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

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
     o 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
     o Special Population = Non-BHS Contracted
     o 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

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### 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

5. **Encounters** –
   - Complete required fields

6. **Billing** –
   - Batch and Bill according to Billing Dept instructions
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

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