

TIP SHEET ON HOW TO RELEASE THE OUTPATIENT SERVICES TO OHC AND HOW TO PRINT THE OHC CMS-1500 FORM USING SANWITS

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

1. Log in to **SanWITS**.
2. Select your Agency and Facility

Home Page

- ▶ Capacity List
- ▶ Agency
- Clinical Dashboard
- ▶ Client List
- ▶ System Administration
- Reports
- Support Ticket

Change Facility

Current Agency: San Diego County

Current Facility: Main Facility

New Agency: San Diego County

New Facility: Main Facility

Cancel Go

3. Go to Client List -> Enter First Name and Last Name -> Click Go -> click Client Profile.

Home Page

- ▶ Agency
- ▶ Group List
- Residential Unit Dashboard
- ▶ Residential Unit Mgmt
- Clinical Dashboard
- ▶ Client List
- ▶ Client Profile
- Linked Consents
- Contacts
- ▶ Activity List
- Episode List

Client Search

Agency: San Diego County

Facility: [Dropdown]

First Name: first

Last Name: Billing

SSN: [Input]

DOB: [Input]

SanWITS Training Client Id: [Input]

Provider Client ID: [Input]

Unique Client Number: [Input]

Primary Care Staff: [Input]

Treatment Staff: [Dropdown]

Intake Staff: [Input]

Case Status: All Clients

Number Type: [Dropdown]

Other Number: [Input]

Include Only Active Consents: Yes

Clear Go

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4. Go to Payor Group Enrollment (PGE). Click Add Benefit Plan Enrollment.

Payor Group Enrollment screen

The screenshot shows the 'Payor List' interface. On the left sidebar, 'Payor Group Enrollment' is highlighted with a red arrow. In the main content area, the 'Add Benefit Plan Enrollment' button is highlighted with a red arrow. Below the button is a table with columns: Actions, Priority, Plan, Group, Subscriber/ Acct#, Subscriber/ Resp Party, Start Date, and End Date. A large red rectangle highlights the empty table area.

5. Select Payor-Type (Group Insurance) and Plan Group (Other Health Coverage (OHC) General).
 Select Relationship to Subscriber (Self).
 Enter Coverage Start (e.g. 03/01/2020)
 Enter Subscriber # or 000 if not available.
 Enter the OHC Policy # on the Policy # field when available.

NOTE: If client is DMC Billable, please create a DMC PGE as well.

The screenshot shows the 'Benefit Plan/Private Pay Billing Information' form. The 'Payor-Type' is set to 'Group Insurance' and 'Plan-Group' is 'Other Health Coverage (OHC)-Ge'. The 'Relationship to Subscriber/ Responsible Party' is 'Self'. The 'Subscriber #' is '000'. The 'Coverage Start' is '3/1/2020'. The 'Aid Code' is '00'. The 'Subscriber/ Responsible Party' section includes fields for First Name, Middle, Last Name, Birthdate, Gender, Address 1, Address 2, City, State (California), and Zip. Red arrows highlight the 'Payor-Type', 'Plan-Group', 'Relationship to Subscriber/ Responsible Party', and 'Subscriber #' fields.

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6. Go to Encounters (Outpatient services). Click Release to Billing.

Encounter screen

Note Type: DMC Billable
ENC ID: 543665
Program Name: DMC Billing Test Facility/OS : 8/20/2018 -
Service: Individual Counseling OS
Bilable: Yes
Service Location: Non-residential Substance Abuse TX Facility
Start Date: 5/1/2020
End Date:
Start Time:
End Time:
Travel Duration: 0 Min
Documentation Duration: 10 Min
Session Duration: 80 Min
Total Duration: 70 Min
Contact Type: Face To Face
Emergency:
Visit Type: AS-Assessment
of Service Units/Sessions:
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: Motivational Interviewing, Relapse Prevention, Other
Used Evidence-Based Practices: None
Diagnoses for this Service:
Primary:
Secondary:
Tertiary:
Rendering Staff:
Secondary Staff:
Supervising Staff:
Administrative Actions: Release to Billing, Details

7. Select General [Other Health Coverage (OHC)]. Click Finish.

The Client Group Enrollment dropdown reflects Client Profile>Payor Group Enrollments effective 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

Client Group Enrollment:
Medi-Cal - Non Perinatal [ODS DMC- Non Per] 2
General [Other Health Coverage (OHC)] 4
Cancel Finish

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8. Go to Claim Item List. Select Plan Other Health Coverage. Item Status All Awaiting Review. Select your Facility -> Enter Service Date (e.g. 07012020:07312020) -> Click Go.
9. Check the box next to Item # then click Release & Update Status. Click **Create Facility Batches**.

Claim Item List screen

The screenshot shows the 'Claim Item Search' form. Red arrows point to the following fields: Plan (Other Health Coverage (O...)), Item Status (All Awaiting Review), Facility (DMC Billing Test Facility), and Service Date (07012020:0731). A red box highlights the 'Go' button. Other fields include Client First Name, Client Last Name, Subscriber/Resp Party First Name, S/R Party Last Name, Subscriber/Resp Party Account #, Rendering Staff, Authorization #, FFS Type, Add-On Level, Group Session ID, ENC ID, Charge, and Service.

Create Facility Batch

The screenshot shows the 'Administrative Actions' menu with 'Create Facility Batches' highlighted by a green arrow. Below is the 'Claim Item List (Export)' table. The first row has item # 1159695 with a checked checkbox. A context menu is open over the first row, with 'Release' and 'Update Status' buttons highlighted by red boxes.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Session ID
<input checked="" type="checkbox"/>	1159695		FFS	None	7/2/2019	H0015/U8	60 Min	Awaiting Review	7/2/2019	

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10. Move the Available Plans to the right. Click Go.

Choose Plan(s) for Batching

Available Plans

Selected Plans
Other Health Care Coverage (OHC)

Cancel Clear Go

11. Go to Claim Batch List. Select Plan OHC. Click Go. Hover over the pencil and click the Batch Profile.

Claim Batch List screen

Provider Claim Batch List

Plan Name: Other Health Care Coverage (OHC)
Billing Form: [Dropdown]
Batch #: [Text]
FFS Type: [Dropdown]

Created Date: [Text]
Transmit Date: [Text]
Status: Awaiting Review

Clear Go

Claim Batch List (Export) 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
	106584	Awaiting Review	Other Health Care Coverage (OHC)	FFS	CMS-1500		P	\$4.73	0.04	Jul 2020	7/17/2020		Residential Agency 1	Residential #1

12. Click Release. Click Bill It. Save and Finish.

Note: Outpatient providers are requested to contact the Billing Unit to let us know that you have claims to be billed to OHC.

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Admin Action: Release

The screenshot shows a software interface with a left-hand navigation menu and a main content area. The navigation menu includes: Claim Batch List, Encounter List, EOB Transaction List, Payment List, Billing Transaction List, Client Balance, Clearing House Item, Clearing House Batch, and Cost Center. A red arrow points to 'Claim Batch List'. The main content area has a header with 'ADMINISTER', 'SERIAL', 'PROCESSING', 'MESSAGE', and 'PRINT'. Below this is a table with columns for 'Administrative Actions' containing 'Release', 'Hold', and 'Void'. A red arrow points to the 'Release' button. At the bottom right are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue).

Admin Action: Bill It

The screenshot shows a software interface with a left-hand navigation menu and a main content area. The navigation menu includes: Home Page, Agency, Agency List, Facility List, DIRECT Setup, Staff Members, Document Storage Client Search, Tx Team Groups, Billing, Invoicing, Claim Item List, and Claim Batch List. The main content area has a header with 'Administrative Actions' containing 'Awaiting Review', 'Hold', 'Void', and 'Bill It'. A red arrow points to 'Bill It'. At the bottom right are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue). Red arrows point to the 'Save' and 'Finish' buttons.

13. You will get this message below. You would select **"NO"** and insert the red/white form into the printer.

- If you click "Yes" it prints the form and the data. We have found that this print out is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form.

The screenshot shows a dialog box with a blue sidebar on the left containing a navigation menu: Home Page, Agency, Agency List, Facility List, DIRECT Setup, Staff Members, Document Storage Client Search, Tx Team Groups, Billing, Invoicing, Claim Item List, and Claim Batch List. The main area of the dialog box contains the text: "Would you like to print the background image of the CMS 1500 in addition to the data?". Below this is a note: "**Note: Selecting 'No' allows a user to print directly onto a blank 1500 form. You may need to adjust your printer setting to ensure the data lines up with the form properly. This form was designed to print with no scaling and auto rotate and center box not checked." At the bottom are three buttons: 'Yes' (blue), 'No' (blue), and 'Cancel' (red). A red arrow points to the 'No' button.

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- If provider is able to obtain a copy of the client's insurance card, please enter the insurance Policy # on the Payor Group Enrollment's Policy # field.

Benefit Plan/Private Pay Billing Information

Payor-Type: Group Insurance | Plan-Group: OHC-Group 213

Payor Priority Order: 3 | Policy #: POLNO1

Coverage Start: 1/1/2020 | End: | Payment Scale: | Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: | Middle: | Last Name: | Birthdate: 8/18/1988 | Gender: 2-Female | Subscriber #: SUBSCRNO2

Address 1: 987 65th St | Address 2: | City: San Diego | State: California | Zip: 11111

Buttons: Cancel Save

- On the CMS 1500 red/white ink. The subscriber number prints in line 1A while the OHC policy number prints in line 11. Please see the sample below.

Sample: Top portion of the CMS 1500 field 1a (Insured's ID #) and field 11 (Insured's Policy #)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHR
 (Medicare) (Medicaid) (DoD) (Member ID#) (ID#) (ID#) (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): SUBSCRNO2

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [REDACTED]

3. PATIENT'S BIRTH DATE: 08 18 1988 | SEX: F

5. PATIENT'S ADDRESS (No., Street): [REDACTED]

6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street): 987 65th St

CITY: San Diego | STATE: CA

ZIP CODE: 11111 | TELEPHONE: ()

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO

b. AUTO ACCIDENT? YES NO | PLACE (State):

c. OTHER ACCIDENT: YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER: POLNO1

8. INSURED'S DATE OF BIRTH: 08 18 1988 | SEX: M F

b. OTHER CLAIM ID (Designated by NUCC):

c. INSURANCE PLAN NAME OR PROGRAM NAME:

CARF
VT AND INSURED INFORMATION

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Quick Tips:

- 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. We do not suggest printing 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.

Sample: Red/white CMS 1500 Form

SAMPLE

Note:

For questions or comments, please contact the Billing Unit at phone # (619)338-2584 or email us at: ADSBillingUnit.HHSA@sdcounty.ca.gov.