SANWITS QUARTERLY USERS' GROUP

OUTPATIENT, OTP, AND RESIDENTIAL PROVIDERS

July 18, 2022

LIVE WELL SAN DIEGO

Housekeeping Guidelines

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
- SYSTEM ADMINISTRATION
- SYSTEM REMINDERS, & UPDATES
- QUALITY ASSURANCE (QA)
- BILLING UNIT
- OPTUM - TRAINING
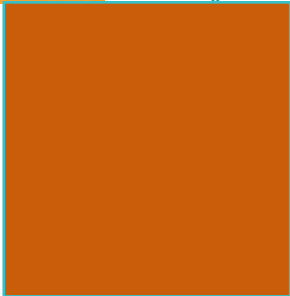- Q & A

LIVE WELL SAN DIEGO

ASAM

CALOMS

DATAR

CAPACITY

ASAM REPORTING

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

COMMON ERRORS FOR ADMISSIONS AND DISCHARGES

- State system will only allow letters or numbers in the drug name fields. No special characters such as commas, backslashes or dashes, etc. are accepted

- 234 error is Primary Drug Name invalid-allowable value not provided

- 246 error is Secondary Drug Name invalid-allowable value not provided

CALOMS EMAIL REMINDERS

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**.

DATAR – Steps to Achieve Success

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.

PROVIDER CHANGES

- **Provider's responsibility to report to Department of Health Care Services (DHCS) any modifications to information previously submitted to DHCS within 35 days from the date of the change. Most changes may be reported on the DHCS 6209 form**.

- See **Medi-Cal Supplemental Changes DHCS6209** for further details

- The information below MUST be reported on the DHCS 6209 form through PAVE system so that it is reflected on DHCS Master Provider File (MPF)
    - **Legal Entity**: The name of the administrative /corporate office. This should match what is on file with the Internal Revenue Service (IRS)
    - **Doing Business as Name (DBA):** the name of the facility where services are provided. This name may or may not be the same as the Legal Entity.
    - **Director Name, Email, & Phone Number:** The name, email, and phone# for the director of the Legal Entity
    - **Program Contract Name, Email, & Phone Number:** The name, email, and Phone # for the program contact at the facility where the services are being provided (not administrative or corporate address).

- Reference the SUDPOH for additional Information and instruction
    - Provider changes must also be reported to:
        - **SUD_MIS_Support.HHSA@sdcounty.ca.gov**
        - **QIMatters.HHSA@sdcounty.ca.gov**
        - Assigned Program COR

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

RECOVERY RESIDENCE TRACKING
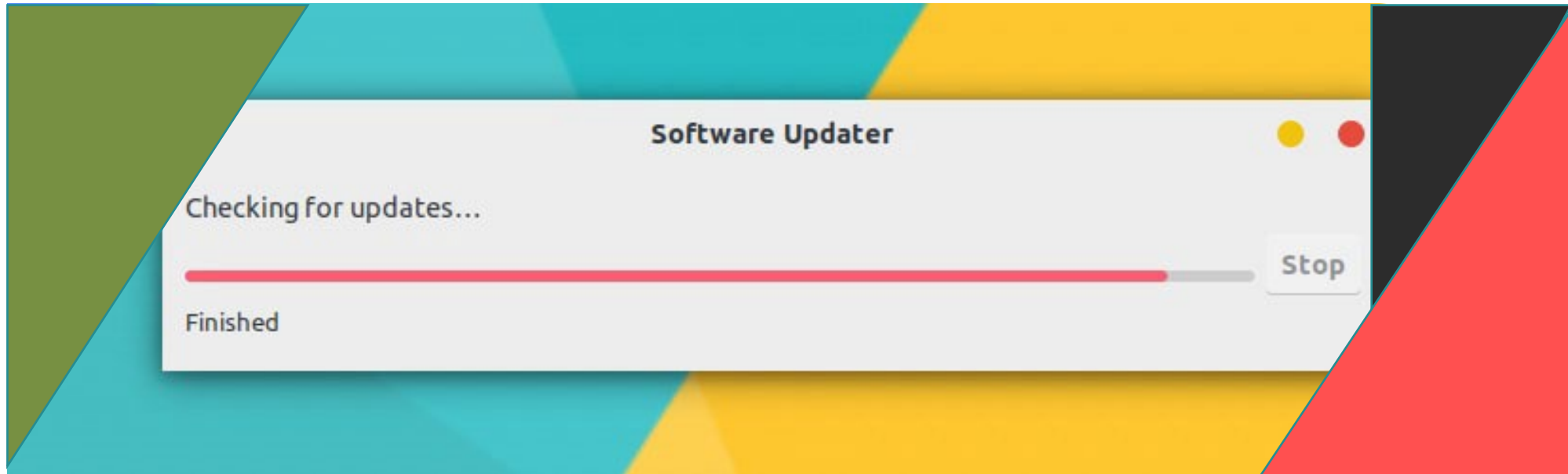
COMMON ERRORS

- Missing End Date
- End Date crossing months (must be in the same month as the Start Date)
- Each month must be a new record
- Missing Contract # and Name of Recovery Residence
- Missing rate (must be numerical)
- Entered in error and/or left incomplete
- Recovery Residence Tracking in SanWITS

Number Type	Recovery Residence--Regular
Number	Mar
Start Date	3/1/2021
End Date	3/31/2021
Status	Active
Contact	55498, Communities Moving Forward
Comments	40.00

DISALLOWED SERVICES

OPTION 1: ENCOUNTER HAS NOT BEEN RELEASED

OPTION 2: ENCOUNTER HAS BEEN RELEASED NOT BATCHED

Edit Encounter:

1) Note Type = Non-Billable
2) Billable = No
3) Disallowed = Yes
4) Disallowance Reason = Select appropriate reason from drop down menu
5) Medi-Cal Billable = No
6) **Finalize Encounter**

Reject Claim and Edit Encounter:

1) In the Claim Item List, select 'Reject (Back Out)'
2) All encounter fields become editable
3) Follow steps in Option 1

OPTION 3: ENCOUNTER HAS BEEN RELEASED, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE, BUT NOT BILLED

Contact Billing Unit and Edit Encounter:

1) Contact the Billing Unit for assistance with backing out the disallowed claim.
   a. Billing Unit will reject the batch.
2) Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
3) Edit the two fields:
   a. Disallowed = Yes
   b. Disallowance Reason = Select appropriate reason from drop down menu

OPTION 4: ENCOUNTER HAS BEEN RELEASED, BATCHED, AND BILLED

Complete Payment Recovery Process and Edit Encounter:

1) Follow the steps to complete the Payment Recovery Process, as noted in the Billing Manual
2) Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
3) Edit the two fields:
   a. Disallowed = Yes
   b. Disallowance Reason = Select appropriate reason from drop down menu

NON-BHS CONTRACTED CLIENTS

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

<u>Do not enter</u>
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

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 |`

COMING SOON

CHANGES

AS part of the transformation in documentation

- Problem List

- New ASAM Assessments

- Discontinued use of SanWITS treatment plan

- Discontinued use of SanWITS DDN

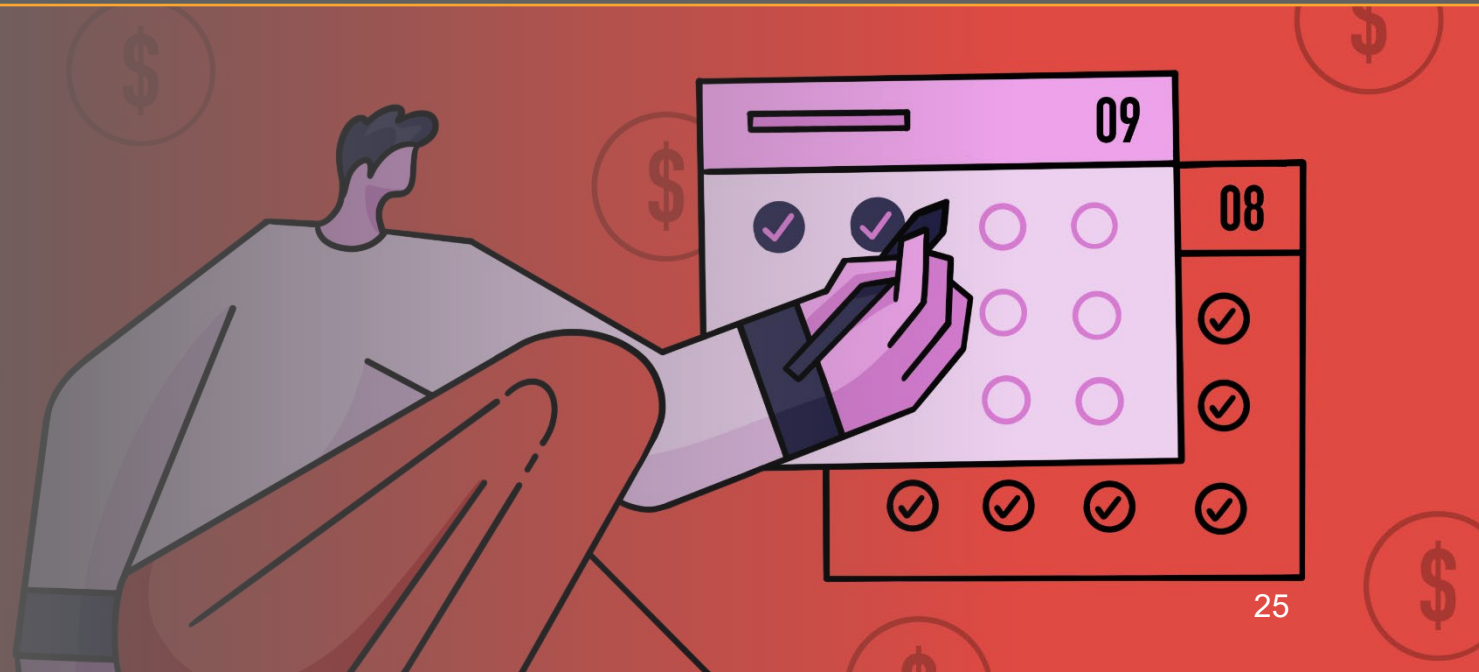- Discontinued use of Level of Care Recommendation

QUALITY ASSURANCE TEAM

SUD BILLING UNIT

ADSBillingUnit.hhsa@sdcounty.ca.gov

Did you Know............

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.

MEDICARE ADVANTAGE (BSP Part C, HN Part C, and Molina Part C)

The Medicare Advantage FFS-Equivalent Coverage Certification has expired on 12/31/2021 for these three (3) Medicare Part C insurances. To date, the 2022 certification is still pending for approval.

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

We advise the Outpatient (except OTP) and Residential Providers to review all the claims on hold that may have been impacted by the Medicare Advantage certification delay. Any claims on hold from January 2022 for clients with dual coverage *(those with Medicare Part C plans: Blue Shield Promise Part C, Health Net Part C, and Molina Health Part C)*, should be released, batched, and billed "now" to DMC while waiting for the 2022 Medicare Advantage Coverage certification. Please contact the adsbillingunit.hhsa@sdcounty.ca.gov if you have any questions or concerns.

The SUD Billing Unit will continue to track the status of the certification and we will notify you as soon as the approval becomes available.

OHC COVERAGE RULES OUTPATIENT AND RESIDENTIAL

- The attached emails (below) were sent to both Outpatient and Residential providers on 07/08/2022.

OHC Coverage Rules for Outpatient 2022.07.08

OHC Coverage Rules for Residential 2022.07.08

- Please continue to hold the claims with OHC or Medicare Advantage and wait until 90 days and send any acceptable proof of private insurance to adsbillingunit.hhsa@sdcounty.ca.gov. One of my team members will contact you to provide the next steps (e.g., batch using the OHC PGE).

- Please note that different rules apply to these 3 Medicare Advantage plans: Blue Shield Promise Part C, Health Net Plan C, and Molina Part C.   See slide 4.

BILLING REMINDERS FOR OTP PROVIDERS

- OTP Providers must continue billing Medicare – including Medicare Part C / Medicare Risk Plans / Medicare Advantage/Cal Medi-Connect risk insurance.

- Please see the attached email below for new/additional information on Medicare Advantage (Medicare Part C) for OTP.

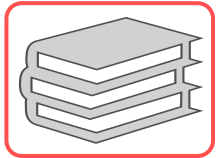**OHC Coverage Rules for OTP 2022.07.08**

SANWITS

VIRTUAL TRAINING CLASSES

	Courses	• SanWITS Intro to Admin Functions (IAF)	• SanWITS Assessments (SWA)
		• RES Enc & Bed Management	
		• OS/OTP Group Module & Enc	
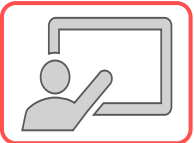
Register for trainings at **www.regpacks.com/dmc-ods.**

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.

COURSE DESCRIPTION

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.

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> <u>and</u> <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,

- **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 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: Adult ILOC vs Adolescent ILOC.*

- **Review the SUDPOH, SUDURM, and QM instructions prior to entering assessments 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

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