

TIP SHEET ON HOW TO RELEASE RESIDENTIAL CASE MANAGEMENT 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 | Change Facility | | |
| ▶ Capacity List | Current Agency | San Diego County | |
| ▶ Agency | Current Facility | Main Facility | |
| Clinical Dashboard | New Agency | San Diego County | ▶ |
| ▶ Client List | New Facility | Main Facility | ▶ |
| ▶ System Administration | | | |
| Reports | | | |
| Support Ticket | | | |
| | | Cancel | Go |

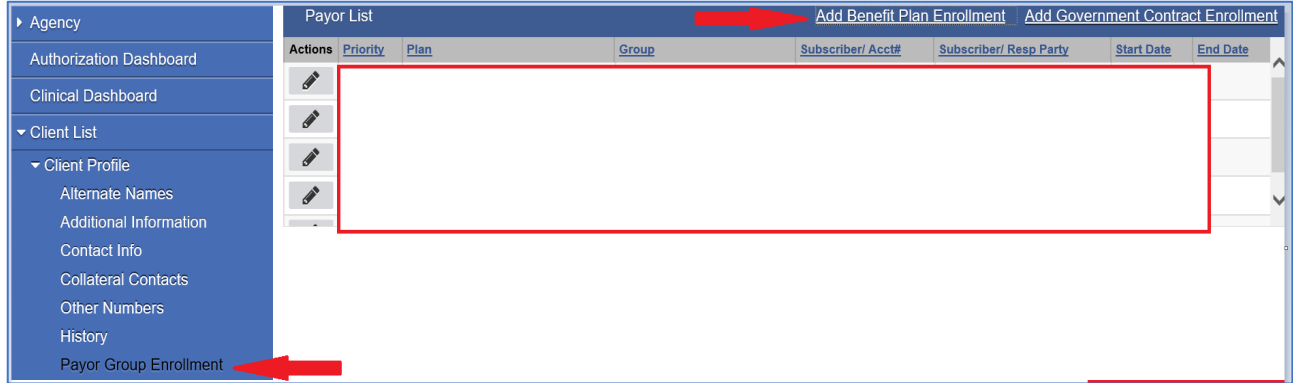
3. Go to Client List -> Enter First Name and Last Name -> Click Go -> click Client Profile.

| | | | | |
|-------------------------|------------------------------|----------------------------|--------------------|-----|
| Home Page | Client Search | | | |
| ▶ Agency | Agency | Alpha Project/Casa Raphael | Facility | ▼ |
| Authorization Dashboard | First Name | ▶ | Last Name | ▶ X |
| Clinical Dashboard | SSN | | DOB | |
| ▼ Client List | SanWITS Client Id | | Provider Client ID | |
| ▶ Client Profile | Unique Client Number | | Primary Care Staff | |
| Linked Consents | Treatment Staff | ▼ | Intake Staff | ▼ |
| Contacts | Case Status | All Clients | Number Type | ▼ |
| ▶ Activity List | Other Number | | | |
| Episode List | Include Only Active Consents | Yes | | |

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

Payor Group Enrollment screen



- 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.

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6. Go to Encounters (Residential Case Management services). Click Release to Billing.

Encounter screen

Encounter 2 of 101

Note Type: **DMC Billable**

ENC ID: 543980

Program Name: RES Train 2/ODS 3.1 RES : 8/1/2018 -

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

Service Location: Residential Substance Abuse TX Facility Start Date: 7/15/2020 End Date:

Travel Duration: 0 Min Documentation Duration: 10 Min

Session Duration: 50 Min Total Duration: 60 Min

Contact Type: Face To Face

Emergency: # of Service Units/Sessions: 1

Pregnant/Postpartum: No Visit Type: **CM-Case Management** Medi-Cal Billable: Yes

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: [Red Box]

Secondary:

Tertiary:

Rendering Staff: [Red Box]

Secondary Staff:

Supervising Staff:

Administrative Actions: Release to Billing Delete

Buttons: Cancel Save Finish

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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 Peri] 2

General [Other Health Coverage (OHC)] 4

Cancel Finish

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 the hyperlink **Create Facility Batches**.

Claim Item List screen

Home Page

Claim Item Search

Plan: Other Health Coverage (O...)

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: 07012020:0731

Authorization #

Item Status: All Awaiting Review

Facility: RES Train 2

FFS Type

Agency

Agency List

Facility List

Billing

Invoicing

Claim Item List

Claim Batch List

Encounter List

Create Facility Batch

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 | Session ID |
|---------|---------|-------------|----------|--------------|--------------|----------|----------|-----------------|--------------|------------|
| | 1159695 | | FFS | None | 7/2/2019 | H0015/U8 | 60 Min | Awaiting Review | 7/2/2019 | |

Release Update Status

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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 -> Status: Awaiting Review -> Click Go -> Hover over the pencil and Click 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

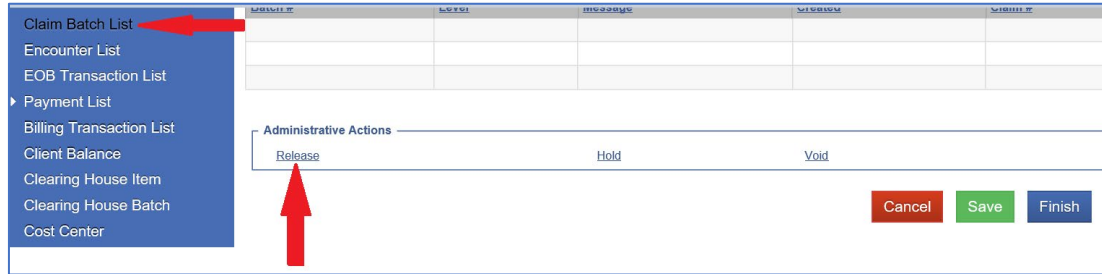
| Actions | Batch # | Status | Batch For | FFS Type | Billing Form | 837 Type | Order | Charges | Units | Service Mo/Yr | Created | Transmit | Agency Name | Facility Name |
|---------|---------|-----------------|----------------------------------|----------|--------------|----------|-------|---------|-------|---------------|-----------|----------|----------------------|----------------|
| | 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.

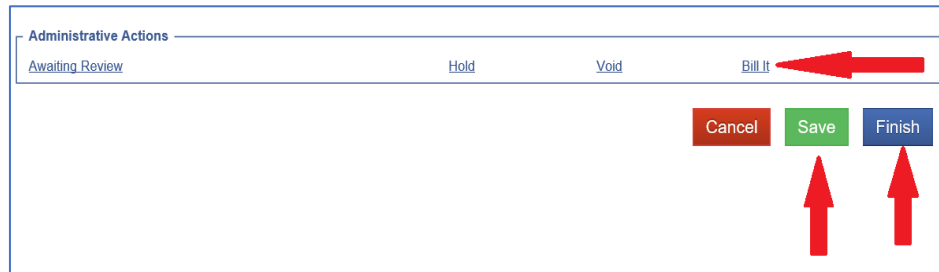
Note: Residential providers are requested to contact the Billing Unit to let us know that you have Case Management claims to be billed to OHC.

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Admin Action: Release

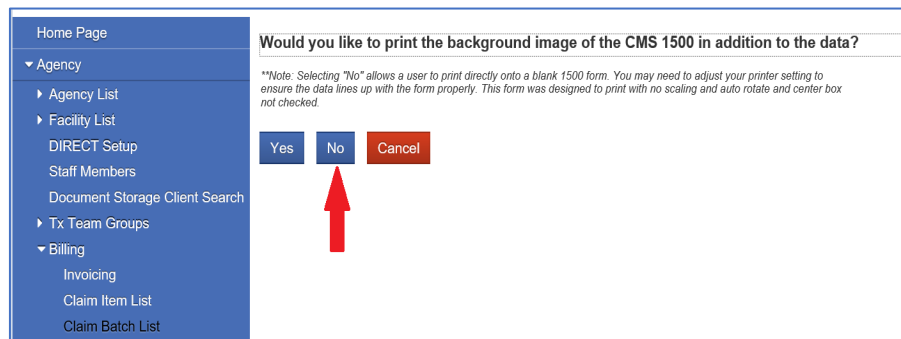


Admin Action: Bill It



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

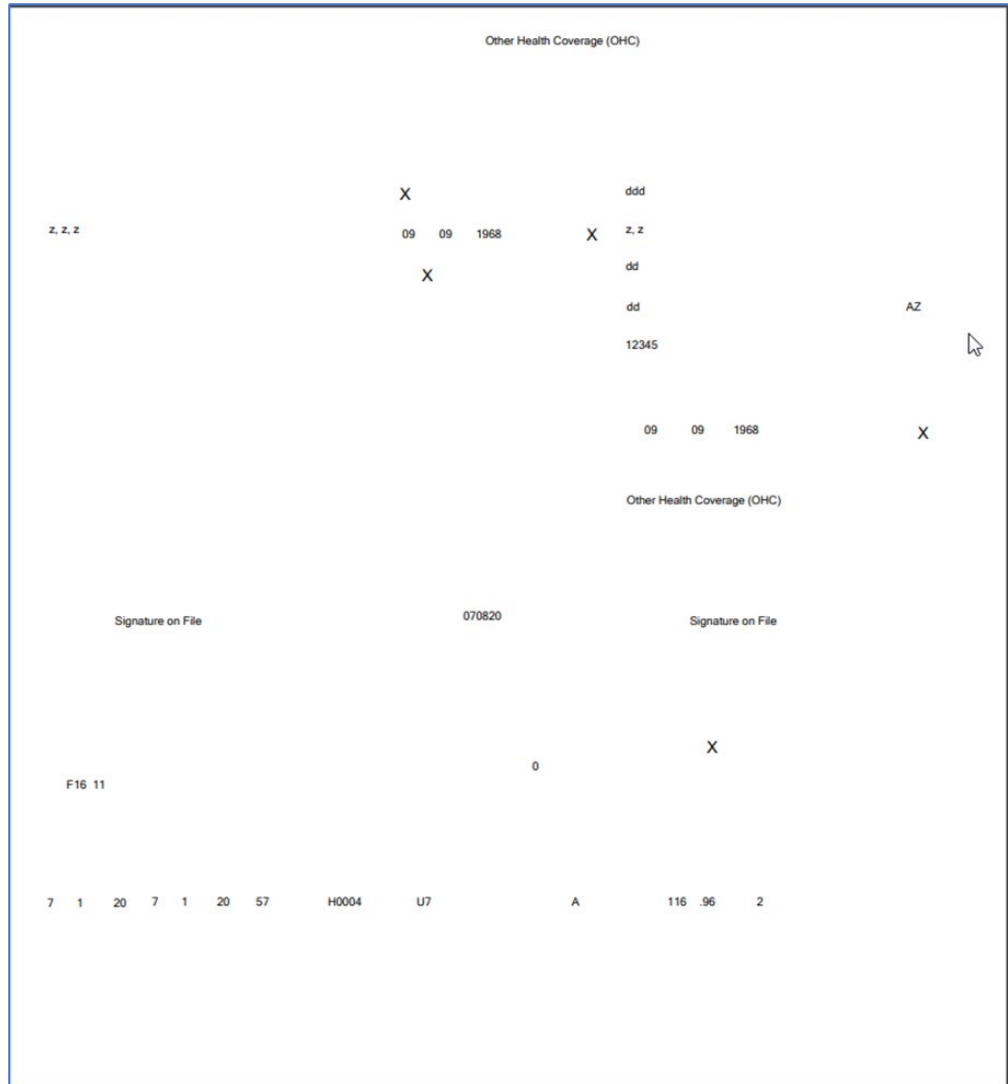
- If you click "Yes" it prints the form and the data. We have found that this print out is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form.



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- The CMS 1500 form's print view will be in black and white, with no lines and field titles.

Here is how the CMS 1500 print preview looks like:



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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.

- 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 #)

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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

Note:

Please contact the Billing Unit at (619)338-2584 or email us at: ADSBillingUnit.HHSA@sdcounty.ca.gov if you have any questions. The instructions on how to print the Residential Bed Day claims using the CMS 1500 (red/white form) are still being reviewed and tested. We will notify the Residential providers as soon as the tip sheet is available.