SANWITS QUARTERLY USERS' GROUP

OUTPATIENT, OTP, AND RESIDENTIAL PROVIDERS

Oct 17, 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.
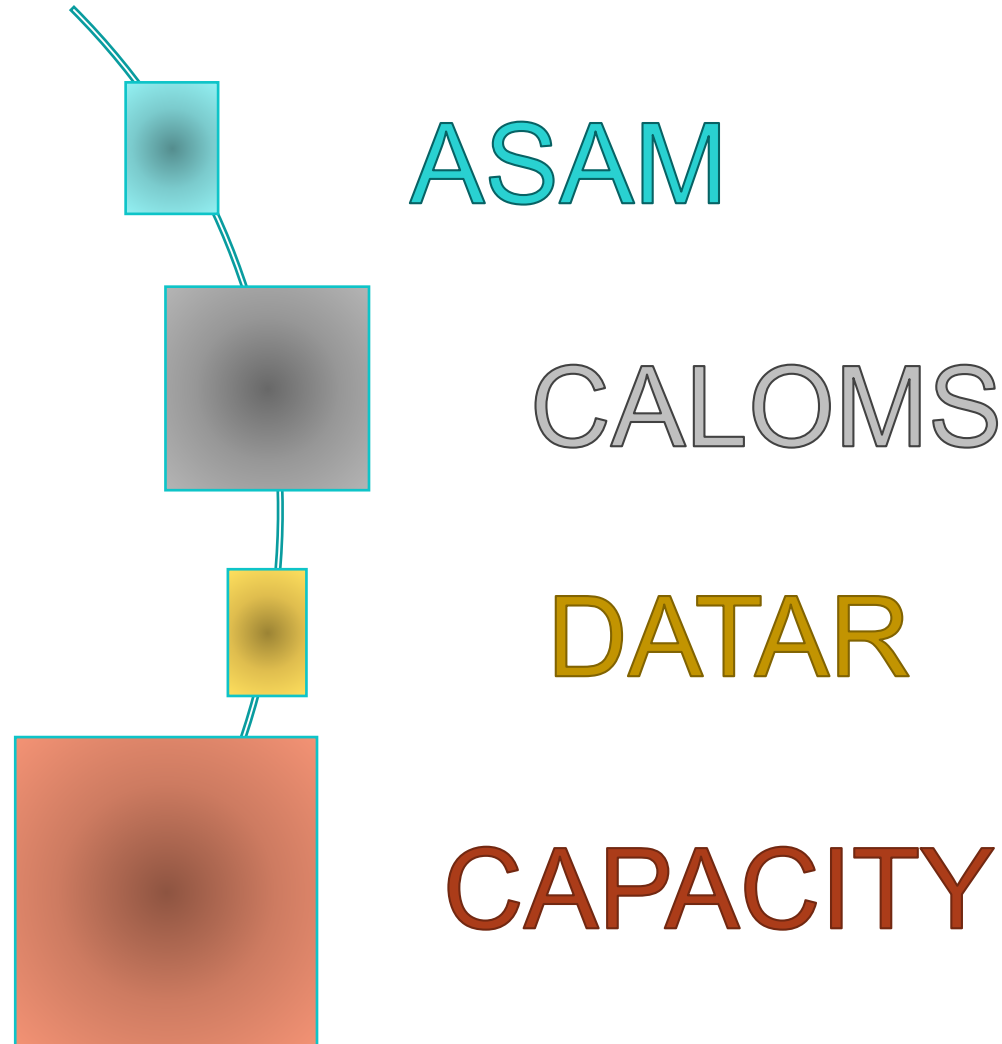
Attendance will be taken from the username listed. If your name does not appear, please send your name and the name of your program through Chat or Email SUD Support Team.

AGENTA

- State Reporting

- System Administration

- System Reminders, & updates

- Quality Assurance (QA)

- Billing

- Training - Optum

- Q & A

STATE REPORTING

ASAM

CALOMS

DATAR

CAPACITY

ASAM MONTHLY REPORTING

Q – How is ASAM Data Reported to DHCS?
A –MIS generates data extracts from SanWITS and uploads it to the state website

- SanWITS Adolescent ILOC Assessment populates the results

- Adult ASAM Criteria Assessment (paper form) results must be entered on the ASAM Screen

- Brief Initial Screening (paper form) results must be entered on the ASAM Screen

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

CALOMS EDUCATION AND REMINDER

CALOMS DATA IS DESIGNED TO MEASURE CHANGE

- Clients must have been admitted to treatment and treatment services must have started in order to collect CalOMS Tx admission information. Example, if the client started a portion of the admission process and never returned to complete admission, then the client never began receiving treatment services, and the admission data would not be collected or reported for the individual

- CalOMS questions are collected at three collection points in time – Admission, Annual Update, and Discharge

- It is critical to collect all CalOMS Tx data from each client regardless of the type of admission

- Admission data should be collected within seven days of a person's entry into treatment

CALOMS DISCHARGE

PROTOCOLS FOR DISCHARGING CLIENTS FROM CALOMS TREATMENT

- A CalOMS Tx Discharge record must be submitted for every client for which there is a CalOMS Tx Admission

- Must schedule and conduct a discharge interview with every client
  - Every effort should be made to conduct the interview face to face
  - Can be conducted face to face, telehealth or telephone

- Administrative discharges – client cannot be located, to answer the CalOMS questions.
  - Never guess or complete the responses on behalf of the absent client
  - Attempts to contact the client must be documented in the client's file

- Withdrawal management does not constitute completed treatment
  - Make every effort to connect the client to another level of treatment service
  - Never use Discharge code 1 or 2 for discharging out of withdrawal management

CALOMS DISCHARGE DATE

General rule is to use date of the last face to face, telehealth or telephone conversation

For OTP Tx clients, enter date of last oral medication

For standard discharges enter date of the exit interview

For more information on definitions of CalOMS discharge status and examples refer to the CalOMS Tx Data Collection Guide posted to the Optum website **CalOMS**

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.

In order to prevent re-submission errors, please contact SUD MIS Support when correcting or updating an Admission, Annual Update, or Discharge record that has previously been sent to the state. It is important to make sure the record is properly resubmitted to the State.

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. Don't wait until day 7.

- 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:
SUD_MIS_Support.HHSA@sdcounty.ca.gov

Be Proactive to Avoid Mishaps

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 vs a separate email

- 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

- MUST report 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

- MUST report 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 submit:
  - National Provider Identifier (NPI)
  - Professional Credential/License type and number
  - Taxonomy code
  - DEA# where applicable (any prescribing facilities and prescribing staff)

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

- 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).*

- 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.

Quick User Termination

- 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)

- 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 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 ADMINISTRATIVE REMINDERS

SECTION III. USER FUNCTION AND ROLES

Job Function(s): Please select the job function(s) associated with the access you will have in SanWITS.

☑ Administrative Staff - Data Entry
Intro to Admin Functions (IAF) training required.
Access includes: Admission, ASAM Profile, Client Diagnosis, Client Profile, Discharge, Intake, Non-Treatment Team Access, Outcomes, Cross-Agency Waitlist Management, and Notes.

☑ Administrative Staff - Encounters
IAF and Encounters required.
Residential access includes: TxEncounter, Release to Billing, Authorization, Bed Management, and Census.

Outpatient/OTP access includes: TxEncounter, Release to Billing, and Group Module.

☐ Billing Staff - Claim Batching
(Please contact ADSBillingUnit.HHSA@sdcounty.ca.gov to schedule Billing Training after completing Intro to Admin Functions [IAF] and Encounters training.)

☐ LPHA (Appropriate credentials required)

☐ Counselor (Appropriate credentials required)

☐ QA

- 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 Assessment 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 specifically for services they provide

SANWITS – REMINDERS, UPDATES, DEMONSTRATIONS
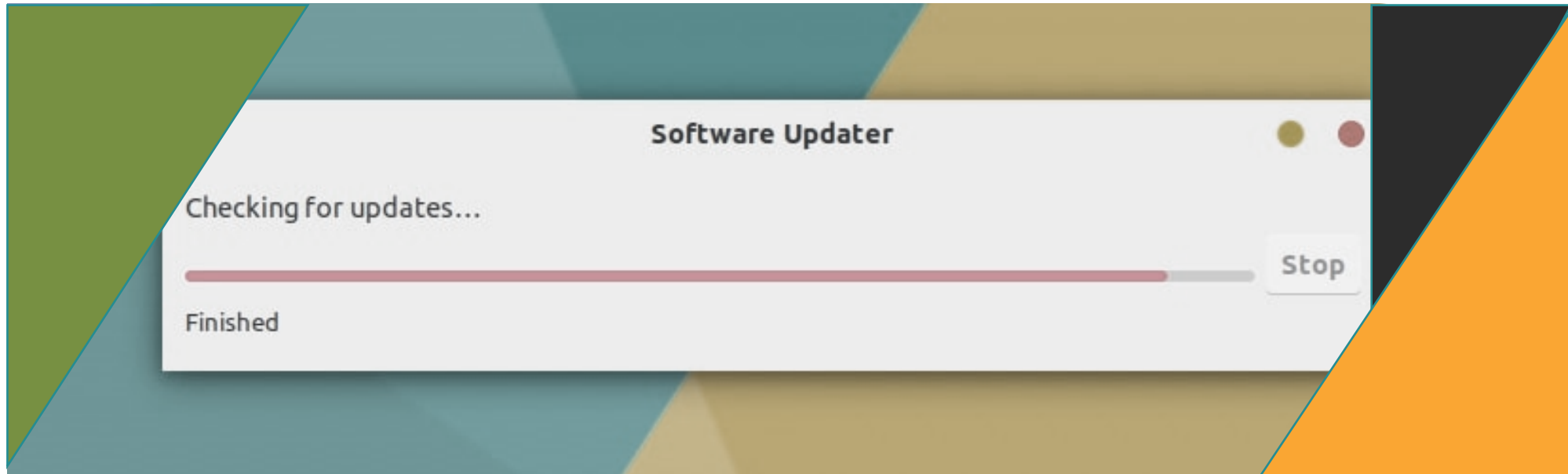
DMC Billable Peer Services

- What's needed in SanWITS to bill Peer Services to DMC
    1) PSS Certification
    2) National Provider ID#
    3) Taxonomy Code
    4) SanWITS training

- What services can be billed to DMC by Certified Peer Support Specialist
    1) Behavioral Health Prevention Education/Peer Service
    2) Self-Help/Peer Services

*Note: Service Codes are not to be used until **Certification** received*

DISALLOWED SERVICES

OPTION 1:	OPTION 2:
ENCOUNTER HAS NOT BEEN RELEASED	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

DISALLOWED SERVICES CONT.

OPTION 3: ENCOUNTER HAS BEEN RELEASED, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE, BUT NOT BILLED	OPTION 4: ENCOUNTER HAS BEEN RELEASED, BATCHED, AND 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
	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

Non-BHS contracted clients **<u>should not</u>** 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

ACCESS TIMES AUDIT – ERRORS

- Recent "Access Times" Audit revealed errors regarding these three appointment dates on Contact Screen dating 2025

  - **1ˢᵗ Available Intake/Screening Appt**
  - **2ⁿᵈ Available Intake Screening Appt**
  - **3ʳᵈ Available Intake/Screening Appt**

- These three fields –are intended to **capture the Facility's availability** to offer an appointment

  - Not to be based on the perspective client's availability

  - These three fields **should always** reflect the true availability of the facility

ACCESS TIMES AUDIT – ERRORS

- Recent "Access Times" Audit revealed errors regarding this appointment date on Contact Screen dating 2025

    - **1st Accepted Intake /Screening Appt**

- If **Disposition** is marked "**Made an Appointment**", this field should reflect the true appointment date the client accepted.

    - 1st Accepted Intake/Screening Appt is intended to capture the appointment the perspective client accepts
    - The accepted date may, OR may not be one of the facility's 1st, 2nd, or 3rd available appointments

- If the Disposition field is anything other than "Made an Appointment", user should use the temporary work-around date of 1/1/2025 and time 12:00 AM, as previously instructed.
    - Example for work-around: "No Appointment Made" or "Declined Appointment", as well as referrals

- **This work-around date must not be used in the facility's three availability fields**

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

SSRS REPORTS

	DATE	BRIEF DESCRIPTION
OTP- ONLY TUOS CLAIM SUMMARY REPORT	9/14/22	Total units of service summary level
OTP-ONLY TUOS CLAIM DETAIL REPORT	9/14/22	Total units of service detail level
TOUS CLAIM SUMMARY NON-OTP	9/7/22	Total units of service summary level
TOUS CLAIM DETAIL NON-OTP	9/7/22	Total units of service detail level
DISCREPANCIES IN GROUP ATTENDANCE	10/11/22	Session and encounter error – one marked present the other is no show
GROUP CALCULATION ERROR WEEKLY	10/11/22	Member was added or removed incorrectly
OTP GROUPS ODS MARKED YES	10/11/22	All OTP groups should be no to ODS field
CORRECTION	10/11/22	Verifies group calculations have been corrected
ACCESS TIME REPORT	coming	Identifies if access standards are met
CARE SUMMARY REPORT	coming	Care coordination to be given to client

CHANGES

COMING SOON

AS part of the transformation in documentation

- Problem List (Dx list)
- New Adult ASAM Criteria Assessment
- ASAM 0.5 Early Intervention Service Program Enrollment (Oct 1)
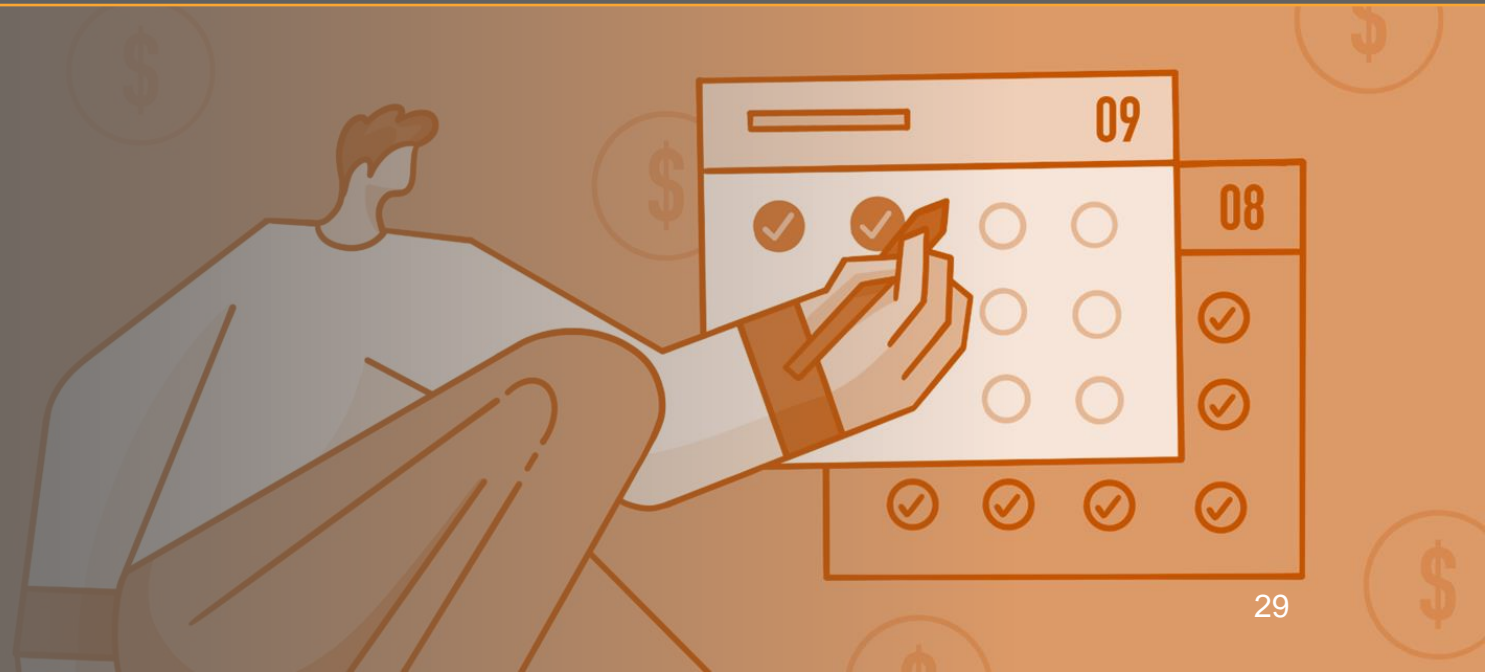- Contingency Management Pilot (Dec-Jan)

QUALITY ASSURANCE TEAM

SUD BILLING UNIT

ADSBillingUnit.hhsa@sdcounty.ca.gov

SUD BILLING TRAINING SURVEY

A post-training survey or questionnaire is available and will be emailed to all trainees or participants upon completion of the course.

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

THE CURRENT VIRTUAL BILLING TRAINING COVERS THE FOLLOWING TOPICS:

➤ SanWITS billing workflow (from releasing encounters to billing to submitting Provider Batches to the Clearing House 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 the **ADSBillingUnit.HHSA@sdcounty.ca.gov** if you have a specific billing training request that is not listed above.

MEDICARE PART C INSURANCES (BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C)

- The Medicare Advantage FFS-Equivalent Coverage Certification have been approved by the state thru Dec 2022.

- Any claims on hold from April 2022 to current for clients with these insurances should be released to billing and batches should be submitted to the SanWITS clearing house.

Note: Please prioritize April 2022 claims (if available) as we only have until the end of October to bill the State without the required Delay Reason Code (DRC).

- Any claims after the six-month billing deadline (from the date of service) must be addressed to the ADS Billing Unit.

Please contact us at **ADSBillingUnit.HHSA@sdcounty.ca.gov** as soon as possible so that we can request a late billing pre-approval from the State.

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

OTP PROVIDERS

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

- A notice regarding Medicare Advantage (Medicare Part C) was emailed to all OTP programs on 07/08/2022. You can find a copy of this e-mail on the Optum website under the BHS Provider Resources, Billing tab.

SUD Billing Announcement: Medicare Advantage Plan Rules for OTP Providers (msg)

PAYMENT RECOVERY FORM (PRF) (FOR ALL PROGRAMS)

- The updated PRF is available on the Optum website under the BHS Provider Resources, Billing tab.
- Fraud, Waste, and Abuse (FWA) have been added to the list of disallowance/adjustment reasons.
  Note: If your program suspects FWA, please notify the Quality Assurance (QA) team immediately.

Drug Medi-Cal Organized Delivery System (optumsandiego.com)

SANWITS

VIRTUAL TRAINING CLASSES

Courses	• SanWITS Intro to Admin Functions (IAF) • SanWITS Assessments (SWA) • RES Enc & Bed Management • OS/OTP Group Module & Encounters
	Register for training at **www.regpacks.com/dmc-ods.**
	Submit required forms to SanWITS Support at least seven days prior to the scheduled training at **SUD_MIS_Support.HHSA@sdcounty.ca.gov**. **Effective 11/1/2022**, send forms to **SUDEHRSupport.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 **sdu_sdtraining@optum.com** 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 <u>clinical</u> <u>records</u> may also attend this training.

Helpful Training 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

...Read the training packet!!!!

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 **uninterrupted time** 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.

- A finalized LOC assessment automatically generates an ASAM Summary screen. Data entry staff may enter an ASAM Summary only when the ASAM Criteria Assessment was completed in paper form.

- Confirm that the correct Assessment Type and Assessment date have been selected before completing the assessment.

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

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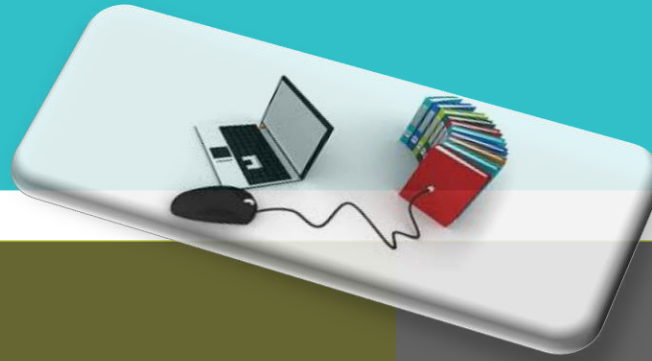
TOPIC	LINK
Billing Questions and Training	ADSBillingUnit.HHSA@sdcounty.ca.gov
Clinical and Documentation Questions	QIMatters.HHSA@sdcounty.ca.gov
Forms and Tip Sheets	www.optumsandiego.com
Training Registration Assistance	sdu_sdtraining@optum.com
Technical Assistance	SUD_MIS_Support.HHSA@sdcounty.ca.gov

Q & A

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