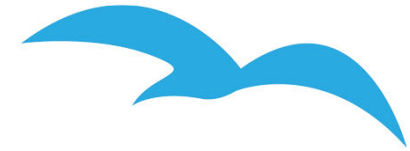


SanWITS Quarterly User's Group



Outpatient, OTP, and Residential Providers

Oct 16, 2023



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 SUDEHRSupport.HHSA@sdcounty.ca.gov.



AGENDA

- STATE REPORTING
- SYSTEM ADMINISTRATION
- REMINDERS & UPDATES
- BILLING
- SANWITS TRAINING
- RESOURCES



State Reporting

COMPLIANCE

ASAM

CALOMS

DATAR

CAPACITY



ASAM Monthly Reporting

ASAM Assessment and Brief Initial Screening results must be reported to Department of Health Care Services (DHCS). The MIS team is responsible for submitting monthly.

Data is extracted from SanWITS then uploaded to the state website

- ASAM and Brief Screening results must be entered on the SanWITS ASAM Summary Screen to be included in the extract
 - Currently this is happening in two ways
 - Through the SanWITS Adolescent ILOC Assessment
- OR**
- Manually entering the data if –
 - Facility is using their own EHR for ASAM assessments and/or Brief Initial Screenings
 - Facility is using paper forms for ASAM assessments and/or Brief Initial Screenings



CalOMS – Common Errors

560 Error: Resubmission of Admission Prohibited – matching discharge or annual update record found

- Error occurs when:
 - Annual Update or Discharge record has been submitted and accepted by the State, **AND**
 - A correction or change is made to the client profile or Admission record
- To Avoid: If making a correction, report to SUD Support Desk so additional steps can be taken to avoid the error

374 Error: Unmatched Discharge record – no admission record found with matching FSN, Provider ID, Admission date and Service Type

- Error occurs in one of 2 ways:
 - Error in the Admission record has not been corrected, **OR**
 - FSN, Provider ID, Admission Date and or Service Type was corrected after the Admission record was accepted by the state (SUD Support was not informed prior to extract)
- To Avoid: Report corrections/changes for these 4 fields or correct the Admission error before the extract



CalOMS

Unfinished Client Activity Report –

- Report is located under Reports on Navigation Pane
- Provider responsible to generate this report at least twice a month before each CalOMS extract
- Any CalOMS records that show as “in progress” will not be included in the extract and will become non-compliant



CalOMS

Annual Update –

- Complete at earliest 10 mos. from the Admission anniversary date, and latest 11 mos. from Admission anniversary date
- Before entering Annual Update
 - Verify client is actively receiving SUD Treatment services prior to entering an Annual Update
 - If the client has been discharged, create a Discharge record
- Do not edit previous versions of Annual Update records



CalOMS Email Reminders

Complete All Open Admissions and Correct the Errors in Red by the Due Date.

After Completing Corrections, [Please Respond to the Email.](#)

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.



For Questions Contact:

SUDEHRSupport.HHSA@sdcounty.ca.gov



DATAR

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

Access 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 SUDEHRSupport.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: SUDEHRSupport.HHSA@sdcounty.ca.gov



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 (DHCS Perinatal Address is where capacity is being processed and is not meant to identify the type of program such as perinatal)
- CORs should 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 Contact 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:
 - SUDEHRSupport.HHSA@sdcounty.ca.gov
 - QIMatters.HHSA@sdcounty.ca.gov
 - Assigned Program COR

SYSTEM ADMINISTRATION



SYSTEM AND DATA SECURITY

- 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)
-

- 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).
- Staff must provide a SanWITS User Form with the signature of the contracted provider's program manager or Director
- Staff must have the contracted provider's business email address



SYSTEM AND DATA SECURITY

- Employee is required to submit an [Electronic Signature Agreement \(ESA\)](#). It is important that everyone using an electronic signature actively maintain its security according to County requirements and not share their user id/password/pin.
- Employee and employee's program manager 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/Director shall immediately notify SUD MIS unit whenever there's a change in a staff's information such as demographics, name, 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 SUDEHRSupport.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.



STAFF TERMINATION PROCESS

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 SUDEHRSupport.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

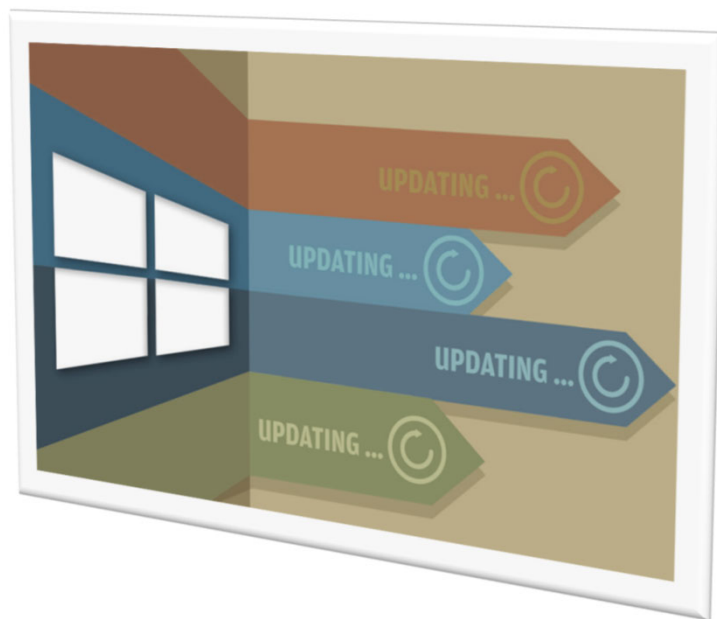
NOTE: IAF training is a prerequisite to Encounters training

- ☐ **Roles for the Intro to Admin Functions (IAF) training :**
Access will include **Full Access:** Admission, ASAM Profile, Client Diagnosis, Client Profile, Cross-Agency Waitlist Management, Discharge, Intake, Notes, Outcomes, Non-Treatment Team Access
 - ☐ **Roles for the Encounters training:**
Access for **Outpatient and OTP** will include **Full Access:** Encounters, Release to Billing, Create Bulk Group Notes, Group Notes
Access for **Residential** will include **Full Access:** Encounters, Release to Billing, Authorization, Inpatient Unit Dashboard, Inpatient Unit Management, Client Leave, Create Bulk Group Notes, Group Notes
 - ☐ **Roles for Billing Staff/Claim Batching will include:** Agency Billing, Billing Encounter List and Create Facility Claim Batches (Please contact ADSBillingUnit.HHSA@sdcounty.ca.gov to schedule Billing Training after completing IAF and Encounters training.)
 - ☐ **Roles for Assessments training- LPHA***
Assessment Training Date:
Access will include: Full Access to Assessments, Sign and Finalize Assessments; Read-only access for IAF and Encounters
 - ☐ **Roles for Assessments training- Counselor***
Assessment Training Date:
Access will include: Full Access to Assessments, Sign Assessments; Read-only access for IAF and Encounters
 - ☐ **Roles for Assessments training- QA:** Read-only access
 - ☐ **Rendering Staff- No user roles assigned.** Only shows as rendering staff for encounters.
 - ☐ **Peer Support Specialist***
Access will include: Read-only data entry access for IAF and Encounters roles
- * Credentials are required

- **SanWITS New User Form, or SanWITS User Modifications and Termination Form** must be submitted to the SUD Support Desk at SUDEHRSupport.HHSA@sdcounty.ca.gov
- **New Forms** - must use the new forms, and must be complete, accurate, and submitted timely
- **Roles** - select the appropriate roles that staff require after completing IAF and Encounter training.
- **Credentials** - are required for all direct service staff.
- **Additional Optional roles** - unique to the staff's duties
- **Taxonomy# and NPI#** - required for rendering staff and can be found at <https://npiregistry.cms.hhs.gov/search>



REMINDERS, UPDATES, DEMO



GROUPS

Group Session Notes Screen

- Rendering Staff discipline must match the service discipline
 - Discrepancy Audit – emails sent weekly
 - Corrections should be completed immediately
- Discipline is displayed next to the rendering staff name along side their credentials
 - **Ex: Ramirez, Charles, SUDRC, AOD**
- Group service name is preceded by #(discipline) for post 7/1/23 groups
 - **Ex: #AOD_Clinical Group – OS/IOS/OTP**
- Discipline will be in accordance with the state's discipline categories (DMC-ODS Billing Manual July 2023) and will determine the services a user can provide on the encounter screen
- Discipline will determine the rates to be billed per group service



GROUPS

Group Session Notes

Group Name: OS-IOS Group Session ID:

Group Type: ODS Group

Note Type: **DMC Billable** Start Date: **07/01/23** End Date:

Billable: **Yes** Start Time: **9:00 AM** End Time:

Calculate ODS units: **No** Lead Staff: **LPCC** Duration:

of Service Units/Sessions: Location: **Non-residential Substance Abuse Treatment F...**

Service:

Co-Lead Staff:

Note:

- # LP_Recovery Service Group - OS/OTP/RES
- # LPCC_Clinical Group - OS/IOS/OTP
- # LPCC_Patient Education Group - 0.5 Early Intervention
- # LPCC_Patient Education Group - OS/IOS
- # LPCC_Recovery Service Group - OS/OTP/RES
- # MFT_Clinical Group - OS/IOS/OTP
- # MFT_Patient Education Group - 0.5 Early Intervention



DISCIPLINES

- Alcohol and Drug Counselors (AOD)
- Certified Peer Support Specialist (Peer)
- Licensed Clinical Social Worker (LCSW)
- Pharmacist (Pharma)
- Licensed Physician (LP – MD or DO)
- Physician Assistant (PA)
- Marriage and Family Therapist (MFT)
- Psychologist (Psy)
- Licensed Professional Clinical Counselor (LPCC)
- Registered Nurse (RN)
- Nurse Practitioner (NP)

Questions regarding changing disciplines, contact SUDEHRSupport.HHSA@sdcounty.ca.gov



ENCOUNTER SCREEN

- Location field – Make selection based on the following two factors
 - Client's Location, **AND**
 - Contact Type
- Contact Type field – Make selection based on
 - The type of contact provider had with the client such as: Face to Face, Telehealth, Phone, etc.
- Telehealth Services are provided by:
 - video/audio technology **OR**
 - Phone (audio only)
- Location must select:
 - Telehealth provided in the patient's home, **OR**
 - Telehealth provided other than in patient's home
- Contact Type must select:
 - Telehealth, **OR**
 - Phone



EXAMPLES

Telehealth –

- 1) Provider remains at facility and calls the client's home
 - Location = Telehealth provided in patient's home
 - Contact Type = Phone
- 2) Provider remains at facility while providing a video/audio technology service and the client is at a friend's house who has a computer
 - Location = Telehealth provided other than in patient's home
 - Contact Type = Telehealth

Face to Face –

- 1) Provider travels to the client's home to provide service to the client
 - Location = Home
 - Contact Type = Face to Face
- 2) Provider travels to a campground to provide service to the client
 - Location = Temporary Lodging
 - Contact Type = Face to Face



SERVICE LOCATIONS

CODE	LOCATION	DESCRIPTION
02	Telehealth Provided Other than in Patient's home	Telehealth (synchronous video audio OR audio only)
03	School	Facility whose primary purpose is education
04	Homeless shelter	Facility – primary purpose is to provide temporary shelter e.g. emer shelter, family shelter
10	Telehealth Provided in Patient' Home	Telehealth (synchronous video audio OR audio only)
12	Home	Location other than hospital or other facility where patient receives care in a private residence
16	Temporary Lodging	Short term lodging e.g. hotel, campground, hostel, etc.
55	Residential Substance Abuse Tx Facility	Residential Facility
57	Non Residential Substance Abuse Tx Facility	Outpatient Facility (Not OTP)
58	Non Residential Opioid Tx Facility	OTP Facility Only
99	Other Place of Service	Other Place of Service not Identified Above



SSRS REPORTS

REPORT NAME	BRIEF DESCRIPTION
3-01 CalAIM Consolidated Claim Summary Report	Total units of service summary level
3-02 CalAIM Consolidated Claim Detail Report	Total units of service detail level
4-01 Total Services per Rendering Staff pre-7.1.23	Monitor staff production. Total number of encounter/services, units, and minutes provided per rendering staff
4-01 Total Services per Rendering Staff post 7.1.23	Monitor staff production. Total number of encounter/services, units, and minutes provided per rendering staff
SUDPI-11 Group Session over 12 or under 2	Identifies group session with over 12 and/or only one participant marked as present
Care Coordination Details Report-post 7.1.23	Tracks all encounters for care coordination



SUD BILLING UNIT



BILLING QUESTIONS AND ASSISTANCE: ADSBillingUnit.HHSA@sdcounty.ca.gov



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:

1) SanWITS billing workflow (from releasing encounters to billing to submitting Provider Batches to the Clearing House or Government Contract).

- Payor Group Enrollment (PGE).
- Claim Items review.

2) Troubleshooting billing errors

3) Medi-Cal eligibility verification review and examples.

4) How to put claims on hold. Review of claims in “hold” status.

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

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

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

8) Share of Cost

9) Other Health Coverage

10) Out of County (OOC)

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.



BILLING ERRORS AND GUIDES

I. Service Location/Place of Service (POS).

(Refer to the chart below for the list of Place of Service codes.)

- A. **Outpatient Providers:** should not use service location code 55 or 58.
- B. **Residential Providers:** should not use service location code 57 or 58.
- C. **OTP Providers:** Should not use service location 55 for any services.
- D. **For all providers:** use only service location code 02 or 10 if a service is done through telehealth or telephone.

II. Payor Group Enrollment (PGE), Encounters and Release to Billing, Claims Data, Out-of-County (OOC), and Others.

A. All Providers:

- Do not use the County Billable PGE if the client intends to reside in San Diego and your program is helping the client with the transition process.
- Use the DMC Billable if the above OOC requirements are met.
- If the client is not planning to transition to San Diego, please refer the client to the County of Residence. For more information: [BHS Info Notice-DMC Process for Out-of-County Clients \(pdf\) \(optumsandiego.com\)](#).
- Make sure to double-check that the 'units' and 'duration' on the SanWITS Claim Item List report were entered correctly.
- Providers should have the appropriate Payor Group Enrollment (PGE) set in SanWITS. The attached SanWITS Notice has been distributed to all providers.



BILLING ERRORS AND GUIDES

- It is important to enter the correct Medi-Cal subscriber number for DMC billable claims.

[PGE or Benefit Plan Review Billing Tip Sheet 11-19-2018.pdf](#)
(optumsandiego.com).

- A client without Medi-Cal: Do not batch the claims. Instead, place the claims on hold and assist the client in applying for Medi-Cal. Monitor the eligibility status and batch the claims once Medi-Cal is active. Ensure that you track all your claims on hold every month.
- Always review the program enrollment.
- Notify the Billing Unit if you have any claims in “pending roll-up” status. Please refer/read the **SUD Billing Unit Announcement: Roll-up Functionality in SanWITS** that was emailed to all providers on 08.24.2023.
- For all perinatal **batches**, make sure to select Perinatal “YES” on the encounter screen.
- Always ensure that the lead staff discipline matches or consistent with the service’s discipline. Providers must monitor their groups to make sure this is correct before creating individual encounters.

Group Session Notes

Group Name: OS-105 Group Session ID:

Group Type: ODS Group

Note Type: DMC Billable

Billable: Yes

Calculate ODS units: No

Lead Staff: LPCC

Start Date: 07/01/23

Start Time: 9:00 AM

End Date:

End Time:

Duration:

of Service Units/Sessions:

Location: Non-residential Substance Abuse Treatment F...

Service:

Co-Lead Staff:

Administrative Action:

Note:

- # LP_Recovery Service Group - OS/OTP/RES
- # LPCC_Clinical Group - OS/IOS/OTP
- # LPCC_Patient Education Group - 0.5 Early Intervention
- # LPCC_Patient Education Group - OS/IOS
- # LPCC_Recovery Service Group - OS/OTP/RES
- # MFT_Clinical Group - OS/IOS/OTP
- # MFT_Patient Education Group - 0.5 Early Intervention
- # MFT_Patient Education Group - OS/IOS
- # MFT_Recovery Service Group - OS/OTP/RES



BILLING ERRORS AND GUIDES

B. Residential and Outpatient Providers:

- OHC claims must be released to the OHC PGE [OHC/Medicare Risk]. Do not release them to the County Billable or DMC PGE.
- Residential Bed days should be released to the regular Residential Bed Day PGE.
- Do not batch the OHC claims until you have proof of billing/Evidence of Coverage (EOC)/Explanation of Benefits (EOB). If you have any of these documents or unsure of the process, please contact the County SUD Billing Unit (BU) as soon as possible.
- All group services should be created through the group module. Ensure you can see the group session ID on the claim item list report.



BILLING ERRORS AND GUIDES

C. Residential Provider:

- Do not batch the claims for clients with Justice Override authorization. Place them on hold with a Justice override hold reason.

D. OTP Providers:

- Methadone, group counseling, and individual counseling can be billed to DMC if the client is Out-of-County. *Do not bill the County for these services if the client is OOC.*
- Care Coordination can be billed to DMC if the client has Medicare or Medicare Risk.
- Do not batch the claims for Medicare Risk clients until you have proof of billing/Evidence of Coverage (EOC)/Explanation of Benefits (EOB). If you have any of these documents or unsure of the process, please contact the County SUD Billing Unit (BU) as soon as possible.



Medicare Advantage FFS-Equivalent Coverage Certification Outpatient & Res Programs (**EXCEPT OTP**)

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 2023.
- Any claims on hold from April 2023 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 2023 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 & 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 4 Medicare Advantage plans: Blue Shield Promise Part C, Health Net Plan C, Aetna Better Health of CA, and Molina Part C.



BILLING REMINDERS

OTP PROVIDERS

- OTP Providers must continue billing Medicare – including Medicare Part C / Medicare Risk Plans / Medicare Advantage/Cal Medi-Connect risk insurance.
- The Medicare Advantage (Medicare Part C) notice is available on the Optum website under the BHS Provider Resources, Billing tab.

[SUD Billing Announcement: Medicare Advantage Plan Rules for OTP Providers \(msg\)](#)

- Methadone and counseling services (individual and group) even if the client is out of county should be billed to DMC. Please note that we can bill DMC for these services; do not put them on hold unless there are other valid reasons to do so. Please continue to assist the client with the transition should they intend to live in San Diego.



SANWITS TRAINING

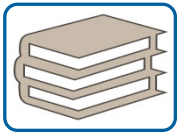


**MIS
OPTUM
BILLING UNIT**





VIRTUAL TRAINING CLASSES



Courses

- SanWITS Intro to Admin Functions (IAF)
- RES Enc & Bed Management
- OS/OTP Group Module & Encounters
- SanWITS Assessments (SWA)



Register for training at <https://www.regpack.com/reg/dmc-ods>.



Submit required forms to SanWITS Support at least seven days prior to the scheduled training at 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.

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.

HELPFUL TRAINING HINTS




- 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.



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 specific instructions and expectations. Starting the practice without reading thoroughly 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.

TRAINING PRACTICE COMPLETE



Congratulations! Staff will receive an email that training is complete



Survey link is included in the congratulations email for staff to rate their training experience



Live access and support are provided by MIS at SUDEHRSupport.HHSA@sdcounty.ca.gov

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 QA 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
SanWITS Technical Assistance	SUDEHRSupport.HHSA@sdcounty.ca.gov
CalAIM and/or Peer Q & A	Bhs-hpa.hhsa@sdcounty.ca.gov

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