



RELEASING OTP SERVICES TO MEDICARE RISK OHC AND PRINTING CMS-1500 FORM IN SANWITS

Please follow this p sheet if you are releasing encounters for a client with dual coverage (Medicare Part C as primary) and Medi-Cal as the secondary insurance.

- Medicare Part C (Medicare Risk or Medicare Advantage insurances). OTP providers are required to bill Medicare and Medicare Risk insurances.
- OTP providers should contact the County Billing Unit to inform us of any claims that was billed and denied or parally paid by Medicare Part C. Proof of billing or Explanaon of Benefits is required.

Steps in SanWITS:

- **1.** Log into SanWITS.
- 2. Go to 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.

Home Page							_		
Agency	Paye	or List					Add E	lenefit Plan i	Enrollment
Group List	Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriberi	Party	Start Date	End Date
Residential Unit Dashboard	d'					-			
Clinical Dashboard	(A)*								
Client List	de la								
 Client Profile 	di .								
Alternate Names									
Additional Information									
Collateral Contacts									
Other Numbers									
History									
Payor Group Enrollment									
Authorization									





5. Select Payor-Type and Plan-Group.

Payor-Type: Group Insurance

Plan-Group: Please select the appropriate Plan-Group:

OHC/Medicare Risk - Part C: select this opon if the client has Medicare Risk/Medicare Part C coverage. If the provider can obtain a copy of the client's insurance card, please enter the insurance policy number in the Payor Group Enrollment's Policy # field.

Policy #: Enter the OHC or Medicare Risk/Part C policy # when available.

Subscriber #: Not a required field. Enter 000 if not available.

- Complete the rest of the required fields.
- Please add the Benefit Plan 'ODS-DMC Non-Peri' or 'ODS-DMC Peri' for DMC billable services.

Payor-T	ype Group Inst	urance	Ψ.	Plan-Grou	p	
Payor Priority O	rder 2	v		Policy	#	Q
Coverage S	Start 07/01/2023	3 🛗	End	Payment Scal	e OHC/Medicare Risk-OHC	
Aid C	ode		Relationship to Subs	criber/ Responsible Part	y OHC/Medicare Risk-Part C	c 🖊
ubscriber/ Re	sponsible Party					
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Subscriber/ Re First Name Birthdate Address 1	sponsible Party	:	Middle Gender <mark>2-Female</mark>	Last N V Subscrit	ame	Sele app Plar fron Plar droj list.
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6. Go to Encounters (OTP services). Click <u>Release to Billing</u>. Note: To release billing, the Medi-Cal Billable box must have a 'Yes' response.

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Rendering Staff	LPHA Cherv	I MET		Ŧ						
Note Type	DMC Billable			×						
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Program Name		occorrect 4	E 20 min 10	2023						Neg Veg
Service	INFT_ASAM	assessment	5-30 min it	5				Ŷ		Siliable Tes V
						700000	00		Disa	llowed NO Y
					Start Date	11312023		End Date		
Service Location	Non-resident	ial Substance	Abuse Tre	atment 🔻	Start Time			End Time		
					Duration		Min	w		
Contact Type	Face To Face	9 v								
			Emergency	v		Un	# of Service its/Sessions	1		
			Visit Type	AS-Assessmi	ent	-	Medi-Cal	Yes 👻		
	6		visit type	10700000	unt		Billable:	100		
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- **7.** Select the appropriate group enrollment to bill on the Client Group Enrollment screen.
 - You will select the Part C [OHC/Medicare Risk] if the client's primary plan is a Part C Medicare.

The Client Group Enrollment dropdown reflects Client Profile>Payor Group Enrollments effective	e on the encounter date of service. If the Medi-Cal billable indicator on the encounter is 'no', Medi-Cal enrollment will not be included in the dropdown.	×
Release To Billing		
Ckert Group Exrollmed Medi-Cal - Non Perinatal (DDS DMC- Non Pen) 1 OHC (OHC/Medicare Risk) 2 Pert C [OHC/Medicare Risk) 3	1 2	ish)

8. Click Finish.



Go to Claim Item List. Select the Plan "OHC/Medicare Risk" from the dropdown list. Set the Item Status to "All Awaing Review". Select your Facility. Enter the Service Date (e.g., 07012023:07312023). Click Go.

Claim Item Search					
Plan	OHC/Medicare Risk	*	Group Enrollment		* ENC ID
Client First Name			Client Last Name		
Subscriber/Resp Party First Name			S/R Party Last Name		Service
Subscriber/Resp Party Account #			Rendering Staff		Service Date 07/01/2023:073
Authorization #			-		-
Item Status	All Awaiting Review	*	Facility	OTP Facility	▼ Claim Item ID
Adjud Status		*	FFS Type	¥.	
Add-On Level	Y				
Group Session ID					
Unique Client Number			PCCN		Claim Batch ID
Hold Reason		w.	Reverse Reason		Y
				Clear Go	
A destation data data an					

Notes:

- Remember not to leave any claim items in released status if you are not ready to batch.
 If you are not yet billing DMC and waiting for the primary insurance's Explanation of Benefits (EOB), you can put the Medicare Risk claims in 'hold' status.
- It's important to check the OPTUM BHS Resources, Billing folder for guidelines on holding OHC claims for more than 90 days.
- 10. Select the claims in awaing review status that you need to bill by clicking the box next to the Item # column. From the dropdown menu on the right, select <u>'Release'</u>, then click the <u>Update Status</u> hyperlink.

Note: To guarantee billing accuracy, providers are required to review the claim item list before batching claims.



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11. Once the claim items are in the 'released' status, click <u>Create Facility Batches</u>.

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Clair	n Item Li	ist (<u>E</u>	xport) 4		Reverse	<u>Adjust</u>	<u>Reject</u>			Release	A	Update Status
Actions	Item #		Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	·	~	Group Session ID
(A)	529444			FFS	None		H0004/UA/HG/HA	65 Min	Awaiting Review	Awaiting Re	view	
d'	529446			FFS	Split Dose		S5000/UA/HG/HA		Awaiting Review	Hold Release	2	
A ¹	529447			FFS	Split Dose		S5000/UA/HG/HA		Awaiting Review	8/16/2022	546948	
A1	529448			FFS	Split Dose		S5000/UA/HG/HA		Awaiting Review	8/16/2022	546948	

Drug Medi-Cal Organized Delivery System (optumsandiego.com)

 SUD Billing Announcement: Other Health Coverage Rules for Outpatient Providers (msg).
 Email announcement regarding OHC Rules
 2022-07-14

- Contact the County Billing Unit immediately if your program has proof of billing but have not received an acceptable response from the insurance company.
- **12.** Choose the appropriate <u>Plan for Batching</u>. Click the right arrow to move it to the <u>Selected Plans</u> box. Click <u>Go</u>.

Choose Plan(s) for Batching		
Available Plans ODS DMC- Non Peri ODS DMC- Peri OHC/Medicare Risk	Selected Plans	Selected Plans OHC/Medicare Risk
	3	3
	Cancel Clear Go	



13. Navigate to the Billing- <u>Claim Batch List</u> screen. Select the <u>Plan Name OHC/Medicare Risk</u>. Click Go. Click on the <u>Acons</u> pencil and from the <u>Profile</u> screen, <u>Release</u> the batch.

			Provider Cle	aim Batch List Van Name OHC/Medic Uling Form Batch # FFS Type	are Risk	v v		Created E Transmit E St	tate) Review v	Clear	Go	*	
Clai	m Batch List ((Export)	ar.											Download 837
Actions	Batch#	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created	Transmit	Agency Name	Facility Name
1	105716	Released	OHC/Medicare Risk	FFS	CMS-1500	837P	P	\$140.44	1.00	Jul 2023	8/30/2023		MIS Testing Agency	Outpatient

14. In the Provider Claim Batch Profile, click Bill It.

Dalch #	105716		Batch For	\$140.44	
Batch For	OHC/Medicare Ri	sk	Status	Released	Ī.
Created By	Saline, Carmen		Created Date	8/30/2023 1:31 PM	
Updated By	Rothenberger, Amy - WITS Admin Ac		Updated Date	8/31/2023 1:31 PM	
Billing Form	CMS-1500	Ψ.	Transmit Date		1
Order	Primary		Ignore Warnings	No	
Service Month/Year	7/1/2023		FFS Type	Fee for Service	
			Maggara		Created
<u>itch #</u>		Level	measuge		Credicu
a <u>tch #</u>		Level	mosougu		Citatea
atch #		LEVEI	mussiyu		
<u>atch #</u> Administrative Actions —		Level			





15. You will be immediately taken to the CMS 1500 print screen. Press the <u>'No'</u> buton and insert the red and white CMS 1500 form into your designated printer to print. Click Finish.

v	Vould you like to print the background image of the CMS 1500 in addition to the data?
e n	"Note: Selecting "No" allows a user to print directly onto a blank 1500 form. You may need to adjust your printer setting to nsure the data lines up with the form property. This form was designed to print with no scaling and auto rotate and center box or checked.
	Yes No Cancel

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

Note: Clicking 'Yes' will result in the form printing with claims data. We have found that this printout is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form. The CMS 1500 form's print view will be in black and white, with no lines and field titles.



CMS 1500 Print Preview





Actual CMS 1500 Sample

I. MEDICARE MEDICAID TRICARE CHAMP (Medicare#) (Medicard#) (ID#/DeD#) (Membe	VA GROUP FECA OTHER HEALTH PLAN BLK LUNG (ID#) (ID#)	ta. INSURED'S I.D. NUMBER (For Program in II	llem 1)	
. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
ATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED Self X Spouse Child Other	7. INSURED'S ADDRESS (No., Street)		
CITY STATI	8. RESERVED FOR NUCC USE	CITY ST	ATE	
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (include Area Cod	5e)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER		
a, OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX		
5. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)		
C. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME OHC/Medicare Risk		
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	9d.	
READ BACK OF FORM BEFORE COMPLETI 2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorize th to process this claim. I also request payment of government benefits eith below.	NG & SIGNING THIS FORM. e release of any medical or other information necessary ar to myself or to the party who accepts assignment.	 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authors payment of medical benefits to the undersigned physician or sup services described below. 	orize pplier for	
SKINED	DATE	SIGNED		

Note: The subscriber number prints in line 1A while the OHC policy number prints in line 11.



- 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. It is not recommended to print 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.

For questions or comments about this p sheet or process, please contact the County Billing Unit at phone # (619)338-2584 or email us at: <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u>.

End of Tip Sheet