L. DATA COLLECTION & RETENTION

Providers shall maintain daily records of services provided, including dates of service, times of service, total time of service, types of services provided, persons served, and progress of members in meeting the objectives of the case plan. Data shall be recorded in accordance with the specifications in the SmartCare and CalOMS manuals. Service entry shall be kept up to date, and the data shall be entered into the SmartCare data entry systems within a timely manner.

Data Entry Standards

Data entry standards are required in order to decrease variance in provider operations within the DMC-ODS, and to create effective monitoring and billing processes.

In Accordance with **BHIN 24-020,** Behavioral Health Plans (BHPs) are required to have a system in place for tracking and measuring timeliness of care. To align with the Department of Health Care Services (DHCS) documentation requirements **recorded inquiries** should be documented within three (3) business days of the request for services in the electronic health record, with the exception of emergent or urgent type which shall be completed within one (1) calendar day.

Please refer to embedded links for step-by-step guide on documenting timely access to NTPs, How to Complete the DMC Opioid Timeliness Record - 2023 CalMHSA, Outpatient, and Residential treatment How to Complete the DMC Outpatient and Residential Timeliness Record - 2023 CalMHSA.

Accuracy of Data

Providers are responsible for ensuring that all member information is accurate including addresses and all demographic data that is required for State reporting for CalOMS. Providers must have processes in place for checking/updating member data and making the necessary corrections.

CalOMS Tx

CalOMS Treatment (CalOMS Tx) is California's data collection and reporting system for substance use disorder (SUD) treatment services. All certified facilities are required to adhere to mandated reporting by DHCS. "Any Provider that receives any public funding for SUD treatment services and all Opioid Treatment Program (OTP) Providers must report CalOMS Treatment data for all of their consumers receiving treatment, whether those individual consumer services are funded by public funds or not. Providers will collect consumer data at admission and at discharge or administrative discharge from the same treatment program. Data will also be collected annually as an annual update for consumers in treatment for over twelve (12) months" (CalOMS Treatment Data Dictionary, 2018).

Discharge Data in CalOms

BHIN 25-001 (BHIN 25-001 Update to Protocols for Collecting and Reporting Discharge Data in California Outcomes Measurement System Treatment): updates protocols and definitions for discharging members for the following standard discharge values:

- Completed Treatment Plan & Goals – Referred/Standard (status 1)
- Completed Treatment Plan & Goals – Not Referred/Standard (status 2)
- Left Before Completion with Satisfactory Progress – Referred/Standard (status 3)

In addition, DHCS is updating the timeframe when an administrative discharge can occur for non-residential outpatient programs. These updates to discharge protocols align with current trends in SUD treatment, improve the collection of Treatment Episode Data Sets1, and are in line with the American Society of Addiction Medicine (ASAM) 4th Edition, Dimension 62 for person centered considerations. This BHIN does not update existing treatment planning3 or discharge planning4 protocols

Demographic Data in CalOMS

BHIN 24-030 - 2024 California Outcomes Measurement System Treatment (CalOMS Tx) Update to Demographic Reporting Requirements. Refer to the CalOMS Tx Data Collection Guide and Data Dictionary for a complete list of demographic reporting data values/formats and meanings.

DHCS has established data standards intended to provide direct providers with clear direction on submitting complete and accurate CalOMS Tx data in a timely manner. Compliance with these data standards is required for DHCS to more effectively achieve CalOMS treatment data collection and outcome measures and objectives:

- Timeliness of Data
- Completeness of Data
- Accuracy of Data

It is a State requirement for all facilities to submit member data monthly. Best practice is to enter member data as soon as it is obtained. See Appendix L.1 for the BHS CalOMS process.

Currently DHCS offers a comprehensive training through their website. This is only accessible via user login. Users interested in this training must contact the sudehrsupport.hhsa@sdcounty.ca.gov for assistance.

CalOMS Resources:

- The CalOMS Data Collection Guide can be accessed by authorized CalOMS users at: Behavioral Health Information Systems
- CalOMS Tx Data Collection Guide Section 8 Discharge Data Collection Excerpt
- CalOMS_Tx_Data_Collection_Guide_JAN 2014
- Data Compliance Standards V3 Jan 2025
- CalOMS Tx Data Dictionary_Oct 2024.pdfThe Data Management Services Section (DMSS) has its own CalOMS Tx web page on the ADP web site that is loaded with information and helpful resources

Member Address and Demographics. Programs are required to complete the member's address and other necessary information on the Member Information screen. If the necessary fields are not filled out properly, a charge error can occur, and the County billing team may not be able to batch, and bill claims to Medi-Cal. To avoid or fix the issue, go to the Member Information screen, and click on the General tab. Then, click the Details button to enter the address. On the Demographics tab, the member's ethnicity, gender identity, sexual orientation, and race should also be completed; otherwise, the red asterisk will appear and you will not be able to click save and move to the next step

Reporting Non-CalOMS Data

Providers shall enter various non-CalOMS data into the electronic health record to comply with County Substance Use Disorders Services data system requirements. This data includes information for special populations as well as no-show encounters.

Billing

- SUD programs should continue to review the CoSD Service Error report and clear service errors, with the top priority being on older months of service so we can meet the timely billing to Medi-Cal.
- For services with "financial information has not been completed for this member," error, it means that the member does not have an active or available plan (coverage) for the specified service date you are trying to bill. When reviewing this type of service error, it is recommended to run the CoSD Client Insurance and Date Span report. By using this report, you can determine the coverage plan and payer order that the member has available in SmartCare.
- SUD programs are required to review the CoSD Client Insurance and Date Plan Span report to assist you in determining whether the Client Plan Request form you submitted to the ADS Billing Unit has been processed or added to the member's coverage. If you have any questions or need further assistance, please reach out to **SUDBillingUnit.BHS@sdcounty.ca.gov**mailto: immediately.
- **Client Plan Request Form:** Program must submit the SmartCare Member Plan Request form to the ADS Billing Unit for members who are listed on the CoSD Service Error repot with missing financial information, for members with other plans other than Medi-Cal or plans that need to be corrected or modified by the SUD billing team in SmartCare.
- Please use this format to name and save your file when submitting the SUD Member Plan Request form: ***Program Name Initials-SmartCare Member ID-Type of Coverage*****.** Example: SDC-12345678-Medi-Cal or UPAC SAS-2000012X-County Billable.
- **Medi-Cal Retroactive Eligibility in SmartCare**

As of October 2026, a feature has been configured in SmartCare to update current and historical Medi-Cal coverage per the MMEF (Monthly MEDS Extract File). SmartCare will now update the Medi-Cal DMC (and Medi-Cal MH Coverage) Time Spans on the Client Plans screen based on a client's eligibility for the current month and the previous 12 months when a new MMEF provided by DHCS is imported into SmartCare by the BHS Billing Unit at the beginning of each month. The configuration process includes eligibility matching, Medi-Cal coverage updates in SmartCare, and a current and retroactive coverage timeline. Due to activating this feature in SmartCare, you might observe a decrease in the number of 9999 charges appearing in the CoSD Charges/Claims Report. If you are aware that the client has retroactive coverage, but it hasn't been captured in this configuration, such as beneficiaries with special aid codes only, please immediately contact the SUD billing unit for further investigation or assistance.

- **Medi-Cal Share of Cost or SOC:** The SUD programs are required to complete the Financial Responsibility and Medi-Cal SOC. If your member has a share of cost, please complete and submit this form to **SUDBillingUnit.BHS@sdcounty.ca.gov**.

- **Member Information:** Programs must enter the member address and other components on the Member Information screen. Failure to complete the required fields properly may result in a charge error and prevent the County billing team from batching and billing claims to Medi-Cal. On the General tab, please click the Details button to enter the address. On the Demographics tab, please complete the required fields such as the member's ethnicity, gender identity, sexual orientation, and race.
- **Members with dual coverage:** Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). The NTPs are required to bill the Medicare Part B or Medicare Part C first if a member is Medi-Medi. SUD Billing Unit accepts any of the following documents from the primary insurance to enable us to bill the unpaid balance to Medi-Cal (secondary insurance or payer of last resort).
    1) Evidence of Coverage (EOC) indicating that the SUD service is "not covered". This document may be easier to obtain from the member than billing the insurance.
    2) Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.

Note: In case you receive partial or full payment for services on the primary plan, kindly send a copy of the EOB to the SUD Billing Unit. If partial payment is received, the unpaid balance will be billed to Medi-Cal by the SUD Billing Unit.

3) If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response. Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others. If you receive payment or response from the primary insurance company after Medi-Cal is billed, please contact the **SUDBillingUnit.BHS@sdcounty.ca.gov** right away to determine if the Medi-Cal payment needs to be voided.
4) **Lockout services**. Programs should use the ODS-DMC Billing Manual and the Service Table for billing guidance to prevent any lockout or same-day billing errors or denials. The charge error 'This code creates a lockout situation' appears when the County SUD Billing Unit attempts to batch charges/claims for Medi-Cal billing. It means that SmartCare's automated charge validation has detected two procedure codes that are being billed, but they are locked out against each other. Examples: G0396 billed with another G0396 on the same day, G0396 billed with G0397, G0397 billed with another G0397, G0396 or G0397 billed with H0050 (Contingency Management) . Some lockout codes are not overridable, so the SUD Billing Unit will attempt to fix the charge error and bill the procedure with a higher rate to Medi-Cal. In the event that the lockout code can be overridden (based on the Service Table, column K), our team will manually conduct the override process in SmartCare, add the correct modifier, and bill both services to Medi-Cal.

Notes: The SUD BU cannot answer specific insurance billing questions as we are not contracted with any Commercial or Medicare Advantage Plan insurance companies. Programs should contact the insurance company directly with questions about coverage, procedure codes to use, and other OHC-specific matters. OHC billing rules or requirements may change. SUD providers will receive notification through the Information Notice, email, or UTTM.

For question specific to billing data correction assistance, contact the SUD Billing Unit at ADSBillingUnit.HHSA@sdcounty.ca.gov

DMC Billing Resources:

- Billing Unit Support Desk email ADSBillingUnit.HHSA@sdcounty.ca.gov

DMC-ODS Service Table 25-26 v. 06/2025	DMC-ODS-Service-Table-25-26 v. 06.2025.xlsx	6/2025	N/A
DMC-ODS Billing Manual SFY2025-26 version 3.0	DMC-ODS Billing Manual	7/2025	N/A
List of Changes 3.0 DMC Billing Manual	List of Changes 3.0 DMC Billing Manual (002).docx	N/A	N/A
DHCS DMC-ODS Aid Codes	SDMC Aid Code Chart_v.02.2023	5/2/2023	N/A
DHCS 100186 or Claim Submission Certification Form	DHCS_100186_Form.pdf	6/2014	DHCS_100186_Instructions.pdf

Additional Billing Guides:

Name	System Of Care	Link	Description	Revised Date	Superseded File
Guidelines on Completing the SmartCare Member Plan Request Form	MH/SUD	Guidelines on Completing the SmartCare Client Plan Request Form.pdf	N/A	9/10/2024	N/A
SmartCare Member Insurance Entry	MH/SUD	SmartCare Client Insurance Entry July2024.pdf	N/A	7/12/2024	N/A
SmartCare Member Plan Request - revised 03-25-2025	MH/SUD	SmartCare Client Plan Request - revised 03-25-2025	BHS Programs (MH and SUD) are required to complete this plan request form and submit it to the BHS Billing Unit	03-25-2025	N/A

			for members who have a primary health plan that needs to be added to their coverage plan in SmartCare.		
SmartCare Non-Billable Codes	MH/SUD	SmartCare Non Billable Codes 7.29.24.pdf	N/A	7/9/2024	N/A
Workflow Change for Perinatal Billing	SUD	Perinatal Billing Workflow Change.pdf	N/A	N/A	N/A

All items in the above table can be found on the Optum Website SMH & DMC-ODS Health Plans

Other Data Collection Requirements

DATAR

The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Health Care Services (DHCS) system to collect data on treatment capacity and waitlists and is considered a supplement to the California Outcomes Measurement System (CalOMS) member reporting system. Federal regulations require that each state develop a Capacity Management Program to report alcohol and other drug programs treatment capacity, to ensure the maintenance of the reporting, and to make that information available to the programs. DATAR Web is an application developed by DHCS for that purpose. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

DATAR has information on the program's capacity to provide different types of Substance Use Disorder (SUD) treatment to members, how much of the capacity was utilized that month, and monthly waitlists for priority populations. All SUD treatment providers that receive SUD treatment funding from DHCS are required to submit capacity information online at the DATAR Web site to DHCS each month. Per County regulations, this is due by the 7th of every month. In addition, certified Drug Medi-Cal providers and Licensed Narcotic Treatment Programs (NTP) must report whether or not they receive public funding.

- Perinatal **Capacity Management** and **Waiting List**, which states:
  - Providers must maintain a **capacity management system** to track and manage member flow.
  - When a provider cannot admit a pregnant or parenting woman due to insufficient capacity, they must provide **interim services within 48 hours** and refer to DHCS through its **DATAR capacity management program**.
  - Providers serving intravenous substance users must report to DATAR when they reach or exceed **90% of treatment capacity**, and submit monthly reports by the 10th of the following month

It is a State requirement for all facilities to submit statistics monthly. See Appendix L.2 for the monthly BHS DATAR Process.

Currently DHCS does not offer training for DATAR. See Appendix L.3 for the BHS DATAR tip sheet which defines DATAR reporting requirements.

For account creation, password reset, or general DATAR issues, contact the County's DATAR analyst at BHS_EHRSupport.HHSA@sdcounty.ca.gov

DATAR Resources:

- DATAR
- DATARWeb
- DATARWeb Manual

Additional Reporting for Capacity

A program's treatment capacity is the number of members that can be served at any point in time. Providers will no longer have to notify the COR and DHCS when programs are over 90% of their contracted capacity with 7 days via email at: DHCSPerinatal@dhcs.ca.gov

For outpatient capacity, unless otherwise approved by the COR and specified in the contractor's SOW, an outpatient program's treatment capacity uses the program's annual minimum admissions number as baseline. A 12-week average length of stay is applied to that baseline then divided by 52 weeks in a year for the program's point in time capacity.

CoSD Reports. Make sure to regularly review your program's CoSD Charges/Claims report, including any 9999 issues. When checking if the charge has been assigned to the correct payer, also check the reports on CoSD Member Insurance and Time Span to see the available coverage, effective date, and COB or payer order

Reporting Provider Changes

County Administration and DMC Certified Providers are responsible for maintaining accurate records with DHCS. As a provider, you are responsible for notifying the following County entities when provider changes occur:

- QA Support Desk
- Assigned program COR

Notify the following County entities by email when changes outlined below occur or for SmartCare:

- When the Provider applies for any new or additional services by location;
- If there is any change in status to its AOD or DMC certification status by the State;
- If there is any change in ownership or executive management;
- If there is any change in Medical Director or their DMC approved status.
- MIS is no longer monitoring BHS_EHRProject.HHSA@sdcounty.ca.gov.

- For any system-related issues, please reach out to CalMHSA.
- For trouble accessing the system, please send your email to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

For questions related to documentation, guidelines, or policy, please send your email to QIMatters.BHS@sdcounty.ca.gov

If you would like to request a program or system change, or for deletions, please send your email to BHS_EHRSupport.HHSA@sdcounty.ca.gov

Note: The SmartCare ARF can be found on regpack and should be submitted to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

For assistance, please submit inquiries to the following:

- Program Support DATAR-CalOMS Help Desk: DATAR-CalOMSProgramSupport@dhcs.ca.gov
- CalOMS system issues: SUDCalOMSSupport@DHCS.ca.gov
- DATAR system issues: SUDDATARSupport@dhcs.ca.gov
- To designate or update CalOMS Tx or DATAR county approvers and/or vendors visit the Substance Use Disorder Services webpage and submit the CalOMS Tx 5261 form or DATAR 3300 Form to DATAR-CalOMSProgramSupport@dhcs.ca.gov
- Questions regarding Provider, CalOMS Tx, DATAR numbers, or to request the most current MPF Forms to add or update SUD provider information, please visit the Master Provider File webpage or email DHCSMPF@dhcs.ca.gov