MIS SUBSTANCE USE DISORDER

OUTPATIENT/OTP
ENCOUNTERS AND GROUP MODULES

Live Well San Diego

County of San Diego
Behavioral Health Services

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<u>CONFIDENTIALITY</u>

HIPAA regulations mandate that <u>all</u> client information be treated confidentially.

Access to SanWITS is based on your position and your functional roles. You will have the access you need to complete your job duties. This can include access to clients in your agency and other facilities. Remember – with more access comes greater responsibility regarding confidentiality!

You are <u>not</u> to share passwords with other staff. The Summary of Policy you signed before receiving your access to SanWITS included your agreement to this directive. You are still responsible if someone with whom you have shared your password violates confidentiality!

The County SUD MIS unit investigates any suspicions regarding sharing of passwords. Consequences are up to and may include termination.

Do not open any active client charts unless instructed to do so, or if it is required to complete your job duties. “Surfing” clients is a blatant breach of confidentiality.

Remember you are personally and legally responsible for maintaining confidentiality. Take it seriously.

Do not leave your computer unlocked with client data on the screen for others to access or view while you are away from your desk. Lock your SanWITS session before leaving your computer.

When printing, make sure you are printing to a confidential printer, and pick up your printout promptly. Leaving printed Protected Health Information (PHI) out is also a confidentiality violation.

Play it safe – keep in mind how you would want your own PHI handled!

SANWITS SOFTWARE BASICS

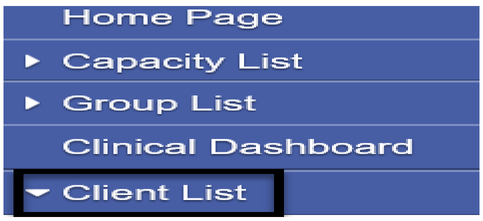
- San Diego Web Infrastructure for Treatment Services (SanWITS) is accessed through: https://sandiego.witsweb.org
  Save this to your favorites or create a shortcut for your desktop.
- NAVIGATE by using a function link, hand icon, pen, arrow key, or button. The back arrow in the internet browser does not pull up the previous screen.
- FUNCTION LINKS are underlined links allowing certain actions to be completed. Function links are usually located on the section headers. A hand icon also functions as a link allowing a user to complete activities.
- SYSTEM REQUIRED FIELDS are in bright or light **yellow**. The bright yellow fields must be completed to save the screen and move forward. The system allows saving of the record with the light yellow fields left blank, but the activity will show the status as In Progress (unfinished).
- OPTIONAL FIELDS are in white. Some white fields may be yellow fields in other pages or screens.
- SYSTEM GENERATED FIELDS are in gray. Nothing can be changed or added in these fields.
- **GO** is the execute button. Click **GO** to change agency or facility, execute a command, load data, or pull up screens.
- **CANCEL** returns to the previous screen without saving the data entered.
- **SAVE** saves the information entered and, in certain screens, adds multiple records of data.
- **FINISH** returns the user to the first screen of the module or Activity List.
- **ARROW** keys or buttons move forward or back from screen to screen.
- Contact information for questions and end user support can be found on the last page of this training manual.

Reminder:
Menu access is set up according to credentials (roles). The menus you have at your program may look different than the menus shown in the screen shots in this packet.

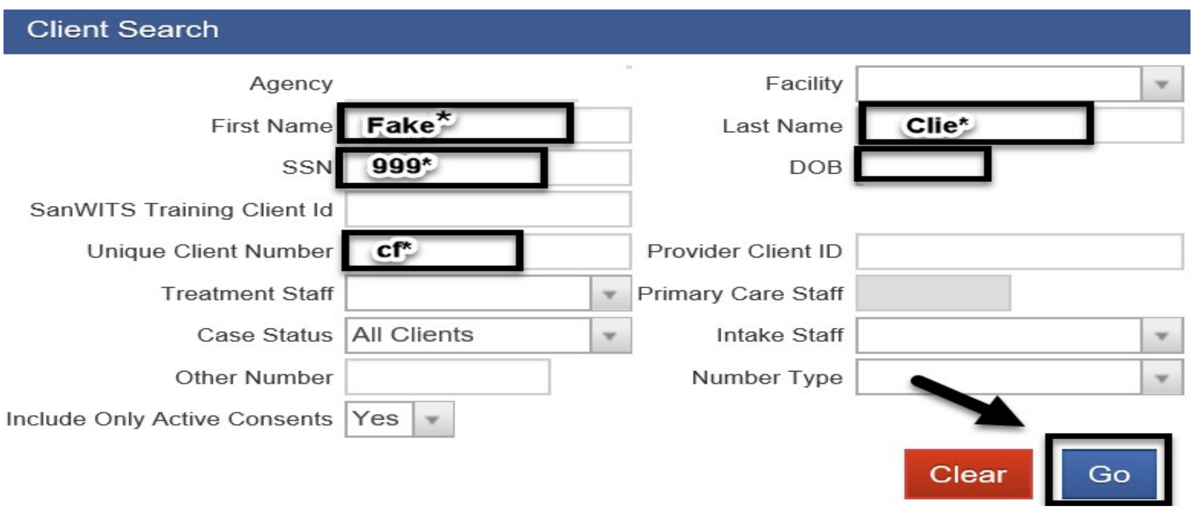
VERIFYING CLIENT PROFILE

Client Profile: Search the client profile to verify the accuracy of information. From the navigation pane:

Click Client List.

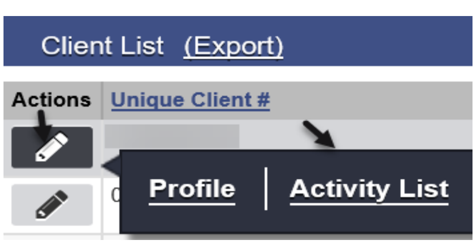


Complete the search parameters and click **GO** to search the client profile.

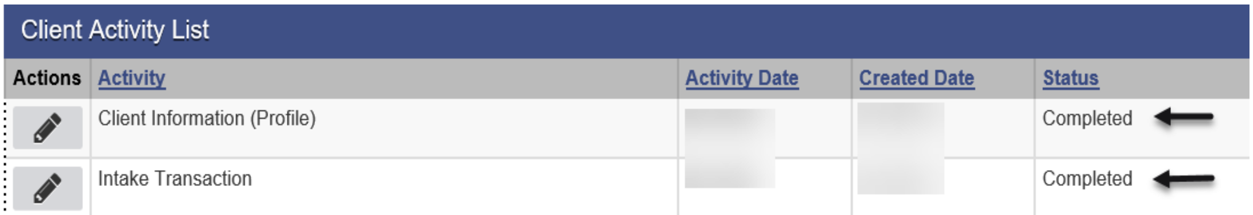


If a match is identified, the Client List will populate with the matching results. To open an existing client profile:

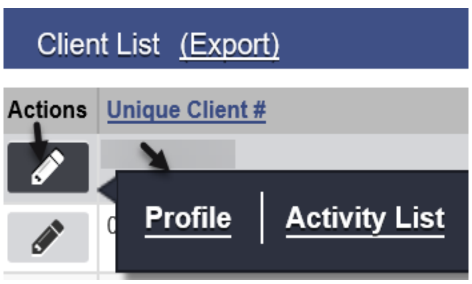
Hover over the pen under the Actions column. To review the completed activities, click **Activity List.**



Verify the status of completed activities from the Activity List.



Payor Group Enrollment: To verify the client's payor group enrollment, follow the steps above on how to search for a client profile. From the Client List, click **Profile.**



Click **Payor Group Enrollment.**

At the Payor List screen, verify the accuracy of the plan, group and start date.

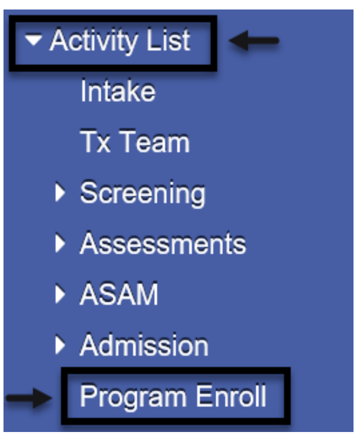
PROGRAM ENROLLMENT

***Notes**: **1)** Enter a program enrollment for a **Non-BHS Contracted Client** for monitoring purposes. **2)** Open a program enrollment for **Recovery Services** if the facility provides recovery services. **3)** Close the program enrollment and open a new episode when **changing level of care** to ensure accuracy of client records and for billing purposes.*

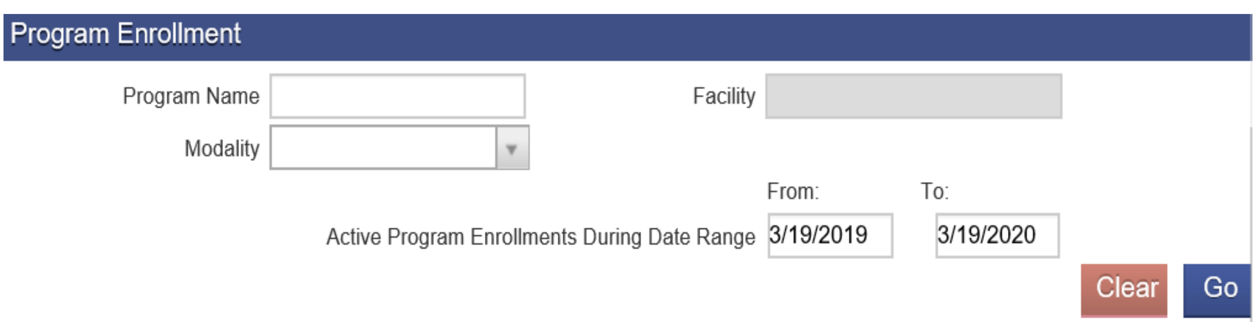
The Department of Health Care Services (DHCS) has guidelines regarding allowable treatment services that can be billed to Drug Medi-Cal (DMC). A program enrollment is required to bill to DMC. Program enrollment records the client's enrollment in a specific treatment modality.

Adding a Program Enrollment: To add a program enrollment, from the navigation pane:

Click Activity List → Program Enroll



The Program Enrollment screen displays the program enrollments for one year from today's date. To search for enrollments, complete the parameters, and click **GO**.

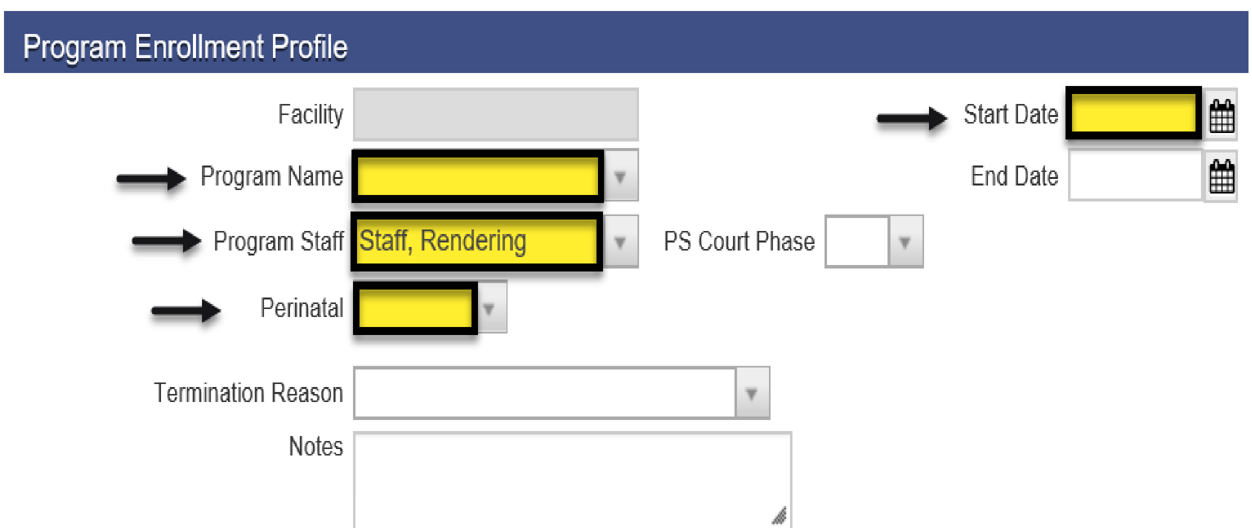


To add a new program enrollment, click **Add Enrollment**.

The Program Enrollment screen has several required fields that should be completed.

Start Date: Enter the date the client is admitted to the facility.
Program Name: Select the program name from the drop down menu.
Program Staff: The field prepopulated with the name of the staff who is logged in. Change the program staff name, if necessary.
Perinatal: The field defaults to No for male clients and is required to be completed for female clients. Select **Yes** or **No,** if client is female.

The Perinatal field pertains to the **facility's perinatal certification**.
If the facility is perinatal certified and the client is pregnant/post-partum, select **Yes**.
If the facility is perinatal certified but the client is not pregnant/post-partum, select **No**.
If the facility is not perinatal certified and the client is or is not pregnant, select **No**.



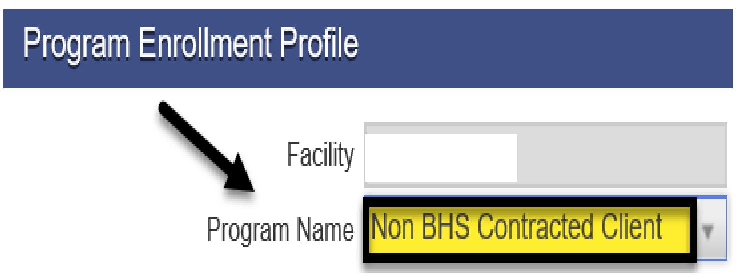
Click **Save** and **Finish**

Non-BHS Contracted Clients

All Non-BHS contracted clients should have a program enrollment, but **<u>NO</u>** encounters should be created in SanWITS.

The steps to open a program enrollment for Non-BHS Contracted clients are the same. The only difference is the program name.

Program Name: Select **Non BHS Contracted Client**.



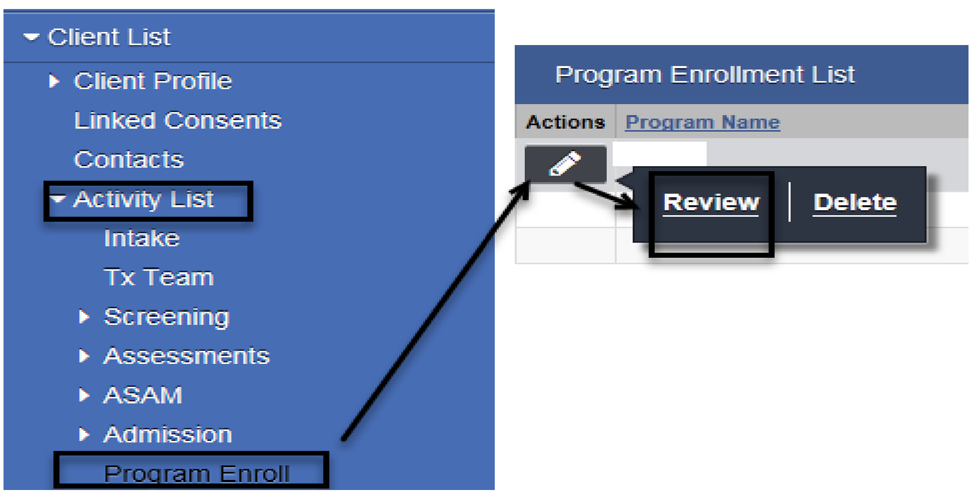
<u>NOTES</u>

ENDING PROGRAM ENROLLMENT

After the client completes the treatment, the client should be discharged and the program enrollment ended.

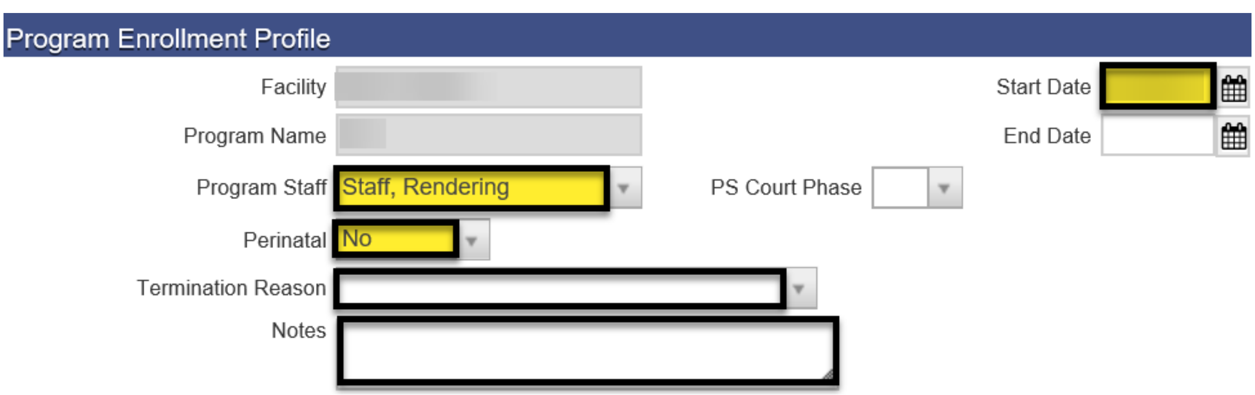
To close a program enrollment from the navigation pane:

Click Activity List, then click **Program Enroll**. Hover over the pen in Actions, and click **Review**.



Enter the date of discharge on the **End Date** field.

Select a **Termination Reason**, and enter comments on the **Notes** field.



Click **Save** and **Finish**.

Changing Level of Care (LOC)

Whenever the level of care (LOC) changes from OS to IOS or vice versa, from OTP courtesy dosing to regular OTP, close the program enrollment and the treatment episode first.

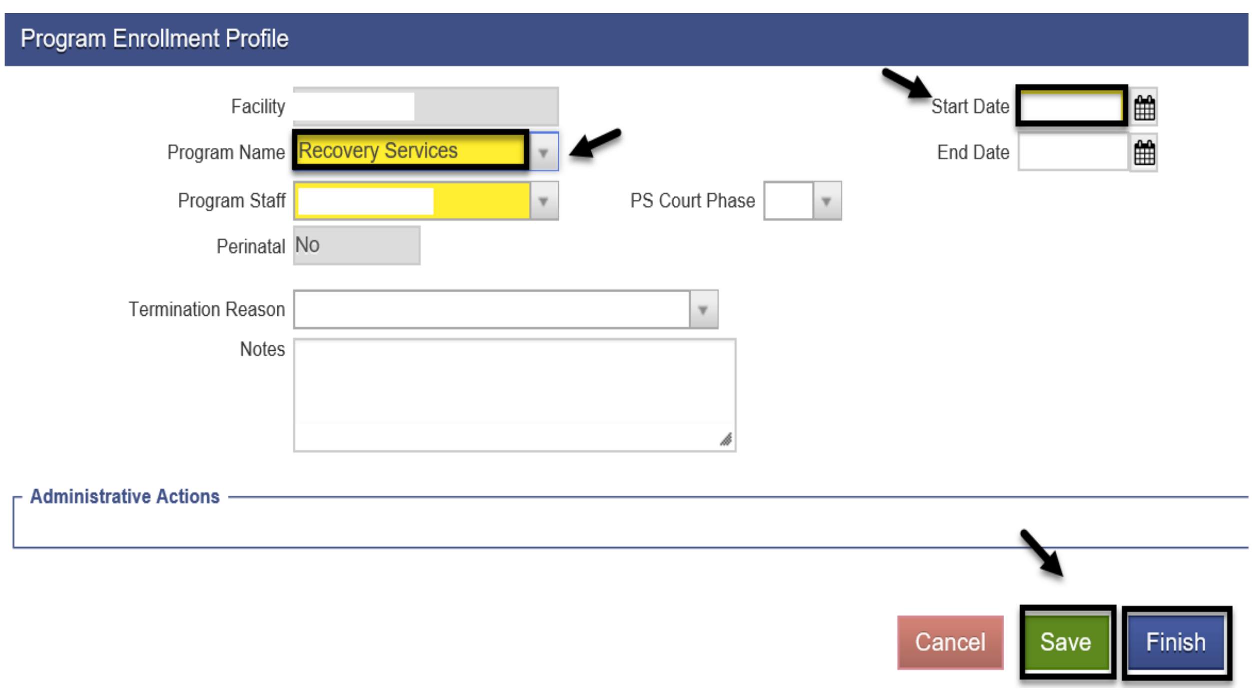
After closing the case, open a new episode for the new LOC. Open a program enrollment for the **new LOC** under the **new episode**. To open a new treatment episode, refer to the Intake and Episode Section of the Intro to Admin Functions Training Manual.

Recovery Services

If a client who has completed treatment is discharged and then receives recovery services, open a program enrollment for **recovery services** within the **same episode**.

The steps to open a program enrollment for Recovery Services are the same. The only differences are:

Start Date: Enter the date the client started receiving recovery services.
Program Name: Select **Recovery Services**.
Click **Save** and **Finish**.

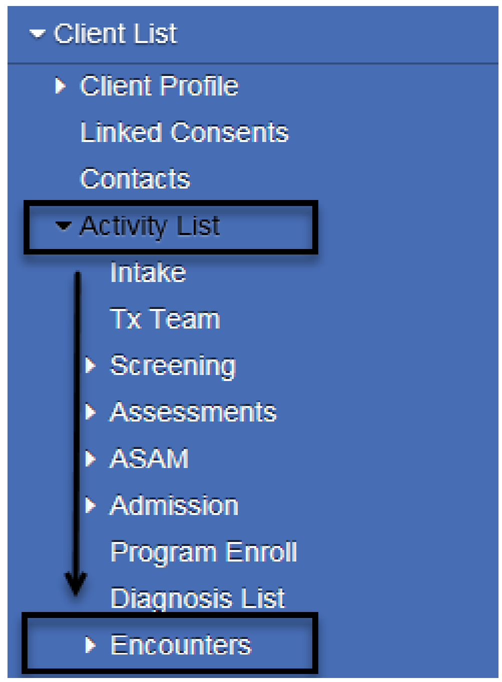


ENCOUNTERS

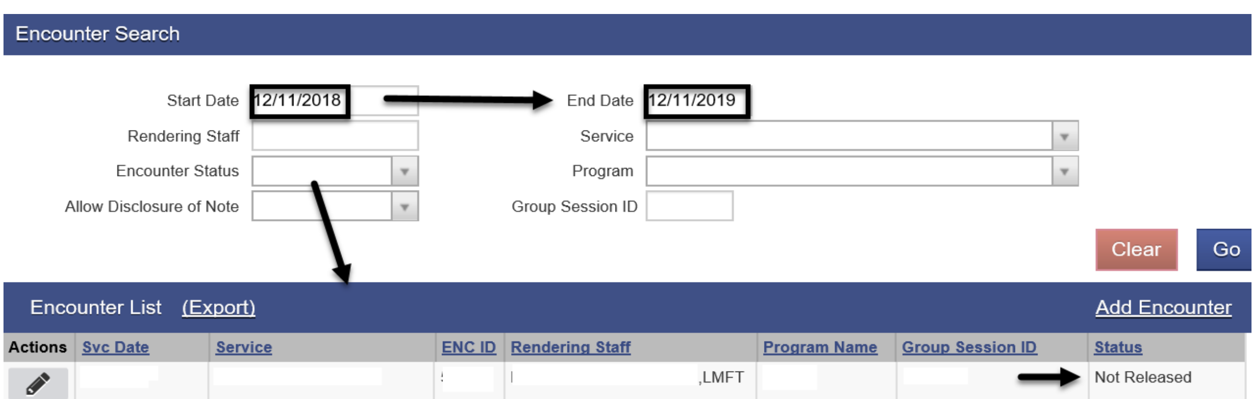
***Notes**: **1)** Although you have 7 days to enter encounters, the recommendation is to enter encounters daily. **2)** Do **not** enter encounters for Non-BHS Contracted Clients.*

Encounters are the individual client services that have been delivered and documented within a treatment episode. To search or enter an encounter, from the navigation pane:

Click Activity List → Encounters

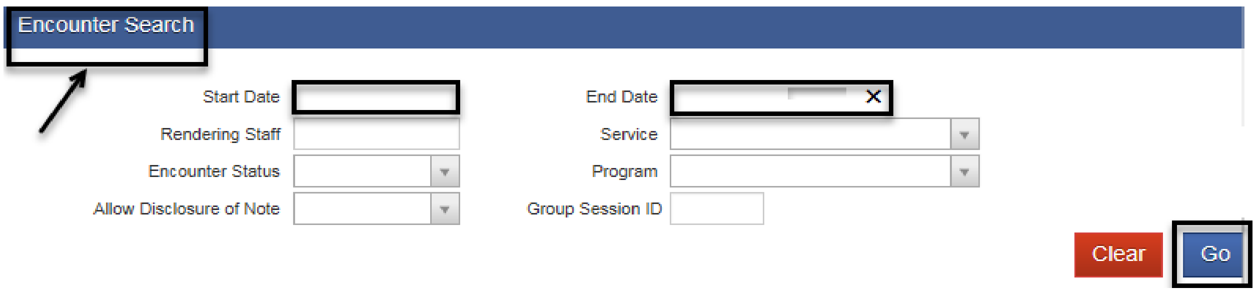


The Encounter Search and Encounter List sections are for searching and viewing of previously entered encounters. The default look back date for encounters is one year from today's date.



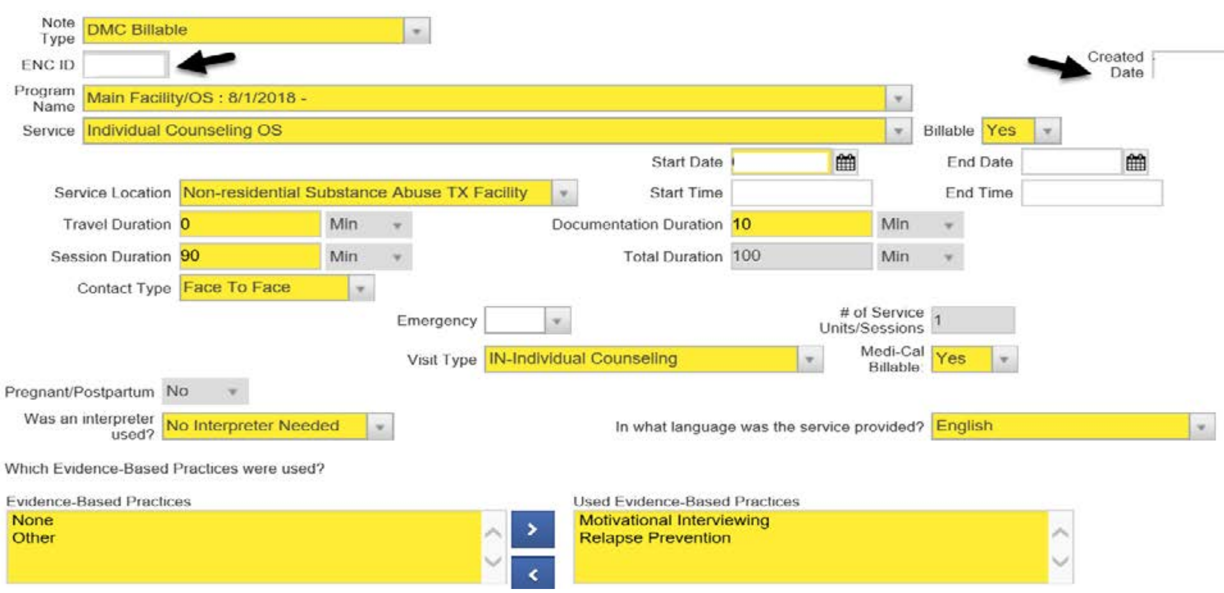
Searching for a Previously Entered Encounter

Even though the default look back date for encounters is one year, a staff can view older service dates. To search for an encounter, adjust the start date and click **GO**.



To view a previously entered encounter, hover over the pen in the Actions column and click **Review**.

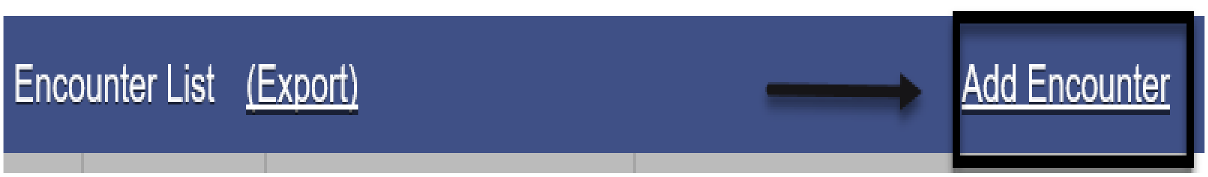
The encounter ID and created date and time were generated by the system when the encounter was saved.



Adding an Encounter

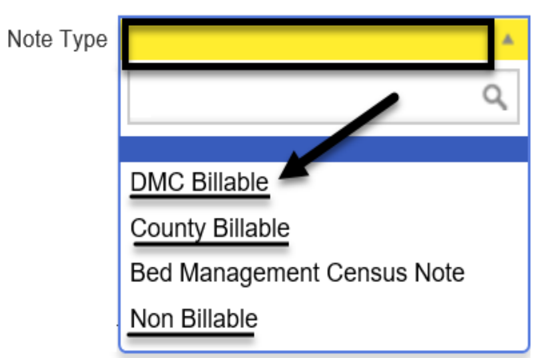
To add an encounter from the Activity List menu, click **Encounters**.

At the Encounters window, click **Add Encounter**.



The encounter section consists of one screen only but has several required fields. Complete the encounter screen starting from the top.

Note Type: Select **DMC Billable** if billable to Medi-Cal. Select **County Billable** if billable to the County. **Non Billable** should be used only for disallowed services.

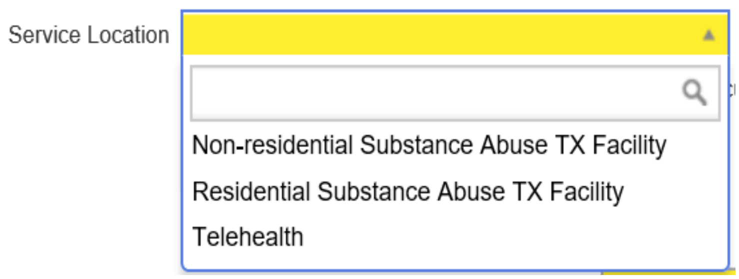


Service: Select Case Management

Billable: Select **Yes** if billable to DMC or the County in order to release to billing. Select No for Non Billable services.

Start Date: Enter the date of service in this field.

Service Location: Select from the three options based on the type of facility or location of service. If Telehealth is selected as the service location, Telehealth should also be selected as the contact type.



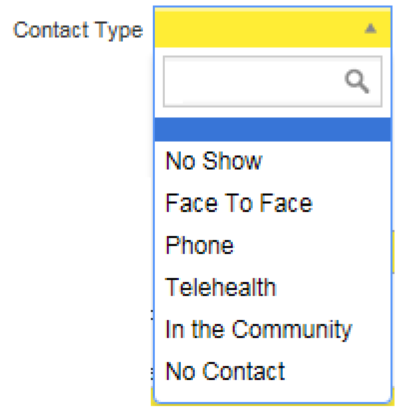
Travel Duration: Enter the clinician's travel time in minutes. If there is no travel time, enter zero (0). ***For OTP, enter 0. OTP cannot bill for travel.***

Documentation Duration: Enter time in minutes. ***For OTP, enter 0. OTP cannot bill for documentation.***

Session Duration: This field displays for services that are duration based, such as individual counseling and case management services. Enter the total session time with the client. ***For OTP, bill in 10-minute increments for individual counseling, and for case management, if facility is approved to provide services, enter 15-minute increments.***

Total Duration: The field shows the sum of travel, documentation and session durations as read only.

Contact Type: Select the correct contact type for the integrity of the service session and to prevent rejection of billing.



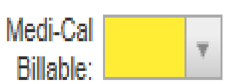
Important Note:

No Show is a scheduled appointment that the client missed.

No Contact is when a counselor provided a service on behalf of the client but the client was not present at the time, e.g. case management.

Telehealth is when a non-public facing remote communication application was used to provide service to the client.

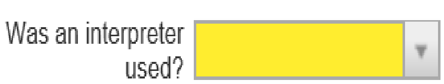
Medi-Cal Billable: The Medi-Cal Billable field indicates whether the service is billable to Medi-Cal or not. This field is logically linked to the client's Payor Group Enrollment. If DMC billable, select **Yes**. If County billable, the field defaults to **No**, which is accurate. If Non Billable, select **No**.



Pregnant/Postpartum: Defaults to No and is read only if client is male. The field is active but optional if the client is female.

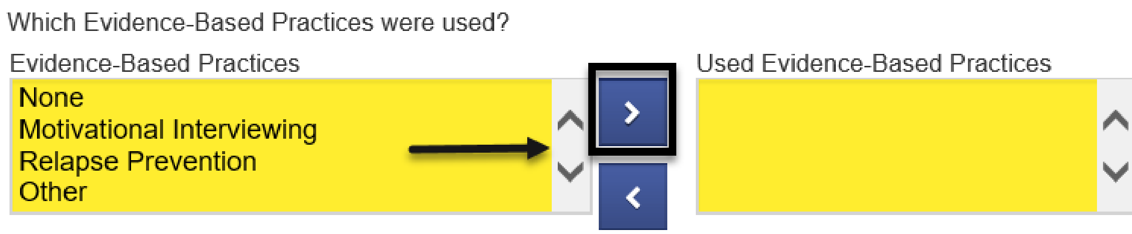
Was an interpreter used: If the language used was other than English and an interpreter was used, indicate if it was an internal or external interpreter.

In what language was the service provided?: The language is prepopulated from the client profile screen and should be modified if the language used in the session is different.

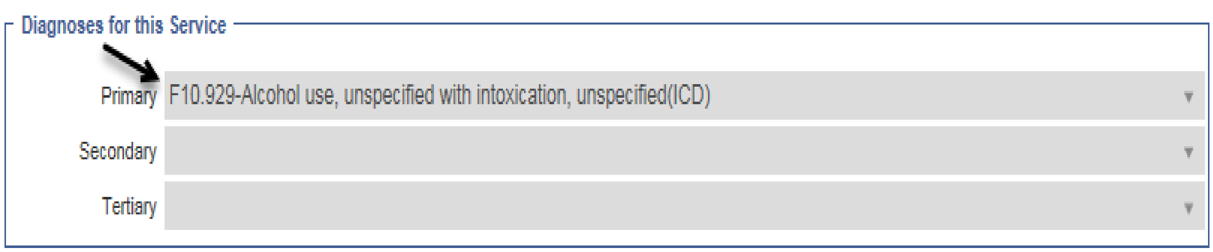


Which Evidence-Based Practices were used?: Select the evidence based practices (EBP) that were used during the encounter.

To select, single click on the EBP used, then click the blue right arrow. Double clicking on the selected EBP will also populate the EBP on the right column.



Diagnoses for this Service: The diagnosis field is a read-only field and is required to release to billing. The diagnosis needs to be entered via the Admission record to ensure that it will prepopulate on the encounter.

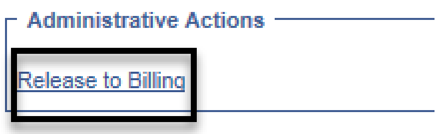


Rendering Staff: The Rendering Staff field is prepopulated with the user's name and should show the name of the counselor who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI).

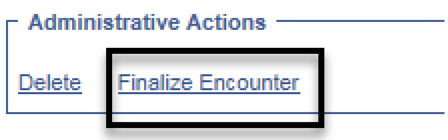
Click **Save**.

For the next step, select one of the appropriate administrative actions shown below.

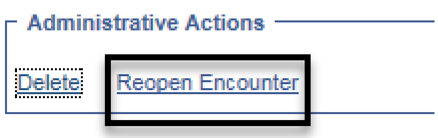
Administrative Actions



Release to Billing generates a claim. Once a claim has been generated, the encounter fields are grayed out and cannot be edited.



Finalize Encounter closes a Non Billable encounter and renders the encounter as read only.



Reopen Encounter reopens a finalized encounter.

Click **Finish**.

NOTES

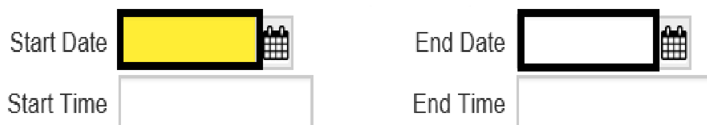
OTP DOSING ENCOUNTERS

***Note:** Encounters for OTP dosing **<u>must</u>** have a Start Date **and** an End Date.*

The majority of OTP encounter fields are the same fields as those on regular individual encounters and should be completed accurately.

Below fields are specific to OTP dosing encounters.

OTP dosing can be billed in consecutive days for **Methadone only**. An end date is required to bill for consecutive days and should be end dated by the close of the month.



Duration: The duration field displays only on OTP dosing services and is not a required field. **Do <u>not</u>** enter duration.

The # of Service Units/Sessions field should reflect the number of consecutive days billed for **Methadone only**.

MAT Brand OTP and MAT Generic OTP services must be billed on a **<u>daily</u>** basis. The National Drug Code (NDC) and Drug Quantity fields are required for MAT brand and MAT generic services.

Complete the rest of the encounter section. Click **Save** and **Finish**.

GROUP LIST

***Notes**: **1**) The Group List **<u>must</u>** be used to create **bulk** encounters for individuals who attended a group session. **2**) Do **<u>not</u>** mix Recovery Services with other groups. **3)** If a Non-BHS Contracted Client attended a group session, mark the client as present but do **<u>not</u>** create an encounter. **4**) **Group size** is a minimum of **2** and a maximum of **12** clients.*

The Group List feature was enhanced specifically for Organized Delivery System (ODS) Group Counseling. The Group List module also allows clinicians to easily track clients who are seen in a group setting.

Adding a Group Profile

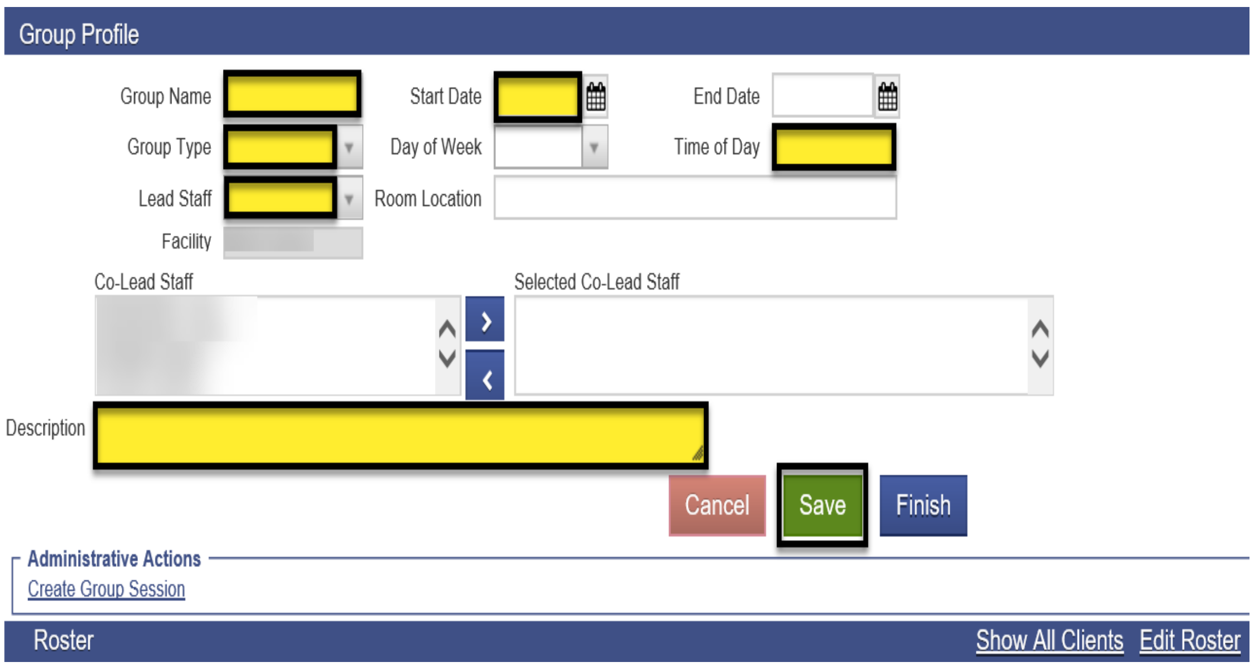
To ensure that services which were delivered in a group session are calculated with the appropriate claim charge amount, a group profile must be used to create bulk encounters for individual participants of the group. The group profile identifies the specific group within the facility and is used to prepopulate the group name, group type, start time and the roster of clients. To create a group profile, from the navigation pane:

Click **Group List**.

At the Group Profile screen, click **Add.**

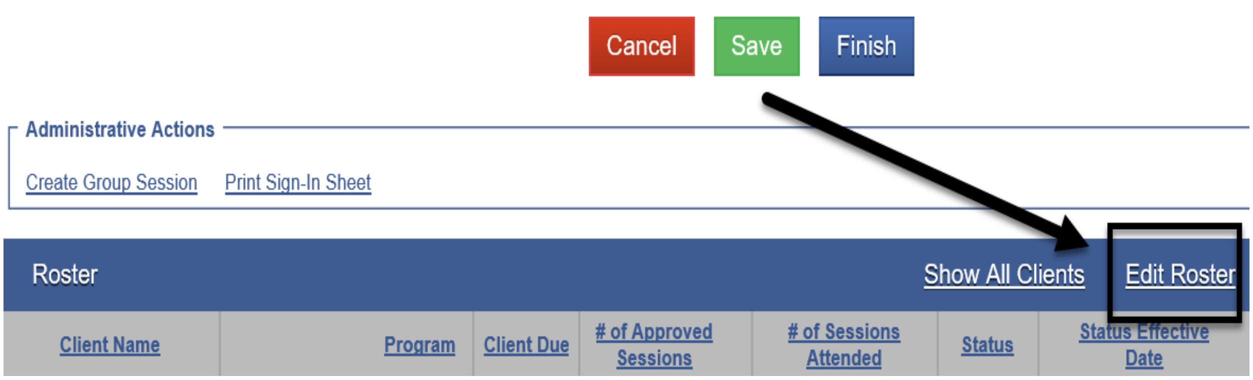
The group profile identifies the specific group within the facility. A group can be a mix of Outpatient Services (OS) and Intensive Outpatient Services (IOS). **Recovery Services cannot be combined with OS and IOS groups. Recovery services clients can only be in a group with other recovery services clients.**

Complete the required fields, and click **Save**.

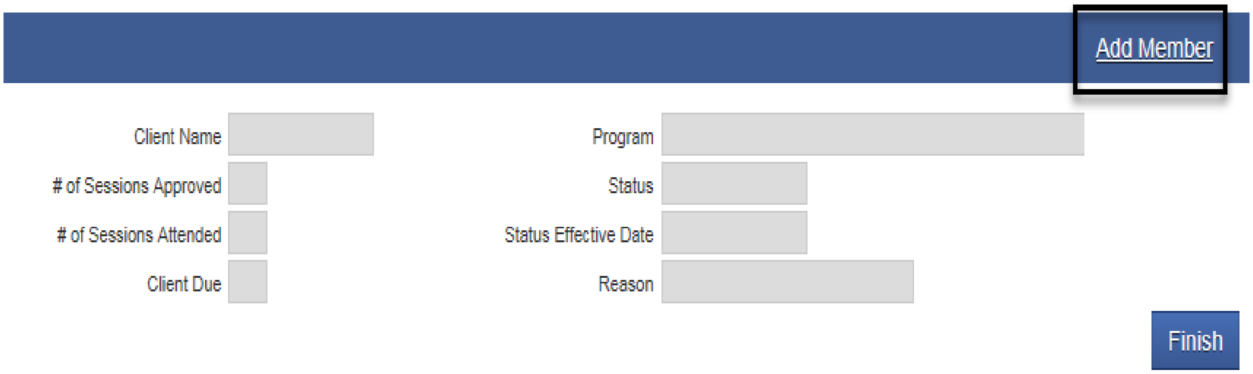


Creating a Roster

Each group profile needs a roster. The roster is a list of agency clients with program enrollments who participate in a group session. To create a roster, click **Edit Roster**.

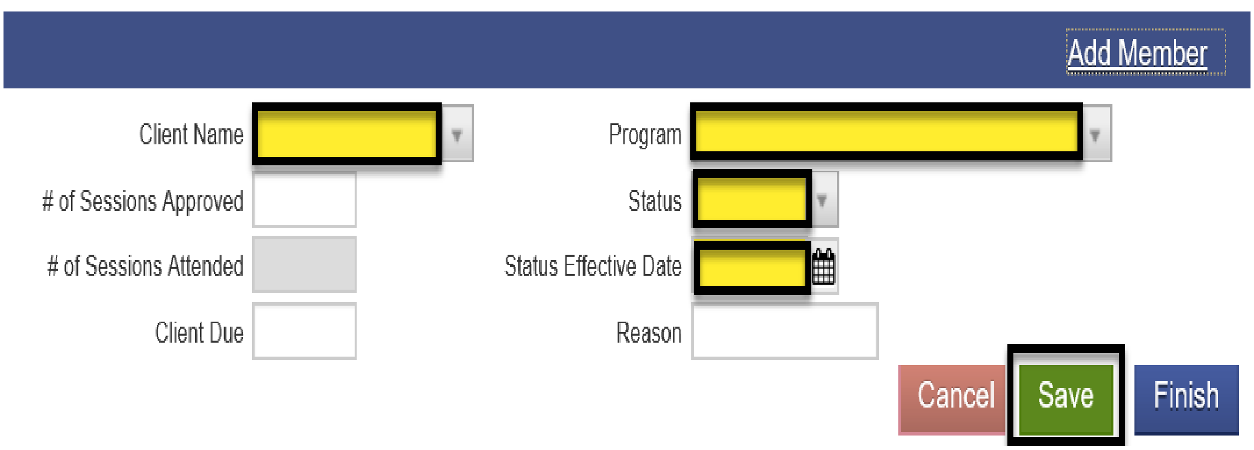


To add members to the group profile roster, click **Add Member**.



Each member on the roster is under a status category, for example active or inactive. The roster also captures when the client was added or removed. The status must be **Active**, and the status effective date must be on or after the client's program enrollment.

Complete the required fields, and click **Save**.



Repeat the same steps for each additional member until all members have been added to the group profile's roster.

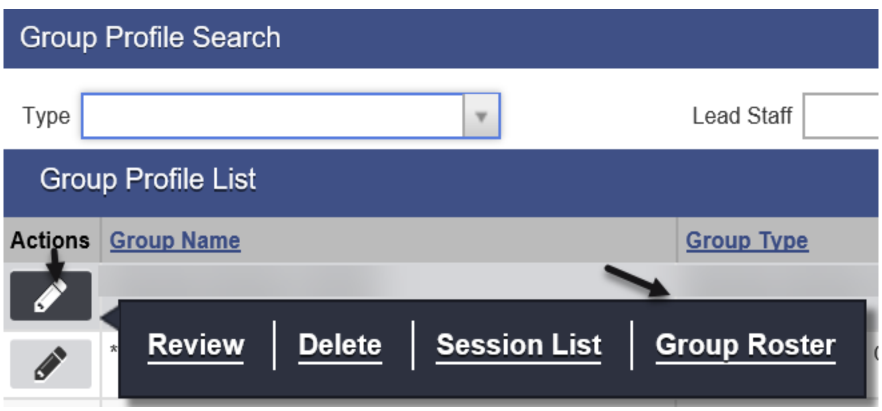
After all members have been added to the group, click **Finish**.

Updating Client Status

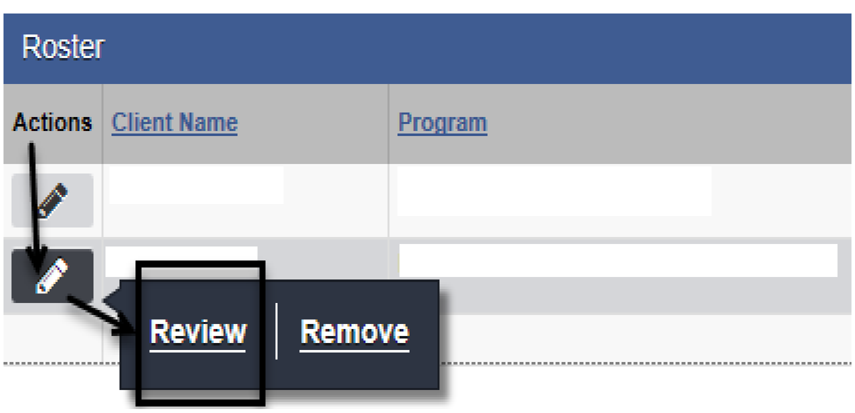
To update a client's status in a group profile, from the navigation pane:

Click **Group List**.

At the Group Profile List window, hover over the pen in Actions and click **Group Roster**.

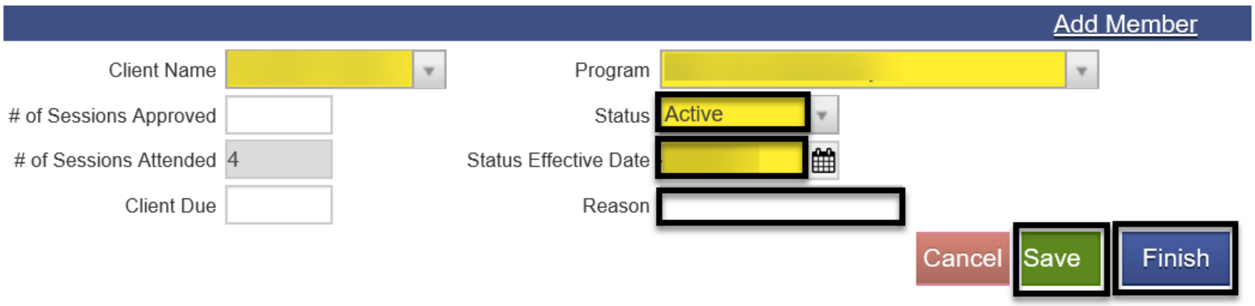


At the Roster screen, hover over the pen in Actions next to the client's name and click **Review**.

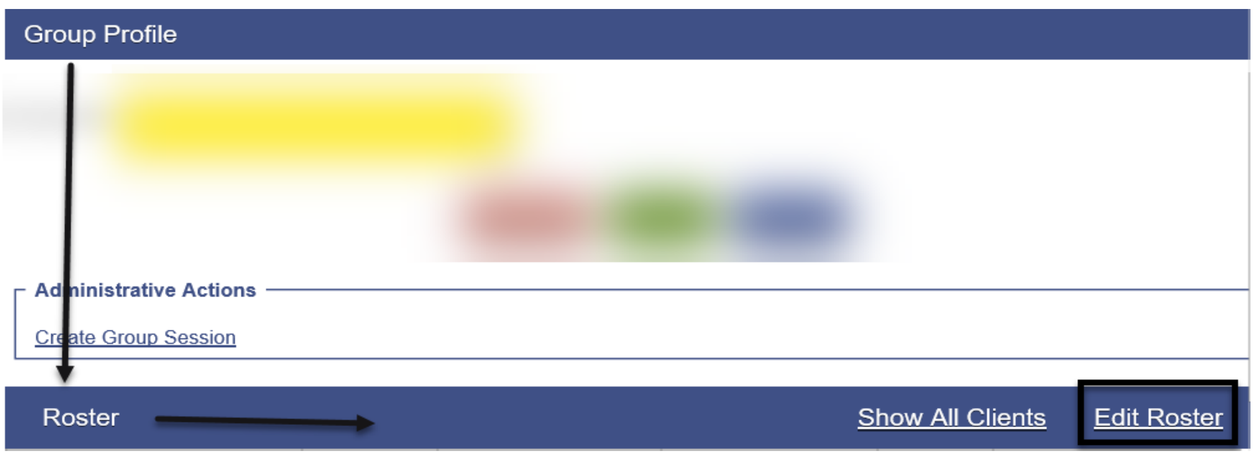


Select the appropriate status and enter the status effective date and the reason.

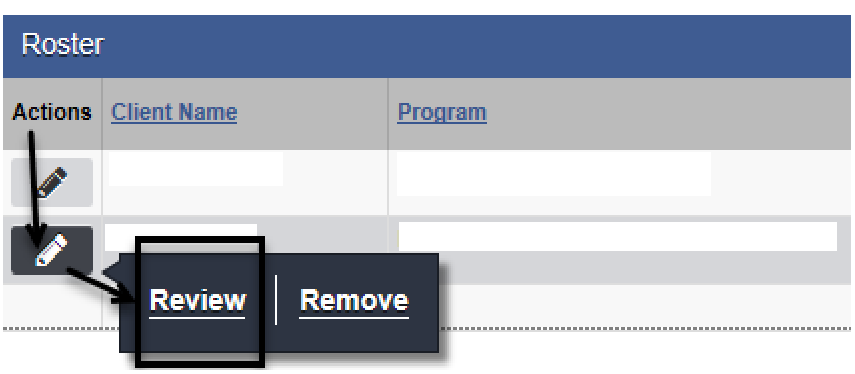
Click **Save** and **Finish**.



The client's status can also be updated within the group profile screen by clicking on the **Edit Roster**.

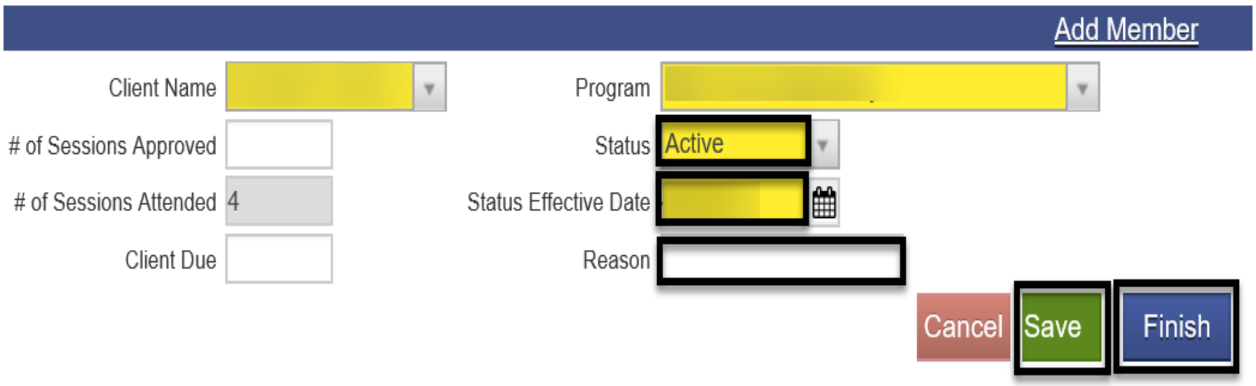


At the Roster screen, hover over the pen in Actions next to the client's name and click **Review**.



Select the appropriate status and enter the status effective date and the reason.

Click **Save** and **Finish**.

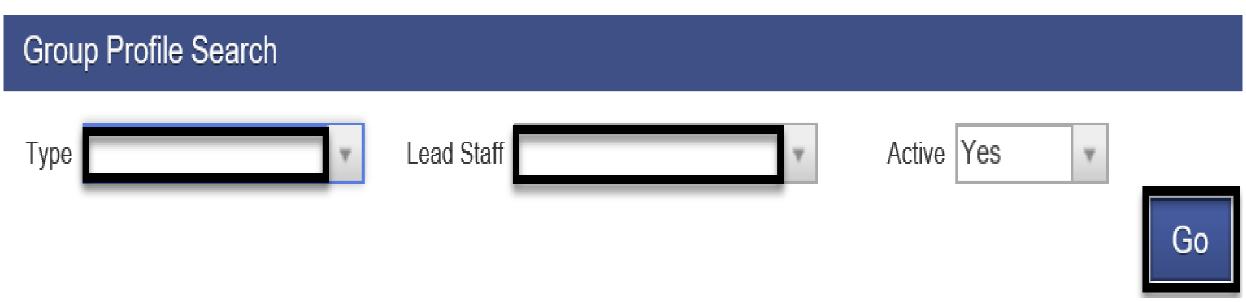


Searching a Group Profile

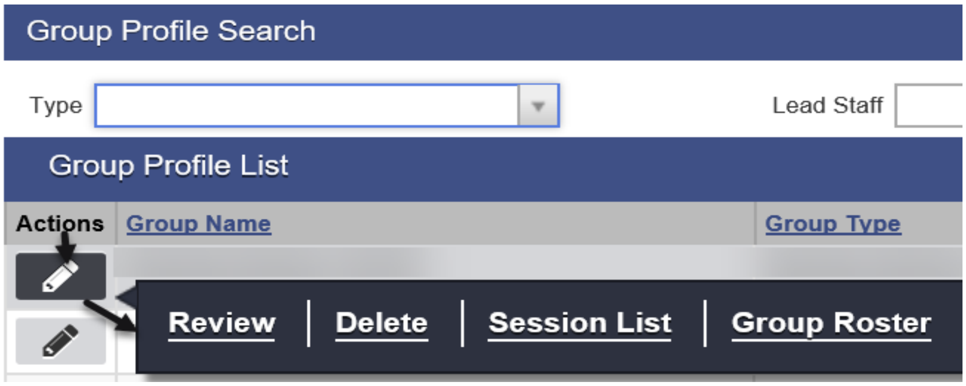
To search and use an existing group profile, from the navigation pane:

Click **Group List**.

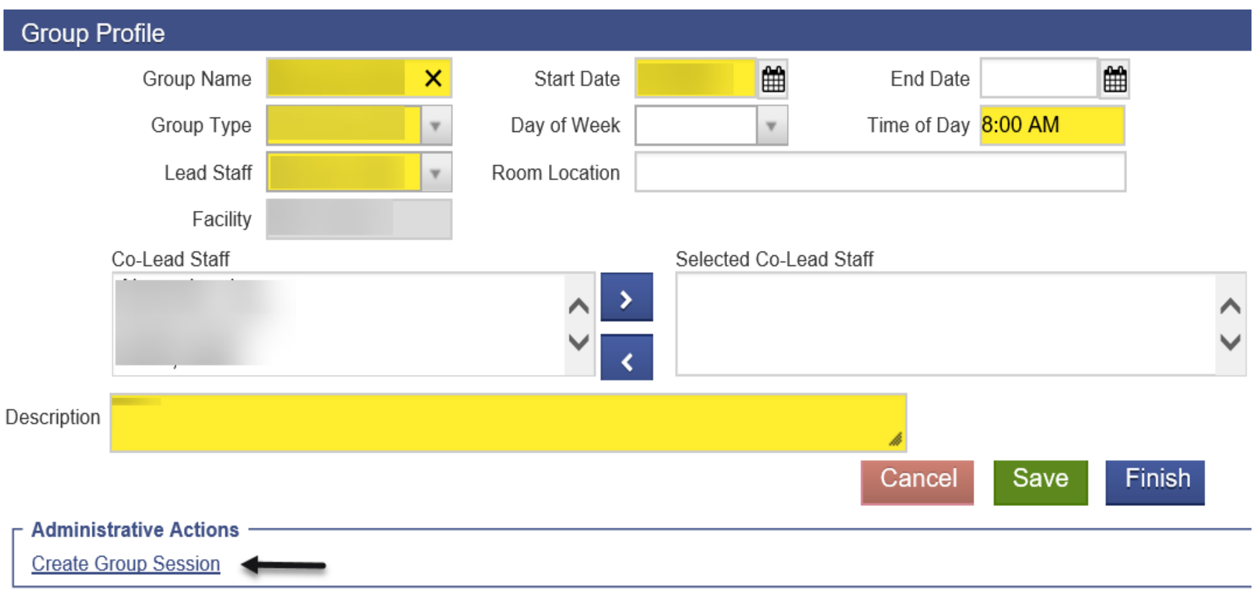
In the Group Profile Search section, search by type or lead staff and click **GO**.



The Group Profile List displays the existing group profile. Hover over the pen in Actions and click **Review**.



The group profile launches to be updated or to create billing via the **Create Group Session**.



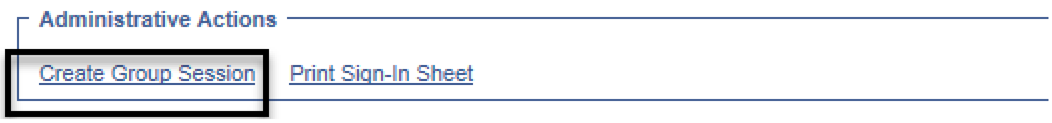
NOTES

GROUP BULK ENCOUNTERS

A) Creating Group Session Notes (Encounters)

Group session billing should always be done via the group module in order to create group session encounters in bulk. The first step in creating bulk encounters is to create group sessions notes.

To create group session notes, open the group profile for the group. In the Administrative Actions at the bottom of the group profile, select **Create Group Session**.



The Group Session Notes have several required fields that prepopulate to the bulk encounters. Complete the fields and click Save.

Note Type: Select **DMC Billable** if one (1) of the clients is Medi-Cal eligible.

Start Date: Enter the date of the group session.

Billable: Select **Yes**.

Start Time and **End Time**: Enter the group's scheduled start time and end time. When a client is late or left the group session early, the actual time will be reflected on the client's individual encounter.

Calculate ODS units: Select **Yes**. When the individual encounters are created, the claim charge is calculated according to the ODS requirements. ***OTP always select No***.

Travel Duration: Enter the clinician's travel time, if applicable. Enter 0 if there is no travel time. ***OTP enter 0. OTP cannot bill for travel time.***

Session Duration: Enter the group session duration in minutes. ***For OTP, bill 10-minute increments for group services.***

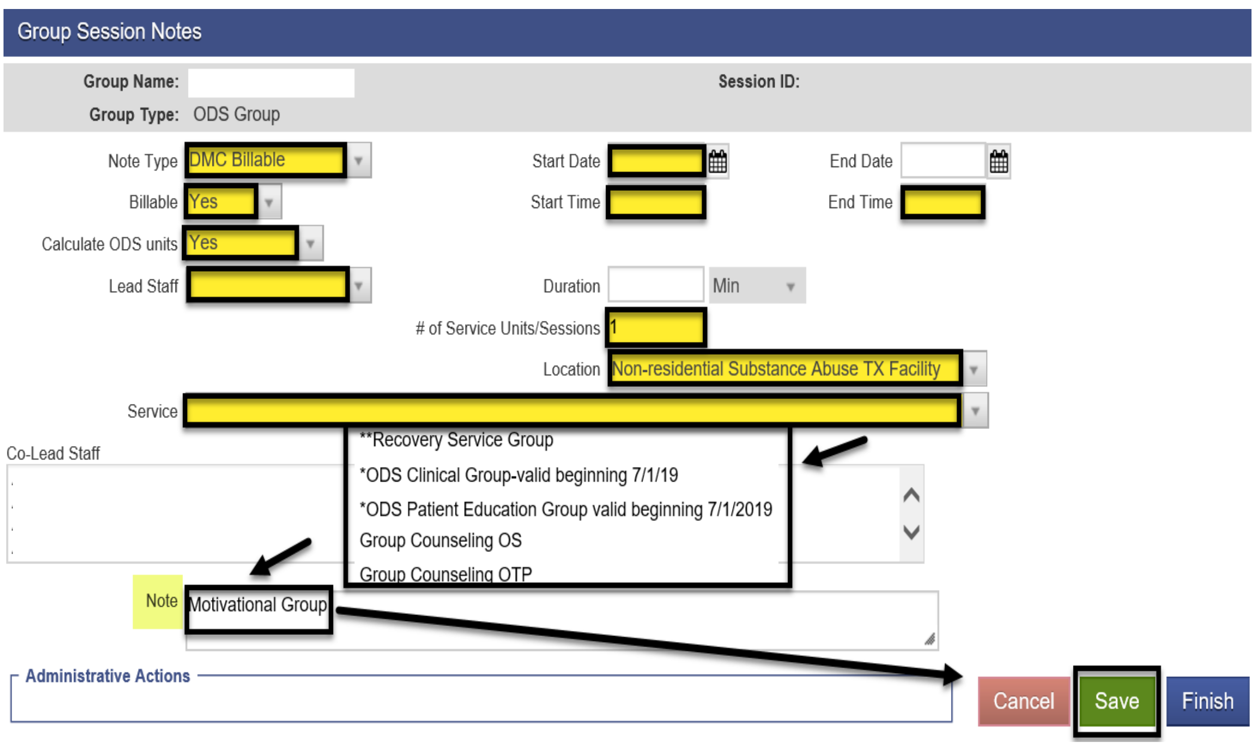
Lead Staff: The lead staff is the counselor who led the group.

Location: Select the appropriate facility.

Service: For OS, Select Group Counseling OS.
For IOS, select either *ODS clinical group-valid beginning 7/1/19 or
*ODS Patient Education Group valid beginning 7/1/19.
For **mixed OS/IOS**, select *ODS clinical group-valid beginning 7/1/19.
For OTP, select Group Counseling OTP
For Recovery Services, select **Recovery Service Group.

Note: The Note field is not required to save the group session notes, but it is **required** to create bulk encounters. **Enter** the type of the group, see example below.

Click **Save.**



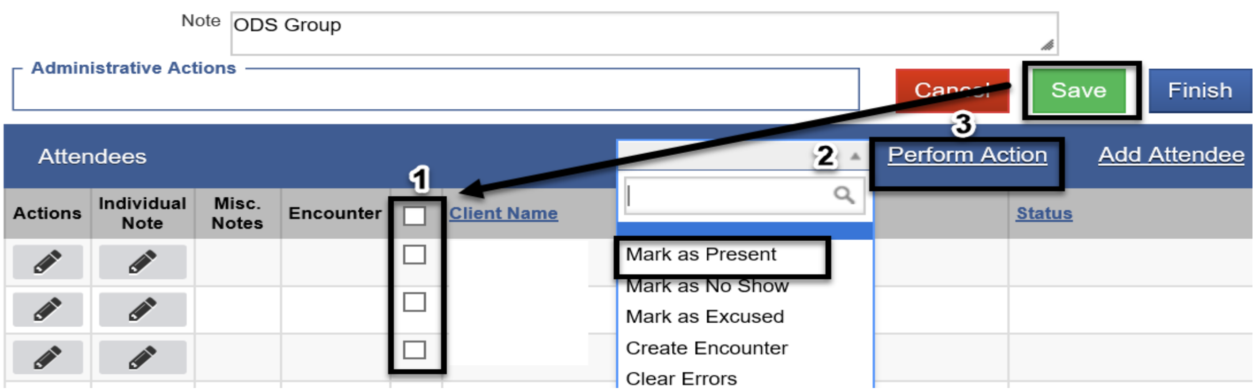
Proceed to the bottom of the Group Session Notes for the next steps in creating bulk encounters.

Note: *For IOS, Patient Education service is defined as "providing research-based education on addiction, treatment, recovery and associated health risks."*

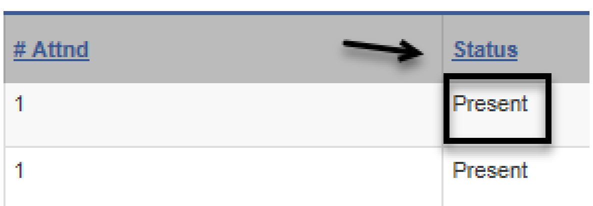
B) Creating Bulk Encounters

After saving the group session notes, the next step is to create bulk encounters within the Group Session Notes section. Bulk encounters are created for all BHS contracted clients who attended a group session. To create encounters for BHS contracted clients, mark them first as present by performing the following steps:

1. Place a **check mark** next to the client's name
2. Select **Mark as Present** from the drop down menu
3. Click **Perform Action**

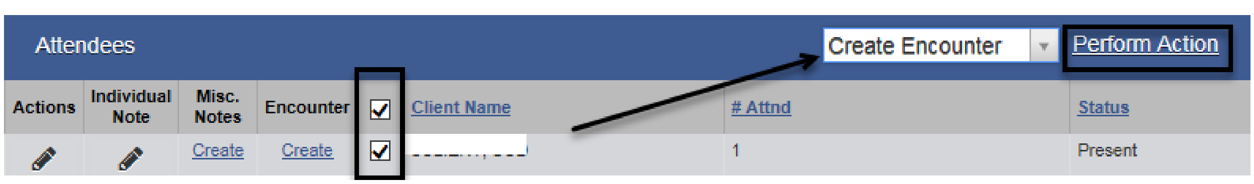


The Status field shows Present for the clients who were marked as present.

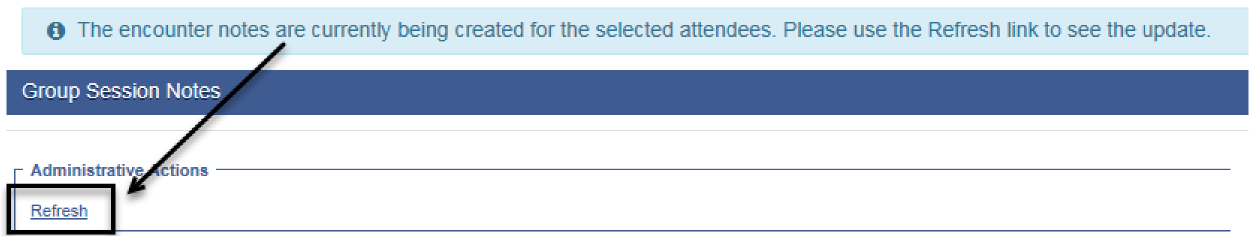


To continue creating the bulk encounters, perform the following three (3) steps.

1. Place a **check mark** again on all the clients who were previously marked present
2. Select **Create Encounter** from the drop down menu
3. Click **Perform Action**

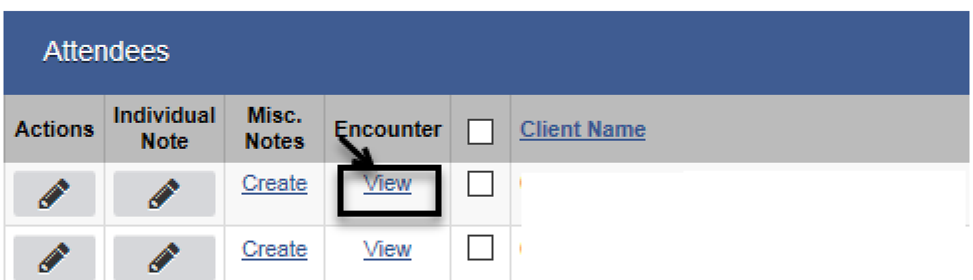


Above the Group Session Notes, a message that encounter notes are being created displays. Below the Administrative Actions, click **Refresh**. Keep clicking **Refresh** until the Refresh link clears and no longer displays.



C) Updating Individualized Encounters

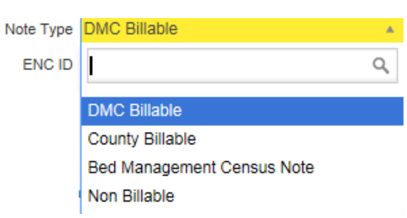
When the bulk encounters are created, the Encounter column populates with the View link. Each encounter must be viewed and updated in order to complete all the individual encounters. Click **View** to open the encounter.



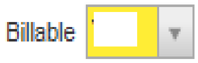
Review and modify each individual encounter for accuracy.

The system generates a group session ID for the whole group and an Enc ID for each individualized encounter. The Group Session ID field is used during the billing process.

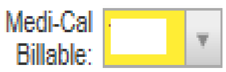
Note Type: This field is prepopulated from the group session notes and should be individualized. If client has Medi-Cal eligibility, select DMC billable. If it's County, select County Billable. Select Non Billable for disallowed services only.



Billable: Select **Yes**, except for Non Billable services.



Medi-Cal Billable: For Outpatient services, if DMC, select **Yes**. If County billable, select **No.** ***OTP only has DMC.***



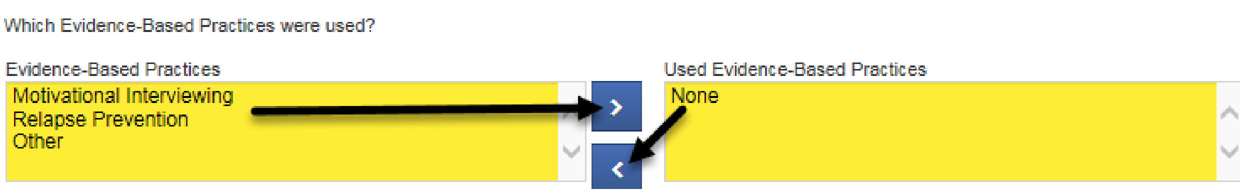
Travel Duration: This field is prepopulated from the Group Session Notes as read only.

Documentation Duration: This field is prepopulated with **0** and should be modified for each individual client. ***OTP is not able to claim documentation duration.***

Session Duration: This field is prepopulated from the Group Session Notes and should be modified if the client came in late or left early.

Total Duration: The field shows the sum of travel, documentation and session durations as read only. ***OTP is not able to claim travel duration.***

Which Evidence-Based Practices were used?: The EBP defaults to None and should be modified to the correct EBP. Deselect None first before selecting the EBP used.



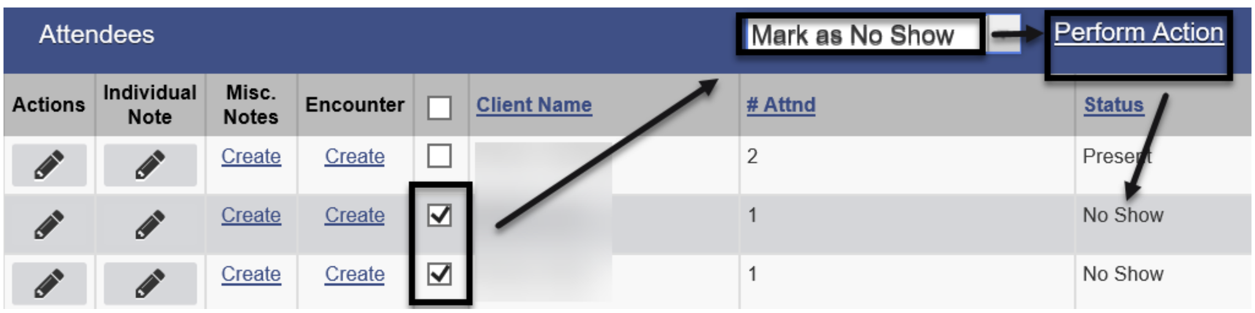
After completing and reviewing the individual encounter, click **Save** and **Finish**.

Repeat the same process for all encounters included in the group bulk encounters to ensure all encounters are reviewed for accuracy before releasing to billing.

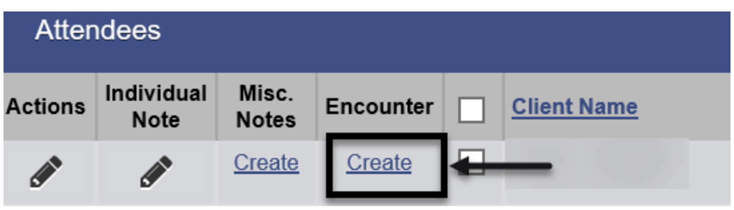
CREATING ENCOUNTERS FOR NO SHOWS

It is required to create encounters for group members who were scheduled to attend the group session but were **No Show** or **Excused**.

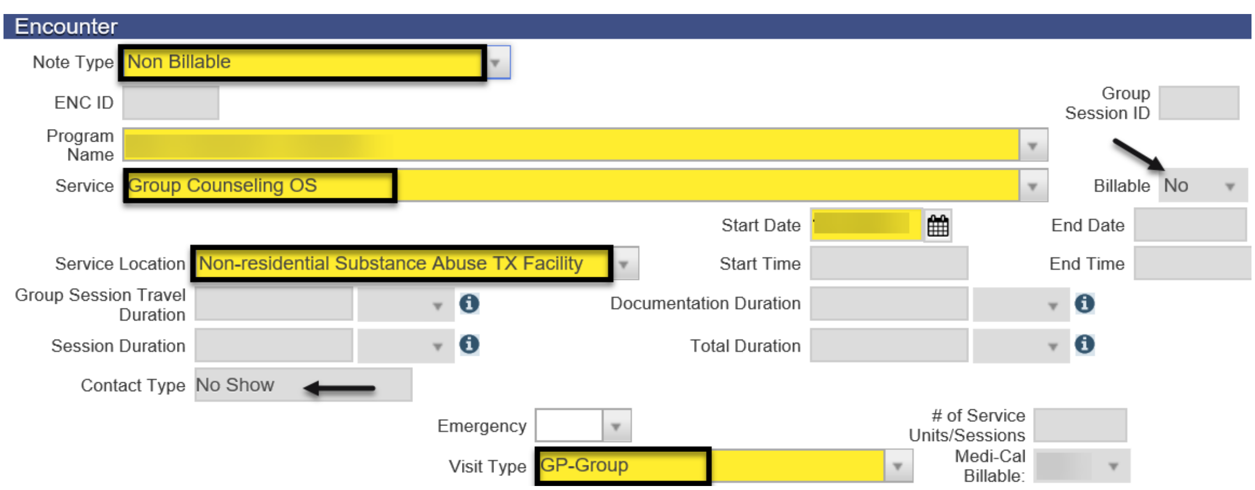
For the group members who were scheduled to the group session and were **No Show** or **Excused**, select the names of the attendees, then on the drop down menu to the right select **"Mark as No Show"** or **"Mark as Excused"**, and click **Perform Action**.



Under the Encounter column, click **Create** for each client.



The encounter screen launches.



Complete the required fields. A few differences for No Show or Excused members are:

Note Type: Select Non Billable.

Visit Type: Select GP-Group for clinical group.

The Billable field prepopulated with No, and the Contact Type field prepopulated with No Show. These fields are system generated and are read only.

Review the rendering staff and change if necessary.

After completing the encounter, **Finalize Encounter**.

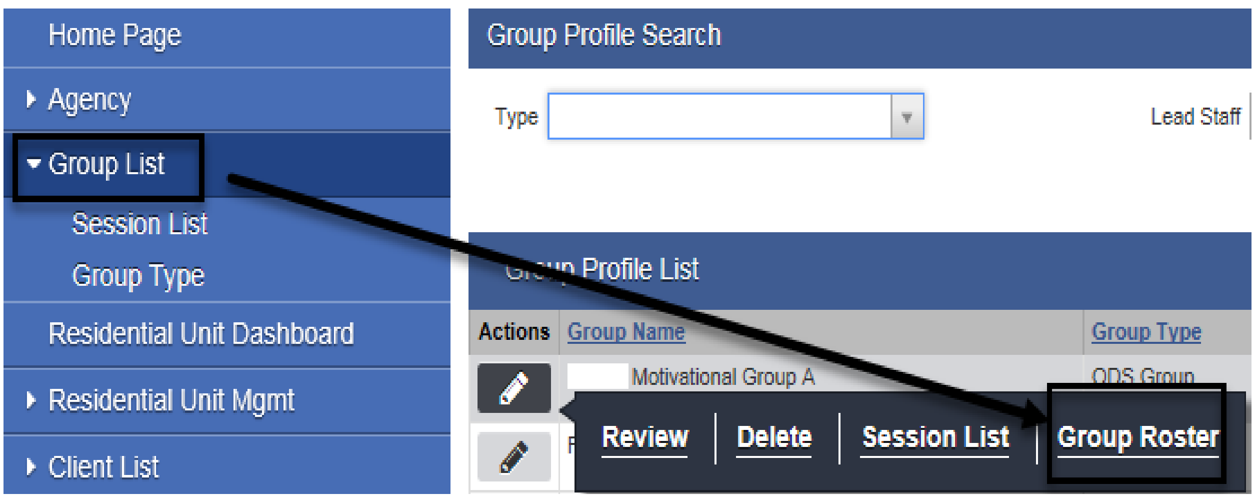
NOTES

ADDING A NEW CLIENT TO AN EXISTING GROUP LIST

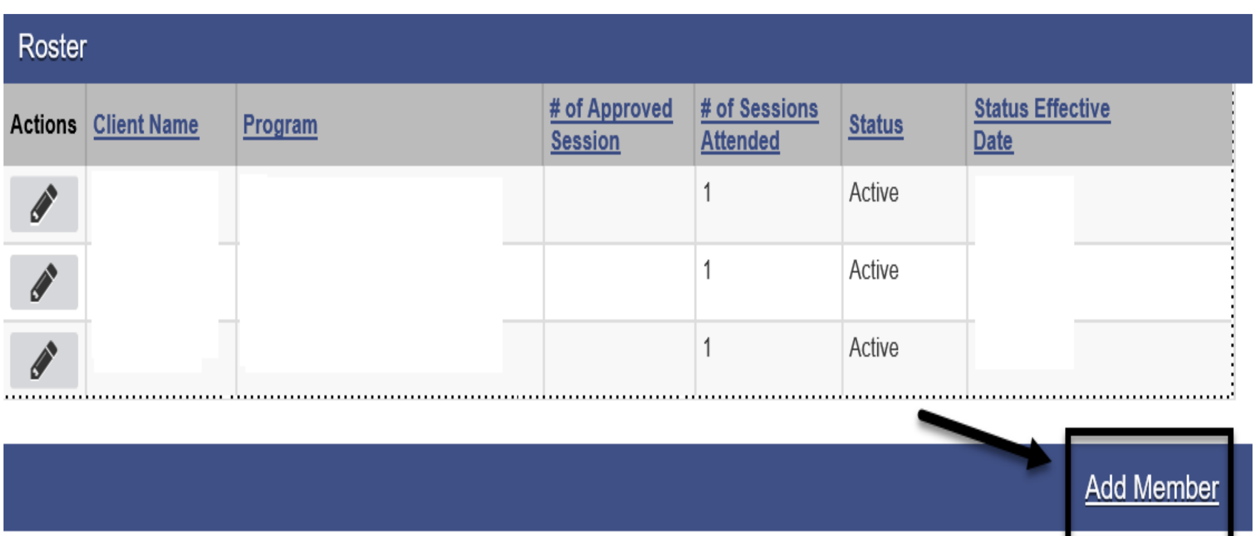
Note: *Make sure the other encounters for the other group attendees have not been released before creating an encounter for the new client.*

A new client who attended a recurring group session may be added to an existing group profile. To add a new client to an existing group profile, from the navigation pane:

Click Group List, and search the group profile from the Group Profile List. Hover over the pen in Actions, and click **Group Roster**.

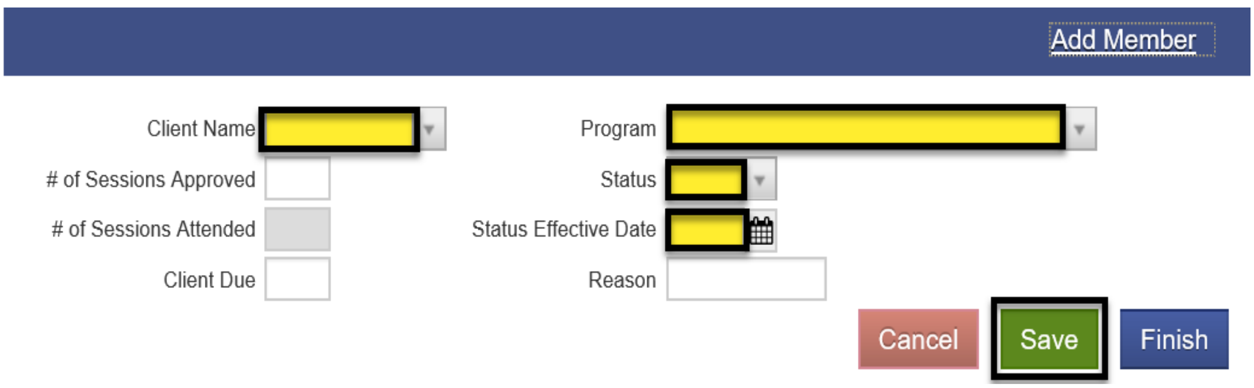


In the Roster screen, click **Add Member.**



Select the client's name and program. The status should be Active, and the status effective date would be the date the new client joined the group.

Click **Save**.

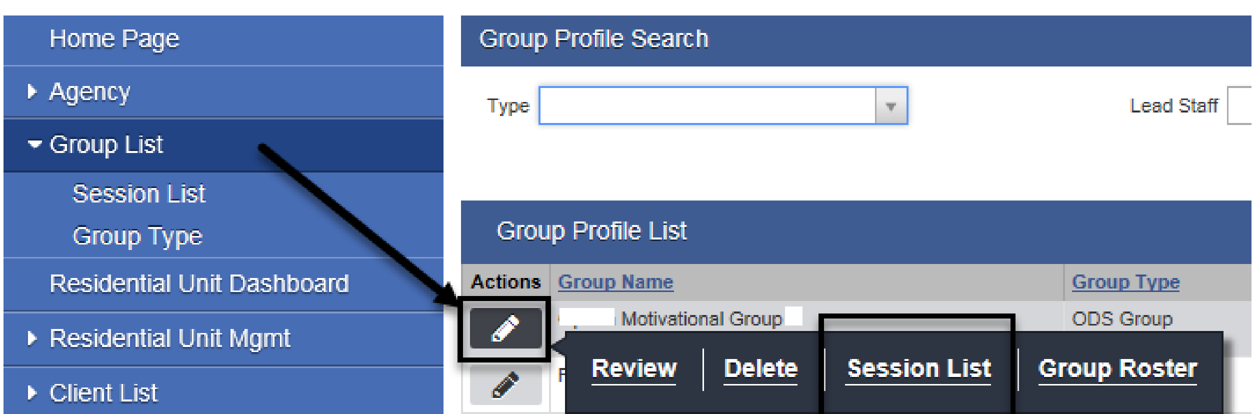


Click **Finish**.

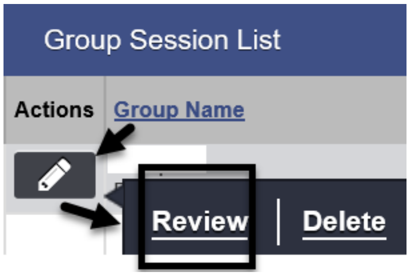
__**Do not**__ manually create an individual encounter for the new client who attended the existing group.

The encounter for the new member who joined the group session should be added via the group module. To create an encounter for the new client, from the navigation pane:

Click Group List → Actions → Session List

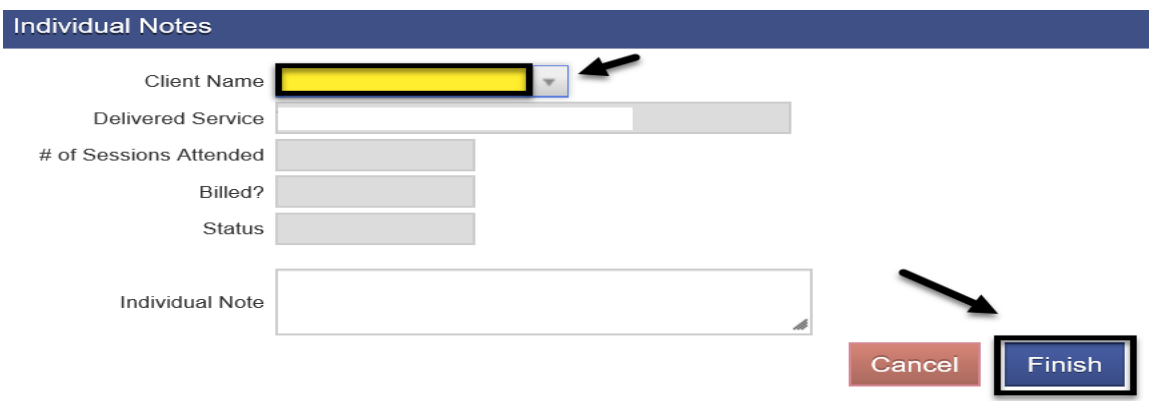


At the Group Session List, hover over the pen in Actions, and click **Review**.



The system opens the existing bulk encounters created for the group session. Click **Add Attendee** to add the new client to the group session.

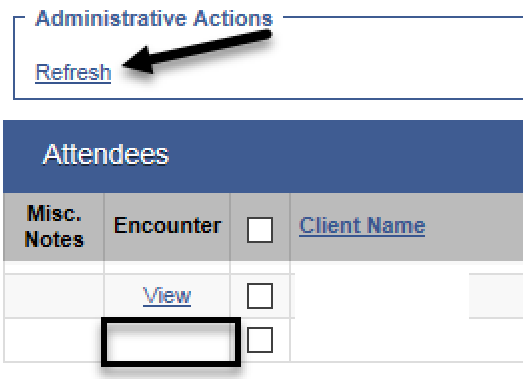
In the Individual Notes screen, select the client's name. Click **Finish**.



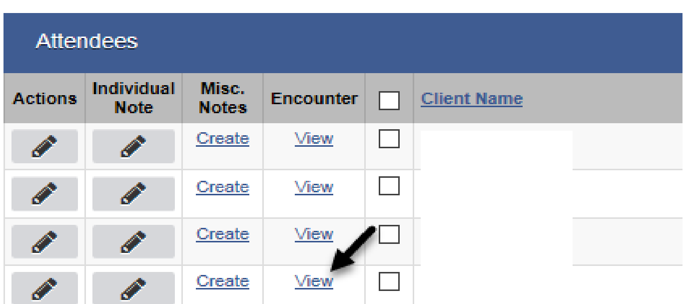
The Attendees screen displays the client's name in the Client Name column and the Create link in the Encounter column. Place a **check mark** on the box next to the client's name. Select **Mark as Present** and **Perform Action**.

Place a **check mark** again on the box next to the client's name. Select **Create Encounter** and **Perform Action**.

Click **Refresh** until the link no longer displays and the View link displays in the Encounter.



The View link indicates an encounter has been created for the added attendee. Click View to review the encounter.



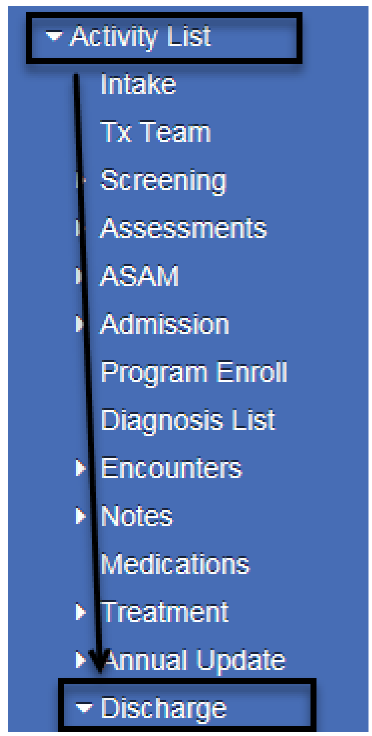
Review and update the note type, documentation, start/end times, EBP and rendering staff. Remember to save the updated information before releasing to billing.

DISCHARGE

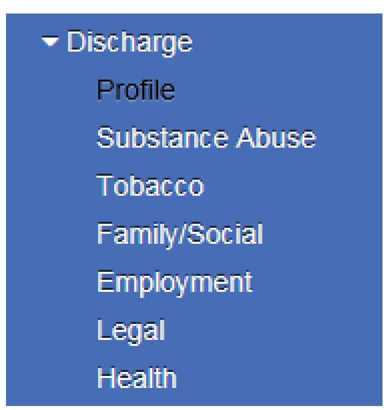
***Note**: A program enrollment **must** be ended prior to completing a client discharge.*

After the program enrollment is closed and all client activities have been completed, discharge the client in SanWITS. To complete a discharge:

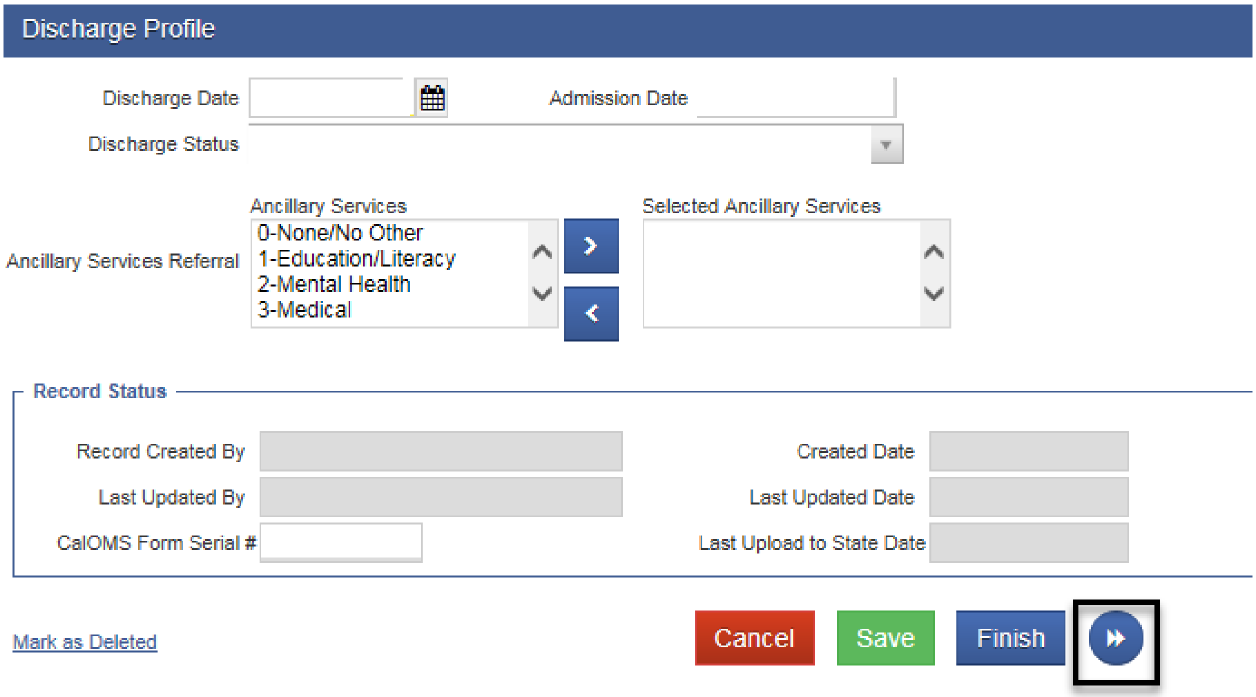
Click Activity List → Discharge



The majority of the screens are the same as the admission and annual update screens.



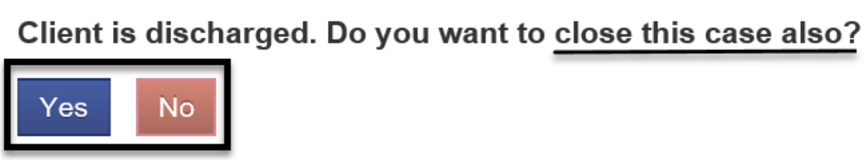
Complete the Discharge Profile screen and click the **right arrow** button.



Complete the other screens and click **Save**. After fully completing the Discharge record, click **Finish**.

The system displays the message: “Client is discharged. Do you want to close this case also?”

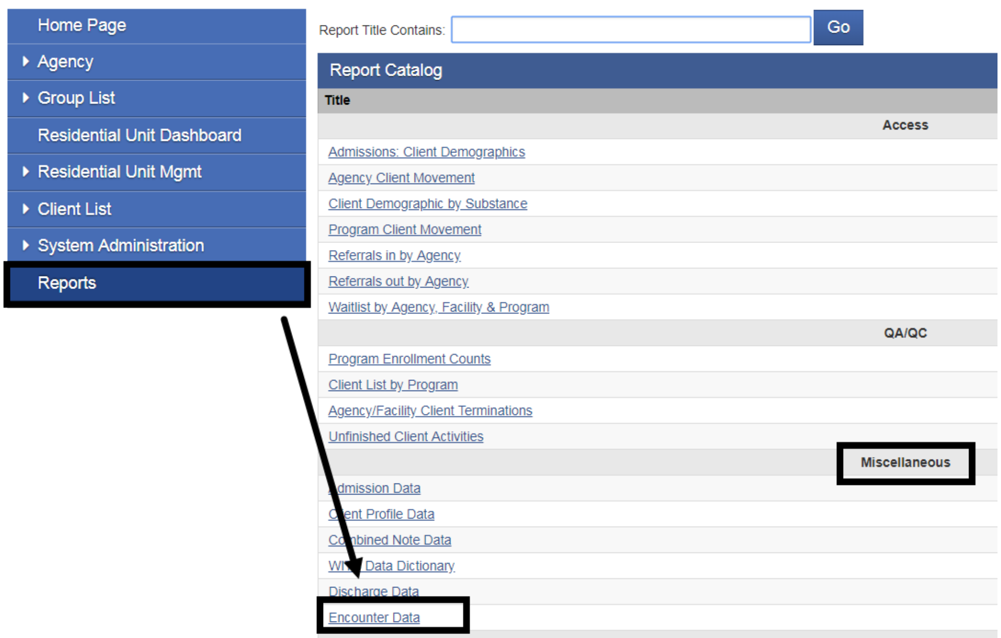
The episode should be closed once the billing has been completed. Select **Yes** or **No**.

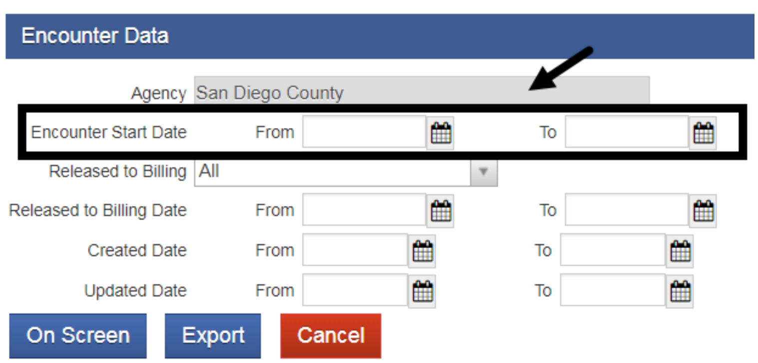


Notes: 1) *Complete a Discharge record when the level of care is changed from OS to IOS or vice versa or from IOS to Residential 3.1. After a Discharge record is completed, open a new episode for the new level of care.* ***2****) After a Discharge record is completed and the client returns to the program, open a new episode for the re-admission, even if the level of care is the same as the prior admission.*

ENCOUNTER DATA REPORT

The report listed below may be utilized for monitoring client encounters that have been entered. Only designated staff in each program will have access to the report that they are authorized to use.





1. Click on “Reports” from the Navigation Pane
2. Click “Encounter Data”, from Miscellaneous
3. Enter Encounter Start Date “From” and “To”
4. Select “On Screen” to view the information on screen
5. Select “Export” to view on an Excel spreadsheet

GLOSSARY

ASAM	American Society of Addiction Medicine
BHS	Behavioral Health Services
CalOMS	California Outcomes Measurement System
DHCS	Department of Health Care Services
DMC	Drug Medi-Cal
EBP	Evidence Based Practices
FSN	Form Serial Number
HHSA	Health and Human Services Agency
IOS	Intensive Outpatient Services
MAT	Medication Assisted Treatment
ODS	Organized Delivery System
OS	Outpatient Services
OTP	Opioid Treatment Program
SanWITS	San Diego Web Infrastructure for Treatment Services
SUD	Substance Use Disorder
TX	Treatment
UCN	Unique Client Number

CONTACT INFORMATION

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SUD_MIS_Support.HHSA@sdcounty.ca.gov
Phone: 619-584-5040
Fax: 1-855-975-4724

Clinical Processes and Documentation

QIMatters.HHSA@sdcounty.ca.gov

General Billing and Training on Billing

ADSBillingUnit.HHSA@sdcounty.ca.gov

SanWITS Training Registration

www.regpacks.com/DMC-ODS
1-800-834-3792 x3

CalOMS Tx Data Collection Guide & Dictionary, Manuals, and Forms

www.optumsandiego.com

Please consult with your facility manager and your resource packets prior to contacting the Support Desk.