1. What do I do if I have a general issue to resolve? (Added 12/8/17)

The first step in any inquiry about Sage, after asking colleagues and super users, is to call the Sage Help Desk at 855-346-2392 and get a case #. You may also use the online portal to enter a ticket. The Sage Help Desk online case submission link is: https://netsmart.service-now.com/plexussupport

This is a necessary step in the troubleshooting chain. This allows for tracking of the issue and helps to identify the steps in the process that have been attempted if the problem has not been resolved timely.

8. Our ASAMs and service requests sent via fax before December 1st are pending approval. Do we need to input/upload them to Sage? (Updated 1/19/18)

No, generally only authorizations after December 1, 2017 need to be entered into Sage. Authorizations submitted prior should have been electronically imported during the data conversion. If you do not see your authorization in the Sage system for a patient that you need to document on or bill for, you should verify that you have the correct patient record. If you verify that you have the correct patient but are still unable to see the authorization, then you will have to submit the authorization in Sage. However, billing for services delivered prior to 12/1/2017 should be done in the old legacy billing system (e.g., EBS).

10. When do I use the Sage Provider Diagnosis form? (Added 1/18/17)

A patient's diagnosis MUST BE entered in the Provider Diagnosis ICD-10 Tab ONLY for ALL admissions (OP, IOP, Residential, etc.). Sage connects this diagnosis to your billing, which is a Medi-Cal requirement.

Do NOT enter a diagnosis in the diagnosis field on the ProviderConnect Authorization Form, as this will cause billing errors. The diagnosis field on the ProviderConnect Authorization Form must be left blank. Do NOT enter a diagnosis when adding a professional treatment either.

22. What do I do if a client is found on Sage, but I cannot see any of the client information? (Updated 1/18/19)

Same process if you can view some information But other areas you are denied access or cannot Open the form. 1. Double check to make sure that you and your agency have consent for the client in **Client Consents** Sage tab. If you do not have consent, then you will need to obtain the appropriate consent for your agency to see the client information and this will need to be indicated in Sage under the **Consents** tab.

Note: Client Consent was not a part of the automatic conversion process as data was not available. Consent for pre-populated clients must be performed manually.

- 2. If the step above does not resolve the issue, contact the Sage Help Desk via the portal and submit the following information.
- a. SUBJECT Request to View Client Information
- b. Requestors Name:
- c. Facility:
- d. Patient ID:
- e. Patient Name:
- f. I can see Consent identified for my organization: Yes or No
- g. Form (screen) name where I am expecting to see information but do not:
- h. Types of information I am expecting to see but do not:
- 47. When the staff submit progress notes for me to review and I hit "final", there are no other edits that can be made. Who is responsible for that progress note submission, the LPHA or the counselor? (Updated 1/19/18)

*Counselors and LPHAs are able to both save in draft state and finalize their own progress notes.

If an LPHA wants to be review/edit a counselor's note, they should request the counselor to save the note in draft state and then finalize it upon review. This is the recommended workflow for progress notes documenting treatment plan reviews.

Based on recent guidance given by the state, Licensed-Eligible LPHA's will also soon be able to finalize their own progress notes.

54. Why do I have to complete the Clinical Contact Form? (Updated 1/19/18)

The Clinical Contact Form allows SAPC to know who to contact at the Provider site if they have questions or information about the services being requested. Without this, SAPC staff may not be able to process your authorization request in a

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timely manner if follow-up with the provider is necessary and your service approval could be delayed or denied.