

## **DMC-ODS Outpatient Documentation Training**

A review of DMC-ODS Outpatient Services, DMC documentation and billing requirements. Details of required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Thursday, **October 10, 2019**

Time: 9:00 a.m.-1:00 p.m.

Where: County Operations Center (5500 Overland Ave., Training Room #120, San Diego, CA 92123)

- [CLICK HERE TO REGISTER!](#) or contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) for questions.

## **DMC-ODS Residential Documentation Training**

A review of DMC-ODS Residential Services, DMC documentation and billing requirements. Details of required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Monday, **October 14, 2019**

Time: 9:00 a.m. to 1:00 p.m.

Where: 2-1-1 San Diego Building (3860 Calle Fortunada, Suite #101, San Diego, CA 92123)

- [CLICK HERE TO REGISTER!](#) or contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) for questions.

## **Documentation Skill Building Workshops on Case Management**

In the month of October, the County of San Diego HHSA Behavioral Health Service SUD Quality Management team is pleased to offer three opportunities for developing a provider's documentation skill set through Skill Building Workshops. The focus this month is Case Management.

Due to limited available seating for the workshops, registration is required. If you are unable to attend, please cancel your registration as soon as possible so that those on the waitlist may register.

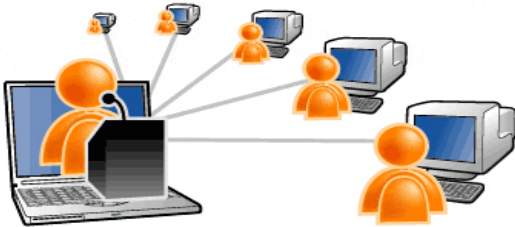
Please register by clicking on one of the following dates:

- Date: Wednesday, [October 23, 2019](#)
- Time: 1:30 p.m. to 3:30 p.m.
- Where: County Operations Center (5560 Overland Ave., Training Room #172, S.D., CA 92123)
  
- Date: Wednesday, [October 30, 2019](#)
- Time: 9:30 a.m. to 11:30 a.m.
- Where: National University Carlsbad Campus (705 Palomar Airport Rd., Suite 205, Room 207, Carlsbad, CA 92011)
  
- Date: Thursday, [October 31, 2019](#)
- Time: 9:30 a.m. to 11:30 a.m.
- Where: County Operations Center (5560 Overland Ave., Training Room #171, S.D., CA 92123)

## **24/7 Tele-Consultation Support For Clinicians: Expanding Access to Medications for SUD Treatment**

Do you have questions about substance use evaluation and/or treatment? The California Substance Use Line is available to help. Hear about how their team can provide free, confidential, clinician-to-clinician advice. The webinar hosted by the Center for Care Innovations will include:

- ✓ A description of the [California Substance Use Line](#) and its unique partnership of expert clinical consultants.
- ✓ The types of questions/cases the line has assisted with, and how its team can be of support.
- ✓ How callers have incorporated this resource into their work and the impact it has made.



- Date: Tuesday, **October 15, 2019**
- Time: 1:00 p.m. to 2:00 p.m.

[CLICK HERE TO REGISTER FOR THE WEBINAR!](#)

## **ASAM Criteria-(C) Training presented by Ca. Institute for Behavioral Health Solutions (CIBHS)**

This free interactive training will provide an overview of the ASAM Criteria, Levels of Withdrawal Management and ASAM Levels of Care. The training course meets qualifications for the provision of six continuing education credits (CEs).

- Date: Monday, **October 28, 2019** [CLICK HERE TO REGISTER FOR OCTOBER!](#)
- Time: 9:30 a.m. to 4:00 p.m.
- Where: Marina Village Conference Center (Terrace Room) 1936 Quivira Way, S.D., CA 92109
  
- Date: Tuesday, **November 12, 2019** [CLICK HERE TO REGISTER FOR NOVEMBER!](#)
- Time: 9:30 a.m. to 4:00 p.m.
- Where: Marina Village Conference Center (Terrace Room) 1936 Quivira Way, S.D., CA 92109
  
- Date: Wednesday, **December 18, 2019** [CLICK HERE TO REGISTER FOR DECEMBER!](#)
- Time: 9:30 a.m. to 4:00 p.m.
- Where: Marina Village Conference Center (Terrace Room) 1936 Quivira Way, S.D., CA 92109

## **BHS SUD Treatment Provider Meeting**

Meetings are typically held on the 3<sup>rd</sup> Tuesday of every month, 10:00 a.m.-11:30 a.m.

- Next meeting: Tuesday, **October 15, 2019**, at 10:00 a.m. to 11:30 a.m.
- Location: Scottish Rite Center (Claude Morrison Room) 1895 Camino del Rio So., S.D. CA 92108

## **SUD Provider Quality Improvement Partners (SUD QIP) Meeting**

Date: Thursday, **October 24, 2019**

Time: 10:00 A.M. to 11:30 A.M.

Where: National University (9388 Lightwave Ave, Room 118, S.D. CA 92123)

- The intent of the meeting is to have a regular place for County QI and program Quality Assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.
- Participation via WebEx is an option for those unable to travel. Further information will be sent by email prior to the meeting.

### **Other Health Coverage (OHC) - Client with private insurance and Medi-Cal**

- The providers are responsible for billing the client's private insurance if a client has dual coverage (private insurance is the primary and Medi-Cal is the secondary). However, since most (if not all) of our providers do not have a billing system outside SanWITS to bill OHC (Other Health Coverage), we've recommended two options:



1. Bill using the CMS 1500 form to submit a professional paper claim to the insurance. The standard Health Insurance Form (aka CMS 1500) can be purchased at any local retail office supply stores.
2. Providers request client to obtain a summary of insurance benefits and coverage (evidence of coverage) from the insurance company. The evidence of coverage must indicate that "SUD services are not covered" or specifies all coverage which may or may not include some SUD services. Billing Unit needs to receive this document to be able to bill DMC/Medi-Cal.

**Note:** Billing Unit cannot provide direct instructions on how to bill the private insurance because the County is not contracted with any private health carrier. SUD doesn't have a Clearing House to bill private insurances as well.

- If providers choose to bill the private insurance:
  - ✓ The provider will have the client complete and sign the Assignment of Insurance Benefits (AOB) form. The AOB form is available under the "Billing" tab on the DMC-ODS page of the [Optum website](#).
  - ✓ The provider will complete the CMS 1500 form or contact the insurance to get clear instructions on how to bill and to get the correct claims mailing address.
  - ✓ Billing Unit can assist provider in running the Claim Items report in SanWITS to identify the type of services with the corresponding HCPC codes.
  - ✓ The provider will submit the paper claim to the insurance carrier to obtain a claim denial or Explanation of Benefits (EOB).
  - ✓ Once the denial is obtained, the provider will email the denial letter to [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov).
  - ✓ ADS Billing Unit will bill the secondary insurance as soon as we receive the valid denial letter or evidence of coverage from the primary insurance.



### ***Helpful Tips***

#### **SanWITS Tip Sheets for Disallowances After Release to Billing**

The Tip Sheets for Outpatient, Residential Bed Day and Case Management are now available under the "Billing" tab of the DMC-ODS page on the [Optum website](#).  
*The OTP tip sheet will be available soon!*

#### **Reminder: General Population aka "GP" Terminology**

- General Population or GP is not a funding source and any use of this terminology on client documentation should discontinue.
- GP is often used to refer to "group" which can create confusion when reviewing client files.
- If clients are not DMC clients, the correct terminology is "county billable."

### **Reminder: Physical Examination Requirements**

- Providers are required to obtain physical examination results for each client. If the client had a physical exam within the 12-month period prior to admission, the physician shall review the results within 30 calendar days of admission (for outpatient; 10 days for residential).
- If the client has not had a physical within the 12-month period prior to admission, the physician may perform a physical examination within 30 calendar days of admission for outpatient programs; within 10 days of admission for residential programs (if the program is able to provide IMS).
- If neither of the above have taken place, then a goal of obtaining a physical examination must be included on the initial and updated treatment plans. The goal should remain on the treatment plan until the physical examination results have been received and reviewed by the physician.
- In all instances, a copy of the physical examination results must be filed in the chart.
- Monitoring and disallowances related to this issue began with reviews that include new clients and new treatment plans as of August 1, 2019.
- Please refer to the entire Quality Management Memo found under the new “Medical Director Info” tab on the DMC-ODS page of the [Optum website](#).



### **Withdrawal Management (WM) Programs: Physical Examination Requirements**

- WM programs must follow the same physical examination requirements as documented above, within the timeline of 72 hours from admission to review the physical examination results or provide a physical examination of the client (if the program is IMS certified).
- If the physical examination results are not reviewed within 72 hours or the client has not had a physical examination within the 12-month period prior to admission or within 72 hours at the facility, the treatment plan must include a goal for the client to have a physical examination and for the physician to review the physical examination results. This is required even if the program is unable to assist in completing the goal during the client’s treatment episode.
- Disallowances related to this issue for chart reviews will be for new clients and new treatment plans as of November 1<sup>st</sup>, 2019 at WM programs.

### **OTP Providers Data Standards**

- Methadone dosing encounters are due no later than seven days beyond the end date on the encounter.
- In order for the data standards report to reflect the appropriate standard for Methadone dosing, all Methadone dosing encounters should have a start date and end date - **this applies to single and consecutive day methadone dosing**.
- After the encounter is end dated, methadone encounters should be “released to bill” and held in the claim item list until they are processed to bill by the provider’s billing staff.

### **OTP Providers Courtesy Dosing**

- CalOMS admission and CalOMS discharge record should not be completed for Courtesy dosing clients.

### **All Providers**

- All encounters should be “released to bill” under the administrative action link at the bottom of the encounter and held in the claim item list until the claims are processed to bill by the provider’s billing staff.
- Exception to this would be non-billable encounters which should be finalized under the administrative actions link at the bottom of the encounter.

### All Providers: Release to Billing

- Once an encounter is created, providers should click "Release to Billing" under the Administrative Actions link at the bottom of the encounter. This action turns the encounter into a claim and sends it to the claim item list. Claims should be held in the claim item list until the provider's billing staff are ready to process the billing.
- Some claims will remain in "Hold" status in the claim item list and will never be batched such as county billable claims.
- Some claims will only remain in "Hold" status in the claim item list until the provider and/or the client receive Medi-Cal Eligibility.
- **Reminder: Only Non-Batched Claims in the claim item list can be rejected back to encounter state for corrections.** Once the claim is **batched** and enters the billing process it can no longer be rejected back to encounter state for correction.
- If you need further clarification on which claims need to be changed to "Hold" status, please contact the billing unit at [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)

### All Providers: CalOMS Reminders

- Data accuracy is critical especially on client's name and DOB, as these corrections can be time consuming since these affect the UCN and will require all previous episodes under that client profile to be resubmitted to the State to reflect the correction.
- There has been an increase on record deletion requests that were created in error. Below are some helpful tips to prevent errors that will require deletion.
  - ✓ Please search for clients at least 3 different ways prior to creating a new client profile.
  - ✓ Make corrections on the client record that receives the error by using the FSN to identify the episode. **DO NOT** create a new record to make the correction as this will result in a duplicate record.
  - ✓ **DO NOT** create a new episode for recovery services. This should be created under the treatment episode after a discharge record has been processed.
  - ✓ **DO NOT** create an admission for courtesy dosing.
  - ✓ If an episode is created under the incorrect client profile or incorrect facility, please contact the support desk immediately and **DO NOT** create a new one under the correct client profile or facility. MIS might be able to move the episode under the correct client profile depending on what records you've already completed.

### Outpatient Providers: Changing LOC or Transferring Facilities

- If a client changes from IOS to OS, or vice versa within the same facility, the client must have a CalOMS discharge as referred from the treatment episode in SanWITS and begin a new episode with a new Admission as a transfer for the new level of care.
- If your program has multiple facilities and a client transfers to a different facility, you must complete a CalOMS discharge in SanWITS and open a new episode with a new Admission for the treatment the client is receiving at the new facility.
- The State requires each treatment episode to have its own CalOMS episode.
- For any questions on how to complete this process in SanWITS, please contact [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov).



See SanWITS Tip Sheets under the "SanWITS" tab of the DMC-ODS page on the [Optum website](#)

### **Outpatient - Group Sessions mixed with Non-BHS Contracted clients**

- Groups may be mixed with BHS contracted and Non-BHS contracted clients.
- All clients that attend group must be marked as present on the group session list.
- **Non-BHS clients should not have an encounter created but must be marked present if they attend a group.**
- Recovery Service clients can only attend group with other Recovery Service clients and cannot be mixed with OS or IOS.

### **SanWITS Billing Classes**

- Register with BHS Billing Unit [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
- Prerequisite required: SanWITS Basic training.

### **SanWITS Quarterly Users Group Meeting for Outpatient Providers – Oct 2019**

- Next meeting: Monday, **Oct 21, 2019 at 9 a.m.** (Outpatient Providers Only)
- Location: 211 Connections Center 3860 Calle Fortunada, Suite 101, San Diego, CA 92123
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
- At least one representative from each facility is highly recommended.
- Note: Meetings are held monthly, on the 3rd Monday, and are specific to modality (e.g., Outpatient, Residential, OTP)
  - Outpatient programs will meet – Apr, Jul, Oct, Jan
  - Residential programs will meet – May, Aug, Nov, Feb
  - OTP programs will meet - Jun, Sep, Dec, Mar

### **SanWITS and SSRS Trainings**

- Register online with RegPacks at:  
[https://www.regpacks.com/reg/templates/build/?g\\_id=100901152](https://www.regpacks.com/reg/templates/build/?g_id=100901152)
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
  - SanWITS Basic – Fundamental SanWITS functions that are applicable to All program types
  - Residential Facilities - Bed Management & Encounter Training
  - Outpatient / OTP Facilities – Group Module & Encounters Training
- All required forms are located on the “Downloadable Forms” tab and must be completed and returned to SUD Support at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, another training will be required before access is given.
- If you are unable to attend class, please cancel the registration as soon as possible.

### **Communication**

- Billing questions? Contact: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
- SanWITS questions? Contact: [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact:  
[QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)



**Is this information filtering down to your counselors, LPHAs, and administrative staff?**  
**Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***  
Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)