

## Update: CalMHSA Trainings

- As of 3/1/2023, programs shall be responsible for ensuring staff complete required trainings. This includes current staff and new staff hired on or after 3/1/2023.
- New staff shall complete required trainings during onboarding, no later than 90 days from hire date.
- For those with individual staff logins to the CalMHSA training system, CalMHSA provides an on-demand report programs can run to confirm staff attendance for each training. It is recommended that programs select San Diego County before generating the report: <https://www.calmhsa.org/calaim-2/>
- For those doing group viewings of each training, programs shall be prepared to provide evidence upon request such as attestations and/or group sign-in sheets.
- For those with the trainings embedded into your own training systems, programs shall use internal processes to confirm attendance.
- More information will be provided in the future regarding monitoring compliance of completed trainings by staff.

## Root Cause Analysis (RCA) Documentation Training

- **Tuesday, March 14, 2023**, from ~~12:30 p.m. to 3:30 p.m.~~ 9:00 a.m. to 12:00 p.m., via WebEx.
- *Registration Required.* [Register Here](#)

## New: Skill Building Workshops in March 2023

- Please look out for future notices to register for virtual workshops:
  - Care Coordination & Discharge (Pilot)
    - **Tuesday, March 14, 2023**, from 1:00 p.m. to 2:30 p.m.
    - This workshop is an opportunity for SUD Treatment providers to define and determine the elements of a Care Coordination service, discuss the importance of “warm handoffs” and coordinating care, and review the discharge process.
    - [Register Here](#)
  - Recovery Services (Pilot)
    - **Thursday, March 16, 2023**, from 9:30 a.m. to 11:00 a.m.
    - This workshop is an opportunity for SUD Treatment providers to review the goal of Recovery Services and to exercise skills in facilitating client transition into services.
    - [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, March 23, 2023**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via Microsoft Teams - Participation information sent by email prior to the meeting.

### **Update: Changes to RIHS Training System**

- Effective 4/1/2023, RIHS will no longer provide training support for BHS staff and providers.
- BHS is transitioning all training material into a BHS training webpage that is expected to be available by 4/1/2023.
- More information, such as website links, will be sent in a future communication.

### **Language Updates from BHIN 23-001**

- In this Information Notice, DHCS is now using the following language:
  - Narcotic Treatment Program (NTP), “also described in the ASAM criteria as an OTP”
  - Medications for Addiction Treatment (MAT), “also known as medication-assisted treatment”
- There are no identified changes to the services provided, this appears to only be a name change.

### **Reminder: Medication Monitoring for OTP programs and Extended MAT Services**

- Medication Monitoring for the period of Jan-Mar (Q3) will be due by April 15, 2023.
- The tool has been updated to include a new question for OTPs regarding the testing requirement that was implemented on 1/1/2022 for Hepatitis C, Fentanyl and Oxycodone; it requires a yes or no response.
- The updated Medication Monitoring forms are posted to the Optum site under the “Monitoring” tab.
- Programs providing additional or extended MAT services will need to start the Medication Monitoring process.
- Reminder – Ensure all the fields are completed, including contract number, DMC provider number, discipline (license designation such as MD or LMFT), and job title.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.
- Submit to [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov) or fax (619) 236-1953.

### **Reminder: CalFRESH Benefits for Residential Clients**

- Residential SUD programs cannot require clients to apply for CalFRESH.
- Residential SUD program must be identified by DHCS as an authorized food retailer to use a client’s CalFRESH benefits for food purchases on behalf of the client while they are in treatment at the program.
- Using a client’s CalFRESH benefits for food purchases on behalf of a client without having the DHCS designation as an authorized food retailer may result in residential SUD programs being held liable for misuse of client benefits.
- Unless identified as an authorized food retailer, residential SUD providers shall purchase food for clients using allocated budgets.
- See [All County Letter 19-51](#) for more information.

### **Update: Public Health Emergency (PHE) Ending & Impacts to Medi-Cal Beneficiaries**

- The COVID-19 Public Health Emergency will end on 3/31/2023.
- As of 4/1/2023, Medi-Cal redeterminations will resume. This will impact San Diego’s Medi-Cal beneficiaries and may place them at risk for losing their coverage.
- DHCS’ top goal is to minimize beneficiary burden and promote continuity of coverage.
- DHCS Coverage Ambassadors will assist in providing critical information to beneficiaries so they know what to expect and what they can do to keep their Medi-Cal health coverage.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**.
  - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - The toolkit includes social media, call scripts, noticing, and website banners.
  - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available.
  - **Encourage Beneficiaries to Update Contact Information**
    - Multi-channel communication campaign to encourage beneficiaries to update contact information with County offices.
    - Flyers in provider/clinic offices, social media, call scripts, website banners.
    - Remind Beneficiaries to watch for Renewal Packets in the mail. Remind them to update their contact information with County office if they have not done so yet.



### **Reminder: DMC-ODS Eligibility**

- The County of San Diego’s DMC-ODS provides services to eligible populations. Eligibility may include one or any combination of:
  - ✓ Adolescents age 12 – 17
  - ✓ Adults age 18 and over
  - ✓ Clients self-referred or referred by another person or organization.
  - ✓ Geographical Service Area: Residents of San Diego County (North Coastal, North Inland, North Central, Central, East, South).
  - ✓ Persons with Medi-Cal or are Medi-Cal eligible (regardless of % FPL and regardless if they have additional insurance), including those served by local Medi-Cal managed care plans and their plan partners. Note: Clients who are at or under 138% of FPL are eligible for Medi-Cal.
  - ✓ Special populations based on: disabilities, cultural, linguistic, and sexual orientation (DHCS AOD Certification Standards, Sec. 7000).
  - ✓ No DMC/Low Income or no insurance:
    - Clients within 138% to 200% FPL without insurance (and not Medi-Cal eligible). Please refer to Section F, Provider Contracting, for more information.
    - Clients under 200% FPL with health coverage other than Medi-Cal may be invoiced to the County BHS contract.
    - Clients above the 200% FPL are outside of the BHS target population may not be invoiced to the County BHS contract.
    - Optum will require a denial or Assignment of Benefits (AOB). Check with Optum for requirements.
  - ✓ Persons meeting DMC-ODS medical necessity criteria.
  - ✓ Justice Overrides
  - ✓ Individuals under age 21 are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. They are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) of the Social Security Act.

### **Update: Beneficiary Handbook**

- Beneficiary Handbooks have been updated to align with CalAIM initiatives that became effective in January 2022 and July 2022.
- These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) (BHIN 21-073), DMC-ODS program requirements (BHIN 23-001, superseded 21-075), behavioral health documentation requirements (BHIN 22-019), and the No Wrong Door policy (BHIN 22-011).
- The Beneficiary Handbook and Summary of Changes (in all threshold languages) will be sent out the System of Care by COB Friday 3/10/23 and are in effect starting 3/12/23.
- The new handbooks will also be posted to the Optum site under the “Beneficiary” tab.
- Beneficiary Material Order Forms are in the process of being updated to include additional threshold languages.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).
- Reminder – Attestations for notifying clients of significant changes with the Beneficiary Handbook are due to QI Matters by 3/15/23.

### **Reminder: Record Retention**

- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
  - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
  - from the date of completion of any audit,
  - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

## 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](#).
- For any inquiries regarding certification application status, please reach out to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).
- The following information are 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](mailto:Peers@dhcs.ca.gov).
- CalMHSA is inviting community feedback for existing landscape analyses of core competencies for Medi-Cal Peer Support Specialists specializations through focus groups scheduled this month and via feedback forms. The core competencies and landscape analyses for feedback are linked below under their respective areas of specialization. Please direct any questions to CalMHSA through [Tatiana.Ortiz@calmhsa.org](mailto:Tatiana.Ortiz@calmhsa.org).
  - Area of Specialization: **Crisis Care**
    - [Crisis Care Core Competency Layout](#)
    - [Crisis Care Landscape Analysis](#)
    - [Feedback Form](#)
    - Focus Group Meeting  
Date: Wednesday, March 15, 2023  
Time: 1:00 - 2:15 p.m.  
Zoom link: <https://us02web.zoom.us/j/3895736057>
  - Area of Specialization: **Working with Persons Who Are Unhoused**
    - [Unhoused Core Competency Layout](#)
    - [Unhoused Landscape Analysis](#)
    - [Feedback Form](#)
    - Focus Group Meeting:  
Date: Friday, March 10, 2023  
Time: between 9:00 - 10:15 a.m.  
Zoom link: <https://us02web.zoom.us/j/3895736057>
  - Area of Specialization: **Justice Involved**
    - [Justice Involved Core Competency Layout](#)
    - [Justice Involved Landscape Analysis](#)
    - [Feedback Form](#)
    - Focus Group Meeting  
Date: Thursday, March 16, 2023  
Time: 10:00 - 11:30 a.m.  
Zoom link: <https://us02web.zoom.us/j/3895736057>



**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 by the bill:
  - 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](#).



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

**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](mailto:sdhelpdesk@optum.com).

**Management Information Systems (MIS)**

**Reminder: CalOMS Compliance**

- Refer to SanWITS Data Entry standards posted to Optum website [SanWITS DMC-ODS Data Entry Standards Rev 2022.10.20](#)

	Residential	Outpatient & OTP
Admissions	Within 24 hours of admit	Within 7 days of admit
Planned Discharges	Within 24 hours of discharge	Within 7 days of discharge
Unplanned discharges	Within 24 hours of discharge (after bed is no longer held)	Within 37 days after client’s last contact
Annual Updates	N/A	Between the 10 <sup>th</sup> and 11 <sup>th</sup> month from date of admission (note: there is an annual update alert in SanWITS)
Encounters	Residential Bed Day Within 24 hours of service Case Management Within 7 days Recovery Service Within 7 days	Within 7 days of service, <b>Exception:</b> OTP consecutive methadone dosing is within 7 days of the end date on the encounter

- Providers are expected to run the “Unfinished Client Activity” report to identify any client records that are missing data and have “In Progress” status on the Activity List screen.
- Unfinished Client Activity report should be run at least on the 10th and 25th of each month, prior to the CalOMS extract and upload to the State.

**Reminder: Outpatient Programs**

- When changing Level of Care from IOS to OS and vice versa the current episode/intake **MUST** be closed, and a new episode/intake needs to be open for the new Level of Care (LOC) program enrollment (PE)
  - There should not be more than one LOC PE under an episode/intake.

### **Reminder: Residential Program**

- SanWITS is set up to work in chronological order for bed management – If the client needs a level of care (LOC) change for instance 3.5 to 3.1, and the client is moving beds or needs a leave record under the new LOC program enrollment, the LOC change must be completed in SanWITS before moving the client bed or entering a leave record.
- The system will not allow you to back date the LOC program enrollment after the bed move or leave record has been completed.

### **Reminder: Programs that Use Group Module**

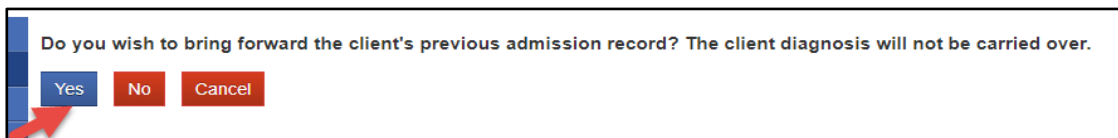
- SanWITS uses a formula to calculate the Group Counseling upon releasing at least one encounter from the group, at which time, the system determines the group is completed and calculates based on what was initially entered under the group session screen.
- When adding/removing a member from a group session after at least one encounter has been released to bill, make sure those claims are rejected back before adding/removing the member.

### **Preventing Encounters being outside the program enrollment date range**

- Verify the client is actively receiving SUD treatment services at facility for service date (not discharged).
- Verify the client is in the appropriate program enrollment on the SanWITS encounter screen.
- Enter the discharge record and close the client program enrollment according to data entry standards (see SanWITS Data Entry Standards posted to Optum website under the SanWITS tab).
- Before Discharging the client verify billing has been completed.
- Before making corrections to the CalOMS Admission and/or Discharge, or program enrollment start/end dates, review encounters service dates.

### **Preventing Discrepancy between Program Enrollment and Type of Tx Service on the CalOMS Admission Screen**

- When opening a new episode and answering “yes” to bring forward the client’s previous admission data, review, verify the client information, make necessary changes, and update the Type of Tx service to match the client Level of Care (LOC) Program Enrollment (PE).



### **Non-BHS Contracted Clients**

- Non-BHS Contracted Clients do not meet the County target population such as private pay, cash pay, clients who do not qualify for Medi-Cal, clients with Other Health Coverage (OHC) who do not qualify for Medi-Cal, and clients above the 200% FPL, etc.
  - Please refer to the SUDPOH for further details
- Non-BHS Contracted Clients must be entered in SanWITS for the purpose of CalOMS data collection for state reporting.
  - Refer to the DHCS CalOMS Data Collection Guide [CalOMS Tx Data Collection Guide](#)
  - **Do Not complete an ASAM, Payor Group Enrollment or Encounters for Non-BHS clients** [Non-BHS Contracted Client Program Enrollment CalOMS Reporting](#)

### **Reminder: DATAR**

- Please email the SUD support desk [SUDEHRSupport.HHSA@sdcounty.ca.gov](mailto:SUDEHRSupport.HHSA@sdcounty.ca.gov) the following information to request a DATAR submitter for your facility:
  - ✓ Name
  - ✓ Business Email
  - ✓ Facility/CalOMS#
- **Note:** Every facility should have at least 1 backup DATAR submitter.

### **Important: 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: Discrepancy in the Program Enrollment Termination Reason and Discharge Status on Discharge Profile**

- When discharging a client, make sure that both the Termination Reason and Discharge Status are the same.
- The Termination Reason on the **Program Enrollment**'s screen must be the same as the client's Discharge Status on the **Discharge Profile** screen to avoid mismatching data.

### **Quarterly SanWITS User Account Audit**

- Effective Mar 2023, MIS will begin quarterly audits on SanWITS user accounts.
- Emails will be sent to each SUD Program Manager to verify user account status to ensure only appropriate staff have active accounts.

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

*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 3<sup>rd</sup> Monday each quarter (adjusted for holidays)
  - 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](mailto: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](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.

### **Revised Forms - “SanWITS New User Form” and “SanWITS User Modification or Termination Form” effective March 10, 2023**

- All SanWITS User access forms will need to be signed by the Facility Program Manager or Facility Director
  - Program Manager or Facility Director signature must be dated/time stamped after the staff signature.
- New SanWITS user forms will be released on or before **March 10, 2023**
  - Download and save the newest forms from [Optum San Diego](#)
  - Discard Older expired forms as they will no longer be accepted after March 9, 2023
- A few changes are noted below:

**Section I:** A staff role field has been added with a dropdown.

**Section II-** Licensing Issuer field has been added. The Taxonomy#, License#, License Issuer and Issue Date are now required fields if an NPI or License type is entered.

**Section III-** A complete list of roles has been added to each training class description.

**Section IV-** User forms must now be signed by a Program Manager or Director

**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](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 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

### I. Medicare Advantage FFS-Equivalent Coverage Certification for Outpatient and Residential programs except OTP.

The Medicare Advantage FFS-Equivalent Coverage Certification approval is effective until 12/31/2022. If you have any claims on hold from September 2022 to current for clients with these insurances should be released to billing and batches should be submitted to the SanWITS clearing house. Please prioritize September 2022 claims (if available) as we only have until the end of March 2023 to bill the State without the required Delay Reason Code (DRC). Please contact the [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov) immediately for claims beyond the six-month billing deadline (from the date of service).

The certification letter must be renewed and approved by the State each year and as of today, the 2023 certification is still in progress. We would like to continue billing the claims straight to DMC for these three Medicare Advantage Plans: **Medicare Part C insurances (Blue Shield Promise -Part C, Health Net-Part C, Molina-Part C)**, and if claims are denied, the County Billing Team (SUD BU) will replace and rebill the claims upon receipt of 2023 certification.

### II. OTP Providers

- OTPs are expected to continue to bill Medicare, including Medicare Part C / Medicare Risk Plans / Medicare Advantage
- 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 hold 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.

### III. Cal MediConnect

Effective January 1, 2023, Cal MediConnect (MCC) no longer exists. Review any prior clients with Cal MediConnect in the past and make sure to update their Medicare-risk insurance and bill appropriately.

### IV. Additional Reminders to All Providers (Outpatient, OTP, and Residential)

1. Please review all the claims on hold and bill to DMC if applicable.
2. My team sends an email to providers 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.
3. Please respond to all billing unit emails as soon as possible, or if unable, have a member of your team respond so we can process your claims.



Should you require further assistance, please contact the Billing Unit at: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov) or call our main line at 619-338-2584.

## Population Health

### 1. MAT/POD PIP

The proposal for the MAT PIP was approved by the EQRO representative in early March 2022, with a planned focus on implementing a standard protocol at admission to increase the proportion of clients with an opioid use disorder (OUD) who are dual enrolled in SUD treatment and medication assisted treatment (MAT). 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 at the end of December 2022 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.



In January, the PIP evaluation team provided a PIP status update during the Adult Council meeting (January 9, 2023), and continued analysis of the supplemental survey responses received from clients who responded to the TPS survey in October 2022. The PIP evaluation team also continued to work to securely receive the claims data feeds to be able to calculate baseline data for the project, and provided a CalAIM BHQIP deliverables status update summary to SDCBHS to assess progress toward Milestone 3d(ii).

**Next steps include:**

- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline (2/6/2023).
- Inform the stakeholder workgroup of the shift from designing an intervention to address both enrollment and retention in MAT to focusing solely on retention in the short term and facilitate the bi-monthly workgroup (2/13/2023).
- Begin intervention design.
- Continue efforts to receive plan data feed files and begin analysis once in place.

**POD Goal:**

Aim to increase the percentage of 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**

In January 2023, HSRC compiled the FUA\*/FUM\*\* PIP workgroup meeting notes and reviewed internally. On January 9, representatives from HSRC joined the Adult Council Meeting to provide a status update on the SUD EQRO and BHQIP PIPs to align with the council's current focus on access to care. On January 20, HSRC joined the Hospital Partners Meeting to present the FUA/FUM projects and request input from hospital providers to help inform the intervention. During this meeting, it was requested that attendees be given an opportunity to provide more thorough feedback outside of the meeting; therefore, HSRC developed a Hospital Partners Survey to collect these responses. The survey design was completed in January and reviewed internally.



Throughout January, HSRC continued efforts to securely receive the plan data feed files to begin analysis of the claims data for the PIP. Additionally, HSRC helped coordinate a meeting between SDCBHS, UCSD, and Managed Care Plan (MCP) representatives to discuss piloting information exchange for data from patients visiting the emergency department. HSRC staff also provided a CalAIM BHQIP deliverables status update summary to SDCBHS to assess progress toward Milestone 3d(ii).

**Next steps include:**

- Distribute Hospital Partners Survey and begin analysis of responses; combine findings with stakeholder workgroup feedback and begin to develop an intervention proposal.
- Participate in SDCBHS, UCSD, MCP meeting to discuss pilot to receive data from MCPs for patients visiting the ED (February 6)
- Participate in monthly CalAIM PIP meeting with SDCBHS representatives to discuss logistics for meeting deliverable timeline (February 6)
- Participate in meeting with EQRO representative to discuss status of the PIPs (February 15)
- Facilitate second bi-monthly FUA/FUM PIP Stakeholder Workgroup (February 27)
- Continue efforts to receive plan data feed files and begin analysis once in place.

\*FUA: Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (7 and 30 Day)

\*\*FUM: Follow-Up After ED Visit for Mental Illness (7 and 30 Day)

**Communication**

- Billing questions? Contact: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)
- CalAIM and/or Peer related Q&As? Contact: [bhs-hpa.hhsa@sdcounty.ca.gov](mailto:bhs-hpa.hhsa@sdcounty.ca.gov)
- SanWITS questions? Contact: [SUDEHRSupport.HHSA@sdcounty.ca.gov](mailto:SUDEHRSupport.HHSA@sdcounty.ca.gov)  
[SUDEHRTraining.HHSA@sdcounty.ca.gov](mailto:SUDEHRTraining.HHSA@sdcounty.ca.gov)  
[SUDEHRFax.HHSA@sdcounty.ca.gov](mailto: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](mailto:QIMatters.hhsa@sdcounty.ca.gov)