# SanWITS Quarterly User's Group

Outpatient, OTP, and Residential Providers

JAN 22, 2024

# 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 / DEMONSRATIONS
- BILLING
- SANWITS TRAINING
- RESOURCES

# STATE REPORTING

ASAM

CALOMS

DATAR

CAPACITY

PROVIDER CHANGES

# ASAM REPORTING

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

**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

- Clients completing a LOC service (such as OS or IOS) and stepping down to Recovery Services –
  - Close the LOC program enrollment, complete a CalOMS Discharge, then open a Recovery Service program enrollment under the same episode

- Clients initially being admitted for Recovery Services only –
  - Do not complete a CalOMS admission or discharge

# 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 MONTHLY REPORTING

- Report Profile – set of questions (1 page) for each Level of Care the facility is approved to provide per MPF
  - Such as OS, IOS, Residential, Withdrawal Management, OTP
- Submission – per CalOMS# (facility site) through the Data Management tab on the DATAR website
- Export – can be exported as a pdf or excel file from the submission screen
- Update/Modify – function is only available for two months after the submitted date of the report
- 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 -TIPS

- ✓ Track of DATAR during the month
- ✓ Report can be entered between the 1st and 7th of the month for the previous month
- ✓ Don't wait until the 7th
- ✓ Have multiple staff trained and responsible for DATAR
- ✓ Request access at least 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@sdcoun;ty.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
- 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.

# REPORT 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 ACCESS & 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.

# RENDERING STAFF

## MUST SUBMIT:

- ❑ National Provider Identifier (NPI)
- ❑ Professional Credential/License type and number (Peer certification)
- ❑ Taxonomy code (CalAIM Billing)
  - ❖ Can be found at https://npiregistry.cms.hhs.gov/search
- ❑ Discipline (CalAIM Billing)
- ❑ DEA# where applicable (any prescribing facilities and prescribing staff)

# USER ACCESS FORM REMINDERS

- **SanWITS New User Form**, AND/OR **SanWITS User Modifications and Termination Form** must be submitted to the SUD Support Desk at **SUDEHRSupport.HHSA@sdcounty.ca.gov**
- **Signature** – SanWITS User form must have staff signature and contracted provider's program manager or Director signature
- **Staff email** - must have the contracted provider's business email address
- **Roles** - select the appropriate roles needed for staff's respective job functions
- **Additional Optional roles –** may be selected (unique to the staff's duties)
- **Staff Access –** staff are granted access to Specific agency/facility based upon the programs where they are work

# STAFF TERMINATION PROCESS

## Routine User Termination

If 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 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 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.

# REMINDERS/UPDATES/DEMO'S

# DURATION BASED SERVICES

- **Duration-based/Time-based** service – multiple units can be billed per day

- Most of our new services are **duration-based** (15 minutes increments = 1 unit)

- Duration based services must adhere to the mid-point rule set by CMS (must pass mid-point)

  **Example:**
  - 15 min services must be at least 8 min to bill 1 unit
  - 1 hr services must be at least 31 min to bill 1 unit

- Duration based services with direct service time less than 8 min cannot be billed

  - Encounter should be entered in SanWITS and finalized (data can potentially be used for rate discussions)

# EXAMPLES – duration-based

SanWITS will rollup multiple duration-based claims  if the encounters are at least 8 min, same rendering staff, same service, same date, and same client.

If the service/encounter is less than 8 min, the system will not allow the encounter to be released to create a claim. It can only be finalized.

Example 1: If the same rendering staff provides a service in the morning for 5 min, then later that day provides the same service in the afternoon for 7 min. Each service cannot be billed alone, but user can combine the service times (12 min) on one encounter allowing a claim to be created for 1 unit.

Example 2: If the same rendering staff provides individual counseling for 15 minutes in the morning, and then later that day provides more individual counseling for the same client for 30 minutes in the afternoon, the claim would be submitted for 45 minutes of individual counseling OR the two encounter could be release separately and the system would roll them up.

# DURATION BASED SERVICES

- Individual Counseling
- Group Counseling
- LOC Brief Screening
- MAT Medication – Administer/Monitor (Not OTP)
- MAT Medication – Training/Support (Not OTP)
- MAT Medication – Group Training/Support (Not OTP)
- Patient Education
- Patient Education Group
- Crisis Intervention
- Care Coordination
- Self-Help Peer
- Prevention Education Peer Group
- Contingency Mgmt
- Recovery Service- Care Coordination
- Recovery Service – Individual
- Recovery Service- Group
- Ambulatory Withdrawal Mgmt 1
- Ambulatory Withdrawal Mgmt 2

# UNIT BASED SERVICES

**Unit based** services can only be billed one unit per day

- Claims cannot be rolled up

**Exception: MAT Dosing**

- If multiple doses of same medication, same day, same client – use the Split Dosing feature on the encounter.
- The system will create fractions for each dose adding up to 1 unit
- Do not create separate encounters

# UNIT BASED SERVICES

- ASAM assessment 5-14 min
- ASAM Assessment 15-30
- ASAM Assessment 30+ (more than 30 min)
- Clinical Consultation 30 min or more
- Residential 3.1
- Residential 3.3
- Residential 3.5
- Withdrawal Management 3.2
- Methadone

**MAT Dosing:**

- Buprenorphine Mono
- Buprenorphine Naloxone Combo
- Disulfiram
- Naloxone 2-pk spray
- Buprenorphine Naloxone Film
- Buprenorphine Injectable
- Naltrexone Injectable
- Naltrexone Tabs

**MAT Dosing:**

- Revia/Depade Tabs
- Subutex
- Suboxone
- Antabuse
- Narcan
- Suboxone Film
- Sublocade Injectable
- Vivitrol Injectable

# TOTAL SERVICE TIME TIPS

- Total Service Time field is for direct client care – **Only** time it takes to provide direct services

- Direct Client care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities, or other activities a rendering staff engages in either before or after a client visit
  - Please contact QIMatters.HHSA@sdcounty.ca.gov for questions regarding direct service time

- Do not include documentation time or travel time when calculating total service time

- Enter exact total service time on the encounter
  - Do not round up or down when entering total service time (the system will do this on the back end)

- Documentation time and travel time should still be documented separately to support future rate setting

# ROLLED UP SERVICE TIPS

- **Only** duration-based services can be rolled up (multiple units per day)

- Same Rendering staff, same service, same client, same day
  - Individual Counseling
  - Care Coordination

**Important Reminder:** Rollup function is not intended to use for unit-based services such 24-hour codes for MAT dosing, Methadone dosing, Residential bed days, etc.

# DASHBOARDS – LPHA & Clinical

**How are the Dashboards being used**

**Are they helpful**

# COMING TOMORROW 1/23/24

**Multi-Factor Authentication (MFA) –** Miranda to demonstrate

# 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

# VIRTUAL BILLING TRAININGS

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 & 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.**

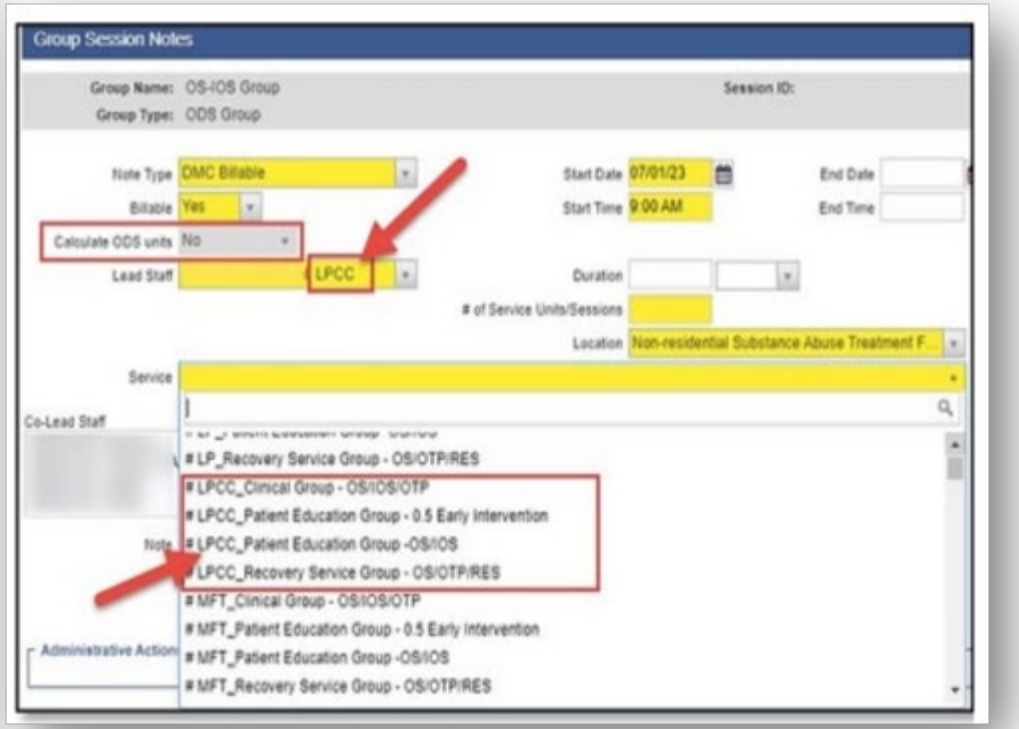
**A. All Providers:**

- 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 & 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.



# BILLING ERRORS & 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.

- Note: Batching OHC claims before obtaining and submitting the insurance documentation is only necessary when your facility opts to print the form from SanWITS. Please ensure that proof of billing or insurance documentation is submitted as soon as they become available.

- All group services should be created through the group module. Ensure you can see the group session ID on the claim item list report.

# REGULAR BILLING

- Any claims on hold from July 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 July 2023 claims (if available) as we only have until the end of January 2024 to bill the State without the required Delay Reason Code (DRC).

New announcement: The Department of HealthCare services has recently extended the DMC late claim submission from 6 months to 12 months from the date of service 07/01/2023, and after. But we recommend to continue processing and submitting your claim batches to the ADS Billing Unit on the 10th of the following month or as soon as you complete them to avoid any invoicing delays.

The claim replacements may no longer be due 6 months from the finalization of the claim or date of the denial. We are waiting for the Behavioral Health Information Notice to be issued by the State soon. If you have claims after the original six-month billing deadline (from the date of service), please contact the ADS Billing Unit.

- Please contact us at **ADSBillingUnit.HHSA@sdcounty.ca.gov** if you have any questions or concerns.

# MEDICARE ADVANTAGE

## FFS-EQUIVALENT COVERAGE CERTIFICATION

### OUTPATIENT & RES PROGRAMS (EXCEPT OTP)

- The Medicare Advantage FFS-Equivalent Coverage Certification for the following Medicare Part C plans: **BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C, AETNA BETTER HEALTH OF CA** is valid until December 2023. Your claims must be billed to DMC within the 6-month billing period from the date of service.

- San Diego County-BHS will assist with follow-ups with the insurance companies while the 2024 coverage certification is currently being processed. The approval is not yet available, but the ADS Billing Unit (county) will keep you updated.

- Claims with service dates January 2024 for clients with any of these Part C plans may get denied when billed straight to DMC. Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible for questions or additional guidance.

- We were informed that Aetna and Health Net may leave San Diego and move their clients to Blue Shield, Community Health Group, Molina, or Kaiser. The ADS Billing Unit will continue to provide you with updates as they become available.

# 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).

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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. The Medicare Advantage slide provides more information about these Part C plans.

# BILLING REMINDERS FOR OTP'S

- 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)**

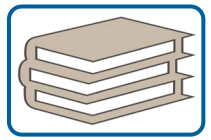
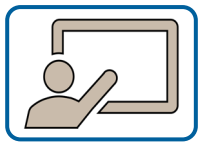
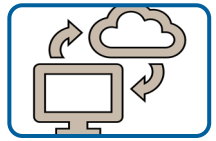
- NTP dosing and counseling services (individual and group) even if the client is out of county should be billed to DMC. Please note that we can bill DMC for these services; do not put them on hold unless there are other valid reasons to do so.

***Reference: DMC Billing Manual v. 1.4 Section 5.2.4 (County of Residency/County of Responsibility.***

- Also, please continue to assist the client with the transition should they intend to live in San Diego.

# SANWITS TRAINING

# VIRTUAL TRAINING CLASSES

| | |
|---|---|
|  Courses | SanWITS Intro to Admin Functions (IAF)<br>RES Enc & Bed Management<br>OS/OTP Group Module & Encounters<br>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

- **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–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 |

# THANK YOU