



Sage – Core Functions

Los Angeles County's Substance Use Disorder
Information System

Substance Abuse Prevention and Control
County of Los Angeles Health Agency & Department of Public Health

All Provider Meeting: March 8, 2018

Outline

- **Sage: Developmental Progress and Updates**
- **Core Functions of Sage**
 - Tips for Successful Use
- **Communications between SAPC/Netsmart and Provider Staff**
- **Password Resets**
- **Sage Access Groups**
- **Where to Go for Help**



Substance Use Disorder Information System

Sage Issues

“Provider” Issues

- Missing info (CIN, diagnosis, financial eligibility, etc)
- Communication with Netsmart/SAPC
- Opening duplicate clients

“System” Issues

- Data conversion issues
- Design/development needs
- Billing errors
- Contract amount setup

Sage: Developmental Progress & Updates

CHALLENGES

Help Desk Workflow

- Log-in & Access issues

Authorization Issues

- Submissions for wrong LOC and LOC's that don't require authorization
- Lack of supporting documentation

Billing Issues

- CIN #
- Diagnosis in Provider Diagnosis (ICD-10) Form
- NPI's
- Contract amount setup

Revised Help Desk Workflow

- Improved coordination between Help Desk and SAPC
- Reduced premature case closures

UM Staff Interventions

- Provider education on UM process via Sage

Billing Interventions

- Data conversions
- Provider actions (resubmission of billing)
- Assisting providers (diagnosis report, room & board and RBH, correcting contract amounts)

INTERVENTIONS



Sage – Keys for Success

1. **ACCURACY & PRECISION** of information entered in Sage
2. **TIMELINESS** of activities

- Timely and accurate information in earlier processes prevent downstream problems
- Responsiveness to SAPC staff for clarifications

Both of these are key actions to reduce the likelihood of system authorization and billing denials due to missing or inaccurate client information!



Core Functions of Sage

1. Admission / Intake Process

- Add New Client/Client Search
- Financial Eligibility Form
- ASAM assessment
- Provider Diagnosis (ICD-10) Form
- Clinical Contact Form

2. Data Collection

- CalOMS/LACPRS (admission & discharge)

3. Clinical Work / Documentation / Authorizations

- Authorization Form
- Clinical documentation (progress notes, treatment plans, miscellaneous notes, etc)

4. Billing



Sage processes need to happen in a stepwise manner – incorrect/missing information or delays in upstream processes will result in problems with downstream processes.



1. Admission/Intake Process

- If the admission process within Sage contains incorrect/missing information, the Financial Eligibility Form fields will not pre-populate and there may be errors in the system.
- **Admission dates** must fall within treatment service dates, otherwise admission dates after treatment service dates will result in billing errors.
- **Providers should ALWAYS check “Add New Client/Client Search” before opening up a new case within Sage to make sure that a client profile doesn’t already exist for that patient.**
 - “Look Up Client” section → Only searches patients at your specific site
 - “Add New Client/Client Search” section → Searches patients across entire Sage network
 - **To avoid duplicate clients where multiple Sage profiles get created for the same patient, providers need to first check the “Add New Client/Client Search” to make sure that patient’s profile isn’t already in Sage before creating a new profile**



1. Admission/Intake Process (cont'd)

FINANCIAL ELIGIBILITY FORM

- **Common billing error** → Providers were NOT entering the **Client Index Number (CIN)** into the CIN field on the Financial Eligibility Form,
- **“CIN” field must be filled out for billing to the state (e.g. for DMC)**
 - If a patient doesn't have Medi-CAL, and is not applying for Medi-CAL, they will not have a CIN# → Leave the “CIN” field blank.
- **“Policy Number” is a REQUIRED Field and CANNOT be left blank.**
 - For Patients who are NOT Medi-Cal eligible, the “Policy Number” field should read “Not Applicable”.

“Guarantors” section vs. “Funding Source” section → Common point of confusion

- **Financial Eligibility Form** → “Guarantors” section = DMC insurance status
- **Authorization Form** → “Funding Source” section = Provider contract type
 - “DMC” in the “Guarantors” section has a different meaning than “DMC” in the “Funding Source” section (*SEE NEXT SLIDE*)



Different Meanings of “DMC” and “Non-DMC” Within Sage

- **FINANCIAL ELIGIBILITY FORM** → Under “**Guarantors**” section, “DMC” refers to their **DMC insurance status**
 - **DMC** = Patients who have DMC insurance
 - **Applying for DMC** = Patients who are eligible and applying for DMC
 - **LA County Non-DMC** = Patients who do not qualify for DMC; includes My Health LA, AB 109, DCFS, JJCPA, Title IV
 - **Self-Pay** = Everyone else (e.g., self-pay, private insurance, etc → should be entered in CalOMS within Sage, but not billed via Sage)
- **AUTHORIZATION FORM** → Under “**Funding Source**” section, “DMC” refers to the **provider contract type**
 - **DMC provider contract**
 - DMC reimbursable levels of care (**OTP, ASAM 1.0, ASAM 1.0-At-Risk [for < age 21], ASAM 2.1, ASAM 3.1/3.3/3.5, 1-WM, 3.2-WM, Recovery Support Services**) for:
 - DMC patients
 - My Health LA patients
 - County program participants (AB-109, CalWORKS, General Relief, etc)
 - **Non-DMC provider contract**
 - Non-DMC reimbursable services → **Recovery Bridge Housing, 3.7-WM, 4-WM, CENS**
 - Services provided by non-DMC certified providers
 - Specialty County programs (Meth programs, Women and Children)



1. Admission/Intake Process (cont'd)

• ASAM Assessment

- The ASAM CONTINUUM assessment contains **yellow fields** that are required because they are part of its computer algorithm to calculate appropriate levels of care.
- If your agency does not take **vitals** or use the **GAF**, please use the values below as default entries:
 - **Blood pressure:**
 - Systolic (“high” number) – 110
 - Diastolic (“low” number) – 70
 - **Heart Rate** – 60 beats per minute
 - **Global Assessment of Functioning (GAF)** – 80
- **For criminal justice patients**, questions on ASAM assessment should be asked within the context of the patient’s condition **30 days prior to incarceration**



ASAM CONTINUUM™ – Updates

- **ASAM CONTINUUM is a living and evolving tool** → Enhancements to the ASAM CONTINUUM algorithm are being made to enhance precision of level of care recommendations by the assessment tool
 - Providers won't notice any difference in terms of use of the tool and no action from them is required, but these will be implemented within the next month.
 - SAPC is continually working with ASAM to identify and implement enhancements.
- **ASAM CONTINUUM Narrative Report** is coming (likely by April 2018)
 - Automated narrative summary of patient's ASAM assessment.
 - Does not replace individual provider assessment or sound clinical judgment. <http://asamcontinuum.org/knowledgebase/what-does-the-continuum-narrative-report-include/>



1. Admission/Intake Process (cont'd)

- **Provider Diagnosis (ICD-10) Form**
 - **Common billing error → There MUST be a diagnosis entered in the Provider Diagnosis (ICD-10) Form to process billing**
 - Many providers are mistakenly entering a diagnosis in the “Diagnosis” field of the Authorization form, instead of entering a diagnosis in the Provider Diagnosis (ICD-10) Form.
 - **Providers need to leave the Diagnosis field in the Authorization Form blank.**
- **Clinical Contact Form**
 - **THIS FORM ALLOWS SAPC QI & UM STAFF TO KNOW WHO TO SPEAK TO AT PROVIDER AGENCIES TO FOLLOW UP ON CASES**
 - Delays in correspondence with providers are one of the main reasons for delays in authorizations, eligibility verifications, and subsequently billing → **Providers need to enter staff contact information in this Clinical Contact Form, preferably of the person who completed the ASAM assessment**



2. Data Collection

- All **RED** fields in CalOMS/LACPRS are required
- Missing or inaccurate information in CalOMS/LACPRS will result in the inability to submit the CalOMS/LACPRS form in Sage due to data quality checks in the system.
- **Providers MUST report all known funding streams for all patients served**
 - Without this information, the SUD system will not be able to maximize its financial resources.
- **Providers MUST remember to discharge patients from CalOMS/LACPRS**
 - Not discharging patients from CalOMS/LACPRS creates problems when patients present at other providers for treatment and requires providers to call each other to ask that patients be discharged from CalOMS.
- Refer to [Data Collection User Guide](#) on SAPC's Sage website for more detailed information.



3. Clinical Work / Documentation / Authorizations

- **AUTHORIZATION FORM**
 - **Authorization Form should only be submitted AFTER providers have completed all elements SAPC needs to review authorizations** (e.g., finalized ASAM, completed Provider Diagnosis (ICD-10) Form, etc).
 - Refer to ***Sage Version of Checklists of Required Documentation*** for questions on what clinical documentation is required for authorizations and eligibility verifications.
 - **Authorization Forms submitted without necessary clinical documentation will be denied.**
 - **Providers should only submit Authorization Forms for AUTHORIZED SERVICES** (residential, Recovery Bridge Housing, WM or MAT for youth < age 18).
 - **Authorization Forms submitted for NON-AUTHORIZED SERVICES (OTP, OP, IOP, WM for adults, etc) will be denied** because these services do not require authorization.



3. Clinical Work / Documentation / Authorizations (cont'd)

- **Miscellaneous Note – Unique circumstances**
 - **Any situation where the diagnosis in the Provider Diagnosis (ICD-10) Form does not match the diagnosis in the ASAM assessment, including if the ASAM assessment doesn't result in a DSM-5 diagnosis** → Need to document justification for the diagnosis and the DSM-5 criteria met in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.
 - **Any situation where provider is requesting a level of care other than that recommended on the ASAM assessment** → Need to document justification for discrepancy and provide information on why the referred to level of care is more appropriate in a Miscellaneous Note finalized by LPHA or licensed-eligible LPHA.



“Financial Blackouts”

- **“Financial blackouts”** → When SAPC Utilization Management (UM) staff receive missing or incorrect information and are unable to verify eligibility for non-authorized services, these cases are effectively in pending status and providers can claim for these services, but **WILL NOT BE PAID** until necessary information is provided.
 - These cases will ultimately be denied if providers do not submit the necessary/corrected information within 3 business days.
- **“Financial blackouts” are an example of how closely the eligibility verification and UM processes within Sage are linked with billing.**
- SAPC would like to avoid “financial blackouts” to the extent possible, as this results in extra work on both SAPC and provider staff.
- ***Providers can avoid “financial blackouts” by submitting accurate and timely information to SAPC, and being responsive when SAPC contacts them for additional information.***

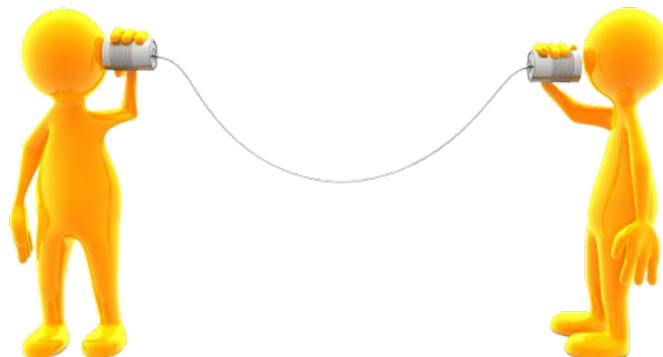
4. Billing



- **NOTE: Most provider issues with billing are related to provider activities performed within Sage PRIOR to the actual billing and claims submission process.**
 - Many problems with billing and denied claims can be due to errors or missing information submitted prior to providers submitting claims → **Billing issues require troubleshooting by contacting Help Desk**
- The **Provider Activity Log Report** captures clinical work performed to help billers track billable clinical activities that were performed by provider staff.
 - **Providers need to be sure they are finalizing notes**, as only FINALIZED notes populate to the Provider Activity Log Report.
 - If unclear if notes have been finalized, staff may go back and look through their notes in Sage to ensure they have been finalized.

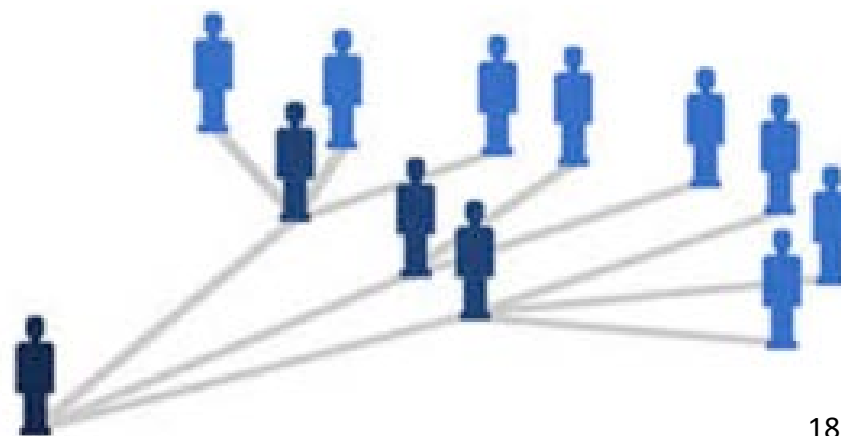
Communication

- **Communication between SAPC/Netsmart and provider staff is a top challenge**
 - Hundreds of Help Desk resolutions are pending action from providers – providers must return calls from the Help Desk!
 - SAPC UM staff often are unable to get a hold of counselors/clinicians to clarify eligibility and authorization issues, resulting in financial blackouts and denials → Providers must fill out **Clinical Contact Form**
 - Many provider agencies often do not answer their phone and do not have voicemail → **Providers MUST answer their phones during business hours and set up a voicemail.**



Communication (cont'd)

- Some frontline provider staff are not familiar with basic eligibility or authorization policies, or basic aspects of the DMC-ODS Waiver.
 - Provider staff need to read the **Provider Manual**.
 - **Provider agencies need to develop policies and procedures on how to ensure dissemination of information from SAPC meetings/materials to frontline counselors and clinicians.**
- **CareConnect Inbox** → Secure way to communicate with SAPC and other providers; functions similar to email.



Password Resets

- **NOTE: Sage passwords expire every 90 days and need to be updated – this is a County technical and security requirement**
 - County is currently working on a process to provide automatic reminders for Sage users





Sage Access Groups

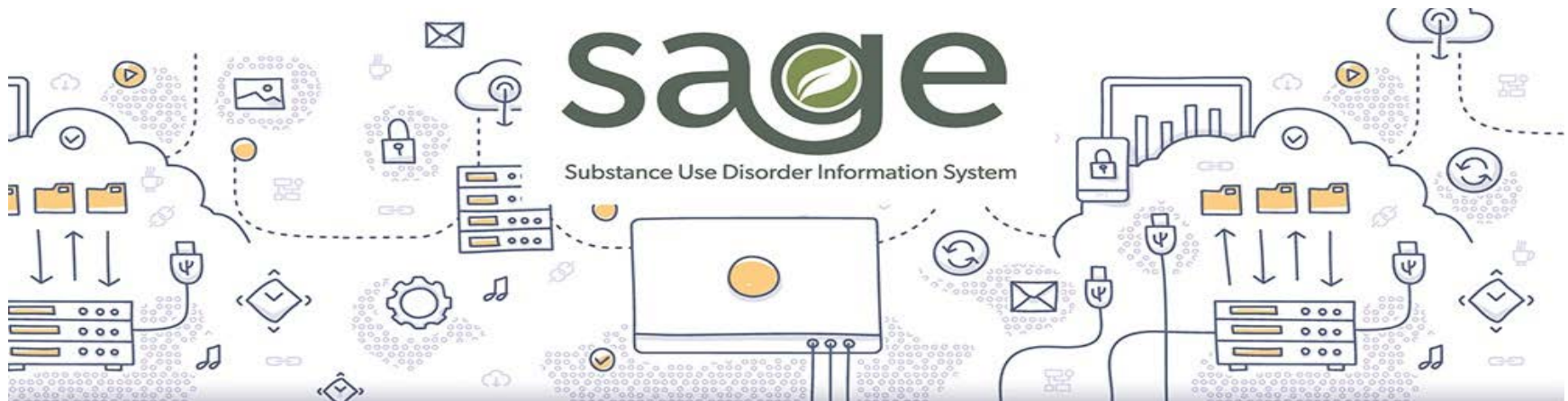
***Assessing anticipated staff tasks when assigning the Sage Access Group is very important. The information provided to SAPC determines what kind of access / permissions your staff will have within Sage.**

1	Clinical Only – LPHA
2	Clinical Only – Licensed-Eligible LPHA
3	Clinical Only – Counselor
4	Clinical Only – Student/Intern
5	Financial Only
6	Financial + Clinical – LPHA
7	Financial + Clinical – Licensed-Eligible LPHA
8	Financial + Clinical – Counselor
9	Audit User (view-only access to <u>SELECT</u> clinical & financial data)
10	Operations (view-only access to <u>ALL</u> clinical & financial data)
11	Clerical
12	Clinical View Only – No Log-In

***Refer to Sage Access Group Description document on SAPC’s Sage website for more details**

Where To Go For Help

- **SAPC's Sage Website**
 - <http://publichealth.lacounty.gov/sapc/Sage/SageInfo.htm>



- **Contains information on:**
 - Frequently Asked Questions (FAQs)
 - Instructions on managing user access – onboarding/offboarding staff
 - Training calendar – March available now, April available soon
 - ... and more

Where To Go For Help (cont'd)

- Sage Webinar Training Series
- SAPC's Sage Website
 - <http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm>
- Training Resources
 - **ASAM CONTINUUM™ and Triage Tool Training Videos**
 - <http://asamcontinuum.org/knowledgebase/video-comprehensive-continuum-orientation/>
 - **Basic Computer Skills:** Web-based trainings by Netsmart are available by emailing LearningServices@ntst.com



- Sage Help Desk – (855) 346-2392
- Sage Help Desk Portal <https://netsmart.servicenow.com/plexussupport>
- Sage email – Sage@ph.lacounty.gov