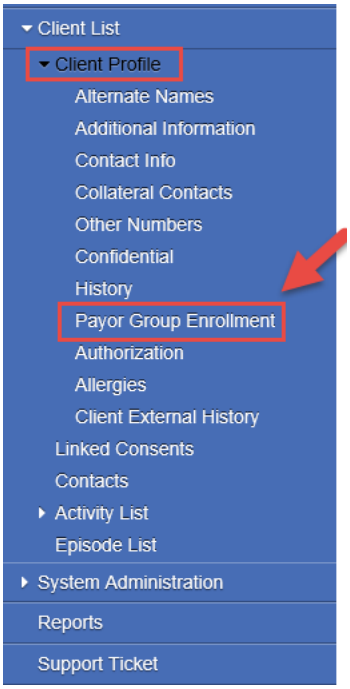
SanWITS Flow for Residentials Providers

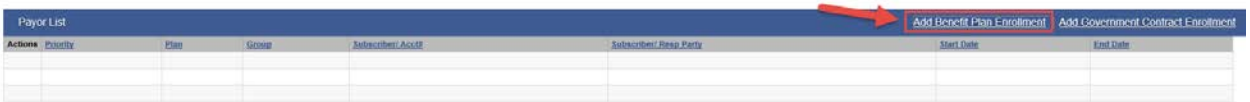
"Service Claims and Payor Group Enrollment"

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.

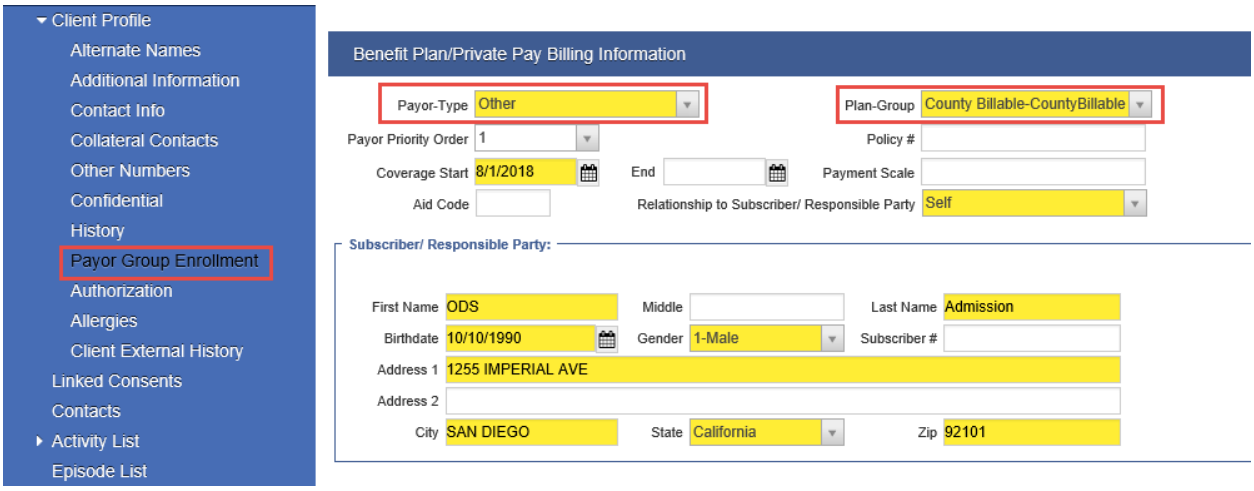
1. In order to Release to Billing, please add the appropriate Payor Group Enrollment. Go to Client Profile from the Navigation Pane. Then click on Payor Group Enrollment.



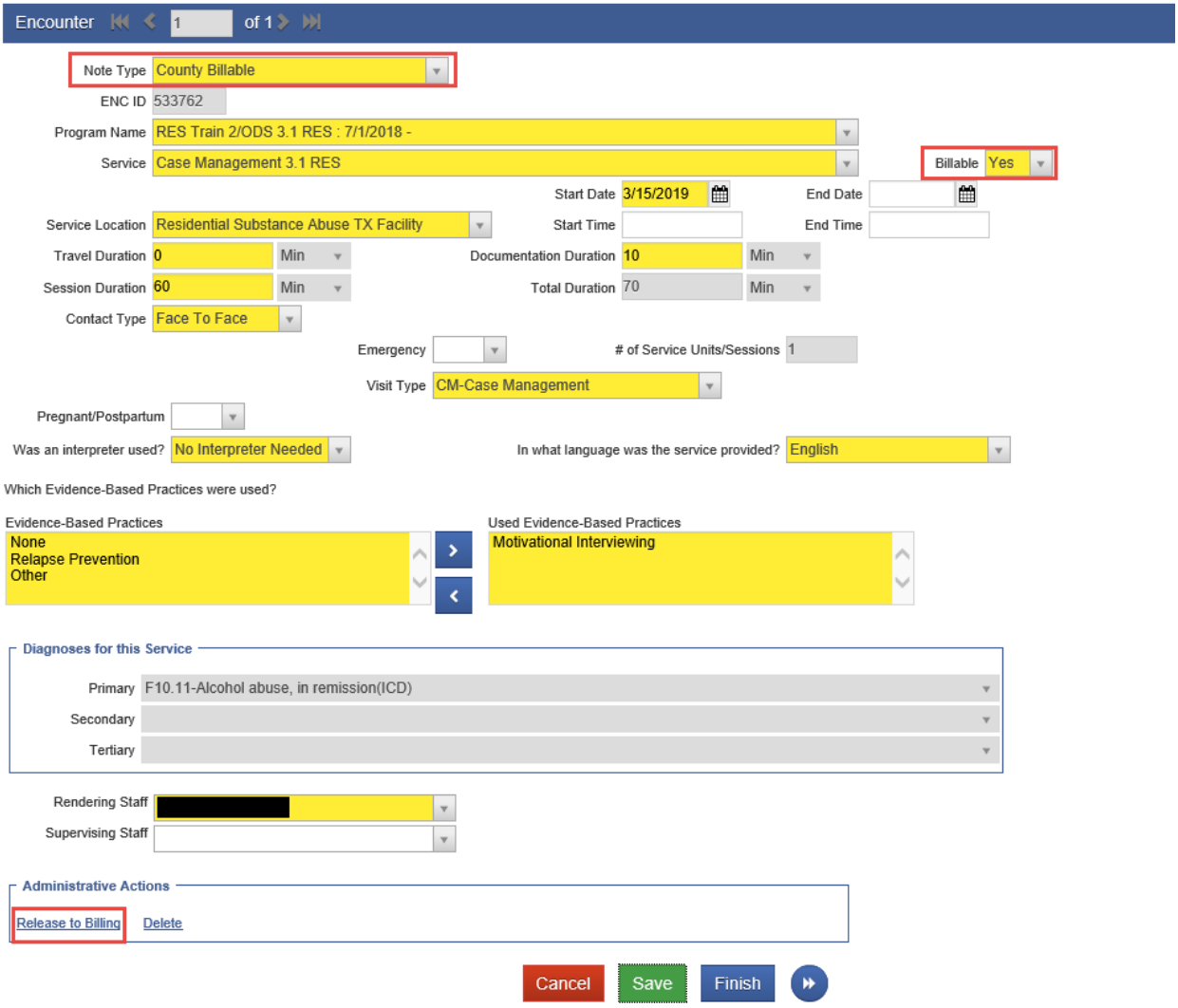
2. It is required to add a Payor Group Enrollment for **County Billable** services, **Medi-Cal Billable** services that are **pending** client's DMC eligibility and **Medi-Cal Billable** services that are **pending** facility's DMC Certification. From the Payor List screen, click on "Add Benefit Plan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



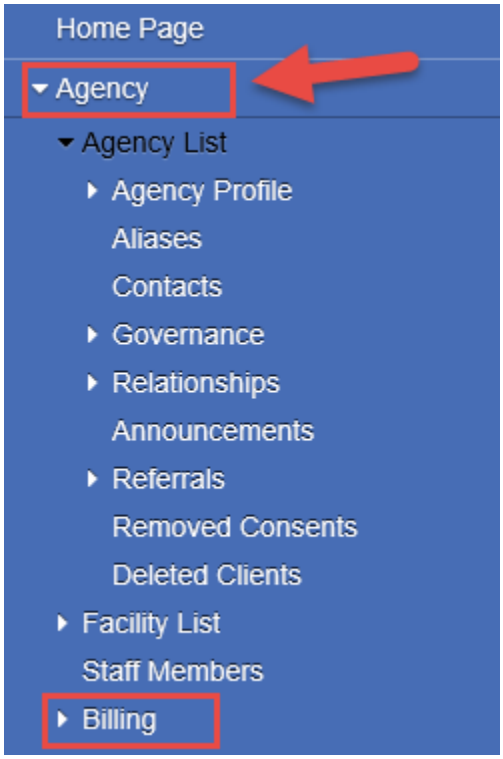
3. **It is required to create a Payor Group Enrollment for County Billable Services.**
    - Payor-Type should be "**Other**."
    - Plan Group should be "**County Billable-County Billable**."
    - Coverage Start Date should be the **Date of Admission**.
    - Relationship to Subscriber/Responsible 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.



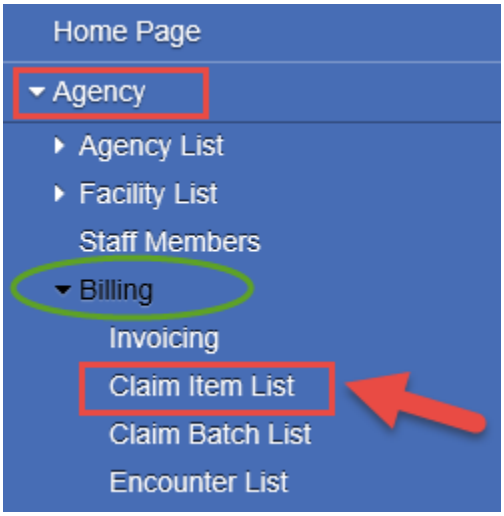
4. For **Case Management** *County Billable* Encounters:
    - Note Type should be "County Billable."
    - Billable field should be "Yes."
    - After completing all required fields from Encounter screen, please click "Release to Billing."



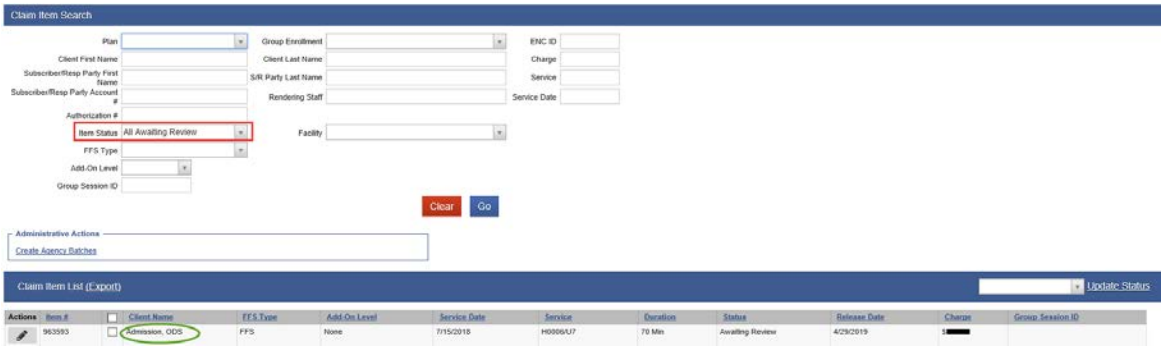
5. After releasing **Case Management** *County Billable* Encounters to Billing, please go to Agency from the Navigation Pane, then click on "Billing."



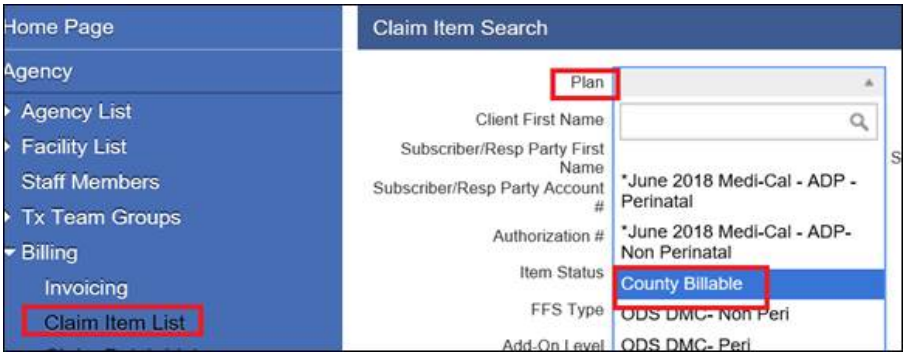
6. After selecting "Billing," the Navigation Pane selections will be expanded. Please click on "Claim Item List."



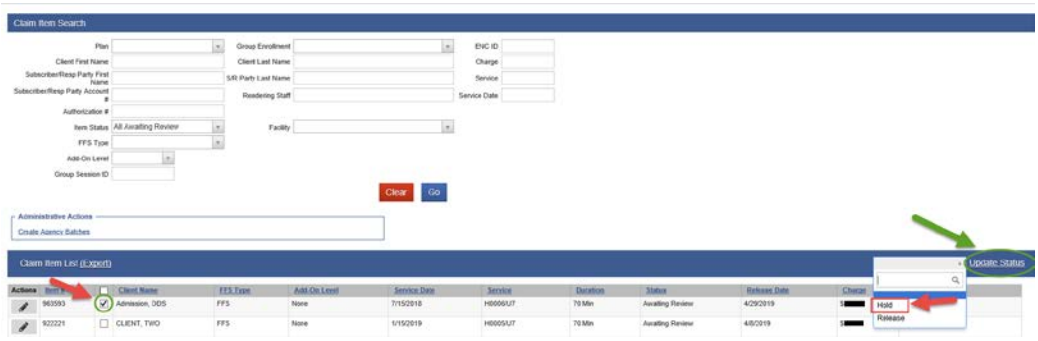
7. After selecting "Claim Item List," the system is going to direct you to the *Claim Item Search* screen. SanWITS is going to show all the Claims that are "Awaiting Review."



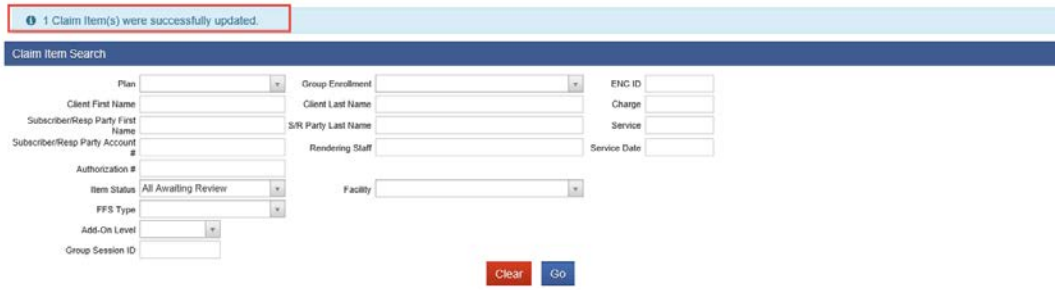
8. Please identify your **Case Management** *County Billable* Claims by selecting *County Billable* under the drop down menu from the Plan.



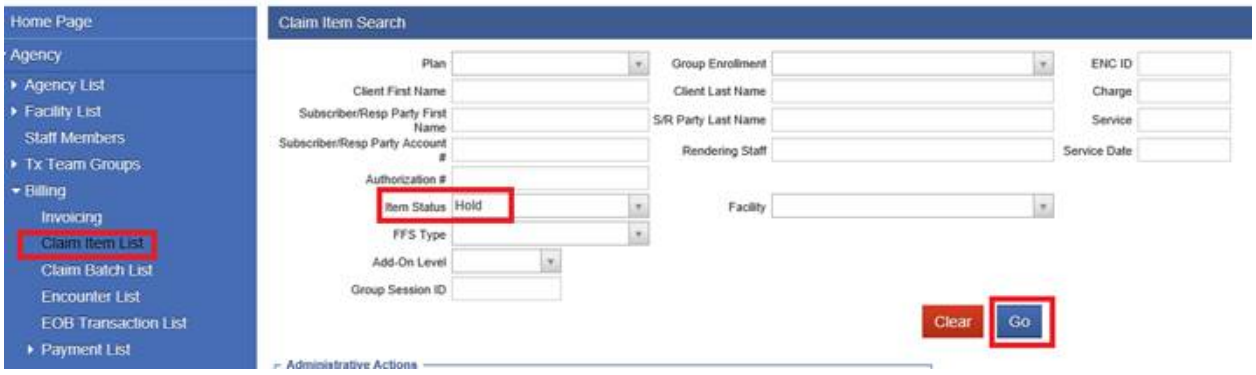
9. **Case Management** *County Billable* Claims Status should be changed to "**Hold**."
    - Select County Billable Claims. You can select *all* County Billable claims in **bulk**.
    - Select "Hold," from the Drop down menu.
    - Click on "Update Status."



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."

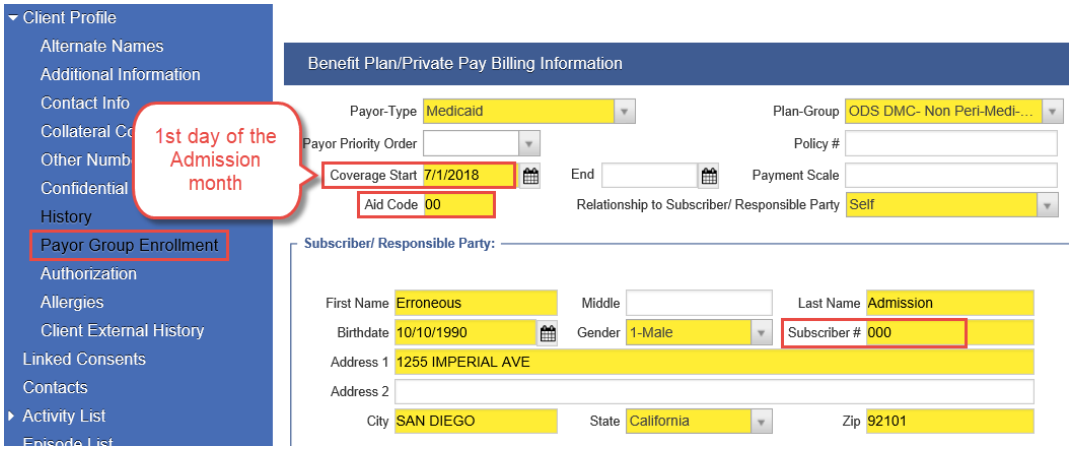


11. You can search for your Claim Items that were placed on Hold by selecting "Hold" under the **Item Status** and then clicking "Go."

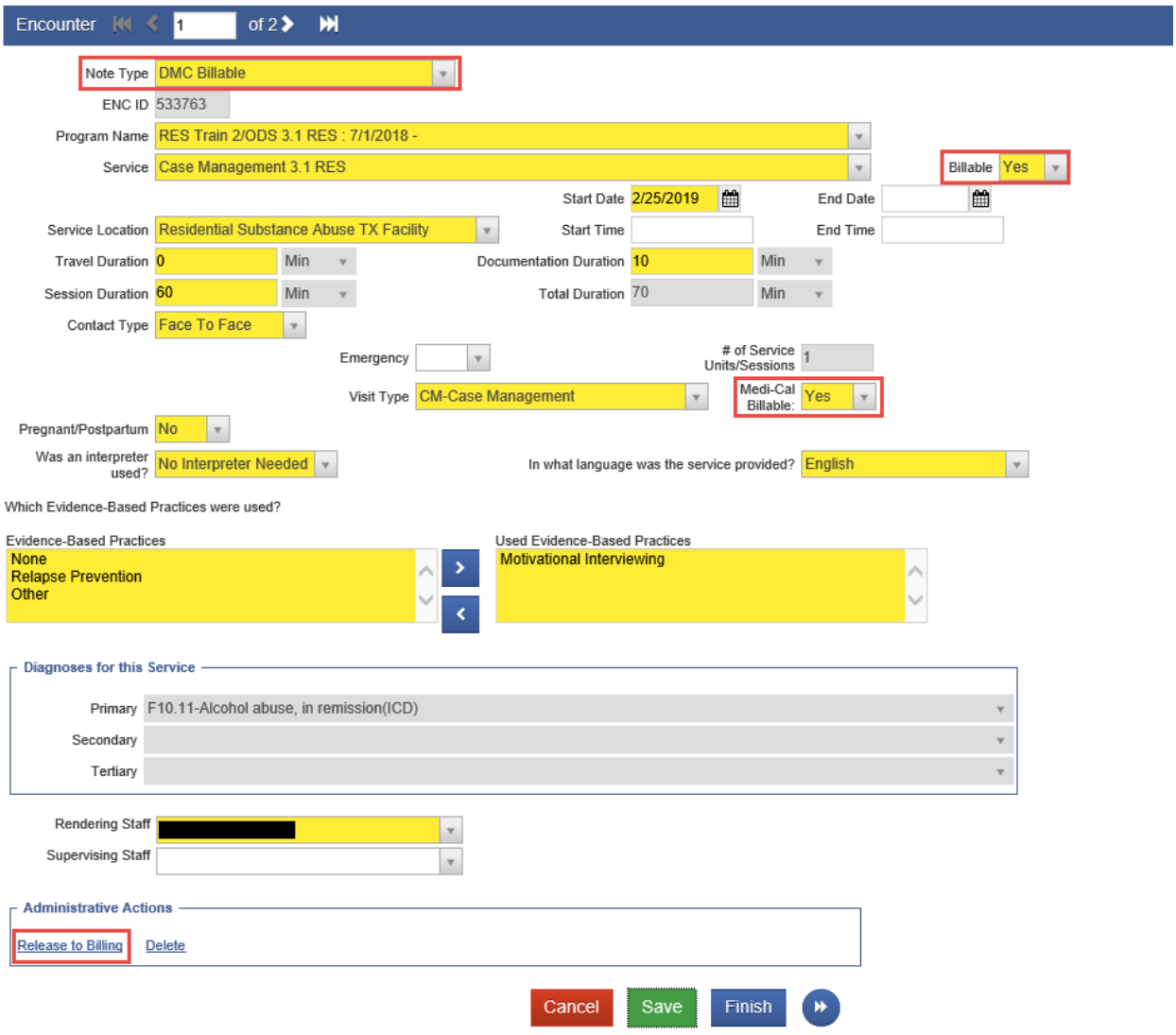


12. **It is required to create a Payor Group Enrollment for Medi-Cal Billable Services for clients who are pending Medi-Cal enrollment or Facilities that are pending DMC Certification.**

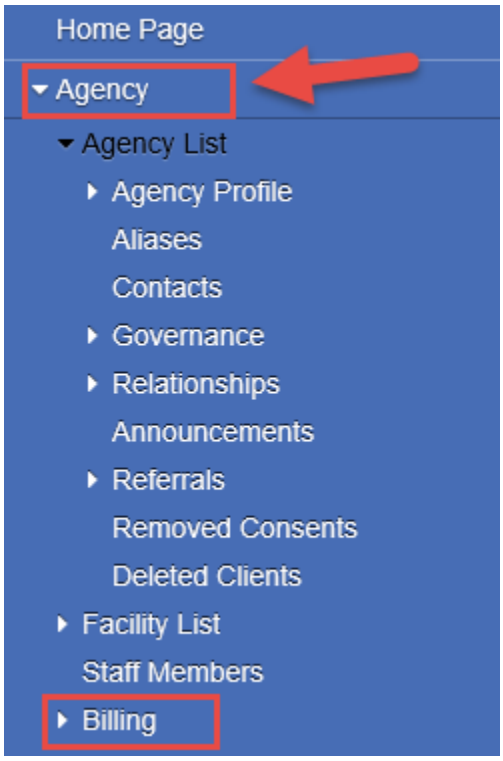
- Payor-Type should be "**Medicaid**."
- Plan Group should be either "ODS DMC-Non Peri-Medi-Cal-Non Perinatal" or "ODS DMC-Peri-Medi-Cal-Perinatal (*only if facility is Perinatal Certified).
- Coverage Start Date should be the **First Day of Admission Month**.
- Relationship to Subscriber/Responsible 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.



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**."



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



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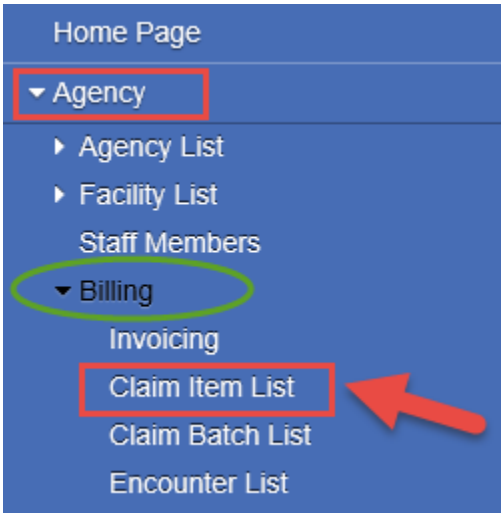

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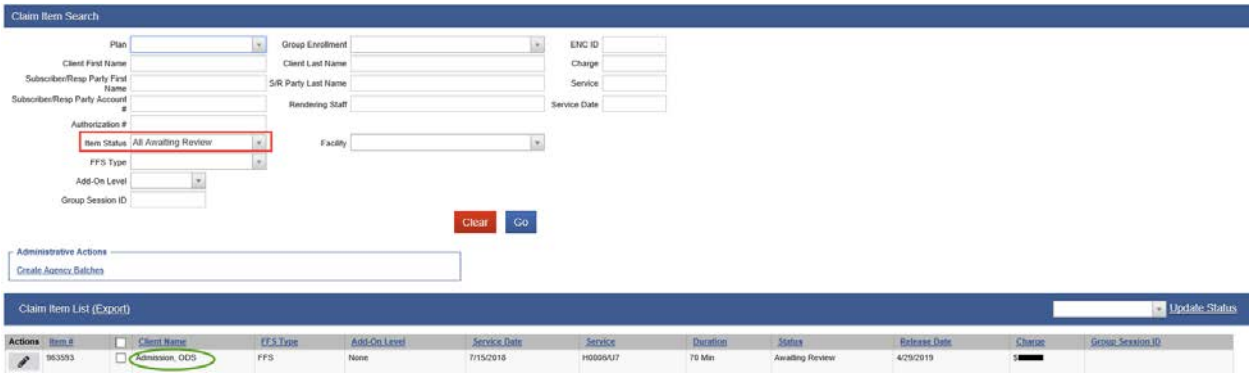
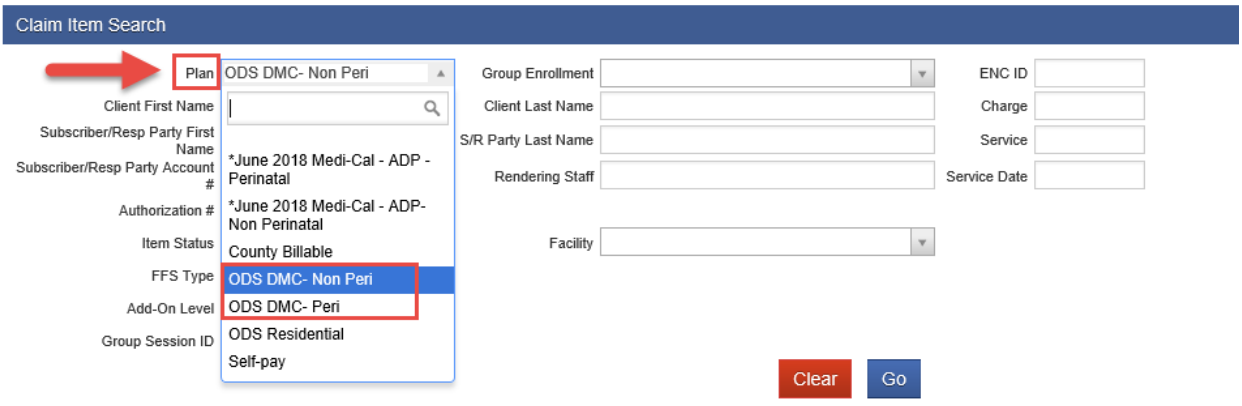
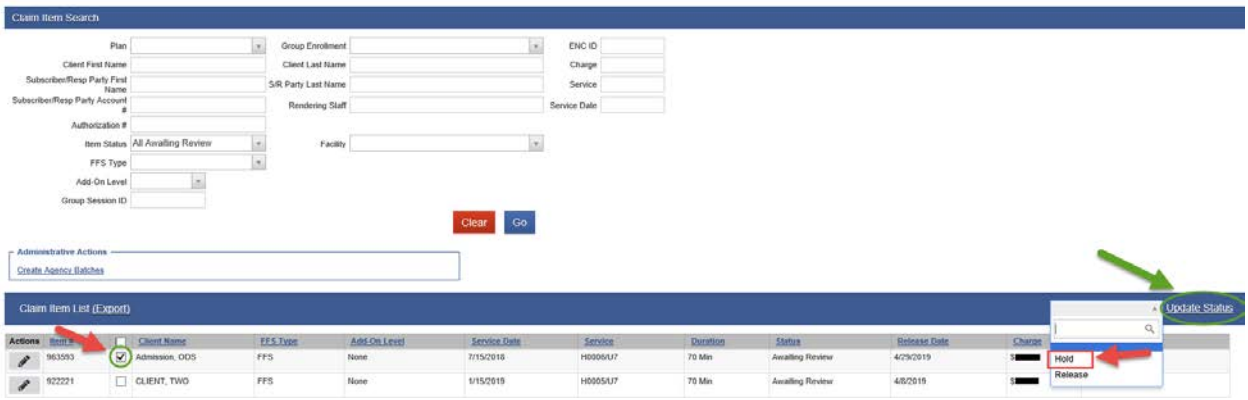


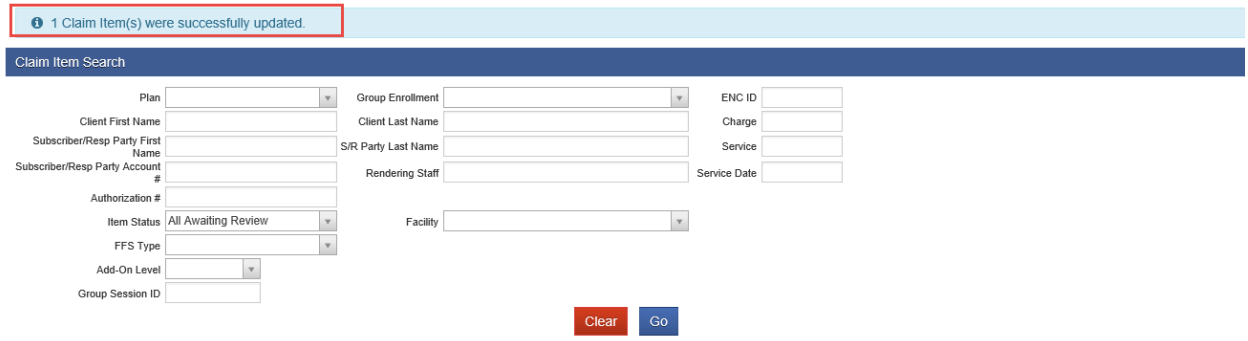
17. Please identify your **DMC Billable** Claims for clients who are ***pending*** *DMC enrollment* or ***pending*** *Facility's DMC Certification* by selecting either ***ODS DMC- Non Peri*** or ***ODS DMC Peri*** (*only if facility is Perinatal Certified) from the Plan.



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."



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



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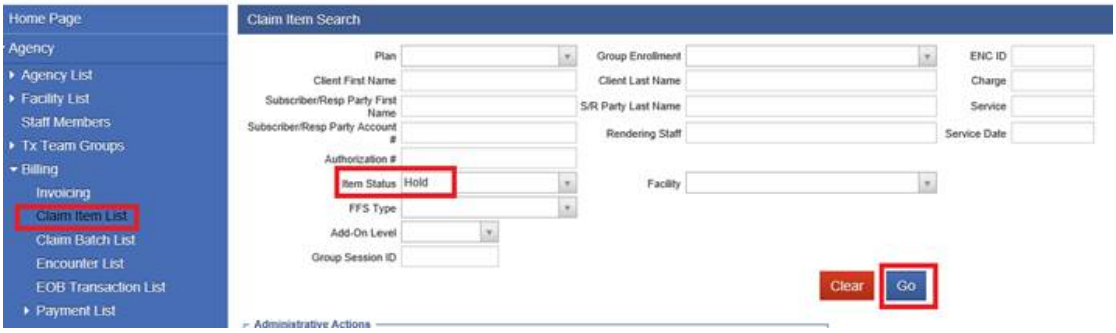
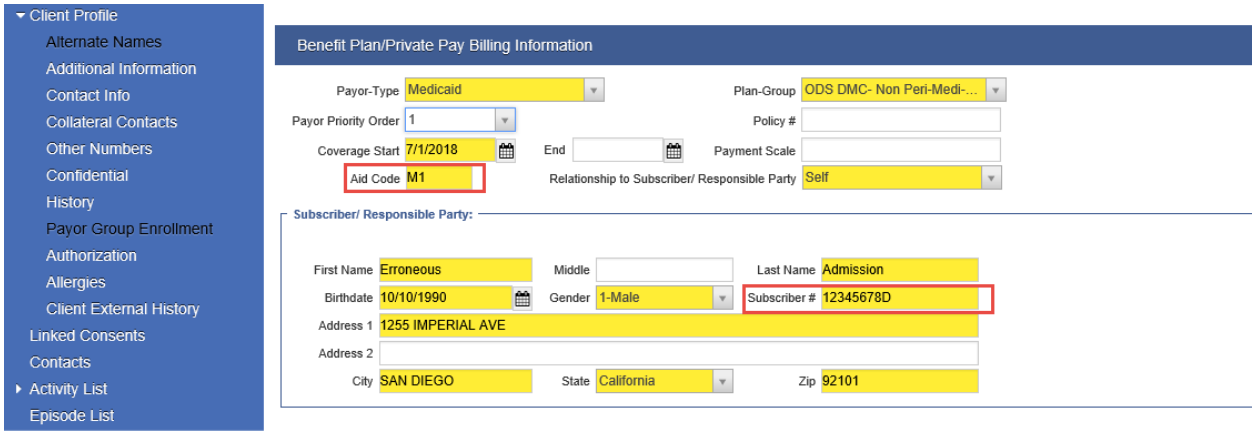
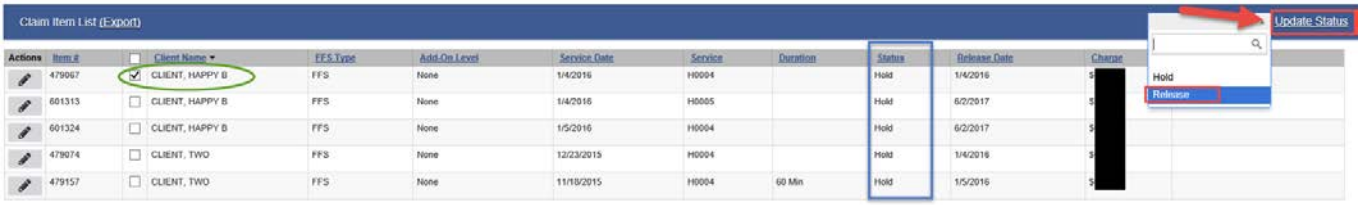


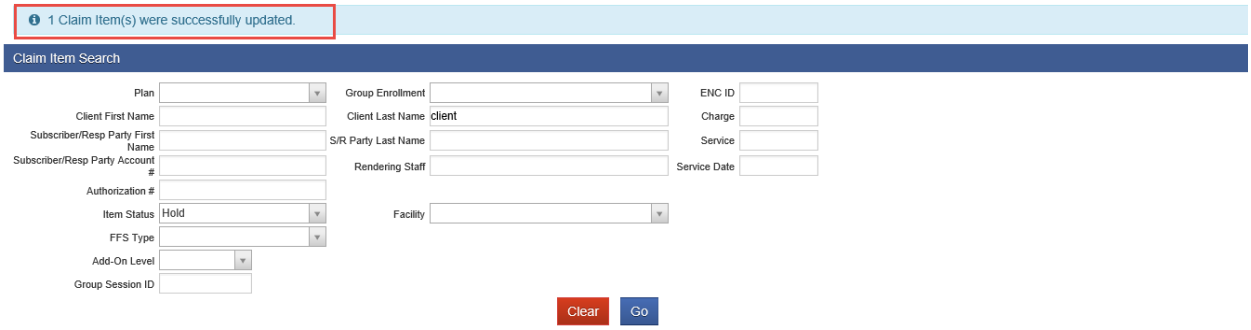
21. As soon the client's **Medi-Cal** enrollment has been **approved** or the Facility has become **DMC Certified,** please verify client's Medi-Cal Eligibility and update the Subscriber's *Aid Code* and the *Subscriber #* from the Payor Group Enrollment screen.



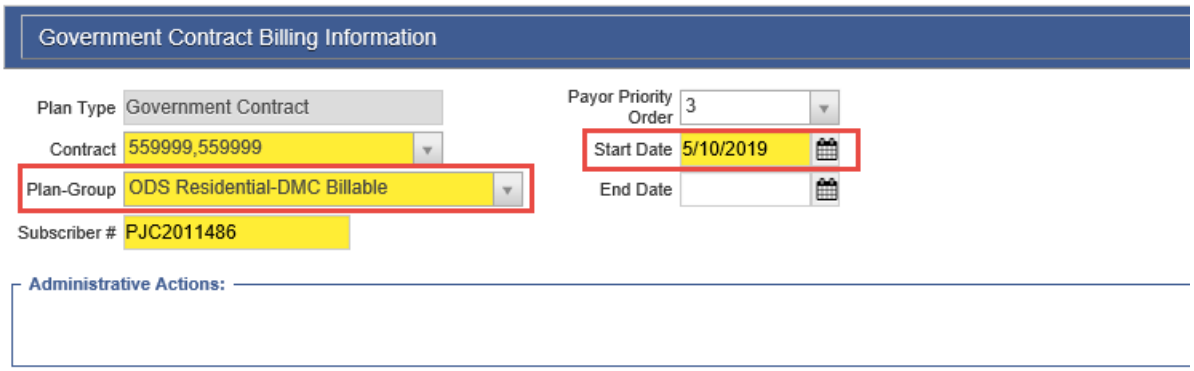
22. After updating the *Aid Code* and *Subscriber #* from the Benefit Plan-Payor Group Enrollment screen please go to the "Claim Item List," and change the Claim Status from Hold to "**Release**." This would send the Claims to the Claim Batch List.



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



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.



*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.