

PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

A Public Agency

Wellness and Recovery Program

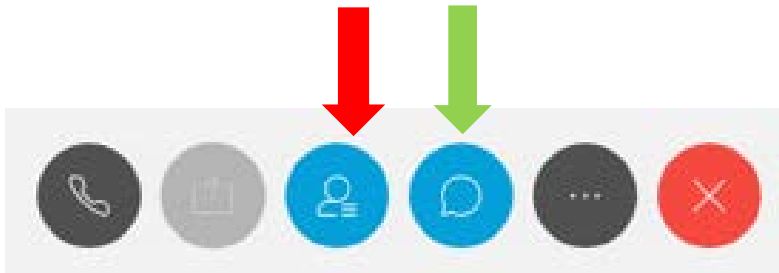
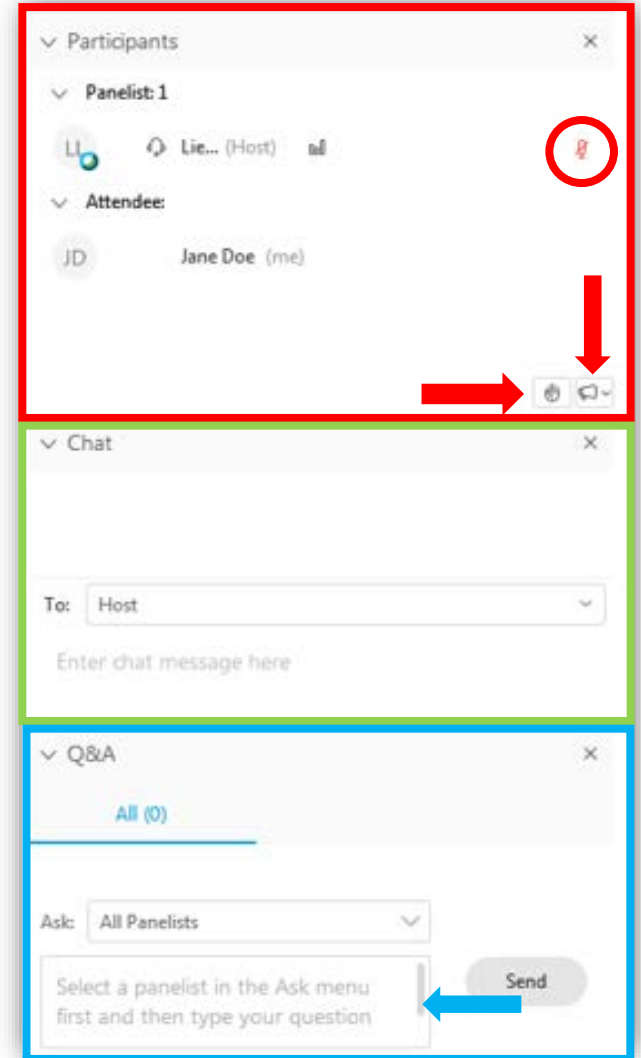
Drug Medi-Cal Organized Delivery Service

CalOMS

WE WI

Housekeeping

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Q&A” box or click on the “raised hand” icon located in the Participants box.**



Agenda

- Welcome
- CalOMS
- Contacts and Resources
- Questions

PHC Online Services Modules

User Management:
(eAdmin only)
Manage user profiles, add users, grant and edit access to modules

eEligibility:
Access member eligibility details

Claims Module:
Search Claims, CIF/Re-CIF status, Check Search, EOP-Remittance advice

Authorizations (TARs):
Residential Only
Access authorization information, submit and correct TARs

CalOMS Module:
Data collection entry system



Overview

The California Outcomes Measurements System (CalOMS) is the statewide data collection system used to report information to the Department of Health Care Services

- All treatment levels are required to report data
- There are just under 100 Q's
- All fillable online, must be entered into PHC online services
- You are required to enter information into CalOMS for every one in your program, even those not covered under Medi-Cal.
- Data must be entered and submitted timely. Within 7 days of a client entering treatment.

PHC Online Services

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES



Welcome to our redesigned Provider Online Services

[eAdmin Sign up](#)

Click above to register as a new eAdmin. If you are not the designated eAdmin check with your practice manager for instructions. INTERWEB02

Username:

Password:

[Login](#)

[Forgot Username](#) [Change Password](#)

PHC Online Services Modules



Eligibility Modules



Claim Modules



Clinical Modules



User Management

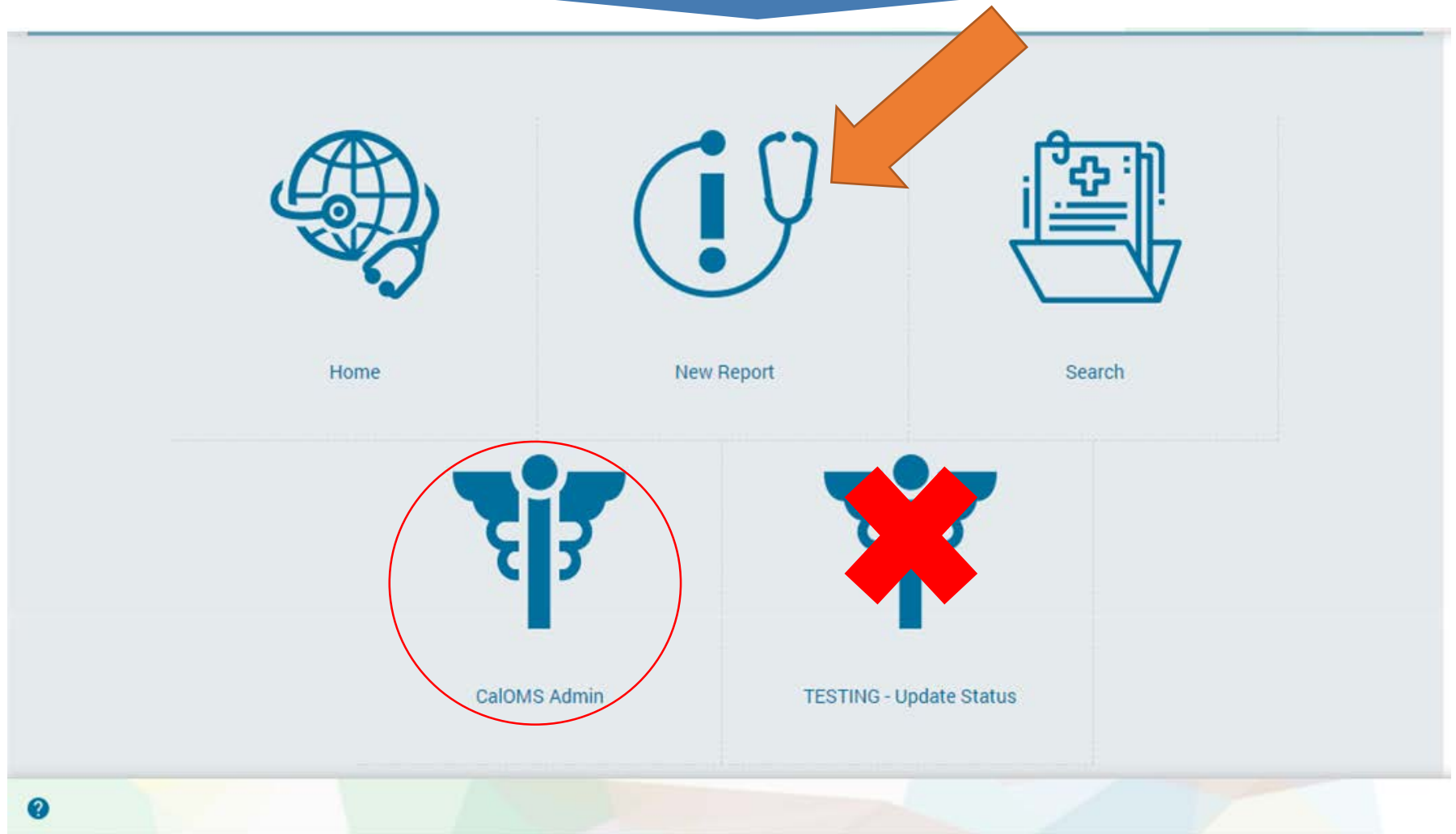


Authorizations (RAFs and TARs)



CalOMS Reports

Opening a CalOMS episode



Opening a CalOMS episode

Home

Claim Modules

Eligibility Modules

Clinical Modules

User Management

Authorizations(RAFs and TARs)

CalOMS Report

PHC - eEligibility

Member Search

Date of Service:

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Member

Clear

Search Help!

Below is the search Criteria with the Date of Service

- 1.SSN (for e.g.: 999999999)
- 2.CIN (for e.g.: 999999999)
- 3.Last Name AND First Name
- 4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Opening a CalOMS episode

PHCONLINE SERVICES

CalOMS user

Date of Birth:

CalOMS Report Help!

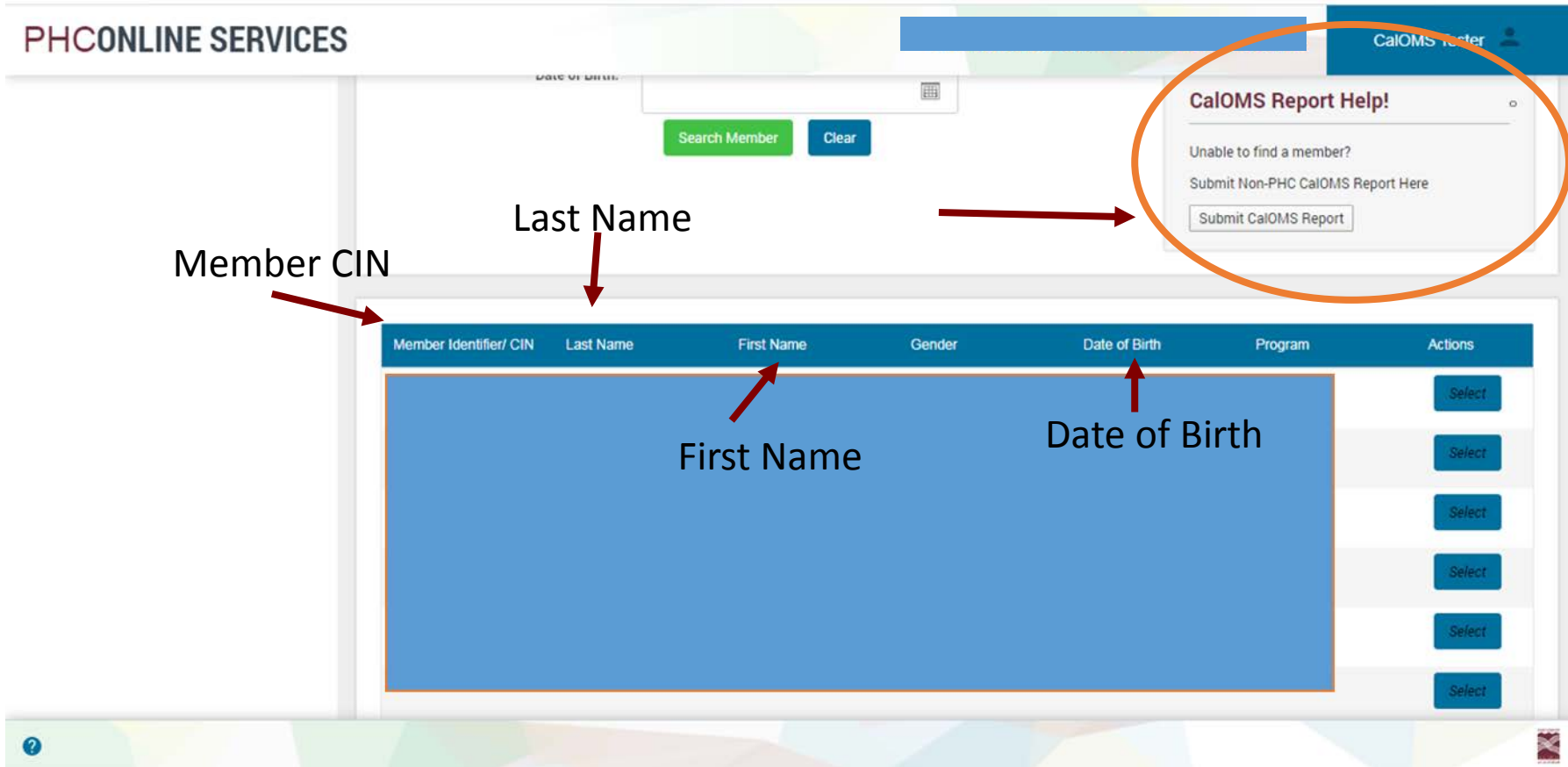
Unable to find a member?
Submit Non-PHC CalOMS Report Here

Member CIN

Last Name

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
		First Name		Date of Birth		<input type="button" value="Select"/>
						<input type="button" value="Select"/>
						<input type="button" value="Select"/>
						<input type="button" value="Select"/>
						<input type="button" value="Select"/>
						<input type="button" value="Select"/>

?



Opening a CalOMS episode

PHCONLINE SERVICES

CalOMS Tester

Member Demographics

Member Name:
Gender:
Date of Birth:

Member ID:
Phone:
Address:

Eligibility Details:

Member Eligible:
Program:
AID Code:

COUNTY
CCS Eligible
American Indian:

Date of Eligibility
Notification:
SOC:
Other Insurance:

Primary Language:

Is Eligible:

Reference No.:

Program:

Date of Service:

PCP Messages:

Special Messages:

Case Management:

Enter a CalOMS Report

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

Opening a CalOMS episode

Please select what Report Type you wish to submit below.

The report will be submitted for: [Redacted]



Admission

Back

You are currently working on Report [Redacted] Click Resume to return to this report.

Resume Report

Your Reports in progress:

Pending Annual Reports:

Report ID	Member Number	Member Name	Date Started	Report Type	Annual Update Date	Annual Update number	Actions
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	View Update Annual Report
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	View Update Annual Report
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	View Update Annual Report
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	View Update Annual Report
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	View Update Annual Report

Demographics

PHCONLINE SERVICES

CalOMS Tester

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Demographic Info

Save and Continue

Patient Participant ID:

Gender:

Date of Birth:

SSN:

Client unable to answer

Client declines to state

None or Not applicable

Birth Last Name:

Place Of Birth State:

Driver's License Number:

Current First Name:

Client unable to answer

None or Not Applicable

Current Last Name:

Client unable to answer

Zip Code:

Birth First Name:

None or Not applicable

Place Of Birth County:

Driver's License State:

Mother's First Name:



Demographics

PHCONLINE SERVICES

CalOMS Tester 

Birth Last Name:

Place Of Birth State:

Driver's License Number:

- Client unable to answer
- Client declines to state
- None or Not applicable

Ethnicity:

Veteran:

Consent:

Place Of Birth County:

Driver's License State:

Mother's First Name:

Race:

Sexual Orientation:

Disability:

Save and Continue



Admission

PHCONLINE SERVICES

CalOMS Tester 

- Admission
- Substance Use
- Employment
- Criminal Justice
- Medical
- Mental Health & Social System

Admission Info






Admission Date:	<input type="text"/>	Type Of Treatment Service:	<input type="text"/>
Admission Transaction Type:	<input type="text"/>	Source Of Referral:	<input type="text"/>
Provider ID:	<input type="text"/>	Days Waited to Enter Treatment:	<input type="text"/>
		<input type="checkbox"/> Not sure/Don't know	
		<input type="checkbox"/> Client unable to answer	
Number Of Prior Treatment Episodes:	<input type="text"/>	CalWorks Recipient:	<input type="text"/>
<input type="checkbox"/> Not sure/Don't know		Substance Abuse CalWorks Treatment:	<input type="text"/>
<input type="checkbox"/> Client declines to state			
<input type="checkbox"/> Client unable to answer		County Paying For Services:	<input type="text"/>
		<input type="checkbox"/> None or not applicable	
Special Services Contract ID:	<input type="text"/>		



Substance Use

PHCONLINE SERVICES

CalOMS Tester 

-  Substance Use
-  Employment
-  Criminal Justice
-  Medical
-  Mental Health & Social System

Primary Drug Code:	<input type="text" value="1:Heroin"/>	Secondary Drug Code:	<input type="text" value="3:Barbiturates"/>
Primary Drug Name:	<input type="text"/>	Secondary Drug Name:	<input type="text"/>
Primary Drug Frequency in Last 30 Days:	<input type="text" value="30"/>	Secondary Drug Frequency in Last 30 Days:	<input type="text" value="30"/>
Primary Drug Administration Route:	<input type="text" value="2:Smoking"/>	Secondary Drug Administration Route:	<input type="text" value="1:Oral"/>
Primary Drug Age First Use:	<input type="text" value="12"/>	Secondary Drug Age First Use:	<input type="text" value="12"/>
		<input type="checkbox"/> None or not applicable	
Alcohol Frequency Last 30 Days:	<input type="text" value="0"/>	Needle Use in Last 30 Days:	<input type="text" value="0"/>
		<input type="checkbox"/> Client declined to state	
Needle Use in Last 12 Months:	<input type="text" value="0:No"/>		



Employment

Report ID: COAS2004200002

Save and Continue



Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Employment Info

Employment Status: 1:Employed Full time (35 hours or more) ▼

Enrolled In Job Training: 0:No ▼

Days Worked Past 30 Days:

Highest School Grade Completed: 12 ▼

Client Declined to state

Client Declined to state

Enrolled In School: 0:No ▼

Save and Continue



Criminal Justice

Report ID: C0AS2004200002

Save and Continue



Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Criminal Justice Info

Criminal Justice Status: 1:No criminal justice involvement

Jail Days Last 30 Days: 0

CDCR Number:

Prison Days Last 30 Days: 0

Client declined to state

None or not applicable

Not sure/Don't know

Parolee Service Network: 0:No



Arrests Last 30 Days: 0

FOTP Parolee: 0:No

FOTP Parolee Priority Status: None or not applicable



Save and Continue

Medical

PHCONLINE SERVICES

CalOMS Tester

- Demographics
- Admission
- Substance Use
- Employment
- Criminal Justice
- Medical**
- Mental Health & Social System

Medical Info

MediCal Beneficiary:

ER Last 30 Days:

Hospital Overnight Last 30 Days:

Communicable Tuberculosis:

Communicable STD:

HIV Results:

Medical Problems Last 30 Days:

Pregnant At Admission:

Pregnant During Treatment:

Medication Prescribed:

Communicable Hepatitis C:

HIV Tested:

Save and Continue

Mental Health and Social Systems

Report ID: COAS2004200002

Save and Continue



Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Mental Health Info

Mental Illness:

Mental Health Medication:

Emergency Room Last 30 Days
for Mental Health:

Psychiatric Facility Use Last 30
Days:

Social System Info

Social Support Last 30 Days:

Family Conflicts Last 30 Days:



Mental Health and Social Systems

PHCONLINE SERVICES

CalOMS Tester 

Social System Info

Social Support Last 30 Days:

Family Conflicts Last 30 Days:

Current Living Arrangements:

Client declined to State

Living With User Last 30 Days:

Number Of Children 17 or Younger:

Client declined to State

Number Of Children 5 or Younger:

Number Of Children Living with Someone Else due to Child Protection Court:

Number of Children Living with Someone Else and Parental Rights Terminated:

Save and Continue



Review

PHCONLINE SERVICES

CalOMS Te

Report ID: C0AS2004200002

Submit

Edit Report



Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Review

Report Info

Report ID:
CIN Number:
Created Date:

Created By:
Submitted Date:
Submitted By:
Status:
Report Type:

Demographic Info

Patient Participant ID:
Gender:
Date of Birth:
Zip Code:
Birth Last Name:
Place Of Birth State:
Driver's License Number:

Current First Name:
Current Last Name:
SSN:
Birth First Name:
Place Of Birth County:
Driver's License State:
Mother's First Name:



Success!

Success! Report has been submitted.
Your Report has been received successfully!

Report has been Submitted

Report ID: COAS2004200002

[View Report](#)

Report has been successfully submitted to PHC!

[Submit a new Report](#)

[Home](#)

Errors

Report ID: C0DS2005200011

Save and Continue



- Discharge
- Discharge
- Demographics
- Admission
- Substance Use
- Employment
- Criminal Justice
- Medical
- Mental Health & Social System

Medical Info

Medical Beneficiary:

ER Last 30 Days:

Hospital Overnight Last 30 Days:

Communicable Tuberculosis:

Communicable STD:

HIV Results:

Medical Problems Last 30 Days:

Pregnant At Admission:

Pregnant During Treatment:

Medication Prescribed:

Communicable Hepatitis C:

HIV Tested:

Error

Cannot select Pregnant for Male Gendered members.

OK

javascript:void(0);

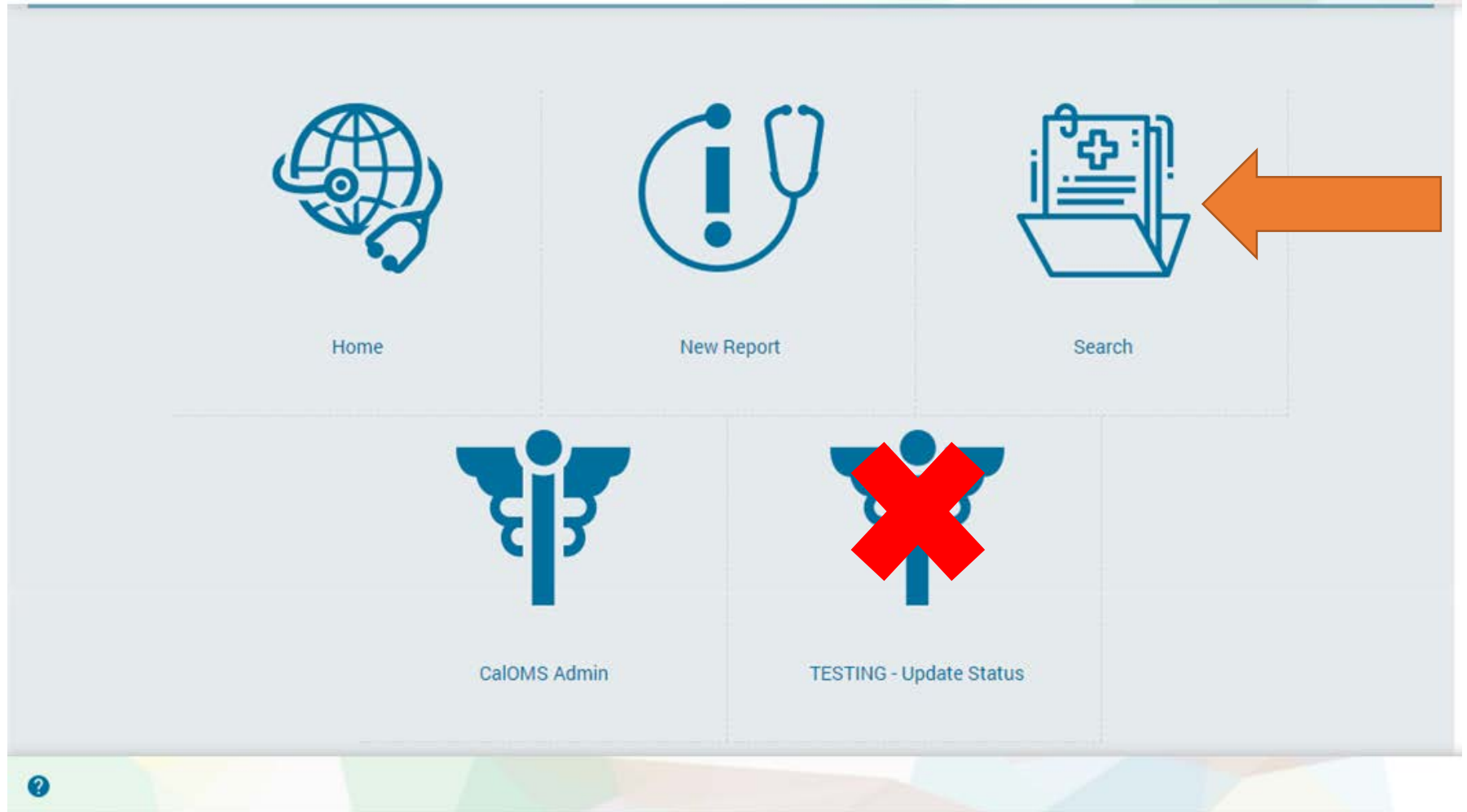
Discharges

What are the CalOMS rules for discharging clients?

- A CalOMS discharge record must be recorded if an admission questionnaire has been administered.
- Clinicians should attempt to schedule and conduct a discharge interview with every client. A discharge interview is either in person (face-to-face) or via phone. Treatment providers are advised to include a date to conduct a discharge interview in the client's treatment plan.
- Providers should try to conduct the discharge interview in a face-to-face* session with a client. If a client is unable to appear for the scheduled discharge interview, despite having made progress in treatment, then the client should be contacted by phone for the discharge interview.

*Per current guidelines for face to face interviews (Covid)

Discharges From Search Screen



Discharges

PHCONLINE SERVICES

CalOMS Tester 

Eligibility Modules

Clinical Modules

User Management

Authorizations(RAFs and TARs)

CalOMS Report


CalOMS Search


Report Id:

CIN #:

Form Type:

Status:

Date of Service From: 

Date of Service To: 

Submitted By:

Search Help!

Below is the search Criteria with the Date of Service

1. Report ID (for e.g.: 99999999999)
2. CIN # (for e.g.: 99999999999)
3. FormType (for e.g.: Admission)
4. Status (for e.g.: Submitted/Rejected)
5. SubmittedBy

Report ID	CIN #	Member Name	Report Type	Report Status	Admission Date	Discharge Date	Date Submitted	Submitted By	Actions
								CalOMSTest	<input type="button" value="View"/> <input type="button" value="Delete"/> <input type="button" value="Discharge"/>

Discharges



Discharge

Discharge

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Discharge Info

Discharge Date:

Discharge Status:

Discharge Date Help!

Use the date of the last face-to-face contact the provider had with the individual. Acceptable is the last telephone conversation with the client as the discharge date.

For narcotic treatment program participants, enter date of the last oral medication the participant had

For standard discharges, enter the date of the exit interview

Save and Continue



Discharges



Discharge

Discharge

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Discharge Info

Discharge Date: 4/17/2020

Discharge Status:

Discharge Date Help!

Use the date of the last face-to-face contact the provider had with the individual. Acceptable is the last telephone conversation with the client as the discharge date.

For narcotic treatment program participants, enter date of the last oral medication the participant had

For standard discharges, enter the date of the exit interview

- 1: Completed Treatment/ Recovery Plan, Goals/ReferredStandard (all questions)
- 2: Completed Treatment / Recovery Plan, Goals/Not ReferredStandard (all questions)
- 3: Left Before Completion w/Satisfactory Progress/Standard (all questions)
- 4: Left Before Completion w/Satisfactory Progress/Administrative (minimum questions)
- 5: Left Before Completion w/Unsatisfactory Progress/Standard (all questions)
- 6: Left Before Completion w/Unsatisfactory Progress/Administrative (minimum questions)
- 7: Death
- 8: Incarceration



Discharges Status Definitions

- Completed Treatment/Recovery Plan, Goals – Referred- *Standard*
- Completed Treatment/Recovery Plan, Goals - Not Referred - *Standard*
- Left Before Completion With Satisfactory Progress – *Standard*
- Left Before Completion With Satisfactory Progress - *Administrative*
- Left Before Completion With Unsatisfactory Progress - *Standard*
- Left Before Completion With Unsatisfactory Progress - *Administrative*
- Death - *Administrative*
- Incarceration - *Administrative*

Discharges

Report ID: C0DS2003240002

Save and Continue



Discharge

Discharge

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Admission Info

Admission Date: 03/17/2020

Type Of Treatment Service: 1:Nonresidential/Outpatient Treatment/Re

Admission Transaction Type:

Source Of Referral:

Provider ID: 456674

Days Waited to Enter Treatment:

Number Of Prior Treatment Episodes:

CalWorks Recipient:

- Not sure/Don't know
- Client declines to state

Substance Abuse CalWorks Treatment:

County Paying For Services:

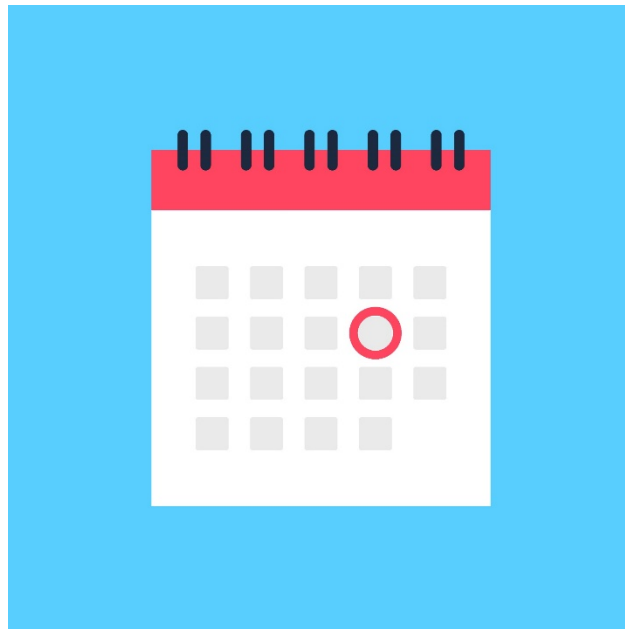
- None or not applicable

Special Services Contract ID:

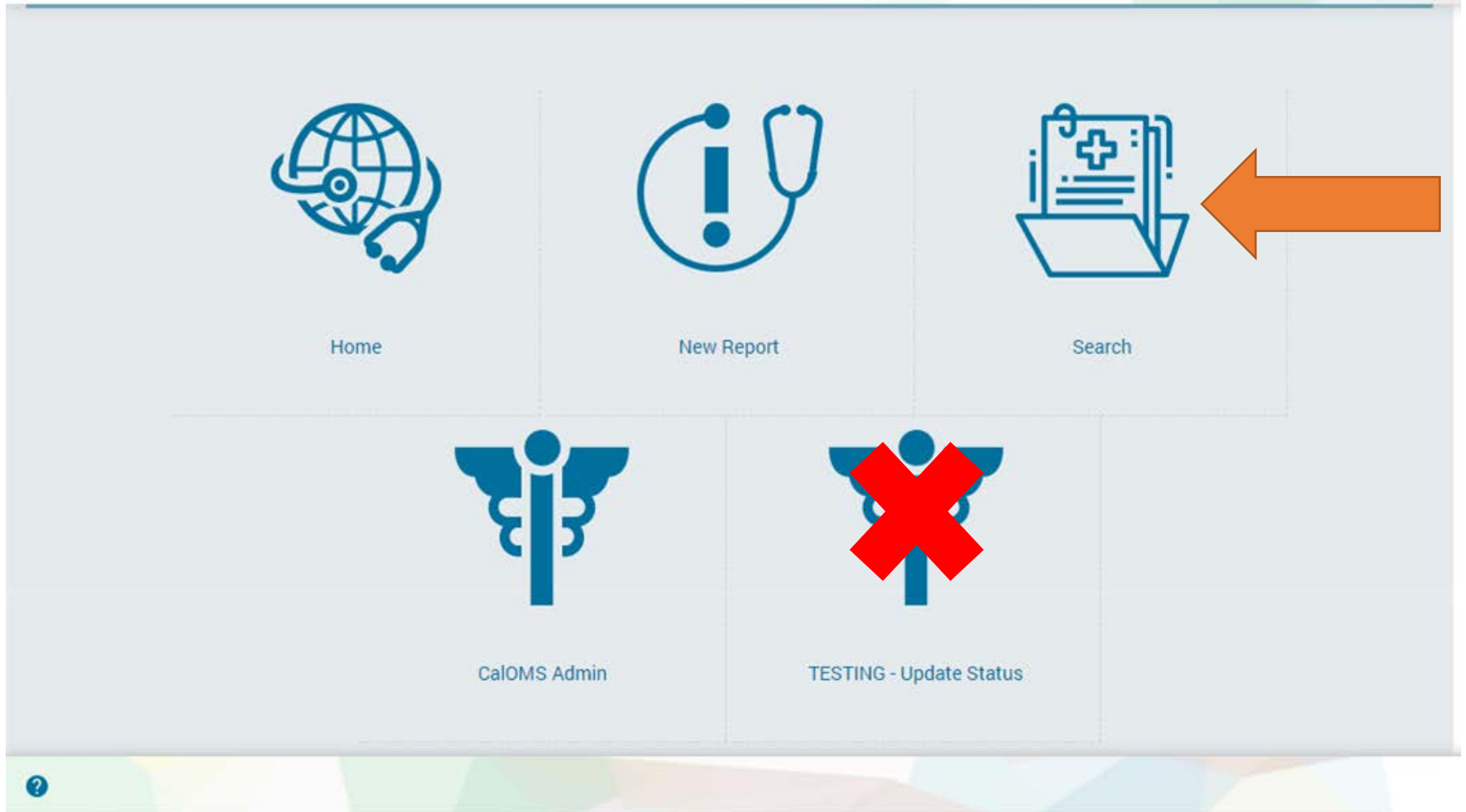


Annual Update

- Required for all beneficiaries in treatment for 12 months or more, continuously in one provider and one service modality with no break in services exceeding 30 days.



Annual Update From the Search Screen



Annual Update

PHCONLINE SERVICES

CalOMS Tester

Eligibility Modules

- Clinical Modules
- User Management
- Authorizations(RAFs and TARs)
- CalOMS Report

Report ID:

CIN #:

Form Type:

Status: 4:State Accepted

Date of Service From: 5/1/2019

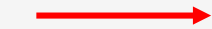
Date of Service To: 5/21/2020

Submitted By:

Search Help!

- Below is the search Criteria with the Date of Service
- 1.Report ID (for e.g.: 99999999999)
 - 2.CIN # (for e.g.: 99999999999)
 - 3.FormType (for e.g.: Admission)
 - 4.Status (for e.g.: Submitted/Rejected)
 - 5.SubmittedBy

Report ID	CIN #	Member Name	Report Type	Report Status	Admission Date	Discharge Date	Date Submitted	Submitted By	Actions
[Redacted]									<input type="button" value="View"/> <input type="button" value="Delete"/>
									<input type="button" value="Discharge"/>
[Redacted]									<input type="button" value="View"/> <input type="button" value="Delete"/>
									<input type="button" value="Discharge"/>
[Redacted]									<input type="button" value="Annual Update"/>



Potential Report Statuses

PHCONLINE SERVICES

CalOMS Tester

Eligibility Modules

- Clinical Modules
- User Management
- Authorizations(RAFs and TARs)
- CalOMS Report

CalOMS Search

Report ID:

CIN #:

Form Type:

Status: 4:State Accepted

Date of Service From: 5/1/2019

Date of Service To: 5/21/2020

Submitted By:

Search Help!

- Below is the search Criteria with the Date of Service
- 1.Report ID (for e.g.: 99999999999)
 - 2.CIN # (for e.g.: 99999999999)
 - 3.FormType (for e.g.: Admission)
 - 4.Status (for e.g.: Submitted/Rejected)
 - 5.SubmittedBy

Report ID	CIN #	Member Name	Report Type	Report Status	Admission Date	Discharge Date	Date Submitted	Submitted By	Actions
				4:State Accepted	5/4/2020	5/19/2020	5/20/2020	KChandrasekaran	<input type="button" value="View"/> <input type="button" value="Delete"/> <input type="button" value="Discharge"/>
				4:State Accepted	5/4/2020		5/20/2020	KChandrasekaran	<input type="button" value="View"/> <input type="button" value="Delete"/> <input type="button" value="Discharge"/> <input type="button" value="Annual Update"/>

Potential Statuses

- Modules
- Modules
- Management
- Transactions(RAFs and TARs)
- Report

CalOMS Search

Report Id:

CIN #:

Form Type:

Status:

Date of Service From:

Date of Service To:

Submitted By:

- 1:PHC Received
- 2:PHC Submitted to State
- 3:PHC Rejected
- 4:State Accepted
- 5:State Rejected
- 6:Draft Not submitted to PHC
- 7:Deleted

Search Help!

Below is the search Criteria with the Date of Service

- 1.Report ID (for e.g.: 99999999999)
- 2.CIN # (for e.g.: 99999999999)
- 3.FormType (for e.g.: Admission)
- 4.Status (for e.g.: Submitted/Rejected)
- 5.SubmittedBy

Potential Statuses

1. PHC Received
2. PHC Submitted to the state
3. PHC Rejected
4. State Accepted
5. State Rejected
6. Draft not Submitted to PHC
7. Deleted

Other Actions

PHCONLINE SERVICES

CalOMS Tester 

State
Accepted 5/4/2020

5/20/2020

Discharge

View

Delete

Discharge

Annual Update

State
Accepted 5/4/2020

5/18/2020

5/15/2020

View



Other Actions- Delete Button

- Delete

If record is in status:

1. PHC Received
2. PHC Submitted to the State
3. PHC Rejected
4. State Accepted
5. State Rejected
6. Draft not Submitted to PHC

CalOMS Data Collection Guide



The California Outcomes Measurement System
Treatment (CalOMS Tx)

CalOMS Tx Data Collection Guide NNA Contract – Document 3J

File Version 2.0
File Version 2.1 (LGBT)

California Department
of Health Care Services

January 2014

[Data Collection Guide, January 2014](#)
[\(PDF\)](#)

CalOMS Data Dictionary



The California Outcomes Measurement System
Treatment (CalOMS Tx)

CalOMS Tx Data Dictionary

File Version 2.0
File Version 2.1 (LGBT)

California Department
of Health Care Services

January 2014

[Data Dictionary, January 2014 \(PDF\)](#)

Wrap-Up

- CalOMS cutover on July 1
- The first few days/weeks



Resources

Monday - Friday
8 a.m. - 5 p.m.

CalOMS Support
wmillis@partnershiphp.org

Partnership HealthPlan of California
www.partnershiphp.org

Online Services Support
eSystemsSupport@partnershiphp.org

PHC Online Services
<https://provider.partnershiphp.org/UI/Login.aspx>

When emailing **eSystemsSupport** for assistance please provide the following information with brief description of issue:

Online Services Portal

User name
Organization name

Contact information
Tax ID number

Questions?



Visit us online at www.partnershiphp.org.