

RESIDENTIAL BED DAY: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING BUT NOT BATCHED:

1. Go to Provider Agency -> Billing -> Claim Item List
2. Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
3. Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.

5 Claim Item(s) were successfully updated.

Claim Item Search

Plan: [] Group Enrollment: [] ENC ID: []

Client First Name: [] Client Last Name: [] Charge: []

Subscriber/Resp Party Name: [] S/R Party Last Name: [] Service: []

Subscriber/Resp Party Account #: [] Rendering Staff: [] Service Date: []

Authorization #: []

Item Status: All Awaiting Review [] Facility: []

FFS Type: []

Add-On Level: []

Group Session ID: []

Clear [] Go []

Administrative Actions

Create Agency Batches [] Create Facility Batches []

Claim Item List (Export)

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
[]	529873	Apple, Ally	FFS	None	7/13/2019	H0019/U19A		Awaiting Review	7/13/2019	\$1.00
[]	529889	Apple, Ally	FFS	None	7/12/2019	H0019/U1		Awaiting Review	7/13/2019	\$1.00
[]	529800	[]	FFS	None	6/17/2019	H0019/U1		Awaiting Review	7/13/2019	\$1.00

Profile []

4. On Profile screen -> Administrative Actions, click the Reject (Back Out) hyperlink.

Profile for Claim Item # []

ENC ID: 530333 Delivered Service: H0019/U1

Group Session ID: [] Service Start: 6/17/2019 12:00 AM

Program: ODS 3.1 RES Service End: 6/17/2019 12:00 AM

Diagnoses: F10.11 / / Duration: []

Pregnant: No # Sessions/Units: 1

Status: Awaiting Review Rendering Staff: []

Service Fee

Billing Units: 1.00 X Rate / Unit: 1.0000 = \$1.00

FFS Type: Fee for Service

Cost Center: []

Group Enrollment: DMC Billable [ODS Residential, 55RES#1] Billing Note: []

Tier Type: Fee for Service Encounter Post Date: 7/13/2019

Created Date: 7/13/2019 10:04 AM

Payor Billing Service: *Residential Bed Day 3.1 RES old: H0019/U1

Category: Residential Bed Day 3.1 - valid through 07/31/19 DO NOT USE AFTER JULY 31 2019

Service Location: Residential SUD TX Facility

Unit Desc: 1 unit = 1day

Authorization: 100217-H0019 Available: 22.00

Available to pay this claim item: 22.0000

Administrative Actions

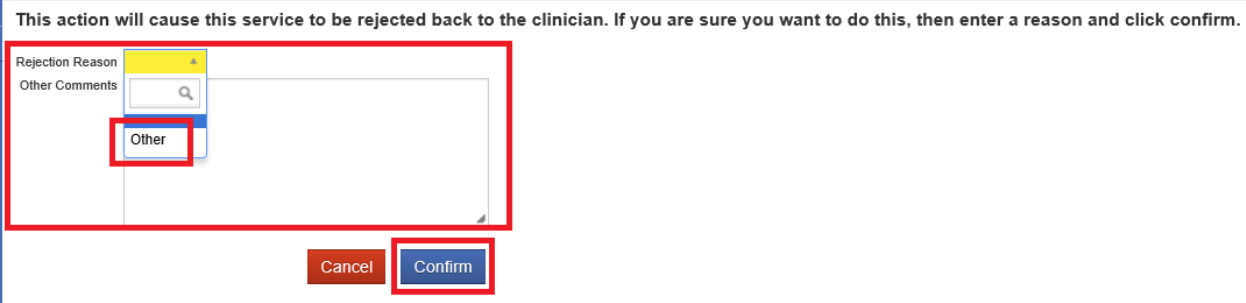
Hold [] Release [] **Reject (Back Out)** []

Cancel [] Save [] Finish []

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5. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim. Click the Confirm button.

This action will cause this service to be rejected back to the clinician. If you are sure you want to do this, then enter a reason and click confirm.



Rejection Reason

Other Comments

Other

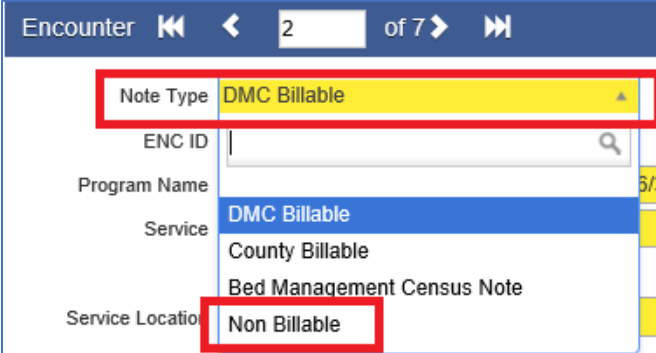
Cancel Confirm

Note: The rejected claim will go back to the Encounter screen (in red font).

6. Go to Encounter List and click the pencil icon to open the Encounter Profile.

Actions	Enc ID	Client Name	Client DOB	Svc Start	Status	BB	Duration	Procedure	Stand. Staff	Program Name	Balance	Group Session ID
	530333		2/2/2003	8/17/2019	Rejected (Default)	No		H0019		ODS 3.1 RES	\$0.00	

7. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).



Encounter 2 of 7

Note Type DMC Billable

ENC ID

Program Name

Service DMC Billable

Service Location Non Billable

8. Update the Billable field to “No” and DMC Billable to “No”.
9. Save and click Finalize Encounter.

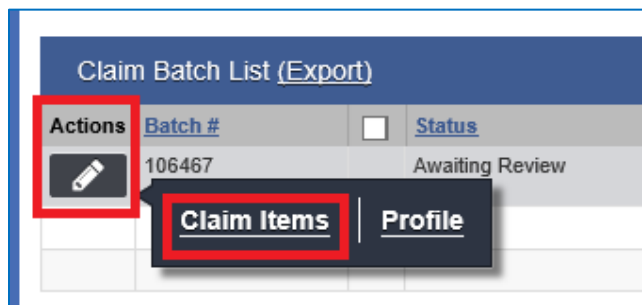
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PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING AND BATCHED BUT THE BATCH IS STILL IN THE PROVIDER CLAIM BATCH LIST FOLDER UNDER AWAITING REVIEW STATUS:

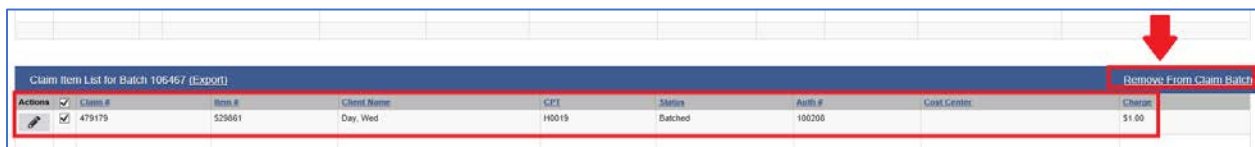
1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.



2. Select the Batch # and hover the mouse on the pencil icon and click Claim Items.



3. Check mark the box next to the Claim # that you need to back out, then click the Remove from Claim Batch link.
Note: If you need to select and remove all claims, check mark the top box in between the Actions and Claim # columns.



4. To find the removed claim, the provider must go to Agency folder-> Billing-> Claim Item List under Awaiting Review status.

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5. Open the Claim Profile by clicking the Actions pencil next to the Claim #.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	523881	Day, Wed	FFS	None	8/6/2019	H0018U11		Awaiting Review	7/2/2019	\$1.00	

6. On the Profile screen, click the Administrative Action “Reject (Back Out).”

Administrative Actions

[Hold](#) [Release](#) [Reject \(Back Out\)](#)

7. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim and click the Confirm button.

This action will cause this service to be rejected back to the clinician. If you are sure you want to do this, then enter a reason and click confirm.

Rejection Reason: Other

Other Comments:

[Cancel](#) [Confirm](#)

8. The rejected claim will go back to the Encounter screen (in red font). Click the pencil icon to open the Encounter Profile.
9. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).
10. Update the Billable field to “No” and the DMC Billable to “No”.
11. Save and click Finalize Encounter.

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PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE GOVERNMENT CONTRACT BUT NOT YET SUBMITTED TO THE STATE:

1. Provider must contact the Billing Unit at 619-338-2584 or send an email to ADSBillingUnit.HHSA@sdcounty.ca.gov if a disallowed service is batched and submitted to the Government Contract.
2. Billing Unit will adjudicate all the submitted bed day claims in the Government Contract and will put on hold the disallowed claims in the Agency's Claim Item List folder.

Note: SanWITS has no functionality to remove or back out a bed day claim once the batch is submitted to the Government Contract. Billing Unit can only place the disallowed claims on hold in the provider's Claim Item List folder to prevent billing them to the State.

3. To view the bed day claims on hold, provider should login to SanWITS -> Agency -> Billing -> Claim Item List folder under Hold status.

The screenshot shows the 'Claim Item Search' interface. It includes the following fields and controls:

- Plan:** A dropdown menu highlighted with a red box.
- Group Enrollment:** A dropdown menu.
- ENC ID:** A text input field.
- Client First Name:** A text input field.
- Client Last Name:** A text input field.
- Charge:** A text input field.
- Subscriber/Resp Party First Name:** A text input field.
- S/R Party Last Name:** A text input field.
- Service:** A text input field.
- Subscriber/Resp Party Account #:** A text input field.
- Rendering Staff:** A text input field.
- Service Date:** A text input field highlighted with a red box.
- Authorization #:** A text input field.
- Item Status:** A dropdown menu set to 'Hold', highlighted with a red box.
- Facility:** A dropdown menu highlighted with a red box.
- FFS Type:** A dropdown menu.
- Add-On Level:** A dropdown menu.
- Group Session ID:** A text input field.
- Clear:** A red button.
- Go:** A blue button highlighted with a red box.

Note: Provider is responsible in monitoring all the claims on hold in Claim Item List, including disallowances.

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PROVIDER STEPS WHEN A DISALLOWED SERVICE IS IDENTIFIED AFTER BATCH IS BILLED TO THE STATE:

1. Provider must complete the void form or "Payment Recovery form". This form (with instructions) is in the OPTUM website ->Billing tab:

<https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>

Note: Providers must carefully review the client and claim details in SanWITS (in Claim Item List screen) when completing the Payment Recovery form. Please contact the Billing Unit at 619-338-2584 if you need assistance in completing the form.

2. Secure email the Payment and Recovery form to ADSBillingUnit.HHSA@sdcounty.ca.gov.

Note: Provider must retain the original copy for disallowance or void units tracking purposes.

3. Billing Unit will handle the claim's payment reversal or void process in SanWITS.

Disclaimer: Billing Unit's disallowance tip sheet provides guidance on how to process the disallowed claims in SanWITS once services have been released. The tip sheet does not advice on what county will reimburse nor does it decide on what should be disallowed.

Important emails or contacts:

For compliance or disallowance questions: QIMatters.HHSA@sdcounty.ca.gov

For invoicing and claiming questions: BHS-Claims.HHSA@sdcounty.ca.gov

For technical questions: SUD_MIS_Support.HHSA@sdcounty.ca.gov

For billing questions: ADSBillingUnit.HHSA@sdcounty.ca.gov