

June 2021

## **DMC-ODS Outpatient and Residential Documentation Trainings**

- A review of DMC-ODS Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration 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.

### ▪ **Residential**

- Date: **Friday, June 18, 2021**
- Time: 9:30 a.m. to 1:00 p.m.
- Where: via WebEx – [Click here to register!](#)

### ▪ **Outpatient**

- Date: **Friday, June 25, 2021**
- Time: 9:30 a.m. to 1:00 p.m.
- Where: via WebEx – [Click here to register!](#)



## **DMC-ODS Skill Building Workshop for the Licensed Practitioner of the Healing Arts (LPHA)**

BHS SUD Quality Management will present the LPHA meeting as an opportunity for discussion and sharing of ideas on the role of the LPHA, including documentation of medical necessity. LPHAs who attend this webinar will learn ways to improve the clinical quality of documentation, such as the Diagnosis Determination Note (DDN), and will benefit from open dialog on how to perform the responsibilities of an LPHA effectively and efficiently.

- Date: **Wednesday, June 23, 2021**
- Time: 1:30 p.m. to 3:30 p.m.
- Where: via WebEx – [Click here to register!](#)

## **SUD Provider Quality Improvement Partners (SUD 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, June 24, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting.

### **Save the Date: SUD QM Annual DMC-ODS Training**

The third annual SUD QM DMC-ODS Overview will take the place of the August SUD Provider Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the third year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 26, 2021**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: Look for more information coming soon!



### **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.

### **Billing for documentation:**

- **When attached to a direct service**, the time spent meeting with the client and any documentation you did while meeting with the client is all part of the service time.
- Documentation time includes the time to complete writing assessments, progress notes, etc.
- The total time claimed must be for completing clinical paperwork (ASI, LOC, etc.) and not administrative paperwork (ROIs, etc.).
- To substantiate the documentation time billed, it would be best practice to identify which documents are included in the documentation time in the narrative portion of the progress note.
- **Data entry is never billable.**
- Please refer to the [DMC-ODS Providers Billing Manual](#), page 5 for details.



### **Risk Assessment and Safety Management Plan:**

- When do I need to complete this form/s?
  - This form is a required form and is to be completed upon admission **and updated as clinically necessary**, but at least annually.
    - ✓ within 7 calendar days from admit in outpatient programs.
    - ✓ within 24 hours from admit in residential programs.
- What does “**as clinically necessary**” mean? If/when a client presents with any level of risk which can include changes in behaviors/increased risks (i.e., homicidal threats, agitation, suicidal ideation).
- Programs are required to develop internal guidelines for risk assessment including what the plan will be based on the identified risk/level of risk.
- Programs are encouraged to increase contact with clients who present with increased risk.
- See the instructions sheet (form BHS/SUD F305a) found on the OPTUM website for more details and information on completing the Risk Assessment and Safety Management Plan.

### **Update: Admission Checklist**

- As discussed during the May 27, 2021 QIP meeting, the Admission Checklist (form 210b) will be updated to include a new item for providing MAT education to clients.
- MAT education resources were shared during the QIP meeting and are in the process of being posted on the Optum site under the Toolbox tab as one file labeled “MAT Education.”
- MAT education resources include a Quick Guide and brochure for OTP providers.

### Update: Patient Portal – Client Record Requests

- The 21<sup>st</sup> Century Cures Act makes it unlawful to do anything that interferes with the transmission of patient requested health data. Studies have found that patients are more engaged, likely to have better adherence, and are able to engage their families in their care when they can understand ‘why’ various tests and treatments are being recommended.
- BHS has always provided our clients access to their records. The new requirements do not add to what patients can access, rather the 21<sup>st</sup> Century Cures Act rule only makes it easier for patients to access the data they already have a right to see.
- MIS is working with FEI on the development of a patient portal which will be part of the SanWITS rollout and allow clients direct access to their general health data.
- Since we are in development and we offer a means for clients to access their records, the recent deadlines indicated by the ONC for patient portal access do not apply.
- Until we go live, any requests for patient records need to follow the current protocol as described in the SUDPOH.

### Correction: Billing & Scheduling of Appointments

- During QIP Meeting on 5/28/21, it was stated that calling the client to schedule or confirm an appointment is not a billable activity.
- It is important to clarify that these activities are not billable for providers scheduling/confirming an appointment *with their own program*.
- Scheduling appointments with 3<sup>rd</sup> party providers on a client’s behalf *may be billable* if the appointment meets the client’s needs identified on the treatment plan and involves person-to-person communication. *Leaving voicemails and sending emails to anyone are never billable*.
- For more information, see the [Case Management Activities Quick Guide](#) located on the Optum Website.

### **Management Information Systems (MIS)**

#### Exciting News! Interop Kick-off meeting for all Providers and their EHR Vendors

- Save the date June 18, 8:30-10:00 am PST.
- A zoom link will be sent to Providers on the Monday prior to meeting.
- Providers, please contact your EHR vendors to attend and come with questions.

#### Requirement for Encounter Start & End Times

- Effective July 1, 2021 start and end times will be required on encounters for these 9 types of services:
  - CM
  - Individual counseling
  - end time
  - Group Counseling
  - Patient Education IOS
  - Physician Consult
  - Delayed admission
  - Individual TCS
  - CM TCS
  - MAT prescribing
- Please be prepared – All encounters that have not been released to bill on July 1<sup>st</sup> will require the start and end times to be added before “Release to Bill”
- QM will be updating the Service Guide with this information.



### **Reminder: Disallowed services**

- Do not “Release to Bill” encounters for disallowed services.

### **Important: Contact Screen**



- Contact Screen is used to collect data elements for DMC-ODS and EQRO Access times.
- There can be multiple contacts prior to an episode being opened.
- A new contact should be created for each contact from the client or on behalf of the client prior to an episode being opened.
- Disposition should always be “Made an appointment” if the contact is linked to an intake regardless if the client walks in.
- If the client makes an appointment and reschedules, a new contact should be created for the new appointment.
- If the client makes an appointment and does not show, a new contact should be created for the next contact with the client.
- DO NOT rewrite over the previous contact by changing information, this will skew the access times.
- For information or questions email SUD Support [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

### **IMPORTANT!**

**Stats show Assessment errors are continuing – Last 3 Months: Mar =19, April= 33, May =23**

#### **Outpatient & Residential Counselors and LPHA’s:**



- Diagnosis created via DDN should have effective date same as the DDN date.
- Make sure the correct assessment type is being entered in SanWITS (ex: Adult ILOC versus LOC Recommendation).
- Make sure all data on the assessment is correct before signing and finalizing.
- An assessment can still be corrected if it has not been finalized; if assessment has been signed, the LPHA can reject the assessment to make the fields editable.
- Deletion requests for assessments may require review and approval from QM. Please be prepared with back up documentation and reasoning for the deletion request.
- Note: tickets for deletions take 2+ weeks.

### **Reminder: Changing Level of Care from OS to IOS “OR” IOS to OS**

- When changing client LOC, each LOC (OS, IOS) should be in a separate episode with CalOMS Admission and CalOMS Discharge.
- If LOC is combined on the same episode, the client does not get identified correctly for reporting, billing, or CalOMS with DHCS.

### **Recovery Services**

- Recovery Service Clients should NOT be mixed in a group with OS and /or IOS clients.
- Contact QI Matters and SUD support if recovery service clients have been mixed in a group with OS or IOS for disallowances and how to document in SanWITS.



**Coming Soon – Watch for notification of Recovery Residence Tracking in SanWITS**

### **Reminder: CalOMS Error and Open Admission Report Emails**

- Please complete the CalOMS errors and Open Admissions by the due date on the email.
- You must respond to the email once everything has been completed.
- If you need assistance, respond to the email.

## Changes to SanWITS Quarterly Users Group Meeting

Purpose of the Users Group is to review and educate CalOMS and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users.



- One combined (Outpatient, Residential, OTP) meeting will occur quarterly starting July for the new FY.
- Next meeting: Monday, July 19, 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 will occur on the 3<sup>rd</sup> Monday each quarter
  - Jul, Oct, Jan, Apr
- 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)

## 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 AM – 8:45 AM
  - Trainer email with training materials, resources, and specific instructions for virtual class
  - If staff do not receive emails by 9:00 AM, email [sdu\\_sdtraining@optum.com](mailto: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
- **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.**
- If unable to attend class, please cancel the registration as soon as possible.

## Helpful Tips to Consider Prior to SanWITS Training:

- Set up dual monitors to make it simpler to toggle between handouts, the video tutorial, and the SanWITS application.
- Review/print the training resources prior to training. The resources are located on the Optum website; click [HERE](#) and then click on the “Training - SanWITS” tab.
- Please note: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.



## SUD Billing Unit

### 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](mailto: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

### A. Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal)

- The SUD Billing Unit is confirming that Outpatient and Residential Programs no longer have to bill Medicare Risk Part C for the two plans listed below.
- We notified programs on 5/26/21 of the change with Blue Shield of CA and the fact that we can bill Medi-Cal directly.
- The Fee-For-Service (FFS) Equivalent Coverage Certification letters were approved and submitted to the Department of Health Care Services confirming that SUD outpatient and residential services are not a covered service, they follow the Medicare Part B FFS guidelines.
- If a DMC provider has a Medi-Medi client that has **Medicare Part C-Blue Shield of CA Promise Health Plan (BSP)**- Federal Contract ID H5928 or **Health Net**- Federal contact ID H0562, they will no longer be required to obtain an Evidence of Coverage (EOC), nor bill to get an Explanation of Benefits (EOB) from the Medicare-risk Part C plans listed.
- Here are the eligibility samples with Medicare C BSP and HN:

#### (1) Blue Shield of CA Promise

Name:		
Subscriber ID:		
Service Date: 11/01/2020	Subscriber Birth Date:	Issue Date: 05/17/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [REDACTED]	
Primary Care Physician Phone #:	Service Type: OIM VR	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [REDACTED]		
Eligibility Message: SUBSCRIBER LAST NAME: EVC #: [REDACTED], CNTY CODE: 37, PRMY AID CODE: 60, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN: MEDICAL CALL (800)605-2556. HCP: CALL (800)605-2556 FOR HCP INFORMATION. PCP: CALL THE HCP FOR PCP INFO. PART A, B AND D MEDICARE COV W/MEDICARE ID #8PX9XE2XP28. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.		

- In addition to BSP, Medicare Part C-HealthNet has been approved on 05/28/2021.

**(2) Health Net**

Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Service Date: 06/01/2020	Subscriber Birth Date: [REDACTED]	Issue Date: 05/28/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [REDACTED]	
Primary Care Physician Phone #: 8006756110	Service Type: OIM R	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [REDACTED]		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] . EVC #: [REDACTED] CNTY CODE: 37. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800)675-6110. HCP: CALL (800) 675-6110 FOR HCP INFORMATION. PCP: SEE YOUR MEDICARE DOCTOR CALL: (800)675-6110. PART A, B AND D MEDICARE COV W/MEDICARE ID [REDACTED]. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI- CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.		

- If you have claims on hold in Claim Item List (SanWITS) due to Medicare Part C-Blue Shield of CA Promise Health Plan and Medicare C Health Net of California, Inc., please contact the Billing Unit so we can provide additional guidance in batching and submitting the claims to the Clearing House.
- BHS Billing is working with the other plans to obtain a letter to eliminate the burdensome process of Billing the Medicare Risk Part C plans. We will keep you posted.

**B. Void Reasons in SanWITS**

- The Adjustment Reasons on the Provider Drug Medi-Cal Payment Recovery Report (Void/Disallowance form) will be updated based on QM disallowance reasons.
- This update will take effect on 07/01/2021 and the revised form will be posted on the Optum website.

**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.

**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 <a href="http://www.coronavirus-sd.com">www.coronavirus-sd.com</a> . To receive updates via text, send <b>COSD COVID19</b> to <b>468-311</b> .	
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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>

### **Communication**



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

**Is this information filtering down to your counselors, LPHAs, and administrative staff?  
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)