

# MIS Informational Notice

❖ **NOTE: Effective 5/1/2019, please follow this new procedure.**

**NEW REQUIREMENT: Claiming for All Services - Releasing Encounters to Billing.** The County of San Diego will now require that *all* SUD Services reported to the County for reimbursement be submitted as a claim (encounter that is released to billing) through SanWITS. This will require that all clients, who will have services billed to the County, have an accurate **Payor Group Enrollment** completed in SanWITS.

**DESCRIPTION:** For services (Encounters) claimed to the County of San Diego they will be released against two (2) different Payor-Types that include three (3) different Plan-Groups. *Table 1* below lists each Payor-Type with the associated Plan-Group.

| Table 1: SanWITS Payor Group Enrollments |   |
|--|---|
| Payor-Type                               | Plan-Group                                    |
| Medicaid                                 | ODS-DMC - Non Peri - Medi-Cal - Non Perinatal |
| Medicaid                                 | ODS-DMC - Peri - Medi-Cal - Perinatal         |
| Other                                    | County Billable                               |

**COUNTY BILLABLE SERVICES:** Please select “Other” for the Payor-Type. After the appropriate Plan-Group “County Billable” is selected, there are several fields that are needed to be filled out. The Coverage Start Date should be the **Date of Admission**. The Aid Code and Subscriber # fields should be left **blank**. By selecting “Self” in the Relationship to Subscriber Responsible Party field, all of the required information in the Subscriber Responsible Party section of the screen will be auto populated with the address information that was filled out on the Contact information screen of the Client Profile. These claims should **not** be batched and submitted to the Clearing House. These claims should remain in the Claim Item list with their status changed to **“Hold”**.

- ▼ 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:     Payment Scale:

Aid Code:     Relationship to Subscriber/ Responsible Party: Self

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**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

# MIS Informational Notice

**AWAITING DRUG MEDI-CAL (DMC) ENROLLMENT OR SITE CERTIFICATION:** Until a client is enrolled in DMC or a facility's site certification is issued the claims should not be batched and submitted to the Clearing House. These claims should remain in the Claim Item list with their status changed to **"Hold"**. However, in preparation for enrollment and/or site certification all known information may be collected and entered into SanWITS on the PGE screen. For clients that are pending Medi-Cal eligibility approval the Coverage Start date, the Aid Code and Subscriber # field are required under the Payor Group Enrollment screen. Until this information is verified the Coverage Start date should be the **"1<sup>st</sup> of the month the client was admitted"**, the Aid Code should be entered as **"00"** and the Subscriber # should be entered as **"000."**

As soon as the client's Medi-Cal has been approved and verified the Aid Code and the Subscriber # fields should be *updated* and changed from Hold to **"Release"** and then the claims can be batched and sent to the Clearing House. For clients receiving services at facilities that have not yet received their site certification from the state, like clients who are awaiting enrollment in DMC, these claims should remain in the Claim Item list with their status changed to **"Hold"**. As soon as the facilities site has been DMC certified and each client is verified, the claim status should be updated from Hold to **"Release,"** then the claims can be batched and sent to the Clearing House.

**Client Profile**

- Alternate Names
- Additional Information
- Contact Info
- Collateral Co
- Other Num
- 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: Medicaid | Plan-Group: ODS DMC- Non Peri-Medi-...  
 Payor Priority Order: | Policy #: | Payment Scale: | Relationship to Subscriber/ Responsible Party: Self

Coverage Start: 7/1/2018 | End: | Aid Code: 00

**Subscriber/ Responsible Party:**

First Name: Erroneous | Middle: | Last Name: Admission  
 Birthdate: 10/10/1990 | Gender: 1-Male | Subscriber #: 000  
 Address 1: 1255 IMPERIAL AVE  
 Address 2: | City: SAN DIEGO | State: California | Zip: 92101

Item Status: Hold | FFS Type: | Add-On Level: | Group Session ID: | Facility: | Clear | Go

**Administrative Actions**

Create Agency Batch

**Claim Item List (Export)**

| Actions | Item # | Client Name     | FFS Type | Add-On Level | Service Date | Service | Duration | Status | Release Date | Charge  | Update Status   |
|---------|--------|-----------------|----------|--------------|--------------|---------|----------|--------|--------------|---------|-----------------|
|         | 479667 | CLIENT, HAPPY B | FFS      | None         | 1/4/2016     | H0004   |          | Hold   | 1/4/2016     | \$66.93 | Hold<br>Release |
|         | 601313 | CLIENT, HAPPY B | FFS      | None         | 1/4/2016     | H0005   |          | Hold   | 6/2/2017     | \$27.14 |                 |
|         | 601324 | CLIENT, HAPPY B | FFS      | None         | 1/5/2016     | H0004   |          | Hold   | 6/2/2017     | \$66.93 |                 |
|         | 479674 | CLIENT, TWO     | FFS      | None         | 12/23/2015   | H0004   |          | Hold   | 1/4/2016     | \$66.93 |                 |
|         | 479157 | CLIENT, TWO     | FFS      | None         | 11/18/2015   | H0004   | 60 Min   | Hold   | 1/5/2016     | \$66.93 |                 |