

Non-BHS Contracted clients are clients that do not meet the County target population such as private pay, cash pay, clients who do not qualify for Medi-Cal and clients with Other Health Coverage (OHC) who do not qualify for Medi-Cal. Please refer to the SUDPOH for further details.

Scenario 1 Non-BHS Contracted clients must be entered into SanWITS for the purpose of CalOMS data collection and reporting. Refer to the DHCS CalOMS Data Collection Guide on the Optum website

Scenario 2 and 3 – Change from Non-BHS Contracted to Medi-Cal eligible

INSTRUCTIONS

Scenario 1: All programs

Client is admitted as a Non-BHS Contracted client

1. **Client Profile –**
 - Complete required fields
 - If a client profile exists in the agency, review for accuracy and edit as necessary
2. **Contact screen –**
 - Complete required fields
 - Disposition = Made an Appointment
 - Review for accuracy, click on Complete Review and then click Create Intake
3. **Intake screen –**
 - Complete required fields
4. **Admission –**
 - Complete required fields
 - Special Population = Non-BHS Contracted
 - Note the admission record is a point in time and does not get modified as the client's status changes
5. **Program Enrollment –**
 - Complete a **"Non-BHS Contracted"** Program Enrollment
 - Perinatal field should **ALWAYS** be **NO** for Non-BHS

6. **Annual Update –**
 - Complete as needed (between 10 and 11 months from Admission record date or from previous annual update)
7. **Upon Completion of SUD Treatment –**
 - End date Program Enrollment
8. **Discharge –**
 - Complete required fields
 - Close case
9. **ASAM - Do not complete ASAM screen**
10. **Payor Group Enrollment/Benefit Plan – Do not complete Payor Group Enrollment/Benefit Plan**
11. **Encounter – Do not complete Encounters**

Scenario 2: Outpatient and OTP programs
If client becomes a BHS client (Medi-Cal eligible) during their episode of SUD treatment, follow the additional steps

1. **ASAM –**
 - Complete from Initial Level of Care Assessment
2. **Diagnosis**
 - Complete a primary Diagnosis with DSM-5 descriptor
3. **Important: Program Enrollment Change –**
 - End date the Non-BHS Contracted Program Enrollment (end date = date of change)
 - Enter a new Program Enrollment for the appropriate LOC (start date = next day after end date on Non-BHS program enrollment)
 - Perinatal question - For females that are receiving perinatal services from a facility that is certified to provide perinatal services and is contracted with the County to provide these services, select Yes
 - All other instances for females, select No
4. **Payor Group Enrollment/Benefit Plan – (choose the appropriate plan and group)**
 - For Medicaid –
 - Select DMC ODS Non-Peri for clients not receiving perinatal services

OR

Select DMC ODS Perinatal for clients that are receiving perinatal services from a facility that is certified to provide perinatal services

Benefit Plan/Private Pay Billing Information

Payor-Type: Plan-Group:

Payor Priority Order: Policy #:

Coverage Start: End: Payment Scale:

Aid Code: Relationship to Subscriber/ Responsible Party:

Subscriber/ Responsible Party:

First Name: Middle: Last Name:

Birthdate: Gender: Subscriber #:

Address 1:

Address 2:

City: State: Zip:

Note: A dropdown menu for Plan-Group is open, showing options: ODS DMC- Non Peri-Medi-Cal - Non Perinatal, ODS DMC- Peri-Medi-Cal - Perinatal, and Share of Cost-Share of Cost.

5. Encounters –

- Complete required fields

6. Billing –

- Batch and Bill according to Billing Dept instructions

Scenario 3: Residential programs

If client becomes a BHS client (Medi-Cal eligible) during their episode of SUD treatment, follow the additional steps

1. ASAM –

- Complete from Initial Level of Care Assessment

2. Diagnosis

- Complete a primary Diagnosis with DSM-5 descriptor

3. Authorization –

- Submit Provisional Authorization to Optum

4. Payor Group Enrollment for Government Contract –

- Complete a Government Contract PGE

TIP SHEET: Non-BHS Contracted Client Program Enrollment / CalOMS Reporting

Government Contract Billing Information

Plan Type: Government Contract
 Contract: [Dropdown]
 Plan-Group: [Dropdown]
 Subscriber #: [Search Box]
 Payor Priority Order: [Dropdown]
 Start Date: [Calendar]
 End Date: [Calendar]

Administrative

- ODS Residential-Justice Override Bed Day
- ODS Residential-Out of County Bed Day
- ODS Residential-Residential Bed Day

5. Payor Group Enrollment/Benefit Plan – (choose the appropriate plan and group)

- For Medicaid –
 - Select DMC ODS Non-Peri for clients not receiving perinatal services
- OR**
- Select DMC ODS Perinatal for clients that are receiving perinatal services from a facility that is certified to provide perinatal services

Benefit Plan/Private Pay Billing Information

Payor-Type: Medicaid
 Payor Priority Order: [Dropdown]
 Coverage Start: [Calendar] End: [Calendar]
 Aid Code: [Dropdown] Relationship to Subscriber/ Responsible Party: [Dropdown]
 Plan-Group: [Dropdown]
 Policy #: [Search Box]
 Payment Scale: [Dropdown]

Subscriber/ Responsible Party:

First Name: [Text] Middle: [Text] Last Name: [Text]
 Birthdate: [Calendar] Gender: [Dropdown] Subscriber #: [Text]
 Address 1: [Text]
 Address 2: [Text]
 City: [Text] State: [Dropdown] Zip: [Text]

ODS DMC- Non Peri-Medi-Cal - Non Perinatal
 ODS DMC- Peri-Medi-Cal - Perinatal
 Share of Cost-Share of Cost

6. Important: Program Enrollment Change–

- End date the Non-BHS Contracted Program Enrollment (end date = date of change)
- Enter a new Program Enrollment for the appropriate LOC (start date = next day after end date on Non-BHS program enrollment)
 - Perinatal question - For females that are receiving perinatal services from a facility that is certified to provide perinatal services and is contracted with the County to provide these services, select Yes
 - All other instances for females, select No

7. Bed Assignment –

- Add the client to a Bed

8. Census –

- Complete daily Census and create bulk encounters for Residential Bed Day
- Change Note Type on individual encounter
 - Select appropriate value: DMC Billable, County Billable, or Non-Billable

9. Encounters for Case Management –

- Complete required fields

10. Billing –

- Batch and Bill according to Billing Unit instructions