: #	The number reflects the number of patients with at least one Active ROI.

Report Export:

This report requires some manipulation after exporting. The recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

	A	B	C	D	E	F	G	H	I	J	K	L
1	PREVENTION AND CONTROL											
2	Information In Network Report											
3	Range: 2/1/2025 to 2/13/2025 as of Date											
4	Provider	PATID	Patient Name	Release ID	Effective Date	Authorized	Provided PHI	Disc Expiration	ROI Status	Attached via Provider File Attach		
5	Recovery Inc											
6	298375	CNX, ESTHE	4107	02/01/2025	electd network	rized all	discl	6/1/2025	Active ROI			
7	148387	ST, CARLA M	1012	02/13/2025	d all network	rized all	discl	01/08- 02/13/2025	- Revoked on: 02/14/2025			
8	292568	EST, YOLANL	1007	02/13/2025	d all network	rized all	discl	01/08- 02/13/2025	Active ROI	Yes		
9	292568	EST, YOLANL	1005	02/06/2025	electd network	selected	discl	01/08- 02/06/2025	- Revoked on: 02/13/2025			
10	292568	EST, YOLANL	1002	02/13/2025	electd network	rized all	discl	01/08- 02/13/2025	Active ROI			
11	Total Patients with Release of Information for Recovery Inc:											
12	Total In Network ROI: 3											
13	Total Summary for All Provider ROIs											
14	Total In Netw 3											
15	1											

Select the data boxed in purple (rows 6-10 in the example) and move them one column to the right. That will align the data with the correct columns. Resize the columns to see the data within its own cell.

	Provider	PATID	Patient Name	Release ID	Effective Date	Authorized Providers	Authorized PHI Disclosures	ROI Expiration Date	ROI Status	Signed Release Attached via Provider File Attach
4										
5	Recovery Inc									
6		298375	PCNX,ESTHER	4107	02/01/2025	Authorized selected network providers	Authorized all disclosures	6/1/2025	Active ROI	
7		148387	TEST,CARLA MRS	1012	02/13/2025	Authorized all network providers	Authorized all disclosures		Original ROI ID (1008-02/13/2025) - Revoked on: 02/14/2025	
8		292568	TEST,YOLANDA	1007	02/13/2025	Authorized all network providers	Authorized all disclosures		Active ROI	Yes
9		292568	TEST,YOLANDA	1005	02/06/2025	Authorized selected network providers	Authorized selected disclosures		Original ROI ID (1003-02/06/2025) - Revoked on: 02/13/2025	
10		292568	TEST,YOLANDA	1002	02/13/2025	Authorized selected network providers	Authorized all disclosures		Active ROI	
11	Total Patients with Release of Information for Recovery Inc:									
12	Total In Network ROI: 3									
13	Total Summary for All Provider ROIs									
14	Total In Network ROI: 3									

Financial Reports

Batch Status Report

The Batch Status Report has been updated. In ProviderConnect (PCON) classic, when a bill was created, a Bill Enumeration number was generated, however it does not exist in PCNX. When claims are submitted in PCNX a batch is created. Primary Sage users will receive an indication of the Batch Number when submitting claims through the Fast Service Entry Submission form. Secondary Sage users may see the associated batch number to services through MSO KPI dashboards.

The Batch Status Report provides a summary of services and adjudication associated with a batch. It also indicates if a batch is **closed** (processed by finance) or **active** (not yet processed by finance). This report may be used by both Primary and Secondary Sage users.

Report Parameters:

Parameter	Description
Provider(s) (Required)	Provider's name. As claims are submitted by an agency this is not broken down by site location. However, the output will indicate the site billed.
Batch Number (Required)	Either enter or select a batch number. The default is to show the oldest batch first. <u>Primary Sage Users:</u> the naming convention will show as Fast Service Entry Batch if the claims were generated out of PCNX. It will show as PConn Web Services if claims were generated from ProviderConnect classic.

Secondary Sage Users: the naming convention will show as either **HIPAA837P Claim Processing** or **HIPAA837I Claim Processing**.

BATCH STATUS REPORT

Batch Status Report

Provider *

All Clear recovery

☐ EXODUS RECOVERY INC.

☐ FRED BROWN'S RECOVERY SERVICES INC.

☐ INLAND VALLEY DRUG AND ALCOHOL RECOVERY

☐ LAKE HUGHES RECOVERY

☐ LIVE AGAIN RECOVERY HOME INC.

☐ MOTIVATIONAL RECOVERY SERVICES INC.

☒ RECOVERY, INC.

☐ SAN FERNANDO RECOVERY CENTER

☐ SOCIAL MODEL RECOVERY SYSTEMS INC.

☐ VAN NESS RECOVERY HOUSE

Batch Number *

22808 - Fast Service Entry Batch 22808 (created on 05/05/2023)

Report Output:

Batch Status Report													
Recovery, Inc. (1)													
Batch Status - Closed													
BATCH ID : 22808													
Member ID	Date Of Service	Procedure Code	Auth Number	Program	Performing Provider	Units	Amt Billed	Total Fee Table Amt	Expected Disbursement	A/D/P	A/D/P Message	EOB #	
DOO.SCO OBY (159906)	05/05/2023	H0050:UA:HF	112172	Recovery Facility	HINDMAN,DAVID SAPC - Licensed Clinical Psychologist (LCP)	1.00	50.00	45.61	45.61	Approved	The service was approved with the following notice: Limited by allowed amount.	12587	
DOO.SCO OBY (159906)	05/05/2023	H0050:U7:HF	112172	Recovery Facility	HINDMAN,DAVID SAPC - Licensed Clinical Psychologist (LCP)	1.00	50.00	45.61	45.61	Approved	The service was approved with the following notice: Limited by allowed amount.	12587	
Total Services	Total Approved Units	Total Denied Units	Total Pending Units	Total Units	Total Charges	Total Approved	Total Denied	Total Pending					
2	2.00	0.00	0.00	2.00	\$100.00	\$100.00	\$0.00	0.00					

The bottom of the report provides an overall summary of the claims in the batch, including how many services were in this batch, the number of units, and the adjudication. The report sorts claims alphabetically in ascending order by a patient's last name in the Member ID field.

Report Output Fields:

Field	Description
Summary Box	

Field	Description
Total Services	Total number of services in the batch.
Total Approved Units	Total number of approved units.
Total Denied Units	Total number of denied units.
Total Pending Units	Total number of pending units.
Total Units	Total number of units billed.
Total Charges	Total amount billed to SAPC. For Primary Sage users submitting billing through the Fast Service Entry Submission this reflects the Total Charge field.
Total Approved	Total approved amount.
Total Denied	Total denied amount.
Total Pending	Total pending amount.
Patient Service Detail	
*Member ID	Patient's name and PATID.
*Date of Service	Date of service.
*Procedure Code	Procedure code that was billed.
Auth Number	Authorization number associated with the billed service.
*Program	Contracting provider program address associated with service.
*Performing Provider	Performing provider associated with the service.
Units	Units billed.

Field	Description
Amt Billed	This is the amount billed to SAPC. For Primary Sage Users this is the Total Charge field on the Fast Service Entry Submission form.
Total Fee Table Amt	This reflects the dollar amount on the Fee Table in Sage. Essentially the max that could be paid out barring any exceptions such as third-party payment. <i>Note: it is important to bill SAPC the accurate rate otherwise this report may be misinterpreted as getting paid less than what was billed, when in fact the disbursement will be based on the fee table and third-party payment taken into account.</i>
*Expected Disbursement	This is what SAPC expects to pay out to the provider, which may be different than the Amt Billed and Total Fee Table Amt.
A/D/P	A/D/P - stands for <u>A</u> pprove, <u>D</u> eny, and <u>P</u> end. It reflects the adjudication of the service. <i>Note: the adjudication is only valid once the batch is Closed.</i>
*A/D/P Message	Message output for A/D/P field
EOB #	Once an Explanation of Benefits (EOB) is generated this field will populate with the number.

An asterisk (*) indicates a new or updated field

Report Export:

This report is best viewed within PCNX without exporting. Should providers want to export, they may use **Adobe Acrobat (PDF)** or **Separated Values (CSV)** to maintain the same layout of the report. If exported to Microsoft Excel Record (XLS) the layout does not lend itself to filtering or sorting as there is no main header on this version.

Print Report
Export

Format: Adobe Acrobat (PDF)

Pages:
☒ All
☐ Page Range:
1 To: 1

☐ Create bookmarks from group tree

Ok
Cancel

If exported as Separated Values (CSV), the export parameters for Character Options, Report and Page Sections, Group Sections, and Preserve Formatting should match the image below to maintain the same formatting as Adobe Acrobat (PDF).

Print Report
Export

Format: Separated Values (CSV)

Character Options
Delimiter: "
Separator: ,

Report and Page Sections
☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Group Sections
☐ Export
☒ Isolate Group Sections
☐ Do not export

Preserve Formatting
☐ Preserve Date Formatting
☐ Preserve Number Formatting

Ok
Cancel

An example of an exported Separated Values (CSV) file using the parameters above:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2	Batch Stat	Recovery,	Batch Stat	BATCH ID : 22808									
3	Member ID	Date Of Se	Procedure	Auth Num	Program	Performin	Units	Amt Billec	Total Fee	Expected	A/D/P	A/D/P Me	EOB #
4	DOO,SCO	5/5/2023	H0050:UA:	112172	Recovery	HINDMAN	1	50	45.61	45.61	Approved	The servic	12587
5	DOO,SCO	5/5/2023	H0050:U7:	112172	Recovery	HINDMAN	1	50	45.61	45.61	Approved	The servic	12587
6	Total Serv	Total App	Total Den	Total Pen	Total Unit	Total Char	Total App	Total Den	Total Pending				
7	2	2	0	0	2	\$100.00	\$100.00	\$0.00	0				
8	Run Date: Page -1 of 1												

Billing by License Type and LOC Report

The Billing by License Type and LOC Report was created to provide an aggregate count of approved billing by site location, license type, and auth level of care (LOC). As a practitioner's license may change such as going from a Registered Counselor to Certified Counselor or License Eligible LPHA to LPHA, this report takes into account the license type at the time of service. As some site locations may offer multiple levels of care, a practitioner's license may be counted multiple times across the different levels of care. For example, a site that offers ASAM 1.0, ASAM 2.1, and RI Program Contingency Management, may have a single practitioner providing services to clients at each of those LOCs. Therefore, that practitioner's license could be counted under each of those LOCs.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Provider's name.
Start Date (Required)	The earliest date of service billed.
End Date (Required)	The latest date of service billed.
Select Program(s) [Leave Blank to Select All]	This report may be run for all sites or selected sites. Leaving this field blank will pull information for all sites.
Primary License	This is a practitioner's license configuration for billing SAPC.
Auth LOC	This is the LOC as noted on the member or provider authorization.

**Note: for large agencies it is recommended that this report be run for no more than a month period as it may timeout.*

BILLING BY LICENSE TYPE REPORT Process Discard Add to Favorites

Billing by License Type Report

Select Provider(s) *

All | Clear Search

✓ RECOVERY, INC.

Select Program(s) [Leave Blank to Select All]

All | Clear Search

☐ Recovery Facility 2
☐ Recovery Facility

Start Date *

End Date *

Primary License

All | Clear Search

☐ CERTIFIED PEER SUPPORT SPECIALIST
☐ CERTIFIED SUD COUNSELOR
☐ CLINICAL PSYCHOLOGIST (CP)
☐ LCSW/MFT, LPCC CLINICAL TRAINEE
☐ LICENSE ELIGIBLE - LPHA
☐ LICENSED LPHA

Auth LOC [Leave Blank to Select All]

All | Clear Search

☐ ASAM .5 - PARENTING-PPW
☐ ASAM .5 - PARENTING-PPW
☐ ASAM .5 - PERINATAL-PPW
☐ ASAM .5 - PERINATAL-PPW
☐ ASAM .5

Report Output:

SUBSTANCE ABUSE PREVENTION AND CONTROL								
Billing By License Type Report								
Parameters Used								
Provider: Recovery, Inc., Program(s): Recovery Facility								
6/1/2024 to 7/1/2025								
Primary License:								
Auth LOC:								
Provider	Program	Primary License	License Count	Auth LOC	Procedure Count for Approved Services	Total Charged	Total Disbursed (after takebacks)	Total Takeback
Recovery, Inc.	Recovery Facility	Certified Peer Support Specialist	1	ASAM 1.0	2	\$63.37	\$63.37	
Recovery, Inc.	Recovery Facility	Certified Peer Support Specialist	1	ASAM 1.0 - Parenting-PPW	2	\$63.37	\$63.37	
Recovery, Inc.	Recovery Facility	Certified Peer Support Specialist	1	ASAM 1.0 - Perinatal-PPW	2	\$63.37	\$63.37	
Recovery, Inc.	Recovery Facility	Certified Peer Support Specialist	1	ASAM 2.1	3	\$80.10	\$67.78	\$12.32

Report Output Fields:

Field	Description
Provider	Provider's name.
Program	The site location associated with billing.
Primary License	This is a practitioner's license configuration for billing SAPC at the time of the service.

Field	Description
License Count	The number of unique practitioners with the listed license type.
Auth LOC	The level of care billed based on the member authorization or provider authorization (PAUTH).
Procedure Count for Approved Services	The number of approved services billed.
Total Charged	The amount billed to SAPC.
Total Disbursed (after takebacks)	The amount paid to the provider after takebacks. (This figure could change depending on when the report is run).
Total Takeback	The amount voided or retro adjudicated. If there are no known takebacks this field will be blank.
Last Page Only: Totals	
Total: Procedure Count for Approved Services	This will provide an aggregate of the total number of approved procedures for the selected parameters.
Total: Total Charged	This will provide an aggregate of the total amount charged to SAPC for the selected parameters.
Total: Total Disbursed (after takebacks)	This will provide an aggregate of the total amount disbursed for the selected parameters.
Total: Total Takeback	This will provide an aggregate of the total amount taken back via contractor void or other retro adjudication process for the selected parameters.

Report Export:

The recommended export format for this report is **Microsoft Excel Record (XLS)**. Change the drop down from “Details” to **Page Header**. Check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**. Unselect **Simplify page headers**.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Page Header
36
- ☐ Constant column width (in points):

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☐ Simplify page headers
☐ Show group outlines

Ok
Cancel

Billing by Procedure Code Report

The Billing by Procedure Code Report was developed for monitoring specific code use by practitioner types at the claim level. It is more granular than the Billing by License Type and LOC Report which aggregates data and has more parameters than the Provider Services Detail Report or Cost of Service by Client Report.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Provider's name.
Start Date (Required)	The earliest date of service billed.
End Date (Required)	The latest date of service billed.
Select Program(s) [Leave Blank to Select All]	This report may be run for all sites or selected sites. Leaving this field blank will pull information for all sites.

Parameter	Description
Procedure Code(s) [Leave Blank to Select All]	This is the base procedure code without modifiers.
Benefit Plan(s) [Leave Blank to Select All]	This is the LOC as noted on the member or provider authorization.
Primary License	This is a practitioner's license configuration for billing SAPC.

BILLING BY PROCEDURE CODE REPORT

Process Discard Add to Favorites

Billing by Procedure Code Report

Select Provider(s) *

All Clear Search

☐ RECOVERY, INC.

Select Program(s) [Leave Blank to Select All]

All Clear Search

Start Date *

End Date *

Select Procedure Code(s) [Leave Blank to Select All]

All Clear Search

☐ 90785
☐ 90791
☐ 90792
☐ 90846
☐ 90847
☐ 90849
☐ 90885
☐ 90887
☐ 90889

Benefit Plan(s) [Leave Blank to Select All]

All Clear Search

☐ ASAM .5 - PARENTING-PPW
☐ ASAM .5 - PERINATAL-PPW
☐ ASAM .5
☐ ASAM 0.5 - JI YOUTH

Primary License(s) [Leave Blank to Select All]

All Clear Search

☐ Certified Peer Support Specialist
☐ Certified SUD Counselor
☐ Clinical Psychologist (CP)

Report Output:

Billing by Procedure Code Report

Provider(s): RECOVERY, INC.

Program(s): All Programs

Date Range: 5/31/2026 to 6/22/2026

Procedure Code(s): All Procedure Codes

Benefit Plan(s): All Benefit Plans

Primary License(s): All Licenses

Run Date: 6/22/2026 9:13:56 AM

Page 1 of 1

Provider	Contracting Provider	Client ID	Client Name	Auth Number	Auth LOC	Date of Service	Procedure Code	Units	Location	Practitioner	Primary License	Claim Status	Amount Billed (\$)	Expected Disbursement (\$)	Batch ID	EOB ID	Void/Retro
Recovery, Inc.	Recovery Facility	289299	SAGEM, ESTHER MIDDLE	638169	ASAM 3.1	6/18/2026	LPHACOD	1.00	Residential Sub. Abuse Treatment Fac	ORELLANA, ESTHER	Clinical Psychologist (CP)	Denied	\$0.00	\$0.00	335461	164032	No
Recovery, Inc.	Recovery Facility	289299	SAGEM, ESTHER MIDDLE	638169	ASAM 3.1	6/18/2026	LPHACOD	1.00	Residential Sub. Abuse Treatment Fac	ORELLANA, ESTHER	Clinical Psychologist (CP)	Approved	\$0.00	\$0.00	335462	164033	No
Recovery, Inc.	Recovery Facility	289307	YOUNG, TESTER	638240	ASAM 3.1	5/31/2026	H0019:U1	1.00	Office	SCHWARZ, GREG S APC	Clinical Psychologist (CP)	Approved	\$247.95	\$247.95	335455	164026	No
Recovery, Inc.	Recovery Facility	289307	YOUNG, TESTER	638240	ASAM 3.1	6/1/2026	H0019:U1	1.00	Office	SCHWARZ, GREG S APC	Clinical Psychologist (CP)	Approved	\$247.95	\$247.95	335455	164026	No

Report Output Fields:

Field	Description
Provider	Provider's name.
Contracting Provider	The site location associated with the billed claim.
Client ID	This is a practitioner's license configuration for billing SAPC at the time of the service.
Client Name	Client's name and Sage identification number.
Auth Number	The authorization number. Member Authorizations begin with a number while Provider Authorizations (PAUTH) begin with a "P."
Auth LOC	The level of care billed based on the member authorization or provider authorization (PAUTH).
Date of Service	The date of service.
Procedure Code	The procedure code that was billed.
Units	The number of units billed.
Location	The place of service associated with the service.
Practitioner	The staff associated with rendering the billed service.
Primary License	This is a practitioner's license configuration for billing SAPC.
Claim Status	The local adjudication of the claim: A: Approved P: Pending D: Denied
Amount Billed (\$)	This is the amount billed to SAPC. For Primary Sage Users this is the Total Charge field on the Fast Service Entry Submission form.

Field	Description
Expected Disbursement (\$)	This is what SAPC expects to pay out to the provider, which may be different than the Amount Billed.
Batch ID	The batch ID number associated with the service.
EOB ID	The Explanation of Benefits (EOB) number associated with the service.
Void/Retro	Indicates if the service was retro adjudicated by either the provider or if recouped as a result of a State Denial. Value options: • Yes • No

Report Export:

The recommended export format for this report is **Microsoft Excel Record (XLS)**. Change the drop down from “Details” to **Page Header**. Check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**. Unselect **Simplify page headers**.

The screenshot shows the 'Export' dialog box with the following settings:

- Format:** Microsoft Excel Record (XLS) (selected)
- Excel Format:**
 - ☐ Typical: Data is exported with default options applied.
 - ☐ Minimal: Data is exported with no formatting applied.
 - ☒ Custom: Data is exported according to selected options.
- Column Width:**
 - ☒ Column width based on objects in the: Page Header (dropdown menu)
 - ☐ Constant column width (in points):
- Formatting Options (Left):**
 - ☒ Export object formatting (highlighted with a red box)
 - ☐ Export images
 - ☐ Use worksheet functions for summaries
 - ☒ Maintain relative object position (highlighted with a red box)
- Formatting Options (Right):**
 - ☒ Maintain column alignment (highlighted with a red box)
 - ☒ Export page header and page footer
 - ☐ Simplify page headers (highlighted with a red box)
 - ☐ Show group outlines
- Buttons:** Ok, Cancel

Check/EFT Number Report

This report was replicated from Sage-PCON to Sage-PCNX to show a summary and details of services associated with a check number.

Report Parameters:

Parameter	Description
All of Date Range? (Required)	All: It will generate a listing of all check numbers available by date. Date Range: It will limit the options based on check dates entered in the date fields.
Begin Date (Conditionally Required)	The earliest check date to be pulled.
End Date (Conditionally Required)	The latest check date to be pulled.
Provider(s) (Required)	Provider agency name. Checks are issued at the agency level not the site level therefore there is no program specific field.
Check/EFT Number (required)	From the drop down, select the check number to populate the report. If the check number or partial check number is known, it may also be entered into the search bar once the drop down is enabled.

Report Output:

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Check/EFT Number Report

Check/EFT Date Range: -
Check/EFT Number: 577897987Q
Check/EFT Amount: \$6,328.40
Provider(s): Recovery, Inc.

Batch #	EOB Number	Total Billed	Total Approved	Total Denied
333860	162330	\$5,209.40	\$4,980.89	\$0.00
333865	162335	\$2,169.49	\$1,347.51	\$821.98
	Grand Total:	\$7,378.89	\$6,328.40	\$821.98

Batch #	EOB Number	Program	Client ID	Date of Service	CPT Code	Claim Status	Explanation of Coverage	Billed Amount	Approved Amount	Denied Amount
333865	162335	Recovery Facility	289266	9/2/2024	Group counseling by a clinician, 15 mins (H0005:U7)	Approved		\$50.00	\$50.00	\$0.00
333865	162335	Recovery Facility	289266	9/3/2024	Psychiatric diagnostic evaluation, 60 mins (90791:U7)	Approved		\$410.99	\$410.99	\$0.00
333865	162335	Recovery Facility	289266	9/3/2024	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	Denied	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	\$410.99	\$0.00	\$410.99
333865	162335	Recovery Facility	289266	10/1/2024	Behavioral health counseling and therapy, 15 mins (H0004:U7)	Approved		\$102.75	\$102.75	\$0.00
333865	162335	Recovery Facility	289266	10/2/2024	Group counseling by a clinician, 15 mins (H0005:U7)	Approved		\$50.00	\$50.00	\$0.00
333865	162335	Recovery Facility	289266	10/3/2024	Psychiatric diagnostic evaluation, 60 mins (90791:U7)	Approved		\$410.99	\$410.99	\$0.00
333865	162335	Recovery Facility	289266	10/3/2024	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	Denied	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	\$410.99	\$0.00	\$410.99
333865	162335	Recovery Facility	289267	9/5/2024	Long Term Residential Day Rate (H0019:U1)	Approved		\$220.03	\$220.03	\$0.00

The top section is a summary of the dollars associated with batches, whereas the subsequent section has a detailed breakdown by patient and procedure per batch.

Note: check numbers with "DENIED" in the naming convention are fake check numbers pending EOBs being associated with a real check number. These fake check numbers will not populate on the report.

Report Output Fields:

Field	Description
Summary Section	
Batch #	Listing of all the batches associated with this check number.
EOB Number	Listing of all the EOBs related to the batches associated with this check number.
Total Billed	The dollar amount billed to SAPC.
Total Approved	The dollar amount approved for the batch.
Total Denied	The dollar amount denied for the batch.

Field	Description
Detail Section	
Batch #	The Batch number.
EOB Number	The EOB number.
Program	The site location associated with the billed service.
Client ID	The patient's Sage identification number.
Date of Service	The date of the service.
CPT Code	The billed procedure description and code.
Claim Status	The claim status: • Approved • Denied • Pending
Explanation of Coverage	Will only populate if the service was denied. It will indicate the reason for the denial.
Billed Amount	The amount billed for the service.
Approved Amount	The approved amount for the service.
Denied Amount	The denied amount for the service.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the:
☐ Constant column width (in points):

Page Header
36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Contract Performance Reports

The Contract Performance Reports allows providers to review the total number of units of services delivered by Provider Site, by ASAM level of Care and by HCPCS/CPT Code. The “Detail” report is used to complete fiscal reporting tool requirements where the units of services are reported to account for program costs. The “Summary” report is provided to give providers a high-level overview of units of service by HCPCS/CPT and by ASAM Level of Care. Each section is listed by provider site, contract number and ASAM contracted levels of care.

- FY2020+ Contract Performance Report**

For fiscal years between 2020 and 2022 (FY 20-21, FY 21-22, and 22-23) providers will use the FY 2020+ Contract Performance Report.

- FY2023+ Contract Performance Report**

For fiscal years 2023 (FY 23-24) and after providers will use the FY 2023+ Contract Performance Report.

Report Parameters:

FY2023+ CONTRACT PERFORMANCE REPORT

Process

Discard

Add to Favorites

FY2023+ Contract Performance Report

Select Provider(s) *

RECOVERY, INC.

×

▼

Detail or Summary? *

Detail

×

▼

Service Begin Date *

07/01/2024

📅

T

Y

⬆

⬇

⬇

⬆

Service End Date *

09/30/2024

📅

T

Y

⬆

⬇

⬇

⬆

Parameter	Description
Service Provider(s)* (Required)	Select the Agency.
Detail or Summary? * (Required)	Select either a Detail view or a Summary view of the data.
Service Begin Date * (Required)	The earliest date the report will pull.
Service End Date * (Required)	The latest date the report will pull.

Report Output:

Detail Type Output

Detail									
Provider: RECOVERY SERVICES INC 1000 S Freemont Ave									
Location (Provider #)	Level of Care (LOC)	State Crosswalk	HCPCS Code Description	Unit Rate	YTD Billed UOS	Gross Amount Claimed	Approved UOS	Y-T-D Adjusted Approved Amount	
Contract #: 555555 (RBH- Recovery Services Inc.) Contract Terms: 7/1/2024 to 6/30/2025									
RBH - Recovery Bridge Housing									
H2034									
H2034 Recovery Bridge Housing					\$ 60.50	2228	\$134,794.00	620	\$37,510.00
H2034						2228	\$134,794.00	620	\$37,510.00
RBH - Recovery Bridge Housing						2228	\$130,075.00	620	\$37,510.00
Contract Totals						2228	\$6,110.50	620	\$37,510.00
RECOVERY 1000 S Freemont Ave Totals						2228	\$130,075.00	620	\$37,510.00
Page 1 of 12									
Run Date: 11/27/2024 9:05:4									

Summary Type Output

Summary									
Provider: RECOVERY SERVICES 1000 S Freemont Ave.									
Location (Provider #)	Level of Care (LOC)	State Crosswalk	HCPCS Code Description	Unit Rate	YTD Billed UOS	Gross Amount Claimed	Approved UOS	Y-T-D Adjusted Approved Amount	
Contract #: PH005555 (DMC-RECOVERY SERVICES) Contract Terms: 7/1/2024 to 6/30/2025									
ASAM 3.1									
			H0001:U1		184	\$0.00	184	\$0.00	
			H0004:U1		408	\$0.00	400	\$0.00	
			H0019		1726	\$379,771.78	1684	\$370,530.52	
			H0038		8	\$402.32	8	\$402.32	
			H2010N:U1		1	\$0.00	1	\$0.00	
			H2014:U1		245	\$0.00	241	\$0.00	
			S9976:U1		1707	\$42,675.00	1707	\$42,675.00	
			T1007:U1		218	\$0.00	218	\$0.00	
			T1017:U1		251	\$14,547.61	247	\$14,325.85	
ASAM 3.1					4748	\$431,520.07	4690	\$427,933.69	
ASAM 3.5									
			H0001:U3		187	\$0.00	187	\$0.00	
			H0004:U3		339	\$0.00	327	\$0.00	
			H0019		1351	\$338,357.95	1285	\$321,828.25	
			H0038		20	\$1,005.80	20	\$1,005.80	
			H2010N:U3		1	\$0.00	1	\$0.00	
			H2014:U3		230	\$0.00	226	\$0.00	
ASAM 3.5									
			S9976:U3		1403	\$35,075.00	1401	\$35,025.00	
			T1007:U3		166	\$0.00	162	\$0.00	
			T1017:U3		239	\$14,090.51	229	\$13,486.85	
ASAM 3.5					3936	\$383,983.18	3838	\$371,345.90	
Contract Totals					8684	\$49,927.93	8528	\$799,279.59	
1000 S Freemont Ave Totals					8684	\$815,503.25	8528	\$799,279.59	
RECOVERY SERVICES- Totals					8684	\$825,925.97	8528	\$799,279.59	

Report Output Fields:

Field	Description
Provider Name	The agency name.
Provider Address (Location)	Information is grouped by agency's provider site addresses.
Level of Care	ASAM level of care that coincides with the Benefit Plans.
State Crosswalk	Ignore, this is an old column that is no longer used.
HCPCS Code Description	This will reflect the procedure code, including CPT.

Field	Description
Unit Rate (Only Available on Detail Report)	Rate at which claim is paid by unit per HCPCS/CPT Code.
Year to Date (YTD) Billed Units of Service	The number of units billed per HCPCS/CPT Code as of the day in which the report was generated.
Gross Amount Claimed	The total amount that was claimed by the provider for each HCPCS/CPT code.
Approved Units of Service	The number of units approved for each HCPCS/CPT Code.
Year to Date (YTD) Adjusted Approved Amount	The total amount of approved claims by HCPCS/CPT Code.
Contract Totals	The total amounts by each contracted provider.
Provider Total	The total amounts by the Agency.

Report Export:

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select “Adobe Acrobat (PDF)” from the drop down, then click **Ok**.

Print Report

Export

Format:

Adobe Acrobat (PDF)

Pages:

☒ All
☐ Page Range:

1

To: 1

☐ Create bookmarks from group tree

Ok

Cancel

Contractor Void Replacement Report

The Contractor Void Replacement Report is a new report available to providers in PCNX. This report populates with a listing of claims that have been voided by providers. It also provides

information regarding whether the claim has already been sent to the State. The timing of resubmitting claims that were already billed to the State is important, otherwise there is risk of the State denying it as a duplicate service.

Report Parameters:

Parameter	Description
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.
Select Provider(s) (Required)	Provider's name. As claims are submitted by an agency this is not broken down by site location.
Select Batch Origin [Leave blank for ALL]	Primary Sage Users: Leave Blank Secondary Sage Users: may select the appropriate 837 file type or leave blank.
Denials (Required)	Select "Without State Denials." <i>Note: This report is still being configured to display State Denials but is not fully functional at PCNX Go-LIVE.</i>
Batch Number (Required)	Either enter or select a batch number. The default is to show the oldest batch first. Primary Sage Users: the naming convention will show as Fast Service Entry Batch if the claims were generated out of PCNX. It will show as PConn Web Services if claims were generated from ProviderConnect classic. Secondary Sage Users: the naming convention will show as either HIPAA837P Claim Processing or HIPAA837I Claim Processing.

CONTRACTOR VOID REPLACEMENT REPORT

Process Discard Add to Favorites

Contractor Void Replacement Report

Start Date *

07/01/2023

T

Y

End Date *

08/21/2023

T

Y

Select Provider(s) *

All | Clear

☒ RECOVERY, INC.

Select Batch Origin [Leave blank for ALL]

All | Clear

☐ 837 Health Care Claim Institutional
☐ 837 Health Care Claim Professional
☐ ProviderConnect

Denials *

without State Denials

x

Report Output:



Substance Abuse Prevention and Control

Contractor Void Report



Print Date: 8/21/2023

EOB ID	PATID	Date of Service	Procedure Code	Orig. Amt	Distr. Amt	Voided Amt	Batch Origin	File Name	Date Void/ Replaced	Voided /Replaced	Rebill EOB ID	MSO Void/ Replace Code	PM Void/ Repl Pended	PM Void/ Repl Rcvd	PM Void/ Repl Cmpl
1 Recovery, Inc.															
12733	160919	7/10/2023	90791:U7	91.37		91.37	MSO		7/13/2023	Contractor Void	12744				
12747	160919	7/11/2023	H0004:U7	51.58		51.58	MSO		7/13/2023	Contractor Void	12750				
12748	160919	7/8/2023	T1017:U7	108.64		108.64	MSO		7/13/2023	Contractor Void	12750				
12748	160919	7/11/2023	90846:U7	200.00		200.00	MSO		7/13/2023	Contractor Void	12750				
12799	161128	7/1/2023	H0004:U7	200.00		200.00	MSO		8/9/2023	Contractor Void	12801				
				Total											
Total # Claims				Total Orig Amt		Total Voided Amt									
5				651.59		651.59									
				Total											
Total # Claims				Total Orig Amt		Total Voided Amt									
5				651.59		651.59									

Report Output Fields:

Field	Description
EOB ID	The Explanation of Benefits (EOB) number.
PATID	The patient's Sage ID.
Date of Service	Date of Service that was voided.
Procedure Code	Procedure code that was billed.
Orig. Distr. Amt	Original disbursed amount to provider.
Voided Amt	The amount voided. This typically matches the Orig. Distr. Amt field.
Batch Origin	How the void got into the system. Primary Sage users will see two options: 1. PC for ProviderConnect classic 2. MSO for PCNX submitted voids Secondary Sage users will see two options: 1. 837P 2. 837I
File Name	Secondary Sage users ONLY This is the 837 file name that contained the void/replacement.
Date Void/Replaced	The date the service was voided or replaced by the provider.
Voided/Replaced	Indicates if the service was voided (Contractor Void) or replaced (Replacement) by the provider.
Rebill EOB ID	This is the EOB ID associated with the rebilled service.
MSO Void/Replace Code	MSO refers to how the provider submitted the claim in Sage. If the code is 7, that represents the service was replaced. A code of 8 represents the service was voided.

Field	Description
	<i>Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.</i>
PM Void/Repl Pended	PM refers to SAPC's interaction with the State system after the claim is received from the provider or the MSO system. The service was submitted by the provider to be voided/replaced; however, the original service has not been adjudicated by the State and the system cannot process the void/replacement until the original is adjudicated. A date in this field represents the date the void/replacement is pending adjudication of the original claim before the void/replacement can be submitted to the State. <i>Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.</i>
PM Void/Repl Rcvd	Once the system receives the adjudication/835 for the original claim, after it was placed in pending status, a date will populate in this field to note when the 835 was received. <i>Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.</i>
PM Void/Repl Compt	The service replacement has been processed by the State and SAPC has received and processed the corresponding 835. A date value in this field represents a completed void/replacement where the void/replacement claim has been sent to the state. Providers should not submit a new claim for a voided claim until this field is populated. If a new claim is submitted before the process has been completed, the State will view the new claim as a duplicate and deny it as CO 96 M80. <i>Note: This field only populates if the original claim was sent to the State before the void/replacement was submitted by the provider.</i>

Report Export:

To export the report, click the Export button at the top of the screen. For Contractor Void Replacement Report, the recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Cost of Service by Client Report

The Cost of Service by Client Report is a new report in Sage-PCNX. It was designed to mimic the treatment page of Sage-PCON classic. This report provides a listing of billed services, but unlike the Provider Services Detailed Report, the Cost of Service by Client Report can be limited by a specific client.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Select the Provider.
Select Program(s) (optional)	This report could be run for all or some sites. Leaving this field blank will pull information for all sites.

Service From Date (Required)	The earliest date of service billed.
Service Through Date (Required)	The latest date of service billed.
Select Client [Leave blank for all] (optional)	Enter client's name or PATID.

COST OF SERVICE BY CLIENT REPORT

Process

Discard

Add to Favorites

Cost of Service by Client Report

Select Provider *

All | Clear

☒ RECOVERY, INC.

Select Program [Leave Blank for All]

All | Clear

☐ RECOVERY FACILITY 2
☐ RECOVERY FACILITY

Service From Date *

T

Y

Service Through Date *

T

Y

Select Client [Leave blank for all]

160919

Q

Results

PCNX,ESTER MIDDLE MS (160919)

1

Report Output:

This report has several columns and is best reviewed as an export.

Cost Of Services By Client Report																					
PCNX,ESTER MIDDLE MS, Services Dated 12/1/2023 To 12/30/2023																					
Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed	A/P/D	Tot Fee Table Amount	Amt Billed	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/1/2023 13269	23451		H0001:U7	TEST,B'RENNA	2.00	A		103.16	103.16	103.16	0.00	0.00	P12275	Contractor Void	12/08/2023	103.16	13271	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/1/2023 13272	23453		H0004:U7	ORELLANA,ESTH ER	4.00	A		365.48	365.48	365.48	0.00	0.00	P12275	Denial CO177	12/20/2023	365.48	13301	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/2/2023 13272	23453		H0005:U7	ORELLANA,ESTH ER	6.00	A		548.22	548.22	548.22	0.00	0.00	P12275	Contractor Void	12/08/2023	548.22	13273	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/4/2023 13272	23453		90791:U7	HINDMAN,DAVID SAPC	3.00	A		274.11	274.11	274.11	0.00	0.00	P12275	Contractor Void	12/08/2023	274.11	13273	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/8/2023 13272	23453		T1017:U7	TEST,B'RENNA	2.00	A		182.74	182.74	182.74	0.00	0.00	P12275	Denial CO177	12/11/2023	169.92	13277	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/9/2023 13277	23456		T1017:U7	HINDMAN,DAVID SAPC	3.00	A		274.11	274.11	274.11	0.00	0.00	P12275	Denial CO177	12/11/2023	160.29	13279	Denial CO177
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/10/202313278	23457		H0005:U7	TEST,PRACTITION ER	4.00	A		206.32	206.32	206.32	0.00	0.00	P12275					
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919 R.MIDDLE MS	12/10/202313277	23456		T1017:U7	TEST,B'RENNA	4.00	A		206.32	206.32	206.32	0.00	0.00	P12275	Denial CO 167 N30	12/20/2023	100.00	13298	Denial CO 167 N30
Recovery, Inc. (1) TOTALS :																					
Total Amount Billed:				\$2,160.46		Original Expected Disbursement:		2,160.46													
						Updated Expected Disbursement:		219.14													

Report Output Fields:

Field	Description
Provider	The agency name.
Program	The contracted program (side) that the service was billed under.
Patient	The patient's name- last name, first name.
PATID	The patient's Sage ID number.
Date of Service	The date of service.
EOB	The EOB number associated with the service.
BATCHID	The batch ID number associated with the service.
Proc Code	The procedure code that was billed.
Performing Provider	The performing provider associated with the claim.
Units Billed	The number of units billed.
A/P/D	The local adjudication of the claim: A: Approved P: Pending D: Denied
Tot Fee Table Amount	The dollar amount the system indicates the services should be paid out as.
Amt Billed	The amount the provider claimed on the service. (As this is manually entered it could be higher or lower than the fee table).
Expected Disbursement	The dollar amount that is expected to be paid out. It will not exceed the fee table amount.

Field	Description
Member Copay	The amount entered on the claim as a member copay.
Member Deductible	The amount entered on the claim as a member deductible.
Auth Number	The authorization number associated with the billed service.
Retro Reason 1	This will indicate if a service was a Contractor Void or State Denial. Claims denied by the State and recouped from providers will have the naming convention of "Denial CO #".
Retro Date 1	The date the service was recouped.
Retro Amt 1	The amount that was recouped.
Retro EOBID 1	The EOB where the retro service can be found.
Retro Reason 2	There are some instances where SAPC pays out the provider more than what is billed to the State. If the State denies one of these claims it will only recoup the amount that was billed to the State. In these cases, Finance will complete a secondary retro to recoup the remaining balance so that the full amount paid to the provider is recouped. Example: • SAPC pays provider \$200 for a service • SAPC bills the State \$180 for a service • The State denies the service and SAPC auto recoups \$180. • SAPC then does a second retro for \$20. • In total \$200 are recouped from the provider for the State Denied Service. The retro reason for this instance will match the Retro Reason 1.
Retro Date 2	The date the service was recouped.
Retro Amt 2	The amount that was recouped.

Field	Description
Retro EOBID 2	The EOB where the retro service can be found.
Updated Expected Disbursement	The expected disbursement after taking into account recoupments.
Last Page	
Total Amount Billed	The total amount billed to SAPC.
Original Expected Disbursement	The total amount SAPC paid out to the provider prior to any retros.
Updated Expected Disbursement	The total amount SAPC paid out to the provider after retros.

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export additionally check off **Export object formatting**, **Export images**, **Maintain relative object position**, and **Maintain column alignment**.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Details
36
- ☐ Constant column width (in points):

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

EOB Summary by Date Export

The EOB Summary by Date Export is a new report that has been released in Sage to help providers with reconciliation and monitoring. This report provides an overview of payment and adjustment information from the Provider EOB Remittance Advice based on a selected EOB date range.

Report Parameters:

Parameter	Description
Begin Date (Required)	The earliest EOB date to pull.
End Date (Required)	The latest EOB date to pull.
Select Provider(s) (Required)	Select the Provider Agency.

EOB SUMMARY BY DATE EXPORT

Process Discard Add to Favorites

EOB Summary by Date Export

Begin Date *

T

Y

End Date *

T

Y

Select Provider(s) *

All Clear Search

☐ RECOVERY, INC.

Report Output:

 													
EOB Summary by Date Export From 8/28/2025 to 9/15/2025													
EOB ID	EOB Date	Contract Number	Fiscal Year	Expected Disburse	EOB Amount	Check Amount	Difference	Takeback	Adjust Code	Provider #	Agency	Check Number	Check Date
163089	9/8/2025	341234	FY2526	2,017.36	1,907.80		-1,907.80	-109.56	SD	1	Recovery, Inc.		
163090	9/8/2025	341234	FY2425	143.59	143.59		-143.59	-109.56		1	Recovery, Inc.		
163091	9/8/2025	341234	FY2526	2,135.89	118.53		-118.53	-2,126.92	CV	1	Recovery, Inc.		
163092	9/9/2025	341234	FY2526	560.37	560.37		-560.37	-2,126.92		1	Recovery, Inc.		
163093	9/9/2025	341234	FY2425	736.96	736.96		-736.96	-2,126.92		1	Recovery, Inc.		
163094	9/9/2025	341234	FY2526	319.18	101.42		-101.42	-2,344.68		1	Recovery, Inc.		
163095	9/9/2025	341234	FY2526	0.00	-2,135.89		2,135.89	-4,480.57	CV	1	Recovery, Inc.		
163096	9/9/2025	341234	FY2425	61.84	61.84		-61.84	-4,480.57		1	Recovery, Inc.		
163097	9/11/2025	341234	FY2526	560.37	560.37	\$520.27	-40.10			1	Recovery, Inc.	09112025-Check Number	9/11/2025
163105	9/15/2025	341234	FY2526	756.51	723.63	\$723.63	0.00	-32.88		1	Recovery, Inc.	123Hogwarts	9/15/2025
163066	8/28/2025	341234	FY2526		-156.39		156.39	-156.39	SD	1	Recovery, Inc.	1_DENIED_1630 66	8/28/2025
163098	9/11/2025	341234	FY2425		-30.92		30.92	-30.92	CV	1	Recovery, Inc.	1_DENIED_1630 98	9/11/2025
163106	9/15/2025	H005046	FY2425		-301.04		301.04	-301.04		1	Recovery, Inc.	1_DENIED_1631 06	9/15/2025
163107	9/15/2025	341234	FY2425		-96.72		96.72	-96.72		1	Recovery, Inc.	1_DENIED_1631 07	9/15/2025

Report Output Fields:

Field	Description
EOB ID	The EOB number.
EOB Date	The date that the EOB was created.
Contract Number	The provider's contract number.
Fiscal Year	The accounting period that the EOB belongs to.
Expected Disburse	The expected amount SAPC will pay providers. If the EOB was denied, this field will be blank.
EOB Amount	Total amount listed on the Provider EOB.
Check Amount	If a check has been issued, this field will reflect the total check amount. If a check has not been issued, this field will be blank.

Field	Description
Difference	The difference between the EOB Amount and the Check Amount.
Takeback	The amount that was taken back due to voids or adjustments.
Adjust Code	The general adjustment reason/category. CV = Contractor Void. SD= State Denial. If there is no adjustment reason, this field will be blank.
Provider #	The provider agency number.
Agency	The provider agency name.
Check Number	If a check has been issued, this field will reflect the check number. If a check has not been issued, this field will be blank.
Check Date	If a check has been issued, this field will reflect the check date. If a check has not been issued, this field will be blank.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check the following boxes: **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**, as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Page Header
36
- ☐ Constant column width (in points):

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

MSO Provider Config Report 2023+

The MSO Provider Config 2023+ report is a new report that is now available to providers. This report provides a listing of the configured procedure codes and fees by site, level of care, and practitioner type. If providers get denials for “Procedure Not of Fee Schedule,” this report can be used as a resource to confirm that the site is configured for a specific service for a certain practitioner type. This report will only pull procedures configured for FY 23/24+; it will not yield information for previous fiscal years.

Report Parameters:

Parameter	Description
Start Date (Required)	The earliest date to pull
End Date (Required)	The latest date to pull <i>Note: it is recommended the Start and End Dates are within the same fiscal year.</i>
Select Provider(s) (Required)	Select the Provider
Select Program(s)	This report could be run for all or some sites.

Parameter	Description
	<i>Note: With payment reform a significant number of codes were configured. Depending on the size of the agency, this report output could be several thousands of pages.</i>

MSO PROVIDER CONFIG REPORT FY2023+ Process Discard Add to Favorites

MSO Provider Config Report FY2023+

Start Date * 06/01/2023 End Date * 08/22/2023

Select Provider(s) * ☒ RECOVERY, INC.

Select Program(s) ☒ Recovery Facility 2 ☒ Recovery Facility

Report Output:

Group Tree

1

Recovery Facility

- ASAM .5
 - ASAM .5 - Parenting-PPW
 - ASAM 1.0
 - ASAM 1.0 - Parenting-PPW
 - ASAM 3.1
 - ASAM 3.1 - Parenting-PPW
 - ASAM 3.1 - Perinatal-PPW
 - ASAM OTP
 - ASAM OTP Parenting-PPW

Main Report

MSO Provider Config Report FY2023+

Date Parameters: 6/1/2023 to 8/22/2023

Proc Code	Discipline Code	Discipline Value	Eff. Date	Exp. Date	Fee Amt	Age Min	Age Max
1	1	Recovery, Inc.					Tier 1
Recovery Facility	2				Perinatal	Youth Certified	PGM.00001
ASAM .5	3						
90785:U7	10	Registered SUD Counselor/Other Prov	6/1/2023	6/30/2024	16.50	12	99
90785:U7	11	Certified SUD Counselor	6/1/2023	6/30/2024	16.50	12	99
90785:U7	12	Physician (MD or DO)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	13	Nurse Practitioner (NP)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	14	Physician Assistant (PA)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	15	Registered Nurse (RN)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	16	Registered Pharmacist (RP)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	17	Licensed Clinical Psychologist (LCP)	6/1/2023	6/30/2024	16.50	12	99
90785:U7	34	License Eligible - LPHA	6/1/2023	6/30/2024	16.50	12	99
90785:U7	35	Licensed - LPHA	6/1/2023	6/30/2024	16.50	12	99

Note: Recovery Inc was set up with FY 23/24 services starting 6/1/2023 which is why it appears the report is pulling FY22/23 information.

In the Crystal Report format, which is how PCNX reports are displayed in a separate browser window, some reports will have “Group Trees.” This is a listing of groupings found on the left-hand side of the report that can be used to narrow the search within the report. This is a helpful tool as some reports can be hundreds to thousands of pages long.

Report Output Fields:

Field	Description
Section 1	
LE/Agency Name/Tier	The top grayed out row indicates the Legal Entity (LE) number. For Recovery Inc this is 1. The Agency Name is centered The Tier level (1, 2, or 3) is flush right
Proc Code	Procedure code: HCPCS or CPT including all allowable modifiers for the line item.
Discipline Code	The numerical code associated with a practitioner's discipline.
Discipline Value	The value description of a practitioner's discipline as allowed by DHCS. <i>Note: Master's Level clinicians will be grouped as either License Eligible-LPHA or Licensed LPHA. Other clinicians will be specifically configured as their rates vary by discipline.</i>
Eff. Date	The date the code is effective for use.
Exp. Date	The date the code expires and cannot be claimed after that date.
Fee Amt	The associated rate for the code and discipline.
Age Min	The youngest age permitted to be served.
Age Max	The oldest age permitted to be served.
Section 2	
Site Name	In a white boarded box, the site name is listed along with whether that site can provide Perinatal services and is Youth Certified. <i>Note: If Perinatal and Youth Certified are not visible on the report, the site is not configured to render services to that population.</i>

Section 3

LOC/Plan Definition

The second grayed out row indicates the ASAM Level of Care which coincides with the new Benefit Plans that are inputted into the Service Authorization Request.

Report Export:

The recommended export format for this report is **Separated Values (CSV)**. Once exported, some manipulation will still need to occur with the header; however, it provides the best option to sort and filter. Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections**, “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section.

Print Report
Export

Format: Separated Values (CSV)

Character Options

Delimiter: "

Separator: ,

Report and Page Sections

☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Preserve Formatting

☒ Preserve Date Formatting
☒ Preserve Number Formatting

Group Sections

☒ Export
☐ Isolate Group Sections
☐ Do not export

Ok
Cancel

The above setting will yield the following output. As is visible in the image below, the top row does not align with the proper columns.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	MSO Prov	Date Para	Proc Code	Discipline	Discipline	Eff. Date	Exp. Date	Fee Amt	Age	Age						
2	Recovery,	1	Tier 1	Recovery	Perinatal	Youth Cer	PGM.0000	ASAM .5	90785:U7	10	Registered	6/1/2023	6/30/2024	16.5	12	99
3	Recovery,	1	Tier 1	Recovery	Perinatal	Youth Cer	PGM.0000	ASAM .5	90785:U7	11	Certified	6/1/2023	6/30/2024	16.5	12	99
4	Recovery,	1	Tier 1	Recovery	Perinatal	Youth Cer	PGM.0000	ASAM .5	90785:U7	12	Physician	6/1/2023	6/30/2024	16.5	12	99
5	Recovery,	1	Tier 1	Recovery	Perinatal	Youth Cer	PGM.0000	ASAM .5	90785:U7	13	Nurse Pra	6/1/2023	6/30/2024	16.5	12	99
6	Recovery,	1	Tier 1	Recovery	Perinatal	Youth Cer	PGM.0000	ASAM .5	90785:U7	14	Physician	6/1/2023	6/30/2024	16.5	12	99

After exporting users should select C1-J2, cut, and paste to I2-P2.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		Date Parameters: 6/1/2023 to 8/22/2023														
	MISO Provider Config Report FY2023+														Age	Age
1								Proc Code		Discipline Code	Discipline Value	Eff. Date	Exp. Date	Fee Amt	Min	Max
2	Recovery, Inc.	1	Tier 1	Recovery Facility	Perinatal	Youth Certified	PGM.0000	ASAM .5	90785:U7	10	Registered SUD Counselor/Other Pro	6/1/2023	6/30/2024	16.5	12	99
3	Recovery, Inc.	1	Tier 1	Recovery Facility	Perinatal	Youth Certified	PGM.0000	ASAM .5	90785:U7	11	Certified SUD Counselor	6/1/2023	6/30/2024	16.5	12	99
4	Recovery, Inc.	1	Tier 1	Recovery Facility	Perinatal	Youth Certified	PGM.0000	ASAM .5	90785:U7	12	Physician (MD or DO)	6/1/2023	6/30/2024	16.5	12	99
5	Recovery, Inc.	1	Tier 1	Recovery Facility	Perinatal	Youth Certified	PGM.0000	ASAM .5	90785:U7	13	Nurse Practitioner (NP)	6/1/2023	6/30/2024	16.5	12	99

Column B and Column G may be deleted or hidden.

Column E (Perinatal) and Column F (Youth Certified) will be blank if the site is not configured for those services. Those columns may be hidden.

Provider EOB Remittance Advice

Providers historically have been provided copies of their EOB Remittance Advices via the Secure File Transfer Protocol (SFTP). With the transition to PCNX, providers will be able to access their EOBs directly from PCNX, including all historical EOBs.

Report Parameters:

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.

PROVIDER EOB REMITTANCE ADVICE
Process
Discard
Add to Favorites

Provider EOB Remittance Advice

Start Date *

07/05/2023

T

Y

End Date *

07/10/2023

T

Y

Program *

Inc. Recovery (1)

Please Select an EOB *

12725 - EOB Date: 07/07/2023

12716 - EOB Date: 07/05/2023

12725 - EOB Date: 07/07/2023

Report Output:

Group Tree

1

12.725
PCNX.DA
22887
SVC.00001
SVC.00002

Main Report



COUNTY OF LOS ANGELES
Public Health



SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 8/22/2023

Remittance Advice
EOB Number: 12725
Check #:
Check Date:

RECOVERY, INC. (1)
3250 WILSHIRE BLVD #1709
LOS ANGELES, CA 90010-9998

Amount Approved: \$55.00

Page: 1

Client Name (ID): PCNX.DA (161056)

DOB: 06/23/2000

Gender: M

Date Claim Received: 07/07/2023

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
22887SVC.0000	112460	PH005044	DMC	07/03/2023	A	90791:U7	1.0	\$55.00	\$59.44	\$0.00	\$0.00	\$55.00
22887SVC.0000	112460	PH005044	DMC	07/03/2023	D	G2212:U7	2.0	\$55.00	\$0.00	\$55.00	\$0.00	\$0.00
The service was denied for the following reason: No units remain for this procedure code on this authorization.												
							3.0	\$110.00	\$59.44	\$55.00	\$0.00	\$55.00

When first generated, all EOBs will have a blank Check # and Check Date field; those are entered manually by finance at a later time. When the check information is entered, the EOB will reflect the change. At the end of the report there will also be a summary table.

The report will list the patient and service information, including the adjudication.

Report Output Fields:

Field	Description
Batch. Svc Ref#	This is a combination of the Batch ID number and a specific service reference number. The combination allows for specificity of a service. This helps in denial investigations.
Auth #	The authorization number entered on the claim.
Contract #	The provider's contract number.
Contract Type	The type of contract.
Date of Service	The date of the service.
Status	The adjudication status. - A: Approved - D: Denied - P: Pending

Field	Description
CPT Code	This will reflect the procedure code, including HCPCS.
Claimed Units	Number of units claimed.
Claimed Amount	The amount entered by the provider on the claim.
Allowed Amount	The amount allowed by the fee table minus any third-party payment. If a service is denied, this will be \$0.
Denied/Adjusted	The dollar amount denied or adjusted.
Member Co-pay	The amount the patient paid. Typically, this will be \$0.
Amount Paid	This is the expected disbursement.

Report Export:

The recommended export for this report is the Microsoft Excel Record (XLS) with a couple additional items checked off. For a cleaner looking export additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**.

Print Report

Export

Format: Microsoft Excel Record (XLS)

Excel Format

☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok

Cancel

This is the preferred export so the **BatchSvcRef#** column can be fully visible.

RECOVERY, INC. (1)3250 WILSHIRE BLVD #1709LOS ANGELES, CA 90010-9999Amount Approved: \$55.00										Page: 1
Client Name (ID): PCNX,DA (161056)					DOB: 06/23/2000			Gender: M		
Date Claim Received: 07/07/2023					Date of Service			MemberCo-pay		
Batch SvcRef#	Auth #	Contract #	Contract Type	Status	CPT Code	Claimed Units	RedAmount	AllowedAmount	Denied/Adjusted	AmountPaid
22887SVC.00001	112460	PH005044	DMC	A	90791-U7	1.0	\$55.00	\$59.44	\$0.00	\$55.00
22887SVC.00002	112460	PH005044	DMC	D	G2212-U7	2.0	\$55.00	\$0.00	\$55.00	\$0.00
The service was denied for the following reason: No units remain for this procedure code on this authorization.						3.0	\$110.00	\$59.44	\$55.00	\$55.00
Total										
PH005044		\$55.00								
Total Approved		\$55.00								

Provider Services Detail Report

The Provider Services Detail Report was replicated from PCON classic to PCNX. This report provides a listing of billed services for a given period including the amount billed, expected disbursement, and if a check number is associated with a service. This report was updated to account for voided and resubmitted services that were included in the total values creating inflated total billed and paid amounts.

Depending on the use case, providers may change the parameters. This report can be used to determine how much was billed, paid, denied for a given data range of service, as well as to track how much billing is submitted within a given period (daily, weekly, monthly).

Report Parameters:

Parameter	Description
Submitted/Closed? (Required)	This report may be filtered by Closed batches or by Submitted which means the batch is still active. Primary Sage Users' batches are closed manually by Finance. Although these are typically closed within a business day, there may be a need to run this report under Submitted to capture services that have not yet been processed. Secondary providers batches are closed automatically upon 837 submission, therefore Closed is the recommended option.
Filter By (Required)	This report may be filtered by Bill Submission Date or Date of Service .
Start Date (Required)	The earliest date the report will pull based on the previous parameters.

Parameter	Description
End Date (Required)	The latest date the report will pull based on the previous parameters.
Select Providers(s) (Required)	Select your agency.
Select Program(s)	Limits the report output to just the selected sites. If left blank, the report will pull data for all sites.

PROVIDER SERVICES DETAIL REPORT
Process
Discard
Add to Favorites

Provider Services Detail Report

Submitted/Closed? *

Closed

Filter By *

Date of Service

Start Date *

07/02/2023

End Date *

07/02/2023

Select Provider(s) *

All | Clear

☒ RECOVERY, INC.

Select Program(s) [Leave blank for all]

All | Clear

☐ Recovery Facility 2

☐ Recovery Facility

Report Output:

COUNTY OF LOS ANGELES SAPC

1000 S FREMONT AVE

ALHAMBRA, CA 91803

Provider Services Detail Report

Batch Status: Closed

Date Range: 7/2/2023 - 7/2/2023

Filtered By: Date of Service

Providers Selected:

Recovery, Inc. (1)

Programs Selected:

All

Run Date: 2/15/2024 9:21:44 AM

Page 1 of 1

Provider	Contracting Provider	Client ID	Client Name	Auth Number	Date of Service	Date Billed	CPT Code	Units	Duration	Location	Clinician	Amount Billed (\$)	Expected Disbursement (\$)	Status	Check #	Check Date	Check Amount (\$)	Batch #	Voided?	Date Voided	Voided Amount (\$)	Adj Billed (\$)	Adj Expected Disbursement (\$)
Recovery, Inc.	Recovery Facility	159908	TEST,QUIUM	112549	7/2/2023	7/11/2023	"Behavioral health counseling and therapy, 15 min"	4.00	60	Office	Hindman, David Sapc	365.48	365.48	Billed				22895	Yes	7/12/2023	365.48	0.00	0.00
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment (Note: Use this code (H0004.U7))	1.00	15	Office	Test, B'Renna	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment (Note: Use this code (H0001.U7))	1.00	15	Office	Schwartz, Greg Sapc	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	159906	DOO,SCOOBY	113312	7/2/2023	12/1/2023	Recovery Bridge Housing (H2034)	1.00	15	Office	Kim, Tina Sapc	50.00	50.00	Billed	Test# 1234	12/1/2023	50.00	23399	No		0.00	50.00	50.00
Totals: Services: 4				Units: 7.00		Amount Billed: 515.48		Expected Disbursement: 506.70										Adjusted Billed: 150.00		Adjusted Expected Disbursement: 141.22			

Report Output Fields:

Field	Description
Provider	The agency name.
Contracting Provider	The site location billed.
Client ID	The patient's Sage number.
Client Name	The patient's name.
Auth Number	The authorization number used on the claim.
Date of Service	The service date.
Date Billed	The date the services was submitted to SAPC for adjudication.
CPT Code	The procedure billed. This includes CPT and HCPCs codes.
Units	The units billed.
Duration	The duration billed.
Location	The place of service entered on the claim.
Clinician	The practitioner associated with rendering the service.
Amount Billed (\$)	The amount billed to SAPC. This will match the Total Charge field that was entered in the Fast Service Entry Submission form for Primary Sage users.
Expected Disbursement (\$)	The expected amount SAPC will pay providers.
Status	This will reflect Billed or Unbilled . Billed: Batch is closed. Unbilled: Batch is active.
Check #	If the service has been associated with a Check then this will reflect a number, otherwise it will be blank.
Check Amount (\$)	If a check number has been issued, this field will reflect the total check amount. If the service is not associated with a check, this field will be blank.

Field	Description
Batch #	This is the batch number associated with the service.
Voided?	Yes = the service is a Contractor Void No = the service has not been voided
Date Voided	The date the service was voided. This will be blank if the service has not been voided.
Voided Amount (\$)	The dollar amount voided.
Adj Billed (\$)	The adjusted billed. This will be the billed amount minus the voided amount. If the service is voided this will likely be \$0.
Adj Expected Disbursement (\$)	This is the adjusted expected disbursement. It will help provide a total minus the contractor voids to reflect the reimbursement of services.
Last Page Only	
Services	The last page of the report shows the total number of services billed within the selected parameters.
Units	The last page of the report shows the total number of units billed within the selected parameters.
Amount Billed	The last page of the report shows the total amount billed to SAPC within the selected parameters.
Adjusted Billed	The last page of the report shows the total adjusted billed which removes the billed amount for voided services.
Expected Disbursement	The last page of the report shows the expected disbursement SAPC will pay the provider within the selected parameters.
Adjusted Expected Disbursement	The last page of the report shows the expected disbursement SAPC will pay the provider within the selected parameters after adjusting for voided services.

Report Export:

To export the report, click the Export button at the top of the screen. For Provider Services

Detail Report the recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting** and **Maintain column alignment** as those are not part of the default checked items. Using other export formats may result in data duplicating incorrectly in cells.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☐ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Provider Services Summary Report

The Provider Services Summary Report was replicated from PCON classic to PCNX. This report provides a summary of totals billed during a given period based on parameters selected. This report is broken down by Agency level (typically PAUTHs) and site-specific totals.

This report can be used for determining how much was billed, paid, and/or denied for a given data range of service, as well as to track how much billing is submitted within a given period (daily, weekly, monthly). Providers may change the parameters depending on their use case.

Report Parameters:

Parameter	Description
Submitted/Closed?	This report may be filtered by Closed batches or by Submitted which means the batch is still active. Primary Sage Users' batches are closed manually by Finance. Although these are typically closed within a business day, there may be a need to run this report under Submitted to capture services that have not yet been processed.

Parameter	Description
	Secondary providers' batches are closed automatically upon 837 submissions, therefore Closed is the recommended option.
Filter By	This report may be filtered by Bill Submission Date or Date of Service .
Start Date	The earliest date the report will pull based on the previous parameters.
End Date	The latest date the report will pull based on the previous parameters.
Select Providers(s)	Select your agency.
Select Program(s)	Limits the report output to just the selected sites. If left blank, the report will pull data for all sites.

PROVIDER SERVICES SUMMARY REPORT

Process

Discard

Add to Favorites

Provider Services Summary Report

Submitted/Closed? *

Closed

Filter By *

Date of Service

Start Date *

07/01/2023

End Date *

07/31/2023

Select Provider(s) *

All | Clear

☒ RECOVERY, INC.

Select Program(s)

All | Clear

☐ Recovery Facility 2
☐ Recovery Facility

Report Output:

COUNTY OF LOS ANGELES SAPC 1000 S FREMONT AVE ALHAMBRA, CA 91803 Provider Services Summary Report Batch Status: Closed Date Range: 7/1/2023 - 7/31/2023 Filtered By: Date of Service Program(s): 1 Run Date: 8/31/2023 4:09:31 PM Page 1 of 1							
Provider	Contracting Provider Program	Bill Submission Date	Service Date Range	Total Units	Total Amount	Total Expected Disbursement(\$)	Total Denied Amount (\$)
RECOVERY, INC.		7/7/2023	07/06/2023 - 07/06/2023	1.0	100.00	0.00	
RECOVERY, INC.	Recovery Facility	8/27/2023	07/01/2023 - 07/28/2023	234.0	18,474.03	15,437.03	
Total			Total Services: 121	235.0	18,574.03	15,437.03	1,772.86

Report Output Fields:

Field	Description
Provider	Agency name.
Contracting Provider Program	The provider site associated with billing.
Bill Submission Date	Date that the claims were submitted to SAPC via PCON, Fast Service Entry Submission (PCNX), or when 837 file was loaded in Sage.
Service Date Range	The range for dates of service billed based on the parameters selected.
Total Units	Number of units billed.
Total Amount	The dollar amount billed to SAPC.
Total Expected Disbursement (\$)	Depending on whether a batch is closed or open, reflects the expected payment to the provided.
Total Denied Amount (\$)	The amount denied locally by SAPC.
Total Services	Total count of services billed.

Report Export:

To export the report, click the Export button at the top of the screen. For Provider Services Summary Report the recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. Using other export formats may result in data duplicating incorrectly in cells.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☐ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ **Maintain relative object position**

☒ **Maintain column alignment**
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

COUNTY OF LOS ANGELES SAPC1000 S FREMONT AVE ALHAMBRA, CA 91803 Provider Services Summary Report																			
Batch Status: Closed Date Range: 7/1/2023 - 7/31/2023 Filtered By: Date of Service Program(s): 1																			
Provider	Contracting Provider Program	Bill Submission Date	Service Date Range	Total Units	Total Amount Billed (\$)	Total Expected Disbursement (\$)	Total Denied Amount (\$)												
RECOVERY, INC.	Recovery Facility	7/7/2023	07/06/2023 - 07/06/2023	1.0	100.00	0.00													
RECOVERY, INC.	Recovery Facility	8/27/2023	07/01/2023 - 07/28/2023	234.0	18,474.03	15,437.03													
Total			Total Services: 121	235.0	18,574.03	15,437.03	1,772.86												

SAPC Financial Eligibility Change Report

The SAPC Financial Eligibility Change Report displays historical and recent changes made to critical Financial Eligibility (FE) fields. The report output notes changes made to the FE, categorized into four distinct actions: Add, Delete, Edit, and Review (see Report Output Fields for more details). This report helps to identify when and how a coverage gap or other data discrepancy may have occurred in the FE form, which can help streamline eligibility, billing, and denial resolution workflows.

Report Parameters:

Parameter	Description
Select Provider(s) (Required)	Select the provider agency.
Data Entry Start Date (Required)	Enter the earliest date of changes to run report for.
Data Entry End Date (Required)	Enter the latest date of changes to run report for.
PATID [Leave Blank to Select All] (Optional)	Enter the Sage patient ID, if desired. (Note: The system will take several seconds to process finding the patient. Once the PATID is entered wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click it. If you navigate/click outside the field while the system is searching for the patient a "No records found" message may appear.)
Select Episode [Leave Blank to Select All] (Optional)	Select the episode number, if desired.

SAPC FINANCIAL ELIGIBILITY CHANGE REPORT

Process Discard Add to Favorites

SAPC Financial Eligibility Change Report

Select Provider(s) *

All | Clear Search

☐ Recovery Inc

Data Entry Start Date *

Data Entry End Date *

PATID [Leave Blank to Select All]

Select Episode [Leave Blank to Select All]

Select

Report Output:

Note: Image displayed below features sample data and does not contain any protected health information.

SAPC Financial Eligibility Change Report																		
Changes for 4/1/2026 through 4/21/2026																		
Agency	Audit Value	Date of Change	Time of Change	User ID	User Name	Client	Episode Number	Guarantor	Guarantor Plan	Plan Level Start Date	Plan Level End Date	Coverage Effective Date	Coverage Expiration Date	DOB	Gender	Address	CIN	Subs Policy Number
Recovery Inc	Review	2/1/2023	07:31:00	CARELINK USER	ProviderConnect WebSvcs (do not edit)	Test, Financial(211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2017		11/19/1971	Female	11027 BURBANK BLVD	99000009A	12345678910
Recovery Inc	Edit	4/21/2026	12:02:00	DGeorge2	Divya George	Test, Financial(211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2020		11/19/1971	Female	11027 BURBANK BLVD	99000009A	12345678910
Recovery Inc	Add	4/21/2026	12:02:00	DGeorge2	Divya George	Test, Fe (211080)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2020		7/30/1969	Female	11027 BURBANK BLVD		N/A
Recovery Inc	Add	4/21/2026	12:06:00	DGeorge2	Divya George	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		
Recovery Inc	Delete	4/21/2026	12:35:00	DGeorge2	Divya George	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		

Report Output Fields:

Field	Description
Agency	The provider agency name.
Audit Value	The type of change made (Add, Delete, Edit, Review). • Add - indicates when a new FE guarantor entry is added • Delete - indicates when a particular FE entry is deleted • Edit - indicates when a specific FE field is modified (highlighted in red font) • Review - these lines appear directly above "Edit" actions to show the previous value of the field for reference
Date of Change	The date the change was made.
Time of Change	The time the change was made.
User ID	The ID of the user who made the change.
User Name	The name of the user who made the change.
Client	The client name and Sage PATID.
Episode Number	The episode number associated with the change.

Guarantor	The guarantor the change was made to.
Guarantor Plan	The guarantor plan associated with the guarantor entry that was changed.
Plan Level Start Date	The start date of the guarantor plan.
Plan Level End Date	The end date of the guarantor plan.
Coverage Effective Date	The coverage effective date entered for the guarantor.
Coverage Expiration Date	The coverage expiration date entered for the guarantor.
DOB	The patient's date of birth.
Gender	The patient's gender.
Address	The patient's address.
CIN	The patient's Medi-Cal Client Index Number.
Subs Policy Number	The Subscriber Policy Number.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check the following boxes: **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**, as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Page Header
36
- ☐ Constant column width (in points):

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Services Denied in MSO

The Services Denied in MSO report was replicated from PCON classic to PCNX. This report provides a listing of services that were denied locally by SAPC. This report will not reflect services that were denied by the State.

Report Parameters:

Parameter	Description
Service Start Date (Required)	The earliest start date the report will pull.
Service End Date (Required)	The latest date the report will pull.
Provider (Required)	The agency name.
Select Program(s) (Required)	The site location. Users should select only one site at a time as the output of the report does not distinguish the sites.

SERVICES DENIED IN MSO

Process

Discard

Add to Favorites

Services Denied in MSO

Service Start Date *

09/01/2024

T

Y

Service End Date *

09/04/2024

T

Y

Provider *

All Clear

RECOVERY, INC.

Q

RECOVERY, INC.

Select Program(s)

All Clear

Search

Q

Recovery Facility 2

RECOVERY FACILITY

Note: The image above shows a short date range to demonstrate the Total Amount feature on the output; however, this report can be run for longer periods, up to a year duration.

Report Output:



COUNTY OF LOS ANGELES

Public Health



SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER

Services Denied in MSO

Parameters Selected:

Date Range: 09/01/2024 to 9/4/2024

Print Date: 10/7/2025

Agency	Member ID	Service Date	Batch ID	EOB ID	Reason for Denial	Service	Amount
Recovery, Inc.	289266	9/3/2024	333865	162335	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289266	9/3/2024	333867	162336	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289268	9/1/2024	333867	162336	The service was denied for the following reason: This contracting provider does not have this authorization number.	Alcohol and/or drug screening (H0049-N:U7)	\$ 63.65
Total Amount							\$ 885.63

Report Output Fields:

Field	Description
Agency	The provider agency name.
Member ID	The patient's Sage number.
Service Date	The date of service billed.
Submission Date	The date the claim was submitted.
Batch ID	The batch number associated with the service line.

EOB ID	The EOB number associated with the service line.
Reason for Denial	The reason the service was denied locally.
Service	The procedure billed.
Amount	The amount denied.
<i>Last Page Only</i>	
Total Amount	The total amount denied.

Report Export:

There are two recommended options to export this report:

1. This report can be exported using a **Separated Values (CSV)** format. To export, click **Export** at the top of page. In the **Report and Page Selections**, click “Isolate Page/Report Sections”. In **Group Selections**, click “Export.” In the **Preserve Formatting** section, click on both options: “Preserve Date Formatting” and “Preserve Number Formatting.” Click OK. The file will save, and users may rename the file. When viewing the file in excel it is recommended the last two (2) rows are deleted prior to sorting and filtering.

Print Report
Export

Format: Separated Values (CSV)

Character Options

Delimiter: "

Separator: ,

Report and Page Sections

☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Group Sections

☒ Export
☐ Isolate Group Sections
☐ Do not export

Preserve Formatting

☒ Preserve Date Formatting
☒ Preserve Number Formatting

Ok
Cancel

	A	B	C	D	E	F	G	H
1	SUBSTANCE	Print Date: 10/8/2025						
2	Parameters Selected: Date Range: 09/01/2024 to 9/4/2024							
3								
4	Agency	Member ID	Service Date	Batch ID	EOB ID	Reason for Denial	Service	Amount
5	Recovery, Inc.	289266	9/3/2024	333865	162335	The service was	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$410.99
6	Recovery, Inc.	289266	9/3/2024	333867	162336	The service was	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$410.99
7	Recovery, Inc.	289268	9/1/2024	333867	162336	The service was	Alcohol and/or drug screening (H0049-N:U7)	\$63.65
8	Total Amount	\$885.63						
9	Page -1 of 1							

- This report can also be exported in **Microsoft Excel Record (XLS)** format. To export, click **Export** at the top of page. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. Click OK. The file will save, and users may rename the file.

Format: Microsoft Excel Record (XLS) ▼

Excel Format

☐ Typical: Data is exported with default options applied.

☐ Minimal: Data is exported with no formatting applied.

☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details ▼

☐ Constant column width (in points): 36

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok Cancel

	A	B	C	D	E	F	G	H
1	Agency	Member ID	Service Date	Batch ID	EOB ID	Reason for Denial	Service	Amount
2	Recovery, Inc.	289266	9/3/2024	333865	162335	The service was denied	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$410.99
3	Recovery, Inc.	289266	9/3/2024	333867	162336	The service was denied	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$410.99
4	Recovery, Inc.	289268	9/1/2024	333867	162336	The service was denied	Alcohol and/or drug screening (H0049-N:U7)	\$63.65
5							Total Amount	
6							\$885.63	
7					Page -1 of 1			

Clinical and Financial Reports

Authorization Request Status Report

The Authorization Request Status Report provides a listing of authorizations within the selected parameters. This report will indicate when an authorization was initially requested, the current status of the authorization, funding source, the practitioner who originally submitted the authorization, as well as who last updated the authorization.

This report can be used to ensure only approved authorizations are billed against, as well as to quickly identify any authorizations that need follow up because of a pending/denied status.

Report Parameters:

Parameter	Description
Date Selector (Required)	Specify if date range entered will be based off the authorization start date, authorization entry date (when the last time the submit button was clicked on the authorization), or authorization end date.

Parameter	Description
Begin Date (Required)	The report will pull any authorizations according to the Date Selector chosen and which have a date entered.
End Date (Required)	The report will pull any authorizations according to the Date Selector chosen and which have a date entered.
Select Client [Leave blank for all]	This report can be patient specific. If this field is left blank it will pull authorizations for all patients meeting the parameters. A Patient's name or PATID may be entered.
Select Provider (Required)	The Agency name.
Program	The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data.

AUTHORIZATION REQUEST STATUS REPORT

Process Discard Add to Favorites

Authorization Request Status Report

Date Selector *
Begin Date of Auth

Begin Date *
03/04/2024

End Date *
04/03/2024

Select Client [Leave blank for all]

Select Provider *
All Clear Search
☒ RECOVERY, INC.

Select Program(s) [Leave blank for all]
All Clear Search
☒ Recovery Facility 2
☒ Recovery Facility

Note: the default for the **Begin Date** and **End Date** is for the last 30 days. This can be adjusted manually.

Report Output:

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER Authorization Request Status Report												
Parameters Selected: Patient: SAGEMD, ESTHER MIDDLE (289299), Date Selector: Begin Date of Auth, Date Range: 07/01/2025 to 6/30/2026												
Request Date / Time	Member ID	Program	Request Status	Last Name	First Name	Begin Date	End Date	Auth No.	Authorization Level Of Care	Funding Source	Status Updated	Request Submitted By
07/08/2025 01:03 PM	289299	Recovery Facility	Approved	SAGEMD	ESTHER	7/8/2025	8/6/2025	636849	ASAM 1.0	Drug Medi-Cal	7/23/2025	Greg Schwarz, PsyD
11/24/2025 11:31 AM	289299	Recovery Facility	Denied Insufficient Documentation	SAGEMD	ESTHER	11/24/2025	12/24/2025	637338	ASAM .5	Drug Medi-Cal	4/2/2026	Esther Orellana
												Chantal Mendoza, RN

The report has been updated so the **Authorization Level of Care** reflects either the authorization grouping or the Benefit Plan. If only the **Select Provider** is selected, then PAuths will also be pulled into the report. If a provider is a campus provider, it is recommended the report is run with no **Select Programs(s)** selected.

An additional update to the report output now includes **Funding Source** and **Request Submitted By** (which reflects the practitioner who originally submitted the authorization).

Field	Description
Request Date/Time	The date and time the service authorization request was submitted.
Member ID	The patient's Sage number
Program	The site location associated with the authorization. For Campus Providers, this will be blank once adjudicated.
Initial or Continuing	Notes if this is an Initial or Continuing authorization.
Request Status	This indicates the adjudication status of the authorization. For Pending and Denied authorizations, the reason status was added.
Last Name	Client's last name.
First Name	Client's first name.
Begin Date	Begin date entered in the Service Authorization Request
End Date	End date of the authorization. <i>*Note authorization submitted crossing the fiscal year will be separated into two auths by fiscal year and the "End Date" will be adjusted by the Sage System.</i>

Field	Description
Authorization Level of Care	The selected benefit plan.
Funding Source	The selected funding source, either • Drug Medi-Cal or • Non Drug Medi-Cal
Status Updated	Date the authorization was last submitted. When viewing the authorization, click “Discard” if no changes were made otherwise this field will update.
Request Submitted By	The staff who submitted the Service Authorization Request form.
Care Manager	The Care Manager assigned to this specific authorization.
Last Submitted By	The staff (provider or SAPC) who last clicked “Submit” on the form.

Report Export:

To export the report, click the Export button at the top of the screen. For Authorization Request Status report the recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. This will generate an excel sheet without any headers.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☐ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

County and Aid Code Report

The County and Aid Code Report was developed for SAPC use and was provided monthly to providers via the SFTP. This report has been reconfigured for direct provider use. Data on the report is contingent on providers running the Real Time Inquiry (270) Request monthly for patients. In combination with the State MEDS file, which is uploaded to Sage monthly, this report allows providers to have the most up-to-date information available regarding Medi-Cal enrollment.

Report Parameters:

Parameter	Description
Start Date (Required)	The earliest day the report will pull.
End Date (Required)	The latest date the report will pull.
Client ID	This report can be patient specific. If this field is left blank it will pull data for all patients meeting the parameters. A Client's name or PATID maybe entered.
Select Provider (Required)	Check off the agency name for the report to populate.

COUNTY AND AID CODE REPORT

Process
Discard
Add to Favorites

County and Aid Code Report

Start Date *

T
Y

End Date *

T
Y

Client ID

Select Provider(s)

All | Clear
☐ Recovery Inc

Report Output:

COUNTY OF LOS ANGELES Public Health SUBSTANCE ABUSE PREVENTION AND CONTROL Provider County and Aid Code History Parameters Selected: PATID: , Provider: Recovery Inc, From: 9/1/2025 to 9/30/2025 Print Date: 2/9/2026											
Patid:Ep	Name	Admit Date	271 Posted Date	Eligibility Period	Eligibility Info	Client Index Number	Aid Code	County Code	Share of Cost	Unmet Share of Cost	Managed Care Plan
123456-1	TEST,PATIENT	05/30/2024	09/05/2025	09/01/2025 - 09/30/2025	Active Coverage	91234567F	M1	30	No	Not Applicable	PHP-LA CARE HLTH PLAN,LA CARE HLTH PLAN
654321-4	TEST,ZCLIENT	04/11/2025	09/09/2025	09/01/2025 - 09/30/2025	Active Coverage	9999999G	17	19	Yes	Yes	PHP-HLTH NET,HEALTH CARE L.A., IPA
991234-2	ZTEST,PATIENT	01/19/2024	09/12/2025	09/01/2025 - 09/30/2025	Inactive	91111111H	Inactive	Not Applicable	Yes	No	No MCP On File

Report Output Fields:

Field	Description
Patid-EP	Patient Sage identification number and Episode number.
Name	The patient's name.
Admit Date	Admission date to the Agency.
271 Posted Date	Date Real Time Inquiry (270) Request was submitted and the Eligibility Response (271) is posted. Records will only populate if the 271 is posted.
Eligibility Period	Reflects the month eligibility period for which the Real Time Inquiry (270) Request was submitted.
Eligibility Info	Indicates if Medi-Cal benefits are active for the period.
Client Index Number	Displays the patient's CIN.
Aid Code	The primary aid code.
County Code	The County of Responsibility Code Note: 19 = Los Angeles

Field	Description
Share of Cost	Indicates if a patient has Medi-Cal Share of Cost (Yes or No).
Unmet Share of Cost	Indicates if a patient's Medi-Cal Share of Cost is unmet (Yes or No). If the patient does not have Share of Cost, this field will display "Not Applicable."
Managed Care Plan	This indicates the patient's Managed Care Plan (MCP). If the patient does not have an MCP, the following message will be displayed, "No MCP On File."

Clinical Purpose

This report can be used for eligibility purposes in preparation for authorization requests. If the county code is not 19 (Los Angeles), then providers may pursue doing an intercounty transfer. If a patient is not eligible for Medi-Cal for a period, then providers should work with the patient toward regaining benefits. Additionally, the Financial related forms, such as the Financial Eligibility should be updated to reflect the appropriate guarantors.

Financial Purpose

This report can be used to verify Medi-Cal eligibility to ensure that the correct funding source is selected when billing, such as in cases when a patient loses their Medi-Cal benefits. This report can also flag if a patient has a Medi-Cal Share of Cost and whether the cost is spent down or remaining.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Separated Values (CSV)**. Users will need to check off "Isolate Page/Report Sections" in the **Report and Page Sections**, "Export" in the **Group Selections** and "Preserve Date Formatting" and "Preserve Number Formatting" in the **Preserve Formatting** section.

Print Report
Export

Format: Separated Values (CSV)

Character Options
Delimiter: " "
Separator: ,

Report and Page Sections
☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Group Sections
☒ Export
☐ Isolate Group Sections
☐ Do not export

Preserve Formatting
☒ Preserve Date Formatting
☒ Preserve Number Formatting

Ok
Cancel

Diagnosis History Report

The Diagnosis form in Sage is where diagnoses including Social Drivers of Health Z-codes are entered. A client may have multiple diagnoses on a single Diagnosis form submission as well as multiple Diagnosis form submissions. The Diagnosis History Report is a full listing of a client's diagnostic history including when the specific diagnosis was created and updated, if applicable. Though this report may be run for an entire agency, it is not recommended to run it for more than a 1-month period for large agencies as it will take a significant amount of time to populate. This report runs fastest when a client is selected.

Report Parameters:

Parameter	Description
Date Selector (Required)	Two options: 1. Data Entry Date: The date that the Diagnosis form was submitted. 2. Date of Diagnosis: The listed date of the diagnosis within the form. These dates may be different as the form submission may be delayed from when the diagnosis was formulated.

Parameter	Description
Start Date (Required)	The earliest date based on the Date Selector field.
End Date (Required)	The most recent date based on the Date Selector field.
Client Name (PATID)	Enter the client's PATID (preferred). The system will take several seconds to process finding the client. Once the PATID is entered, wait until the processing icon appears, then wait until the client's name appears below "Select Client" and click it. If you navigate/click outside the field while the system is searching for the client, a "No records found" message may appear. For performance purposes it is recommended this report includes a PATID.
Provider (Required)	Select your Agency.
Diagnosing Practitioner	The staff member associated with rendering the diagnosis. <i>Note: The form may be submitted by someone on behalf of the diagnosing practitioner. Regardless of who completes the Diagnosis form, substantiating clinical documentation must be in the client's chart such as in a progress note.</i>

The screenshot shows a web-based form titled "DIAGNOSIS HISTORY REPORT". The form is divided into several sections. On the left, there is a sidebar with the title "Diagnosis History Report". The main content area contains the following fields and controls:

- Date Selector ***: A dropdown menu with "Select" as the current value.
- Start Date ***: A date input field with a calendar icon and "T" and "Y" buttons.
- End Date ***: A date input field with a calendar icon and "T" and "Y" buttons.
- Client Name (PATID)**: A text input field with a search icon.
- Provider ***: A dropdown menu with "All | Clear" and a search icon. Below it, "RECOVERY, INC." is listed as an option.
- Diagnosing Practitioner**: A dropdown menu with "All | Clear" and a search icon.

At the top right of the form, there are three buttons: "Process", "Discard", and "Add to Favorites".

Report Output:

DIAGNOSIS HISTORY REPORT											
Parameters Selected: Date: Diagnosis Date, Date Range: 12/01/2017 to 04/13/2026, Patient: SAGEMD, ESTHER MIDDLE (289299), Provider: RECOVERY, INC., Diagnosing Practitioner: N/A											
Client Name (PATID)	Record ID	Type of Diagnosis	Diagnosis Date	ICD-10 Code	Diagnosis Description	Status	Bill Order	Ranking	Classification	Present on Admission	Diagnosing Practitioner
SAGEMD, ESTHER MIDDLE (289299)	359362	Admission	1/1/2023	F10.20	Alcohol use disorder, moderate	Active	1	Primary	Substance Abuse	Yes	Orellana, Esther, Ph.D. (
SAGEMD, ESTHER MIDDLE (289299)	359709	Update	2/23/2026	F10.20	Alcohol use disorder, moderate	Active	1	Primary	Substance Abuse	Yes	Orellana, Esther, Ph.D. (
SAGEMD, ESTHER MIDDLE (289299)	359709	Update	2/23/2026	F12.10	Cannabis use disorder, mild	Resolved	2	Secondary	Substance Abuse	Yes	Orellana, Esther, Ph.D. (

**Note: this is a partial snip of the full report. See table below for all available fields on the report.*

Report Output Fields:

Field	Description
Provider	Agency Name. The diagnosis form is submitted at the agency level not at the site location/program level.
Client Name (PATID)	Last Name, First Name followed by their Sage ID in parentheses.
Record ID	Unique record number for a diagnosis form record. If there are multiple rows with the same Record ID, this means that there were multiple diagnoses entered in a single diagnosis form. In the image above, Record ID 359709 appears twice because that record has two diagnoses entered on the diagnosis form.
Type of Diagnosis	Values: • Admission • Update • Discharge (historical only) • Onset (historical only)
Diagnosis Date	The date entered in the Date of Diagnosis field.
ICD-10 Code	The diagnostic code selected in the Diagnosis Search field.
Diagnosis Description	The description associated with the specific ICD-10 Code selected.

Field	Description
	<i>*Note: ICD-10 may have several diagnoses with the same code but with different descriptions. Users should always select the best code & description that matches the intended diagnosis.</i>
Status	Values: • Active • Working • Rule-out • Resolved <i>*Note: "Void" is a status option, however voided diagnoses will NOT appear on the report as they are not part of a client's medical record.</i>
Bill Order	Required field on the Diagnosis form, indicating the order the diagnosis will be listed on claims sent to the State.
Ranking	Values: • Primary • Secondary • Tertiary
Classification	Values: • Environmental • Medical • Mental Health • Substance Abuse <i>*Note: For clients with established medical necessity, a Substance Abuse related diagnosis must be primary with a bill order of 1.</i>
Present on Admission	Indicates if the diagnosis was present on admission
Diagnosing Practitioner	The staff and their credentials associated with rendering the diagnosis.

Field	Description
	<i>*Note: There should be documentation, such as a progress note, substantiating the practitioner's diagnosis.</i>
Submitted By	The staff who submitted the form. <i>*Note: Staff with read/write privileges to the form may complete the data entry of the diagnosis.</i>
Resolved Date	Date the diagnosis was resolved. If not resolved, this will be blank.
Remarks	Remarks entered on the form. If no remarks, this will be blank.
Diagnosis Entry Date	The date a diagnosis entry within the diagnosis form was added/edited. This will often match the Dx Form Submission Date. However, if there are multiple diagnoses on a record and only one gets edited, the non-edited diagnosis entries will be different than the Dx Form Submission Date. See image below for an example.
Dx Form Submission Date	The date the Submit button is clicked on the form. If only reviewing the form and no additions or edits are made, users should click "Discard."

Diagnosing Practitioner	Submitted By	Resolved Date	Remarks	Diagnosis Entry Date	Dx Form Submission Date
Orellana, Esther, Ph.D. (Lic. Psychologist)	Tester Provider (EOrellana)			5/6/2025	8/14/2025
Orellana, Esther, Ph.D. (Lic. Psychologist)	Esther Orellana		Entry NOT edited	2/23/2026	3/12/2026
Orellana, Esther, Ph.D. (Lic. Psychologist)	Esther Orellana	3/11/2026	Edited entry	3/12/2026	3/12/2026

Same Record ID: 359709

Clinical Purpose

When running the report by Data Entry Date, clinical staff can determine how many and which clients have received a diagnosis during that time period. When submitting service authorization requests, this report can be run to determine if a client has an admission or updated Type of Diagnosis with a substance use related diagnosis as primary. Additionally, this report may be used for quality improvement processes to ensure client diagnoses are updated accordingly if they are receiving treatment services past the assessment period.

Financial Purpose

This report may also be used for denial resolution purposes. If a claim is denied because there is no “Admission” diagnosis, this report can be run by client using the episode admission date as the Start Date to get a full history. If only “Update” Type of Diagnosis is found, then an “Admission” diagnosis must be entered.

If the denial pertains to other diagnosis related issues, use this report to verify there is a primary SUD diagnosis for the client. The date fields on the report can help identify if one was added or edited after the claims had been submitted to SAPC.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items. Additionally, uncheck **Simplify page headers** then Click OK. The file will save, and users may rename the file.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format

☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width

☒ Column width based on objects in the: Details
☐ Constant column width (in points): 36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☐ Simplify page headers
☐ Show group outlines

Ok
Cancel

LPHA Follow Up Assessment Worklist Report

The LPHA Follow Up Assessment Worklist Report was created to aid providers participating in the FY26-27 Value Based Incentive for Workforce Development: Percent of Clients with Co-

Occurring Mental Health Conditions Seen by LPHA (2-B) by identifying clients who need a follow-up with a diagnosing LPHA. This report looks at finalized ASAM CONTINUUMs completed in Sage as well as the Diagnosis form to create a “flag” on a report indicating the client should be seen by a diagnosing LPHA.

The ASAM Flag is triggered by how the client and/or interviewer responded to questions on the Psychological section of the CONTINUUM.

The Diagnosis Flag is triggered by any non-voided mental health diagnosis entered by your agency on the Diagnosis form in Sage.

Report Parameters:

Parameter	Description
Start Date (Required)	Earliest date of finalization of the Finalize ASAM Assessment form – CONTINUUM Comprehensive Assessment.
End Date (Required)	Latest date of finalization of the Finalize ASAM Assessment form – CONTINUUM Comprehensive Assessment.
LPHA Follow Up Needed?	Values: • Yes: limits the report to only show clients who have an ASAM and/or Diagnosis flag. • No: limits the report to only show clients who do not have either an ASAM or Diagnosis flag.
Select Provider(s) (Required)	Select the agency name.
Select Program(s) [Leave Blank to Select All]	This report could be run for all or some sites. Leaving this field blank will pull information for all sites. <i>Note: If the Program field is not completed on the ASAM Assessment/Finalize ASAM Assessment then this field should be left blank as the report will generate a “No Entry” for these records.</i> <i>Providers should always complete the Program field on the ASAM Assessment/Finalize ASAM Assessment.</i>

LPHA FOLLOW UP ASSESSMENT WORKLIST REPORT

Process
Discard
Add to Favorites

LPHA Follow Up Assessment
Worklist Report

Start Date *

T

Y

End Date *

T

Y

LPHA Follow Up Needed?

Select

Select Provider(s) *

All | Clear

Search

☐ Recovery Inc

Select Program(s) [Leave Blank to Select All]

All | Clear

Search

Report Output:

LPHA Follow Up Assessment Worklist Report									
Provider(s): Recovery Inc Program(s): All Programs Date Range: 8/11/2026 to 8/30/2026									
Provider	Contracting Provider Program	PATID	Client Name	Created On	Completed On	ASAM Flag	Diagnosis	LPHA Follow Up Needed?	LPHACOD
Recovery Inc	Recovery Facility	289298	MELANIE PCNX	8/13/2026	8/13/2026	Yes	No	Yes	
Recovery Inc	Recovery Facility	289298	MELANIE PCNX	8/13/2026	8/13/2026	Yes	No	Yes	
Recovery Inc	Recovery Facility	289298	MELANIE PCNX	8/14/2026	8/14/2026	Yes	No	Yes	
Recovery Inc	Recovery Facility	289299	ESTHER SAGEMD	8/11/2026	8/11/2026	No	Yes	Yes	
Recovery Inc	Recovery Facility	289299	ESTHER SAGEMD	8/14/2026	8/14/2026	Yes	Yes	Yes	
Recovery Inc	Recovery Facility	289299	ESTHER SAGEMD	8/25/2026	8/25/2026	No	Yes	Yes	

Report Output Fields:

Field	Description
Provider	The agency name.
Contracting Provider Program	Contracted program.
PATID	Client's Sage identification number.
Client Name	Client's name.

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Field	Description
Created On	The creation date of the CONTINUUM Comprehensive Assessment in Sage.
Completed On	The completion date of the CONTINUUM Comprehensive Assessment in Sage.
ASAM Flag	Values: • Yes: Responses on Dimension three (3) are flagged for follow up by an LPHA • No: Responses on Dimension three (3) do not require a follow up assessment by an LPHA
Diagnosis	Values: • Yes: Client has a qualifying active mental health diagnosis on record with your agency. • No: Client does NOT have a qualifying active mental health diagnosis on record with your agency.
LPHA Follow Up Needed?	Values: • Yes: Client should be seen by a diagnosing LPHA for a follow up. • No: Client did not endorse items that warrant a specific diagnosing LPHA follow up.
LPHACOD	This reflects the date the first LPHACOD code was billed after the finalized ASAM Assessment. If multiple LPHACOD services were billed, only the first LPHACOD following on or after the finalization of the ASAM will show on this report.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. In the **Column Width** section change “**Details**” to “**Page Header**.” Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report
Export

Format: Microsoft Excel Record (XLS)

Excel Format
☐ Typical: Data is exported with default options applied.
☐ Minimal: Data is exported with no formatting applied.
☒ Custom: Data is exported according to selected options.

Column Width
☒ Column width based on objects in the:
☐ Constant column width (in points):

Page Header
36

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok
Cancel

Clinical Purpose

SAPC recommends running this report daily or at minimum weekly to see what clients with a finalized ASAM and have a flag for a follow up assessment by a diagnosing LPHA. Used in this manner, this report provides a worklist of clients who may have a Co-Occurring mental health condition. An assessment or follow-up by a diagnosing LPHA can help clarify the client's mental health needs and if they can be met by the agency or require additional referrals.

Financial Purpose

Following the monthly billing period, it is recommended this report is run for the previous billing month to determine if clients who had a flag requiring a follow-up received it as evidenced by the billing of an LPHACOD code. If a client with a flag has the last column blank, they may still need a follow up or the documentation may still need to be finalized so that it can be billed.

Network Practitioner Report

The Network Practitioner Report was created to provide a listing of an agency's practitioners' configurations in Sage. The configurations include how clinical documentation such as a progress note may display an electronic signature and how a practitioner's license is configured for billing during a certain period. This report has both clinical and financial implications.

Report Parameters:

Parameter	Description
Provider (Leave Blank for All)	Select your agency or leave blank.
Start Date (Exclude Deactivated)	This is an optional field. Adding a date range will exclude any practitioners who have been Deactivated during the selected date range. Leaving this field blank will pull all practitioners ever associated with the agency.
End Date (Exclude Deactivated)	This is an optional field. Adding a date range will exclude any practitioners who have been Deactivated during the selected date range. Leaving this field blank will pull all practitioners ever associated with the agency.

NETWORK PRACTITIONER REPORT
Process
Discard
Add to Favorites

Network Practitioner Report

Provider (Leave Blank for All)

All | Clear
Search

☐ RECOVERY, INC.

Start Date (Exclude Deactivated)

T
Y

End Date (Exclude Deactivated)

T
Y

Report Output:





SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER

NETWORK PRACTITIONER REPORT

Parameters Selected: Provider(s) Recovery Inc., to

Print Date: 10/21/2025

Practitioner Category	Practitioner Discipline	Credentials	Primary License Type	Provider	Practitioner Name	Staff ID	User ID	Effective Date	End Date	Active	Deactivated Date	NPI	Taxonomy Code
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Psy D. (Lic. Psychologist)	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	SZUHAY,DANIEL	007277	DSuhay	12/26/2023	06/16/2025	Inactive	10/03/2025	1679899249	103TC0700X
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Physician Assistant Clinical Trainee	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	SZUHAY,DANIEL	007277	DSuhay	06/17/2025		Inactive	10/03/2025	1679899249	
Licensed Clinical Psychologist (LCP)	Licensed Clinical Psychologist (LCP)	Ph.D. (Lic. Psychologist)	Licensed Clinical Psychologist (LCP)	Recovery, Inc.	ORELLANA,ESTHER	006883	EOrellana	12/01/2017		Active		1376813667	103T00000X
Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Pharmacist Clinical Trainee	Recovery, Inc.	HODGE,SHONN	008346	c158322	04/26/2025	05/13/2025	Inactive		1277436659	183500000X
Physician (MD or DO)	Licensed - LPHA	DO	Licensed - LPHA	Recovery, Inc.	HODGE,SHONN	008346	c158322	06/01/2025		Active		1277436659	
Physician (MD or DO)	Physician (MD or DO)	MD	Physician (MD or DO)	Recovery, Inc.	SMITH,JOHN	009998	JSmith	01/01/2017		Active		1277436659	101YA0400X
Registered SUD Counselor	Registered SUD Counselor		Registered SUD Counselor/Other Provider	Recovery, Inc.	DUDLEY,JUDITH NTST	002204	c171633	01/01/2018		Active			

Report Output Fields:

Field	Description
Practitioner Category	A practitioner's configuration for State billing.
Practitioner Discipline	A practitioner's configuration for State and Local Billing. (This should match the Category).
Credentials	Credentials are what appear after a practitioner's name when forms are submitted. This is typically an abbreviation of the practitioner's degree/registration/certification.
Primary License Type	A practitioner's configuration for Local Billing.
Provider	The agency's name.
Practitioner Name	The practitioner's name when they were set up as a "practitioner." <i>*Note: If this name differs from the user's Sage description when logged in, open a Sage Help Desk ticket to ensure the names match.</i>
Staff ID	Sage's assigned identification number for practitioners. <i>*Note:</i> When searching a staff's name in Sage's Smart Search bar, the Staff ID will be a six (6) digit number in parentheses in the first column. The screenshot shows a search interface with a text input field containing 'test, brenna'. Below the input is a button labeled 'Advanced Client Search'. Underneath are three filter buttons: 'All 1', 'Clients 0', and 'Staff 1'. Below these is a section titled 'Practitioner Category' which displays 'BRENNA TEST RADT I (004479)'.
User ID	For providers, this is the practitioner's c#. County staff will reflect a combination of first and last name.
Effective Date	This is the date from when the Primary License Type was effective.
End Date	This is the date from when the Primary License Type was end-dated. If this is blank, the license is still active.
Active	Active means the practitioner has not been deactivated in Sage.

Field	Description
	Inactive means one of two things: 1. Inactive and a <u>blank</u> Deactivation Date means this license type is end-dated and there is an additional row for this practitioner with the current license that will show as active. 2. Inactive and a Deactivation Date means this user no longer has an active Sage account. Clinical Visible Only means the individual was set up as a practitioner but does not have a Sage login. Disabled means the User ID has been disabled and cannot be reactivated. Typically, this has occurred due to a data entry and a new account is created for the user.
Deactivation Date	The date the user was deactivated in Sage.
NPI	The practitioner's NPI as provided by the agency's Sage Liaison.
Taxonomy Code	The practitioner's taxonomy code as provided by the agency's Sage Liaison. <i>*Note: DHCS provided a list of allowable taxonomies by Practitioner type. Please see the Rate Matrix for a listing.</i>

**Note: if a user's configuration does not reflect their current credentials, the agency's Sage Liaison should create a Help Desk ticket for a modification using the SAPC Sage User Creation Form catalog item within Service Now.*

Clinical Purpose

This report can be a quality assurance tool to ensure practitioners are displaying the appropriate credentials when submitting forms. For Document Routing enabled forms, such as the Progress Note and Problem List/Treatment Plan, Utilization Management can quickly identify if the correct practitioner type finalized required documentation. This also serves as a check to verify if a credential has not been updated such as when a registered counselor becomes a certified counselor.

Financial Purpose

Historically, practitioners could have slightly different configurations for Local and State billing. With payment reform, the practitioner types have been aligned. Any remaining discrepancies between Practitioner Category and/or Practitioner Discipline should be resolved as they may result in Local or State denials. As noted above, the agency's Sage Liaison should create a Help

Desk ticket for a modification using the SAPC Sage User Creation Form catalog item within Service Now.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. In the **Column Width** section change “Details” to “Page Header.” Users will then need to check off **Export object formatting**, **Maintain relative object position** and **Maintain column alignment** as those are not part of the default checked items.

Print Report Export

Format: Microsoft Excel Record (XLS) ▼

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Page Header ▼
 36
- ☐ Constant column width (in points):

☒ Export object formatting

☐ Export images

☐ Use worksheet functions for summaries

☒ Maintain relative object position

☒ Maintain column alignment

☒ Export page header and page footer

☒ Simplify page headers

☐ Show group outlines

Ok Cancel

Provider Activity Report

The Provider Activity Report was recreated from ProviderConnect classic to PCNX. It pulls information from the BIRP/GIRP/SIRP/SOAP Progress Notes as well as the Miscellaneous Note Options. These note options were disabled to prevent providers from creating new records or editing existing draft records when SAPC transitioned to PCNX on September 12, 2023.

Notes left in draft were to be replicated in the new **Progress Note** form so they can pull into the **Progress Note Status Report**.

As with the PCON classic Provider Activity Report, in PCNX, version of the report is limited to pulling only finalized notes.

Report Parameters:

Parameter	Description
Select Program (Required)	Dropdown with Agency name and sites. <i>Note: if a user selected the Agency's name on the note instead of selecting a site, it is recommended the report be run twice, once with just this parameter, and then again with "Select Program(s)" selected otherwise it will not capture all the data.</i>
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.

PROVIDER ACTIVITY REPORT

Process Discard Add to Favorites

Provider Activity Report

Select Program *

Select

Recovery Facility 2

Recovery Facility

Recovery Inc

Start Date *

End Date *

Report Output:

							
Provider Activity Report Print Date: 8/31/2023							
Parameters Selected:		Start to End Service Dates: 12/1/2021 - 12/31/2021					
		Program: Recovery Inc					
Name	PATID	Date of Service	Progress/Misc Type	Note Type	Method of Delivery	Performing Provider	# of Clients in Group # of Counselors in Group Service Start Time
CARLA TEST	148387	12/2/2021	BIRP	Family	Face-to-Face	HINDMAN, DAVID SAPC	07:40 AM

Clinical Purpose

For clinical purposes, this report reflects finalized notes. This can be used for quality improvement purposes to ensure notes are completed within specified timelines. Based on filtering and sorting this report can also be used for productivity monitoring of staff for Primary Sage users.

Financial Purpose

For financial purposes, this report is meant for Primary Sage Users who complete their clinical documentation in Sage. This output will allow billers to identify the needed categories to bill pre-FY 23/24 services.

Report Export:

The recommended export for report is the Separated Values (CSV) format; however, it may

also be exported as a Microsoft Excel Record (XLS). Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections**, “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section.

When viewing the file in Excel, it is recommended that the last row is deleted prior to adjusting formatting as it may impact column width.

Print ReportExport

Format: Separated Values (CSV)

Character Options

Delimiter:
Separator:

Report and Page Sections

☐ Export
☒ Isolate Page/Report Sections
☐ Do not export

Group Sections

☒ Export
☐ Isolate Group Sections
☐ Do not export

Preserve Formatting

☒ Preserve Date Formatting
☒ Preserve Number Formatting

OkCancel

	A	B	C	D	E	F	G	H	I	J	K	L
1	Provider Act	Print Date: 8/31/2023										
2	Parameters	Start to End Service Dates: 12/1/2021 - 12/31/2021	Program:	Recovery Inc								
3	Name	PATID	Date of Service:	Progress/Misc Type:	Note Type:	Method of Delivery:	Performing Provider:	# of Clients in Group:	# of Counselors in Group:	Service Start Time:	Service End Time:	Service Duration in Minutes:
4	CARLA TEST	148387	12/2/2021	BIRP	Family	Face-to-Face	HINDMAN,DAVID SAPC			7:40 AM	7:40 AM	0 Min
5	Page # 1	This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code, HIPAA Privacy Standards and 42 CFR Part 2. Duplication										

Progress Note Status Report

The Progress Note Status Report is the replacement for the Provider Activity Report. It will pull data from the new Progress Note form that was created specifically for PCNX. This field can be pulled by Agency, site, patient, from status, and by the rendering provider.

This report was updated 4/3/2024 in alignment with updates to the Progress Note form. The Progress Note Status Report was updated to calculate the duration column based on the new **Duration** field for notes submitted on 4/3/2024 and after. For notes finalized on 4/2/2024 and before, the duration column will still calculate based on the difference of the Service End Time minus the Service Start Time.

Additionally, the Form Status column in the output has been updated to show “Pending” for

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notes that were document routed and are still pending a signature.

Report Parameters:

Parameter	Description
PATID (optional)	This report can be patient specific. If this field is left blank it will pull notes for all patients meeting the remaining parameters. A Patient's name or PATID maybe entered.
Start Date (Required)	Earliest Date of Service to be pulled.
End Date (Required)	The latest Date of Service to be pulled.
Select Provider(s) (Required)	The agency name.
Select Program(s) (optional)	The available sites associated with the Provider will be listed. If left blank it will pull all data for the Provider. This parameter will allow user to pull site specific data.
Status (optional)	Users can select to only run the report for Progress Notes in Draft or Final form status. If this field is left blank it will pull both.
Provider Name (optional)	This parameter will populate with the staff member's name associated with rendering the service as indicated on the note based on the previously selected parameters.

PROGRESS NOTE STATUS REPORT

Process
Discard
Add to Favorites

Progress Note Status Report

PATID

Start Date *

End Date *

Status
Select

Provider Name
All | Clear

☐ CERTIFIED,PEER
☐ HINDMAN,DAVID SAPC
☐ HODGE,SHONN
☐ ORELLANA,ESTHER
☐ SCHWARZ,GREG SAPC
☐ SMITH,JOHN
☐ TEST,B'RENNA
☐ TEST,PRACTITIONER

Select Provider(s) *
All | Clear
☒ Recovery Inc

Select Program(s)
All | Clear
☐ Recovery Facility

Report Output:

SUBSTANCE ABUSE PREVENTION AND CONTROL PROGRESS NOTE STATUS REPORT Print Date: 8/21/2023												
Parameters Selected: Patient: (), Date Range: 8/1/2023 - 8/21/2023 Program: , Provider: Recovery Inc Provider Name: , Form Status:												
Provider	Program	Patient Name	PATID	Date of Service	Service Start Time	Service End Time	Service Duration	Method of Delivery	Note Type	Service Type	Specific Procedure	Location
Recovery Inc	Recovery Facility	TEST,QUIUM	159908	8/17/2023	04:32 PM	04:32 PM	0 mins	Face-to-Face	Individual	Education	Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99366)	Independent Clinic
Recovery Inc	Recovery Facility	PCNX,ESTER MIDDLE MS	160919	8/16/2023	12:00 PM	01:00 PM	60 mins	Face-to-Face	Individual	Assessment		Group Home
Recovery Inc	Recovery Facility	PCNX,ESTER MIDDLE MS	160919	8/17/2023	04:31 PM	04:31 PM	0 mins	Telehealth	Crisis	Care Coordination	Alcohol and/or other drug testing- point of care tests (H0048)	Ambulance-Air or Wa
Recovery Inc	Recovery Facility	TEST,GREG	161048	8/10/2023	09:15 AM	10:00 AM	45 mins	Field Based Services	Individual	Assessment		Public Health Clinic
Recovery Inc	Recovery Facility	PCNX,DAVID BOBBY	161076	8/16/2023	06:00 PM	07:06 PM	66 mins	Telehealth	Individual	Care Coordination	Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99366)	Office

This report has numerous fields that could not be captured in the snip above and is recommended this report is exported for ease of use.

Clinical Purpose

For clinical purposes, this report can indicate the notes that are in draft, as well as when the note was finalized. This can be used for quality improvement purposes to ensure notes are completed within specified timelines. Based on filtering and sorting, this report can also be used for productivity monitoring of staff by Primary Sage users.

Financial Purpose

For financial purposes, this report is meant for Primary Sage Users who complete their clinical documentation in Sage. This output will allow billers to identify the needed categories to bill HCPCS. The Specific Procedure field in combination with Supplemental Services will give billers visibility as to which CPT codes to bill.

The Specific Procedure field has two types of services, those with CPT codes and those without. Procedures without a CPT code are services that are associated with various duration ranges. It is up to the biller to identify the appropriate code based on the duration of the service.

Report Export:

It is recommended this report is exported using a **Separated Values (CSV)** format.

Users will need to check off “Isolate Page/Report Sections” in the **Report and Page Sections**, “Export” in the **Group Selections** and “Preserve Date Formatting” and “Preserve Number Formatting” in the **Preserve Formatting** section. Click Ok. The file will save, and users may rename the file. When viewing the file in excel it is recommended the last row is deleted prior to adjusting formatting as it may impact column width.

The screenshot shows a 'Report Export' dialog box with the following configuration:

- Buttons:** 'Print Report' and 'Export' at the top left.
- Format:** A dropdown menu set to 'Separated Values (CSV)'.
- Character Options:**
 - Delimiter: A text input field containing a double quote (").
 - Separator: A text input field containing a comma (,).
- Report and Page Sections:**
 - ☐ Export
 - ☒ Isolate Page/Report Sections (highlighted with a red box)
 - ☐ Do not export
- Preserve Formatting:**
 - ☒ Preserve Date Formatting (highlighted with a red box)
 - ☒ Preserve Number Formatting (highlighted with a red box)
- Group Sections:**
 - ☒ Export (highlighted with a red box)
 - ☐ Isolate Group Sections
 - ☐ Do not export
- Buttons:** 'OK' and 'Cancel' at the bottom left.

ROI for Payment and Operations Compliance Report

The ROI For Payment and Operations Compliance report displays Payment and Operations

(PO) ROIs that were either submitted directly in Sage via the ROI for Payment and Operations form or any uploaded versions to Provider File Attach. The purpose of this report is for providers to determine compliance to the PO ROI requirement for each patient to have a written PO ROI on file prior to submitting an authorization or claiming to SAPC per 42 CFR part 2.

The PO ROI is a non-episodic form, meaning that the same ROI can be used across all providers and each provider is not required to complete a new PO ROI if one has already been completed, even by a different provider. While this can be strictly enforced in Sage to prevent overlapping and duplicate ROIs from being submitted, if completing the PO ROI directly on the form, SAPC is not able to restrict uploaded PO ROIs from being submitted for each provider. Additionally, providers are not able to view a different providers uploaded document to confirm if valid. As such, SAPC does recommend that each Secondary Sage Provider complete and upload a signed PO ROI for their agency if they choose not to use the Sage version.

The compliance report will populate the PO ROI information for all clients admitted during the date range selected based on the Provider Site Admission form Admission Date. Since the forms are non-episodic, the data will populate for the given provider based on the client even if that provider did not directly complete the form with the client. For example, if the client signed the ROI at a different provider, discharged from that provider and admitted to a different provider, that PO ROI is still valid and will display as present for the second provider when running this compliance report.

Parameter	Description
Select Provider(s) (Required)	Select the provider agency. For this report, because the PO-ROI is non-episodic, the agency refers to the agency who admitted the client on the Provider Site Admission, but the
Provider Site Admission Start Date (Required)	Enter the earliest admission date to run report for.
Provider Site Admission End Date (Required)	Enter the last admission date to run report for.
PATID [Leave Blank to Select All] (Optional)	Enter the Sage patient ID, if desired. (Note: The system will take several seconds to process finding the patient. Once the PATID is entered wait until the processing icon appears, then wait until the patient's name appears below "Select Client" and click it. If you navigate/click outside the field while the system is

	searching for the patient a “No records found” message may appear.)
--	---

Select Provider(s) *

All | Clear

Q

☐ Recovery Inc

PATID [Leave Blank to Select All]

Provider Site Admission Start Date *

T

Y

Provider Site Admission End Date *

T

Y

Report Output

Note: Image displayed below features sample data and does not contain any protected health information.

ROI for Payment and Operations Compliance Report								
Providers: Recovery Inc								
PATID:								
Date Range: 7/1/2026 to 8/25/2026								
Provider	Client Name (PATID)	Electronic PO-ROI	Electronic PO-ROI Date Consented	Electronic PO-ROI Date Revoked	Uploaded PO-ROI	Date Consent Uploaded	Date Revocation Uploaded	Submitted By
Recovery Inc	SAGEMD,GREG (289332)	Signed ROI for Payment and Operations on File	7/15/2026	7/14/2026	Uploaded ROI for Payment and Operations on File	7/15/2026	7/14/2026	Greg Schwarz, PsyD
Recovery Inc	SAGEMD,YOLA NDA (289233)	Revoked Electronic PO-ROI	6/25/2026	7/15/2026	Not Found		7/15/2026	Yolanda Cespedes-Knadle 2
Recovery Inc	SAGEMD,YOLA NDA (289233)	Revoked Electronic PO-ROI	6/25/2026	7/15/2026	Not Found		7/15/2026	Yolanda Cespedes-Knadle 2

Report Output Fields:

Field	Description
Provider	The provider agency name.
Client Name (PATID)	Client Name (PATID)
Electronic PO-ROI	The column will populate the current status of the Electronic PO-ROI (PO entered directly on the Sage form). The 3 status options are: 1. Signed ROI for Payment and Operations on File 2. Revoked Electronic PO-ROI 3. No Electronic PO-ROI Found

Electronic PO-ROI Date Consented	Date consented refers to the date of signature on the ROI, which corresponds to the effective date of the ROI.
Electronic PO-ROI Date Revoked	Date revoked is the date of signature when the ROI is revoked.
Uploaded PO-ROI	This column will populate the current status of an uploaded PO-ROI that has been uploaded using Provider File Attach and the Document Type for ROI- Payment and Operations or ROI-Revoke Payment and Operations. The status options are: 1. Uploaded ROI for Payment and Operations on File 2. Uploaded PO-ROI Revoked 3. Not Found Important: If the PO ROI is uploaded to the wrong document type, Sage will not have visibility and may look like there is no consent on file. It is very important for providers to utilize the correct Document Type of ROI-Payment and Operations for a valid ROI and ROI-Revoke Payment and Operations to revoke the corresponding ROI.
Date Consent Uploaded	Most recent date of uploaded ROI under ROI-Payment and Operations Document Type
Date Revocation Uploaded	Most recent date of uploaded revocation under ROI-Revoke Payment and Operations Document Type
Submitted By	This field is only available for the electronic PO-ROI and will display the user name of the person who submitted the form.

IMPORTANT: If the PO ROI is uploaded to the wrong document type, Sage will not have visibility and may look like there is no consent on file. It is very important for providers to utilize the correct Document Type of ROI-Payment and Operations for a valid ROI and ROI-Revoke Payment and Operations to revoke the corresponding ROI.

Clinical Purpose

For clinical purposes, this report can be used to ensure compliance with the ROI requirement for all clients to have at minimum a signed ROI for Payment and Operations on file before submitting authorizations to SAPC. Additionally, this report should be run at regular intervals to check for revoked PO-ROIs.

Financial Purpose

For financial purposes, this report should be used to verify an active PO ROI is on file for each client being claimed before submitting the claim.

Report Export:

To export the report, click the Export button at the top of the screen. The recommended export is **Microsoft Excel Record (XLS)**. Column width should be based on objects in the **Page Header** (select from dropdown). Users will then need to check the following boxes: **Export object formatting**, **Maintain relative object position** and **Maintain column alignment**, as those are not part of the default checked items.

Print Report **Export**

Format: Microsoft Excel Record (XLS) ▼

Excel Format

- ☐ Typical: Data is exported with default options applied.
- ☐ Minimal: Data is exported with no formatting applied.
- ☒ Custom: Data is exported according to selected options.

Column Width

- ☒ Column width based on objects in the:

Page Header ▼

36
- ☐ Constant column width (in points):

☒ Export object formatting
☐ Export images
☐ Use worksheet functions for summaries
☒ Maintain relative object position

☒ Maintain column alignment
☒ Export page header and page footer
☒ Simplify page headers
☐ Show group outlines

Ok **Cancel**

ROI for Payment and Operations Export

The ROI for Payment and Operations Export provides an aggregate list of all Payment and Operations (PO) records that were submitted electronically in Sage. The export can be limited to run by client and/or by date range. The broader the parameters, the longer it may take the report to populate. Due to the length of this report, it is recommended to export the output to Excel for viewing.

The PO ROI is a non-episodic form. PO records will populate the report for a given agency based on the client even if the agency was not the one that submitted the record. Therefore, the name of the agency that submitted a PO authorization will not be displayed in the report. However, the site location of the agency that revoked a PO record will display.

Report Parameters:

Parameter	Description
Agency (Required)	Agency's name
Start Date (Date of Authorization Signature)	The earliest date to be pulled, based on the date of signature of the PO authorization.
End Date (Date of Authorization Signature)	The latest date to be pulled, based on the date of signature of the PO authorization.
Client	The client's name (last,first) or PATID may be used.
Report Output (Required)	Choose between All ROIs (all ROIs on file) or Active Only (only ROIs that have not been revoked).

ROI FOR PAYMENT AND OPERATIONS EXPORT

Process

Discard

Add to Favorites

ROI for Payment and Operations Export

Select Agency *

All | Clear

Search

☐ Recovery Inc

Start Date (Date of Authorization Signature)

T

Y

End Date (Date of Authorization Signature)

T

Y

Select Client [Leave Blank to Select All]

Q

Select Report Output *

Select

X

Report Output:

Note: The image displayed below is a partial view of the report output and features sample data. No protected health information is displayed.

ROI FOR PAYMENT AND OPERATIONS EXPORT

Parameters Selected:

Agencies: Recovery Inc

Report Output: All ROIs

Date Range: 07/01/2026 to 10/16/2026

Client:

Client Name	PATID	Consent Date	Revocation Date	Person Signing (Consent)	Name of Legal Rep (Consent)	Type of Legal Rep (Consent)	Witness Name 1 (Consent)	Witness Name 2 (Consent)	Person Signing (Revocation)	Agency Address (Revocation)
PCNX,YOLANDA	289271	9/4/2026		Client						
PCNX,YOLANDA	289271	9/1/2026	9/1/2026	Client					Client	1000 South Fremont Ave ALHAMBRA CA 91803-9998
SAGEMD,YOLANDA	289233	10/6/2026		Legal Representative	Mrs. Legalia Representativa	Power of Attorney				

Report Output Fields:

Field	Description
Client Name	Client Name (last,first)
PATID	Client's PATID
Consent Date	Date of signature in authorization section of record
Revocation Date	Date of signature in revocation section of record
Person Signing (Consent)	Individual who signed authorization section of record - Client - Legal Representative
Name of Legal Rep (Consent)	Name of legal representative that signed authorization section
Type of Legal Rep (Consent)	Relationship of legal representative in authorization section to client - Caregiver Affidavit - Conservator - Executor of Estate (if client deceased) - Legal Guardian - Next of Kin – Spouse - Next of Kin – Child - Next of Kin – Sibling

Field	Description
	• Next of Kin – Other • Parent • Power of Attorney • Tribal Representative
Witness Name 1 (Consent)	Name of first witness to sign authorization
Witness Name 2 (Consent)	Name of second witness to sign authorization
Person Signing (Revocation)	Individual who signed revocation section of record • Client • Legal Representative
Agency Address (Revocation)	Site location / address of agency that submitted the revocation
Name of Legal Rep (Revocation)	Name of legal representative that signed revocation section
Type of Legal Rep (Revocation)	Relationship of legal representative in revocation section to client • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin – Spouse • Next of Kin – Child • Next of Kin – Sibling • Next of Kin – Other • Parent • Power of Attorney • Tribal Representative
Witness Name 1 (Revocation)	Name of first witness to sign revocation

Field	Description
Witness Name 2 (Revocation)	Name of second witness to sign revocation
Consent Submission Date	Date the authorization portion of the record was submitted by user
Revocation Submission Date	Date the revocation portion of the record was submitted by user

Clinical Purpose

This report can be used for visibility on existing PO records and who signed the authorization and/or revocation. It can also be used to support compliance with the ROI requirement for all clients to have a signed ROI for Payment and Operations on file before submitting authorizations to SAPC.

Financial Purpose

This report can be used to verify if there is an active PO ROI on file for each client being claimed before submitting the claim. It can also serve as a workflow and compliance check to determine whether records are being submitted on the same date as captured signatures.

Report Export:

The recommended export option is Microsoft Excel Record (XLS). For a cleaner looking export, additionally check off **Export object formatting**, **Maintain relative object position**, and **Maintain column alignment**, as these are not part of the default checked items.

Print Report
Export

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☒ Simplify page headers
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Ok
Cancel