



SANWITS QUARTERLY USERS' GROUP

OUTPATIENT, OTP, AND RESIDENTIAL PROVIDERS

Jan 23, 2023



HOUSEKEEPING GUIDELINES



All attendees will be muted upon entering the meeting.



If calling from a phone line, please **DO NOT** place the call on hold. If you need to take another call, please hang up and call back.



To help with connectivity issues and to easily be able to see the ASL interpreter, video will be turned off upon entering the meeting.



Please use the 'Raise Hand' feature or send a 'Chat' to All Panelists to ask a question.



Attendance will be taken from the username listed. If your name does not appear, please send your name and the name of your program through Chat or Email SUD Support Team.

AGENDA

- STATE REPORTING
- SYSTEM ADMINISTRATION
- SYSTEM REMINDERS, & UPDATES
- QUALITY ASSURANCE (QA)
- BILLING
- TRAINING
- Q & A





CGA

STATE REPORTING

ASAM

CALOMS

DATAR

CAPACITY

ASAM MONTHLY REPORTING



Q – How is ASAM Data Reported to Department of Health Care Services (DHCS)?

A – MIS generates a data extract from SanWITS which is uploaded to the state website

- ASAM data must be entered on the SanWITS ASAM Screen to be included in the extract
- Currently this is happening in two ways
 - Through the SanWITS Adolescent ILOC Assessment
 - **OR**
 - Manually entering the data – this is to be done if Assessments or Brief Initial Screenings are completed in paper form
- If Facility is using their own EHR and **do not** enter assessments in SanWITS, ASAM data must be manually entered on the SanWITS ASAM Screen



PROFILE SECTION

- **Q** – Days waited to enter Tx - How many days did the client wait to enter treatment at your facility due to an unavailability of slots in a particular program or modality – Note: not days waited due to other circumstances unique to the individual’s life?

- **Q** – Number of prior episodes - What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated (not just at your facility)?

- **Q** – Type of Treatment – What type of treatment is the client being admitted?
 - Residential 3.1, 3.3, 3.5 – select #6 Residential Treatment/recovery (30 days or less)
 - Withdrawal Management 3.2 – select # 5 Residential Detoxification (non-hospital)
 - OTP – select # 1 Nonresidential/Outpatient Treatment/Recovery
 - Outpatient OS – select # 1 Nonresidential/Outpatient Treatment/Recovery
 - Outpatient IOS – select #2 Nonresidential/Outpatient Day Program-Intensive
 - Ambulatory Withdrawal management 1 or 2 – select # 3 Nonresidential/Outpatient Detoxification



ALCOHOL AND DRUG USE SECTION

- **Q** – Primary Drug Type – What do I enter on Primary Drug Type and Drug name field if clients are sent to treatment for selling drugs or criminal drug possession / sales charges, but state they do not have a primary or secondary drug problem – if such is the case, enter 99903 in Primary Drug Code field and in Primary Drug Name, type in “charged with possession of (drug name)” or “charged with selling (drug name).”

MEDICAL / PHYSICAL HEALTH SECTION

- **Q** - Medication Prescribed as Part of Tx – only for medications prescribed by the SUD treatment provider and limited to medication prescribed for the individual’s SUD Treatment at the specific facility admitted
 - **Note:** Many NTP providers are entering either “none” or “other” for Medication Prescribed as Part of Treatment – a OTP Maintenance admission is created using two CalOMS Tx data elements, Type of Service and Medication Prescribed as Part of Treatment.
 - In order for a client’s record to be stored as an NTP Maintenance, the admission must equal (1) Nonresidential / Outpatient Treatment / Recovery *and medication prescribed as Part of Tx* must equal (2) Methadone, (4) Buprenorphine (Subutex), or (5) Buprenorphine (Suboxone)

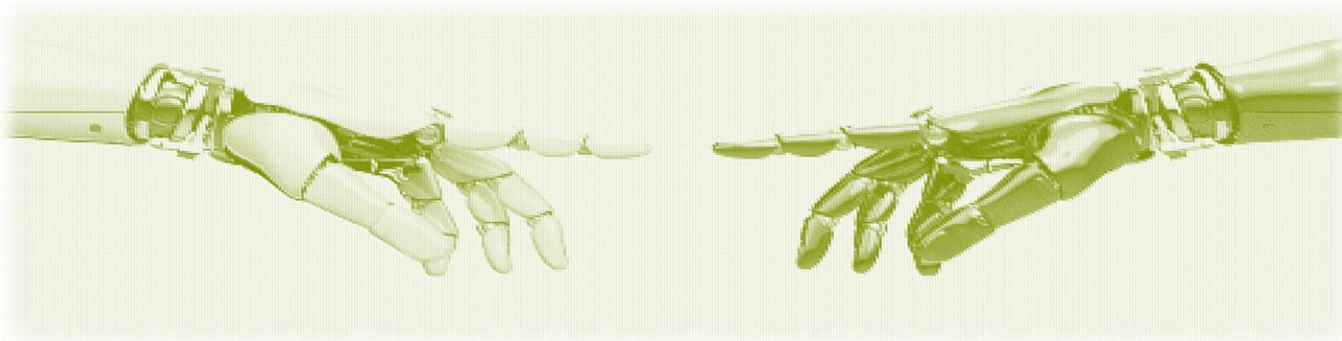


FAMILY / SOCIAL SECTION

- **Q – Current Living Arrangements** – what is the current living status – CalOMS information about a client’s living status at admission, annual update, and discharge is required – there are three acceptable values
 - **Homeless:** Clients have no permanent residence such as living in shelter, doubled up situation (living with others temporarily because they have no where else to live), motels, couch surfing, living in a vehicle
 - **Dependent Living:** Clients living in a supervised setting such as residential institutions, prison, jail, halfway houses or group homes, and children (under age 18) living with parents, relatives, guardians or in foster care

NOTE – Recovery Residences and Sober Living should be considered “dependent” living.
 - **Independent Living:** This includes individuals who own their home, rent/live alone, live with roommates, and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment- this also includes adult children (age 18 or over) living with parents
- **Prevention:** Defining CalOMS questions and making sure you and the client understand will help prevent inaccurate data being reported to DHCS – refer to [DHCS CalOMS Tx Data Collection Guide](#) for additional information and descriptions

CALOMS EMAIL REMINDERS



WE'RE HERE TO HELP YOU
Reach out to:

SUDEHRSupport.HHSA@sdcounty.ca.gov

Complete All Open Admissions and Correct the Errors in Red by the Due Date.

After Completing Corrections, Please Respond to the Email.

In order to prevent re-submission errors, please contact SUD MIS Support when correcting or updating an Admission, Annual Update, or Discharge record that has previously been sent to the state. It is important to make sure the record is properly resubmitted to the State.



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 SUDEHRSupport.HHSA@sdcounty.ca.gov

DATAR – STEPS TO ACHIEVE SUCCESS

- Track DATAR during the month
- Report can be entered between the 1st thru the 7th of the month for the previous month. Don't wait until day 7.
- Have multiple staff trained and responsible for submitting DATAR
- Request Access two weeks in advance of reporting – must include:
 - **Staff name**
 - **Staff business address and phone #**
 - **CalOMS 6 digit # for facility 37XXXX**

Trouble accessing DATAR:

SUDEHRSupport.HHSA@sdcounty.ca.gov

Be Proactive to Avoid Mishaps



DHCS – CAPACITY REPORTING

- Providers are responsible to notify DHCS and COR upon reaching or exceeding 90% of its treatment capacity within 7 days via email to: DHCSPerinatal@dhcs.ca.gov
- This is for both Perinatal and Non-Perinatal programs (DHCS Perinatal Address is where capacity is being processed and is not meant to identify the type of program such as perinatal)
- CORs can be cc'd on the email to DHCS vs a separate email
- **Important – Subject Line on the email should read “Capacity Management”**
 - **From:** (Provider)
 - **Sent:** (date sent)
 - **To:** DHCSPerinatal@dhcs.ca.gov
 - **Cc:** (COR)
 - **Subject:** Capacity Management
- 90% capacity is reported per CalOMS#, Agency, & Facility. Be sure to include the CalOMS#(s) in the body of the email.
- If the program has reported reaching or exceeding 90% in the DATAR website, there should be emails to DHCS and COR for all days reported.

PROVIDER CHANGES



- MUST report any modifications to information previously submitted to DHCS within 35 days from the date of the change. Most changes may be reported on the DHCS 6209 form.
 - See [Medi-Cal Supplemental Changes DHCS6209](#) for further details
 - MUST report through PAVE system so that it is reflected on DHCS Master Provider File (MPF)
 - **Legal Entity:** The name of the administrative /corporate office. This should match what is on file with the Internal Revenue Service (IRS)
 - **Doing Business as Name (DBA):** the name of the facility where services are provided. This name may or may not be the same as the Legal Entity.
 - **Director Name, Email, & Phone Number:** The name, email, and phone# for the director of the Legal Entity
 - **Program Contract Name, Email, & Phone Number:** The name, email, and Phone # for the program contact at the facility where the services are being provided (not administrative or corporate address).
 - Reference the SUDPOH for additional Information and instruction
-
- Provider changes must also be reported to:
 - SUDEHRSupport.HHSA@sdcounty.ca.gov
 - QIMatters.HHSA@sdcounty.ca.gov
 - Assigned Program COR



LIVE WELL
SAN DIEGO

SYSTEM ADMINISTRATION



- 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).
- Staff must provide a SanWITS User Form with the signature of the contracted provider supervisor or program manager's signature
- Staff must have the contracted provider's business email address

IMPORTANT

- All Staff providing direct services must submit:
 - National Provider Identifier (NPI)
 - Professional Credential/License type and number
 - Taxonomy code
 - DEA# where applicable (any prescribing facilities and prescribing staff)



SYSTEM AND DATA SECURITY

- 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, name, email, job title, credential/licensure, job roles, facility assignment, or **termination**.
- Under no circumstances shall a provider's staff who has terminated employment have access to the EHR (SanWITS). This would constitute a serious violation of security.

STAFF TERMINATION PROCESS



Routine User Termination

- In most cases, staff employment is terminated in a routine way in which the employee gives advanced notice. Within one business day of employee termination notice, the program manager shall fax to the SUD MIS Unit (855) 975-4724 or scan and email to SUDEHRSupport.HHSA@sdcounty.ca.gov a completed SanWITS User Modification or Termination Form with the termination date (*will be a future date*).
- The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination.
- The user will also be added to the terminated staff log.

Quick User Termination

- In some situations, a staff's employment may be terminated immediately. In this case, the program manager must immediately call the SUD MIS Unit at (619) 584-5040 to request the staff account be inactivated immediately (including weekends)
- Within one business day, the program manager shall fax a completed SanWITS User Modification and Termination Form to the SUD MIS Unit (855) 975-4724 or scan and email to SUDEHRSupport.HHSA@sdcounty.ca.gov .
- The SUD MIS Unit will enter the staff expiration date in SanWITS which will inactivate the staff account at the time of termination.
- The user will also be added to the terminated staff log.

SYSTEM ADMINISTRATIVE REMINDERS

SECTION III. USER FUNCTION AND ROLES

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

Administrative Staff - Data Entry

Intro to Admin Functions (IAF) training required.

Access includes: Admission, ASAM Profile, Client Diagnosis, Client Profile, Discharge, Intake, Non-Treatment Team Access, Outcomes, Cross-Agency Waitlist Management, and Notes.

Administrative Staff - Encounters

IAF and Encounters required.

Residential access includes: TxEncounter, Release to Billing, Authorization, Bed Management, and Census.

Outpatient/OTP access includes: TxEncounter, Release to Billing, and Group Module.

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.)

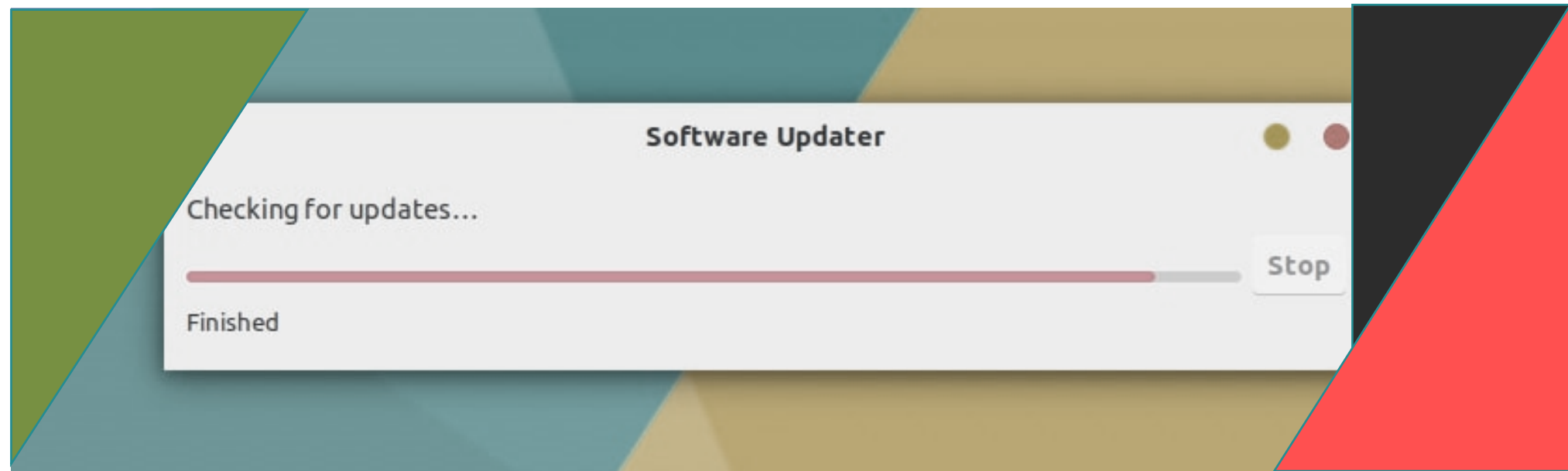
LPHA (Appropriate credentials required)

Counselor (Appropriate credentials required)

QA

- New User Access, Modifications, and Terminations must be submitted to the SUD Support Desk at SUDEHRSupport.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 Assessment Training. **Credentials are required.**
- **Peer Support Specialist (PSS)** should be added to the comment box and with appropriate training, can have read only access to clients and access to create encounters specifically for services they provide

SANWITS – REMINDERS, UPDATES, DEMONSTRATIONS





DMC Billable Peer Services

- What's needed in SanWITS to bill Peer Services to **DMC**
 - 1) PSS Certification
 - 2) National Provider ID#
 - 3) Taxonomy Code
 - 4) SanWITS training



- What services can be billed to DMC by Certified Peer Support Specialist
 - 1) Behavioral Health Prevention Education/Peer Service
 - 2) Self-Help/Peer Services

*Note: Service Codes are not to be used until **Certification** is received and verified by MIS*



Non-Certified Peers

- **Q** – What service can be billed in SanWITS by Non-Certified Peer Support Specialist
 - **A** – Only “Case management”
 - Can only be billed as County Billable
 - Client must have a County Billable Payor Group Enrollment/Benefit Plan
- **NOTE:** No other services can be billed by a non-certified Peer Support Specialist
- **NOTE:** No service under the Recovery Service Program Enrollment can be provided by a non-certified OR certified Peer Support Specialist



NON-BHS CONTRACTED CLIENTS



Non-BHS Contracted Clients are entered in SanWITS for CalOMS state reporting



Do not enter

ASAM screen

Payor Group Enrollment/Benefit Plan

Encounters

Assessments



Non-BHS contracted clients **should not** be put in SanWITS beds



Please refer to the tip sheet “Non-BHS Contracted Client Program Enrollment/CalOMS Reporting” at [Non-BHS Contracted Client Program Enrollment/CalOMS Reporting_rev 2020.10.22.pdf](#)

PAYMENT REFORM



- July 1, 2023 – some of the anticipated changes for billing in SanWITS include:
- Hybrid service codes to include level I coding, known as current procedural terminology (CPT) coding, and level II HCPCs codes
 - Difference in some service descriptions
 - Unit based
 - Fractions no longer accepted
- The SanWITS encounter screen and billing screens will be updated to accommodate additional changes needed to bill under Payment reform
- Groups will no longer have the ODS calculation
- Services will be unit based

PAYMENT REFORM



- Additional Place of service codes will be added to location on Encounter as on paper Progress Note
- Rendering staff field will be moved to top of screen
- Drop down service menu will be designated to disciplines
- The ability to have add-on services (must be billed on the same claim)
 - Supplemental codes such as T1013 Interpretation Services
 - Dependent codes
- Rates and Charges will no longer be available
- Invoicing and reconciliations – please reach out to your County contract Financial Analyst



CHANGES



SanWITS -

- Problem List (Dx list) - Postponed
- New Adult ASAM Criteria Assessment - Postponed
- Contingency Management Pilot (Jan) waiting on state

QUALITY ASSURANCE TEAM



SUD BILLING UNIT

ADSBillingUnit.hhsa@sdcounty.ca.gov



SUD BILLING TRAINING SURVEY



A post-training survey or questionnaire is available and will be emailed to all trainees or participants upon completion of the course.



SUD BILLING TRAINING



- The billing training is on a per request basis or as needed.
- We also prefer providing training per Agency/Facility to ensure the curriculum fits the unique needs and objectives of your program, and that the confidential handling of all protected health information (PHI) is observed.
- Please remember to complete the prerequisite training prior to scheduling/attending the billing training:
 - SanWITS Intro to Admin Functions (IAF)
- **AND**
 - Res – Encounter & Bed Mgmt
- **OR**
 - OS/OTP – Group Module & Encounter



THE CURRENT VIRTUAL BILLING TRAINING COVERS THE FOLLOWING TOPICS:

- SanWITS billing workflow (from releasing encounters to billing to submitting Provider Batches to the Clearing House or Government Contract).
- Troubleshooting billing errors
- Medi-Cal eligibility verification review and examples
- Review of claims in “hold” status.
- Post-billing processes (claim denials review, required actions, and service replacement overview)
- Void or disallowance process, including instructions on how to complete the Payment Recovery Forms
- Late billing (Delay Reason Code, additional paperwork, and more)

Note: Please send an email to the ADSBillingUnit.HHSA@sdcounty.ca.gov if you have a specific billing training request that is not listed above.

MEDICARE ADVANTAGE FFS-EQUIVALENT COVERAGE CERTIFICATION FOR OUTPATIENT (EXCEPT OTP) AND RESIDENTIAL PROGRAMS



MEDICARE PART C INSURANCES (BLUE SHIELD PROMISE -PART C, HEALTH NET-PART C, MOLINA-PART C)

- The Medicare Advantage FFS-Equivalent Coverage Certification have been approved by the state thru Dec 2022.
- Any claims on hold from July 2022 to current for clients with these insurances should be released to billing and batches should be submitted to the SanWITS clearing house.

Note: Please prioritize July 2022 claims (if available) as we only have until the end of October to bill the State without the required Delay Reason Code (DRC).

- Any claims after the six-month billing deadline (from the date of service) must be addressed to the ADS Billing Unit.
- Please contact us at ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible so that we can request a late billing pre-approval from the State.

OHC COVERAGE RULES OUTPATIENT AND RESIDENTIAL



The attached emails (below) were sent to both Outpatient and Residential providers on 07/08/2022.

[OHC Coverage Rules for Outpatient
2022.07.08](#)

[OHC Coverage Rules for
Residential 2022.07.08](#)

Please continue to hold the claims with OHC or Medicare Advantage and wait until 90 days and send any acceptable proof of private insurance to adsbillingunit.hhsa@sdcounty.ca.gov. One of my team members will contact you to provide the next steps (e.g., batch using the OHC PGE).

Please note that different rules apply to these 3 Medicare Advantage plans: Blue Shield Promise Part C, Health Net Plan C, and Molina Part C.

BILLING REMINDERS OTP PROVIDERS



- OTP Providers must continue billing Medicare – including Medicare Part C / Medicare Risk Plans / Medicare Advantage/Cal Medi-Connect risk insurance.
- A notice regarding Medicare Advantage (Medicare Part C) was emailed to all OTP programs on 07/08/2022. You can find a copy of this e-mail on the Optum website under the BHS Provider Resources, Billing tab.

[SUD Billing Announcement: Medicare Advantage Plan Rules for OTP Providers \(msg\)](#)

- Methadone and counseling services (individual and group) even if the client is out of county should be billed to DMC. Please note that we can bill DMC for these services; do not put them on 33hold unless there are other valid reasons to do so. Please continue to assist the client with the transition should they intend to live in San Diego.

PAYMENT RECOVERY FORM (PRF) (FOR ALL PROGRAMS)



- The updated PRF is available on the Optum website under the BHS Provider Resources, Billing tab.
- Fraud, Waste, and Abuse (FWA) have been added to the list of disallowance/adjustment reasons.
Note: If your program suspects FWA, please notify the Quality Assurance (QA) team immediately.

[Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

Drug Medi-Cal Organized Delivery System

Welcome to the County of San Diego's Behavioral Health Services (BHS) Drug Medi-Cal Organized Delivery System (DMC-ODS) **document library**. From this site you will be able to access any communications, forms, and manuals that BHS has sent out to providers. If you are looking for more general information regarding DMC-ODS, please [visit the BHS DMC-ODS website by clicking here](#).

Training

If you are provider and are looking for a comprehensive list of required provider trainings for DMC-ODS, [click here to visit the DMC-ODS Training site](#). [↗](#)

If you have questions regarding Training for SanWITS, [a tips and resources page is now available](#) for providers and Program Managers.

[SUDPOH](#) [SUDURM](#) [Forms](#) [Communications](#) [QM Training](#) [Manuals](#) [Toolbox](#) [Beneficiary](#) [NOABD](#) [UTTM](#) [SanWITS](#) [Billing](#) [PC1000](#)

[Medical Director Info](#) [Recovery Residences](#) [Monitoring](#) [Training - SanWITS](#) [Peer Support](#) [Contracts/Fiscal Admin Svcs](#) [MIS EHR Interop Project](#) [CalAIM FAQ](#)

Billing

Name	Description	Date
Payment Recovery Form (Void-Disallowance) (xlsx) . ↗	Revised 09/2022 - Tab 2 contains the instructions.	2022-09-13

ADDITIONAL BILLING REMINDERS (FOR ALL PROGRAMS)



-
- Please review all the claims on hold and bill to DMC if applicable. Contact the Billing Unit if you require additional assistance.
-
- My team sends you an email if the claim batch contains more than 5000 claims, so you have time to reject and split the batch into two. We do this to prevent the State from rejecting our batch submission, as their claim system only accepts up to 5,000 claims at a time.
-
- Please respond to billing unit emails as soon as possible or, if you are unable to do so, have a member of your team respond to our e-mail.
-

SANWITS

MIS

Optum

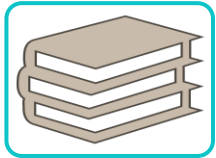
Billing Unit



TRAINING

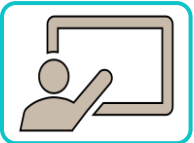
The word "TRAINING" is displayed in a bold, sans-serif font. Each letter is contained within a colored rectangular block. The colors of the blocks are: T (orange), R (teal), A (green), I (dark blue), N (orange), I (orange), N (teal), and G (green). The blocks are slightly offset from each other, creating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

VIRTUAL TRAINING CLASSES



Courses

- SanWITS Intro to Admin Functions (IAF)
- RES Enc & Bed Management
- OS/OTP Group Module & Encounters
- SanWITS Assessments (SWA)



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



Submit required forms to SanWITS Support at least seven days prior to the scheduled training at SUDEHRSupport.HHSA@sdcounty.ca.gov



Attendees for virtual training classes will receive an email on the morning of training, between 8:30-8:45am. If staff do not receive an email by 9am, email sdu_sdtraining@optum.com to resolve the issue.



For additional assistance with registering and training availability, please email sdu_sdtraining@optum.com or call 800-834-3792, Option 3.

COURSE DESCRIPTION



Introduction to Admin Functions (IAF) Training covers basic functionality of SanWITS, such as searching clients, adding clients into the System, documenting client contacts, intake, payor group enrollment, CalOMS Admission, and program enrollment. It is intended for staff who perform administrative functions. *Examples are Receptionist, Admin/Data Entry Staff, QA Staff, and SUD Counselors who perform dual Admin/Counselor roles.* **This class is a prerequisite to the Encounters Training and Billing Training classes.**

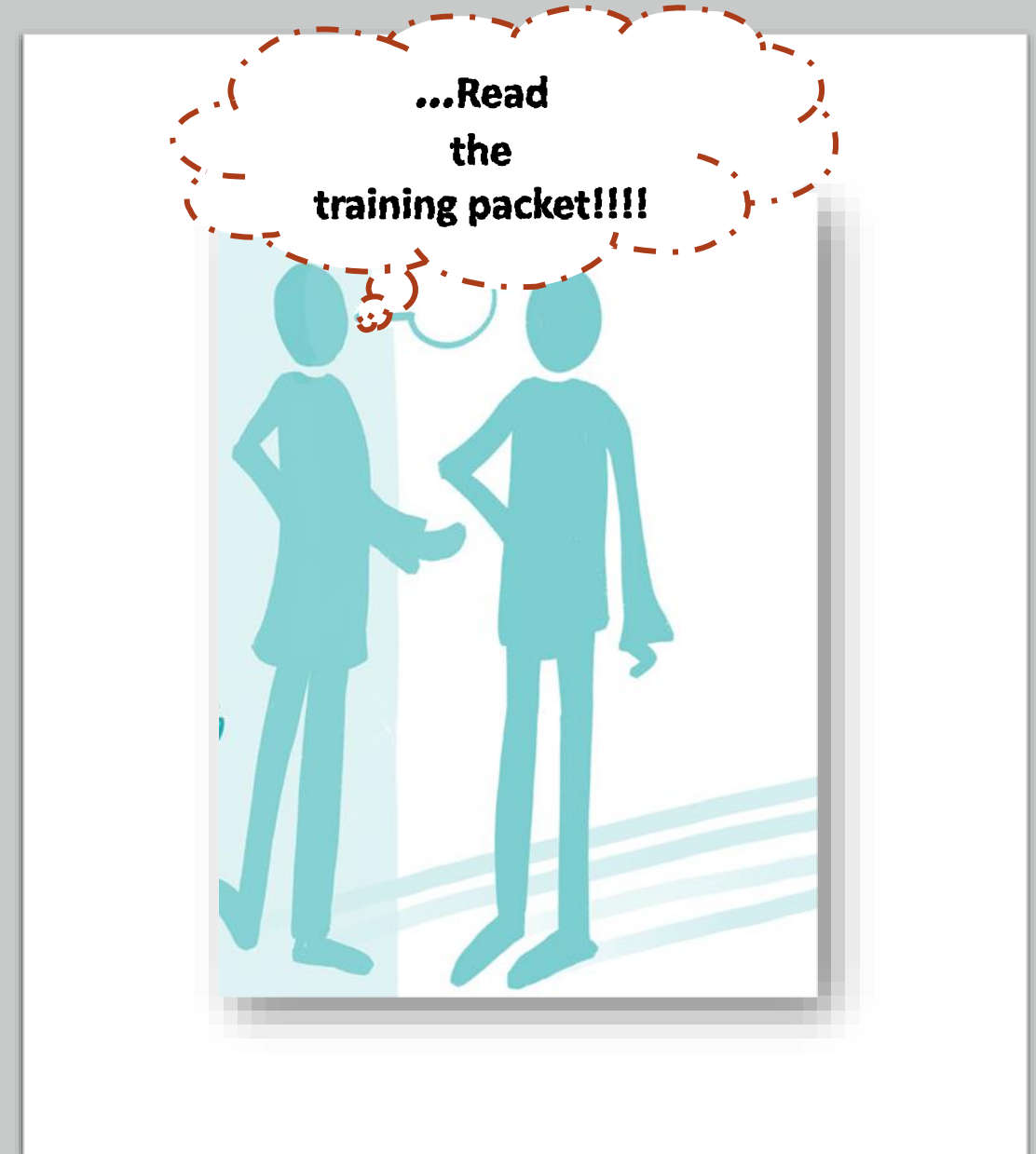
Encounters (Residential or Outpatient/OTP) Training is specific to program type and covers entry of individual and group encounters into SanWITS. **This class is a prerequisite to the Billing Training.**

Assessments (SWA) Training covers a working navigation of SanWITS, such as accessing client records using the Clinical Dashboard and creating assessments through finalization. It is intended for staff who provide direct services to clients. Staff who review clinical records may also attend this training.

HELPFUL TRAINING TIPS

- Review/print the training resources prior to training.
- Watch the video tutorial prior to training.
- The resources are located on the SanWITS Training page of the Optum website; click [HERE](#)
- **Please note:** This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.

Staff are highly recommended to read the training packet thoroughly before entering information into the LIVE environment





COMMON MISTAKES IN TRAINING

- **False Start:** The Trainer's initial email and the practice document include important details, such as specific instructions and expectations. Starting the practice without reading thoroughly the initial email and attachments leads to mistakes and confusion.
- **Skipped Steps:** Numbered steps on the training practice are in sequential order. Skipping and combining steps result in errors which take time to correct. Some attendees are assigned new fake clients to re-start the practice from the beginning (Step 1).
- **Incorrect Dates:** Client Contact, Intake, Payor Group Enrollment, Admission, Program Enrollment, Authorization, Encounter, Diagnosis, Assessments

Special Note: Please schedule an uninterrupted time to complete the training. Review the training materials and watch the training video tutorial before completing the training practice.



EXPECTATIONS FOR CLINICAL STAFF

- Counselors and LPHA's are expected to start entering Assessments in SanWITS once they receive access. Access will be given within one to two business days after successful completion of training.
- A finalized LOC assessment automatically generates an ASAM Summary screen. Data entry staff may enter an ASAM Summary only when the ASAM Criteria Assessment was completed in paper form.
- Confirm that the correct Assessment Type and Assessment date have been selected before completing the assessment.
- **Review the SUDPOH, SUDURM, and QM instructions prior to entering assessments into the LIVE environment.**

RESOURCES



TOPIC	LINK
Billing Questions and Training	ADSBillingUnit.HHSA@sdcounty.ca.gov
Clinical and Documentation Questions	QIMatters.HHSA@sdcounty.ca.gov
Forms and Tip Sheets	www.optumsandiego.com
Training Registration Assistance	sdu_sdtraining@optum.com
SanWITS Technical Assistance	SUDEHRSupport.HHSA@sdcounty.ca.gov
CalAIM and/or Peer Q & A	Bhs-hpa.hhsa@sdcounty.ca.gov



Q & A

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