

Creating a Private or Self-Pay Client Group Enrollment

This guidance is to set up the Client Group Enrollment, which will enable you to release encounters to billing.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu), and search for your client. Select **Profile**.
2. Select **Client Group Enrollment** on the Navigation Pane.

Idaho-WITS Training

User: Trainee8, Treatment | Location: Provider Training Agency, Treatment Location 1

Client Search

Agency: Provider Training Agency

First Name: A | Last Name: | SSN: | DOB: | Idaho-WITS Training Client Id: | Unique Client Number: | Treatment Staff: | Case Status: All Clients | Other Number: | Include Only Active Consent: Yes

Client List (Export)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	30613158000014	19-2524, A	6/13/1958	000-00-0000	Not Known
	201021860000014	Amarylis, A	4/20/1988	000-00-0000	Female
	201011860000014	Amarylis, A	1/2/1966	000-00-0000	Female
	204011500000018	Anderson, Abigail	1/1/1985	000-00-0000	Female
	10607189000001C	Anderson, Ace	4/1/1959	000-00-0000	Female
			8/7/1989	000-00-0000	Male

Idaho-WITS Training

User: Trainee8, Treatment | Location: Provider Training Agency, Treatment Location 1

Client: 19-2524, A | 30613158000014

Profile

First Name: A | Middle Name: | Last Name: 19-2524 | Gender: Not Known | DOB: 6/13/1958 | SSN: 000-00-0000

Provider Client ID: | Unique Client Number: 30613158000014 | State Client ID: | Record Created By: Campbell, Crystal | Last Updated By: Buskey, Michelle | Created Date: 8/5/2013 5:55 PM | Last Updated Date: 6/12/2014 1:07 PM

Driver's License: | Access Category: | Has paper file: Yes

Client Group Enrollment

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type
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Addresses

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	56 564, ID 45676	No	8/5/2013	8/5/2013
	Client Mailing	123 A Street	No	6/12/2014	6/12/2014

3. Select **Add Benefit Plan Enrollment**.

4. Select the **Payor-Type** and select the **Plan-Group**.

5. Enter the **Coverage Start** date.

6. Select **Self** for Relationship to Subscriber/Responsible Party.

NOTE: This will auto-populate the Subscriber/Responsible Party information.

7. Select **Save**.

NOTE: The Coverage Start date must include the first date of service.

17.7.2 Idaho-WITS Training

User: Trainee8, Treatment | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Client: 19-2524, A | 30613158000014 | Clear Client

Actions	Priority	Plan	Group	Contract	Subscriber/Responsible Party	Subscriber/Responsible Party	Start Date	End Date
	1	State General	DHIV Adult	DHIV- Provider Training Agency	30613158000014		10/12/13	
		IDOC Funding	IDOC Group	IDOC-Provider Training Agency	30613158000014		7/1/2013	6/30/2014

Benefit Plan/Private Pay Billing Information

Payor-Type: Plan-Group:

Payor Priority Order: Policy #:

Coverage Start: End: Payment Scale:

Eligibility Category: Relationship to Subscriber/Responsible Party:

Subscriber/Responsible Party:

First Name: Middle: Last Name:

Birthdate: Gender: Subscriber #:

Address 1:

Address 2:

City: State: Zip:

17.7.2 Idaho-WITS Training

User: Trainee8, Treatment | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Client: 19-2524, A | 30613158000014 | Clear Client

Actions	Priority	Plan	Group	Contract	Subscriber/Responsible Party	Subscriber/Responsible Party	Start Date	End Date
	1	State General	DHIV Adult	DHIV- Provider Training Agency	30613158000014		10/12/13	
		IDOC Funding	IDOC Group	IDOC-Provider Training Agency	30613158000014		7/1/2013	6/30/2014

Benefit Plan/Private Pay Billing Information

Payor-Type: **Self-pay** Plan-Group: **Self-Pay-General Self Pay**

Payor Priority Order: **2** Policy #:

Last Statement Date:

Coverage Start: **11/13/2014** End: Payment Scale:

Eligibility Category: Relationship to Subscriber/Responsible Party: **Self**

Subscriber/Responsible Party:

First Name: **A.** Middle: Last Name: **19-2524**

Birthdate: **6/13/1958** Gender: **Not Known** Subscriber #:

Address 1: **123 A Street**

Address 2:

City: **Meridian** State: **Idaho** Zip: **83642**