



PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

*A Public Agency*

# Wellness and Recovery Program

Drug Medi-Cal Organized Delivery Service

# CaOMS Admission Training

# Agenda

- Introduction to PHC's Online Services at <https://provider.partnershiphp.org/UI/Login.aspx>
- How to enter a CalOMS admission
- Contacts and Resources

# 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 is an exception for Care Coordination and Recovery Services
- Takes under three minutes to complete
- All fillable online, must be entered into PHC online services
- DHCS requires information to be entered into CalOMS for everyone in your program, even those not covered under Medi-Cal.
- Data must be entered and submitted timely. Within 10 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

- Access member eligibility details

## Claim Modules

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

## Clinical Modules

- Emergency and acute reports for PCPs

## User Management

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

## Authorizations (RAFs and TARs)

- **Residential Only** Access authorization information, submit and correct TARs

## CalOMS Reports

- Data collection entry system

# PHC Online Services Modules



Eligibility Modules



Claim Modules



Clinical Modules



User Management



Authorizations (RAFs and TARs)



CalOMS Reports

# Opening a CalOMS episode



Home



New Report



Search

# 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)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
------------------------	-----------	------------	--------	---------------	---------	---------

No records to display.



# Search

## Ways to search include:

- First and last name
- Member SSN
- Last name and DOB
- CIN#

# 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"/>

?



# Non-PHC Member

## PHC - eEligibility

### Member Search

Date of Service:

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Me

**Alert**

 Invalid SSN, Please enter valid SSN

OK

### 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)

### CalOMS Report Help!

Unable to find a member?

Submit Non-PHC CalOMS Report Here

Submit CalOMS Report

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
No records to display.						



# Non-PHC Member

- On the member search screen enter “0” into the SSN field.
- Click “Ok” on the error box.
- Click “Submit CalOMS Report” on the right hand side of the screen.

## PHC - eEligibility

Add ER Notification

New Member Search



### Member Demographics -

ePrompts

Member Name:

Gender:

Date of Birth:

Member ID:

Phone:

Address:

### Eligibility Details:

Member Eligible: **Yes**

Program: Medi-Cal

AID Code: 38 [EDWARDS VS MEYERS - AFDC TERMINATED]

COUNTY: HUMBOLDT

CCS Eligible: **No**

American Indian: **No**

Date of Eligibility Notification: 3/01/2024

SOC: No

Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE  
Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change

Primary Language: ENGLISH

Is Eligible: **Yes**

Reference No. B04FBD36-6B93-4

Program: Medi-Cal

Date of Service: 3/21/2024

#### PCP Messages:

Direct member status. Covered services must be provided by a certified Medi-Cal provider. Referrals (RAFs) are not required. The Partnership Health Services Department must approve services requiring a Treatment Authorization Request (TAR).

#### Special Messages:

Substance Use Services administered by PHC. See State System for additional benefit information.

Other Health Insurance

Case Management: None

### Assigned Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name: PARTNERSHIP HEALTHPLAN

PCP Phone: (800) 863-4155

PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA94534

PCP Fax:

#### Additional Services

Service Type	Service Provider	Phone #
Mental Health	Carelon Behavioral Health	(855) 765-9703
Substance Use Services	PHC/Carelon	(855) 765-9703

Enter a CalOMS Report

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

# Opening a CalOMS episode

**PHCONLINE SERVICES** CalOMS Tester 

Please select what Report Type you wish to submit below.  
The report will be submitted for:

You are currently working on Report  Click Resume to return to this 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	
<div style="background-color: #4a86e8; width: 100%; height: 100%;"></div>							<input type="button" value="View"/>	<input type="button" value="Update Annual Report"/>
							<input type="button" value="View"/>	<input type="button" value="Update Annual Report"/>
							<input type="button" value="View"/>	<input type="button" value="Update Annual Report"/>
							<input type="button" value="View"/>	<input type="button" value="Update Annual Report"/>
							<input type="button" value="View"/>	<input type="button" value="Update Annual Report"/>



# Demographic

<b>Discharge</b>
Discharge
<b>Demographics</b>
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care
Review

## Demographic Info

Patient Participant ID:

Gender:

Date of Birth:

Zip Code:

Birth Last Name:

Place Of Birth State:

Driver's License Number:

- Client declines to state
- None or Not applicable

Current First Name:

None or Not Applicable

Current Last Name:

SSN:

Client declines to state

None or Not applicable

Birth First Name:

None or Not applicable

Place Of Birth County:

Driver's License State:

Mother's First Name:

- Race:
- 1:White/Caucasian
  - 2:Black/African-American
  - 3:American Indian
  - 4:Alaska Native

# Demographics

Ethnicity:

Sexual Orientation:

Veteran:

Disability:   
1:None  
2:Visual  
3:Hearing  
4:Speech

Consent:

Save and Continue



# Demographic -Notes

- Consent will default to no, this consent is for a program that does not exist any longer, can be marked yes or no and will not cause an issue.
- If you select N/A on DL you must select the N/A in DL state
- In the place of birth, if you select CA must select a CA county
- Reduce to 5 digit zip code
- Clicking on client unable to answer will cause record to reject with the exception of under the developmental disability question
- “Mom” is acceptable under “Mother’s First Name”

# Admission

<b>Admission</b>
Demographics
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care

## 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		County Paying For Services:	<input type="text"/>
<input type="checkbox"/> Client unable to answer		<input type="checkbox"/> None or not applicable	
Special Services Contract ID:	<input type="text"/>		
<input type="checkbox"/> None or not applicable			

Save and Continue



# Admission Notes

- Make sure to choose the correct service for your provider number. Ex: Do not select residential for an outpatient service.
- On the “county paying for services” or “special services contract” will be N.A or none if it is the county or a provider within our 7 counties. If you are a provider outside of our seven counties the information for these two questions will be provided to you by PHC.
- CalWorks can always be no or yes, it is not something we are reporting on.
- Residential should always select service code 7

# Substance Use

<b>Admission</b>
Demographics
Admission
<b>Substance Use</b>
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care

## Substance Use Info

Primary Drug Code:

Secondary Drug Code:

Primary Drug Name:

Secondary Drug Name:

Primary Drug Frequency in Last 30 Days:

Secondary Drug Frequency in Last 30 Days:

Primary Drug Administration Route:

Secondary Drug Administration Route:

Primary Drug Age First Use:

Secondary Drug Age First Use:

None or not applicable

Alcohol Frequency Last 30 Days:

Needle Use in Last 30 Days:

None or Not applicable

Client declined to state

Needle Use in Last 12 Months:

Save and Continue

# Substance Use - Notes

- Fentanyl is not listed and would be classified as other.
- Secondary drug field does not accept special characters, if listing more than one drug just list with a space.
- If alcohol is the primary drug, you will list the usage, it will then gray out below the last alcohol use in 30 days, if you put another primary drug of choice then you would complete the alcohol in the last 30 days.
- If you put “none” as secondary drug of choice the rest of the fields will grey out.

# Employment

<b>Admission</b>
Demographics
Admission
Substance Use
<b>Employment</b>
Criminal Justice
Medical
Mental Health & Social System
Level Of Care

## Employment Info

Employment Status:

Enrolled In Job Training:

Days Worked Past 30 Days:

Highest School Grade Completed:

Client Declined to state

Client Declined to state

Enrolled In School:

Save and Continue

# Criminal Justice

## Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Level Of Care

### Criminal Justice Info

Criminal Justice Status:

Jail Days Last 30 Days:

CDCR Number:

Prison Days Last 30 Days:

Client declined to state

Parolee Service Network:

None or not applicable

Not sure/Don't know

FOTP Parolee:

Arrests Last 30 Days:

FOTP Parolee Priority Status:

Save and Continue

# Criminal Justice Notes

- CDCR is not tracked and is greyed out
- FOTP is always no as it is a defunct program
- FOTP Parolee Priority Status will be none-or not applicable

# Medical

<b>Admission</b>
Demographics
Admission
Substance Use
Employment
Criminal Justice
<b>Medical</b>
Mental Health & Social System
Level Of Care

## 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

# Medical - Notes

- Medication prescribed is for medication prescribed in your program, not by another provider (PCP, NTP, etc)
- A common error that occurs when the CalOMs asks for the number of days the participant experienced physical health problems in the past 30 days. This answer correlates with two other questions. The data dictionary will explain the detail, refer to page 70. (EX. Client was admitted in the hospital for 3 days, then they experienced 3 days of health problems).
- If you put no for medical problems in the last 30 days then everything else should be zero
- Pregnancy will grey out for male

# Mental Health and Social Systems

Admission
Demographics
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care

## 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:

Client declined to State

Current Living Arrangements:

Number Of Children 17 or Younger:

Living With User Last 30 Days:

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



# Mental Health and Social Systems - Notes

- If you put you have children under 5 you will also include that amount in the children under 17 question. You cannot put zero in 17 but put 3 under 5 for example
- Social supports are defined as participation in any social support recovery activities such as: 12-step meetings; other self help meetings; religious/faith recovery or self-help meetings; meetings of organizations other than those listed above; Interactions with family members and/or friend support of recovery.



# Level of Care

## Admission

Demographics

Admission

Substance Use

Employment

Criminal Justice

Medical

Mental Health & Social System

Level Of Care

## Level Of Care

Was a Level of Care Screen Completed by the Provider:  Yes  No

Screen Date:

Indicated Level of Care:

Actual Level of Care:

Save and Continue

# Review

Submit

Edit Report

# 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](#)

# 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.: 999999999999)
  - 2.CIN # (for e.g.: 999999999999)
  - 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

- 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

# Potential Statuses

- Modules
- Modules
- Management
- Applications(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.: 999999999999)
- 2.CIN # (for e.g.: 999999999999)
- 3.FormType (for e.g.: Admission)
- 4.Status (for e.g.: Submitted/Rejected)
- 5.SubmittedBy

# Other Actions

PHCONLINE SERVICES

CalOMS Tester



Discharge

State accepted 5/4/2020

5/20/2020

View

Delete

Discharge

Annual Update

State accepted 5/4/2020

5/18/2020

5/15/2020

View



# CalOMS Data Collection Guide



The California Outcomes Measurement System  
Treatment (CalOMS Tx)

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

## 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

# Resources

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

CalOMS Support  
[wmillis@partnershiphp.org](mailto:wmillis@partnershiphp.org)  
[swilson@partnershiphp.org](mailto:swilson@partnershiphp.org)

Partnership HealthPlan of California  
[www.partnershiphp.org](http://www.partnershiphp.org)

Online Services Support  
[eSystemsSupport@partnershiphp.org](mailto:eSystemsSupport@partnershiphp.org)

PHC Online Services  
<https://provider.partnershiphp.org/IUI/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

PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Wellness and Recovery Program

Drug Medi-Cal Organized Delivery Service

**CalOMS Discharge,  
Annual Update and  
Open Admissions  
Report  
Training**



# Agenda

- CalOMS Overview
- Introduction to PHC's Online Services at <https://provider.partnershiphp.org/UI/Login.aspx>
- How to enter a CalOMS Discharge and Annual Update
- Open Admissions Report
- Contacts and Resources

# 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 is an exception for Care Coordination and Recovery Services
- Takes under three minutes to complete
- All fillable online, must be entered into PHC online services
- DHCS requires information to be entered into CalOMS for everyone in your program, even those not covered under Medi-Cal.
- Data must be entered and submitted timely. Within 10 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](#)

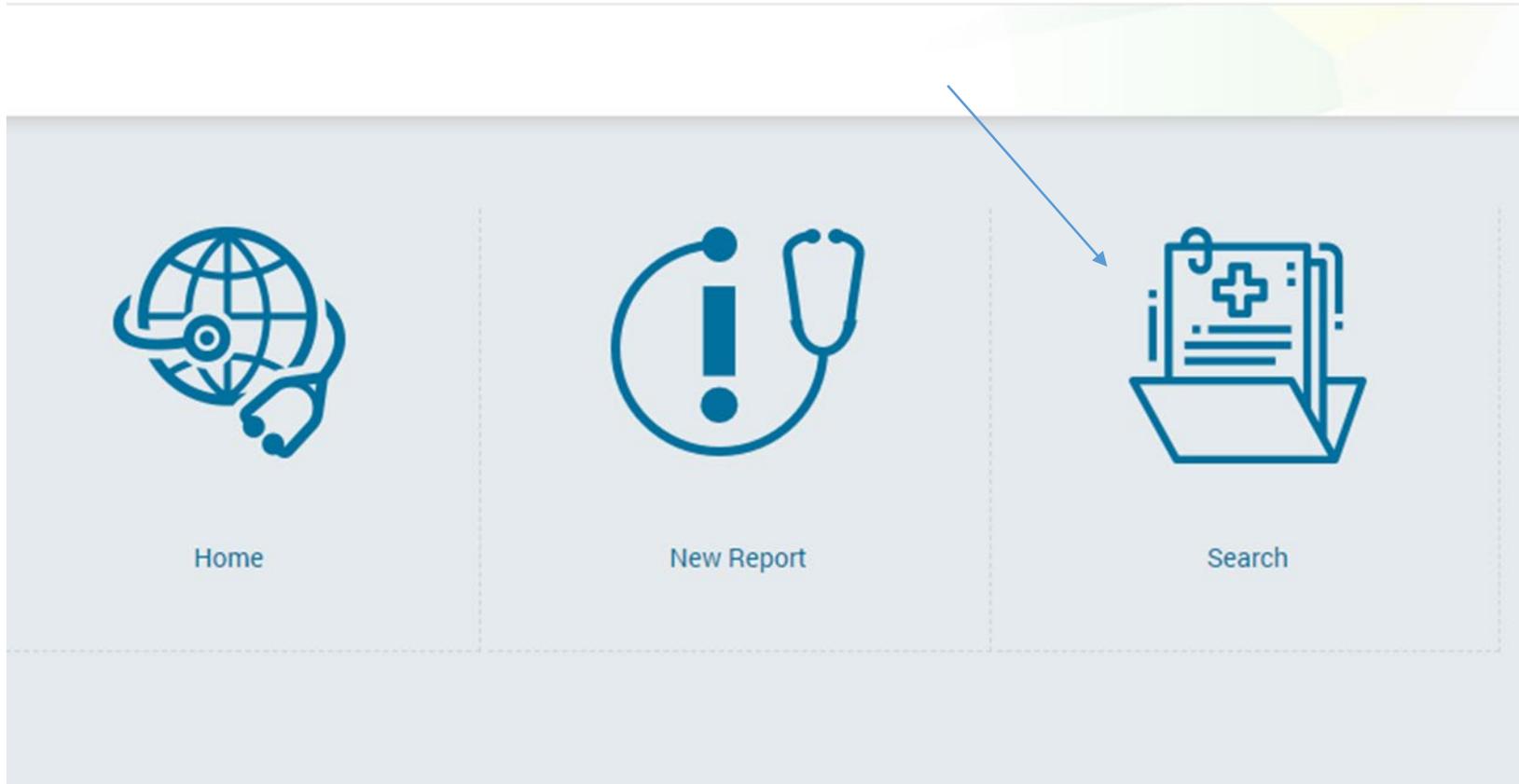
# PHC Online Services Modules



# 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 telephone. Treatment providers are advised to include a date to conduct a discharge interview in the medical record.
  - 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.

# Discharges From Search Screen



# Discharges and Search

## CalOMS - Search

### CalOMS Search

Report ID:	<input type="text"/>	Form SN:	<input type="text"/>
CIN #:	<input type="text"/>	Form Type:	<input type="text"/>
Status:	<input type="text"/>	Submitted By:	<input type="text"/>
Date of Service From:	<input type="text" value="4/5/2023"/>	Date of Service To:	<input type="text" value="4/4/2024"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>

#### Search Help!

Below is the search Criteria with the Date of Service

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

Report ID	Form SN	CIN #	Member Name	Report Type	Report Status	Admission Date	Discharge Date	Date Submitted	Submitted By	Actions
No Records found										

#### Actions

# Discharges

Discharge
Discharge
Demographics
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care

### 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

PHCONLINE SERVICES CalOMS Tester

**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

# Discharge Status Definitions

- **Completed Treatment/Recovery Plan, Goals- Referred**
  - Client completes the discharge interview in person or by phone. The client completes treatment and is being referred to another agency (even if the referral is not accepted). For example, the client is moving from one modality or type of service to another.



# Discharge Status Definitions

- **Completed Treatment/Recovery Plan, Goals- Not Referred**
  - Client completes the discharge interview in person or by phone. The client completes treatment and is not being referred to another agency for continued treatment. For example, the client has successfully completed an entire treatment episode and therefore is not referred for further services.

# Discharge Status Definitions

- **Left Before Completion With Satisfactory Progress- Standard**
  - Client completes the discharge interview in person or by phone. This occurs when a client has made satisfactory progress in a program and was referred to a different program to continue treatment.

# Discharge Status Definitions

- **Left Before Completion With Satisfactory Progress- Administrative**
  - Used ONLY when no possible discharge interview can be conducted in person or by phone. This should be used for a client who made satisfactory progress in the treatment service, who did not complete the treatment service as planned, and could not be located to receive a referral for further treatment or to conduct a discharge interview.

# Discharge Status Definitions

- **Left Before Completion With Unsatisfactory Progress- Standard**
  - Client completes the discharge interview in person or by phone. This occurs when a Client is referred to another program or service modality because they are not making satisfactory progress in the program in which they are participating

# Discharge Status Definitions

- **Left Before Completion With Unsatisfactory Progress- Administrative**
  - Used ONLY when no possible discharge interview can be conducted in person or by phone. This should be used for a client who made satisfactory progress in the treatment service, who did not complete the treatment service as planned, and could not be located to receive a referral for further treatment or to conduct a discharge interview.
  - If there was any sort of planning or discussion of leaving the program this discharge status should not be used. This status should ONLY be used if the member is asked to leave the program or walked away from the program without any communication.



# Discharge Status Definitions

- **Death**

- This should be used for clients who die prior to completing the services in which they are participating.

- **Incarceration**

- This should be used for clients who become incarcerated prior to completing the services in which they are participating.

# Discharge Demographics

Discharge
Demographics
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care
Review

## Demographic Info

Patient Participant ID:

Gender: 1:Male

Date of Birth:

Zip Code:

Birth Last Name:

Place Of Birth State: CA:California

Driver's License Number:

- Client declines to state
- None or Not applicable

Current First Name:

None or Not Applicable

Current Last Name:

SSN:

Client declines to state

None or Not applicable

Birth First Name:

None or Not applicable

Place Of Birth County: 49:Sonoma

Driver's License State: None or not applicable

Mother's First Name:

Race: 1:White/Caucasian  
2:Black/African-American  
3:American Indian  
4:Alaska Native



# Discharge Demographics

Ethnicity:

Sexual Orientation:

Veteran:

Disability:   
2:Visual  
3:Hearing  
4:Speech

Consent:

Save and Continue

# Discharge Admission

<b>Discharge</b>
Discharge
Demographics
<b>Admission</b>
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care
Review

### Admission Info

Admission Date:	<input type="text" value="10/24/2022"/>	Type Of Treatment Service:	<input type="text" value="1:Nonresidential/Outpatient Treatment/Re"/>
Admission Transaction Type:	<input type="text"/>	Source Of Referral:	<input type="text"/>
Provider ID:	<input type="text" value="474701"/>	Days Waited to Enter Treatment:	<input type="text"/> <input type="checkbox"/> Not sure/Don't know
Number Of Prior Treatment Episodes:	<input type="text"/> <input type="checkbox"/> Not sure/Don't know <input type="checkbox"/> Client declines to state	CalWorks Recipient:	<input type="text"/>
Special Services Contract ID:	<input type="text"/> <input type="checkbox"/> None or not applicable	Substance Abuse CalWorks Treatment:	<input type="text"/>
		County Paying For Services:	<input type="text"/> <input type="checkbox"/> None or not applicable

[Save and Continue](#)

# Discharge

- For the remaining pages after the admission page the information will be populated for the Substance Use, Employment, Criminal Justice, Medical, Mental Health, Social System and Level of Care. In each of these pages, you will update the information, if applicable. Click save and continue to advance through each page until you get to review.
- The discharge status you select will dictate how many questions will need to be updated. For example, if the member **Left Before Completion With Unsatisfactory Progress- Administrative** you would only need to complete minimum questions as compared to a member who would have completed a full exit interview.

# Review

PHCONLINE SERVICES

CalOMS Tester 

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:  [View Report](#)

Report has been successfully submitted to PHC!

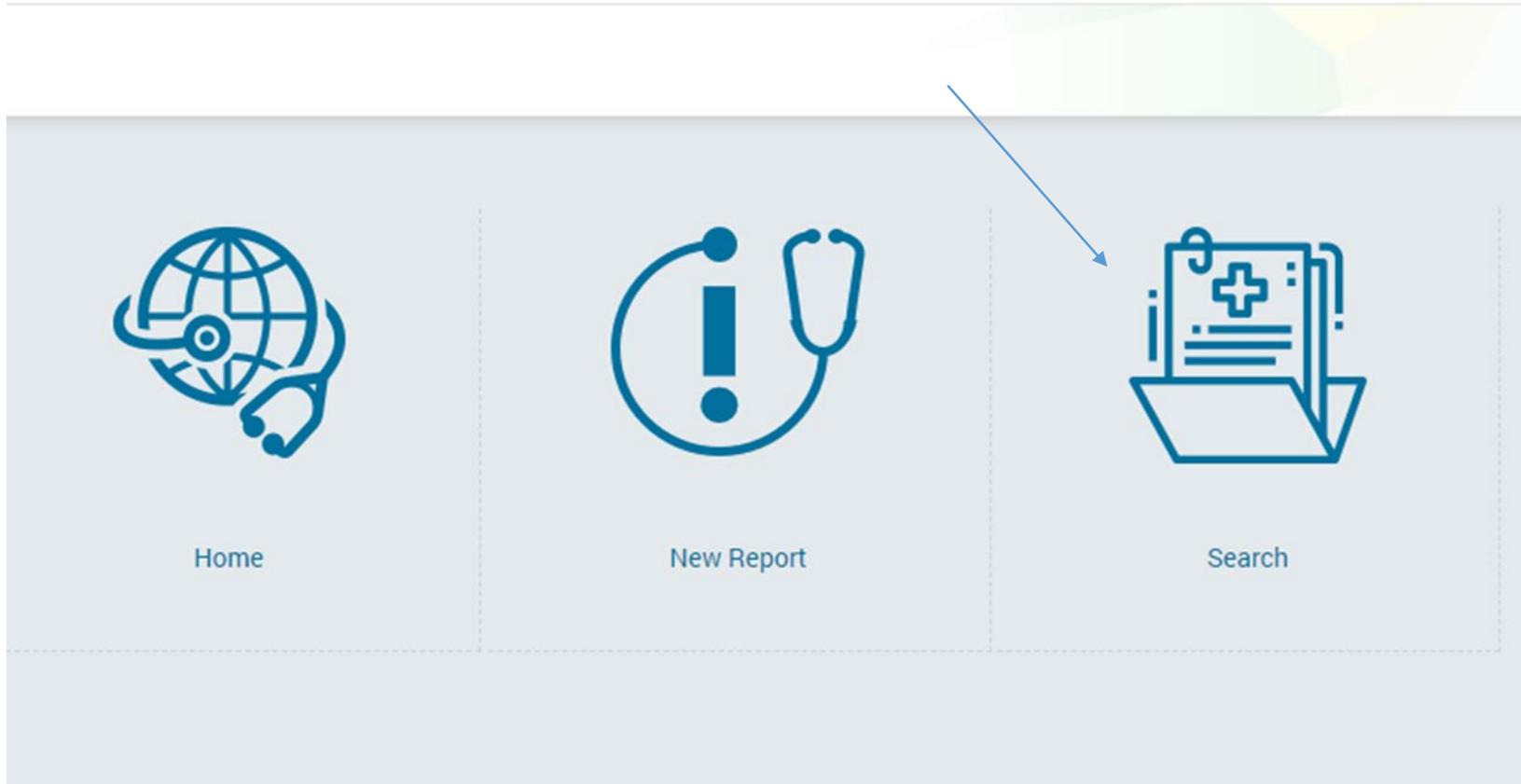
[Submit a new Report](#)

[Home](#)

# Annual Update

- Required for all beneficiaries in treatment for twelve months or more, continuously in one provider and one service modality with no break in services exceeding 30 days.
- Each month provider will receive an Open Admissions Report in Sharefile by the 20<sup>th</sup> of the month. You can review this report to see who needs an annual update or a discharge.
- A CalOMS record will be considered out of compliance if it is 14 months and over, without an annual update or discharge submitted.
- A change in status is to be reported in CalOMS within 7 days of the change.

# Annual Update From the Search Screen



# Annual Update and Search

## CalOMS - Search

### CalOMS Search

Report Id:	<input type="text"/>	Form SN:	<input type="text"/>
CIN #:	<input type="text"/>	Form Type:	<input type="text"/>
Status:	<input type="text"/>	Submitted By:	<input type="text"/>
Date of Service From:	<input type="text" value="4/5/2023"/>	Date of Service To:	<input type="text" value="4/4/2024"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>

#### Search Help!

Below is the search Criteria with the Date of Service

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

Report ID	Form SN	CIN #	Member Name	Report Type	Report Status	Admission Date	Discharge Date	Date Submitted	Submitted By	Actions
No Records found										

#### Actions

# Annual Demographics

Discharge
Discharge
Demographics
Admission
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care
Review

## Demographic Info

Patient Participant ID:

Gender:

Date of Birth:

Zip Code:

Birth Last Name:

Place Of Birth State:

Driver's License Number:

- Client declines to state
- None or Not applicable

Current First Name:

None or Not Applicable

Current Last Name:

SSN:

Client declines to state

None or Not applicable

Birth First Name:

None or Not applicable

Place Of Birth County:

Driver's License State:

Mother's First Name:

- Race:
- 1:White/Caucasian
  - 2:Black/African-American
  - 3:American Indian
  - 4:Alaska Native



# Annual Demographics

Ethnicity:

Sexual Orientation:

Veteran:

Disability:   
1:None  
2:Visual  
3:Hearing  
4:Speech

Consent:

Save and Continue

# Annual Admission

<b>Discharge</b>
Discharge
Demographics
<b>Admission</b>
Substance Use
Employment
Criminal Justice
Medical
Mental Health & Social System
Level Of Care
Review

### Admission Info

Admission Date:	<input type="text" value="10/24/2022"/>	Type Of Treatment Service:	<input type="text" value="1:Nonresidential/Outpatient Treatment/Re"/>
Admission Transaction Type:	<input type="text"/>	Source Of Referral:	<input type="text"/>
Provider ID:	<input type="text" value="474701"/>	Days Waited to Enter Treatment:	<input type="text"/> <input type="checkbox"/> Not sure/Don't know
Number Of Prior Treatment Episodes:	<input type="text"/> <input type="checkbox"/> Not sure/Don't know <input type="checkbox"/> Client declines to state	CalWorks Recipient:	<input type="text"/>
Special Services Contract ID:	<input type="text"/> <input type="checkbox"/> None or not applicable	Substance Abuse CalWorks Treatment:	<input type="text"/>
		County Paying For Services:	<input type="text"/> <input type="checkbox"/> None or not applicable

[Save and Continue](#)

# Annual Update

- After clicking save and continue on the admission page you will be taken to the Substance Use page. The information will be populated for the Substance Use, Employment, Criminal Justice, Medical, Mental Health, Social System and Level of Care. You may update fields on these pages as applicable. Some questions may be grayed out.
  - Exception: If the member is female the Medical page will require the pregnancy question to be re-answered.
  - Review and click “save and continue” at the bottom to advance through each page

# Review

PHCONLINE SERVICES

CalOMS Tester 

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:  [View Report](#)

Report has been successfully submitted to PHC!

[Submit a new Report](#)

[Home](#)

# 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	Discharge	View	Delete	Discharge	Annual Update
5/4/2020	5/20/2020					
5/4/2020	5/18/2020	5/15/2020				



# Open Admission Report (OAR)

- The CalOMS Open Admission Report (OAR) is the report of all open admissions where a discharge has not been submitted.
  - Each month provider will receive an Open Admissions Report in Sharefile by the 20<sup>th</sup> of the month. You can review this report to see who needs an annual update or a discharge. Report is submitted to your provider folder in Sharefile <https://partnershiphp.sharefile.com/dashboard>
  - A CalOMS record will be considered out of compliance if it is 14 months and over, without an annual update or discharge submitted.

# CalOMS Data Collection Guide



The California Outcomes Measurement System  
Treatment (CalOMS Tx)

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

## 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

# Resources

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

CalOMS Support  
[wmillis@partnershiphp.org](mailto:wmillis@partnershiphp.org)  
[swilson@partnershiphp.org](mailto:swilson@partnershiphp.org)

Partnership HealthPlan of California  
[www.partnershiphp.org](http://www.partnershiphp.org)

Online Services Support  
[eSystemsSupport@partnershiphp.org](mailto:eSystemsSupport@partnershiphp.org)

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

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

## Online Services Portal

User name            Contact information  
Organization name    Tax ID number