SANWITS QUARTERLY USERS' GROUP

OUTPATIENT, OTP, AND RESIDENTIAL PROVIDERS

APR 18, 2022

LIVE WELL SAN DIEGO

HOUSEKEEPING GUIDELINES

LIVE WELL SAN DIEGO

All attendees will be muted upon entering the meeting.

If calling from a phone line, please DO NOT place the call on hold. If you need to take another call, please hang up and call back.

To help with connectivity issues and to easily be able to see the ASL interpreter, video will be turned off upon entering the meeting.

Please use the 'Raise Hand' feature or send a 'Chat' to _All Panelists_ to ask a question.

Attendance will be taken from the username listed. If your name does not appear, please send your name and the name of your program through Chat or Email SUD Support Team.

AGENDA

- STATE REPORTING (NOTE REVISION SINCE USERS' GROUP ON APR 18TH REGARDING RESIDENTIAL SERVICES – SLIDE 7)

- SYSTEM ADMINISTRATION

- SYSTEM REMINDERS, & UPDATES

- QUALITY MANAGEMENT

- BILLING UNIT

- OPTUM - TRAINING

- Q & A

LIVE WELL SAN DIEGO

ASAM

CALOMS

DATAR

CAPACITY

ASAM is reported monthly to DHCS

- Report ASAM thru these Assessments:
  - Adult ILOC,
    - Adolescent ILOC,
      - Recommended LOC

- **If the facility is entering assessments in SanWITS, Do Not enter ASAM thru the ASAM screen**

OR

- If the Facility is using their own EHR and **do not** enter assessments in SanWITS, enter ASAM results on the ASAM screen

CALOMS ANNUAL UPDATE RECORDS

- Annual Updates cannot be done sooner than 306 days from admission date or date of last Annual Update

- Error 169 occurs when an initial annual update is dated less than 306 days from Admission date

- An error message will populate on the screen warning that the annual update will be disallowed if less than 306 days

Annual Update Date (AUP-1) must be at most 60 days earlier than one year after admission date (ADM-1). (e.g. if admission date is 01/01/2004 the earliest allowable annual update date is 11/02/2004, which is 60 days prior to 01/01/2005).	169

Refer to DHCS CalOMS Treatment Data Collection Guide on Optum website
CalOMS_Tx_Data_Collection_Guide_Jan_2014.pdf

RESIDENTIAL TREATMENT SERVICES (REFER TO BHIN 21-075)

- Refer to BHIN 21-075 **BHIN 21-075**

- Residential Treatment services are delivered to beneficiaries in a short-term residential program corresponding to at least one of the following levels: level 3.1, level 3.3, or level 3.5

- As part of DMC-ODS, a client receiving Residential services, <u>regardless of the length of stay</u>, is a "short-term resident" of the residential facility in which they are receiving the services.

IMPORTANT REVISION:

Note: Currently the state CalOMS system is not updated to accept short term. Users will be notified by MIS when the state system has been updated

- *Until further notification, on the SanWITS Admission Profile screen, under Type of Treatment Services, please continue using <u>7- Residential Treatment/recovery (30 days or more)</u> for all Residential clients receiving 3.1, 3.3, or 3.5*

CALOMS EMAIL REMINDERS

WE'RE HERE TO HELP

SUD_MIS_Support.HHSA@sdcounty.ca.gov

- Complete All Open Admissions and Correct the Errors in Red by the Due Date. After Completing Corrections, Please Respond to the Email.

- Continue to Notify the SUD Support Desk when a Record that has been previously sent to the State is Updated/Corrected. MIS will need to make sure the record is properly resubmitted to the State in order to prevent resubmission Errors

- If you have any questions, regarding CalOMS Or Data Entry, please Email the SUD MIS Support Desk

DATAR Training

Submitting a DATAR report:

- Monthly reports are submitted through the Data Management tab on the DATAR website

- Reports are submitted per CalOMS# (facility site)

- Reports consist of a set of questions (1 page) for each Level of Care the facility is approved to provide (listed on DHCS's Master Provider File (MPF)

  - Such as OS, IOS, Residential, Withdrawal Management, OTP

- Each submission can be exported as a pdf or excel file from the submission screen

Updating an Existing Report

- Edit / Correcting is available for two months after the submitted date of the report (make sure to review each entry carefully)

- Edits are done through the Data Management tab

How do I get access to OR deactivate a user from DATAR?

DATAR access and deactivations are requested by your County approvers. Send an email request to the SUD Support desk at **SUD_MIS_Support.HHSA@sdcounty.ca.gov**.

Track DATAR during the month

- Report can be entered between the 1st thru the 7th of the month for the previous month

- Have multiple staff trained and responsible for submitting DATAR

- Request Access two weeks in advance of reporting – must include:
  - Staff name
  - Staff business address and phone #
  - CalOMS 6 digit # for facility 37XXXX

- Trouble accessing DATAR:
  - Contact **SUD_MIS_Support.HHSA@sdcounty.ca.gov**

- **Be Proactive to Avoid Mishaps – please do not wait until day 7 to submit**

DHCS – Capacity reporting

Providers are responsible to notify DHCS and COR upon reaching or exceeding 90% of its treatment capacity within 7 days via email to: **DHCSPerinatal@dhcs.ca.gov**

- This is for both Perinatal and Non-Perinatal programs (DCHS Perinatal Address is where capacity is being processed and is not meant to identify the type of program such as perinatal)
- CORs can be cc'd on the email to DHCS
- **Important – Subject Line on the email should read "Capacity Management"**
  - **From: (Provider)**
  - **Sent: (date sent)**
  - **To: DHCSPerinatal@dhcs.ca.gov**
  - **Cc: (COR)**
  - **Subject: Capacity Management**
- 90% capacity is reported per CalOMS#, Agency, & Facility. Be sure to include the CalOMS#(s) in the body of the email.
- If the program has reported reaching or exceeding 90% in the DATAR website, there should be emails to DHCS and COR for all days reported.

SYSTEM ADMINISTRATION

SYSTEM AND DATA SECURITY

- Staff are given SanWITS access to specific agency/facility based upon the programs where they work.

- Staff are also given access to specific menus based on their respective job functions (role based).

IMPORTANT

- All Staff providing direct services must provide:
  - National Provider Identifier (NPI)
  - Professional Credential/License type and number
  - Taxonomy code
  - DEA# where applicable

SYSTEM AND DATA SECURITY

- Employee is required to submit an **Electronic Signature Agreement (ESA).** It is important that each individual using an electronic signature actively maintain its security according to County requirements and not share their user id/password/pin.

- Employee and employee's supervisor must also read and sign the **County's Summary of Policies (SOP)** form. Before authorization of account setup, the end user must meet all County requirements to protect the County data.

- Program Manager/Supervisor shall immediately notify SUD MIS unit whenever there's a change in a staff's information such as demographics, email, job title, credential/licensure, job roles, facility assignment, or **termination.**

- Under no circumstances shall a provider's staff who has terminated employment have access to the EHR (SanWITS). This would constitute a serious violation of security.

STAFF TERMINATION PROCESS

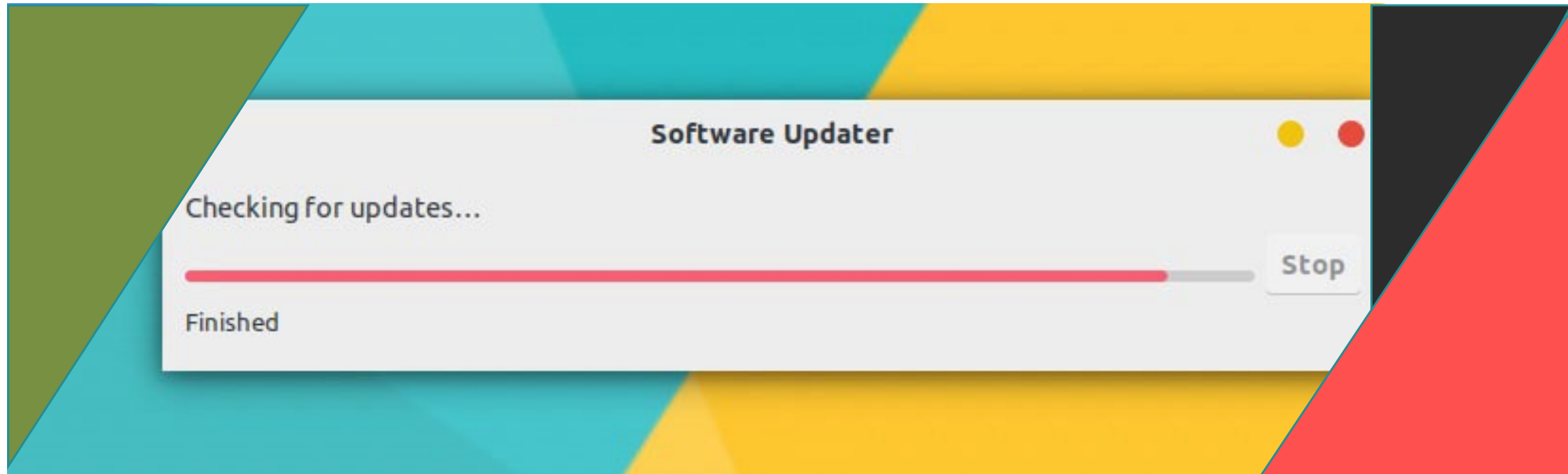| Routine User Termination	Quick User Termination
▪ In most cases, staff employment is terminated in a routine way in which the employee gives advanced notice. Within one business day of employee termination notice, the program manager shall fax to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov a completed SanWITS User Modification or Termination Form with the termination date *(will be a future date).*	• In some situations, a staff's employment may be terminated immediately. In this case, the program manager must immediately call the SUD MIS Unit at **(619) 584-5040** to request the staff account be inactivated immediately (including weekends)
▪ The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination.	• Within one business day, the program manager shall fax a completed SanWITS User Modification and Termination Form to the SUD MIS Unit (855) 975-4724 or scan and email to SUD_MIS_Support.HHSA@sdcounty.ca.gov.
▪ The user will also be added to the terminated staff log.	• The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination.
	• The user will also be added to the terminated staff log.

SYSTEM ADMIN REMINDERS

- New User Access, Modifications, and Terminations must be submitted to the SUD Support Desk at **SUD_MIS_Support.HHSA@sdcounty.ca.gov**

- Forms must be complete, accurate, and submitted timely

- Remember to select **Administrative Staff-Data Entry** or **Administrative Staff-Encounters** on the SanWITS User Forms, if staff require these roles after completing IAF and Encounter training.

- LPHA, Counselor, and QA check boxes are also used to determine the appropriate access for Assessments Training. **Credentials are required.**

- **Peer Support Specialist (PSS)** should be added to the comment box and with appropriate training, can have read only access to clients and access to create encounters for services the PSS provides

SANWITS – REMINDERS, UPDATES, DEMONSTRATIONS

Providers entering DDN in SanWITS

- If a client has a DDN in SanWITS under the active episode, user should **NOT** create, edit, or delete a Diagnosis through the Admission Diagnosis Screen or through the Diagnosis List

- Once a client has a DDN in SanWITS, **any changes to diagnosis must be done by creating a new DDN**

- Diagnosis on encounters must match the diagnosis listed on the current DDN and the current Treatment Plan

- Questions – email **SUD_MIS_Support.HHSA@sdcounty.ca.gov**

NON-BHS CONTRACTED CLIENTS

Non-BHS Contracted Clients are entered in SanWITS for CalOMS state reporting

Do not enter

ASAM screen

Payor Group Enrollment/Benefit Plan

Encounters

Assessments

Treatment Plans

Non-BHS contracted clients **should not** be put in SanWITS beds

Please refer to the tip sheet "Non-BHS Contracted Client Program Enrollment/CalOMS Reporting" at Non-BHS Contracted Client Program Enrollment/CalOMS Reporting_rev_2020.10.22.pdf

PEER SUPPORT SPECIALIST

CURRENT PROCESS

- As of Jan 1, 2022, peers are not able provide services to be billed to Drug Medi-Cal

- Memo "County Billable Peer Services" was sent on Friday, Apr 8, 2022, with link to updated document DMC-ODS Peer Support Specialist includes current training requirements

- For SanWITS access, IAF and encounters training is required

- Peers can provide county billable services as follows:
  - Case Management OS
  - Case Management IOS
  - Case Management during Transitional Care Services (TCS)
  - Case Management during Recovery Services

FUTURE PROCESS

- After July 1, 2022, certified Peer Service Specialist services will become DMC billable treatment services.

- Additional details are forthcoming as they are provided by DHCS

SSRS Updates

- New <u>Deferred Diagnosis Report</u> (Z codes)
  - Identifies admitted clients who have encounters with a Z03.89 diagnosis and points in time to show the number of encounters: Less than 30 days, Between 30-59 days, and over 60 days or more

- New <u>TOUS Detail Claim Report</u> (To be published May 2, 2022)

- New <u>TOUS Summary Report</u> (To Be published May 2, 2022)

- Tip sheets with description of new TOUS reports are posted to Optum under the Drug Medi-Cal Organized Delivery System, select SanWITS tab
  - **New_TUOS_Detail_Claim_Report_2022.05.01**
  - **New_TUOS_Summary_Report_2022.05.01**

- Tip sheets on using the new TOUS reports for **Invoicing** are posted to Optum under Drug Medi-Cal Organized Delivery System, select the <u>Contracts/Fiscal Admin Svcs</u> tab
  - **OTP Tip Sheet**
  - **RES/Outpatient Tip Sheet**

CONTACT SCREEN

- To monitor access times more accurately, the contact screen has been updated to include new required fields
  - Require - <u>Initial Contact Time</u> for all <u>Contact Methods</u>
  - New required field - <u>Treatment Requested</u>
    - Opioid Treatment Provider, Outpatient, Residential, Withdrawal Management
  - New required field - <u>Appt Time</u> for all <u>Appt Dates</u>
  - Requiring <u>Appt Dates</u> and <u>Appt Times</u> for all <u>Dispositions</u>

- **Important:** An issue was identified with the 1st Accepted Intake/Screening Appt date field – this field is being required for all dispositions
  - Temporary Workaround – If the Disposition is NOT "Made an Appointment" (such as "no Appointment Made" or "Declined Appointment", as well as referrals), these fields should be completed as follows, with a **date of 01/01/2025 and time of 12:00 AM**.

1st Accepted Intake/Screening Appt   1/1/2025   Appt Time   12:00 AM

CHANGES

New Clinician Consultation service (DMC Billable) is being added – effective May 1, 2022

- Clinician Consultation replaces and expands the previous "Physician Consultation" service – Refer to BHIN 21-075 **BHIN 21-075**

- Physician Consultation County Billable service is being removed – effective Apr 30th

Quality Management Team
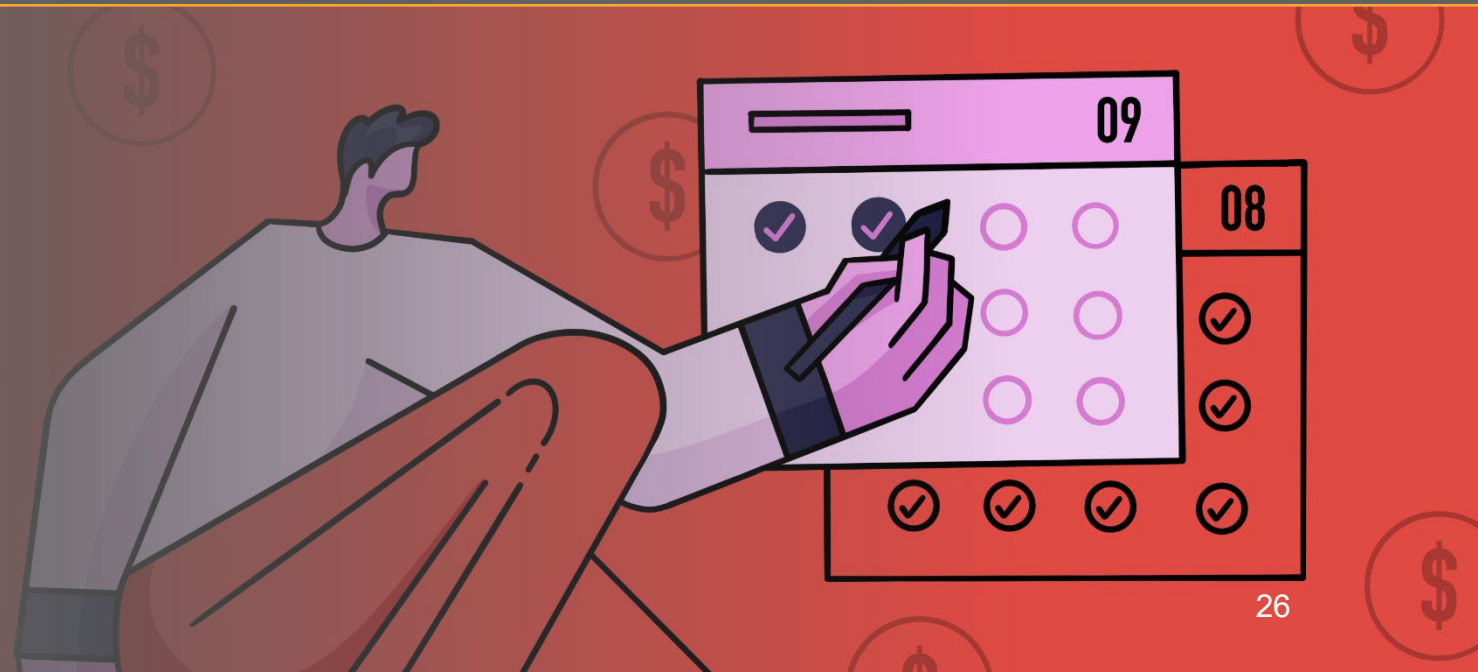
EQR - NO-SHOW's

TRACKING 'NO-SHOW' APPOINTMENTS

- Reminder that all programs (including OTP's) are required to track 'no-show' appointments for annual EQR requirements.
  - In SanWITS this should be happening with a no-show encounter

- For other EHR systems, how are you tracking?
  - Is the data available in a report?

SUD BILLING UNIT

ADSBillingUnit.hhsa@sdcounty.ca.gov

SUD BILLING TRAINING SURVEY

Effective immediately – the SUD Billing Unit will be conducting a post-billing training survey after every training session (e.g., 1st time billing training, refresher course, or other billing-related classes).

WE WANT **YOUR** FEEDBACK

SUD BILLING TRAINING

- The billing training is on a per request basis or as needed.
- We also prefer providing training per Agency/Facility to ensure the curriculum fits the unique needs and objectives of your program, and that the confidential handling of all protected health information (PHI) is observed.
- Please remember to complete the prerequisite training prior to scheduling/attending the billing training:
  - SanWITS Intro to Admin Functions (IAF)
- **AND**
  - Res – Encounter & Bed Mgmt
- **OR**
  - OS/OTP – Group Module & Encounter

SUD BILLING TRAINING

CURRENT VIRTUAL BILLING TRAINING COVERS THE FOLLOWING TOPICS

➢ SanWITS billing workflow (from encounters release to billing to submission of Provider Batches to the Clearing House and/or Government Contract).

➢ Troubleshooting billing errors

➢ Medi-Cal eligibility verification review and examples

➢ Post-billing processes (claim denials review, required actions, and service replacement overview)

➢ Void or disallowance process, including instructions on how to complete the Payment Recovery Forms

➢ Late billing (Delay Reason Code, additional paperwork, and more)

Note: Please send an email to **ADSBillingUnit.HHSA@sdcounty.ca.gov** if you have a specific billing training request that is not listed above.

BILLING REMINDERS

MEDICARE ADVANTAGE

The Medicare Advantage FFS-Equivalent Coverage Certification has expired on 12/31/2021 for these three (3) Medicare Part C insurances. The letters are good thru Dec. 2021, and we are waiting for the renewal letters for this year. We are still able to bill thru Dec. 2021.

In the meantime, the OUTPATIENT AND RESIDENTIAL PROVIDERS are advised to put the January 2022 claims on hold if the client has dual coverage with Blue Shield Promise Part C, Health Net Part C, and Molina Health Part C until we get the renewal letters. Billing Unit will email you as soon as the 2022 letters are available so we can continue billing to DMC.

Medicare Advantage: Clients with dual eligibilities (those with Medicare Part C and Medi-Cal)

A. **Outpatient and Residential Providers are NOT required to bill Medicare Part C if a client has the following:**

1) Blue Shield Promise Health Plan- Part C

> OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.

2) Health Net- Part C

> MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.

3) Molina Healthcare of California- Part C

OTP PROVIDERS

"Must" continue billing Medicare – including Medicare Part C / Medicare Risk Plans / Cal Medi-Connect risk insurance
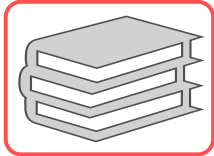
SANWITS

VIRTUAL TRAINING CLASSES

| Courses | • SanWITS Intro to Admin Functions (IAF) | • SanWITS Assessments (SWA) |
| | • RES Enc & Bed Management | • SanWITS Treatment Plans (STP) |
| | • OS/OTP Group Module & Enc | |

Register for trainings at **www.regpacks.com/dmc-ods.**

Submit required forms to SanWITS Support at least seven days prior to the scheduled training: **SUD_MIS_Support.HHSA@sdcounty.ca.gov**

Attendees for virtual training classes will receive an email on the morning of training, between 8:30-8:45am. If staff do not receive an email by 9am, email **SanWITSTraining.HHSA@sdcounty.ca.gov** to resolve the issue.
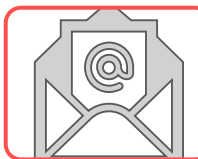
For additional assistance with registering and training availability, please email **sdu_sdtraining@optum.com** or call 800-834-3792, Option 3.

Introduction to Admin Functions (IAF) Training covers basic functionality of SanWITS, such as searching clients, adding clients into the System, documenting client contacts, intake, payor group enrollment, CalOMS Admission, and program enrollment. It is intended for staff who perform administrative functions. *Examples are Receptionist, Admin/Data Entry Staff, QA Staff,* and *SUD Counselors who perform dual Admin/Counselor roles*. This class is a prerequisite to the Encounters Training and Billing Training classes.

Encounters (Residential or Outpatient/OTP) Training is specific to program type and covers entry of individual and group encounters into SanWITS. This class is a prerequisite to the Billing Training.

Assessments (SWA) Training covers a working navigation of SanWITS, such as accessing client records using the Clinical Dashboard and creating assessments through finalization. It is intended for staff who provide direct services to clients. Staff who review clinical records may also attend this training. This class is a prerequisite to the Treatment Plans Training.

Treatment Plans (STP) Training covers entry and completion through finalization of treatment plans into SanWITS. It is intended for staff who provide direct services to clients. Staff who review clinical records may also attend the training. It is highly recommended that participants complete the ***QM Documentation Training*** before their scheduled STP training.

TRAINING HELPFUL TIPS

- Review/print the training resources prior to training.

- Watch the video tutorial prior to training.

- The resources are located on the SanWITS Training page of the Optum website; click **HERE**

- **Please note**: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.

STAFF ARE HIGHLY RECOMMENDED TO READ THE TRAINING PACKET THOROUGHLY BEFORE ENTERING INFORMATION INTO THE LIVE ENVIRONMENT

Common Mistakes In Training
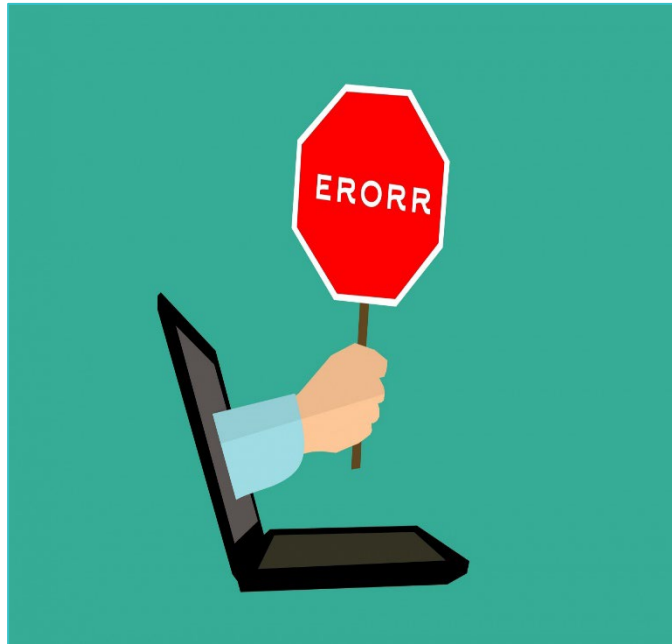
- **False Start:** The Trainer's initial email and the practice document include important details, such as <u>specific instructions</u> and <u>expectations</u>. Starting the practice without <u>reading</u> <u>thoroughly</u> the initial email and attachments leads to mistakes and confusion.

- **Skipped Steps:** Numbered steps on the training practice are in sequential order. Skipping and combining steps result in errors which take time to correct. Some attendees are assigned new fake clients to re-start the practice from the beginning (Step 1).

- **Incorrect Dates:** Client Contact, Intake, Payor Group Enrollment, Admission, Program Enrollment, Authorization, Encounter, Diagnosis, Assessments, Treatment Plans, Target Dates, and Resolution Date

- **Special Note:** Please schedule an **<u>uninterrupted time</u>** to complete the training. Review the training materials and watch the training video tutorial before completing the training practice.

EXPECTATIONS FOR CLINICAL STAFF

- Counselors and LPHA's are expected to start entering Assessments and Treatment Plans in SanWITS once they receive access. Access will be given within one to two business days after successful completion of training.

- Once Counselors and LPHA's have completed the Assessments Training, data entry staff will no longer enter the ASAM Summary screen. The ASAM Summary will be automatically created from the completed LOC Assessments.

- Confirm that the correct Assessment Type has been selected before completing the assessment. *For Example: LOC Recommendation vs Adult/Adolescent ILOC.*

- LPHA's must enter a diagnosis in the DDN and finalize the DDN before a treatment plan can be finalized.

- **Review the SUDPOH, SUDURM, and QM instructions prior to entering treatment plans into the LIVE environment.**

RESOURCES

TOPIC	LINK
Billing Questions and Training	**ADSBillingUnit.HHSA@sdcounty.ca.gov**
Clinical and Documentation Questions	**QIMatters.HHSA@sdcounty.ca.gov**
Forms and Tip Sheets	**www.optumsandiego.com**
Training Registration Assistance	**sdu_sdtraining@optum.com**
Technical Assistance	**SUD_MIS_Support.HHSA@sdcounty.ca.gov**

Q & A

???

THANK YOU