

SanWITS Flow for Outpatient 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.



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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.
- Client’s first name, last name, birthday, gender and address would auto-populate if client’s address was added to the Client’s Profile.

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: (blank)

Payment Scale: (blank)

Aid Code: (blank)

Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: ODS

Middle: (blank)

Last Name: Admission

Birthdate: 10/10/1990

Gender: 1-Male

Subscriber #: (blank)

Address 1: 1255 IMPERIAL AVE

Address 2: (blank)

City: SAN DIEGO

State: California

Zip: 92101

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“Service Claims and Payor Group Enrollment”

4. For **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.”

Encounter 1 of 3

Note Type: **County Billable**

ENC ID: 1663917

Program Name: Main Facility/ODS OS : 7/1/2018 -

Service: Case Management OS

Billable: **Yes**

Start Date: 3/15/2019

End Date:

Service Location: Non-residential Substance Abuse TX Facility

Start Time:

End Time:

Travel Duration: 0 Min

Documentation Duration: 10 Min

Session Duration: 60 Min

Total Duration: 70 Min

Contact Type: Face To Face

Emergency:

of Service Units/Sessions: 1

Visit Type: CM-Case Management

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: Relapse Prevention, Other, None

Used Evidence-Based Practices: Motivational Interviewing

Diagnoses for this Service

Primary: F10.11-Alcohol abuse, in remission(ICD)

Secondary:

Tertiary:

Rendering Staff:

Supervising Staff:

Administrative Actions

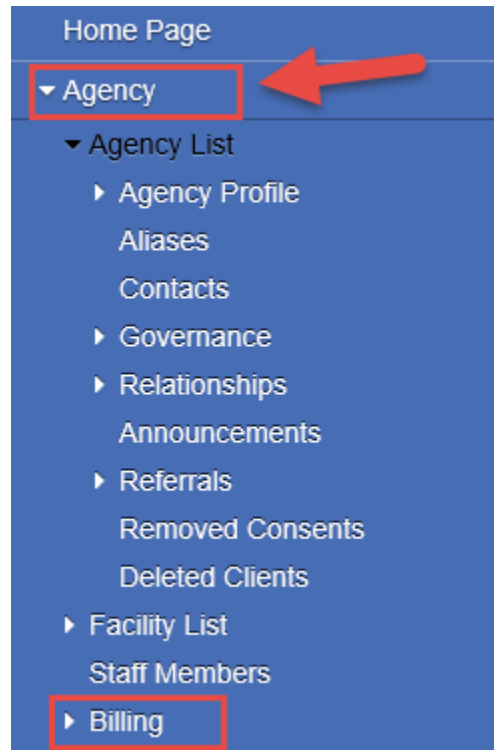
Release to Billing Delete

Cancel Save Finish

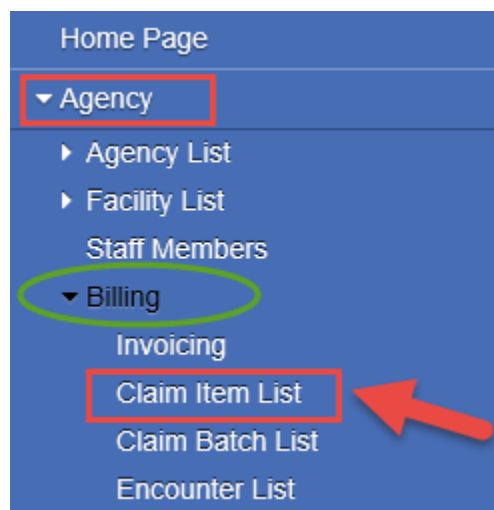
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5. After releasing **County Billable** Encounters to Billing, please go to Agency from the Navigation Pane, then click on “Billing.”



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



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“Service Claims and Payor Group Enrollment”

- 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.”

Administrative Actions
Create Agency Batches

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	983593	Admission, ODD	FFS	None	7/15/2018	H0009A17	70 Min	Awaiting Review	4/29/2019	1	

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

Home Page
Agency
 ▶ Agency List
 ▶ Facility List
 Staff Members
 ▶ Tx Team Groups
 ▼ Billing
 Invoicing
 Claim Item List

Claim Item Search

Plan

Client First Name

Subscriber/Resp Party First Name

Subscriber/Resp Party Account #

Authorization #

Item Status

FFS Type

Add-On Level

*June 2018 Medi-Cal - ADP - Perinatal

*June 2018 Medi-Cal - ADP - Non Perinatal

County Billable

ODS DMC- Non Peri

ODS DMC- Peri

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9. 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.”

Administrative Actions
Create Agency Matches

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Business Date	Charge
	963593	Admission, ODS	FFS	None	7/15/2016	H0005/U7	70 Min	Awaiting Review	4/29/2019	Hold
	922221	CLIENT, TWO	FFS	None	1/15/2019	H0005/U7	70 Min	Awaiting Review	4/8/2019	Release

10. After updating County Billable claims Status to “Hold,” you’re going to receive a message saying: “Claim Item(s) were successfully updated.”

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan [dropdown] Group Enrollment [dropdown] ENC ID [input]
Client First Name [input] Client Last Name [input] Charge [input]
Subscriber/Resp Party First Name [input] S/R Party Last Name [input] Service [input]
Subscriber/Resp Party Account # [input] Rendering Staff [input] Service Date [input]
Authorization # [input] Facility [dropdown]
Item Status [dropdown] FFS Type [dropdown]
Add-On Level [dropdown] Group Session ID [input]

Clear Go

SanWITS Flow for Outpatient Providers

“Service Claims and Payor Group Enrollment”

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

The screenshot shows the 'Claim Item Search' interface. On the left is a navigation menu with 'Claim Item List' highlighted. The main search area contains several input fields: Plan, Client First Name, Subscriber/Resp Party First Name, Subscriber/Resp Party Account #, Authorization #, Item Status (set to 'Hold'), FFS Type, Add-On Level, Group Session ID, Group Enrollment, Client Last Name, S/R Party Last Name, Rendering Staff, Facility, ENC ID, Charge, Service, and Service Date. At the bottom right, there are 'Clear' and 'Go' buttons, with the 'Go' button highlighted.

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.

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“Service Claims and Payor Group Enrollment”

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.

Client Profile

- Alternate Names
- Additional Information
- Contact Info
- Collateral Co
- Other Numb
- 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 #: |

Coverage Start: 7/1/2018 | End: | Payment Scale: |

Aid Code: 00 | Relationship to Subscriber/ Responsible Party: Self

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

SanWITS Flow for Outpatient Providers

“Service Claims and Payor Group Enrollment”

13. For 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.**”

Encounter 2 of 2

Note Type: **DMC Billable**

ENC ID: 1663917

Program Name: Main Facility/ODS OS : 7/1/2018 -

Service: Case Management OS

Billable: **Yes**

Start Date: 9/17/2018

Service Location: Non-residential Substance Abuse TX Facility

Travel Duration: 0 Min

Documentation Duration: 10 Min

Session Duration: 60 Min

Total Duration: 70 Min

Contact Type: Face To Face

Emergency:

of Service Units/Sessions: 1

Visit Type: CM-Case Management

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: Relapse Prevention, Other, None

Used Evidence-Based Practices: Motivational Interviewing

Diagnoses for this Service

Primary: F10.11-Alcohol abuse, in remission(ICD)

Secondary:

Tertiary:

Rendering Staff:

Supervising Staff:

Administrative Actions

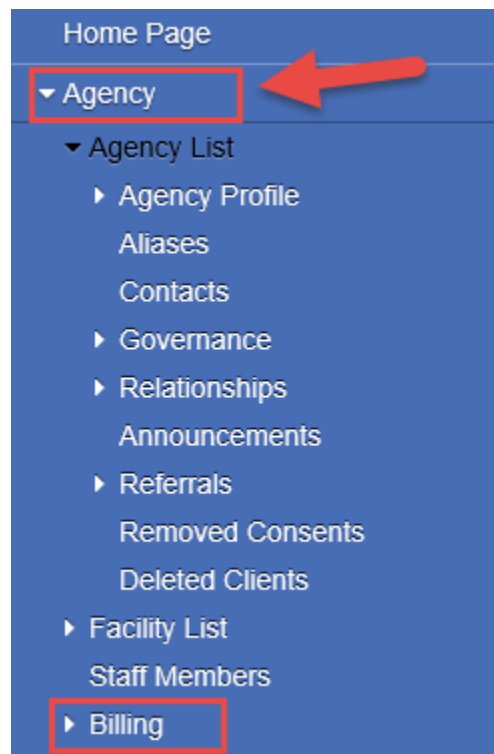
Release to Billing Delete

Cancel Save Finish

SanWITS Flow for Outpatient Providers

“Service Claims and Payor Group Enrollment”

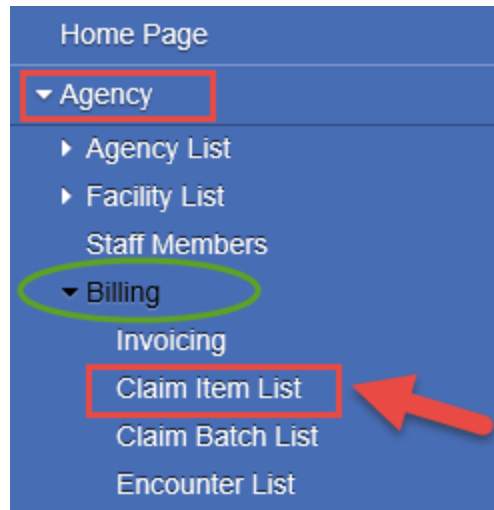
14. After releasing Encounters to Billing, please go to Agency from the Navigation Pane, then click on “Billing.”



15. After selecting “Billing,” the Navigation Pane selections will be expanded. Please click on “Claim Item List.”

SanWITS Flow for Outpatient Providers

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16. After selecting “Claim Item List,” you will be directed to the *Claim Item Search* screen. SanWITS is going to show all the Claims that are “Awaiting Review.”

Claim Item Search

Plan: [dropdown] Group Enrollment: [dropdown] ENC ID: [input]
Client First Name: [input] Client Last Name: [input] Charge: [input]
Subscriber/Resp Party First Name: [input] SIR Party Last Name: [input] Service: [input]
Subscriber/Resp Party Account #: [input] Rendering Staff: [input] Service Date: [input]
Authorization #: [input] Facility: [dropdown]
Item Status: All Awaiting Review
FFS Type: [dropdown]
Add-On Level: [dropdown]
Group Session ID: [input]

Clear Go

Administrative Actions
Create Agency Batches

Claim Item List (Export) [input] Update Status

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	963593	Admission, ODD	FFS	None	7/15/2018	H0009U7	70 Min	Awaiting Review	4/29/2019		

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.

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“Service Claims and Payor Group Enrollment”

Claim Item Search

Plan: ODS DMC- Non Peri

Client First Name: []

Subscriber/Resp Party First Name: []

Subscriber/Resp Party Account #: *June 2018 Medi-Cal - ADP - Perinatal

Authorization #: *June 2018 Medi-Cal - ADP - Non Perinatal

Item Status: County Billable

FFS Type: ODS DMC- Non Peri

Add-On Level: ODS DMC- Peri

Group Session ID: ODS Residential

Self-pay

Group Enrollment: []

Client Last Name: []

S/R Party Last Name: []

Rendering Staff: []

Facility: []

ENC ID: []

Charge: []

Service: []

Service Date: []

Clear Go

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.”

Claim Item Search

Plan: [] 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: []

Authorization #: [] Facility: []

Item Status: All Awaiting Review

FFS Type: []

Add-On Level: []

Group Session ID: []

Clear Go

Administrative Actions

Create Agency Billings

Claim Item List (Export)

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Business Date	Charge
	963593	Admission, ODS	FFS	None	7/15/2016	H0006/U7	70 Min	Awaiting Review	4/29/2019	Hold
	922221	CLIENT, TWO	FFS	None	5/15/2019	H0005/U7	70 Min	Awaiting Review	4/8/2019	Release

Update Status

SanWITS Flow for Outpatient Providers

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

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan	<input type="text"/>	Group Enrollment	<input type="text"/>	ENC ID	<input type="text"/>
Client First Name	<input type="text"/>	Client Last Name	<input type="text"/>	Charge	<input type="text"/>
Subscriber/Resp Party First Name	<input type="text"/>	S/R Party Last Name	<input type="text"/>	Service	<input type="text"/>
Subscriber/Resp Party Account #	<input type="text"/>	Rendering Staff	<input type="text"/>	Service Date	<input type="text"/>
Authorization #	<input type="text"/>				
Item Status	All Awaiting Review	Facility	<input type="text"/>		
FFS Type	<input type="text"/>				
Add-On Level	<input type="text"/>				
Group Session ID	<input type="text"/>				

Clear Go

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

Home Page

- Agency
 - Agency List
 - Facility List
 - Staff Members
 - Tx Team Groups
- Billing
 - Invoicing
 - Claim Item List**
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
 - Payment List

Claim Item Search

Plan	<input type="text"/>	Group Enrollment	<input type="text"/>	ENC ID	<input type="text"/>
Client First Name	<input type="text"/>	Client Last Name	<input type="text"/>	Charge	<input type="text"/>
Subscriber/Resp Party First Name	<input type="text"/>	S/R Party Last Name	<input type="text"/>	Service	<input type="text"/>
Subscriber/Resp Party Account #	<input type="text"/>	Rendering Staff	<input type="text"/>	Service Date	<input type="text"/>
Authorization #	<input type="text"/>				
Item Status	Hold	Facility	<input type="text"/>		
FFS Type	<input type="text"/>				
Add-On Level	<input type="text"/>				
Group Session ID	<input type="text"/>				

Clear Go

Administrative Actions

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.

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“Service Claims and Payor Group Enrollment”

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: Medicaid Plan-Group: ODS DMC- Non Peri-Medi-...
Payor Priority Order: 1 Policy #:
Coverage Start: 7/1/2018 End: Payment Scale:
Aid Code: M1 Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: Erroneous Middle: Last Name: Admission
Birthdate: 10/10/1990 Gender: 1-Male Subscriber #: 12345678D
Address 1: 1255 IMPERIAL AVE
Address 2:
City: SAN DIEGO State: California Zip: 92101

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.

Claim Item List (Export)

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
	479067	CLIENT, HAPPY B	FFS	None	1/4/2016	H0004		Hold	1/4/2016	\$
	601313	CLIENT, HAPPY B	FFS	None	1/4/2016	H0005		Hold	6/2/2017	\$
	601324	CLIENT, HAPPY B	FFS	None	1/5/2016	H0004		Hold	6/2/2017	\$
	479674	CLIENT, TWO	FFS	None	12/23/2015	H0004		Hold	1/4/2016	\$
	479157	CLIENT, TWO	FFS	None	11/18/2015	H0004	60 Min	Hold	1/5/2016	\$

Update Status: Hold, Release

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

SanWITS Flow for Outpatient Providers

“Service Claims and Payor Group Enrollment”

1 Claim Item(s) were successfully updated.

Claim Item Search

Plan	<input type="text"/>	Group Enrollment	<input type="text"/>	ENC ID	<input type="text"/>
Client First Name	<input type="text"/>	Client Last Name	<input type="text" value="client"/>	Charge	<input type="text"/>
Subscriber/Resp Party First Name	<input type="text"/>	S/R Party Last Name	<input type="text"/>	Service	<input type="text"/>
Subscriber/Resp Party Account #	<input type="text"/>	Rendering Staff	<input type="text"/>	Service Date	<input type="text"/>
Authorization #	<input type="text"/>	Facility	<input type="text"/>		
Item Status	<input type="text" value="Hold"/>				
FFS Type	<input type="text"/>				
Add-On Level	<input type="text"/>				
Group Session ID	<input type="text"/>				