

SANWITS BILLING ENHANCEMENTS 20.4.5

I. CLAIM ITEM LIST AND ITEM STATUS CHANGE

- Additional search criteria on the Claim Item List screen has been added to find the claim information easily. Users can search by:

- | | |
|---|-------------------------------------|
| A. Unique Client Number (UCN) | F. Reverse Reason |
| B. Claim Item ID | G. Adjudication Status |
| C. Claim Batch ID | H. PCCN (for Billing Unit use only) |
| D. Hold Reason | |
| E. Export- This will now include the Claim Batch ID, Hold Reason, Reverse Reason, Adjudication Status, NDC, and PCCN. | |

The screenshot shows the 'Claim Item Search' page. On the left is a sidebar with links like Home Page, Capacity List, Agency (Agency List, GPPA Discharge Due), Facility List (DIRECT Setup, Staff Members), Document Storage Client Search, Billing (Invoicing, Claim Item List), and Group Session ID. The main area has several search fields: Plan, Client First Name, Subscriber/Resp Party First Name, Subscriber/Resp Party Account #, Authorization #, Item Status (labeled F), FFS Type, Adjud Status (labeled F), Add-On Level, and Group Session ID. To the right are fields for Group Enrollment, Client Last Name, S/R Party Last Name, Rendering Staff, Unique Client Number (labeled A), Facility, Hold Reason (labeled D), Reverse Reason (labeled E), and PCCN (labeled G). Buttons at the bottom include Clear and Go.

- There will be new headers to the Claim Item List that will allow changes to be made in bulk:

- Replace/Adjust - this is for SUD Billing Unit's use only/for service replacement and void processes.
- Reject – programs and SUD Billing Unit will have access to reject the claim items in bulk on condition that the claims have not been billed to the State yet.
- Awaiting Review - this allows the programs or SanWITS users to return the claims status from Released or Hold to Awaiting Review "in bulk", instead of doing it individually or per claim item.

The screenshot shows the 'Claim Item List (Export)' page. At the top is an 'Administrative Actions' section with 'Create Agency Batches'. Below is a table with columns: Actions, Item # (labeled A), Client Name, FFS Type, Add-On, Service Date, Service, Duration, Status, and Hold Reason. The 'Status' column has a dropdown menu labeled B. The 'Hold Reason' column has a dropdown menu labeled C. The table includes rows for 'Client, Example' with values FFS, None, 9/1/2019, H005/U7/HD, and 'Awaiting Review' with values Hold Release. A 'Update Status' button is also present.

II. HOLD STATUS REASONS

Claims are usually placed on hold by providers in Claim Item List screen because the services cannot be billed to DMC or client is not yet Medi-Cal eligible. SanWITS will now require a reason when putting a claim item on hold. Programs must select the appropriate reason from the Hold Reason dropdown list, then click Confirm.

*The hold reasons will help the programs track the status of their hold claims and to do the necessary review and billing if client becomes retroactive Medi-Cal.

Programs have the option to put the claim on hold individually (one by one) or in bulk. The bulk hold requires a uniform hold reason to hold multiple claims successfully.

Note: There is a current bug when changing the claim item status from "Hold to Awaiting Review" in bulk. The system vendor (FEI) is working on it and this function is anticipated to be available soon.

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The top screenshot shows a 'Claim Item List (Export)' grid with columns for Actions, Item #, Client Name, FFS Type, Add-On Level, Service Date, Service, Duration, Status, Release Date, and Release. Three rows are selected, and their Status column values ('Awaiting Review') are highlighted with red boxes. A red box also highlights the 'Status' column header. A modal window titled 'Update Status' is open over the grid, showing a dropdown menu with options: 'Awaiting Review', 'Hold', and 'Release'. The 'Hold' option is selected and highlighted with a red box. The bottom screenshot shows a 'SanWITS QA' interface with a sidebar and a main content area. The content area has a message: 'This action will place the claim item(s) on hold.' Below it is a 'Hold Reason' dropdown menu with several options listed. A red box highlights the 'Hold' option in the dropdown.

* Please check the [Optum website under Billing tab](#) to view the full list of Claim Item Hold Reasons.

III. CLAIM ITEM PROFILE

- The Claim Item Profile has been updated with additional fields to provide additional information to Billing Unit and SUD programs. The added fields are the following:
 - The PCCN Field (SUD Billing Unit use only)
 - The Pregnant/postpartum indicator from the delivered service.
 - The Perinatal indicator from the program enrollment on the delivered service.
 - The Claim Batch ID

The Profile header was also updated to include the UCN, DOB, and age on delivered service start date.

The screenshot shows a 'Profile for Claim Item # 1617 for' page. At the top right, there is an 'Age' field containing '33 years old', which is highlighted with a red box. The page includes sections for 'Program: Intensive Outpatient', 'Diagnoses: F10.150 / /', 'Pregnant/Postpartum: Yes', 'Perinatal: Yes', 'Status: Awaiting Review', and 'PCCN: A'. It also displays service details such as 'Service Start: 12/1/2019 8:00 AM', 'Service End: 12/1/2019 9:00 AM', 'Duration: 60 Min', 'Sessions/Units: 1', 'Rendering Staff: Carroll, Tim', and 'Billing Units: 1.00 X Rate / Unit: \$106.00 = \$106.00'. Other sections include 'Group Enrollment: Medi-Cal - Perinatal [Medi-Cal - ADP - Perinatal] 2', 'Tier Type', 'Payor Billing Service: H0004 - ODF - Individual Counseling: H0004/HDI/HIF', 'Service Location: Residential Substance Abuse TX Facility', and 'Unit Desc: 1 Unit = 1 Face-to-Face Visit Per Person'.

- The claim with status "Awaiting Review" may be put on hold individually by going to the Claim Profile and clicking the Hold button in Claim Item Profile. Upon clicking Hold, the Hold Reason dropdown will appear, select the appropriate reason, and click the Confirm button to move forward.

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The screenshot shows the SANWITS software interface. On the left, there's a sidebar with various links: Home Page, Capacity List, Agency (with Agency List, Facility List, DIRECT Setup), Staff Members, Document Storage Client Search, Tx Team Groups, Billing (with Invoicing, Claim Item List, Claim Batch List, Encounter List, EOB Transaction List, Payment List, Billing Transaction List, Client Balance, Clearing House Item, Clearing House Batch, Cost Center). The main window is titled 'Profile for Claim Item # 531524 for' and contains fields for ENC ID, Group Session ID, Program, Diagnoses, Perinatal, Status, Pregnant/Postpartum, Service Fee, Group Enrollment, Payor Billing Service, Service Location, and Administrative Actions (Hold, Release, Print/Back Out). Buttons for Cancel, Save, and Finish are at the bottom.

3. The delay reason fields: Delay Reason Code, Report Transmission Type, and Attachment Control Number are required on original and replacement claims 180 days after the encounter start date.

This screenshot shows the SANWITS software interface for claim item # 4181. It includes fields for ENC ID, Group Session ID, Program, Diagnoses, Perinatal, Status, Service Fee, Group Enrollment, Payor Billing Service, Delay Reason (set to 'Delay in Certifying Provider' with code 'A'), Report Transmission Type (By Mail), Attachment Control Number (11111), Service Location, and Administrative Actions (Hold, Release, Print/Back Out). Buttons for Cancel, Save, and Finish are at the bottom.

Note: Adding a hold reason to old claims (over 6 months from the date of service) in hold status should not require the delay reason fields.

IV. CLAIM BATCH LISTS AND EXPORTS

The Claim Batch List has been updated with additional columns to provide useful information:

- The Units column was added to display the total batch units
- The Claim Batch List export was updated to include a Units column, Agency Name Column, and Facility Name Column.
- The Service Date column was added to display the start date from the delivered service
- The Service column has been updated to display all 4 modifiers in the format [Procedure]/[mod1]/[mod2]/[mod3]/[mod4]. Example: S5000/UA/HG
- A Group Session ID column was added to display the group session ID
- An Enc ID column was added to display the encounter ID
- The Claim Item List for Batch Export will include the Billing Units, Rendering staff name, Adjudication status, Group session ID, and Enc ID

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The screenshot shows the SanWITS Billing Client interface. On the left, a sidebar lists various modules: Document Storage Client Search, Tx Team Groups, Billing (Invoicing, Claim Item List, **Claim Batch List**, Encounter List, EOB Transaction List), Payment List, Billing Transaction List, Client Balance, Clearing House Item, Clearing House Batch, Cost Center, Payor Plan List, and H835 Management. The main area displays two tables:

- Claim Batch List (Export) [B]:** A table with columns: Actions, Batch #, Status, Batch For, FFS Type, Billing Form, I37 Type, Order, Charges, Units, Service Mo/Yr, Created, Transmit, Agency Name, Facility Name. It contains 5 rows of data.
- Claim Item List (Export) [G]:** A table with columns: Actions, Claim #, Item #, Client Name, Service Date [C], Service [D], Status, Auth #, Cost Center, Charge, Group Session ID [E], Enc # [F]. It contains 1 row of data.

Note: Make sure to click the Export hyperlink to view the full data.

V. EOB TRANSACTION LIST

The Medi-Cal payment and denial transactions can be viewed in SanWITS Billing folder -> EOB Transaction List. Make sure you logged in to your Agency and Facility location to access this feature.

The EOB Transaction List has been updated with additional fields to provide additional information. The following fields were added:

- | | |
|-------------------------|------------------------|
| A. Subscriber # | G. Payment Date |
| B. Facility | H. Claim Item # |
| C. Unique Client Number | I. PCCN |
| D. Aid Code | J. Claim Item # column |
| E. Service Date | K. Procedure column |
| F. Procedure Code | L. Remarks column |

Note: The remarks column tells you the claim denial code or denial reason from the State.

The screenshot shows the SanWITS Billing Client interface. The left sidebar is identical to the previous screenshot. The main area shows the EOB Transaction Search screen with fields: EOB Transaction Type [M], First Name, Last Name, Payor Name, Facility [B], Aid Code [D], Procedure Code, Claim Item # [H], PCCN [I]. Below it is the EOB Transaction List (Export) screen with columns: Actions, Claim Item #, Enc #, Client Name, Svc Date, Procedure, Transaction Type, Adjustment Reason, Remarks, App Amt, App Date, Pmt #, Payor Name. It contains 2 rows of data, with some fields labeled J, K, L.

VI. CLAIM HISTORY SCREEN

The Claim History Screen has been updated with a Remarks column on the EOB Transaction List. To view the billing history, click the Billing Transaction List under Billing. The Remarks column will display any remarks for the claim from the 835 file (a.k.a. Remittance Advice). Also, there may not be remarks when the claim is paid in full.

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Billing History for Encounter # 520699

Service: Group Counseling OS
Service Start: 12/28/2018 8:00 AM
Service End: 12/28/2018 9:30 AM
Program Name: Main Facility/ODS OS - 12/2/2018

Encounter Balance: \$22.37
Duration: 60 Min
of Sessions: 1
Rendering Staff: Staff, Random, LPC

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
520699	ODS DMC- Non Peri	Primary	\$22.37	Hold	12/28/2018	Staff, Random

Billing Transaction List

Id #	Type/Source	Charge	Credit Adjustment Reason	Comment	Created Date	Created By
912496	Charge	\$22.37	\$0.00		12/28/2018	Staff, Random

EOB Transaction List

Id #	Plan Name	Type	Amount	Adjustment Reason	Remarks	Comments	Created Date	Created By

VII. ENCOUNTER END DATE

This enhancement is for OTP Methadone service. Methadone encounters may span the entire month. Since the end date is not required on consecutive days services, OTP providers may sometimes forget to enter it. The resulting 837P (claim file) has a mismatch between the dates spanned and the total billing units. This enhancement will require an encounter end date when the service is consecutive.

- There is an “End Date Required at RTB” indicator added on the service profile. RTB means Release to Billing.
- When the “Date Span Allowed” indicator = “Yes” the “End Date Required at RTB” will be a dark yellow required field. Otherwise, the field is hidden and null.
- The encounter end date will be optional for save when the “End Date Required” indicator = yes for the selected service.
- There is an existing business rule which throws an error when the units do not equal the [end date] – [start date].

The unit count should equal 31 based on the start and end date that you entered.

Encounter

Note Type: Progress Notes	Created Date:
ENC ID:	
Program Name: West/ODS OTP - 7/1/2019 -	
Service: Methadone Dosing OTP	Billable: Yes
Service Location: Residential Substance Abuse TX Facility	Start Date: 1/1/2020
	End Date: 1/31/2020 C
Contact Type: Face To Face	Start Time:
	End Time:
	Duration: Min
Emergency:	# of Services: 1
Visit Type: OI-Other Individual	Units/Sessions: 1
	Medi-Cal Billable: Yes

VIII. CLIENT INTAKE BUSINESS RULES (RELATED TO PGE)

- When a client is created with the Contact Benefit Type = Medi-Cal, there should be a corresponding Medi-Cal PGE. The user should create the intake from the contact profile and then enter a Medi-Cal PGE. In addition, users should not be able to enter multiple PGEs for the same plan. These client intake business rules will help limit the mistakes made on the screen below. When Benefit Type “Medi-Cal” is selected, a message will show, “A Med-Cal Payor Group Enrollment should be entered after entering the Intake.”

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Contact Profile

Client Name: Client, Another
Age: 29
DOB: 10/10/1990
Gender: Male

Initial Contact Date: 2/1/20

Contact Reason: Routine Service
If Other, Specify:

Call Taker: Carroll, Tim
Location:

Contact Made By: Self
LMHA:

Benefit Type: Medi-Cal **B**

Unique Client Number: CA01101090
MPI:
SSN:

Status: In Progress
Created Date:

Contact Method: Walk-in
Source of Referral: 1-Individual, including self-referral
Requestor Name:
Requestor Phone #:

Appointments

1st Available Intake/Screening Appt:
2nd Available Intake/Screening Appt:
3rd Available Intake/Screening Appt:
1st Accepted Intake/Screening Appt:

2. There is a client intake business rule. When the client contact benefit type = Medi-Cal and there is no active payor group enrollment (PGE/CGE) with Payor Type = Medicaid: Throw warning message at save:
 - A. "The contact benefit type is Medi-Cal, but the Medi-Cal Payor Group Enrollment has not been entered." The same message should appear on the activity list when user clicks Finish.
 - B. "Enter Medi-Cal Payor Group Enrollment". The action is visible when the client contact benefit type = Medi-Cal and there is no active payor group enrollment (PGE/CGE) with Payor Type = Medicaid. Otherwise the action is invisible.

Upon selecting the "Enter Medi-Cal Payor Group Enrollment" action, navigate to the Payor Group Enrollment (PGE/CGE) and insert a Benefit Plan Enrollment record.

3. There is a Benefit Plan PGE business rule. An error message "There is an existing payor group enrollment for this period" on benefit plan enrollment has been inserted when the coverage dates overlap an existing record for the same Payor-Type. This will help the programs in preventing any duplicate or overlapping PGEs.

Add Benefit Plan Enrollment

Payor List

Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp. Party	Start Date	End Date
<input type="button" value="Edit"/>	1	Medi-Cal - ADP - Non Perinatal	Medi-Cal - Non Perinatal	123	4, 4	1/1/2020	

Benefit Plan/Private Pay Billing Information

Payor-Type: Medicaid **A**
Payor Priority Order: 2 **B** End **C** Payment Scale:
Policy #:
Coverage Start: 2/1/2020 **B** End: **C** Payment Scale:
Aid Code: A1 Relationship to Subscriber/ Responsible Party: Self **D**

Subscriber/ Responsible Party:

First Name: 4	Middle: <input type="text"/>	Last Name: 4
Birthdate: 4/4/1944	Gender: 2-Female	Subscriber #: 123
Address 1: 123	City: 123	State: California
Address 2: <input type="text"/>	Zip: 11111	

Buttons: Cancel **E** Save

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IX. AGENCY/BILLING/ENCOUNTER LIST

The Encounter List has been updated with additional search criteria and columns to provide more information:

- A. There is a “Billable” search criterion added
- B. The Medi-Cal Billable column will have a checkbox visible for records “Not Released” and Billable = Yes
- C. The Bill column was changed to Medi-Cal Billable
- D. The Export has been updated to show the changes in column names

The screenshot shows the SANWITS software interface. On the left, there is a navigation menu with sections for Agency (Agency List, Facility List, DIRECT Setup, Staff Members, Document Storage Client Search) and Billing (Invoicing, Claim Item List, Claim Batch List, Encounter List). The main area is divided into two parts: 'Encounter Search' and 'Encounter List (Export)'.

Encounter Search: This section contains various search fields: Enc ID, Rendering Staff, Supervising Staff, First Name, Last Name, Program, SSN, Status, Service Start, Payor Plan, Balance, UCN, and Facility. There are also dropdown menus for Medi-Cal Billable, Procedure Code, and Group Session ID. Buttons for 'Clear' and 'Go' are at the bottom.

Encounter List (Export): This section shows a grid of encounter data. The columns are labeled: Actions, Enc ID, Client Name, Client DOB, Svc Start, Status, Billable, Medi-Cal Billable, Duration, Procedure, Rend. Staff, Program Name, Balance, and Group Session ID. The 'Billable' column is highlighted with a red 'A' above it. The 'Medi-Cal Billable' column is highlighted with a red 'B' above it. The 'Program Name' column is highlighted with a red 'C' above it. The 'Billable' column is highlighted with a red 'D' above it. The 'Release to Billing' header is also visible.

X. DISALLOWANCE FIELD ON ENCOUNTER PROFILE

The Encounter Profile has been updated to allow for disallowance and prevent the encounter from being billed. The new disallowed indicator will be visible and optional, regardless of the claim status and will default to No. When the disallowed indicator is Yes, there will be a Disallowance reason that appears under the service field. Click the dropdown arrow to view the selections. The Disallowance Reason field will be a dark yellow required field. Otherwise, this field is hidden and not required.

This screenshot shows the SANWITS software interface for the Encounter Profile. It includes fields for Program Name (Main Facility/ODS OS : 8/1/2019 -), Service (Individual Counseling OS), Disallowance Reason (highlighted with a red box), Start Date (9/29/2020), End Date, Start Time, and End Time. The 'Billable' field is set to 'No' and the 'Disallowed' field is set to 'Yes' (also highlighted with a red box).

These changes or enhancements will be included in the revised DMC-ODS Providers Billing Manual. Please contact us at ADSBillingUnit.HHSA@sdcy.ca.gov if you have any comments or questions.