The CMS 1500 form is the Health Insurance Claim Form used to bill a private insurance for rendered services.

1. Log in to SanWITS.
2. Select your Agency and Facility.

3. Go to Client List -> Enter First Name and Last Name -> Click Go -> click Client Profile.
4. Go to Payor Group Enrollment (PGE). Click Add Benefit Plan Enrollment.

Payor Group Enrollment screen

5. Select Payor-Type (Group Insurance) and Plan Group (Other Health Coverage (OHC) General). Select Relationship to Subscriber (Self). Enter Coverage Start (e.g. 03/01/2020) Enter Subscriber # or 000 if not available Enter the OHC Policy # on the Policy # field when available.

**NOTE:** If client is DMC Billable, please create a DMC PGE as well.
7. Select General [Other Health Coverage (OHC)]. Click Finish.

8. Go to Claim Item List -> Select Plan: Other Health Coverage -> Item Status: All Awaiting Review. Select your Facility -> Enter Service Date (e.g. 07012020:07312020) -> Click Go.

9. Check the box next to Item # then click Release & Update Status. Click the hyperlink **Create Facility Batches**.
10. Move the Available Plans to the right. Click Go.

11. Go to Claim Batch List -> Select Plan OHC -> Status: Awaiting Review -> Click Go -> Hover over the pencil and Click Profile.

**Claim Batch List screen**


**Note:** Residential providers are requested to contact the Billing Unit to let us know that you have Case Management claims to be billed to OHC.
Admin Action: Release

13. You will get this message below. You would select "NO" and insert the Red/White form into the printer.

- If you click “Yes” it prints the form and the data. We have found that this print out is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form.

Admin Action: Bill It
The CMS 1500 form’s print view will be in black and white, with no lines and field titles.

*Here is how the CMS 1500 print preview looks like:*
• If provider is able to obtain a copy of the client’s insurance card, please enter the insurance Policy # on the Payor Group Enrollment’s Policy # field.

• On the CMS 1500 red/white ink. The subscriber number prints in line 1A while the OHC policy number prints in line 11. Please see the sample below.

Sample: Top portion of the CMS 1500 field 1a (Insured’s ID #) and field 11 (Insured’s Policy #)
Quick Tips:

- Some insurance (OHC) payers may accept a CMS-1500 form with a black-and-white background, other payers may reject your claims if you do not use the CMS 1500 red/white form. We do not suggest printing the CMS-1500 form in grayscale.
- When using the CMS 1500 red/white ink, make sure your printer setting is correct so the claims data will print properly on the assigned fields.

Sample: Red/white CMS 1500 Form

Note:
Please contact the Billing Unit at (619)338-2584 or email us at: ADSBillingUnit.HHSA@sdcounty.ca.gov if you have any questions. The instructions on how to print the Residential Bed Day claims using the CMS 1500 (red/white form) are still being reviewed and tested. We will notify the Residential providers as soon as the tip sheet is available.