



RELEASING RESIDENTIAL CARE COORDINATION SERVICES TO OHC AND PRINTING OHC CMS-1500 FORM IN SANWITS

Please follow this tip sheet if you are releasing encounters for a client with dual coverage (OHC or Medicare Part C as primary) and Medi-Cal as the secondary insurance.

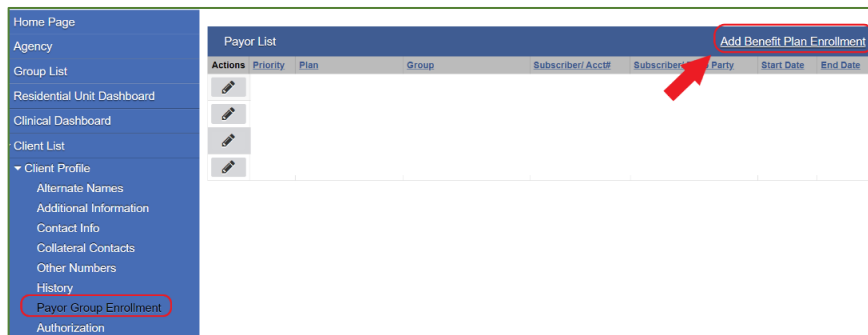
- I. OHC- commercial or private insurances
- II. Medicare Part C (Medicare Risk or Medicare Advantage insurances).

Notes:

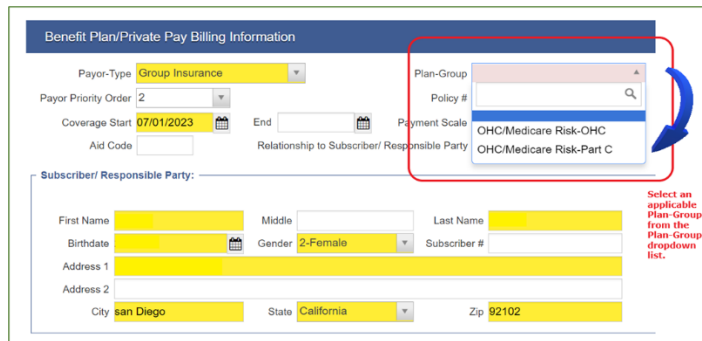
- *Your program is NOT required to obtain an Evidence of Coverage (EOC) or bill the insurance to get an Explanation of Benefits (EOB) for the following Medicare Advantage plans:*
 - 1- *Medicare Part C-Blue Shield Promise Health Plan (BSP)*
 - 2- *Health Net of CA*
 - 3- *Aetna Better Health of CA*
 - 4- *Molina Healthcare of CA.*
- These Medicare Advantage /Risk plans “acknowledge that the fee-for-service Medicare program does not cover most Substance Use Disorder Services”, and services should be billed straight to Medi-Cal.
- This list is subject to change, but the County billing team will keep you updated.
- Residential providers should contact the County Billing Unit to inform us of any claims that need to be billed to OHC.

Steps in SanWITS:

1. Log into SanWITS.
2. Go to your Agency and Facility.
3. Go to Client List -> Enter First Name and Last Name -> Click Go -> click Client Profile.
4. Go to Payor Group Enrollment (PGE). Click Add Benefit Plan Enrollment.



5. Select Payor-Type and Plan-Group. See steps below. Then complete the rest of the fields.



Payor-Type: Group Insurance

Plan-Group: Please select the appropriate Plan-Group:

OHC/Medicare Risk - OHC: select this option if the client has a commercial or private insurance.

OHC/Medicare Risk - Part C: select this option if the client has Medicare Risk/Medicare Part C coverage.

Notes:

If the provider can obtain a copy of the client's insurance card, please enter the insurance policy number in the Payor Group Enrollment's Policy # field.

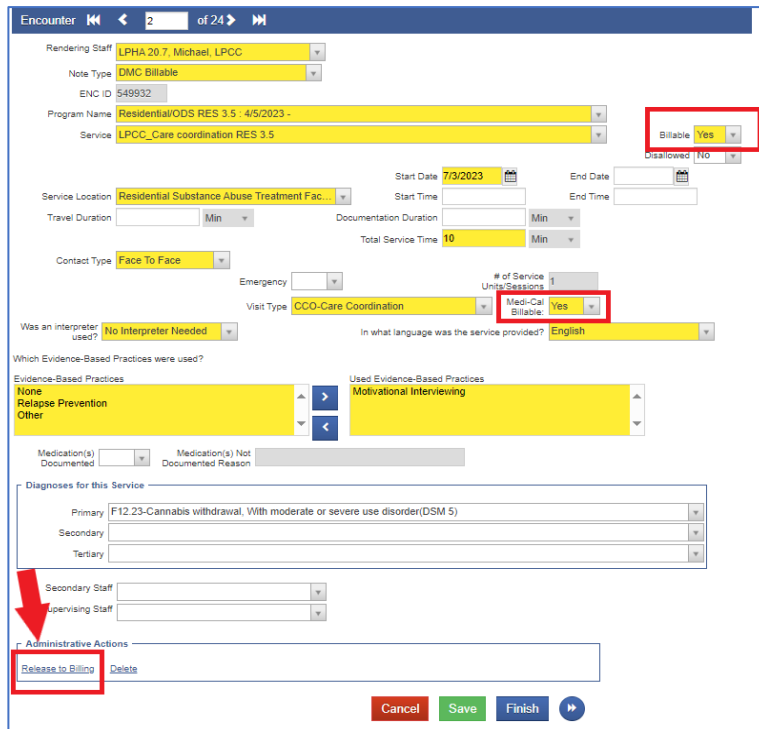
Policy #: Enter the OHC or Medicare Risk/Part C policy # when available.

Subscriber #: Not a required field. Enter 000 if not available.

Please ensure to add the Benefit Plan 'ODS-DMC Non-Peri' or 'ODS-DMC Peri' for DMC billable services.

6. Go to Encounters (Residential Care Coordination services). Click Release to Billing.

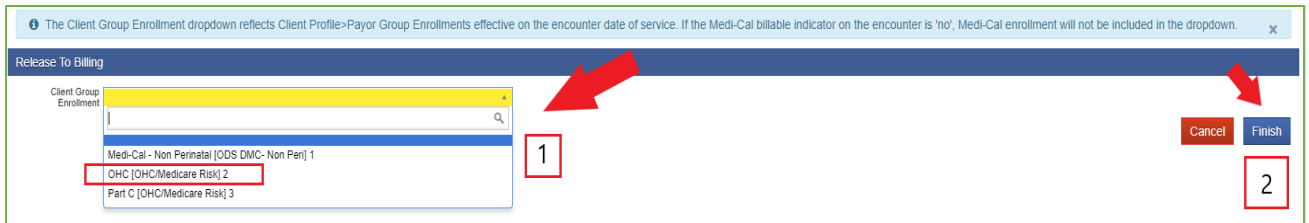
Note: To release to billing, the Medi-Cal Billable box must have a 'Yes' response.



The screenshot shows the 'Encounter' form with the following details:

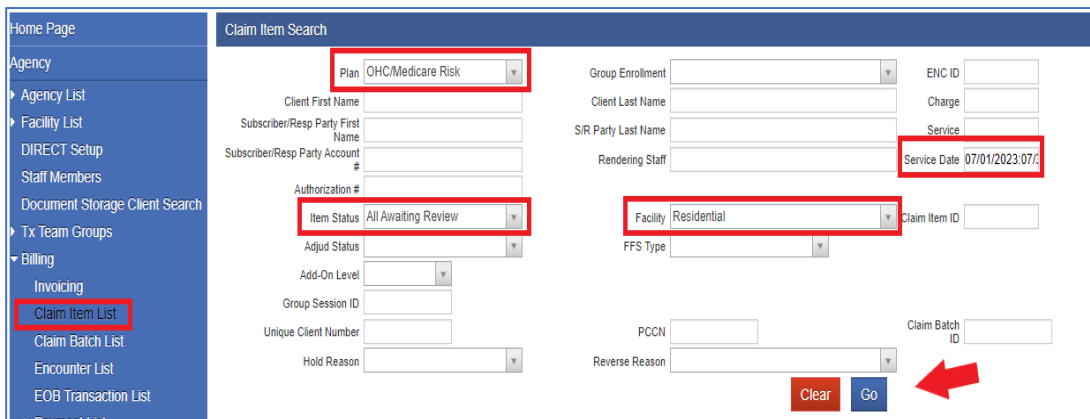
- Rendering Staff: LPHA.20.7, Michael, LPCC
- Note Type: DMC Billable
- ENC ID: 549932
- Program Name: Residential/ODS RES 3.5 - 4/5/2023
- Service: LPCC_Care coordination RES 3.5
- Start Date: 7/3/2023
- Service Location: Residential Substance Abuse Treatment Fac...
- Travel Duration: Min
- Documentation Duration: Min
- Total Service Time: 10 Min
- Contact Type: Face To Face
- Emergency: No
- Visit Type: CCO-Care Coordination
- Medi-Cal Billable: Yes (highlighted with a red box)
- Was an interpreter used?: No Interpreter Needed
- In what language was the service provided?: English
- Evidence-Based Practices: None (Relapse Prevention, Other) / Used: Motivational Interviewing
- Diagnoses for this Service: Primary: F12.23-Cannabis withdrawal, With moderate or severe use disorder(DSM 5)
- Administrative Actions: Release to Billing (highlighted with a red box and arrow), Delete

7. Select the appropriate group enrollment to bill on the Client Group Enrollment screen.
 - *In this example, you will select the OHC [Other/Medicare Risk] for a client with other health coverage (private or commercial insurance) as the primary coverage.*



- *You will select the Part C [OHC/Medicare Risk] if the client’s primary plan is a Part C Medicare.*

8. Click Finish.
9. Go to Claim Item List. Select the Plan **“OHC/Medicare Risk”** from the dropdown list. Set the Item Status to **“All Awaiting Review”**. Select your Facility. Enter the Service Date (e.g., 07012023:07312023). Click Go.



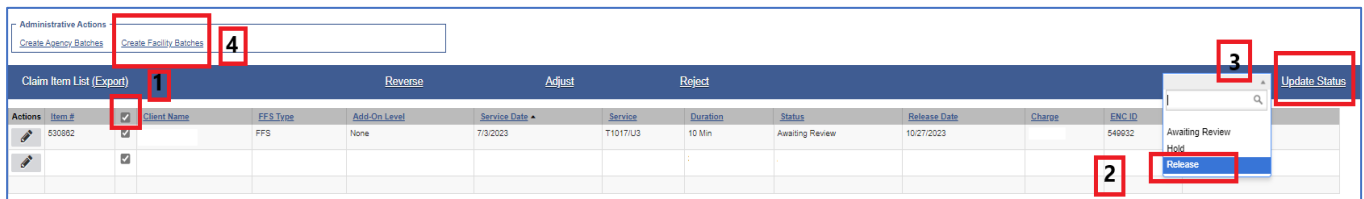
Notes:

- Remember not to leave any claim items in released status if you are not ready to batch.
- If you are not yet billing DMC and waiting for the primary insurance's Explanation of Benefits (EOB), you can put the OHC or Medicare Risk claims in 'hold' status.
- It's important to check the OPTUM BHS Resources, Billing folder for guidelines on holding OHC claims for more than 90 days.

10. Select the claims in awaiting review status that you need to bill by clicking the box next to the Item # column. From the dropdown menu on the right, select 'Release', then click the Update Status hyperlink.

Note: To guarantee billing accuracy, providers are required to review the claim item list before batching claims.

11. Once the claim items are in the 'released' status, click Create Facility Batches.

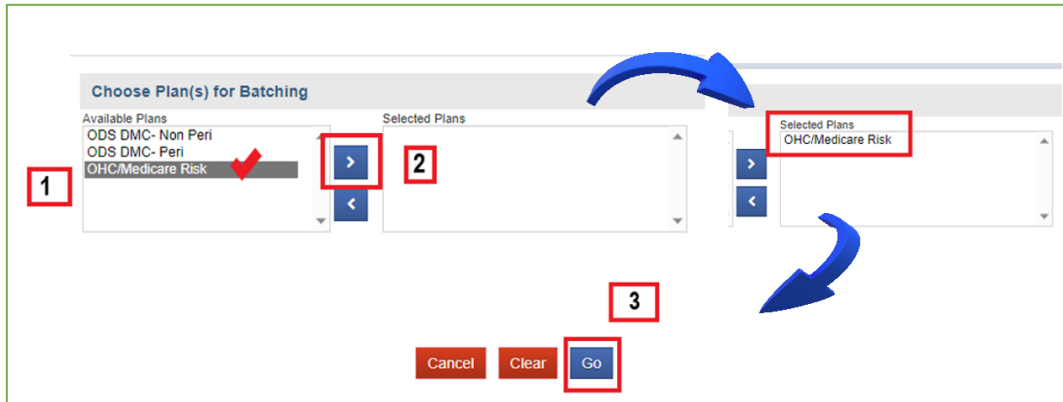


[Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](https://optumsandiego.com)

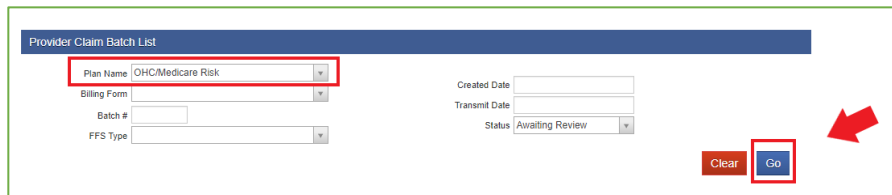
SUD Billing Announcement: Other Health Coverage Rules for Outpatient Providers (msg)	Email announcement regarding OHC Rules	2022-07-14
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- Contact the County Billing Unit immediately if your program has proof of billing but have not received an acceptable response from the insurance company.

12. Choose the appropriate Plan for Batching. Click the right arrow to move it to the Selected Plans box. Click Go.



13. Navigate to the Billing- Claim Batch List screen. Select the Plan Name OHC/Medicare Risk. Click Go. Click on the Actions pencil and from the Profile screen, Release the batch.



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
	105731	Released	OHC/Medicare Risk	FFS	CMS-1500	837P	P		1.00	Jul 2023	10/27/2023		MIS Testing Agency	Residential



14. In the Provider Claim Batch Profile, click Bill It.

Provider Claim Batch Profile

Batch #	105731	Batch For	
Batch For	OHC/Medicare Risk	Status	Released
Created By	Saline, Carmen	Created Date	10/27/2023 3:03 PM
Updated By	Saline, Carmen	Updated Date	10/27/2023 3:17 PM
Billing Form	CMS-1500	Transmit Date	
Order	Primary	Ignore Warnings	No
Service Month/Year	7/1/2023	FFS Type	Fee for Service

Errors List (Export)

Batch #	Level	Message	Created

Administrative Actions

[Awaiting Review](#) [Hold](#) [Void](#) [Bill It](#)

[Cancel](#) [Save](#) [Finish](#)

15. You will be immediately taken to the CMS 1500 print screen. Press the 'No' button and insert the red and white CMS 1500 form into your designated printer to print. Click Finish.

Would you like to print the background image of the CMS 1500 in addition to the data?

***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.

[Yes](#) [No](#) [Cancel](#)

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

Note: Clicking 'Yes' will result in the form printing with claims data. We have found that this printout is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form. The CMS 1500 form's print view will be in black and white, with no lines and field titles.



CMS 1500 Print Preview

DHC Medicare Risk

[Redacted] X [Redacted] X [Redacted] CA

[Redacted] X

[Redacted] X

DHC Medicare Risk

Signature on File [Redacted] Signature on File

F10 20 9 X

8 8 23 8 8 23 57 H2017 U7 U6 HQ A [Redacted] 4 [Redacted]



Actual CMS 1500 Sample

HEALTH INSURANCE CLAIM FORM								
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12								
PICA			PICA					
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#;DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input checked="" type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE MM / DO / YY		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street)			6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS (No., Street)			
CITY			STATE		CITY			STATE
ZIP CODE		TELEPHONE (Include Area Code)				ZIP CODE		TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous)		a. INSURED'S DATE OF BIRTH MM / DO / YY			
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. INSURANCE PLAN NAME OR PROGRAM NAME OHC/Medicare Risk			
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			SIGNED _____		DATE _____			
SIGNED _____			DATE _____		SIGNED _____			

16. After printing is complete, click the 'Billing Process Complete' link in SanWITS.

Administrative Actions
Billing Process Complete Reprint
Finish

Notes:

- *The subscriber number prints in line 1A while the OHC policy number prints in line 11.*
- *The claim charge amount is no longer visible in SanWITS due to the CalAIM or payment reform changes. Due to being unaffiliated with any insurance health plans, the County billing team cannot provide precise guidance on the dollar amount to use on the OHS billing form. Providers can select the rates listed on the SUD Units and Cost Center page of the approved contract budget.*
- *This tip sheet does not apply to claims under the 'ODS Residential' billing plan; therefore, a separate process is required. For assistance or a walk-through, please contact the county billing team.*



- 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. It is not recommended to print 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.

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

End of the Tip Sheet