

Communication Release

06/03/2022

Available Contract Amount Added to Remittance Advice

SAPC is working on identifying a pathway for providers to gain better insights into their contract utilization. We are exploring various options to best provide this detail and give visibility into utilization amounts and will continue to follow-up as we identify a final solution. While a permanent solution is being identified, beginning in June 2022, SAPC's Contract Reimbursement Unit will begin to include contract utilization amounts on the Remittance Advices sent via the SFTP. On the Remittance Advice, under the Check Amount field, a new field is being added titled, "Remaining Contract Amount Available as of XX/XX/XXXX" where the amount of the contract remaining will be entered.

It is important to note that this available amount is not a true current amount and is an amount that is from a point in time. Additional billing or State denials may affect this amount available as of the date SAPC identified on the RA. When considering this number, it is important to also take into account billing that has been submitted and approved that has not yet gone through the payment process and that voids or recoupments may have also occurred that affect the available amount. This is a temporary solution to assist in providing some visibility into available contract amounts. Should you have questions about the amount on your Remittance Advice, please contact the SAPC staff member noted on your Remittance Advice under "Contact."

Addresses for Patients Experiencing Homelessness

It is DPSS policy to use the District Office for those who do not have a mailing address as indicted in DPSS form PA 1815. This is specific to recipients of DPSS program benefits (Medi-Cal, CalWORKs, General Relief, Refugee Cash Assistance, CalFresh, Cash Assistance Program for Immigrants) and is limited to DPSS and official government mail only.

SAPC's Provider Manual 6.0 has been updated to indicate:

Treatment providers should utilize the Care Coordination benefit to assist patients with obtaining and maintaining Medi-Cal or other benefits throughout the SUD treatment and recovery process, patients will need to provide their new physical and mailing addresses (for people experiencing homelessness this may include the DPSS District Office, provider address as permissible by agency policy, or other designated mailing address) and primary contact number.

When completing a patient's Financial Eligibility form, please include a mailing address as described above. Entering values that are not a mailing address (such as homeless, transient, unknown, or any entry that is not a physical or mailing address) may cause delays in timely submission of claims to the State as the address must be updated to fit one of the allowable addresses per DHCS.

KPI Data Visibility

On 7/1/2022, Fiscal Year 2018-19 data will no longer be available in the KPI Dashboards. SAPC had worked with Netsmart to maintain FY18-19 data in KPI to allow continued visibility into FY18-19 denied claims. As a standard, KPI is set to only contain data from the two prior fiscal years plus the current fiscal year's data. The volume of data currently in KPI, which includes FY18-19, is causing slow downs in KPI functionality and can no longer be maintained.

If providers want to maintain visibility into this data, SAPC recommends providers export the data from KPI for use once the data is no longer available.

Medical Record Modification Requests

SAPC and the Sage Help Desk have worked to implement a new workflow to help improve the process of requesting and resolving tickets related to medical record modifications. This will involve entering tickets exclusively via the web portal rather than calling the Sage Help Desk. Additionally, providers will enter the ticket information in a different section of the portal. This change will be available on Monday June 6, 2022.

On the main page of the Help Desk portal (https://netsmart.service-now.com/plexussupport), providers will now select

- 1. "Request Something" then select,
- 2. "Care Record Request" then select,
- 3. "Modify a Medical Record" and choose the appropriate choice from the predefined dropdown selections

This process will be used for the following modification requests:

- Any document needing to be reverted from <u>Final to Draft</u> to make necessary changes.
- Modifying a date of service
- Modify a provider site or rendering provider
- Change Group Size
- Other documentation correction request not listed above (Free text to enter the change being requested)

Once one of the above drop-down selections is made, providers will be required to entered certain information before being able to submit the ticket.

- A. Client ID with Initials
- B. Type of form (Drop-down options of BIRP, GIRP, Miscellaneous Note, SIRP, SOAP and Other, which will be a free text)
- C. Name of Performing Provider
- D. Group size (If individual note, enter N/A)
- E. Date of Service
- F. Start Time
- G. End Time
- H. Justification (Specify what needs to change, e.g. group size was 6 instead of 7)

Please be specific when entering the justification and provide any additional details that will help SAPC understand the need to modify a medical record and what needs to change for auditing purposes.

Providers will not be able to submit the ticket until all required fields are completed. This will significantly improve the timeliness of completing these requests. Once the ticket is processed, the ticket will be assigned directly to SAPC rather than the Sage Helpdesk. Providers will be notified of any questions or resolution steps in the same way they are currently being notified, via the case.

Providers will not see these changes until Monday June 6, 2022. If providers call the helpdesk after that time for a medical record modification request, they will be directed to use the portal.



