

Creating Encounters, Batching, & Billing Medicaid OPTUM Through WITS

Elements Specific to Creating Medicaid Encounters in WITS

This instruction will cover unique billing steps for Medicaid billing through WITS only. Please refer to the SUD Provider eManual for detailed instructions on general billing.

1. **Getting here:** Login and locate client on Client Search screen. Go to Encounters and click on **Add Encounter Record**. Complete all required fields being careful to choose the correct Service.

NOTE: Medicaid services are unique on the Service list: these services fall to the top of the list and all have the procedure code identified as the first part of the description. As an example, "(H0004) Individual Counseling – Substance Abuse" is a Medicaid service.

DIAGNOSIS NOTE: The Diagnosis screen under the Admission and the Treatment Plan should never identify a Secondary or Tertiary diagnosis of "000.00 None". Instead, choose to leave the Secondary and Tertiary fields blank or choose a diagnosis of Deferred with code 799.9.

2. Choose Rendering Staff who is rostered with Medicaid-Optum.

NOTE: Claims submitted with non-rostered staff will be denied. A work item will resolve the need for users to change this field in the future, assuming Staff Profiles are configured correctly.

The screenshot shows the WITS encounter creation form. A red box highlights the top section containing fields for Note Type, ENC ID, Service, Parent Service, Program Name, Service Location, Start Date, End Date, Start Time, End Time, Duration, Emergency, and # of Service Units/Sessions. A red circle with the number '1' is placed over the Primary diagnosis field in the 'Diagnoses for this Service' section. A red circle with the number '2' is placed over the Rendering Staff field. At the bottom right, there are buttons for 'Cancel', 'Save', and 'Finish' with a right-pointing arrow.

| | | | |
|------------------|---|-----------------------------|-------------------|
| Note Type | Individual Counseling Note | Created Date | 5/7/2014 12:14 PM |
| ENC ID | 1039045 | | |
| Service | (H0004) Individual Counseling - Substance Abuse | | |
| Parent Service | | | |
| Program Name | Ada CNTY Juvenile CT SVCS Benjamin/Adolescent Outpatient : 2/4/2014 - | | |
| Service Location | Office | Start Date | 5/6/2014 |
| | | End Date | 5/6/2014 |
| | | Start Time | 2:00 PM |
| | | End Time | 2:45 PM |
| | | Duration | 45 Min |
| Emergency | | # of Service Units/Sessions | 3 |
| Pregnant No | | | |

Diagnoses for this Service

| | |
|-----------|---------------------------------|
| Primary | 304.30-Cannabis Dependence(DSM) |
| Secondary | |
| Tertiary | |

Rendering Staff: Ashenbrener, Sadie, LMSW

Supervising Staff:

Referring Phys:

Administrative Actions

[Release to Billing](#) [Delete](#)

Cancel Save Finish

Creating the Medicaid Claim Batch

3. **Getting here:** Click on Agency, Billing, Claim Item List. Click on **Create Batches**. Choose Medicaid – OPTUM and move it to the mover box on the right.

NOTE: Medicaid Encounters must be released like all other Encounters in WITS. Medicaid claims must also be batched and billed.

Billing the Claim Batch

4. **Getting here:** Click **Agency, Billing, Claim Batch List**.
5. Locate the newly created Medicaid-OPTUM batch. Click **Profile** in the Actions column.
6. Click **Bill It** in the Administrative Actions box on the lower part of the screen.

NOTE: A processor running in WITS will further prepare the Medicaid batch allowing the 837p to be downloaded from WITS. The processor runs once every hour.

Choose Plan(s) for Batching

Available Plans: IDJC, ISC - Flat Rate Non-Auth OP/IOP, Medicaid - OPTUM

Selected Plans: 3

Buttons: Cancel, Clear, Go

Provider Claim Batch List

Plan Name: Medicaid - OPTUM
 Billing Form: [Dropdown]
 Batch #: [Text]
 FFS Type: Fee for Service

Created Date: [Text]
 Transmit Date: [Text]
 Status: [Dropdown]

Buttons: Clear, Go

Claim Batch List (Export)

| Batch # | Status | Batch For | FFS Type | Billing Form | Order | Charges | Service Mo/Yr | Created | Transmit | Actions |
|---------|--------|------------------|----------|--------------|-------|---------|---------------|----------|----------|---|
| 124140 | Billed | Medicaid - OPTUM | FFS | 837P | P | \$33.75 | Mar 2014 | 5/2/2014 | 5/2/2014 | Claim Items Profile |

Provider Claim Batch Profile

Batch # 111559
 Batch For Medicaid - OPTUM
 Created By Proctor, Lynn
 Updated By Proctor, Lynn
 Billing Form 837P
 Order Primary
 Service Month/Year 9/1/2013

Charge Amount \$39.78
 Status Voided
 Created Date 9/13/2013 3:23 PM
 Updated Date 9/13/2013 3:27 PM
 Transmit Date
 Ignore Warnings No
 FFS Type Fee for Service
 HIPAA Processing Set
 837 File Status
 Transmission Message

Errors List (Export)

| Batch # | Level | Message | Created | Claim # | Item # |
|---------|-------|---------|---------|---------|--------|
| | | | | | |

Administrative Actions

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

Buttons: Cancel, Save, Finish

Verify the Medicaid Batch is ready for Download

7. Getting here: Click Agency, Billing, Claim Batch List.

8. Locate batch that was billed in step 6 above. Verify that a small box appears in the same row as the newly billed batch between the Batch # and Status columns.

| Batch # | <input type="checkbox"/> | Status | Batch For |
|---------|--------------------------|--------|------------------|
| 111559 | <input type="checkbox"/> | Voided | Medicaid - |
| 111560 | <input type="checkbox"/> | Billed | Medicaid - OPTUM |
| 111581 | <input type="checkbox"/> | Voided | Medicaid - OPTUM |
| 111582 | <input type="checkbox"/> | Billed | Medicaid - OPTUM |

Download the Medicaid Batch

9. Click on Profile in the Actions column.

10. Click on Download 837 in the Administrative Actions box.

Provider Claim Batch List

Plan Name: Medicaid - OPTUM
Billing Form: [dropdown]
Batch #: [input]
FFS Type: Fee for Service

Created Date: [input]
Transmit Date: [input]
Status: [dropdown]

Clear Go

Claim Batch List (Export) Download

| Batch # | <input type="checkbox"/> | Status | Batch For | FFS Type | Billing Form | Order | Charges | Service Mo/Yr | Created | Transmit | Actions |
|---------|--------------------------|--------|------------------|----------|--------------|-------|---------|---------------|----------|----------|---|
| 124140 | <input type="checkbox"/> | Billed | Medicaid - OPTUM | FFS | 837P | P | \$33.75 | Mar 2014 | 5/2/2014 | 5/2/2014 | Claim Items Profile |

Provider Claim Batch Profile

Batch # 111559 Charge Amount \$39.76

Batch For Medicaid - OPTUM Status Voided

Created By Proctor, Lynn Created Date 9/13/2013 3:23 PM

Updated By Proctor, Lynn Updated Date 9/13/2013 3:27 PM

Billing Form 837P Transmit Date

Order Primary Ignore Warnings No

Service Month/Year 9/1/2013 FFS Type Fee for Service

HIPAA Processing Set

837 File Status

Transmission Message

Errors List (Export)

| Batch # | Level | Message | Created | Claim # | Item # |
|---------|-------|---------|---------|---------|--------|
| | | | | | |

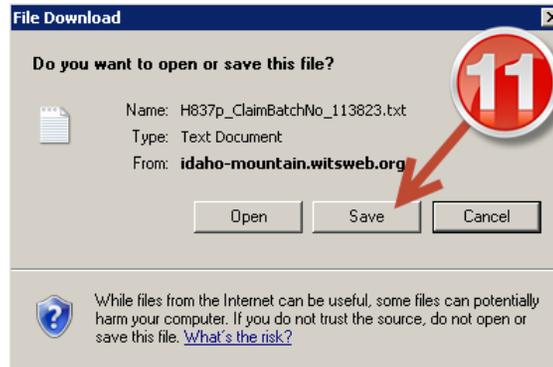
Administrative Actions

[Download 837](#)

Finish

11. Click **Save** on the File Download pop-up window. Save the file on your computer or your agency network.

NOTE: Be sure to keep track of where the 837 file is saved. It is recommended that you develop an organization structure that allows you to track which each batch that has been uploaded.

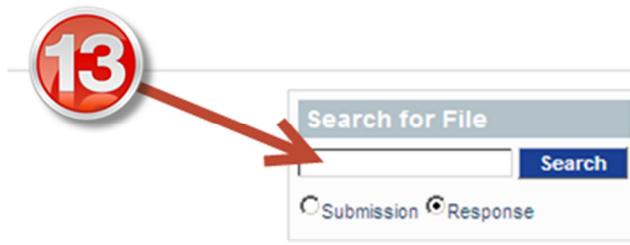


Upload the Medicaid Batch to Connectivity Director

12. Getting here: Go to <https://www.unitedhealthcarecd.com>. Login to Connectivity Director.



13. Upload the 837 file to Connectivity Director by clicking on Search on the Home page and locating the file saved in step 11 above.



14. Verify that the 837 file and claims were accepted by Connectivity Director by clicking on the Submissions tab. There will be two messages: one for the batch and one for the claims.

NOTE: It is strongly recommended that providers register for an online account with Medicaid-OPTUM to follow the adjudication of claims. Adjudication results will not appear in WITS. It is the providers responsibility to manage the adjudication of claims.