



# Sage – Updates & Enhancements

- Web-Based Training (eLearning)
- Member Authorizations
- Ability to Edit CalOMS
- EOB Detailed Reports
- Treatment Plan Review Update
- Alerts
- Help Desk Survey





## Overview

- Web-Based Training (eLearning)
- Member Authorizations
- Ability to Edit CalOMS
- EOB Detailed Reports
- Treatment Plan Review Update
- Alerts
- Help Desk Survey





# Sage: eLearning





## Web-Based Training for Sage (aka eLearning)

- Courses are organized into several modules
- Each module can be completed in 30 minutes or less
- Modules can be stopped and restarted where users leave off
- Modules contain instructional details and simulation exercises to test users' ability to apply what has been taught
- After completing the modules, a final exam must be passed with a score of  $\geq 70\%$
- Final exam questions and some responses are shuffled to create a unique assessment for each user





## eLearning: Course Registration and Completion

- **Step 1:** User completes the User Creation Form with their name, email address, C-number, location and role
- **Step 2:** The Sage Help Desk receives the request for account creation and sends the user an email with instructions for purchasing the course required for their role
- **Step 3:** User visits the myLearningPointe store, creates an account and purchases/completes the required training
  - Note: *Courses can only be purchased with a credit card by individual users.*
- **Step 4:** The myLearningPointe team sends an email to the Sage Help Desk each morning notifying them of users who passed courses the previous day
- **Step 5:** The Sage Help Desk creates the user accounts and sends login credentials

<24 hour  
turnaround

**SIGN-IN**

User name:

Password:

Sign-in

[Forgot your password?](#)

**CREATE ACCOUNT**

If this is your first time to Netsmart University you must create a new account.

Create New Account

<24 hour  
turnaround



## eLearning Course Details

- **Cost:** \$10/user
- **Access:** 24 hours per day, 7 days per week
  - Course access does not expire
  - Courses can be retaken as often as needed – no limits
- **Planned course modules:**
  1. Clinical (July 2018)
  2. Billing (August 2018)
  3. Super User Training
  4. Sage for Secondary EHR Users
  5. SASH/CENS





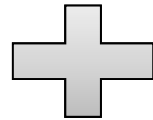
# Member Authorizations: Tips & Tricks



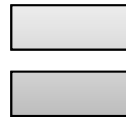


## Level of Care and Services Requiring Authorization Request

- **LOCs/Services Requiring Submission of Authorization Form Residential (levels 3.1, 3.3, 3.5) treatment**
  - Recovery Bridge Housing
  - Medications for Addiction Treatment (MAT) for Youth (age 17 and under)
  - Withdrawal Management (WM) for Youth (age 17 and under)



- **Additional LOCs/Services Requiring Submission of Authorization Form Effective July 1, 2018**
  - Outpatient
  - Intensive Outpatient
  - Opioid Treatment Program (OTP)
  - Withdrawal Management (for adults and young adults; see above for youth)
  - Recovery Support Services



## Member Authorizations for All Levels of Care





## Overview of Current UM Process (cont'd)

- **Rendering Authorization Decisions**
  - SAPC UM staff cannot render a decision on authorization requests until all required information is submitted by providers.
    - Approvals → If medical necessity is established and all necessary info is provided.
    - Denials → If medical necessity is NOT established and/or all necessary info is NOT complete and/or provided within 3 business days of authorization request
  - Providers can still provide services for authorized services while SAPC UM staff processes the authorization request.
  - However, until the provider provides ALL necessary information for SAPC UM staff to render a decision on the authorization request, providers will be financially liable (e.g., providers will NOT be able to bill) for services rendered prior to receiving approval.
    - **This includes Secondary Sage Users and OTPs!** – Providers using the 837 process have to enter an approved auth number or claim will be denied.



# Overview of the New Sage UM Process

**There is now a single, consistent process for submitting a request for establishing Eligibility & Medical Necessity for all SAPC services.**

– **Review process to complete prior to submission of Authorization Request Form include:**

- ASAM assessment (with justification of clinical rationale if level of care recommendation of the ASAM CONTINUUM is overridden)
- Sage Financial Eligibility Form
- Sage Provider Diagnosis (ICD-10) Form
- Sage Clinical Contact Form
- Pertinent lab/drug testing results – if applicable
- Treatment Plan (if re-authorization)

– **Other Required documents:**

- Sage CalOMS Admission Form (Within 7 days of admission)



**NOTE: This is IDENTICAL to the process the current process for Authorized Services.**



## Authorization Periods for “Non-Authorized Services”

Service	Duration of Authorization you should request
Withdrawal Management	14 days (Use “Set authorization for” function)
OP, IOP, RSS	6 months, until the end of that month
OTP	12 months, until the end of that month

Eligibility period IS the Authorization period for “Non-Authorized Services”

Authorization Start Date	6 Month End date (Non-OTP)	12 Month End Date (OTP)
January (1-31)	7/31/2018	1/31/2019
February (1-28)	8/31/2018	2/28/2019
March (1-31)	9/30/2018	3/31/2019
April (1-30)	10/31/2018	4/30/2019
May (1-31)	11/30/2018	5/31/2019
June (1-30)	12/31/2018	6/30/2019
July (1-31)	1/31/2019	7/31/2019
August (1-31)	2/28/2019	8/31/2019
September (1-30)	3/31/2019	9/30/2019
October (1-31)	4/30/2019	10/31/2019
November (1-30)	5/31/2019	11/30/2019
December (1-31)	06/30/2019	12/31/2019



## Authorization Periods for “Non-Authorized Services”

Level of Care	Admission Date	Eligibility Period	Authorization Start Date	Authorization End Date	Is this a system created Member Auth?
<b>1.0 Outpatient</b>	05/14/2018	5/14/2018-11/30/2018	07/01/2018	11/30/2018	YES
<b>2.1 Intensive OP</b>	05/23/2018	5/23/2018-11/30/2018	07/01/2018	11/30/2018	YES
<b>1-OTP</b>	07/02/2018	7/2/2018-7/31/2019	07/02/2018	07/31/2019	NO
<b>1-OTP</b>	07/10/2018	7/10/2018-7/31/2019	07/10/2018	07/31/2019	NO
<b>1.0 Outpatient</b>	07/25/2018	7/25/2018-1/31/2019	07/25/2018	01/31/2019	NO
<b>3.2-WM</b>	8/3/2018	8/3/2018-2/28/2019	8/3/2018	8/17/2018	NO

NOTE: Sage automatically created member authorizations for “Non-Authorized Services” for active patients that span fiscal years. Providers should submit authorizations for patients admitted on or after 7/1/2018.



# Overview of New Sage UM Process

- **Authorization Request Form**
  - Submission of Authorization Request Form signals UM staff to review the cases.
- **Member Authorization Process for SAPC Staff**
  - Cases assigned to specific Utilization Management (UM) staff at SAPC
  - SAPC UM staff review documentation
  - If Medical Necessity has been met and eligibility established, then Authorization is Approved!
    - Eligibility Verification and Service Authorization MUST occur before claims can be submitted.
    - Significantly reduces chance for later recoupment due to missing documentation or insufficient justification of medical necessity.
- **New Age Groups:**
  - Services divided by 3 Groupings: age 12-17; age 18-20; age 21 and above
- **“Checklist for Eligibility Verification and Service Authorization Requests” from SAPC website is the key to success**
  - Review the Checklist document and ensure everything is entered into Sage BEFORE submitting the Authorization Request Form





## Rendering Authorization Decisions

- **SAPC UM staff cannot render a decision on authorization requests until ALL required information is submitted by providers.**
  - Approvals → If medical necessity is established and all necessary info is provided.
  - Denials → If medical necessity is NOT established and/or all necessary info is NOT complete and/or provided within 3 business days of authorization request. (Note: If denied, you can resubmit when ready)
  - Pending → Additional information is required before medical necessity can be determined.
    - **Providers have 3 business days to submit requested information and enter into Sage before request is denied.**
- If it is discovered during your review that you have submitted for the incorrect Authorization Group, UM may indicate that they need to deny the request and ask you to resubmit the Authorization Form with Correct Authorization Grouping.



# SAPC Processing Time for Member Authorizations

- **Processing time will vary by service type**

- **Authorized Services:**

- Initial authorization → Within 24 hours of submission
- Reauthorization → Within 7 calendar days of end of initial authorization (providers are required to submit reauthorization at least 7 calendar days prior to the end of the initial authorization)

- **Non-Authorized Services:**

- Initial authorization → Within 5 business days of submission (providers are required to submit initial authorization within 7 calendar days of first service/first intake appointment for adults and 14 calendar days for youth)
- Reauthorization → Within 14 calendar days after receipt.



## **Pending Authorizations Related to SAPC Contract Not Yet Being Executed**

- As has been the case in past years, extended contracts will not be fully executed by July 1, 2018 (1<sup>st</sup> day of the fiscal year).
- While SAPC cannot process July payments until your contract is executed, we have made preparations to ensure that you will be able to continue to document your services.
- Your Member Authorization numbers have been created, but left in a Pending status with Reason code of “No Active Contract.”
- Once your contract is executed, SAPC will notify Netsmart and a process will be run to change these pending authorizations to “Approved.”
- Your timely response to requests from SAPC’s Contracts team will help expedite the final execution of your contract.
- If you have not been issued a new member authorization, please submit a new authorization request via the new member authorization process.





# Submitting the Authorization Request Form

- **Create an Authorization request**
  1. Select Authorization from the Patient Chart
  2. Select Create request

The screenshot shows a patient chart interface. On the left is a vertical menu with the following items: Cal-OMS Annual Update, Cal-OMS Discharge, Financial Eligibility, Client Condition - Pregnancy, **Authorizations** (circled in red), Treatment, Provider Admission, and Attachments. The main area is titled 'Authorization Information' and contains a table with the following columns: Provider, Auth Number, Origin, CP Program, Status, Review Status, Request Date, Review Date, Begin Date, Expiration Date, Tx Codes, and Attachments. The table body is empty and contains the text 'No records found.' Below the table is a red button labeled 'Create Request' with a red arrow pointing to it from the right.



# Submitting the Authorization Request Form (cont'd)

## Authorization Request

DW/H3  
GS1

Client Information			
CLIENT NAME Authorization Test	MEMBER ID 143041	PROVIDER NAME Recovery, Inc.	
Authorization Dates			
Authorization Requested Start Date:	<input type="text"/>	Set authorization for <input type="text"/> days	<input type="button" value="Set"/>
Authorization Requested End Date:	<input type="text"/>		
Care Manager			
CARE MANAGER ASSIGNED:		DATE ASSIGNED:	
Authorization Information			
AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:	
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:	
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:	
Diagnosis			
Primary Diagnosis	<b>DO NOT ENTER DIAGNOSIS</b>		
Secondary Diagnosis			
Funding Source & Benefit Plan Information			
Funding Source: - Please Choose One - *	Benefit Plan: - Please Choose One - *	Provider Registration Date For Funding Source:	
Program: - Please Choose One - *			
Authorization Group <small>Leave blank for individual CPT Codes requests.</small>			
<input type="text"/>			
PROCEDURE CODE	UNITS REQUESTED <small>Enter 0 units to ignore added code.</small>	START DATE	END DATE

## Slide 18

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**DWH3**

We should also indicate that they can leave comments in the comments section. GREG: Can we add the comments section?

David Hindman PhD, 6/26/2018

**GS1**

This was on slide 22, should I move it to this slide?

Greg Schwarz, 6/27/2018



## Where To Go For Help

### WHEN QUESTIONS ARISE:

1<sup>st</sup> → Provider Manual

2<sup>nd</sup> → SAPC website (Webinars, FAQ's, Timeline Factsheet, Documentation Checklists)

3<sup>rd</sup> → Call Netsmart Helpdesk

4<sup>th</sup> → Call SAPC

- **Netsmart Help Desk:**
  - 855-346-2392
  - <https://netsmart.service-now.com/plexussupport>
  - **Important Note: Only submit one incident per helpdesk ticket**
    - **Example:** If 10 progress notes need correcting, each note should be given it's only help desk ticket. This will enable the helpdesk to properly track and resolve the case.
- **SAPC QI & UM Questions Line (for inquiries about specific authorization requests and general Clinical questions):**
  - 626-299-3531
  - [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov)
- **Bi-Weekly SUD Transformation Call:**
  - Submit Questions in Advance to [SUDTransformation@ph.lacounty.gov](mailto:SUDTransformation@ph.lacounty.gov)
  - Every other Wednesday 11:30-12:30



# CalOMS Modifications: Editing power is in your hands!





## CalOMS

- **Providers have ability to edit CalOMS**
  - Correct data entry errors
  - Update information
  - No need to contact and submit Help Desk tickets
- **Training**
  - Review the “Data Collection User Guide: LACPRS/CalOMS Tx” from Sage website with staff



# CalOMS

## When to edit information already saved in CalOMS?

- To correct errors on the form that are preventing it from being submitted.
- If the provider becomes aware of a needed correction, such as Date of Admission, social security number, etc...
- If patient becomes eligible for additional SAPC programs.

## What information should be modified?

- Although most fields can be edited at any time, providers should only edit items in the following sections and categories:
  - Client Identification and Demographics Data
    - Ex: Admission date, social security, date of birth, Name
  - Admission Data-
    - Ex: Financial eligibility information, enrollment in other county programs with corresponding identification numbers (AB109, CalWorks, MHLA, Medi-Cal), admission to RBH
- **Do not** change clinical psychosocial information after it has been saved (unless an error message is showing), including drug and alcohol use, employment data, criminal justice data, medical/physical health data, mental illness, family/social data



# CalOMS

## How to edit the Cal-OMS form?

- Click the edit button next the Cal-OMS that needs to be corrected.
  - An error message will display for errors on the form
  - The errors can be see when you open the form or click on the word “error”.
- Correct or add information to any field that is showing as error or has changed

Episode Number	Episode Program	Episode Start Date	Episode End Date	Cal-OMS Admission Date	Cal-OMS Discharge Date	Cal-OMS Location of Admission	Cal-OMS Level of Care Admitted
1	Recovery, Inc.	10/14/2017	10/18/2017	10/18/2017	4/18/2018	RECV - 453 W 3rd Street	Outpatient Services

**Error**





# CalOMS

The error message will display what the error code is and the field on the form that needs correcting.

**This record errored with the following message:  
99999 Social Security Number cannot be consecutive numbers. : SocialSecurityNumber**

Show Required Fields

Cal-OMS Admission	
Client Identification and Demographics Data	
<b>Date of Admission</b> 12/21/2017	<b>Location of Admission</b> RECV - 3250 Wilshire Blvd ▼
<b>Level Of Care Admitted</b> ASAM 1.0-Outpatient for At-Risk (Youth and Young Adults 12-20 Only) ▼	<b>Cal-OMS Type of Service</b> Nonresidential / Outpatient Treatment / Recovery
<b>Record to be Submitted</b> Admission ▼	<b>Flag for Cal-OMS Submission</b> Yes ▼
<b>Flag for Resubmission</b> No ▼	
<b>Birth First Name</b> Monster	<b>Birth Last Name</b> Child
<b>Current First Name</b> Monster	<b>Current Last Name</b> Child
<b>Social Security Number</b> 987-65-4321	<b>Zip Code At Current Residence</b> 90011

Make sure to save the form when you are finished editing.

Save Cal-OMS Admission

Return To Episodes



# Check/EFT Number Report





## Check/EFT Number Report

- **A report is available on Provider Connect to provide additional information on paid claims.**
  - Track paid claims
  - Identify denied claims
  - Resolve denied claims and resubmit, if appropriate
  - Assist in tracking utilization
- **Questions – Contact SAPC Finance**
  - Christina Ruiz @ (626) 299-4175
  - Edith Mendoza @ (626) 299-3206



# Accessing the Check/EFT Number Report

- **To access the report in Sage-Provider Connect:**

- Go to the Main Menu
- Click on the “Reports” link

Main Menu - Provider	
<b>Billing</b>	<b>Lookup Client</b>
<b>Reports</b>	<b>Add New Client/Client Search</b>
<b>Documentation</b>	<b>News</b>

- Click on “Check/EFT Number Report”

Reports
ASAM Draft Complete Assessment Report
Audit Log Report
Authorization Request Status
<b>Check/EFT Number Report</b>
Client Eligibility Verification Report



## Accessing the Check/EFT Number Report (cont'd)

- Enter Check/EFT date range
- Select the drop menu desired check
- Click on “Generate Report”
- A report will be generated to show all the associated claims that are included in this check.

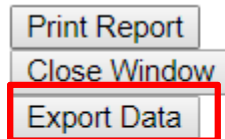
Check/EFT Date Range (leave either/both blank for all):	
12/01/2017	- 06/30/2018
Select Check/EFT Number	
<div style="border: 1px solid black; padding: 5px;"><p>-Please Choose One- ▼</p><p>-Please Choose One-</p><p>21654166 - 12/6/2017</p><p>43278386 - 12/6/2017</p><p>99999 - 4/17/2018</p><p>000000000000 - 4/18/2018</p><p>66666 - 4/18/2018</p><p>7653654 - 4/18/2018</p><p>77987098 - 4/18/2018</p><p>787685 - 4/18/2018</p><p>9765864 - 4/18/2018</p><p>1234 - 5/8/2018</p><p>112 - 5/10/2018</p><p>1005 - 5/24/2018</p></div>	<div style="border: 2px solid red; padding: 5px; text-align: center;"><b>Generate Report</b></div>



# Exporting the Check/EFT Number Report

## How to export the report to an Excel spreadsheet

- After generating the report, in the top left corner of the window there are buttons to either print, close or export data.



## Check/EFT Number Report

**Check/EFT Number 21654166**

**Check/EFT Date: 12/6/2017**

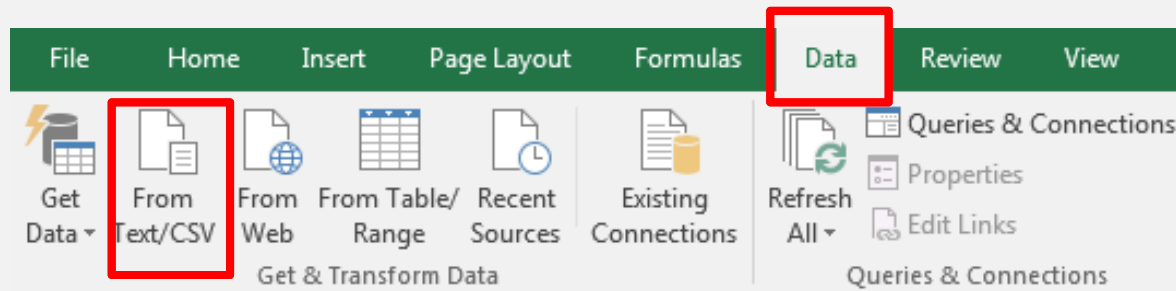
**Check/EFT Amount: None Given**

- Save the report to your computer to an easily accessible folder
- Open Microsoft Excel, and navigate to Data Tab located on the top

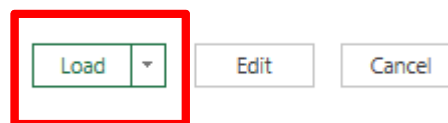
# Exporting the Check/EFT Number Report cont.

How to export the report to an Excel spreadsheet

- Select “From Text/CSV” option on the top of the Data Tab menu



- A browser window will appear requesting you to locate the .CSV file
- Once the file is selected, from where it was saved, it will request you to “load.” Click the “load” button. This will export the data from the .CSV file to the spreadsheet



- This will allow you to filter by column, rename the fields to best suit your agency and match your current spreadsheets.



# Viewing the Check/EFT Number Report in Excel

Column1	Column2	Column3	Column4	Column5	Column6	Column7	Column8	Column9
Report for Check/EFT Number 21654166								
Check/EFT Date: 12/6/2017 Check/EFT								
Summary								
Bill Enum	Billed Amount	Pending Amount	Approved Amount	Denied Amount				
12620171415795	\$500.92	\$0.00	\$500.92	\$0.00				
Total:	\$500.92	\$0.00	\$500.92	\$0.00				
Details								
Bill Enum	Program	PATID	Date of Service	Procedure Code	Claim Status	Explanation of Coverage	Billed Amount	Approved Amount
12620171415795								
	Recovery Facility							
		125922	12/1/2017	H0019:U1 - Residential -Alcohol and/or D Approved	None Given		\$125.23	\$125.23
		125922	12/4/2017	H0019:U1 - Residential -Alcohol and/or D Approved	None Given		\$125.23	\$125.23
		125922	12/5/2017	H0019:U1 - Residential -Alcohol and/or D Approved	None Given		\$125.23	\$125.23
		125922	12/6/2017	H0019:U1 - Residential -Alcohol and/or D Approved	None Given		\$125.23	\$125.23





# Updated Guidance on Treatment Plan Reviews





## Treatment Plan Review

### Treatment Plan REVIEWS:

- **Do NOT require LPHA signature**, though it requires a Miscellaneous Note documenting that the Treatment Plan Review was performed.

### Treatment Plan UPDATES:

- **DO require LPHA signature** to verify the changes/updates made to the Treatment Plan.

NOTE: If a treatment plan is judged to not be effective or needing modification, the Treatment Plan REVIEW becomes a Treatment Plan UPDATE, requiring LPHA involvement.



# Sage Alerts





# Sage Alerts

## How to Access Sage Alerts report

- On Main Menu, Select the newly created “Alerts” option
- This will automatically run the Alerts for all available filters

Main Menu - Provider		
<b>Billing</b>	<b>Lookup Client</b>	<b>Provider</b>
<b>Reports</b>	<b>Add New Client/Client Search</b>	<b>Change Password</b>
<b>Documentation</b>	<b>News</b>	<b>Alerts</b>
<b>Logout / Exit</b>		

- To narrow down the report, select and deselect any unnecessary item and the report will automatically reconfigure to the items selected.

Filter Alert Types			
<b>Deselect All</b>	<input checked="" type="checkbox"/> Service Standard Alert	<input checked="" type="checkbox"/> At-Risk Maximum Alert	<input checked="" type="checkbox"/> 30-Day Inactivity Alert
<input checked="" type="checkbox"/> 7 Day Cal-OMS Submission Alert	<input checked="" type="checkbox"/> 30-Day Cal-OMS Submission Alert	<input checked="" type="checkbox"/> DMC Eligibility Period Expiration Alert	<input checked="" type="checkbox"/> 7-Day Reauthorization Alert

Service Standard Alert				
Patient Name(ID)	Alert Period	Level of Care	Service Code Category	Alert Message
RBH.Test (143036)	Month of 6/2018	ASAM 1.0	Case Management	SERVICE STANDARD ALERT - Please note that services provided to this patient in their current level of care are projected to fall outside of the required service standard minimums OR maximums. Providers must ensure that service standard minimums OR maximums are met, or should transition care to a more appropriate level of care.
RBH.Test (143036)	Month of 7/2018	ASAM 1.0	Case Management	SERVICE STANDARD ALERT - Please note that services provided to this patient in their current level of care are projected to fall outside of the required service standard minimums OR maximums. Providers must ensure that service standard minimums OR maximums are met, or should transition care to a more appropriate level of care.



## Sage Alerts

Alert	Description
Service Standard Alert	<i>SERVICE STANDARD ALERT - Please note that services provided to this patient in their current level of care are projected to fall outside of the required service standard minimums OR maximums. Providers must ensure that service standard minimums OR maximums are met, or should transition care to a more appropriate level of care.</i>
At-Risk Maximum Alert	<i>AT-RISK MAXIMUM ALERT - The service maximum for this service has been met and reimbursable services cannot be exceeded. Services for at-risk youth and young adults age 12-20 have a service maximum of no more than 8 units of intake services per 60 days, and no more than 16 units of all direct services per 60 days.</i>
30 Day Inactivity Alert	<i>INACTIVITY ALERT - There has been no activity for this patient for the past 30 days. Patients must be administratively discharged if there has been no activity in their record for more than 45 days. Please either administratively discharge this patient if inactive, or record activity.</i>



## Sage Alerts

Alert	Description
7-Day Cal-OMS Submission Alert	<i>7 DAY DATA SUBMISSION ALERT - Data for this patient has not been entered within the required timeframe of admission. Providers must submit a limited set of admission data (see highlighted data fields) within 7 days of admission. Please enter this information immediately.</i>
30 Day Cal-OMS Submission Alert	<i>30 DAY DATA SUBMISSION ALERT - Data for this patient has not been entered within the required timeframe of admission. Providers must submit full admission data within 30 days of admission. Please enter this information immediately.</i>
DMC Eligibility Period Expiration Alert	<i>DMC ELIGIBILITY PERIOD EXPIRATION ALERT - Patient's DMC eligibility is expiring in 30 calendar days. Please check and submit for necessary re-verification of DMC eligibility.</i>
7 Day Reauthorization Alert	<i>REAUTHORIZATION ALERT - Patient's initial authorization for this service is expiring in 7 days. If a reauthorization is needed, providers need to submit their reauthorization request for this service at least 7 days before the expiration of the initial authorization.</i>



## Sage Alerts

Alert	<i>Description</i>
Modifier Member Demographics to update Provider Admission records with new gender values when gender is changed	<i>In 'Provider Admission' form - if 'Sex' value is updated in the client's main 'Demographic' record (either via ProviderConnect or Avatar PM/Cal-PM), the 'Sex' field value in all existing 'Admission' records will be automatically updated to same value on filing of 'Demographic' update. This may be confirmed by viewing existing 'Admission' records previously filed via ProviderConnect.</i>



# Help Desk Survey







## Help Desk Survey

### Help Desk Survey:

- Expected Release: Fall 2018
- Capture successes and build on what works
- Identify areas of improvement/opportunity
- Quality improvement tool