New: Skill Building Workshops in April 2023
- Please look out for future notice to register for the following virtual trainings:
  - Withdrawal Management (Pilot)
    - **Tuesday, April 11, 2023,** from 1:00 p.m. to 2:30 p.m.
    - This workshop is an opportunity for SUD Treatment providers to review the Withdrawal Management standards in DMC-ODS, discuss ongoing assessment and documentation, and practice skills to assist in transition to a lower level of care.
    - **Register Here**
  - Assessments & Problem Lists
    - **Thursday, April 20, 2023,** from 1:00 p.m. to 2:30 p.m.
    - This workshop is an opportunity for SUD Treatment providers to develop and refine their skillset in establishing medical necessity, completing intake assessments, and identifying client needs and problem areas.
    - **Register Here**
- Due to limited capacity for the workshop, registration is required and capped at 35 attendees. If you register and are no longer able to attend the workshop, please cancel your registration via WebEx. Additionally, this workshop is intended for LPHA, SUD Counselor, and QA staff. If you are a Billing Specialist, Data Entry Specialist, or Office Administrator, this workshop is not for you. Please respect the limited space and leave registration open to eligible staff.
- If you are in need of an ASL Interpreter for the workshop, please submit a request at least 7 business days in advance so that we may secure one for you. We are unable to guarantee accommodations for any requests made after 7 business days.
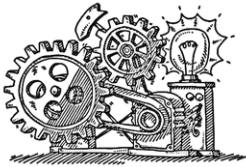
SUD Quality Improvement Partners (QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Assurance, 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, April 27, 2023**
  - Time: 10:00 a.m. to 11:30 a.m.
  - Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

Reminder: DMC Recertification Requirements
- DHCS requires DMC providers complete a recertification process every five years in order to maintain their DMC certification.
- DHCS will notify providers in writing when they are required to submit a continued enrollment application.
- DHCS may allow providers to continue delivering covered services to clients at a site subject to on-site review by DHCS as part of the recertification process.
- Providers are encouraged to review recertification dates and requirements.
- **NOTE** – DHCS is issuing notices to providers who have not billed for a year, requesting status in order to continue as an active DMC provider. If your program receives this notice, please email QI Matters.
- **NOTE** – DHCS has resumed in person, unannounced recertification visits. If your program is notified of a visit, please email QI Matters.

Fentanyl Test Strips

- *What are Fentanyl Test Strips?*
    - Fentanyl test strips (FTS) are an inexpensive form of drug testing technology which have been shown to be effective at detecting the presence of fentanyl and fentanyl analogs in drug samples.
    - FTS are a type of harm reduction intervention.
- *Why Fentanyl Test Strips?*
    - The goal of FTS is to mitigate harm and reduce overdose deaths.
    - Alerting people who use drugs to the presence of fentanyl can provide opportunities for safety planning, such as:
        - Never using alone
        - Having a person with naloxone nearby while using
        - Using less
        - Abstaining from use
- *Is Distributing Fentanyl Test Strips Legal?*
    - Yes
    - On August 29, 2022, Assembly Bill No.1598 was signed and chaptered into law by the Governor. The new law, which went into effect on January 1, 2023, permits entities beyond syringe services programs (SSPs) to distribute fentanyl test strips.
- *How can Interested Programs Begin Distributing Fentanyl Test Strips?*
    - Become a County Naloxone Distribution Network provider: as network providers, programs receive free naloxone and, beginning in Spring 2023, can also receive fentanyl test strips for distribution. For more information, please email the BHS Harm Reduction Team at HarmReduction.HHSA@sdcounty.ca.gov.
    - Purchase FTS on their own: with pre-approval from their Contracting Officer Representative (COR) and/or the program's funding source, programs may purchase FTS on their own and distribute to participants under the new law. For product information, pricing, and ordering visit BTNX | Harm Reduction or Fentanyl | DanceSafe

Update: BHS Training and Technical Assistance

- BHS training information can be found on the BHS Training and Technical Assistance website.
- Access to Academy of Professional Excellence eLearnings are available for: Implementing Harm Reduction, Pathways to Well-being, and Introduction to Trauma Informed Care.
- Additional, system of care trainings will be announced through BHS email communication.

Reminder: Annual Addiction Medicine Training Requirement

- Medical Directors and LPHA staff must complete 5 hours of addiction medicine training per **calendar year**.
    - Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
    - Professional staff (LPHA) shall receive a minimum of five hours of continuing education related to addiction medicine each year.
- BHS is required to monitor compliance of this requirement for all LPHA and MD staff. SUD QM will be providing support for COR teams monitoring this requirement.
- A web-based submission form is now available to report trainings.
- Evidence shall be submitted to QI Matters for review to confirm the training meets the requirement. Evidence must include CEU/CME information to be accepted.
- Contract monitors will be reviewing reported trainings regularly and discussing compliance of the annual requirement with programs during annual site visits/desk reviews. Non-compliance may result in corrective action.
- Tip sheet is posted to the Optum site under the "Monitoring" tab.

Update: SUDPOH

- The SUDPOH was updated on 03/20/23.
- The revision and Summary of Changes are posted on the Optum site.
- Next anticipated update is planned for 07/14/23.

Update: DHCS Behavioral Health Information Notice 23-008
- This Information Notice allows graduate students to provide counseling services in an AOD program and exempts them from the counselor registration and certification requirements.
- A graduate student providing counseling services in an AOD program shall:
    - Be enrolled as a university graduate student in psychology, social work, marriage and family therapy, or counseling.
    - Be completing their supervised practicum hours to meet graduate school requirements; and
    - Provide proof of enrollment as a graduate student to the AOD program on an annual basis.
- If a graduate student is no longer enrolled in a university program, they shall notify the AOD program in writing of their withdrawal within one working day, and the AOD program shall immediately remove the former graduate student from providing counseling services.
- We currently have a series of questions in to DHCS regarding these graduate students related to scope of practice, billing, and credentialing, and will provide more information as those questions are answered prior to implementation.

Update: Payment Reform and Billing Manual
- We still have multiple questions in to DHCS regarding payment reform and errors in the billing manual, including a valid billing code(s) for Care Coordination as of 7/1/23.
- A revised billing manual is expected the week of 4/10/23 which we hope will answer some questions, but we do not anticipate that all our questions will be answered.
- We will continue to communicate with the system via UTTM and QIP on updates and will be providing the system with information, guides, and a crosswalk as soon as we have enough basic information to proceed.
- **Update:** The most recent update to the CalAIM FAQ states that as of 7/1/23, residential SUD providers will no longer be able to bill care coordination (formerly case management) separately, and it will be included in the reimbursement rates and updated in a future billing manual. This does not remove the necessity of providing care coordination for residential providers.

Reminder: Attestation for Beneficiary Handbook Changes
- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- Attestations for notifying clients of significant changes with the Beneficiary Handbook were due to QI Matters by 3/15/23. There are several outstanding attestations. Please complete and submit to QI Matters as soon as possible.

Reminder: Client Contacts, Timely Access Monitoring, and Urgent Requests
- All client requests for services shall be documented as an initial contact with the first, second and third available appointment dates regardless of date requests made by clients. This includes when clients are asked to call back daily to check availability.
- Client contacts documenting requests for services shall include if the request is 'urgent'.
    - Requests for WM shall be considered 'urgent'.
    - Clients referred to outpatient due to limited residential capacity, shall be considered 'urgent'.
- Urgent care is defined as a condition perceived by a beneficiary as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.
- For programs not open 24/7, consider whether or not you can provide a service within 48 hours and whether the client's condition would be worse if services were not provided within 48 hours.
- Client contact data is required for clients admitted and those not admitted to programs.
- Capturing this data is important to ensure our access time data is accurate.
- Client addresses shall be obtained from clients in order to issue NOABD(s) for non-compliance with outpatient, residential, and OTP timely access standards.
    - **NEW: DHCS clarified as part of CalAIM, residential programs shall follow the 10-business day standard for timely access.**
- Access times should be measured as the phone call/in-person request to the clinical service that determines next steps for treatment.

Reminder: Interim Services
- Programs shall be responsible for keeping records of interim services and documenting efforts for each client. Programs may be asked to provide evidence of interim services.
- Monitoring is shifting from monthly with QA to annual monitoring with COR teams.
- For more information on Interim Services, see the tip sheet posted on the Optum site under the "Monitoring" tab.

Reminder: Missed Appointments
- **For new referrals**: When a new client (or caregiver if applicable) is scheduled for their first appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk, the client (or caregiver if applicable) will be contacted by clinical staff on the same day as the missed appointment.
  - Additionally, the referral source, if available, should be informed.
- **For current clients**: When a client and/or caregiver (if applicable) is scheduled for an appointment and does not show up or call to reschedule:
  - They must be contacted within 1 business day by clinical staff.
    - If the client has been identified as being at an elevated risk the client (or caregiver if applicable) will be contacted by clinical staff the same day as the missed appointment.
      - If clients who are at an elevated risk and are unable to be reached on the same day, the program policy needs to document next steps, which may include consultation with a supervisor, contacting the client's emergency contact, or initiating a welfare check.
  - Additionally, the policy shall outline how the program will continue to follow up with the client (or caregiver, if applicable) to re-engage them in services, and should include specific timeframes and specific types of contact (e.g., phone calls, letters).
- All attempts to contact a new referral and/or a current client (or caregiver, if applicable) in response to a missed scheduled appointment must be documented by the program.

Reminder: Residential and Counselor Complaints
- Certain incidents must be reported by residential SUD programs to DHCS. Outpatient programs are not required to report incidents but are able to if they would like to.
- Incidents include:
  - Death of any resident from any cause, even if death did not occur at facility.
  - Any facility related injury of any resident which requires medical treatment.
  - All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department.
  - Poisonings
  - Natural disaster
  - Fires or explosions which occur in or on the premises.
- Reporting methods include:
  - Programs must make a telephonic report to DHCS Complaints and Counselor Certification Division at (916) 322-2911 within one (1) working day.
  - The telephonic report must be followed with a written report to DHCS within seven (7) days of the event.
  - Death reports must be submitted via fax to the DHCS Complaints and Counselor Certification Division at (916) 445-5084 or by email to DHCSLCBcomp@DHCS.ca.gov.
  - Form 5079 Unusual Incident/Injury/Death Report

Reminder: Dependent vs Independent Living
- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- **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.
- When CalOMS questions are not understood or are not correctly defined for clients, the data obtained and reported to DHCS is incorrect. Refer to the CalOMS Tx Collection Guide for additional information.

Reminder: Persons with Disabilities (PWD) Accessibility Assessment Requirement
- New programs and programs relocating to a new location are required to complete the PWD Accessibility Assessment to determine if you can accept all persons with disabilities.
- The assessment form is posted on the Optum site under the "Forms" tab.
- For more information about the PWD requirement, see SUDPOH Section E – Accessing Services.
- **NOTE:** Programs shall have an internal P&P in place to request interpreter services including services for deaf and hard of hearing clients.

Health Plan Administration (HPA)

Medi-Cal Peer Support Specialist Certification
- The Medi-Cal Peer Support Specialist Certification Registry is now online.
- The Legacy (grandparenting) pathway for certification has been extended through June 30, 2023 for Peers employed as a Peer on January 1, 2022.
    - Peers employed as a Peer on January 1, 2022, must still be employed as a Peer on the date application is submitted (until June 30, 2023).
    - No changes to application instructions and certification standards.
- Certification applicants are encouraged to complete applications on the portal as soon as possible. To view your application status, log on to the application portal. Applicants with the status "In Revision" must complete additional requests for information in order to proceed. For any inquiries regarding certification application status, please reach out to PeerCertification@calmhsa.org.
- The *Supervision of Peer Workers Training* is now available through CalMHSA at no cost. This training meets the State's training requirements for the supervision of Medi-Cal Peer Support Specialists certified in California.
    - Register for the Supervisor Training at the CalMHSA website.
- The following information are also available on the CalMHSA website for peers:
    - A searchable Resource Library that includes application information, exam guides, procedures, and FAQs.
    - Information on training providers
    - An updated Exam Accommodations Policy
- Recognizing the need for input from peers and other stakeholders, CalMHSA established a Stakeholder Advisory Council that makes recommendations on behalf of a variety of stakeholder groups and meets virtually every month.
- The State also offers the public and stakeholders this email address for Peer-related questions and comments: Peers@dhcs.ca.gov.

Provider Directory Application Programming Interface (API) coming soon!
- The CMS Interoperability Rule requires Behavioral Health Plans to implement and maintain a publicly accessible, standards-based Provider Directory API (BHIN 22-068). This upcoming change may result in potential administrative relief, would create more efficient coordination of care between MCPs and BHS programs, and even possibly allow clients to look up BHS network providers' information on phone applications.
- To help prepare for this change, staff providers are asked to:
    - Update provider directory information in the SOC Application as changes occur.
    - Attest to the accuracy of provider directory information on the SOC Application monthly.
    - Are you a program manager? Remember to attest to your program's information on the SOC Application monthly.
- Please be on the lookout for further announcements and additional information for provider directory requirements.

Transportation Benefit for Medi-Cal Beneficiaries
- As a reminder, Medi-Cal beneficiaries may avail of non-medical transportation (NMT) or non-emergency medical transportation (NEMT) from their Medi-Cal Managed Care Plans (BHIN 22-031). Transportation to Mental Health and SUD treatment appointments are included in this benefit.
- To access transportation benefits, BHS providers and/or beneficiaries can call the health plans' member services department found in the linked FAQs.

Additional Advertising Requirements for SUD Recovery or Treatment Facilities and Mental Health Facilities
- With the implementation of SB 1165, the State has released updated requirements for advertising SUD Recovery/Treatment Facilities and Mental Health Facilities.
- Facilities must take note of these four key prohibited actions outlined in the DHCS guidance Behavioral Health Information Notice 23-007:
  - Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
  - Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
  - Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
  - Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.
- DHCS may investigate an allegation of a violation of these additional requirements and may impose sanctions effective March 15, 2023. More information can be found in BHIN 23-007.

Updated COVID-19 Vaccination, Isolation & Quarantine, and Masking Guidelines
Please review DHCS guidance Behavioral Health Information Notice 23-014 for the most recent public health orders related to health care worker vaccine requirements, quarantine, and masking guidelines.

Mega Regs/Network Adequacy: System of Care Application (SOC) Reminders
- Don't forget to attest to your profile in the SOC application this month!
- Are you new to a program? Register to the SOC app and attest to information once registration is completed.
- Are you a program manager? Remember to attest to your program's information on the SOC app monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email sdhelpdesk@optum.com.

CalAIM Behavioral Health Payment Reform: Please send questions on local implementation of payment reform to BHS-HPA.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS)

CalOMS – Unfinished Client Activity Report for CalOMS Submissions
- To ensure data entry completion and submittal compliance, run the "Unfinished Client Activity" report located in SanWITS Reports Catalog.
- Report should be run at least twice a month - the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.
- Report identifies all client records that are still "In Progress" status meaning not completed.
- Unfinished records will not be submitted to CalOMS and will become non-compliant with DHCS.

Reminder – Admissions
- CalOMS Admission should be completed for a client entering SUD Level of Care treatment services such as: OS, IOS, OTP, Res 3.1, Res 3.3, Res, 3.5, WM 3.2
- Do not complete an Admission for a client entering one of these SanWITS program enrollments: Recovery Service, Before Admission/After Discharge, Early Intervention.

o   If an admission was entered by mistake, contact SUDEHRSupport.HHSA@sdcounty.ca.gov for a deletion request.

Reminder – SanWITS has been updated to include two new DMC billable service codes for Certified Peer Support Specialist (CPSS)
- BH Prevention Education Services/Peer H0025 (Group service Only)
    - Enter by selecting the appropriate service on the <u>Group Session Notes</u> Screen in the <u>Service</u> field.
        - **Prevention Education Peer Group Outpatient
        - **Prevention Education Peer Group 0.5 Early Intervention
        - **Prevention Education Peer Group RES
        - **Prevention Education Peer Group 3.2 WM
- Self-Help/Peer Service H0038 (individual services)
    - Enter this service through the SanWITS encounter screen.

Important: Reporting Provider Changes to the County and State
- It is the Providers responsibility to report to DHCS any modifications to information previously submitted to DHCS within 35 days from the date of the change. Most changes may be reported on a DHCS 6209 form. See Medi-Cal Supplemental Changes DHCS 6209.pdf for further details.
- The information below often gets overlooked and not reported on DHCS 6209 supplemental change form through PAVE system and therefore is not reflected on DHCS Master Provider File (MPF).

> - Legal Entity: The name of the administrative/corporate office. This should match what is on file with the Internal Revenue Service (IRS).
> - Doing Business as Name (DBA): The name of the facility where services are provided. This name may or may not be the same as the Legal Entity.
> - Director Name, Email, & Phone Number: The name, email, and phone # for the director of the Legal Entity.
> - Program Contact Name, Email, & Phone Number: The name, email, and phone # for the program contact at the facility where the services are being provided (not the administrative or corporate address).

- Please see 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.

3 Ways to Reset your SanWITS Password
1. The fastest way to reset user password is by clicking the <u>Forgot Password</u> link on the Login page.
    - In order to use this function, user would have to have security questions and answers previously set during initial account or when password has previously been reset.
    - If user attempts to log in twice and fails, **do not attempt a third time**, just click on Forgot Password, and enter security question answer, this will generate an email to reset password and pin#

2. User can email the SUD Support desk at SUDEHRSupport.HHSA@sdcounty.ca.gov to have credentials reset, M-F, 7:00 AM-5:00 PM.
3. User can also call 619-584-5040, 4:30 AM – 11:00 PM every day for OPTUM to reset your credentials – for this option, the user will be prompted to leave a voice message with name and phone # in order to receive a call back.

Changing SanWITS Password and Pin

If User wants to change password and pin# or security question and answer, while logged into SanWITS, use the **Change Credentials** link located in the upper right-hand side of the home page by clicking the down error next to the users name as seen below.
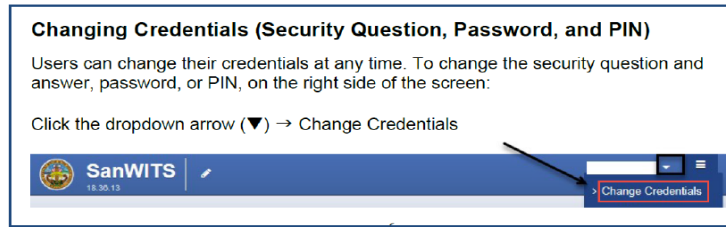
- After you click the change credentials link, enter new information in screen below, then click **Change**.

Reminder: DATAR Capacity Management Reporting
- Along with reporting in the DATAR website, Providers are responsible to report when reaching or exceeding 90% capacity to the State.
- See email dated 7/28/21 on Optum website under the SanWITS tab Important Notice - DATAR Capacity Reporting.

<div align="center">

SanWITS Quarterly Users Group Meeting – Let's Get Together!

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Purpose of the Users Group - review and educate State Reporting for CalOMS, ASAM, DATAR, and Capacity, SanWITS updates, changes in system requirements, Billing & QA updates, and address User concerns.
- Next meeting: **Monday, Apr 17, 2023**, 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 are expected to occur on the 3rd Monday each quarter (adjusted for holidays)
  o Jul, Oct, Jan, Apr
- ASL Interpreters have been requested for each meeting.

We welcome and encourage you to send us agenda items to be covered during our User Group Meetings
SUDEHRSupport.HHSA@sdcounty.ca.gov

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. 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.

Reminder to use the new SanWITS User Access Forms posted to Optum:
- ✓ **SanWITS_New_User_Form_rev_03.09.23.pdf**
- ✓ **SanWITS_User_Modification_Termination_Form_rev_03.09.23.pdf**
- ✓ **SanWITS_BHS_County_&_Optum_Staff_User_Form_rev_03.29.23.pdf** (County staff and Optum staff only)

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 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 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 Adolescent Initial 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 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.**
- Please remember, if unable to attend class, cancel the registration as soon as possible.

SUD Billing Unit

1. The Out-of-County Billing tip sheets have been updated and can be accessed through the Billing and Communications tabs on the Optum BHS Resources site. Drug Medi-Cal Organized Delivery System (optumsandiego.com)

Billing		
Name ⇕	**Description** ⇕	**Date** ⇵
OTP OOC Medi-Cal Tip Sheet (pdf) ⤢		2023-03-28
Outpatient OOC Medi-Cal Tip Sheet (pdf) ⤢		2023-03-28
Residential OOC Medi-Cal Tip Sheet (pdf) ⤢		2023-03-28

2. OTP providers must continue to bill Medicare, including Medicare Part C/Medicare Advantage/Medicare Risk insurances.
   - The Explanation of Benefits (EOB) should be emailed to the County Billing Unit as soon as it becomes available.
   - If 90 days have passed after claim submission or date of service and there has been no appropriate insurance response or denial, you must submit proof of billing to the ADSBillingUnit.HHSA@sdcounty.ca.gov.

3. Outpatient and Residential providers must continue to bill Medi-Cal or DMC if a client with dual coverage has the following Medicare Risk insurances:
   a) Blue Shield Promise Health Plan-Part C
   b) Health Net-Part C
   c) Molina Healthcare of California-Part C

1. MAT/POD PIP

The proposal for the MAT PIP was approved by the EQRO representative in 2022. In December 2022, the MAT PIP Advisory Committee learned that the CalAIM Pharmacotherapy for Opioid Use Disorder (POD) BHQIP activities could be submitted to fulfill the EQRO PIP requirement for 2023, and the team made the decision to focus on the POD BHQIP (retention in MAT) in the short term and revisit the original MAT PIP (enrollment in MAT) next year.

The PIP evaluation team secured access to the claim data feeds which will enable the team to calculate baseline data for the project. It is anticipated that analysis of these claims data will provide additional insight for development of a PIP intervention. A draft of the PIP Submission Tool was submitted for internal BHS review in preparation for the DMC-ODS EQRO visit in April.

Next steps include:
- Analyze claims data to obtain baseline data for the DMC-ODS.
- Begin intervention design.
- Provide updates to the PIP Submission Tool, if needed.

POD Goal:
Aim to increase the percentage of new OUD pharmacotherapy treatment events among members aged 16 and older with OUD that continue for at least 180 days (6 months) by 5%.

2. FUA PIP

HSRC received the plan data feed files with claims data in February 2023 to begin evaluating the baseline data for the BHQIPs, including FUA. HSRC circulated the Hospital Partners Survey designed and compiled responses. HSRC submitted the EQRO PIP Tool draft for internal BHS review in preparation for the DMC-ODS EQRO visit in April 2023.

Next steps:
- Continue collection of Hospital Partners Survey and analyze responses.
- Develop intervention.
- Send data request to MCPs for data exchange pilot.
- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline.
- Continue efforts to process and analyze plan data feed files.
- Provide any updates to EQRO PIP Tool.

<u>Communication</u>
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov
- CalAIM and/or Peer related Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SanWITS questions? Contact: SUDEHRSupport.HHSA@sdcounty.ca.gov
  SUDEHRTraining.HHSA@sdcounty.ca.gov
  SUDEHRFax.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**