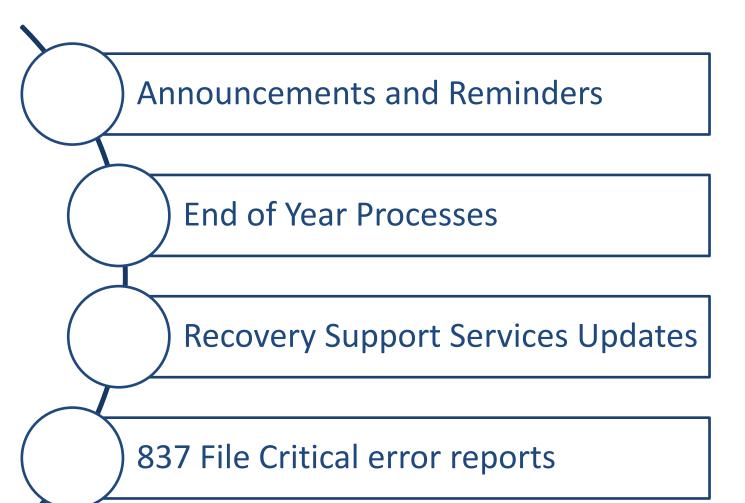


SAGE, BILLING AND DENIAL RESOLUTION UPDATES

Los Angeles County Department of Public Health Substance Abuse Prevention & Control All Provider Meeting June 08, 2021

Overview











Announcements and Reminders



Denial Resolution

- Denial Crosswalk 3.0 released- Crosswalk has been reformatted for quicker identification of resolutions
- <u>Real-Time 270 Eligibility Request Presentation</u> published to the main SAPC webpage (under Network Providers, Provider Manual and Forms)
 - This brief PowerPoint presentation will aid your staff in understanding how to interpret patient eligibility using the 270/271 process.
- Any claims for FY 17/18 submitted will be denied as "Cost Reporting for the Fiscal Year Was Closed"

Sage Processes

- **<u>Provider Activity Report-</u>** Due to the volume of data this report is pulling, it is recommended to run the report for no more than one month at a time for one site only.
- <u>Updated 837P Companion Guide</u> has been published and now includes information on the LX segment counters to allow for multiple NDC codes.
- <u>KPI Dashboards</u> can be accessed using Internet Explorer, Chrome, Microsoft Edge or Mozilla Firefox
 - Providers who have issues accessing the URL with a particular browser should contact the helpdesk for additional support.
- The Redesigned Sage Webpages are LIVE and ready for your enjoyment









End of Fiscal Year Processes 10... 9... 8... 7... 6... 5... 4... 3... 2.. 1...



Happy New (Fiscal) Year!!!





07/01/2021

- Start of New Fiscal Year
- Claims Blackout for all dates of service 7/1 and later until Sage is fully configured
- Previous fiscal year dates of service will still be allowable for submission.

07/08/2021

- All claims with dates of service through 6/30/2021 are required to be submitted by 7/8/2021 to receive payment by July 23.
- Claims submitted after this date may not be processed for payment until August 13
- Claims submitted after July 31, 2021 will not be reimbursed until end of year cost settlement.

8/1/2021

- Anticipated date for lifting of blackout pending full configuration of Sage
- Once blackouts are lifted, providers will be able to submit claims from 7/1/2021 forward
- Claims submitted prior to official SAPC approval, will be denied as "Claim Processing Blackout- No Active Contract"

What To Do Now!



With the change in fiscal years, the KPI Dashboards will no longer contain data from January 1 – June 30, 2018 as of July 1, 2021. If there is particular data that providers would like to retain, SAPC suggests exporting the necessary data from KPI prior to June 30, 2021. Secondary Sage Users should update all existing authorizations in their EHR systems with the new auth numbers from split authorizations

• Using prior fiscal year's authorization number for the new fiscal year will result in denials for "Invalid authorization number" and denial code CO284 M62.

Happy New Fiscal Year!

Continue to work State denials and submit replacement or new claims.

• The end of year blackout will not impact state denials from being re-submitted.

Secondary Sage Users should ensure all updated fees and any new HCPCS codes are configured in their EHR systems during this cutover period.





Recovery Support Services



DHCS BHIN-21-020

- RSS no longer requires a "remission" diagnosis
- Patient may receive RSS while receiving Medications for Addiction Treatment (MAT) and concurrent with any level of care
- Services are allowable in-person, by synchronous telehealth, or by telephone/audio-only.
- May receive RSS immediately after incarceration

Medical Necessity

- Provider is responsible for establishing medical necessity & eligibility.
- Starting 7/1/2021, verification will be through auditing and no longer through UM.
- Eligibility for RSS can be determined based on a self-assessment or provider assessment of risk of relapse.
 - Assessments remain non-billable under RSS
 - Per BHIN 21-020



Previous years

• RSS was a member authorization that must be approved through UM

FY21-22 and beyond

- Provider Authorization (Pauth) will be issued for entire fiscal year for each provider and site to allow for easier billing of RSS
- Billed the same way as screening and incentives



U6 and secondary U code will still be required, but with a different convention U codes are no longer configured for previous treatment level of care

Primary Sage Users will be configured to include contracted levels of care as second U code in the HCPCS code for RSS

Secondary Sage Users must configure their EHR systems to include levels of care currently contracted for at the site where RSS was delivered

For example, RSS delivered services at site A for RSS after patient discharged from Residential Services at another provider. However, RSS provider is not certified for residential, but is certified for outpatient. Provider would bill using certified outpatient U code

Example of New RSS Configuration

- Patient successfully completes residential 3.1 and decides they cannot attend outpatient treatment but would like regular follow up with a provider.
- Provider assists patient transition to a RSS level of care at a different provider who is contracted for Outpatient and RSS only.

Prior RSS

RSS provider bills RSS with the U6 RSS code and the previous LOC code of U1 for residential

RSS provider is only certified for U7 Outpatient

Old HCPCS: H0004:U6:U1

RSS provider bills RSS with the U6 RSS code and the currently contracted LOC for the RSS provider, which is Outpatient

Puhlic I

RSS provider is only certified for U7 Outpatient, which is now included in the RSS claim. New HCPCS: H0004:U6:U7





Critical Error Reports for Secondary Sage Users

837 to 835 Reconciliation

837 File Critical Error Reports



Through extensive internal investigations, SAPC has determined that a primary reason for reports of 'missing' claims on 835 files is due to critical errors that caused claims to be rejected, preventing adjudication.

Critical Error Reports provide detailed line-item errors to be fixed that prevented claims from being adjudicated.

In conjunction with the 277CA report, providers will have increased visibility on which claims were rejected and why they were rejected.

- 277CA lists which claims were accepted and rejected, but often has general reasons for rejection.
- Critical Error Report will give the exact reason for rejection at the claim level that applies to all services under the specific claim.

Starting on or before 7/1/2021, SAPC IT will begin uploading all Critical Error Reports for Fiscal Year 20-21 and will continue to upload new reports as they are generated to the providers SFTP folders.

- Providers who require older Critical Error Reports may contact IT to request specific reports for corresponding 837 files.
- Error reports are generated per 837 file submitted. Provider staff will receive email notification when these are uploaded to provider's SFTP.



Critical Error Report

	ALIIAMDRA, CA 91	ALIIAMBKA, CA 91005	
File Name:	/npc/clients/LASAPC_CA.16276.mp/avatar/live/837P/InProcess/ADP-	-837P-	
File Status:	POSTED	Data	
File Version:	837Pv5010	Data	

ALHAMBDA CA01803

Error Type Error Message

Critical Error Line: 20 - Cannot determine member through name and policy number: MSO:

- Error report gives the line number and exact issue that needs to be corrected in the primary EHR and corresponding 837 file.
- Fixing this one issue will correct the corresponding 12 rejected services shown on the 277CA

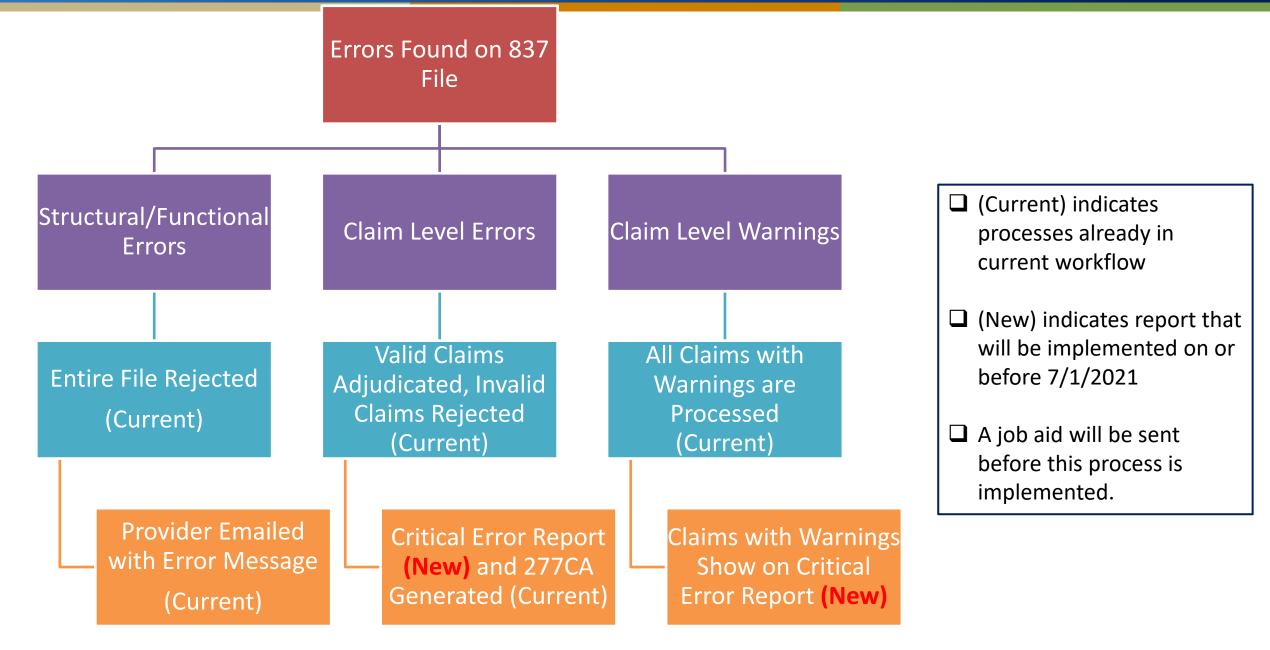
277CA

NM1*AY*2*LA County Department of Health SAPC of Health SAPC TRN*1* DTP*050*D8*20210421 DTP*009*D8*20210421 HL*2*1*21*1 NM1*41*2* TRN*2*2 STC*A7:19:40*20210421*W0*179.37 OTY*AA*1 AMT*YY*179.37 HL*3*2*19*1 NM1*85*2* TRN*1*0 STC*A7:19:40**WO*179.37 OTY*OC*1 AMT*YY*179.37 HL*4*3*PT

 277CA shows which specific services associated to the claim were rejected and <u>WILL NOT</u> be adjudicated

837 File Critical Error Reports





837 Workflow with Critical Error Report



