

October 2021

DMC-ODS Skill Building Workshop – Recovery Services

- In the month of October, the County of San Diego HHS Behavioral Health Services SUD Quality Management Team is pleased to offer a virtual Skill Building Workshop. The focus this month is Recovery Services.
- Due to limited available seating for the training, registration is required and capped to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.
 - Date: **Wednesday, October 20, 2021**
 - Time: 1:00 p.m. to 3:00 p.m.
 - Where: via WebEx – [Click here to register!](#)



New: Upcoming Trainings for November 2021

- Please look out for future notice to register for the following virtual trainings:
 - **Withdrawal Management Skill Building Workshop**
 - Tuesday, November 9, 2021, from 9:30 a.m. to 11:30 a.m.
 - An opportunity to build and develop a SUD Treatment provider's skill set in documentation by reviewing the County required forms and instructions, reviewing documentation examples, providing an opportunity to practice documentation skills, and discussing among peers best practices on various documentation topics
 - **DMC-ODS Outpatient Documentation Training**
 - Wednesday, November 17, 2021, from 1:00 p.m. to 4:30 p.m.
 - A review of DMC-ODS outpatient treatment, documentation standards and billing requirements
- If you are in need of an ASL interpreter, please let us know at least 5 days in advance so that we may secure one for you

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, October 28, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting

New: Quality Review Council (QRC)

BHS is seeking a licensed individual from the DMC-ODS system of care to be a member of the Quality Review Council.

- What is it?
 - The QRC is a group composed of family members, consumers, Advocacy representatives, providers, and County Quality Improvement staff.
 - The QRC reviews quality concerns about Mental Health and Substance Use programs such as grievances, customer satisfaction, access, etc. issues. Members may also suggest their own concerns about programs or the behavioral health system for consideration. The goal is to improve quality in our behavioral health system.
 - The content of the meetings is confidential so the member must be able to respect and hold confidential all proceedings.
- When does it meet?
 - It meets 6 times a year; in odd months currently virtually. The last meeting of the calendar year always falls on Thanksgiving so that meeting is rescheduled to a different week.
 - The meeting dates are occasionally changed to meet specific needs—for example to review a plan or to meet with another group if needed. There is no regular meeting schedule for committees—meetings are held in response to issues which arise in the mental health and substance use disorder systems.
 - Meeting materials are sent out to members by email prior to the meeting to the maximum degree possible, or handed out at the meeting, if in person, with an opportunity for discussion at the next meeting. Meetings are currently virtual.
- If interested, please email Liz Miles at Elizabeth.Miles@sdcounty.ca.gov.



Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **Dependent Living:** Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care. NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
- **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Reminder: Interim Services

- QM is monitoring priority population waitlists reported via monthly DATAR and communicating with programs to confirm accuracy of reporting and confirm interim services took place.
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- For more information on Interim Services, see the [tip sheet](#) posted on the Optum site under the “Monitoring” tab.



Reminder: Subcontracted Staff

- Per the Drug Medi-Cal Billing Manual (available on the Optum website) subcontracted staff cannot provide and bill direct services:
 - “A Subcontractor shall not delegate its obligation to provide covered services or otherwise subcontract for the provision of direct patient/beneficiary services.”
- If you have further staffing questions, please consult with your COR.

Update: Ongoing Optum Cleanup and Changes

- QM is in the process of cleaning up and updating several tabs on the Optum site by removing and archiving outdated forms, communication, and documentation.
- The UTTM tab is now updated based on fiscal year and includes the monthly UTTM as well as a combined file for all UTTM's for the fiscal year.

UTTM Tip of the Month



- Any documentation that requires a signature must include a date with the signature. Neither the signature, nor the date can be pre-printed. By signing and dating the document, you are verifying that what is on the document has been reviewed and is accurate/correct.
- Effective 11/1/2021, programs will begin incurring disallowances for documents that have pre-printed dates with signature. Disallowances will apply to services rendered on/after 11/1/2021. This includes (but is not limited to), progress notes, group sign in sheets, treatment plans, DDN's.

Management Information Systems (MIS)

New: Telehealth and Telephone Services effective Nov 1, 2021

- According to state requirements Telephone and Telehealth specifiers must be added to claims effective 11/1/21.
- On the Encounter “Service” drop down menu, user will see additional services specifically for Telehealth and Telephone easily identified by the word telehealth or telephone as part of the description.
- DHCS will be utilizing this data to inform future policy and recommendations surrounding telehealth.

Reminder: Emergency Department Referred Tracking

- If a client is being referred from the Emergency department, the Contact Screen must be marked YES under “ER Dept Referred” field as seen below.
- This field is for client self-report and should be checked against the referrals that come directly from the ER.

The screenshot shows a contact form with the following fields:

- Initial Contact Date: [Date Picker]
- Facility: Main Facility (dropdown)
- Contact Reason: [Dropdown]
- If Other, Specify: [Text Field]
- Call Taker: Emerson, Cynthia (dropdown)
- Location: [Dropdown]
- Contact Made By: [Dropdown]
- Status: In Progress
- Created Date: [Date Picker]
- Contact Method: [Dropdown]
- Source of Referral: [Dropdown]
- Requestor Name: [Text Field]
- Requestor Phone #: [Text Field]
- ER Dept Referred: [Dropdown] (highlighted with a red arrow)

Client Address Requirement

- Client address should be collected and entered as part of the client profile.
- If the client does not have an address, the facility address should be used.
- Coming Soon – system will not allow a client profile to be saved if missing the client address.

NPI # Facility Treatment Site

- Each facility treatment site must have its own unique NPI#.
- NPI# cannot be reused from one site to the next.

CalOMS Reminder for all Providers

- There has been an increase in the Error 560
- As a refresher:

Error 560

- **Description:** Re-submission of Admission record is prohibited because there is a matching discharge or annual update that already exist.
- **How this error occurs:** A correction or change is made to the Client Profile or CalOMS Admission when the client already has a CalOMS Discharge or CalOMS Annual Update submitted
- **Prevention:** Provider should email the SUD Support desk.

[SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov) if corrections or changes are being made to the Client Profile or CalOMS Admission record in SanWITS - this will allow the MIS team to make needed changes to the state upload.

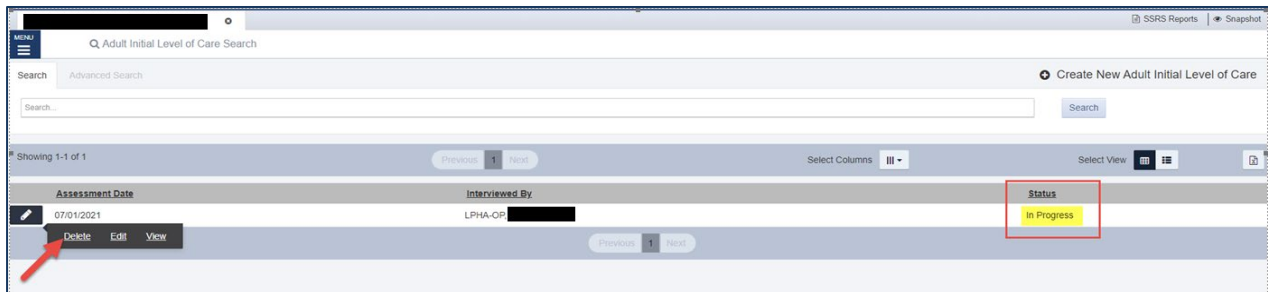
Group Errors Reminder

- When creating group sessions, always refer to the group sign-in sheet before marking clients present for the session
- Clients should not be removed or added after creating the encounters from the group
- **Important:** If mistakes are made, there is a sequence of steps needed in order to make the corrections to the group. If the steps are not completed in order, and all steps taken, the result will be over- billing to the state.
- Contact SUD Support for instructions or assistance [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)



SanWITS Assessments – New Feature

- Delete option has been added to all assessments that are in progress (Not Signed).
- Remember to review assessments thoroughly before signing - deletion option is not available for assessments signed/finalized.



- For **Tx plans** in progress, continue to contact SUD support for deletions [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

SanWITS Quarterly Users Group Meeting – Let's Get Together!

- Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users.
 - Next meeting: **Monday, Oct 18, 2021, at 9:00 a.m. – 11:00 a.m.**
 - RSVP please, WebEx invite will be sent
 - At least one representative from each facility is highly recommended
 - Quarterly meetings are expected to occur on the 3rd Monday each quarter
 - ❖ Jul, Oct, Jan, Apr
 - ASL Interpreters have been requested for each meeting
- **We welcome and encourage you to send us agenda items to be covered during our meetings** [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)



Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: <https://www.regpack.com/reg/dmc-ods>
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 a.m. – 8:45 a.m.
 - Trainer email with training materials, resources, and specific instructions for virtual class
 - If staff do not receive emails by 9:00 a.m., email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
 1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
 2. Residential Facilities - Bed Management & Encounter Training
 3. Outpatient / OTP Facilities – Group Module & Encounters Training
 4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC) assessments, Discharge Summary, and Risk and Safety Assessment
 5. SanWITS Treatment Plan (STP) -designed for direct service staff who complete and/or finalize Treatment Plans (prerequisite SWA training)
- **All required forms are located on the “Downloadable Forms” tab.**
Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.



SUD Billing Unit

Billing Unit Reminders/Announcements:

- I. DMC claim batches are due to the County every 10th of the month. Please ensure to review your Encounter Data and your Claim Item List Reports prior to releasing and batching your claims.
- II. Providers must perform a monthly review of the claims in “hold” status. Please run the Medi-Cal eligibility verification for DMC claims that you will bill retroactively. For further assistance on retroactive or late billing, please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov.

- III. For **OTP Medi-Medi clients**: Some Medi-Cal eligibility reports contain a Medicare HIC # or Health Insurance Claim Number. But when you read the **Eligibility Message** section, it shows that client is full-scope Medi-Cal (no Medicare or Other Health Coverage).
 - Please see sample below:

Service Date: 07/01/2020	Subscriber Birth Date: [REDACTED]	Issue Date: 06/22/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [REDACTED]	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 1874K45W8Q		
Eligibility Message: SUBSCRIBER LAST NAME [REDACTED], EVC #: 1874K45W8Q, CNTY CODE: 37, PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-MOLINA HEALTHCARE: MEDICAL CALL (888)665-4621.		

- If this is the case, Medicare may deny the claim with PR-31 or Patient cannot be identified as insured.

[REDACTED] 0701 070120 50 02067	217.82	0.00	0.00	0.00	0.00	0.00
CNTL #: 55089273		PR-31		217.82		03
PT RESP 217.82 CARC	217.82	CLAIM TOTALS	217.82	0.00	0.00	0.00
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
REND-PROV SERV-DATE POS PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC	SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	BS



- We recommend that you pay attention to the Eligibility Message as well when verifying the client’s eligibility or benefits. If the response does not include to “bill Medicare Part A, B or C” but there’s a HIC # available, then please try billing the services directly to DMC.

Notes:

- Please contact the SUD Billing Unit if you encounter a similar scenario (above) but Medicare has approved or paid the services.
- We appreciate your time and effort in sharing your OTP Medicare billing experiences with us. The more information we know, the more we can assist you with the process.

- IV. Medicare Advantage Plan (Medicare C or Risk).
 OTPs are required to bill Medicare Part C. Please contact the insurance company if you have not received any claim status or Explanation of Benefits after 45 days of submitting the claims. If you still have not received a response and it has been over 90 days, please submit any supporting evidence to ADSBillingUnit.HHSA@sdcounty.ca.gov to prove the services have been billed and a follow-up contact was made so we can cross the services to Medi-Cal.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the [County of San Diego COVID-19 webpage](#).

For local information and daily updates on COVID-19, please visit www.coronavirus-sd.com . To receive updates via text, send COSD COVID19 to 468-311 .	
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Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx>

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the [BHS Provider Resources Page](#) which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Communication



- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: 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

