

SanWITS Flow for Residentials Providers

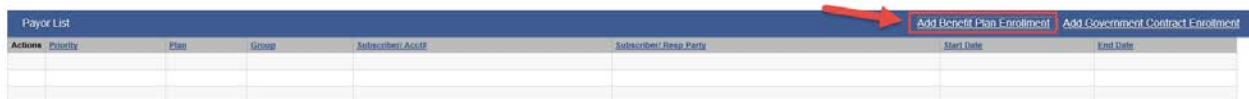
“Service Claims and Payor Group Enrollment”

Effective 5/1/2019, the County of San Diego will now require that **all SUD Services provided on 5/1/2019 and forward** reported to the County for reimbursement be submitted as a claim (encounter that is released to billing) through SanWITS.

1. In order to Release to Billing, please add the appropriate Payor Group Enrollment. Go to Client Profile from the Navigation Pane. Then click on Payor Group Enrollment.



2. It is required to add a Payor Group Enrollment for **County Billable** services, **Medi-Cal Billable** services that are **pending** client’s DMC eligibility and **Medi-Cal Billable** services that are **pending** facility’s DMC Certification. From the Payor List screen, click on “Add Benefit Plan Enrollment” hyperlink.



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“Service Claims and Payor Group Enrollment”

3. It is required to create a Payor Group Enrollment for County Billable Services.

- Payor-Type should be “Other.”
- Plan Group should be “County Billable-County Billable.”
- Coverage Start Date should be the **Date of Admission**.
- Relationship to Subscriber/Responsible Party should be “Self.”
- Please leave Aid Code and Subscriber # **blank**. These fields are not required for County Billable services.
- Client’s first name, last name, birthday, gender and address would auto-populate if client’s address was added to the Client’s Profile.

Client Profile

- Alternate Names
- Additional Information
- Contact Info
- Collateral Contacts
- Other Numbers
- Confidential
- History
- Payor Group Enrollment**
- Authorization
- Allergies
- Client External History
- Linked Consents
- Contacts
- Activity List
- Episode List

Benefit Plan/Private Pay Billing Information

Payor-Type: Other

Plan-Group: County Billable-CountyBillable

Payor Priority Order: 1

Coverage Start: 8/1/2018

End:

Policy #:

Payment Scale:

Aid Code:

Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: ODS

Middle:

Last Name: Admission

Birthdate: 10/10/1990

Gender: 1-Male

Subscriber #:

Address 1: 1255 IMPERIAL AVE

Address 2:

City: SAN DIEGO

State: California

Zip: 92101

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“Service Claims and Payor Group Enrollment”

4. For **Case Management County Billable** Encounters:

- Note Type should be “County Billable.”
- Billable field should be “Yes.”
- After completing all required fields from Encounter screen, please click “Release to Billing.”

Encounter 1 of 1

Note Type: **County Billable**

ENC ID: 533762

Program Name: RES Train 2/ODS 3.1 RES : 7/1/2018 -

Service: Case Management 3.1 RES

Billable: **Yes**

Start Date: 3/15/2019

End Date: [Calendar Icon]

Service Location: Residential Substance Abuse TX Facility

Start Time: [Time Picker]

End Time: [Time Picker]

Travel Duration: 0 Min

Documentation Duration: 10 Min

Session Duration: 60 Min

Total Duration: 70 Min

Contact Type: Face To Face

Emergency: [Dropdown]

of Service Units/Sessions: 1

Visit Type: CM-Case Management

Pregnant/Postpartum: [Dropdown]

Was an interpreter used? No Interpreter Needed

In what language was the service provided? English

Which Evidence-Based Practices were used?

Evidence-Based Practices: None, Relapse Prevention, Other

Used Evidence-Based Practices: Motivational Interviewing

Diagnoses for this Service

Primary: F10.11-Alcohol abuse, in remission(ICD)

Secondary: [Dropdown]

Tertiary: [Dropdown]

Rendering Staff: [Dropdown]

Supervising Staff: [Dropdown]

Administrative Actions

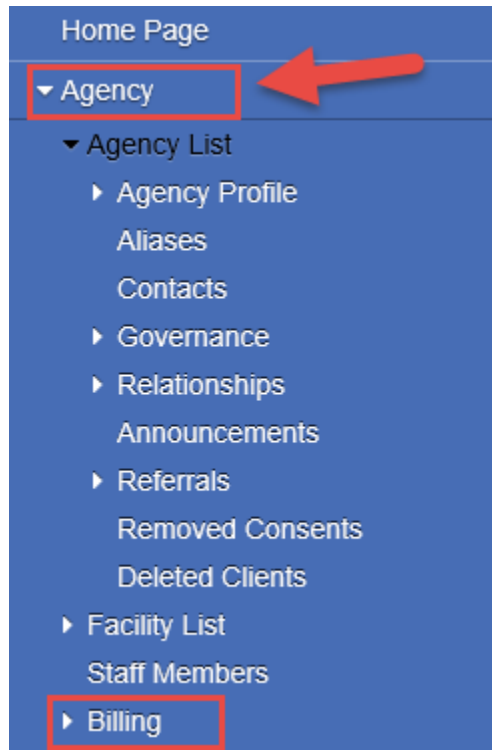
Release to Billing | Delete

Cancel | Save | Finish | Next

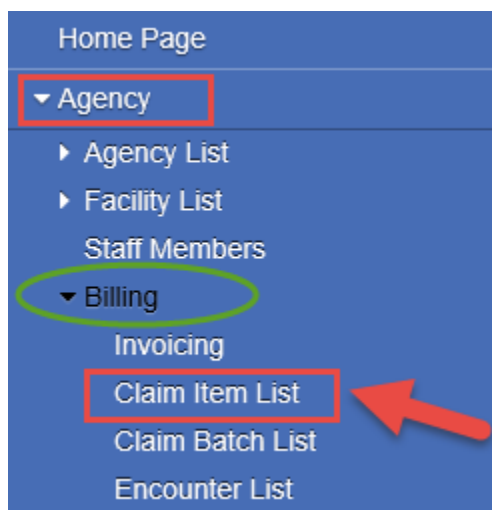
SanWITS Flow for Residentials Providers

“Service Claims and Payor Group Enrollment”

5. After releasing **Case Management County Billable** Encounters to Billing, please go to Agency from the Navigation Pane, then click on “Billing.”



6. After selecting “Billing,” the Navigation Pane selections will be expanded. Please click on “Claim Item List.”



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“Service Claims and Payor Group Enrollment”

- After selecting “Claim Item List,” the system is going to direct you to the *Claim Item Search* screen. SanWITS is going to show all the Claims that are “Awaiting Review.”

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	963553	Admission, ODS	FFS	None	7/15/2018	H0000U7	70 Min	Awaiting Review	4/29/2019	---	

- Please identify your **Case Management County Billable** Claims by selecting *County Billable* under the drop down menu from the Plan.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	963553	Admission, ODS	FFS	None	7/15/2018	H0000U7	70 Min	Awaiting Review	4/29/2019	---	

- Case Management County Billable** Claims Status should be changed to “Hold.”

- Select County Billable Claims. You can select *all* County Billable claims in **bulk**.
- Select “Hold,” from the Drop down menu.
- Click on “Update Status.”

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	963553	Admission, ODS	FFS	None	7/15/2018	H0000U7	70 Min	Awaiting Review	4/29/2019	---	
	920224	CLIENT, TWO	FFS	None	1/15/2019	H0000U7	70 Min	Awaiting Review	4/8/2019	---	

SanWITS Flow for Residential Providers

“Service Claims and Payor Group Enrollment”

10. After updating **Case Management County Billable** Claims Status to “Hold,” you’re going to receive a message saying: “Claim Item(s) were successfully updated.”

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan	Group Enrollment	ENC ID
Client First Name	Client Last Name	Charge
Subscriber/Resp Party First Name	S/R Party Last Name	Service
Subscriber/Resp Party Account #	Rendering Staff	Service Date
Authorization #	Facility	
Item Status: All Awaiting Review		
FFS Type		
Add-On Level		
Group Session ID		

Clear Go

11. You can search for your Claim Items that were placed on Hold by selecting “Hold” under the **Item Status** and then clicking “Go.”

Home Page

- Agency
 - Agency List
 - Facility List
 - Staff Members
 - Tx Team Groups
- Billing
 - Invoicing
 - Claim Item List**
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
 - Payment List

Claim Item Search

Plan	Group Enrollment	ENC ID
Client First Name	Client Last Name	Charge
Subscriber/Resp Party First Name	S/R Party Last Name	Service
Subscriber/Resp Party Account #	Rendering Staff	Service Date
Authorization #	Facility	
Item Status: Hold		
FFS Type		
Add-On Level		
Group Session ID		

Clear Go

Administrative Actions

SanWITS Flow for Residentials Providers

“Service Claims and Payor Group Enrollment”

12. It is required to create a Payor Group Enrollment for Medi-Cal Billable Services for clients who are **pending** Medi-Cal enrollment or Facilities that are **pending** DMC Certification.

- Payor-Type should be “**Medicaid.**”
- Plan Group should be either “ODS DMC-Non Peri-Medi-Cal-Non Perinatal” or “ODS DMC-Peri-Medi-Cal-Perinatal (*only if facility is Perinatal Certified).”
- Coverage Start Date should be the **First Day of Admission Month.**
- Relationship to Subscriber/Responsible Party should be “**Self.**”
- Aid Code should be “**00.**”
- Subscriber # should be “**000.**”
- Client’s first name, last name, birthday, gender and address would auto-populate if client’s address was added to the Client’s Profile.

The screenshot displays the 'Benefit Plan/Private Pay Billing Information' section of the SanWITS system. The 'Payor-Type' is set to 'Medicaid' and the 'Plan-Group' is 'ODS DMC- Non Peri-Medi-...'. The 'Coverage Start' date is '7/1/2018', which is highlighted by a red callout box with the text '1st day of the Admission month'. The 'Aid Code' is '00' and the 'Relationship to Subscriber/ Responsible Party' is 'Self'. The 'Subscriber/ Responsible Party' section shows the following information: First Name 'Erroneous', Middle, Last Name 'Admission', Birthdate '10/10/1990', Gender '1-Male', and Subscriber # '000'. The address is '1255 IMPERIAL AVE', City 'SAN DIEGO', State 'California', and Zip '92101'.

SanWITS Flow for Residentials Providers

“Service Claims and Payor Group Enrollment”

13. For Case Management *DMC Billable* Encounters:

- Note Type should be “**DMC Billable.**”
- Billable field should be “**Yes.**”
- Medi-Cal Billable field should be “**Yes.**”
- After completing all required fields from Encounter screen, please click “**Release to Billing.**”

Encounter 1 of 2

Note Type: **DMC Billable**

ENC ID: 533763

Program Name: RES Train 2/ODS 3.1 RES : 7/1/2018 -

Service: Case Management 3.1 RES **Billable: Yes**

Start Date: 2/25/2019 End Date: [Calendar Icon]

Service Location: Residential Substance Abuse TX Facility Start Time: [Time] End Time: [Time]

Travel Duration: 0 Min Documentation Duration: 10 Min

Session Duration: 60 Min Total Duration: 70 Min

Contact Type: Face To Face

Emergency: [Dropdown] # of Service Units/Sessions: 1

Visit Type: CM-Case Management **Medi-Cal Billable: Yes**

Pregnant/Postpartum: No

Was an interpreter used?: No Interpreter Needed In what language was the service provided?: English

Which Evidence-Based Practices were used?

Evidence-Based Practices: None, Relapse Prevention, Other

Used Evidence-Based Practices: Motivational Interviewing

Diagnoses for this Service

Primary: F10.11-Alcohol abuse, in remission(ICD)

Secondary: [Dropdown]

Tertiary: [Dropdown]

Rendering Staff: [Dropdown]

Supervising Staff: [Dropdown]

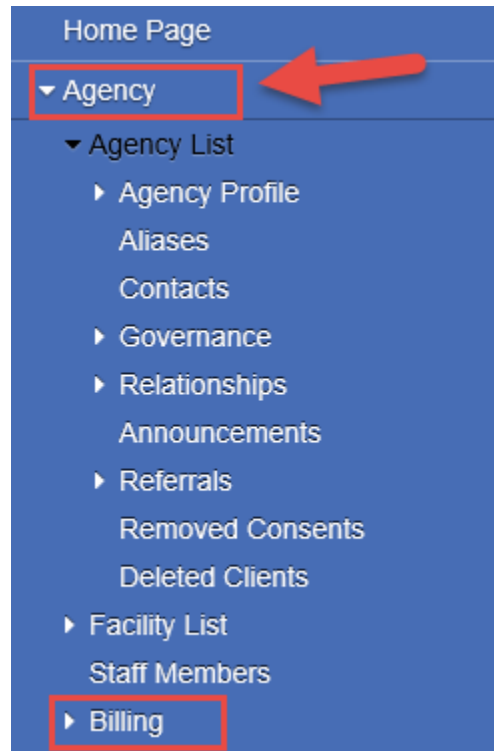
Administrative Actions: **Release to Billing** Delete

Buttons: Cancel Save Finish

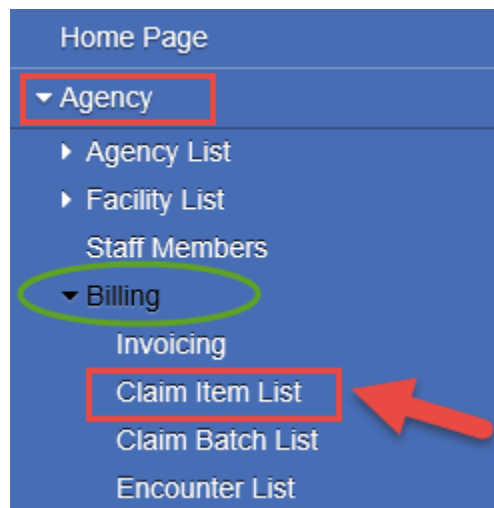
SanWITS Flow for Residentials Providers

“Service Claims and Payor Group Enrollment”

14. After releasing DMC Billable Encounters to Billing, please go to Agency from the Navigation Pane, then click on “Billing.”



15. After selecting “Billing,” the Navigation Pane selections will be expanded. Please click on “Claim Item List.”



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“Service Claims and Payor Group Enrollment”

16. After selecting “Claim Item List,” you will be directed to the *Claim Item Search* screen. SanWITS is going to show all the Claims that are “Awaiting Review.”

The screenshot shows the 'Claim Item Search' interface. It includes several search filters: Plan, Group Enrollment, Client First Name, Client Last Name, Subscriber/Resp Party First Name, S/R Party Last Name, Subscriber/Resp Party Account #, Rendering Staff, Service Date, Authorization #, Item Status (set to 'All Awaiting Review'), FFS Type, Add-On Level, and Group Session ID. There are 'Clear' and 'Go' buttons. Below the filters is an 'Administrative Actions' section with a 'Create Agency Balches' button. At the bottom, there is a 'Claim Item List (Export)' section with an 'Update Status' button and a table of results.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	983393	Admission, ODS	FFS	None	7/15/2018	H000947	70 Min	Awaiting Review	4/29/2019	1	

17. Please identify your **DMC Billable** Claims for clients who are **pending** DMC enrollment or **pending** Facility's DMC Certification by selecting either **ODS DMC- Non Peri** or **ODS DMC Peri** (*only if facility is Perinatal Certified) from the Plan.

The screenshot shows the 'Claim Item Search' interface with the 'Plan' dropdown menu open. A red arrow points to the 'Plan' dropdown. The dropdown menu lists several options: ODS DMC- Non Peri, ODS DMC- Peri, ODS Residential, and Self-pay. The 'ODS DMC- Non Peri' option is highlighted in blue. The rest of the search filters and buttons are visible in the background.

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“Service Claims and Payor Group Enrollment”

18. DMC Billable Claims for clients who are **pending** DMC enrollment or **pending** Facility’s DMC Certification. Status should be changed to “Hold.”

- Select DMC Billable Claims. You can select *all* DMC Billable claims in **bulk**.
- Select “Hold,” from the Drop down menu.
- Click on “Update Status.”

Administrative Actions
Create Agency Entries

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Business Date	Charat
	963593	Admission, ODS	FFS	None	7/15/2016	H0005/U7	70 Min	Awaiting Review	4/29/2019	Hold
	922221	CLIENT, TWD	FFS	None	5/15/2019	H0005/U7	70 Min	Awaiting Review	4/8/2019	Release

19. After updating DMC Billable claims Status to “Hold,” you’re going to receive a message saying: “Claim Item(s) were successfully updated.”

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan [dropdown] Group Enrollment [dropdown] ENC ID [text]
Client First Name [text] Client Last Name [text] Charge [text]
Subscriber/Resp Party First Name [text] S/R Party Last Name [text] Service [text]
Subscriber/Resp Party Account # [text] Rendering Staff [text] Service Date [text]
Authorization # [text]
Item Status [dropdown] Facility [dropdown]
FFS Type [dropdown]
Add-On Level [dropdown]
Group Session ID [text]

Clear Go

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“Service Claims and Payor Group Enrollment”

20. You can search for your Claim Items that were placed on Hold by selecting “Hold” under the **Item Status** and then clicking “Go.”

21. As soon the client’s **Medi-Cal** enrollment has been **approved** or the Facility has become **DMC Certified**, please verify client’s Medi-Cal Eligibility and update the Subscriber’s *Aid Code* and the *Subscriber #* from the Payor Group Enrollment screen.

22. After updating the *Aid Code* and *Subscriber #* from the Benefit Plan-Payor Group Enrollment screen please go to the “Claim Item List,” and change the Claim Status from Hold to “**Release.**” This would send the Claims to the Claim Batch List.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
	479067	<input checked="" type="checkbox"/> CLIENT, HAPPY B	FFS	None	1/4/2016	H0004		Hold	1/4/2016	5
	601313	<input type="checkbox"/> CLIENT, HAPPY B	FFS	None	1/4/2016	H0005		Hold	6/2/2017	5
	601324	<input type="checkbox"/> CLIENT, HAPPY B	FFS	None	1/5/2016	H0004		Hold	6/2/2017	5
	479074	<input type="checkbox"/> CLIENT, TWO	FFS	None	12/23/2015	H0004		Hold	1/4/2016	5
	479157	<input type="checkbox"/> CLIENT, TWO	FFS	None	11/19/2015	H0004	60 Min	Hold	1/5/2016	5

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“Service Claims and Payor Group Enrollment”

23. After updating DMC Billable claims Status to “Release,” you’re going to receive a message saying: “Claim Item(s) were successfully updated.”

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan	<input type="text"/>	Group Enrollment	<input type="text"/>	ENC ID	<input type="text"/>
Client First Name	<input type="text"/>	Client Last Name	client	Charge	<input type="text"/>
Subscriber/Resp Party First Name	<input type="text"/>	S/R Party Last Name	<input type="text"/>	Service	<input type="text"/>
Subscriber/Resp Party Account #	<input type="text"/>	Rendering Staff	<input type="text"/>	Service Date	<input type="text"/>
Authorization #	<input type="text"/>	Facility	<input type="text"/>		
Item Status	Hold				
FFS Type	<input type="text"/>				
Add-On Level	<input type="text"/>				
Group Session ID	<input type="text"/>				

24. For **Residential Bed Days** services for clients that are **pending Medi-Cal** enrollment or **potential Medi-Cal clients**, please enter a DMC Billable Government Contract.

- Plan-Group should be “**ODS Residential-DMC Billable.**”
- Start Date should be the **Date of Admission.**
- Subscriber # will pre-populate with Unique Client’s Number. There is no need to change the subscriber # information.

Government Contract Billing Information

Plan Type	Government Contract	Payor Priority Order	3
Contract	559999,559999	Start Date	5/10/2019
Plan-Group	ODS Residential-DMC Billable	End Date	
Subscriber #	PJC2011486		

Administrative Actions:

*There are no changes in the process of entering the Residential Bed Day Encounters for DMC Billable and County Billable services.

Note: The process explained on this Tip Sheet **excludes** “Out of County” clients. There will be a separate Tip Sheet for Out of County clients.