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 <u>Add Benefit Plan Enrollment.</u>
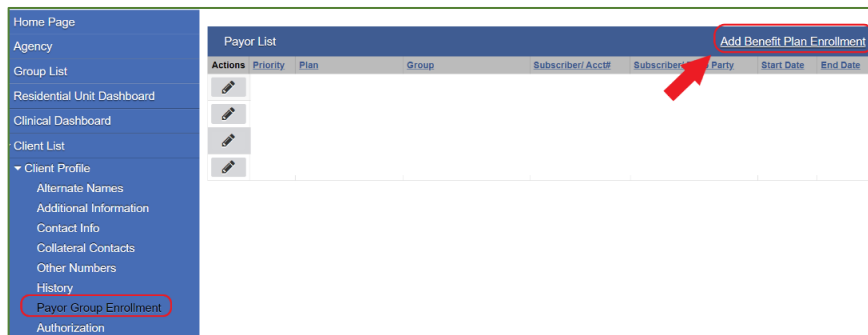
5. Select Payor-Type and Plan-Group. See steps below. Then complete the rest of the fields.
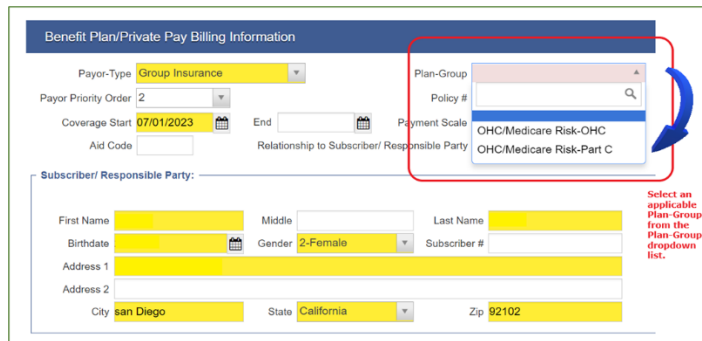
Payor-Type: Group Insurance

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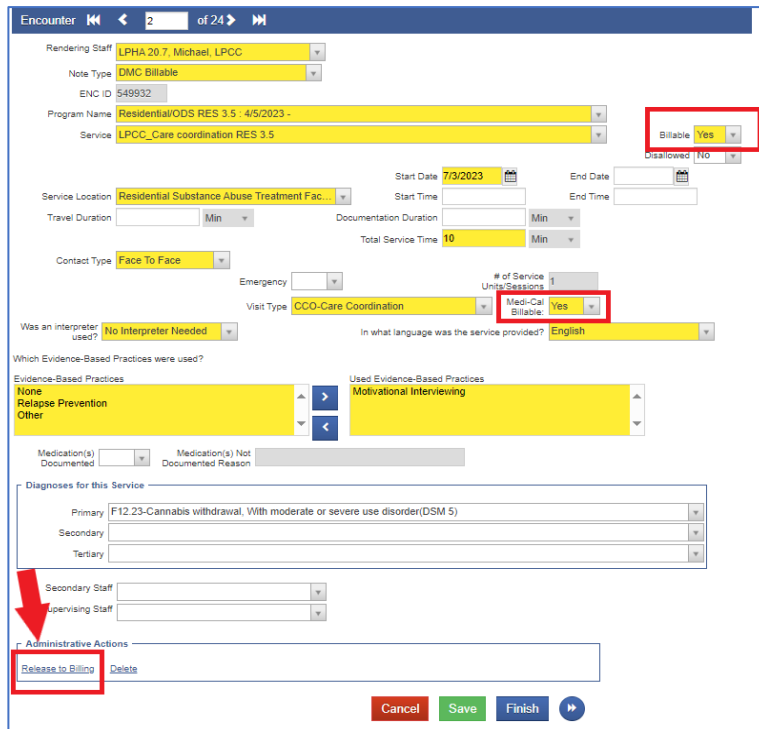
   Policy #: Enter the OHC or Medicare Risk/Part C policy # when available.

   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.

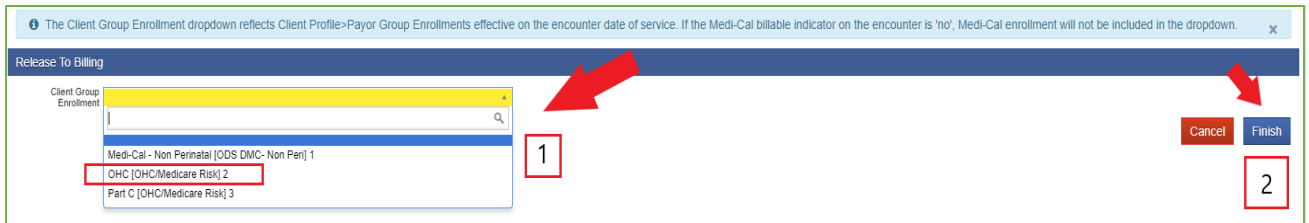6. Go to Encounters (Residential Care Coordination services). Click <u>Release to Billing.</u>
   Note: To release to billing, the Medi-Cal Billable box must have a 'Yes' response.

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.
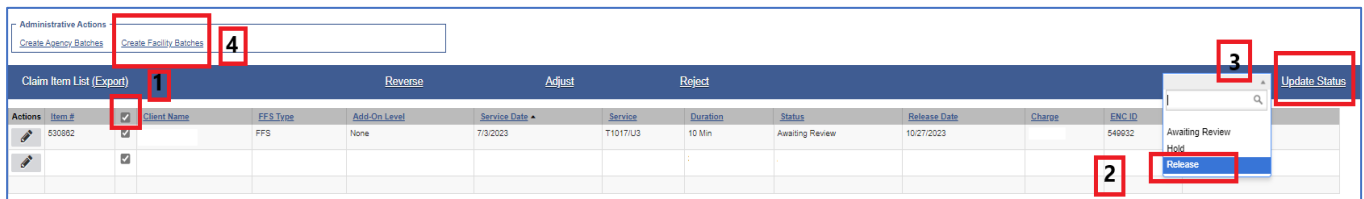
Notes:

- *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)](optumsandiego.com)

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SUD Billing Announcement: Other Health Coverage Rules for Outpatient Providers (msg)	Email announcement regarding OHC Rules	2022-07-14

- *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 <u>Plan for Batching</u>. Click the right arrow to move it to the <u>Selected Plans</u> box. Click <u>Go</u>.
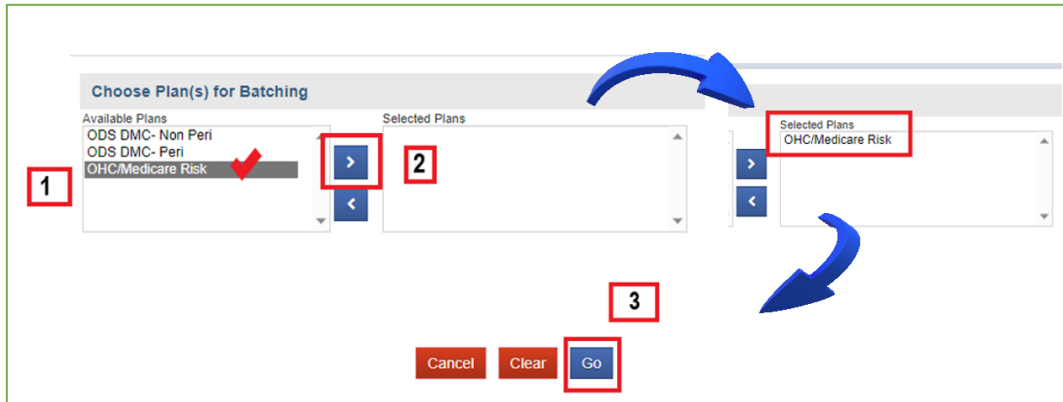
13. Navigate to the Billing- <u>Claim Batch List</u> screen. Select the <u>Plan Name OHC/Medicare Risk</u>. Click Go. Click on the <u>Actions</u> pencil and from the <u>Profile</u> screen, <u>Release</u> the batch.
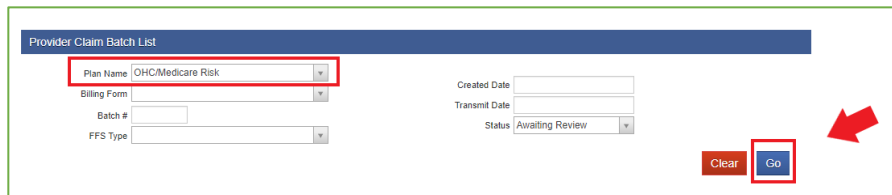
Actions	Batch #		Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created▲	Transmit	Agency Name	Facility Name
✏	105731		Released	OHC/Medicare Risk	FFS	CMS-1500	837P	P		1.00	Jul 2023	10/27/2023		MIS Testing Agency	Residential

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

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.

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

OHC/Medicare Risk

X

X

X

CA

X

OHC/Medicare Risk

Signature on File   Signature on File

X

9

F10 20

8   8   23   8   8   23   57   H2017   U7   U6   HQ   A   4

Actual CMS 1500 Sample

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

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