



SANWITS QUARTERLY USERS' GROUP

OUTPATIENT, OTP, AND RESIDENTIAL PROVIDERS

Oct 18, 2021



HOUSEKEEPING GUIDELINES



Please mute your audio (phone and/or laptop) upon entering the meeting to prevent background noise.



If calling from a phone line, please **DO NOT** place the call on hold; your hold music will be heard by all in the meeting. 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, we ask participants to turn off their video.



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 SUD Support Team.

AGENDA

- WELCOME
- STATE REPORTING
- SYSTEM ADMINISTRATION
- SYSTEM REMINDERS, UPDATES AND DEMONSTRATION
- QUALITY MANAGEMENT
- PERFORMANCE IMPROVEMENT
- BILLING UNIT
- OPTUM - TRAINING
- Q & A



LIVE WELL
SAN DIEGO



CALOMS
DATAR
ASAM

The text is displayed in a large, white, bold, sans-serif font, centered within a large, dark grey hexagonal shape. To the right of this main hexagon are two smaller, solid dark grey hexagons, one positioned above and one below the main shape. Below the main hexagon is a white-outlined hexagon that overlaps its bottom edge.

A LITTLE BIT OF CALOMS EDUCATION

- **Current Living Arrangement Descriptions: CalOMS has 3 values 1) Homeless, 2) Dependent Living, and 3) Independent Living**
 - **Homeless** – this includes clients with no permanent residence such as:
 - Shelters
 - Doubled-up situation (living with others temporarily because they have nowhere else to live)
 - Motels due to lack of alternative
 - Couch surfing (friends couches)
 - Living in a vehicle

Zip code for Homeless must be (00000) or a five-digit zip code
 - **Dependent Living** – clients living in a supervised setting such as:
 - Residential Institutions
 - Prison, Jail
 - Halfway houses or group homes
 - Children (under age 18) living with parents, guardians, or in foster care



MORE...

- **Independent Living – this includes individuals:**
 - Who own their home, rent/live alone or live with roommates and do not require supervision
 - These Clients pay rent or otherwise contribute financially to the cost of the home/apartment
 - Also include children (age 18 and older) living with parents
- **Discharge from Detox/Withdrawal Management: Detox does not constitute completed treatment**
 - A successful detoxification service is measured in part by the engagement of the client in further treatment (e.g., residential or outpatient). Providers are to make every effort to refer and connect the client to another level of care after they have completed detox.
 - Do **NOT** use discharge code **1 or 2**
 - For clients who have gone through detox and are being referred to further treatment, providers must use **Discharge code 3 – Left before completion with satisfactory progress-referred**
 - **Remember a client does not have to accept the referral to be considered referred**

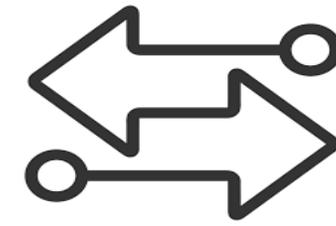
Refer to the [CalOMSTx Collection Guide](#) for additional information.



MORE...

- **Standard discharge** – has a complete data set and occurs under these circumstances
 - Client completed tx episode and is interviewed for the CalOMS tx discharge either by telephone, telehealth, or in person
 - Client has made satisfactory or unsatisfactory progress & will be referred to another SUD tx program and is interviewed either by telephone, telehealth, or in person
- **Administrative discharge** – has a minimum data set and occurs under these circumstances
 - Client has stopped appearing for tx w/o leave & cannot be located for the discharge interview
 - Client has died
 - Client has become incarcerated

CALOMS – REPORTING LEVEL OF CARE (LOC) CHANGES



Each client's initial admission to the facility and any subsequent transfers **OR** changes in service are to be reported to DHCS on a separate CalOMS admission

The **ONLY EXCEPTION** is:

- Transferring between Residential 3.1 and 3.5

A CalOMS Discharge is required for the following changes in LOC

- Changing between OS & IOS
- Changing between OS & 3.2 WM
- Changing between IOS & 3.2 WM
- Changing between 3.2 WM & Residential 3.1
- Changing between 3.2 WM & Residential 3.5
- SUD Treatment ending





- CalOMS records are usually submitted to DHCS twice a month – on the 1st and 15th
- Refer to the [CalOMS Tx Collection Guide](#) for additional information on CalOMS submissions and Errors

Error 471

- **Description:** Resubmission of an Admission that exactly duplicates the original submission
- **How this Error Occurs:** A correction or change is made to a non CalOMS field on the Admission or Client Profile. Primary Race/Ethnicity is a non CalOMS field
- **Prevention:** Provider should email the SUD support desk if corrections or changes are being made to the Admission or Client Profile

Error 560

- **Description:** Resubmission of Admission is prohibited - matching discharge or annual update exist.
- **How this Error Occurs:** A correction or change is made to the Client Profile or Admission that has a Discharge or Annual Update with the State
- **Prevention:** Provider should email the SUD Support desk if corrections or changes are being made to the Admission or Client Profile

CALOMS EMAILS REMINDERS



Complete all Open Admissions and correct the errors in **red** by the due date. After completing corrections, please respond to the email.

Continue to notify the SUD Support Desk when a record that has been previously sent to the State is updated/corrected. MIS will need to make sure the record is properly resubmitted to the State in order to prevent resubmission errors.

If you have any questions, regarding CalOMS or data entry, please email the Support Desk at [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov).



DATAR TRAINING



- **Submitting a DATAR report:**
 - Monthly reports are submitted through the Data Management tab on the DATAR website
 - Reports are submitted per CalOMS# (facility site)
 - Reports consist of a set of questions (1 page) for each Level of Care the facility is approved to provide (listed on DHCS's Master Provider File (MPF))
 - Such as OS, IOS, Residential, Withdrawal Management, OTP
 - Each submission can be exported as a pdf or excel file from the submission screen
- **Updating an Existing Report**
 - Edit / Correcting is available for two months after the submitted date of the report (make sure to review each entry carefully)
 - Edits are done through the Data Management tab
- **How do I get access to OR deactivate a user from DATAR?** DATAR access and deactivations are requested by your County approvers. Send an email request to the SUD Support desk at SUD_MIS_Support.HHSA@sdcounty.ca.gov.



QUESTIONS 4-7 ARE RELATED TO BHS CLIENTS (PUBLIC FUNDED). THESE APPLICANTS CANNOT BE ADMITTED DUE TO THE FACILITY'S LACK OF CAPACITY.

- **Question 4. Total Number of Applicants on the Wait List any time during the entire month**
 - This would be the largest number of unduplicated clients on the waitlist at any day during the month broke down **per service listed on DHCS Master Provider File (MPF)**
 - For Outpatient – there is a column for OS and a column for IOS
 - For Residential – there would be a column for Res and a column for WM2
 - For OTP – there would be a column for NTP/OTP Maint and a column for NTP/OTP DTX

- **Question 5. Number of Applicants on waiting list on the last day of the Report Month**
 - Only the total number of clients on the waitlist on the **last day of the** month broke down per service



- **Question 6a. Number of Applicants Admitted to Treatment from the Waiting List**
 - How many clients were admitted during the month from the waitlist broke down per service
 - Enter the number of clients that were removed from the wait list during the month because of admission to treatment to either this program or another program

- **Question 6b. Total Number of Days that Applicant Admitted from the Waiting List**
 - Total number of days spent on the waitlist for all the clients that were admitted (Q 6a) from the waitlist during the month broke down per service

- **Question 7. Of the Total Applicants in Question 4, how many were:**
 - A) Injecting Drug Users- person who is administering or has administered within the past year
 - B) Pregnant Women (PW)
 - C) Pregnant/IDU
 - D) Medi-Cal Beneficiaries – medi-cal eligible regardless of whether the services requested are covered by Medi-cal
 - E) CalWORKs Recipients
 - F) Court/Probation Referrals (note this has SACPA on the website but that no longer applies)
 - G) Parole Referrals (note this has SACPA on the website but that no longer applies)

DATAR EXAMPLE



Outpatient Facility Wait list (WL) per service	Wait list OS	Wait list IOS
Q 4 Total #of applicants on the WL at any given time during month	5	1
Q 5 Number of applicants on WL on last day of month	2	0
Q 6a Number of applicants admitted to Tx from WL	3	1
Q 6b Total number of days that applicant admitted to Tx spent on WL	Client#1 spent 5 days Client#2 spent 3 days Client#3 spent 2 days Totaling 10 days for OS	Client#1 spent 4 days Totaling 4 days for IOS
Of the total applicants in Q4 how many were:		
Q7a Injecting Drug users (IDU)	0	1
Q 7b Pregnant Women	2	0
Q 7c Pregnant & IDU	0	0
Q 7d Medi-cal Beneficiaries	3	1
Q 7e CalWORKS recipients	0	0
Q 7f SACPA court/Probation Referrals	1	0
Q 7g SACPA parole Referrals	0	0

DATAR TIPS



User Id is the individual's business email address

If an error appears while trying to log in, try using a different browser

When accessing DATAR, be sure to use the Production app, and NOT the Staging app

Be prepared to enter DATAR early - Do not wait until the 6th or 7th in case you have difficulty with access

When access is requested, include name, individual's business email address, business phone #, and CalOMS 6 digit # 37XXXX. Allow several days for State to approve.

It is strongly recommended that at least two staff have access to DATAR and are trained to submit in the event of illness or vacation

ASAM REPORTING



- ASAM has been reported monthly to the Department of HealthCare Services (DHCS) since July 2019
- The report is generated from the SanWITS ASAM screen, so it is very important the information is accurate and not duplicated.

Automatic Process

SanWITS ASAM screen is auto-populated from the Level of Care Assessments -

- Adult Initial Level of Care
- Adolescent Initial Level of Care
- Level of Care Recommendation

Manual Process

- SanWITS ASAM screen can be manually entered by providers
- Manually entering the ASAM screen should be done **ONLY** by Providers not creating Assessments in SanWITS
- Providers not creating Assessments in SanWITS should be creating Assessments in their own EHRs after forms approval from QM



SYSTEM ADMINISTRATION



SYSTEM AND DATA SECURITY



Staff are given SanWITS access to specific agency/facility based upon the programs where they work. Staff are also given access to specific menus based on their respective job functions (role based).



All Staff providing direct services must provide a National Provider Identifier (NPI), Professional Credential/License type and number, and Taxonomy



- Employee is required to submit an **Electronic Signature Agreement (ESA)**. It is important that each individual using an electronic signature actively maintain its security according to County requirements and not share their user id/password/pin.
- Employee and employee's supervisor 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/Supervisor shall immediately notify SUD MIS unit whenever there's a change in a staff's information such as demographics, 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.



SYSTEM ADMIN REMINDERS



- New User Access, Modifications, and Terminations must be submitted to the SUD Support Desk at [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
- Forms must be complete, accurate, and submitted timely
- Remember to select **Administrative Staff-Data Entry** or **Administrative Staff-Encounters** on the SanWITS User Forms, if staff require these roles after completing IAF and Encounter training.
- LPHA, Counselor, and QA check boxes are also used to determine the appropriate access for Assessments Training. **Credentials are required.**

SECTION III. USER FUNCTION AND ROLES

Job Function(s): Please select the job function(s) associated with the access you will have in SanWITS.

<input checked="" type="checkbox"/> Administrative Staff - Data Entry <i>Intro to Admin Functions (IAF) training required.</i> Access includes: Admission, ASAM Profile, Client Diagnosis, Client Profile, Discharge, Intake, Non-Treatment Team Access, Outcomes, Cross-Agency Waitlist Management, and Notes.	<input type="checkbox"/> Billing Staff - Claim Batching (Please contact ADSBillingUnit.HHSA@sdcounty.ca.gov to schedule Billing Training after completing Intro to Admin Functions [IAF] and Encounters training.)
<input checked="" type="checkbox"/> Administrative Staff - Encounters <i>IAF and Encounters required.</i> Residential access includes: TxEncounter, Release to Billing, Authorization, Bed Management, and Census. Outpatient/OTP access includes: TxEncounter, Release to Billing, and Group Module.	<input type="checkbox"/> LPHA (Appropriate credentials required) <input type="checkbox"/> Counselor (Appropriate credentials required) <input type="checkbox"/> QA

SYSTEM ADMIN REMINDERS CONT.

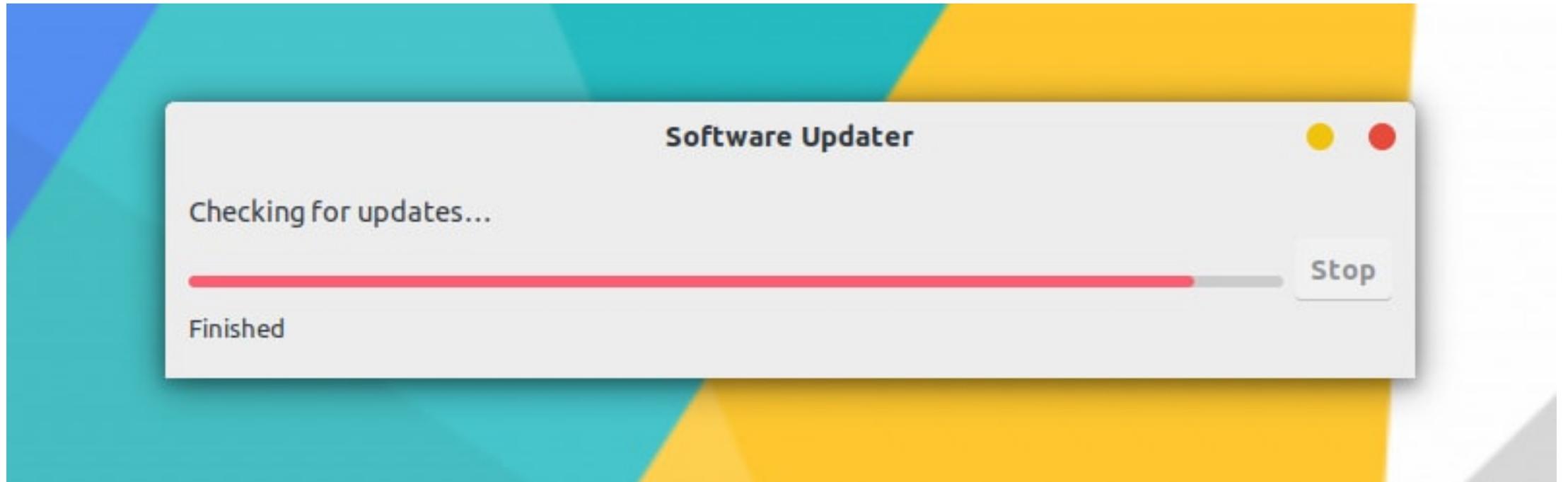


- Rendering Staff and Clinicians must complete the section below, including NPI number, Taxonomy number, Credential/License type, License number and License Issue Date.
- Please make sure the information is accurate and current. Check for typos, misspelling, etc. to avoid rejected forms.

SECTION II. CLINICAL STAFF

Rendering Staff National Provider ID	Taxonomy #	DEA Number (Prescribing MD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Credential/License	License #	Issue Date
Select Additional Credential/License ▾	<input type="text"/>	<input type="text"/>
Additional Credential/License	License #	Issue Date
Select Additional Credential/License ▾	<input type="text"/>	<input type="text"/>

SANWITS REMINDERS, UPDATES AND DEMONSTRATIONS



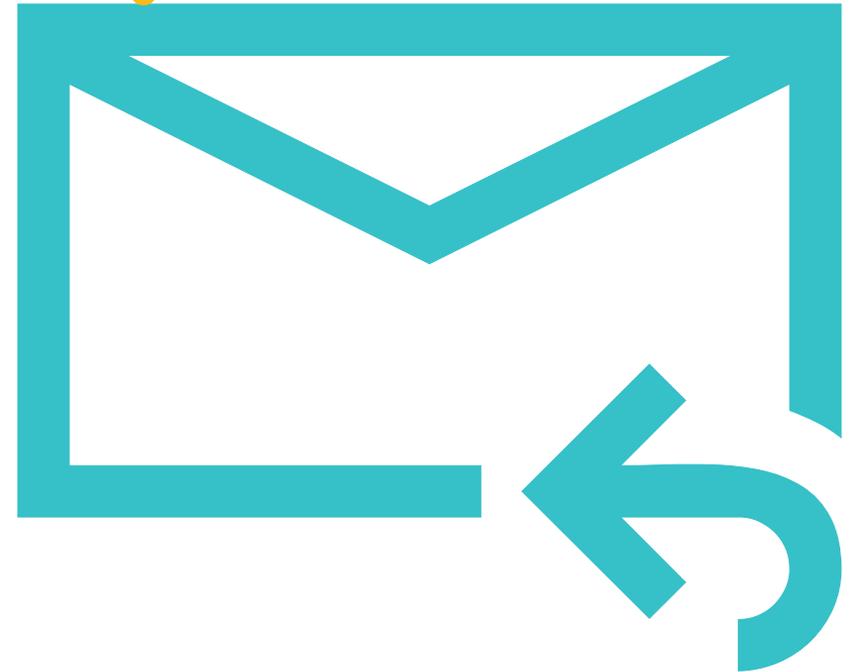
ASSESSMENTS



- Verify the correct Assessment Type is being entered in SanWITS (ex. Adult ILOC versus LOC Recommendation).
- Confirm all assessment data is correct before signing and finalizing.
- If an assessment has not been Finalized, corrections can still be made. If an assessment has been Signed, an LPHA can Reject the assessment to make the fields editable.
- A delete option is now available, if an assessment is 'In Progress' status. A counselor or LPHA can delete the assessment. Per QM, any assessments in 'Finalized' status will not be approved for deletion.
- For a Diagnosis created through a DDN, the Effective Date should be the same as the DDN Date.

CLIENT ADDRESS

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

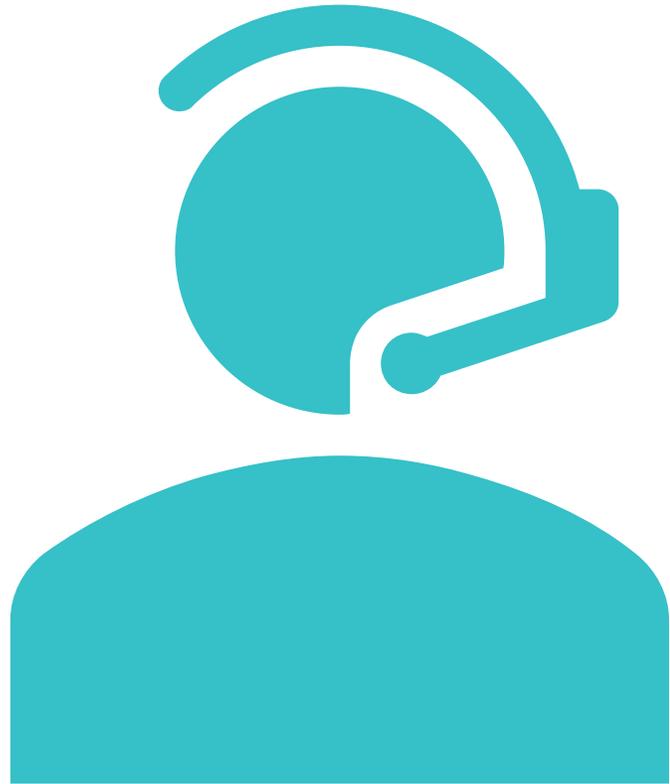


EMERGENCY DEPARTMENT REFERRAL

- If a client is being referred from the Emergency Department, the Contact Profile must be marked YES under the 'ER Dept Referred' field.
- This field is for client self-report and should be checked against the referrals that come directly from the ER.



NEW IN SANWITS



Telehealth and Telephone Services Effective Nov 1, 2021

- State requires services provided by Telehealth or Telephone be identified on the claim with specifiers.
- On the encounter 'Service Name' drop-down menu, user will see additional services specifically for Telehealth and Telephone, easily identified by the word telehealth or telephone as part of the description.
- DHCS will be utilizing this data to inform future policy and recommendations surrounding telehealth.

NEW IN SANWITS

Document Storage will be available Nov 1, 2021

- Attach and Store external paper documents under the client episode Intake Screen.
- Upload only approved documents. Please refer to SanWITS Document Storage-Approved Documents for Attachment.
- Role based - Must have role added to staff profile.
- Training video and tip sheet will be available on the Optum website. Please see the SanWITS and Training-SanWITS tabs.





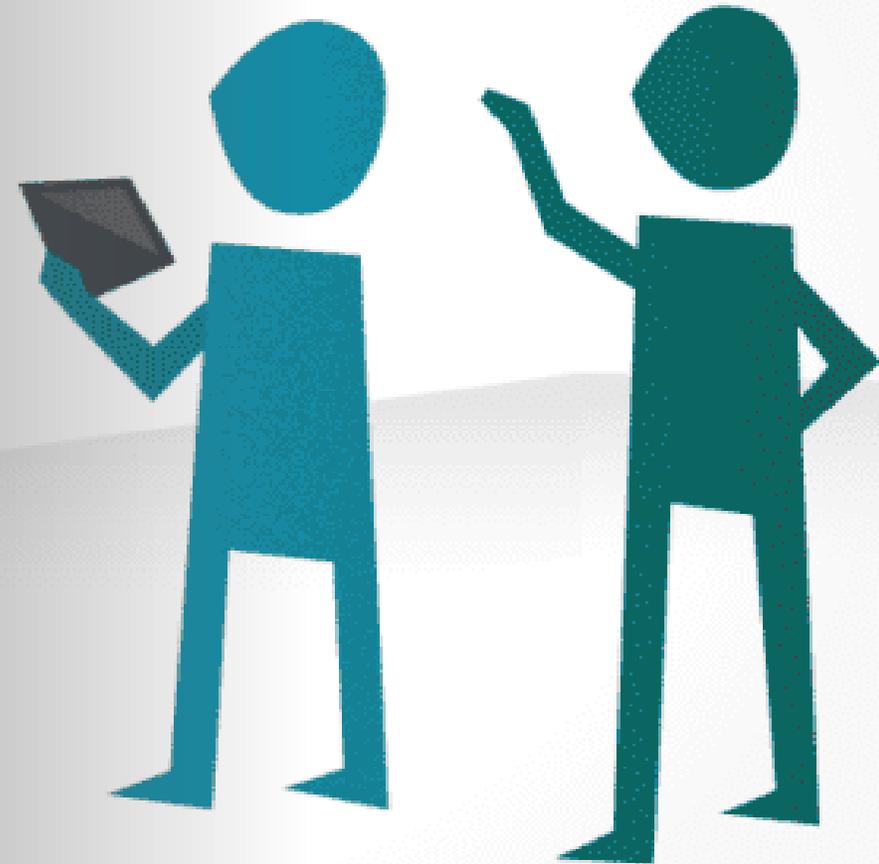
DEMONSTRATIONS:

TELEHEALTH/TELEPHONE SERVICES – ADRIAN

TOTAL SERVICES PER RENDERING STAFF REPORT – ADRIAN

TREATMENT PLAN – ELSIE

SANWITS REFRESH / PROGRAM ENROLLMENT /
TRANSITIONING BETWEEN DIFFERENT MODALITIES– CHERYL





QUALITY MANAGEMENT TEAM



PERFORMANCE IMPROVEMENT TEAM

- DATA
- OUTCOMES
- STATE MANDATES
- SURVEYS
- UCSD/OPTUM COLLABORATION



DID YOU KNOW?



BILLING REMINDERS OUTPATIENT & RESIDENTIAL



Clients with Other Health Coverage (OHC)

- Bill private insurance for eligible recipients with OHC. Encounters need to be released and placed on hold using Hold Reason ID #6-OHC claims waiting for EOC/EOB/denial.
- Providers can bill DMC without billing OHC if the client's OHC is for: Vision, Dental, or Prescription Only, **AND** does not cover substance use disorder services.
- Please see pages 23-26 of the SUD Billing Manual [SUD DMC Billing Manual](#) for more information on OHC and **OHC description:**

OHC Code	Carrier
A	Pay and chase (applies to any carrier)
C	Military benefits comprehensive
D	Medicare Part D Prescription Drug Coverage
E	Vision plans
F	Medicare Part C Health Plan
G	Medical parolee
H	Multiple plans comprehensive
K	Kaiser
L	Dental only policies
P	PPO/PHP/HMO/EPO not otherwise specified
Q	Commercial pharmacy plans
V	Any carrier other than the above (includes multiple coverage)
W	Multiple plans non-comprehensive

BILLING REMINDERS OUTPATIENT & RESIDENTIAL



Clients with Other Health Coverage (OHC) CONT.



OR no response from OHC since billing the service to the insurance carrier.

- a) Follow-up should be made within 45 days from the date the claim was submitted. Please contact the insurance carrier.
- b) After 90 days without OHC response: Program should submit any acceptable supporting evidence/proof to Billing Unit that claims have been billed to OHC. Please refer to the [SUD DMC Billing Manual](#).

Note: If your program receives any payment from an insurance company later, please contact the Billing Unit right away so we can determine if the claims paid by Medi-Cal need to be replaced or voided.

BILLING REMINDERS OUTPATIENT & RESIDENTIAL



	<p>Dual eligible clients with Fee-for-Service (FFS) Medicare or Medicare Risk/Part C.</p>
	<p>Outpatient and Residential programs are required to bill <u>Medicare Part C</u> insurance prior to billing Medi-Cal.</p>
	<p>Exemptions on Medicare Part C billing: Billing Unit recently received approval from the State to bypass insurance billing if a client has <u>Blue Shield Promise Part C</u> AND <u>Health Net Part C</u>, and <u>Molina Medicare Risk Part C</u>. Please bill Medi-Cal directly for the FFS equivalent services.</p>
	<p>Please see the June <u>UTTM June 2021</u> and July <u>UTTM July 2021</u> for more information on Medicare Advantage: Dual Eligible Clients</p>

BILLING REMINDERS - OTP



Medi-Medi Clients and Medicare PGE



- OTP programs are required to bill Medicare, including Medicare Part C/Medicare Risk Plans/ Cal Medi-Connect risk insurance.
- Please email your Medicare EOBs to ADSBillingUnit.HHSA@sdcounty.ca.gov.
- If you have Medicare EOBs for encounters that are not entered in SanWITS, we recommend that you review the Medicare payment first and put a halt on entering encounters for now if you will not be invoicing the County as there will be no cost for the units.
- Case Management services for Medi-Medi clients should be batched and billed to DMC if the client is not out-of-county.
- Please contact the ADSBillingUnit.HHSA@sdcounty.ca.gov if you have various Medi-Medi claims status (e.g., billed to Medicare but no response, on hold, billed to Medi-Cal and paid by the State), and unsure of what to do.

- OTP Programs should sign-up for access to Noridian Medicare Portal to get claims information and denial descriptions
- Please revisit the email from the billing team that went out 05-18-2021
- Please go to <https://www.noridianmedicareportal.com/web/nmp/home> to sign-up.

BILLING REMINDERS - OTP



MEDI-CAL ELIGIBILITY

- Some Medi-Cal eligibility reports contain a Medicare HIC # or Health Insurance Claim Number. When you read the **Eligibility Message** section, it shows that client is full-scope Medi-Cal (no Medicare or Other Health Coverage).
- If this is the case, Medicare may deny the claim with PR-31 or Patient cannot be identified as insured



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

[REDACTED]	0701	070120	58	G2067	217.82	0.00	0.00	0.00	0.00	0.00
CNTL #:	55089273					PR-31			217.82	03
PT RESP	217.82	CARC		217.82	CLAIM TOTALS	217.82	0.00	0.00	0.00	0.00
ADJ TO TOTALS:	PREV PD			INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00	
REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD	
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	BS	



Please contact the SUD Billing Unit if you encounter a similar scenario (above) but Medicare has approved or paid the services.

We appreciate your time and effort in sharing your OTP Medicare billing experiences with us. The more information we know, the more we can assist you with the process.



When verifying the Client's eligibility or benefits, pay attention to the Eligibility Message. If the response does not include "bill Medicare Part A,B, or C", but there is a HIC#, then try billing the services directly to DMC

MEDICARE ADVANTAGE PLAN (MEDICARE C OR RISK)

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



Share of Cost

Programs must provide the Billing Unit with a list of SOC clients every month (if any), including the SOC or amount paid to the program. For questions on OHC, please contact the Billing Unit or refer to the SUD Billing Manual.

Claims are placed on hold using Hold Reason ID #5- Client has SOC for clearance. Billing Unit will assist providers in applying the payments made by the client or clearing the SOC in Medi-Cal database and in SanWITS.

Retroactive or Late Billing

Providers should monitor the claims placed on hold particularly the ones waiting for **Medi-Cal eligibility**.

A good cause or valid delay reason code is required from the provider, so Billing can retroactively or late bill the claims to Medi-Cal. Please contact the Billing Unit if you have claims to late bill.



Encounters

Review encounters that have not been released to billing and determine if the encounters need to be billed to DMC or to be released and placed on hold.

Claims On Hold

- Programs should continue monitoring all claims in hold status.
- Please make sure to re-verify the client's eligibility if you have claims on hold due to Share of Cost (SOC) or Waiting for Medi-Cal.
- Review the claim item status: Awaiting Review and Released to ensure no DMC claims will be left unbilled.
- Double-check the data on claim items report before batching DMC claims

Claim Denials

- Please review the list of Claim Denials from SUD Billing Team
- Make the necessary corrections
- Please provide your comments/questions to the Billing team



OUT-OF-COUNTY (OOC)

- Providers should assist all Out-of-County Medi-Cal clients with changing their Medi-Cal and should keep track of the status.
- Check to confirm if the County of Residence has changed to San Diego.
- You can also contact the ADSBillingUnit.HHSA@sdcounty.ca.gov if you need further assistance.



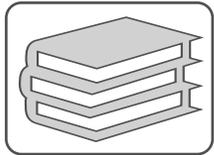
SANWITS



TRAINING

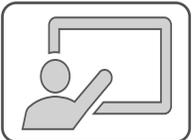
The word "TRAINING" is displayed in a bold, sans-serif font. Each letter is contained within a colored rectangular block. The colors of the blocks are: T (orange), R (teal), A (light green), I (dark blue), N (orange), I (orange), N (teal), and G (light green). The blocks are slightly offset from each other, creating a layered effect.

VIRTUAL TRAININGS



Courses

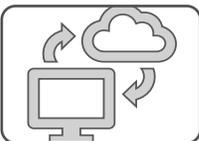
- SanWITS Intro to Admin Functions
- RES Enc & Bed Management
- OS/OTP Group Module & Enc
- SanWITS Assessments
- SanWITS Treatment Plans



Register for trainings at www.regpacks.com/dmc-ods.



Submit required forms to SanWITS Support at least seven days prior to the scheduled training: [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.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 SanWITSTraining.HHSA@sdcounty.ca.gov 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.

TIPS ON SANWITS TRAINING



1

All day training, 9:00AM to 4:00PM

2

Be Prepared to use clinical expertise during practice

3

Communicate in advance if using personal e-mail address

4

Desk set up for virtual training
* 2 monitors better

ADDITIONAL HELPFUL TIPS



- 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.



STAFF ARE HIGHLY RECOMMENDED TO READ THE TRAINING PACKET THOROUGHLY BEFORE ENTERING INFORMATION INTO THE LIVE ENVIRONMENT



Counselors and LPHA's are expected to start entering Assessments in SanWITS once they receive access.

Access will be given within one business day after successful completion of training.

Once Counselors and LPHA's have completed the Assessments Training, data entry staff will no longer enter the ASAM Summary screen.

The ASAM Summary will be automatically created from the completed LOC Assessments.

Important: Confirm the correct Assessment Type (i.e., Adult vs Adolescent ILOC) has been entered before signing



SANWITS BILLING TRAINING

Register for Billing Training:

Email the Billing Unit directly at
ADSBillingUnit.HHSA@sdcounty.ca.gov

Prerequisites Trainings include successful completion of:

SanWITS Intro to Admin Functions (IAF)

AND

Res – Encounter & Bed Mgmt

OR

OS/OTP Group module & Encounter





TOPIC	LINK
Billing Questions and Trainings	ADSBillingUnit.HHSA@sdcounty.ca.gov
Clinical and Documentation Questions	QIMatters.HHSA@sdcounty.ca.gov
Forms and Tip Sheets	www.optumsandiego.com
SanWITS Trainings	www.regpack.com/reg/dmc-ods
Technical Assistance	SUD MIS Support.HHSA@sdcounty.ca.gov



Q & A

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