

ADMH SAIS

WITS Billing User Guide

Version 1.0

Prepared by FEI Systems

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Record of Changes

Table 1: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	4/02/2024	Scott Wilson	Initial Draft

1. INTRODUCTION

1.1. Purpose

This document covers standard functionality of the WITS Billing module.

1.2. Audience

The intended audience for this WITS User Guide is users tasked with generating and processing claims. Users must have the appropriate roles assigned to their WITS user accounts to perform the various functions in this guide.

2. GETTING STARTED

2.1. System Requirements

WITS is a web-based application that is accessible through the most up-to-date versions of the following web browsers.

- Google Chrome
- Microsoft Edge
- Apple Safari
- Mozilla Firefox

2.2. Pop-Up Blocker

Certain features in WITS, such as Snapshot and Scheduler, will open in a separate browser window. Ensure the browser allows pop-ups for the WITS application to avoid functionality issues.

For more information on how to disable the pop-up blocker for the web browser, reference the smart guide *Disable Pop-Up Blocker*.

2.3. URL Links

2.3.1. Testing/Training Environment

NOTE: It is recommended that the user bookmark the following links for quick access to the WITS environments.

To access the testing/training environment, use the following link:

<https://al-uat.witsweb.org/>

As with all training and testing environments, the following rules apply.

- User account credentials match that of the user's actual role unless otherwise specified.
- Only fictitious data should be entered into the system. DO NOT use data from an actual client.
- Keep all entered data professional.
- If adding an email address to a fictitious account, set the domain to @test.com.

2.3.2. Production Environment

To access the production environment, use the following link:

<https://al.witsweb.org/>

3. CLAIM MANAGEMENT

When a billable encounter is created for a client and released to billing, a claim is generated in WITS in the Released status. The type of claim that is created is dependent on the client's group enrollments (CGE).

While billing responsibilities begin with the claim, it is important to understand how a client's record, CGE, and the encounter affects the claim.

3.1. Client Profile

Data recorded in the client profile is required for Medicaid eligibility and claim submissions.

To access a client's profile:

1. From the left navigation menu, click **Client List**.

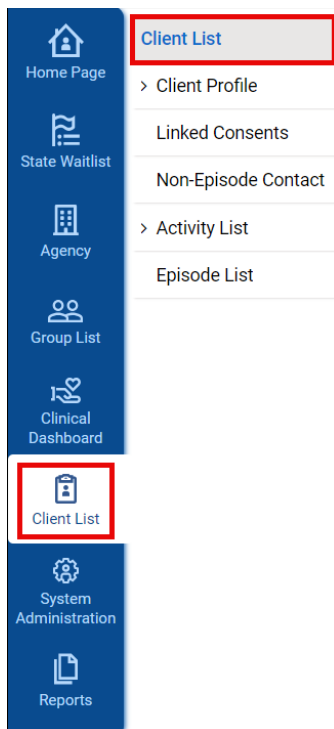


Figure 1: Accessing Client List - CGE

2. The Client Search screen will display. Use the search fields and the click **Search** to locate the client in question.

- Under the Client List section, click the **vertical ellipsis** to the right of the client and then click **Profile** to display the Client Profile screen.

Client Search

Facility
First Name
Last Name
Unique Client Number

Client List

+ Add Client
Export

Full Name
Unique Client #
SSN

TD	DRAKE, Tim 8/1/1989 Male	Q253355VH552544	1	Profile Activity List Linked Consents
----	------------------------------------	-----------------	---	--

Figure 2: Accessing Client Profile

- The Client Profile screen will display. Update fields as needed and click **Save and Finish** to finalize changes.

Client Profile

^ Hide Context Information

Unique Client Number
Q253355VH552544

State Client ID

External Record ID

Created By
Wilson, Scott

Created Date
2/5/2024 8:42 AM

Updated By
Wilson, Scott

Updated Date
2/20/2024 5:26 PM

First Name Tim	Middle Name 	Last Name Drake
Mother's Maiden Name 	Suffix 	Sex at Birth Male
Gender Identity 	DOB 8/1/1989	SSN 111-11-1111
Provider Client ID 	Driver's License 	Has paper file ☒ Yes ☐ No

Upload Profile Image

No File Selected...

Browse

Upload

< Back

Next >

Save

Save and Finish

× Cancel

Alternate Names

+ Add

Currently, there are no results to display for Alternate Names.

Addresses

+ Add

Address Type	Address	Confidential	Created	Updated	
Client Home	131 Gotham Way, Montgomery, AL 36043	No	2/5/2024	2/5/2024	⋮

Figure 3: Client Profile

3.2. Client Group Enrollment

To access the client's group enrollments, the client record must be active. The client record can be made active by accessing the client's profile. See [Client Profile](#).

Once the client record is active:

1. From the Under the Client Profile submenu, click **Client Group Enrollment**.

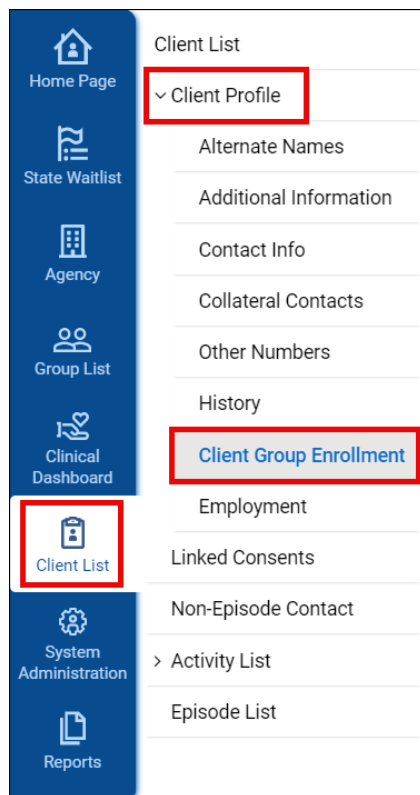


Figure 4: Accessing CGE

2. The Client Enrollment Search screen will display. Existing enrollments will be listed under the Client Enrollment List.

Client Enrollment Search

Plan Type

Plan

Active Enrollments During Date Range
From To

Contract

Group

Client Enrollment List

+ Add Benefit Plan Enrollment
+ Add Government Contract Enrollment

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
1	Alabama Medicaid	Medicaid	16984354	VanDyne, Janet	5/1/2024	5/31/2024	⋮
	Block Grant	Adult	J053752EZ870544		5/15/2024	9/30/2024	⋮
	Block Grant	General	J053752EZ870544		5/15/2024	9/30/2024	⋮
	Block Grant	Special Womens	J053752EZ870544		5/15/2024	9/30/2024	⋮

Figure 5: Existing Client Enrollments

Enrollments will be generated automatically for a client when the client's intake record is completed.

- Government and state payor plans are added if the client meets the group requirements within those plans.
 - For example, clients under the age of 18 may be enrolled in a government/state payor plan group for adolescents.
- A Medicaid plan is added to a client's record if the client is eligible (see [Medicaid CGE](#)).

3.2.1. Third Party Liability

Only third-party liability (TPL) will need to be added to a client manually. To create a new enrollment:

- On the Client Enrollment Search screen, click **+Add Benefit Plan Enrollment**.

Client Enrollment Search

Plan Type

Contract

Plan

Group

Active Enrollments During Date Range

From

To

Search

× Clear

Client Enrollment List

[+ Add Benefit Plan Enrollment](#)
[+ Add Government Contract Enrollment](#)

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
1	Alabama Medicaid	Medicaid	16984354	VanDyne, Janet	5/1/2024	5/31/2024	⋮
	Block Grant	Adult	J053752EZ870544		5/15/2024	9/30/2024	⋮
	Block Grant	General	J053752EZ870544		5/15/2024	9/30/2024	⋮
	Block Grant	Special Womens	J053752EZ870544		5/15/2024	9/30/2024	⋮

Figure 6: Add Client Group Enrollment

- Benefit Plan/Private Pay Billing Information will display under the Client Enrollment List. Complete the required and relevant fields, and then click **Save**.

Benefit Plan/Private Pay Billing Information

Payor-Type

Plan-Group

Payor Priority Order
2

Policy #

Coverage Start

End

Payment Scale

Eligibility Category

Relationship to Subscriber/Responsible Party

Subscriber/Responsible Party

First Name

Middle Name

Last Name

Birthdate

Gender

Subscriber #

Address 1

Address 2

City

State

Zip

Save

Cancel

Figure 7: Benefit Plan/Private Pay Billing Information

Use the table below to complete add a benefit plan.

Table 2: Benefit Plan/Private Pay Billing Information

Field	Description
Payor-Type	Group Insurance for TPL.
Plan-Group	The group is tied to the payor-type selected.
Payor Priority Order	Leave this blank.
Policy #	This field is not used. Use Subscriber # instead.
Coverage Start and End Date	This denotes when the client's coverage begins and ends.
Payment Scale	This is not used by ADMH.
Eligibility Category	This is not used by ADMH.
Relationship to Subscriber/Responsible Party	The owner of the policy (usually Self).
Subscriber/Responsible Party	This information is completed automatically if the responsible party is Self. Otherwise, the fields will need to be completed from the subscriber/responsible party perspective.
Subscriber #	The TPL subscriber number.

3.2.2. Government Contract CGE

When WITS creates a CGE for a government contract, the end date will always be listed as the last day of the provider's contract authorization period. When the new contract authorization period is created for the provider, a new CGE will be created for the client with the start and end dates matching the new authorization period.

Client Enrollment Search

Plan Type

Contract

Plan

Group

Active Enrollments During Date Range
From To

Client Enrollment List

+ Add Benefit Plan Enrollment + Add Government Contract Enrollment

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
	Block Grant	Adult	J053752EZ870544		5/15/2023	9/30/2023	⋮
	Block Grant	Adult	J053752EZ870544		10/1/2023	9/30/2024	⋮

Figure 8: CGE - Government Contract Renewal

The exception is Children First. A client is no longer eligible for this government contract when they turn 18 years of age. However, eligibility for this government contract can be extended if the client is still in school. In this instance, the provider will need to manually add Children First back to the client's CGE.

To add a government contract enrollment:

1. From the Client Enrollment Search screen, click **+Add Government Contract Enrollment**.
2. Government Contract Billing Information will display under the Client Enrollment List section. Complete the required and relevant fields.
3. Click **Save**.

Client Enrollment Search

Plan Type
Contract

Plan
Group

Active Enrollments During Date Range
From To

Client Enrollment List

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
	Block Grant	Children First	J053752EZ870544		5/15/2024	9/30/2024	⋮
	Block Grant	Special Womens	J053752EZ870544		5/15/2024	9/30/2024	⋮

Government Contract Billing Information

Plan Type
Payor Priority Order

Contract
Start Date
End Date

Plan-Group
Subscriber #

Figure 9: Add Government Contract Enrollment

3.2.3. Medicaid CGE

While this does not need to be added manually, a provider can add it when creating the client's profile. WITS will automatically contact Medicaid when the client's intake record is completed and inquire about the client's Medicaid eligibility using the following information:

- If a CGE was created for Medicaid manually for the client, then WITS will use the Medicaid number recorded in the CGE.
- If a CGE was not created, then WITS will use the client's SSN and DOB in the inquiry to Medicaid.

If the client is eligible for Medicaid, then a CGE record will be created in WITS for the client. Otherwise, a CGE record will not be created.

Every month, a new request will be sent to Medicaid. As long as the client remains eligible, a new CGE record will be created each month for Medicaid.

Client Enrollment Search

Plan Type

Contract

Plan

Group

Active Enrollments During Date Range
From To

Client Enrollment List

+ Add Benefit Plan Enrollment + Add Government Contract Enrollment

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
1	Third Party Liability	TPL	23456798	Drake, Tim	2/1/2024		⋮
	Alabama Medicaid	Medicaid	2546584	Drake, Tim	2/1/2024	2/29/2024	⋮
	Alabama Medicaid	Medicaid	2546584	Drake, Tim	3/1/2024	3/31/2024	⋮
	Alabama Medicaid	Medicaid	2546584	Drake, Tim	4/1/2024	4/30/2024	⋮

Figure 10: Medicaid Enrollment

3.3. Encounter

NOTE: An encounter cannot be created for a client until the following has been created in the client record.

- Client Profile
- Intake
- Screening
- Assessment
- Outcome Measure
- Program Enrollment

To create an encounter:

1. From the left navigation menu, click **Client List**.

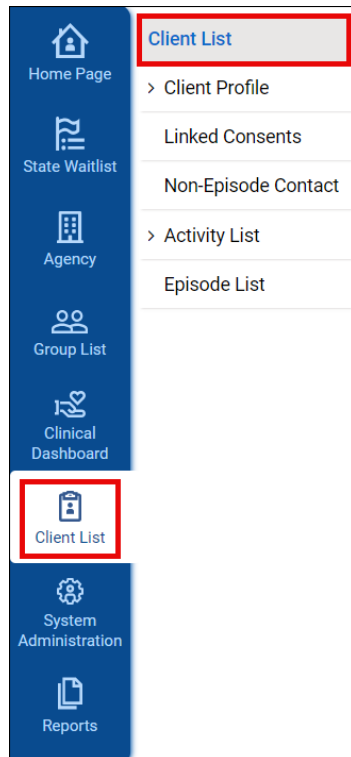


Figure 11: Accessing Client List

2. The Client Search screen will display. Use the search fields and then click **Search** to locate the client in question.
3. Under the Client List section, click the **vertical ellipsis** to the right of the client and then click **Activity List**.

Client Search

Facility First Name Last Name Unique Client Number

Search Advanced Search

Client List

+ Add Client Export

Full Name Unique Client # SSN

TD	DRAKE, Tim 8/1/1989 Male	Q253355VH552544	1	Profile Activity List Linked Consents
----	------------------------------------	-----------------	---	---

Figure 12: Client Search Screen

4. In the submenu for Client List, click **Encounters**.

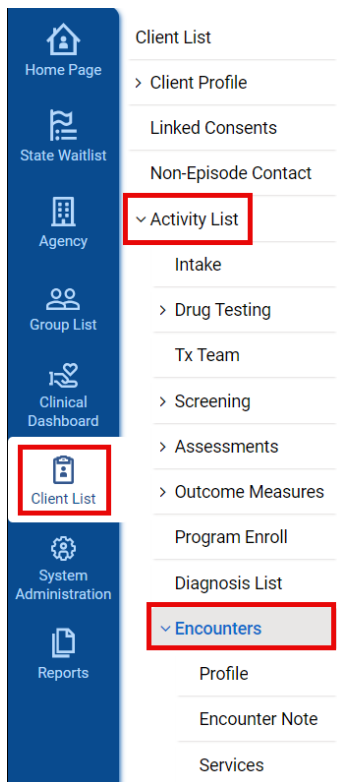


Figure 13: Accessing Encounters

5. The Encounter Search screen will display. Under the Encounter List section, click **+Add Encounter**.

Encounter Search

Start Date

End Date

Service

Program

Rendering Staff

Encounter Status

Allow Disclosure of Note

☐ Yes
 ☐ No

Search

× Clear

Encounter List

+ Add Encounter

↗ Export

Svc Date ▾	Service ▾	ENC ID ▾	Rendering Staff ▾	Program Name ▾	Status ▾	
5/15/2024	Case Management Adult (H0006)	36	Wilson, Scott	Intensive Outpatient	Released	⋮
3/4/2024	Case Management Adult (H0006)	11	Wilson, Scott	Intensive Outpatient	Released	⋮

Figure 14: Add Encounter

6. The Encounter screen will display. Complete the required and relevant fields.

Encounter

▼ Show Context Information

Rendering Staff
Wilson, Scott

Note Type

Billable
☒ Yes ☐ No

Program Name
Titan Treatment/Intensive Outpatient : 2/20/2024 -

Service

Start Date

End Date

Start Time

End Time

Duration

of Service Units / Sessions

Service Location

Emergency
☐ Yes ☐ No

Pregnant
☐ Yes ☒ No

Diagnoses for this Service

Primary

Secondary

Tertiary

Secondary Staff

Supervising Staff

Figure 15: Encounter Screen

- Click **Next** to display the Encounter Notes screen.
- Add comments regarding the service provided in the Unsigned Notes section, and then click **Sign Note**.
- Click **Save** at the bottom of the screen, and then click **Release to Billing**.

Encounter Notes

Goal Progress

Add Goals

+ Add Goals

Currently, there are no results to display for Add Goals.

Add Objectives

+ Add Objectives

Currently, there are no results to display for Add Objectives.

Add Interventions

+ Add Interventions

Currently, there are no results to display for Add Interventions.

Unsigned Notes

Allow Disclosure

☐ Yes
 ☒ No

Signed Notes

Administrative Actions

Figure 16: Encounter Notes

Refer to the table below for information on the various fields.

Table 3: Encounter Screen

Field	Description
-------	-------------

Rendering Staff	The person that delivered the service. NOTE: This field is not populated for encounters created from uploaded 837P files.
Note Type	The type of notes being entered for the encounter. This is linked to the Add Note button on the second page of the Encounter. The note type selected here will add a note template (if setup) when Add Note button is clicked.
Billable	This should be set to Yes for billable encounters.
Program Name	The client's enrolled program.
Service	The service delivered for the client.
Start/End Date	The date(s) the service was delivered.
Start/End Time	The time range that the service was delivered.
Duration	Enter a number and select the duration type (minutes, hours, etc.). NOTE: This is a required field for duration-based services.
# of Service Units/Sessions	The number of units/sessions offered.
Service Location	Where the service was delivered.
Emergency	Was the service an emergency.
Diagnosis for this Service	Any diagnosis recorded for the client will be listed here.
Secondary Staff	If a secondary staff member assisted with the service, capture that here.
Supervising Staff	If a staff member supervised the service delivery, identify them here.

When an encounter is released to billing:

1. WITS will check for a TPL rate and an active TPL CGE. If these items exist, the claim is created. If not...
2. WITS will check for a Medicaid rate and an active Medicaid CGE. If these items exist, the claim is created. If not...
3. WITS will check for a contract rate and an active government contract CGE. If these items exist, the claim is created. If not...
4. An error will display stating that the encounter cannot be released to billing.

3.4. Claim Item List

Claims are created automatically from a released encounter. The claim will be generated in the Released status.

To view claims:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options and then click **Claim Item List**.

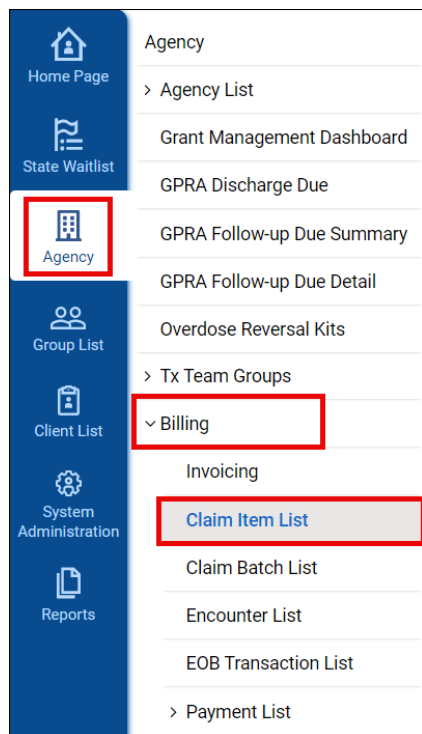


Figure 17: Accessing Claim Item List

3. The Claim Item Search screen will display. Use the search fields and click **Search** to locate a specific claim.
 - a. Setting the Item Status field to Released will display all claims in the Released status.
4. If needed, a claim can be reviewed by clicking the **vertical ellipsis** to the right of the claim and then clicking **Profile**.

Claim Item Search

Plan

Group Enrollment

ENC ID

Client First Name

Client Last Name

Unique Client Number

Subscriber/Resp Party First Name

S/R Party Last Name

Subscriber/Resp Party Account #

Service

Service Date

Authorization #

Rendering Staff

Facility

Item Status

Claim Item ID

Claim Batch ID

FFS Type

Add-On Level

Search

× Clear

Administrative Actions

Create Agency Batches

Create Facility Batches

Claim Item List

Export

Update Status

Reject

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	23	Strange, Stephen	FFS	None	4/25/2024	H0006/HF	0 Days	Released	4/25/2024		Profile
☐	24	Strange, Stephen	FFS	None	4/23/2024	H0038/HF	0 Days	Released	4/25/2024		

Figure 18: Claim Item Search Screen

5. The Claim Item Profile will display.
 - a. Ignore the Administrative Actions section of the profile. Claims will be automatically processed to the Batched status.

Profile for Claim Item # 23 for Strange, Stephen

▼ Show Context Information

Service Fee

Billing Units	Rate / Unit	Charge Amount
0.00	x \$1.00	= \$0.00

Unit Desc
1 unit = 5 Min

FFS Type
Fee for Service

Created Date
4/25/2024 8:41 AM

Encounter Post Date
4/25/2024

Cost Center

Group Enrollment
Medicaid [Alabama Medicaid] 1

Tier Type

Billing Note

Payor Billing Service
Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location
Residential Substance Abuse TX Facility

Save

Save and Finish

× Cancel

Administrative Actions

Awaiting Review

Hold

Reject (Back Out)

Figure 19: Claim Item Profile

4. BILLING WORKFLOWS

How the claims are processed at this point differs based on which CGEs the client is enrolled in.

Any TPL the client has will always be billed first.

If there is a balance after the claim has been submitted to the client's TPL, then the claim's remaining balance is billed to Medicaid.

If there is a balance after Medicaid has been billed, then the remaining balance is billed to a government contract depending on certain restrictions that must be met (See [Government Contract](#)).

If the claim is paid in full after being billed to a payor, the claim does not bill to the next payor.

If the client does not have a TPL, Medicaid, or government contract CGE record, then the encounter cannot be released to billing.

Details on how a claim processes through the different workflows are discussed in greater detail in the following sections.

4.1. Third Party Liability

If a client has third party liability coverage, then any claims for services a client receives will be billed against this payor plan, first.

When the encounter is released to billing, the claim will be generated against the client's TPL automatically.

The claim will then need to be batched manually.

4.1.1. Creating a Batch

To create a claim batch:

1. From the Claim Item Search screen, **Search** for claims in the Released status.
 - a. While this step is not necessary to create a batch, there is no reason to create a batch if no claims are in the Released status.
2. Under the Administrative Actions, click on one of the following:
 - a. **Create Agency Batches** – Use this option to create a batch containing all claims in the Released status under the current agency.
 - b. **Create Facility Batches** – Use this option to create a batch containing all claims in the Released status for the current facility.

Claim Item Search

Plan

Group Enrollment

ENC ID

Client First Name

Client Last Name

Unique Client Number

Subscriber/Resp Party First Name

S/R Party Last Name

Subscriber/Resp Party Account #

Authorization #

Rendering Staff

Service Date

Item Status

Claim Item ID

Claim Batch ID

FFS Type

Add-On Level

Search

Clear

Administrative Actions

Create Agency Batches

Create Facility Batches

Claim Item List

Export

Update Status

Reject

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	23	Strange, Stephen	FFS	None	4/25/2024	H0006/HF	0 Days	Released	4/25/2024	\$0.00	⋮
☐	24	Strange, Stephen	FFS	None	4/23/2024	H0038/HF	0 Days	Released	4/25/2024	\$0.00	⋮

Figure 20: Create Agency/Facility Batches

- The Choose Plan(s) for Batching screen will display. Click the payor from the Available Plans box.
- Click the **right arrow** icon to move the plan to the Selected Plans box.
- Click **Go**.

Choose Plan(s) for Batching

Available Plans

Alabama Medicaid

Third Party Liability

Selected Plans

Go

Cancel

Clear

Figure 21: Choose Plan for Batching

- The user will be returned to the Claim Item Search screen and an informational message at the top will indicate that the claim items for the selected plan are being batched.

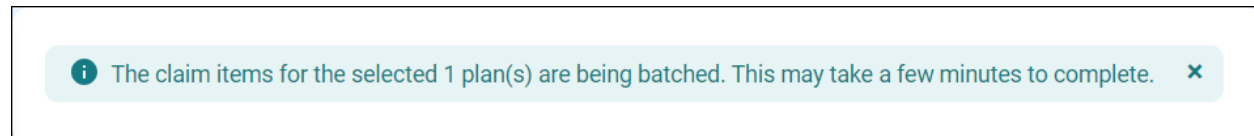


Figure 22: Claim Item Informational Message

When the claim batch is created, it will be in the Released status.

4.1.2. Claim Batch List

Once a claim batch has been created, it can be reviewed on the Claim Batch List screen.

- From the left navigation menu, click **Agency**.
- Under the Agency submenu, click **Billing** to expand its options.
- Click **Claim Batch List**.

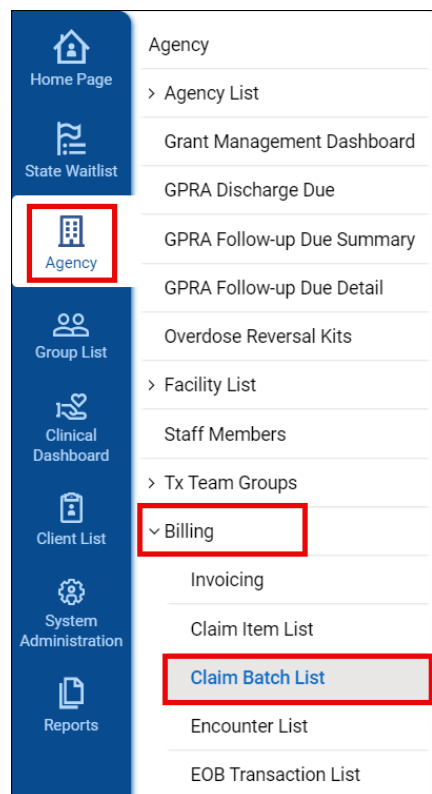


Figure 23: Accessing Claim Batch List

- The Provider Claim Batch List screen will display. Use **Search** to locate a specific claim batch.

Provider Claim Batch List

Plan Name Billing Form Batch #

FFS Type Created Date Transmit Date

Status

Claim Batch List

Batch #	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created	Transmit	Agency Name	Facility Name
6	Released	Alabama Medicaid	FFS	837		S	\$195.46	1.00	Dec 2023	12/4/2023		Alcohol and Abuse Treatment	
8	Released	Alabama Medicaid	FFS	837	837P	P	\$5,053.05	45.00	Nov 2023	12/5/2023		Alcohol and Abuse Treatment	

Figure 24: Provider Claim Batch List

5. To the right of the claim batch, click the **vertical ellipsis** to display two options.

4.1.2.1. Provider Claim Batch List – Claim Items

This option will display the claims in the batch at the bottom of the screen under the Claim Item List section.

In this section, claim items can be reviewed by clicking the **vertical ellipsis** to the right of the claim and then clicking **Profile**.

If needed, claims can be removed from the batch by clicking the **check box** to the left of the claim and then clicking **Remove from Claim Batch**.

Claim Item List for Batch 6

☐	Claim #	Item #	Client Name	Service Date	Service	Status	Auth #	Cost Center	Charge	Enc ID
☐	6	7	Apple, Johnny	12/4/2023	90791/HF	Batched			\$195.46	

Figure 25: Claim Item List Options

4.1.2.2. Provider Claim Batch Profile

TPL claim batches must be processed manually.

1. Click the **vertical ellipsis** to the right of a claim batch, and then click **Profile**.

Provider Claim Batch List

Plan Name
 Billing Form
 Batch #

FFS Type
 Created Date
 Transmit Date

Status

Released

Search

Claim Batch List

Download 837 Export

Batch #	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created	Transmit	Agency Name	Facility Name
26	Released	Third Party Liability	FFS	CMS-1500		P	\$240.00	24.00	May 2024	5/15/2024		Titan Tre	
27	Released	Third Party Liability	FFS	CMS-1500		P	\$120.00	12.00	May 2024	5/16/2024		Titan Tre	

Claim Items

Profile

Figure 26: Accessing Claim Batch Profile

2. The Provider Claim Batch Profile screen will display.
 - a. If there were any errors in processing the batch, the Error List section will display those errors.
3. Click **Bill It**.

Provider Claim Batch Profile

^ Hide Context Information

Batch # 26	\$240.00	Batch For Third Party Liability	Status Released
Transmit Date	Order Primary	Ignore Warnings No	Service Month/Year 5/1/2024
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/15/2024 1:32 PM	Updated By Wilson, Scott	Updated Date 5/16/2024 10:25 AM

Billing Form
CMS-1500

Save Save and Finish × Cancel

Administrative Actions

Awaiting Review Hold Void **Bill It**

Errors List

Export

Currently, there are no results to display for the Errors List.

Figure 27: Provider Claim Batch Profile

4. WITS will ask, “Would you link to print the background image of the CMS 1500 in addition to the data?”

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

Figure 28: Print CMS 1500 Background Option

- a. Click **Yes** to generate a generic CMS 1500 form with the claim data prepopulated.

Third Party Liability



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☒ FECA ☐ BULKING ☐ OTHER ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Stel, Apple

3. PATIENT'S BIRTH DATE
MM DD YY
08 03 1983 M ☐ F ☒

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Stel, Apple

5. PATIENT'S ADDRESS (No., Street)
83 Apple Rd

6. PATIENT RELATIONSHIP TO INSURED
Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)
83 Apple Rd

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous)
☐ YES ☐ NO
b. AUTO ACCIDENT? ☐ YES ☐ NO PLACE (State)
c. OTHER ACCIDENT? ☐ YES ☐ NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

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 Signature on File DATE 050624

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
MM DD YY QUAL.

15. OTHER DATE
MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. NPI

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. F43.0 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 Family No. I. ID. QUAL. J. RENDERING PROVIDER ID. #

1 5 6 24 5 6 24 62 H0006 HF A 1 NPI

2 NPI

3 NPI

4 NPI

5 NPI

6 NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN ☒ 26. PATIENT'S ACCOUNT NO. J273737XW252544 27. ACCEPT ASSIGNMENT? (For per. agmt. on back) ☒ YES ☐ NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rev'd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION MMTCT Treatment 6001 East Shirley Lane Montgomery, AL 36117-1935 33. BILLING PROVIDER INFO & PH # () a. 1700093853 b.

SIGNED Signature on File DATE 050624

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Figure 29: Generic CMS 1500 Template

- b. Click **No** to generate just the claim data without the CMS 1500 form template.

Third Party Liability									
Stel, Apple		X		J273737XW252544					
		08 03 1983		X		Stel, Apple			
		X				83 Apple Rd			
						Montgomery		AL	
						35999			
						08 03 1983		X	
Third Party Liability									
Signature on File				050624		Signature on File			
F43 0				9		X			
5 6 24 5 6 24 62		H0006 HF		A				1	
		X		J273737XW252544		X			
		MMTC Treatment 6001 East Shirley Lane Montgomery, AL 36117-1935							
Signature on File		050624				1700093853			

Figure 30: TPL Claim Data Only

5. The claim batch will now be in the Billed status.
 - a. To reprint the form, click **Reprint**.
 - b. To exit the claim batch, click **Finish**.

Provider Claim Batch Profile

[^ Hide Context Information](#)

Batch # 27	\$120.00	Batch For Third Party Liability	Status Billed
Transmit Date 5/17/2024 9:26 AM	Order Primary	Ignore Warnings No	Service Month/Year 5/1/2024
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/16/2024 10:25 AM	Updated By Wilson, Scott	Updated Date 5/17/2024 9:26 AM

Billing Form
CMS-1500

Finish

Administrative Actions

Billing Process Complete Reprint

Errors List

[Export](#)

Currently, there are no results to display for the Errors List.

Figure 31: TPL Claim Batch - Billed

Each client TPL claim will need to be sent to the appropriate TPL payor outside of WITS. Follow the provider's established processes for billing to a TPL payor.

4.1.3. Claim Payments

Once the TPL payor processes the claim and returns an explanation of benefits (EOB), the billing team will need to return to the Provider Claim Batch Profile and click the Administrative Actions button **Billing Process Complete**.

Provider Claim Batch Profile

[^ Hide Context Information](#)

Batch # 27	\$120.00	Batch For Third Party Liability	Status Billed
Transmit Date 5/17/2024 9:26 AM	Order Primary	Ignore Warnings No	Service Month/Year 5/1/2024
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/16/2024 10:25 AM	Updated By Wilson, Scott	Updated Date 5/17/2024 9:26 AM

Billing Form

CMS-1500

Finish

Administrative Actions

Billing Process Complete

Reprint

Errors List

[Export](#)

Currently, there are no results to display for the Errors List.

Figure 32: Provider Claim Batch - Billing Process Complete

The status of the claim batch is set to Accepted. Click **Finish** to exit the Provider Claim Batch Profile screen.

Provider Claim Batch Profile

^ Hide Context Information

Batch # 26	\$240.00	Batch For Third Party Liability	Status Accepted
Transmit Date 5/16/2024 10:34 AM	Order Primary	Ignore Warnings No	Service Month/Year 5/1/2024
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/15/2024 1:32 PM	Updated By Wilson, Scott	Updated Date 5/17/2024 9:22 AM

Billing Form

CMS-1500

Finish

Errors List

↗ Export

Currently, there are no results to display for the Errors List.

Figure 33: Provider Claim Batch - Accepted

After the claim batch status has been set to accepted, payment needs to be applied to the claim(s).

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Payment List**.

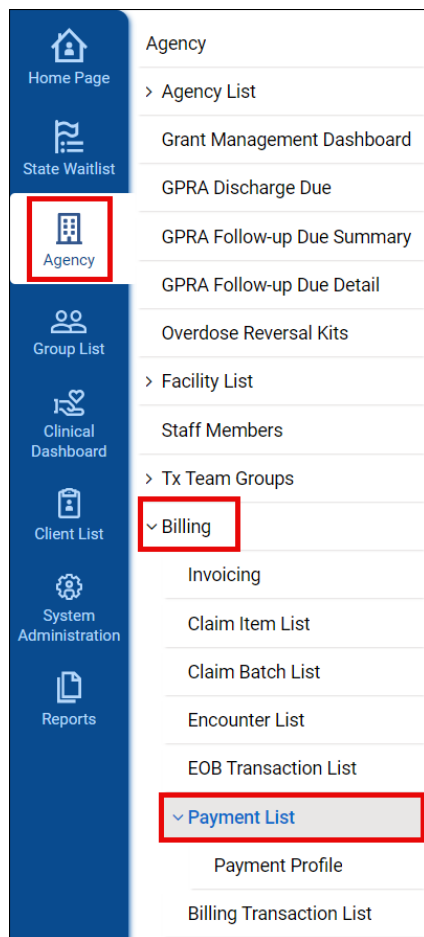


Figure 34: Accessing Payment List

- The Payment Search screen will display. Under the Payment List section, click **+Add Plan Payment**.

Payment Search

Payor Plan

First Name

Last Name

Pmt #

Posted Date

Reference

Payment Amount

Unapplied Amount

Contractor

Payment List

+ Add Contract Payment
+ Add Client Payment
+ Add Plan Payment
Export

Currently, there are no results to display for the Payment List.

Total Payment:

Figure 35: Add TPL Plan Payment

5. The Payment Profile screen will display.
 - a. **Plan Name** field is set to Third Party Liability.
 - b. **Payment Amount** is the total payment in the explanation of benefits (EOB).
 - i. If the TPL payor rejected the claim, enter 0 for the payment amount.
6. Click **Save**, and then click **Apply Payment** under the Administrative Actions.

Payment Profile

Payment # 	Posted Date 5/17/2024 
Plan Name 	Receipt Date 5/17/2024 
Client Name 	Created Date
Transaction Type Payment 	Created By
Reference 	Payment Amount
Comment 	Unapplied Amount
Check/EFT Date 	Intended For

Administrative Actions

Figure 36: TPL - Payment Profile Screen

7. The Payment Application Claim Search screen will display.

Payment Application Claim Search

Payment # 22	Unapplied Amount \$60.00	Order of Benefits
First Name 	Last Name 	Claim #
Member # 	Plan Name Third Party Liability	
Claim Balance >0	Claim Charge 	

Payment Application Claim List

Paid in Full

☐	Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits	
☒	29	Drake, Tim	23456798	\$60.00	\$60.00	2024/05/13-2024/05/13	Primary	

Figure 37: Payment Application Claim Search Screen

Depending on how much the TPL payor paid towards the claim, the claim will be processed as either:

- Paid in Full
- Partial Payment

4.1.3.1. Paid in Full

If the claim was paid in full by the TPL payor, check the **box** to the left of the claim, and then click **Paid in Full** just above the claim list.

Payment Application Claim Search

Payment #
22

Unapplied Amount
\$60.00

Order of Benefits
▼

First Name

Last Name

Claim #

Member #

Plan Name
Third Party Liability

Claim Balance
 >0

Claim Charge

× Clear

Search

Finish

Payment Application Claim List

Paid in Full

☐	Claim # ▼	Client Name ▼	Member # ▼	Charge ▼	Claim Balance ▼	DOS ▼	Order of Benefits ▼	
☒	29	Drake, Tim	23456798	\$60.00	\$60.00	2024/05/13-2024/05/13	Primary	⋮

Figure 38: TPL - Paid in Full

The Paid in Full Confirmation screen will display. Click **Confirm** to complete the payment.

Paid In Full Confirmation

Payment # 22	Posted Date 5/17/2024
Third Party Liability	Receipt Date 5/17/2024
Client Name	Reference
Amount \$60.00	Unapplied Amount \$60.00

Selected Claims

Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits
29	Drake, Tim	23456798	\$60.00	\$60.00	2024/05/13-2024/05/13	Primary

Total to be paid:
\$60.00

Current Unapplied Amount:
\$60.00

New Unapplied Amount:
\$0.00

× Cancel
Confirm

Figure 39: Paid in Full Confirmation Screen

See [Billing History](#) for information on how to review a summary on the claim's billing life cycle.

4.1.3.2. Partial Claim Payment

If the TPL payor rejected or only paid a portion of the claim, the user will not click Paid in Full in the Payment Application Claim List section. Instead, click the **vertical ellipsis** to the right of the claim, and then click **Select**.

Payment Application Claim Search

Payment #
21

Unapplied Amount
\$0.00

Order of Benefits
▼

First Name

Last Name

Claim #

Member #

Plan Name
Third Party Liability

Claim Balance

Claim Charge

× Clear

Search

Finish

Payment Application Claim List

Paid in Full

☐ Claim # ▼	Client Name ▼	Member # ▼	Charge ▼	Claim Balance ▼	DOS ▼	Order of Benefits ▼	
☐ 27	Drake, Tim	23456798	\$60.00	\$10.00	2024/03/04-2024/03/04	Primary	⋮
☐ 28	Drake, Tim	23456798	\$120.00	\$120.00	2024/05/08-2024/05/08	Primary	⋮
☐ 30	Drake, Tim	23456798	\$60.00	\$60.00	2024/05/15-2024/05/15	Primary	⋮
☐ 31	Drake, Tim	23456798	\$120.00	\$120.00	2024/05/16-2024/05/16	Primary	⋮

Select

Figure 40: Selecting Claim

The Payment Application Claim Profile screen will display. To the right of the listed claim, click the **vertical ellipsis** and then click **Select**.

Payment Application Claim Profile

[Hide Context Information](#)

Payment #
21

Plan Name
Third Party Liability

Claim Charge Amt
\$60.00

Claim #
30

Client Name
Drake, Tim

Claim Balance
\$60.00

Member #
23456798

Order of Benefits
Primary

Unapplied Amt
\$0.00

Payment Application Claim Item List for Claim # 30

+ Bill Another Payor

Item # ▼	Service ▼	Service Date ▼	Charge ▼	Enc Balance ▼	Unpaid Amount ▼	
28	H0006/HF	5/15/2024	\$60.00	\$60.00	\$60.00	⋮

Select

Billing History

Figure 41: Selecting Claim Item for Payment Application

The section EOB Transaction List will display at the bottom of the Payment Application Claim Profile screen. Click **+Add EOB Transaction** and the fields below it will become editable.

EOB Transactions for Item # 28

+ Add EOB Transaction

Currently, there are no results to display for EOB Transactions for Item # 28.

Amount

Allowed Amount

Procedure Code

Procedure Modifier

Procedure Modifier

Reason

Comment

Type

Payment ▼

Paid Unit Count

Procedure Modifier

Procedure Modifier

Save

Save and Finish

× Cancel

Figure 42: Add EOB Transaction

NOTE: When the field Type is set to Payment, additional fields become available for the EOB Transaction.

Use the table below for completing the EOB Transaction.

Table 4: EOB Transaction

Field	Description
Amount	How much was paid on the claim. For claim rejections, enter 0.
Type	Payment
Allowed Amount	Set equal to the Amount field.
Paid Unit Count	The number of units provided in the service.
Procedure Code	The procedure code used in the service.
Procedure Modifier	If there were any modifiers associated with the procedure code, they can be included in these fields.

Reason	Leave blank when Type is Payment.
Comment	If needed, add comments regarding the payment.

Click **Save and Finish**.

For the remaining balance, click **+Add EOB Transaction**.

1. Enter the remaining balance in the Amount field.
2. Choose an option from the Type dropdown.
 - a. If there are no other payors to bill the claim to, set Type to **Patient Responsibility**.
 - b. If another payor is being billed, set Type to **Contractual Obligations**.
3. Select a reason from the Reason dropdown field.
4. Add notes to the Comment text box if needed.
5. Click **Save and Finish**.

EOB Transactions for Item # 28

+ Add EOB Transaction

Currently, there are no results to display for EOB Transactions for Item # 28.

Amount

Type

Reason

Comment

Save

Save and Finish

× Cancel

Figure 43: Add EOB Transaction – Remaining Balance

If the client is responsible for the remaining balance, see [Client Payments](#).

4.1.3.3. Bill Another Payor

If the claim's remaining balance is being billed to another payor, click **+Bill Another Payor**.

Payment Application Claim Profile

^ Hide Context Information

Payment # 21	Plan Name Third Party Liability	Claim Charge Amt \$60.00	Claim # 30
Client Name Drake, Tim	Claim Balance \$60.00	Member # 23456798	Order of Benefits Primary
Unapplied Amt \$0.00			

Payment Application Claim Item List for Claim # 30

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount	
28	H0006/HF	5/15/2024	\$60.00	\$60.00	\$60.00	⋮

EOB Transactions for Item # 28

+ Add EOB Transaction

Amount	Type	Reason	Comment	Date	
\$60.00	Contractual Obligations	Deductible Amount		5/17/2024	⋮
\$0.00	Payment			5/17/2024	⋮

Figure 44: Bill Another Payor

The Bill Another Payor screen will display.

Bill Another Payor

Order of Benefits
Secondary

Group Enrollment
▼

Initial Status
Released ▼

Claim Items

Enc #	Units	Charge	Service	Service Date	Encounter Balance	
36	6.00	\$60.00	Case Management Adult (H0006)	5/15/2024	\$60.00	⋮

Save and Finish × Cancel

Figure 45: Bill Another Payor Screen

Use the table below to complete the fields.

Fields	Description
Order of Benefits	Select one of the following: - Primary – The first payor billed in the claim. - Secondary – Select this if billing a second payor. - Tertiary – Select this if billing a third payor. >3 – Select this for any payors billed after the third.
Group Enrollment	Select a payor
Initial Status	Set the status to Released.

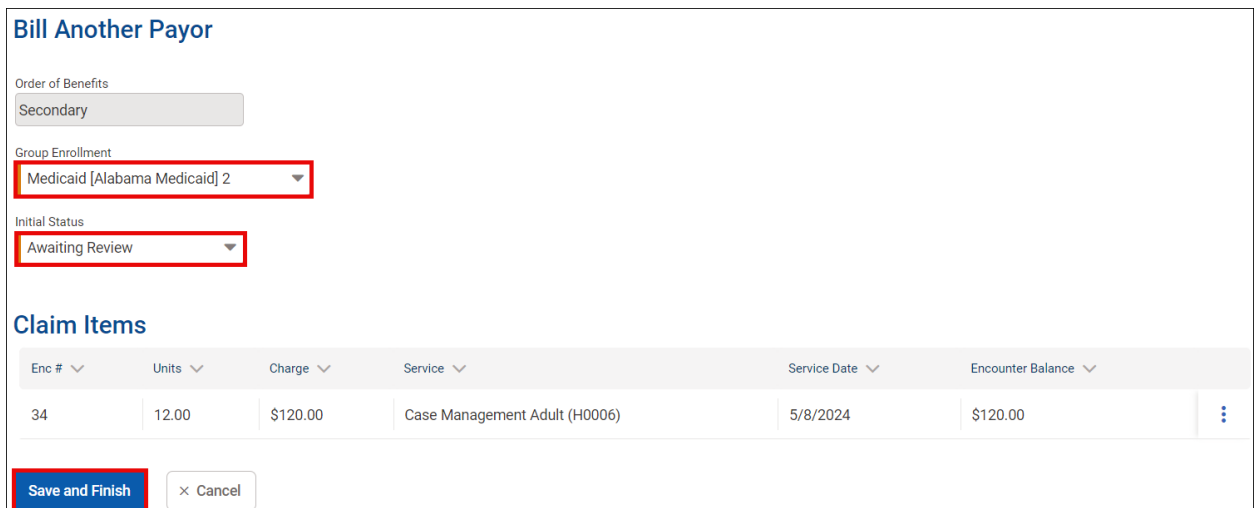
Click **Save and Finish** to be returned to the Payment Application Claim Profile screen.

A new claim has been created and can be viewed on the Claim Item List screen. See [Claim Item List](#).

4.1.3.3.1. Bill Another Payor – Medicaid

For claims with a remaining balance and Medicaid is billed on the remainder, the workflow has a notable difference.

- On the Bill Another Payor screen, set the following:
 - Group Enrollment – Medicaid
 - Initial Status – Awaiting Review
- Click **Save and Finish**.



Bill Another Payor

Order of Benefits
Secondary

Group Enrollment
Medicaid [Alabama Medicaid] 2

Initial Status
Awaiting Review

Claim Items

Enc #	Units	Charge	Service	Service Date	Encounter Balance
34	12.00	\$120.00	Case Management Adult (H0006)	5/8/2024	\$120.00

Save and Finish × Cancel

Figure 46: Bill Another Payor – Medicaid

- Navigate to the **Claim Item List**.

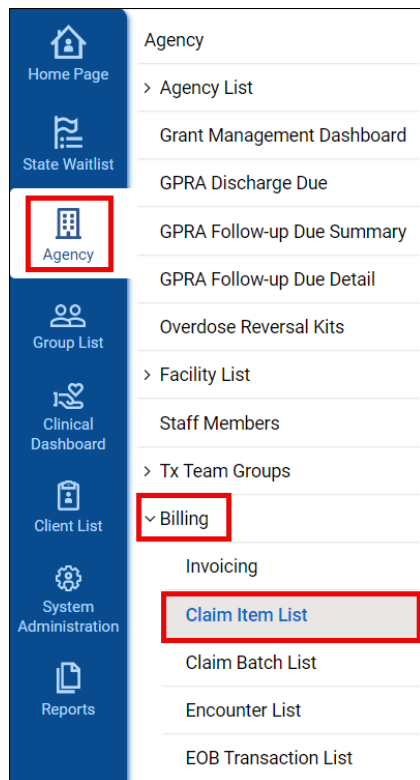


Figure 47: Accessing Claim Item List - BAP Medicaid

4. **Search** for claims in the Awaiting Review status.
5. To the right of the claim, click the **vertical ellipsis**, and then click **Profile**.

Claim Item Search

Plan 	Group Enrollment 	ENC ID
Client First Name 	Client Last Name 	Unique Client Number
Subscriber/Resp Party First Name 	S/R Party Last Name 	Subscriber/Resp Party Account #
	Service 	Service Date
Authorization # 	Rendering Staff 	Facility
Item Status Awaiting Review	Claim Item ID 	Claim Batch ID
FFS Type 	Add-On Level 	

Search

Administrative Actions

Claim Item List

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	49	Drake, Tim	FFS	None	5/8/2024	H0006/HF	60 Min	Awaiting Review	5/8/2024		Profile More

Figure 48: Medicaid Claim - Awaiting Review

6. Choose the **Report Transmission Type**.
7. Enter the **Attachment Control Number (ACN)** in the Attachment Control Number field.
 - a. The ACN is received from Medicaid by uploading the EOB from the TPL claim.
 - i. **NOTE:** Receiving the ACN is done outside of the WITS software platform.
8. Click **Save**, and then click **Release** under Administrative Actions.

Profile for Claim Item # 55 for Drake, Tim

▼ Show Context Information

Service Fee

Billing Units Rate / Unit Charge Amount
 6.00 x \$10.00 = \$60.00

Unit Desc

1 unit = 5 Min

FFS Type

Fee for Service

Created Date

6/6/2024 12:31 PM

Encounter Post Date

6/6/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid] 2

Tier Type

Billing Note

Payor Billing Service

Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location

Comprehensive Outpatient Rehab Facility

Save

Save and Finish

× Cancel

Administrative Actions

Hold

Release

Delete

Figure 49: Adding ACN to Medicaid Claim

Once the claim is released, it will follow the process for Medicaid claims.

4.2. Medicaid

If a client has active Medicaid eligibility, then claims generated from billed encounters can be sent to Medicaid. There are a couple of rules to consider:

- If the client has active TPL eligibility, claims will be generated against those TPL entities, first.
 - If a balance remains after TPL is billed, then a claim is generated against Medicaid for the remaining balance.
- If a client does not have active TPL eligibility, then Medicaid will be billed as the primary payor.

4.2.1. Medicaid Eligibility

Medicaid eligibility is determined automatically after the client intake record is completed. An inquiry is generated and transmitted to Medicaid to determine the client's eligibility. This inquiry file is called the 270. The information in the 270 depends on if the Client Group Enrollment (CGE) indicates Medicaid or not.

- If the client has Medicaid listed under the CGE, then the 270 inquiry will contain the client's recorded Medicaid number.
- If the client does not have Medicaid listed under the CGE, then the 270 inquiry will contain the client's Social Security Number (SSN) and date of birth (DOB).

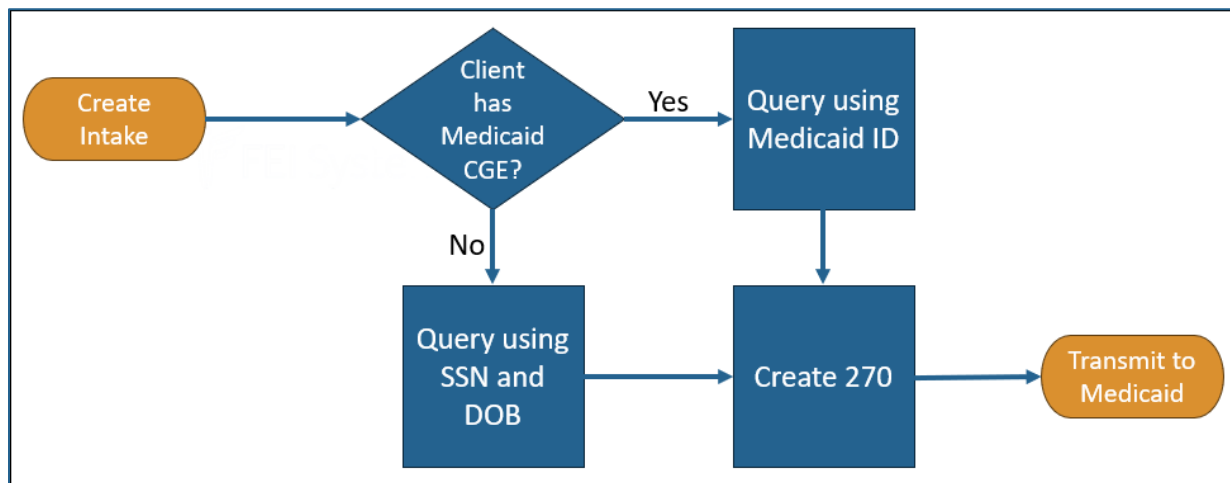


Figure 50: New Client Medicaid Eligibility Workflow

Medicaid will return a response file (271) indicating whether the client is eligible for Medicaid or not.

If the client is eligible, then a new CGE record will be added to the client's record with the current month listed for the eligibility date range. Otherwise, no CGE record is created. See [Medicaid CGE](#) for more information on accessing the client's CGE.

At the start of each month, WITS will send a new inquiry to Medicaid asking if the client is still enrolled in Medicaid. If yes, WITS will create a new Medicaid CGE to the client record for the current month. If the client is no longer eligible for Medicaid, then a CGE for the current month is not created.

4.2.1.1. H270 Management

The 270 file that WITS generates is located on the H270 Management screen.

NOTE: Be aware that the files listed on this screen do not identify any clients. The user would need to be proficient in reading a 270 text file to know which client the 270 file is referencing.

To view the 270 files:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **H270 Management**.

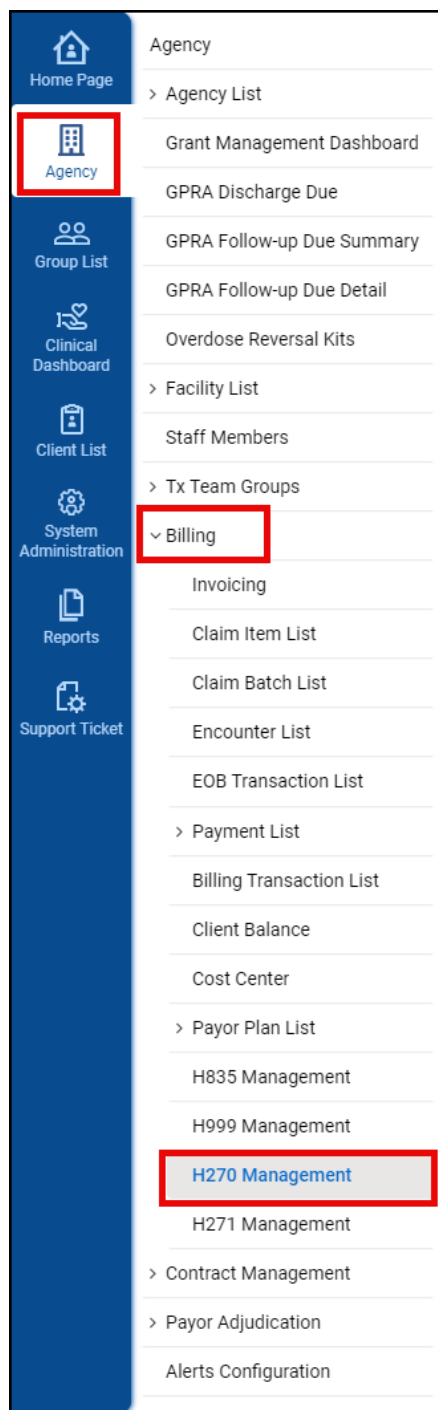


Figure 51: Accessing H270 Management

4. The H270 Management screen will display. Use **Search** to locate specific files.
 - a. For example, files with a specific status.
5. To download the 270 file, click the **vertical ellipsis** to the right of the file, and then click **Profile**.

H270 Management Search

Plan Name

Created Date

Agency

Transmit Date

Batch #

Status

Search

× Clear

H270 Management List

Export

Batch #	Status	Plan Name	Created	Transmit	
1117	Accepted	Alabama Medicaid	5/10/2023	5/10/2023	Profile
1116	Accepted	Alabama Medicaid	5/10/2023	5/10/2023	

Figure 52: H270 Management

6. The H270 Management Profile screen will display. Click **Download 270**.

H270 Management Profile

Hide Context Information

Batch # 1117	Transmit Date 5/10/2023	Batch For HI MedQuest	Status Accepted
Created By User, System	Created Date 5/10/2023 12:45 PM	Updated By User, System	Updated Date 5/10/2023 12:45 PM

Errors List

Export

Currently, there are no results to display for the Errors List.

Save and Finish

Administrative Actions

Download 270

Figure 53: Download 270 File

7. The Save As window will open. Choose a location to save the file and then click **Save**.

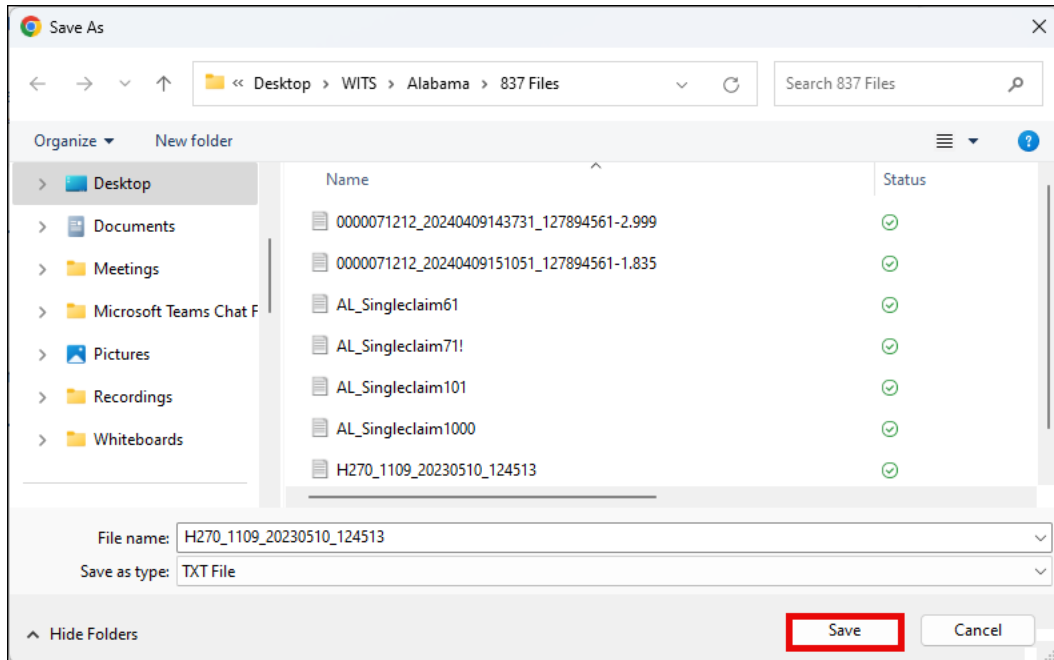


Figure 54: 270 File Save

4.2.1.2. H271 Management

Medicaid will process the query and return a 271 file indicating whether the client has Medicaid eligibility or not. Clients with Medicaid eligibility will have the CGE created automatically. See [Client Group Enrollment](#).

To view the results of the 271 file:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **H271 Management**.

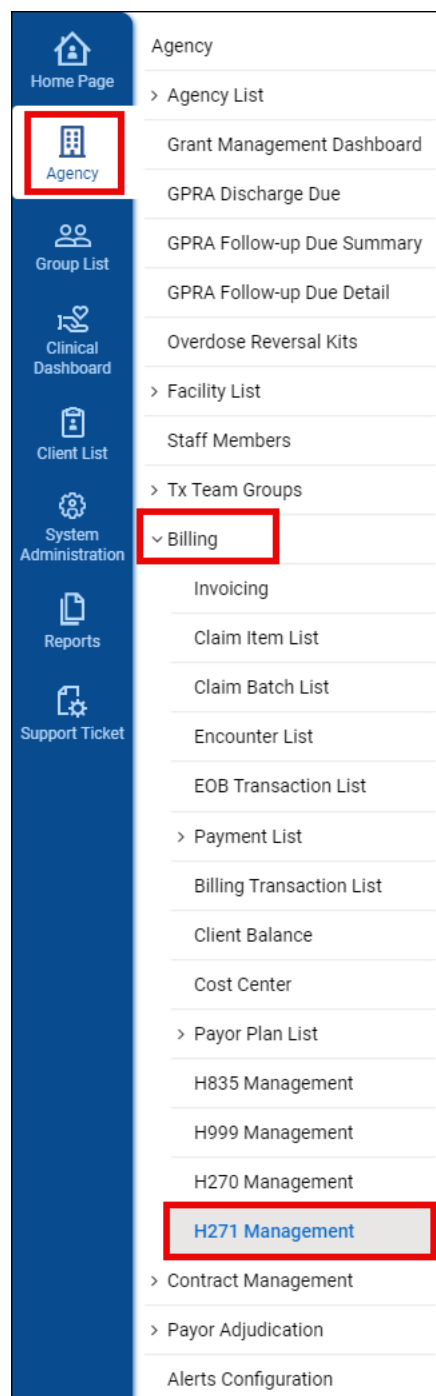


Figure 55: Accessing H271 Management

4. The H271 Management screen will display. Use **Search** to locate specific files.
 - a. The H271 Management screen will list client names.
 - b. The Response Date column has a timestamp of when the response was received from Medicaid.

5. To review the Medicaid response, click the **vertical ellipsis** to the right of the client, and then click **Profile**.

H271 Management Search

Plan Name

Inquiry Date

Response Date

Client First Name

Client Last Name

Subscriber/Resp Party First Name

Subscriber/Resp Party Last Name

H271 Management List

Export

Client Name	Plan	Inquiry Date	Response Date	
Grays, Papaya	HI MedQuest	1/28/2022	1/26/2022	Profile ⋮

Figure 56: H271 Management Screen

6. The H271 Response Profile screen will display.
 - a. The section H271 Response List identifies if the client has active coverage.
 - b. The section Associated CGE List indicates whether a CGE record was created and, if so, the coverage dates.
 - c. The Rejection List identifies if the client in the 270 was rejected by Medicaid.

H271 Response Profile

^ Hide Context Information

Inquiry Date 1/28/2022	Response Date 1/26/2022	Response Upload Date 1/28/2022
Client First Name Papaya	Client Last Name Grays	
Subscriber/Resp Party First Name Papaya	Subscriber/Resp Party Last Name Grays	

H271 Response List

Status	Coverage	Service Type	Insurance Type	Message
Active Coverage	Individual	Substance Abuse	Medicaid	131220000104
Other or Additional Payor		Health Benefit Plan Coverage	Medicare Part A	

Associated CGE List

Plan	Group	StartDate	EndDate	ActionTaken	Note
Alabama Medicaid	Medicaid	1/1/2022	1/31/2022	Created	Created for the dates 01/01/2022 to 01/31/2022

Rejection List

Currently, there are no results to display for the Rejection List.

Finish

Figure 57: H271 Response Profile

4.2.2. Claim Workflow

Medicaid claims will be generated in the Released status. When Medicaid batches are generated, claims are bundled together into a batch based on the date of service. For example, claims for the service month of May are bundled into the same batch. Claims with a service month of June would be bundled into a separate batch.

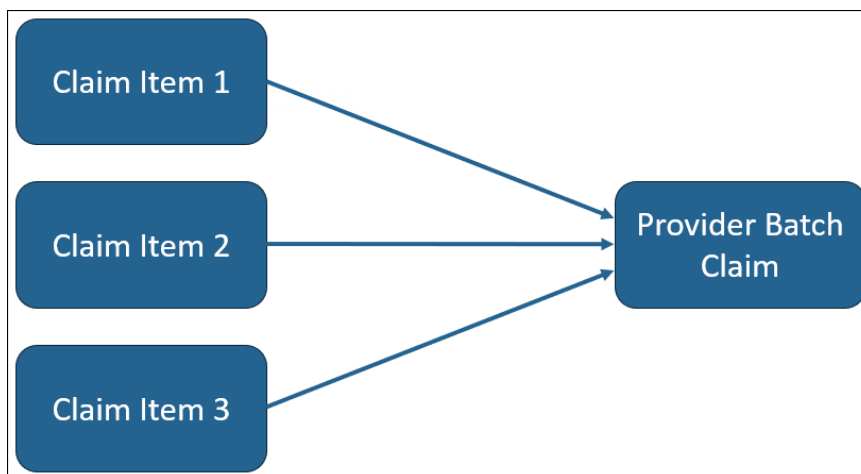


Figure 58: Claim Batch Process - Medicaid

NOTE: If a Medicaid batch needs to be created manually, see [Creating a Batch](#).

Once batched, WITS will “Bill” the provider’s claim batch to ADMH. The status of the claim batch will change to Billed.

Provider Claim Batch Profile

^ Hide Context Information

Batch # 6	\$195.46	Batch For Alabama Medicaid	Status Billed
Transmit Date 5/6/2024 4:45 PM	Order Secondary	Ignore Warnings No	Service Month/Year 12/1/2023
FFS Type Fee for Service	837 Type	HIPAA Processing Set	837 File Status

Transmission Message

Created By ADM, SSRS	Created Date 12/4/2023 1:47 PM	Updated By Wilson, Scott	Updated Date 5/6/2024 4:45 PM
--------------------------------	--	------------------------------------	---

Finish

Errors List

Export

Currently, there are no results to display for the Errors List.

Figure 59: Provider Claim Batch Profile - Billed Status

NOTE: To manually bill a provider’s claim batch to ADMH, see [Claim Batch List](#).

NOTE: The Administrative Action for sending a Medicaid claim batch to ADMH is **Send to Clearing House**.

Provider Claim Batch Profile

^ Hide Context Information

Batch # 6	\$195.46	Batch For Alabama Medicaid	Status Released
Transmit Date	Order Secondary	Ignore Warnings No	Service Month/Year 12/1/2023
FFS Type Fee for Service	837 Type	HIPAA Processing Set	837 File Status

Transmission Message

Created By ADM, SSRS	Created Date 12/4/2023 1:47 PM	Updated By ADM, SSRS	Updated Date 12/4/2023 1:47 PM
-------------------------	-----------------------------------	-------------------------	-----------------------------------

Save

Save and Finish

× Cancel

Administrative Actions

Awaiting Review

Hold

Void

Send To Clearing House

Errors List

↗ Export

Currently, there are no results to display for the Errors List.

Figure 60: Send Medicaid Claim Batch to ADMH

WITS will batch provider claims received at the state level into batches. Again, batches contain claims for services rendered in the same month. After the batch is processed, an 837P file is generated with the batched claims and that file is transmitted to Medicaid.

Medicaid will process the claim and return a response to ADMH in an 835 file. WITS will automatically receive and process the 835 and apply any payments that need to be made to claims.

4.2.3. Medicaid Payments

A provider can access the Payment List screen to review all payments made to the provider including those from Medicaid. This is done at the provider level.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Payment List**.

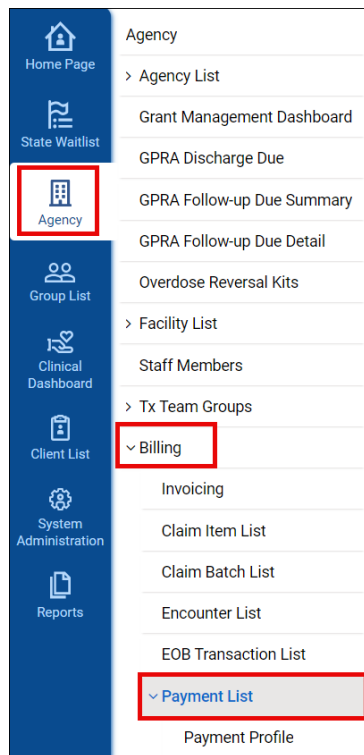


Figure 61: Accessing Payment List

4. The Payment Search screen will display. Set the field Payor Plan to Medicaid and click **Search**.
5. Under the section Payment List click the **vertical ellipsis** to the right of the payment, and then click **Profile**.

Payment Search

Payor Plan
Alabama Medicaid

First Name

Last Name

Pmt #

Posted Date

Reference

Payment Amount

Unapplied Amount

Contractor

Search
Clear

Payment List

+ Add Contract Payment
+ Add Client Payment
+ Add Plan Payment
Export

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
1	Alabama Medicaid	9/26/2023	\$85.07	\$0.00		Claims

Profile

Figure 62: Payment Search Screen

6. The Payment Profile screen will display. Click **Show Payment Application**.

Payment Profile

Payment # 1	Posted Date 9/26/2023
Plan Name Alabama Medicaid	Receipt Date 9/26/2023
Client Name 	Created Date 9/27/2023 8:37 AM
Transaction Type Payment	Created By Claims, yb
Reference 	Payment Amount \$85.07
Comment 	Unapplied Amount \$0.00
Check/EFT Date 	Intended For

Administrative Actions

Figure 63: Payment Profile

- The EOB Transaction Search screen will display, and the payments made will be listed in the EOB Transaction List.

EOB Transaction Search

EOB Transaction Type 	Enc # 	First Name 	Last Name
Payment # 1	Payor Name 	Subscriber # 	Facility
Unique Client Number 	Service Date 	Procedure Code 	Payment Date
Claim Item # 			

EOB Transaction List

Export

Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
1	1	Apple, Johnny	10/1/2022	90832/HF	Payment		\$85.07	9/27/2023	1	Alabama Medicaid

Figure 64: EOB Transaction List

NOTE: If a Medicaid payment needs to be manually entered into WITS, see [Claim Payments](#).

See [Billing History](#) for information on how to review a summary on the claim's billing life cycle.

4.2.3.1. Balance Remaining

In the event that Medicaid pays the claim, and a balance remains, a new claim can be generated to bill against a government contract if certain criteria are met. See [Bill Another Payor - Medicaid](#).

If the remaining balance cannot be billed against a government contract, then that balance may need to be written off. See [Claim Adjustments](#).

4.2.3.2. Bill Another Payor

If there is a balance on a client's claim after Medicaid returns the remittance (partial payment or claim denial), the remaining balance will be billed against a government contract if the following conditions are met.

- Medicaid returns one of the following claim adjustment reason code (CARC) values in the 835's claim adjustment segment (CAS):
 - 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 5 – The procedure code/bill type is inconsistent with the place of service.
 - 16 – Claim/service lacks information which is needed for adjudication, and at least one remark code is provided (may be comprised of either the NCPDP Reject Reason Code or Remittance Advice Remark Code that is not an ALERT).
 - A1 – Claim/Service denied, and at least one remark code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
- The unpaid service has a Contract Service Rate setup with a rate type Standard or Contract.
- The client has a CGE that matches the Contract Service Rate's set group (adolescent, special women, adult, etc.).

If these conditions are met, then a new claim will be automatically generated for the remaining balance against the government contract.

If a balance remains after Medicaid pays the claim, and the claim balance does not meet the requirements to bill to the government contract, then the remaining balance may need to be written off. See [Claim Adjustments](#).

4.3. Government Contract

Government contract claims will be generated in the Released status. At set intervals, WITS will process all of a provider's government contract claims into a single batch.

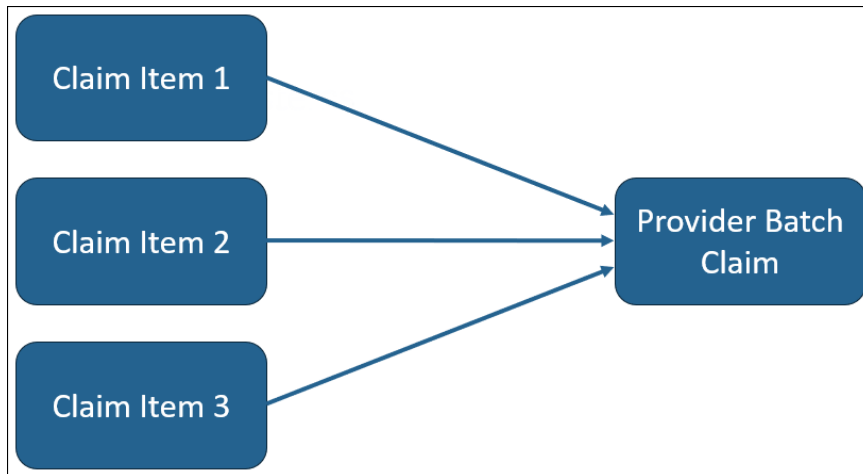


Figure 65: Claim Batch - Government Contract

NOTE: If a government contract batch needs to be created manually, see [Creating a Batch](#).

Once batched, WITS will “Bill” the provider’s claim batch to ADMH. The status of the claim batch will change to Billed.

Provider Claim Batch Profile

^ Hide Context Information

Batch # 28	\$60.00	Batch For Titanis Treatment	Status Billed
Transmit Date 5/20/2024 4:19 PM	Order Primary	Ignore Warnings No	Service Month/Year
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/20/2024 4:19 PM	Updated By Wilson, Scott	Updated Date 5/20/2024 4:19 PM

Billing Form
WITS Batch

Finish

Errors List

Export

Currently, there are no results to display for the Errors List.

Figure 66: Claim Batch - Government Contract

After the batch is transmitted to the state contracting agency, the status of the batch will change to Accepted.

NOTE: An accepted batch does not mean that the claims passed adjudication.

Provider Claim Batch Profile

[^ Hide Context Information](#)

Batch # 28	\$60.00	Batch For Titan's Treatment	Status Accepted
Transmit Date 5/20/2024 4:19 PM	Order Primary	Ignore Warnings No	Service Month/Year
FFS Type Fee for Service			
Created By Wilson, Scott	Created Date 5/20/2024 4:19 PM	Updated By User, System	Updated Date 5/20/2024 4:23 PM

Billing Form

WITS Batch

Finish

Errors List

[Export](#)

Currently, there are no results to display for the Errors List.

Figure 67: Government Contract - Batch Accepted

After the batch is accepted, WITS will adjudicate the claims.

4.3.1. Payor Adjudication

Payor adjudication occurs in the ADMH contractor agency for billed government contract claims.

NOTE: Government contract payments are made from the highest priority tier that has available funding.

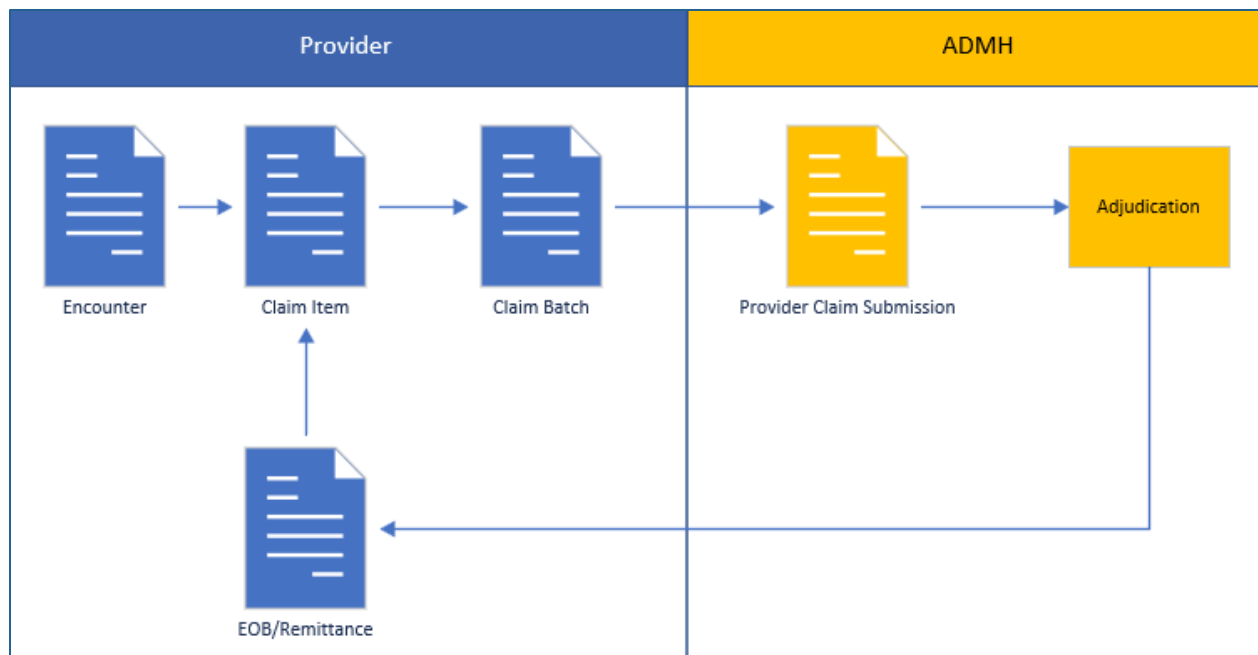


Figure 68: Payor Adjudication Overview

Claims are adjudicated automatically at set intervals determined by ADMH.

Adjudication rules are set to Deny the claim. This means if the claim does not trigger a rule, then the claim will be paid. If a rule is triggered, the claim will be denied. Denials and their reasons will show on the client's billing history under the EOB Transaction List.

For information on accessing the client's billing history, see [Billing History](#).

Billing History for Encounter # 41 - VanDyne, Janet (J053752EZ870544)

Service Case Management Adult (H0006)	
Encounter Balance: -\$80.00	Service Start 5/20/2024 12:00 AM
Duration: 40 Min	Service End 5/20/2024 12:00 AM
# of Sessions 8	
Program Name Titan Treatment/Intensive Outpatient : 5/15/2024 -	
Rendering Staff Wilson, Scott	

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
34	Block Grant	Primary	\$80.00	Batched	5/21/2024	Wilson, Scott
37	Block Grant	Primary	\$80.00	Batched	5/21/2024	Wilson, Scott

Billing Transaction List

Id #	Type/Source	Charge	Credit	Share	Percentage	Adjustment Reason	Comment	Created Date	Created By
72	Charge	\$80.00	\$0.00					5/21/2024	Wilson, Scott

EOB Transaction List

Id #	Plan Name Source	Type	Amount	Adjustment Reason	Comments	Created Date	Created By
27	Block Grant (Pymt # 26)	Other adjustments	\$80.00	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	Service denied because payment already made for same/similar procedure within set time frame.	5/21/2024	User, System
31	Block Grant (Pymt # 28)	Payment	\$80.00			5/21/2024	User, System

Figure 69: Billing History with Claim Denial and Reason

The Adjudication Results report will identify any government contract claims that were denied. See [Adjudication Results](#) under the Reports section of the guide for more information.

NOTE: Government contract claims created in WITS will only fail adjudication if the claim is a duplicate or if the government contract does not have available funds.

4.3.2. Government Contract Payments

Once the claim has been adjudicated successfully, payment will be applied to the claim item.

A provider can access the Payment List screen to review all payments made to the provider including those from government contracts.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Payment List**.

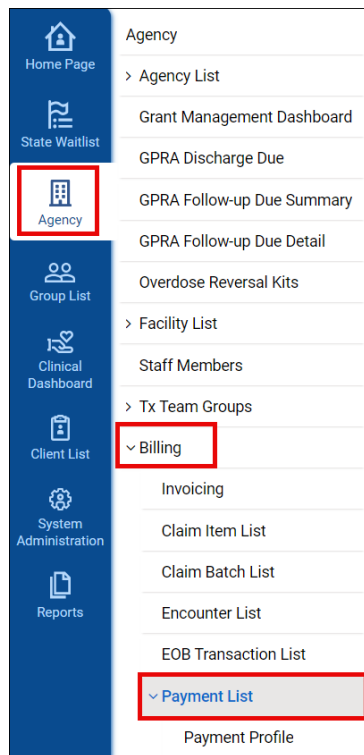


Figure 70: Accessing Payment List - Government Contract

4. The Payment Search screen will display. If needed, clear all search fields and click **Search**.
 - a. The Payment List section displays all payments. Government Contract payments will have a Payor Name matching the government contracts set by the state.
5. Under the section Payment List click the **vertical ellipsis** to the right of the payment, and then click **Profile**.

Payment Search

Payor Plan 	First Name
Last Name 	Pmt #
Posted Date 	Reference
Payment Amount 	Unapplied Amount
Contractor 	

Payment List

Pmt # ▾	Payor Name ▾	Posted ▾	Payment Amount ▾	Unapplied Amount ▾	Intended For ▾	Created By ▾	
24	Block Grant	5/21/2024	\$60.00	\$0.00		User, S	Profile ⋮
23	Block Grant	5/20/2024	\$60.00	\$0.00		User, S	⋮

Total Payment:

\$230.00

Figure 71: Government Contract Payment List

6. The Payment Profile screen will display. Click **Show Payment Application**.

Payment Profile

Payment # 24	Posted Date 5/21/2024
Plan Name Block Grant	Receipt Date 5/21/2024 
Client Name 	Created Date 5/21/2024 9:10 AM
Transaction Type Payment	Created By User, System
Reference 2	Payment Amount \$60.00
Comment 	Unapplied Amount \$0.00
Check/EFT Date 	Intended For

Administrative Actions

Figure 72: Payment Profile - Government Contract

- The EOB Transaction Search screen will display, and the payments made will be listed in the EOB Transaction List.

EOB Transaction Search

EOB Transaction Type

Enc #

First Name

Last Name

Payment #

Payor Name

Subscriber #

Facility

Unique Client Number

Service Date

Procedure Code

Payment Date

Claim Item #

Finish

Search

× Clear

EOB Transaction List

Export

Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
33	40	VanDyne, Janet	5/21/2024	H0006/HF	Payment		\$60.00	5/21/2024	24	Block Grant

Figure 73: EOB Transaction List - Government Contract

4.3.2.1. Government Contract Manual Payment

If a government contract ever needs to be applied manually, follow the steps below:

1. From the Payment Search Screen, click **+Add Contract Payment** under the Payment List screen.
2. The Payment Profile screen will display. Complete the required and relevant fields.
3. Click **Save**, and then click **Apply Payment** under the Administrative Actions.
4. The Payment Application Claim Search screen will display. If needed, complete search fields and click **Search** to locate the claim.
5. Check the **box** to the left of the claim, and then click **Paid in Full**.

Payment Application Claim Search

Payment # 25	Unapplied Amount \$60.00	Order of Benefits ▼
First Name 	Last Name 	Claim #
Member # 	Contract Name Titan's Treatment	
Claim Balance >0	Claim Charge 	
× Clear Search Finish		

Payment Application Claim List

Paid in Full

☒	Claim # ▼	Client Name ▼	Member # ▼	Charge ▼	Claim Balance ▼	DOS ▼	Order of Benefits ▼	
☒	34	VanDyne, Janet	J053752EZ870544	\$80.00	\$80.00	2024/05/20-2024/05/20	Primary	⋮

Figure 74: Paid in Full - Government Contract

6. The Paid in Full Confirmation screen will display. Click **Confirm** at the bottom of the screen.

Paid In Full Confirmation

Payment # 25	Posted Date 5/21/2024
Titan's Treatment	Receipt Date 5/21/2024
Client Name 	Reference
Amount \$60.00	Unapplied Amount \$60.00

Selected Claims

Claim # ▼	Client Name ▼	Member # ▼	Charge ▼	Claim Balance ▼	DOS ▼	Order of Benefits ▼
34	VanDyne, Janet	J053752EZ870544	\$80.00	\$80.00	2024/05/20-2024/05/20	Primary

Total to be paid:

\$80.00

Current Unapplied Amount:

\$60.00

New Unapplied Amount:

-\$20.00

× Cancel	Confirm
---	--

Figure 75: Paid in Full Confirmation

If a balance remains after a claim is processed through a government contract, the remaining balance can be adjusted off the client's account. See [Claim Adjustments](#) for more information.

4.4. Voids and Replacements

Sometimes a claim will need to be voided or replaced.

4.4.1. Voids

Paid claim items can be voided if the claim should not have been billed. Some reasons for voiding a payment include:

- Client ineligible to receive service.
- Client did not receive the billed service.
- Clinical information was insufficient to support billing.
- Claim was billed under the wrong client.
- Encounter was invalid.

NOTE: A request to void a Medicaid claim cannot be generated until the 835 is received from Medicaid on the original claim.

To void a claim:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Claim Item List**.

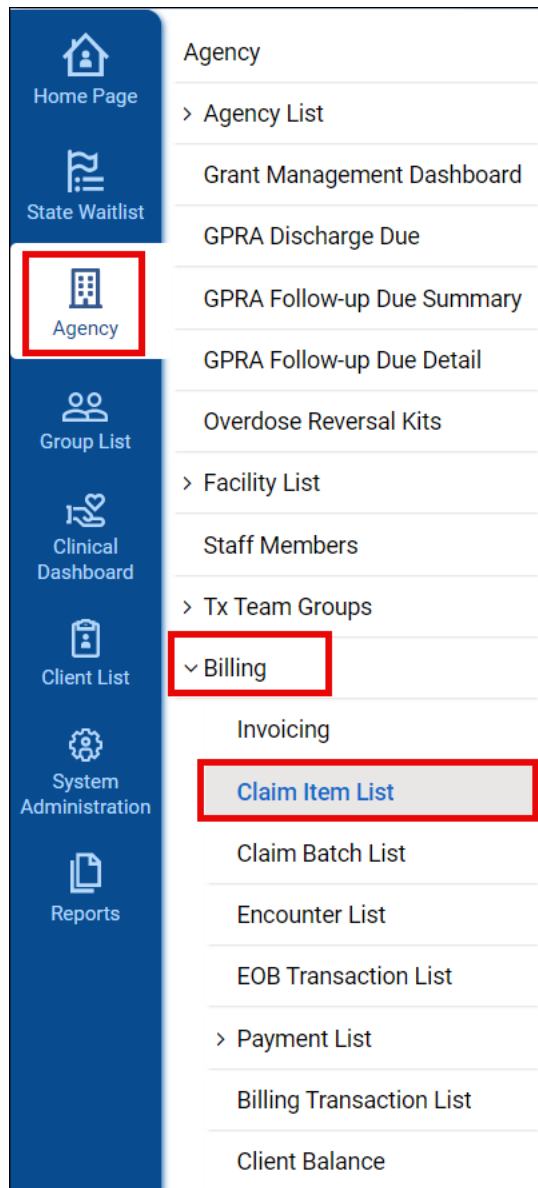


Figure 76: Accessing Claim Item List - Void

4. The Claim Item Search screen will display. Use search fields and click **Search** to locate the claim.
5. Click the **vertical ellipsis** to the right of the claim and then click **Profile**.

Claim Item Search

Plan Alabama Medicaid	Group Enrollment 	ENC ID
Client First Name 	Client Last Name 	Unique Client Number
Subscriber/Resp Party First Name 	S/R Party Last Name 	Subscriber/Resp Party Account #
	Service 	Service Date
Authorization # 	Rendering Staff 	Facility
Item Status 	Claim Item ID 	Claim Batch ID
FFS Type 	Add-On Level 	

Administrative Actions

Claim Item List

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	31	Drake, Tim	FFS	None	5/15/2024	H0006/HF	30 Min	Released	5/15/2024		Profile ⋮

Figure 77: Claim Item Search - Void

6. The Profile for Claim Item screen will display. Click **Reverse** under the Administrative Actions.

Profile for Claim Item # 29 for Drake, Tim

▼ Show Context Information

Service Fee

Billing Units Rate / Unit Charge Amount
 6.00 x \$10.00 = \$60.00

Unit Desc

1 unit = 5 Min

FFS Type

Fee for Service

Created Date

5/15/2024 2:14 PM

Encounter Post Date

5/8/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid]

Tier Type

Billing Note

Payor Billing Service

Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location

Comprehensive Outpatient Rehab Facility

Save

Save and Finish

× Cancel

Administrative Actions

Reverse

Adjust

Bill Another Payor

Figure 78: Claim Reversal (Void)

7. A confirmation screen will display. Click **Yes**.

Are you sure that you want to reverse this Claim Item?

Yes

× No

Figure 79: Confirm Reversal

8. A new claim to reverse the payment will be created for the client in the Released status.

Profile for Claim Item # 35 for Drake, Tim

^ Hide Context Information

ENC ID 11	Delivered Service H0006/HF	Service Start 3/4/2024 12:00 AM	Service End 3/4/2024 12:00 AM
Program Intensive Outpatient	Diagnoses F10.120 / /	Duration 30 Min	Pregnant No
# Sessions/Units 1	Status Released	Rendering Staff Wilson, Scott	

Service Fee

Billing Units	Rate / Unit	Charge Amount
-6.00	x 10.0000	= -\$60.00

Unit Desc

1 unit = 5 Min

FFS Type

Fee for Service

Created Date

5/21/2024 12:50 PM

Encounter Post Date

5/8/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid]

Tier Type

Billing Note

Payor Billing Service

Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location

Comprehensive Outpatient Rehab Facility

Save

Save and Finish

× Cancel

Administrative Actions

Awaiting Review

Hold

Delete

Figure 80: Reversal (Void) Claim

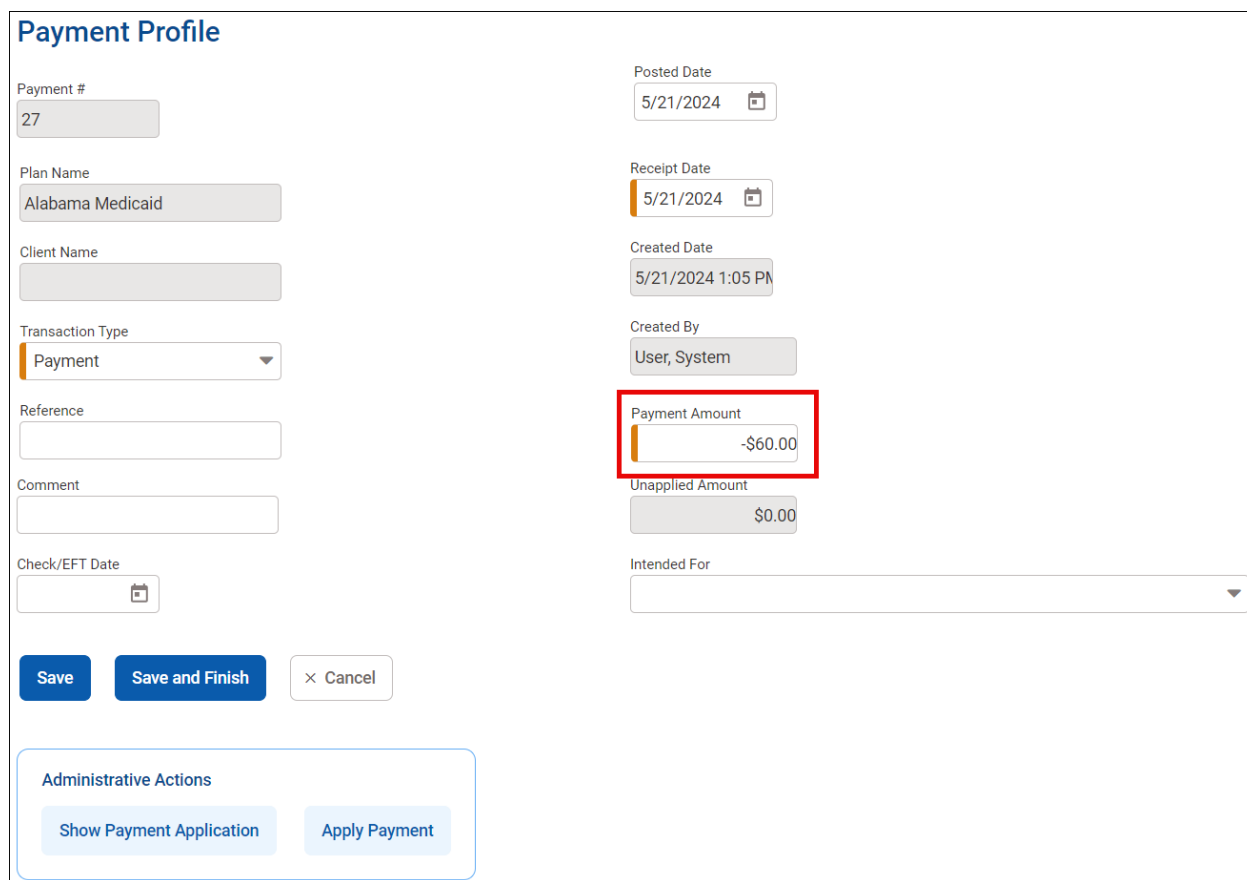
At this point, the claim will follow the billing workflow process based on the type of claim.

- Government contract and Medicaid claims will be processed automatically.
- TPL claims will need to be manually sent to the third-party liability payor.

NOTE: Medicaid will return an 835, and the claim payment will be reversed (voided) from the client's account.

To review the claim reversal, access the payment's profile from the Payment List screen. The Payment Amount field will have a negative dollar amount.

NOTE: For information on accessing the Payment List and Payment Profile screens, see [Claim Payments](#).



Payment Profile

Payment # 27	Posted Date 5/21/2024
Plan Name Alabama Medicaid	Receipt Date 5/21/2024
Client Name	Created Date 5/21/2024 1:05 PM
Transaction Type Payment	Created By User, System
Reference	Payment Amount -\$60.00
Comment	Unapplied Amount \$0.00
Check/EFT Date	Intended For

Administrative Actions

Figure 81: Payment Profile - Reversal (Void)

4.4.2. Claim Replacements

Adjustments can occur if the claim should have been billed but had incorrect information. For example, one of the following fields needs to be corrected:

- Billing Units
- Service
- Encounter location is invalid

- Subscriber Information – In this instance, the client profile and/or CGE information must be corrected before creation of the claim replacement. See [Client Group Enrollment](#) for more information on changing the TPL and Medicaid subscriber information.

NOTE: For Medicaid claims, a replacement claim cannot be generated until the 835 is received from Medicaid on the original claim.

To replace a claim:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Claim Item List**.

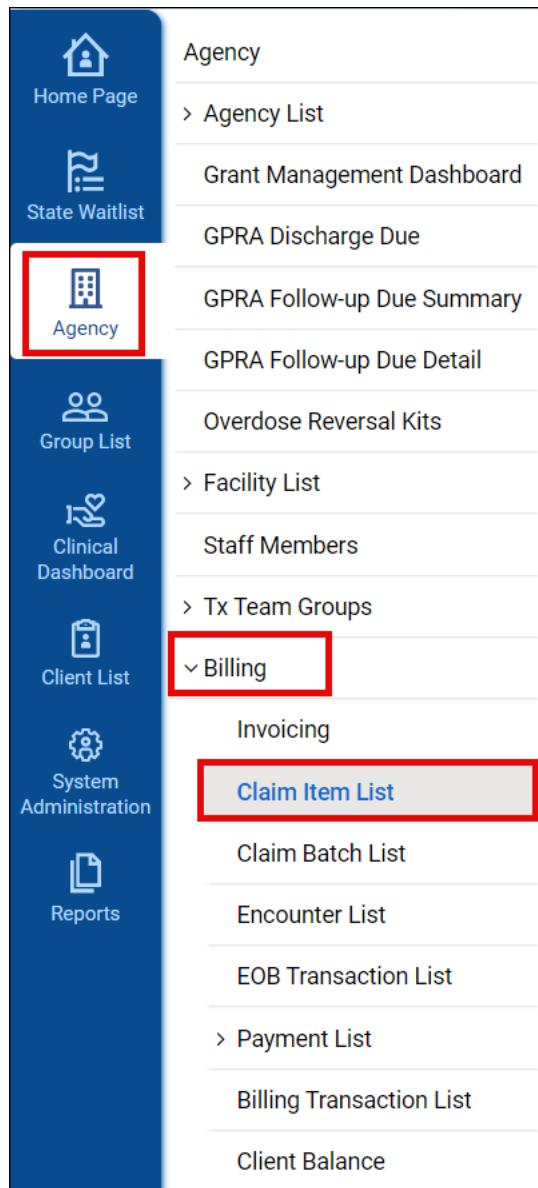


Figure 82: Accessing Claim Item List - Replacement

4. The Claim Item Search screen will display. Use search fields and click **Search** to locate the claim.
5. Click the **vertical ellipsis** to the right of the claim and then click **Profile**.

Claim Item Search

Plan Alabama Medicaid	Group Enrollment 	ENC ID
Client First Name 	Client Last Name 	Unique Client Number
Subscriber/Resp Party First Name 	S/R Party Last Name 	Subscriber/Resp Party Account #
	Service 	Service Date
Authorization # 	Rendering Staff 	Facility
Item Status 	Claim Item ID 	Claim Batch ID
FFS Type 	Add-On Level 	

Administrative Actions

Claim Item List

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
☐	31	Drake, Tim	FFS	None	5/15/2024	H0006/HF	30 Min	Released	5/15/2024	



Figure 83: Claim Item Search - Replacement

6. The Profile for Claim Item screen will display. Click **Adjust** under the Administrative Actions.

Profile for Claim Item # 29 for Drake, Tim

▼ Show Context Information

Service Fee

Billing Units Rate / Unit Charge Amount
 6.00 x \$10.00 = \$60.00

Unit Desc

1 unit = 5 Min

FFS Type

Fee for Service

Created Date

5/15/2024 2:14 PM

Encounter Post Date

5/8/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid]

Tier Type

Billing Note

Payor Billing Service

Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location

Comprehensive Outpatient Rehab Facility

Save

Save and Finish

× Cancel

Administrative Actions

Reverse

Adjust

Bill Another Payor

Figure 84: Claim Adjustment (Replacement)

7. A confirmation screen will display. Click **Yes**.

Are you sure that you want to adjust this Claim Item?

Yes

× No

Figure 85: Confirm Adjustment Request

8. A new claim to replace (adjust) the payment will be created for the client in the Released status.
 - a. Make the needed edits, and then click **Save and Finish**.

Profile for Claim Item # 29 for Drake, Tim

^ Hide Context Information

ENC ID 11	Delivered Service H0006/HF	Service Start 3/4/2024 12:00 AM	Service End 3/4/2024 12:00 AM
Program Intensive Outpatient	Diagnoses F10.120 / /	Duration 30 Min	Pregnant No
# Sessions/Units 1	Status Released	Rendering Staff Wilson, Scott	

Service Fee

Billing Units Rate / Unit Charge Amount
 6.00 x 10.0000 = \$60.00

Unit Desc
 1 unit = 5 Min

FFS Type

Fee for Service

Created Date

5/21/2024 2:47 PM

Encounter Post Date

5/21/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid]

Tier Type

Fee for Service

Billing Note

Payor Billing Service

Case Management Adult (H0006): H0006/HF

Report Transmission Type

Attachment Control Number

Service Location

Comprehensive Outpatient Rehab Facility

Save

Save and Finish

× Cancel

Administrative Actions

Awaiting Review

Hold

Delete

Figure 86: Reversal (Void) Claim

Two claims will be created.

- The first claim item is a Reversal of the original claim.
 - This claim item has a negative charge and is only used to update the encounter balance.
 - This is not sent to the payor.
- The second claim item is the Adjustment of the original claim.
 - This is the claim that needs to be sent to the payor.

Claim Item Search

Plan

Group Enrollment

ENC ID

Client First Name

Client Last Name

Unique Client Number

Subscriber/Resp Party First Name

S/R Party Last Name

Subscriber/Resp Party Account #

Service

Service Date

Authorization #

Rendering Staff

Facility

Item Status

Claim Item ID

Claim Batch ID

FFS Type

Add-On Level

Search

× Clear

Administrative Actions

Create Agency Batches

Create Facility Batches

Claim Item List

Export

Update Status

Reject

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	38	Drake, Tim	FFS	None	5/21/2024	H0006/HF	30 Min	Released	5/21/2024	-\$60.00	⋮
☐	39	Drake, Tim	FFS	None	5/21/2024	H0006/HF	30 Min	Released	5/21/2024	\$60.00	⋮

Figure 87: Reversal and Adjustment Claim

At this point, the claims will follow the billing workflow process based on the type of claim.

- Government contract and Medicaid claims will be processed automatically.
- TPL claims will need to be manually sent to the third-party liability entity.

NOTE: Medicaid will return an 835, and the claim payment will be replaced adjusting the client's account.

To review the replaced claim, access the payment's profile from the Payment List screen. The Payment Amount field will have a negative dollar amount.

NOTE: For information on accessing the Payment List and Payment Profile screens, see [Claim Payments](#).

Payment Profile

Payment #

Plan Name

Client Name

Transaction Type

Reference

Comment

Check/EFT Date

Posted Date

Receipt Date

Created Date

Created By

Payment Amount

Unapplied Amount

Intended For

Administrative Actions

Figure 88: Payment Profile – Replacement

Clicking on **Show Payment Application** will display both claims as payments against the client's account.

EOB Transaction Search

EOB Transaction Type 	Enc # 	First Name 	Last Name
Payment # 	Payor Name 	Subscriber # 	Facility
Unique Client Number 	Service Date 	Procedure Code 	Payment Date
Claim Item # 			

EOB Transaction List

 Export

Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
38	40	Drake, Tim	5/21/2024	H0006/HF	Payment		-\$60.00	5/21/2024	28	Alabama Medicaid
39	40	Drake, Tim	5/21/2024	H0006/HF	Payment		\$60.00	5/21/2024	28	Alabama Medicaid

Figure 89: EOB Transaction List - Replacement Claims

4.5. Client Payments

To record a client payment:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Payment List**.

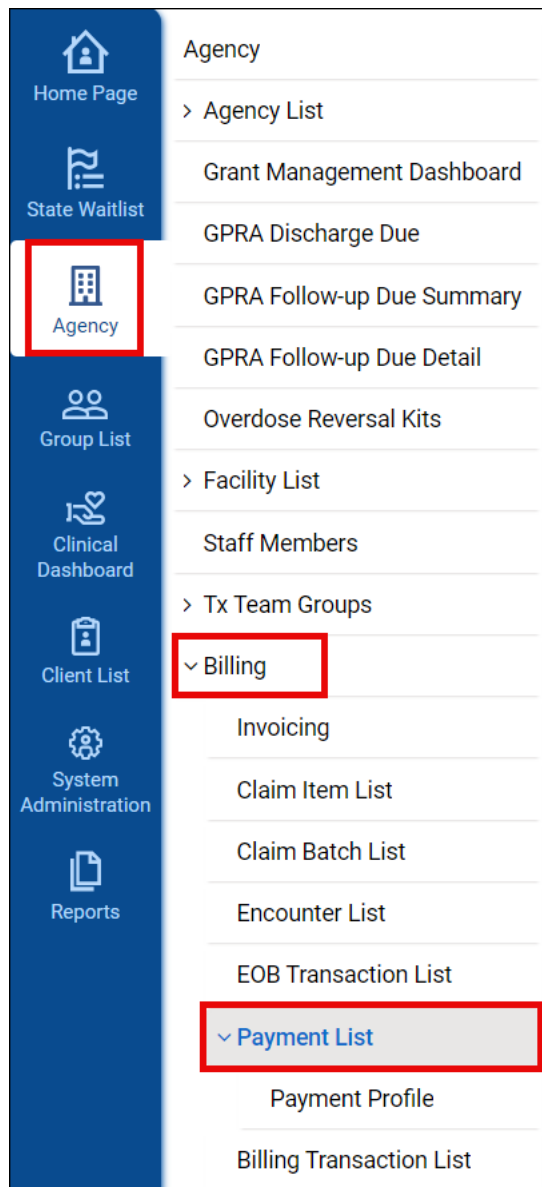


Figure 90: Accessing Payment List - Client Payment

4. The Payment Search screen will display. Click **+Add Client Payment** under the Payment List section.

Payment Search

Payor Plan 	First Name
Last Name 	Pmt #
Posted Date 	Reference
Payment Amount 	Unapplied Amount
Contractor 	

Payment List

+ Add Contract Payment
+ Add Client Payment
+ Add Plan Payment
Export

Currently, there are no results to display for the Payment List.

Total Payment:

\$0.00

Figure 91: Add Client Payment

- The Selection for Payment screen will display. **Search** for the client in question.
- To the right of the client, click the **vertical ellipsis** and then click **Select**.

Selection for Payment

Client First Name 	Client Last Name Drake
SSN 	DOB
Unique Client Number 	Provider Client ID

Client List

 Export

Unique Client # ▾	Full Name ▾	DOB ▾	SSN ▾	
Q253355VH552544	Drake, Tim	8/1/1989	111-11-1111	Select ⋮

Figure 92: Select Client for Payment

- The Payment Profile screen will display. Complete the required and relevant fields.
- Click **Save**, and then click **Apply Payment**.

Payment Profile

Payment # 	Posted Date 5/21/2024
Receipt Date 5/21/2024	Client Name Drake, Tim
Created Date 	Transaction Type Payment
Created By 	Reference
Payment Amount 	Comment
Unapplied Amount 	Check/EFT Date
Intended For 	

Administrative Actions

Figure 93: Client Payment Profile

- The Payment Application Encounter Search screen will display. Use **Search** to locate the encounter being paid.

Payment Application Encounter Search

Payment # 29	Unapplied Amount \$60.00
Client Name Drake, Tim	Encounter #
Service Start Date 	Service
Enc Balance 	

Payment Application Encounter List

Paid in Full

☐	Enc #	Service	Billed Company	Charge	Enc Balance	DOS	
☒	11	H0006/HF	Alabama Medicaid,TPL	\$60.00	\$10.00	3/4/2024	Select
☐	34	H0006/HF	TPL	\$120.00	\$120.00	5/8/2024	⋮
☐	36	H0006/HF	Alabama Medicaid,TPL	\$60.00	\$60.00	5/15/2024	⋮
☐	38	H0006/HF	TPL	\$120.00	\$120.00	5/16/2024	⋮

Figure 94: Payment Application Encounter Screen

4.5.1. Paid in Full

For payments being paid in full, click the **box** to the left of the encounter being paid, and then click **Paid in Full** just above the encounter list.

The Paid in Full Confirmation screen will display. Click **Confirm**.

Paid In Full Confirmation

Payment # 29	Posted Date 5/21/2024
Receipt Date 5/21/2024	Reference
Client Name Drake, Tim	
Payment Amount \$60.00	Unapplied Amount \$60.00

Selected Claims

Enc #	Service	Billed Company	Charge	Enc Balance	DOS
11	H0006/HF	Alabama Medicaid,TPL	\$60.00	\$10.00	3/4/2024

Total to be paid:

\$10.00

Current payment balance:

\$60.00

New payment balance:

\$50.00

× Cancel

Confirm

Figure 95: Paid in Full Confirmation

4.5.2. Partial Payment

To make a partial payment, click the **vertical ellipsis** to the right of the encounter, and then click **Select**.

Payment Application Encounter Search

Payment # 42	Unapplied Amount \$10.00
Client Name VanDyne, Janet	Encounter #
Service Start Date 	Service
Enc Balance 	

Payment Application Encounter List

Paid in Full

☐	Enc #	Service	Billed Company	Charge	Enc Balance	DOS	
☐	39	H0006/HF	ADMH	\$60.00	\$30.00	5/20/2024	Select
☐	47	H0006/HF	ADMH	\$50.00	\$50.00	5/22/2024	

Figure 96: Making Partial Payment

The Payment Application Profile screen will display. Click **+Add EOB Transaction**.

Complete the required and relevant fields. Click **Save and Finish**.

Payment Application Profile

▼ Show Context Information

EOB Transactions for Encounter # 39

+ Add EOB Transaction

Amount ▼	Type ▼	Reason ▼	Comment ▼	Date ▼	
\$60.00	Payment			5/20/2024	⋮
-\$60.00	Payment			5/21/2024	⋮
\$30.00	Payment			5/22/2024	⋮
\$20.00	Other adjustments	Adjustment amount re...		5/23/2024	⋮

Amount

Type

Reason

Comment

Save

Save and Finish

× Cancel

Figure 97: EOB Transaction - Client Payment

4.5.3. Payments Through Client Record

Another way to make a client payment is through the client's record.

1. From the left navigation menu, click **Client List**.

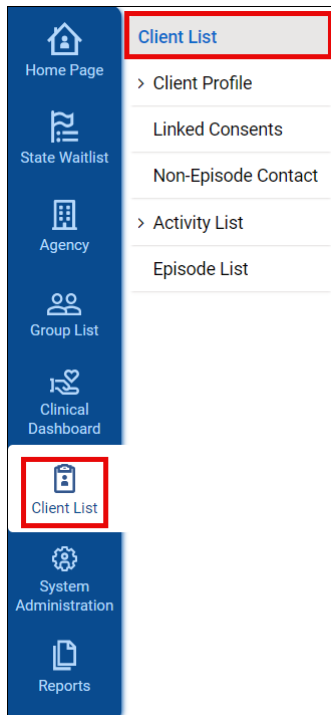


Figure 98: Accessing Client List - Client Payment

2. The Client Search screen will display. Use **Search** to locate the client record.
3. To the right of the client record, click the **vertical ellipsis** and then click **Activity List**.

Client Search

Facility First Name Last Name Unique Client Number

Search Advanced Search

Client List

+ Add Client Export

Full Name	Unique Client #	SSN
JV VANDYNE, Janet 6/1/1963 Female	J053752EZ870544	9

Profile
Activity List
Linked Consents

4. From the Client List submenu, click **Payments**.

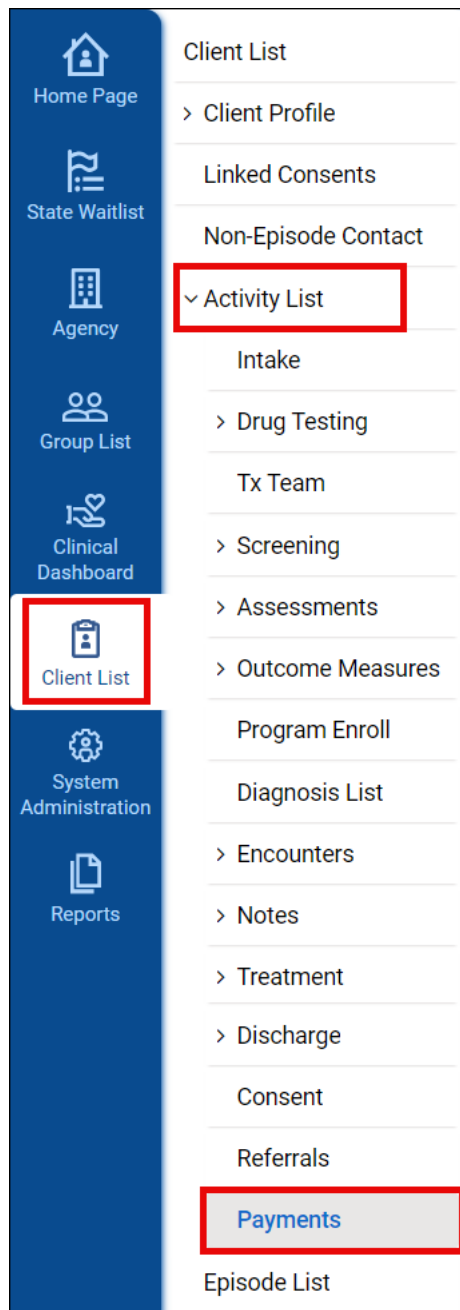


Figure 99: Accessing Payments

5. The Client Payment List screen will display. Click **+Add New**.

Client Payment List

Display All Payments + Add New

Pmt # ▾	Type ▾	Payor Name ▾	Posted ▾	Payment Amount ▾	Unapplied Amount ▾	Intended For ▾	
38	Payment	VanDyne, Janet	5/22/2024	\$60.00	\$30.00		⋮
41	Payment	VanDyne, Janet	5/23/2024	\$40.00	\$40.00		⋮
42	Payment	VanDyne, Janet	5/23/2024	\$10.00	\$10.00		⋮

Figure 100: Client Payment List

6. The Payment Profile screen will display. Complete the required and relevant fields.
7. Click **Save and Finish**.

Payment Profile

Payment #

Receipt Date

5/23/2024 

Created Date

Created By

Payment Amount

Unapplied Amount

Intended For

Posted Date

5/23/2024 

Client Name

VanDyne, Janet

Transaction Type

Payment

Reference

Comment

Check/EFT Date



Save

Save and Finish

× Cancel

Figure 101: Payment Profile

8. The payment needs to be applied to a claim. From the left navigation menu, click **Agency**.
9. In the submenu, click **Billing** to expand its options, and then click **Payment List**.

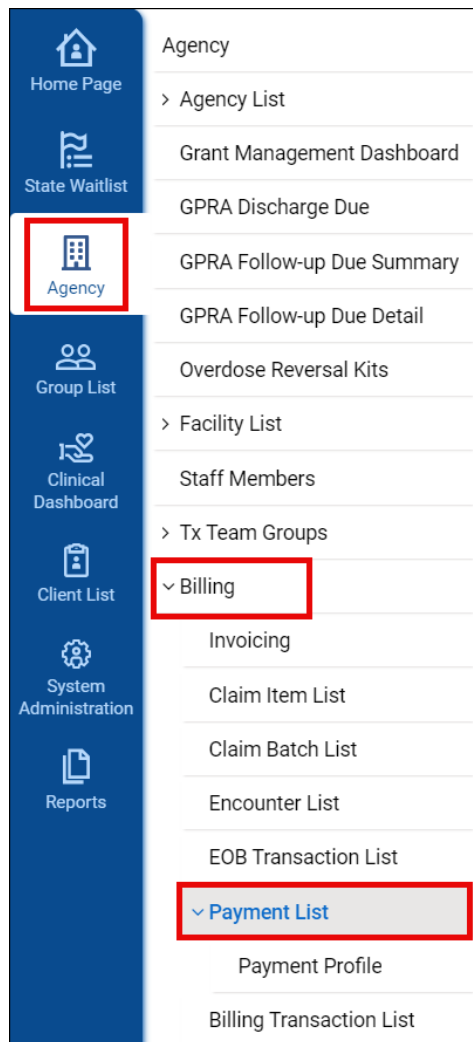


Figure 102: Accessing Payment List - Client Payments

10. The Payment Search screen will display. Use **Search** to locate the payment.
11. To the right of the payment click the **vertical ellipsis** and then click **Profile**.

Payment Search

Payor Plan

First Name

Last Name

Pmt #

Posted Date

Reference

Payment Amount

Unapplied Amount

Contractor

Payment List

+ Add Contract Payment
+ Add Client Payment
+ Add Plan Payment
Export

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
42	VanDyne, Janet	5/23/2024	\$10.00	\$10.00		Wilson, Profile

Figure 103: Locate Existing Payment

12. The Payment Profile screen will display. Click **Apply Payment** under Administrative Actions.

Payment Profile

Payment # 42	Posted Date 5/23/2024 
Receipt Date 5/23/2024 	Client Name VanDyne, Janet
Created Date 5/23/2024 1:45 PM	Transaction Type Payment ▼
Created By Wilson, Scott	Reference
Payment Amount \$10.00	Comment
Unapplied Amount \$10.00	Check/EFT Date 
Intended For ▼	

Administrative Actions

Figure 104: Payment Profile

13. The Payment Application Encounter screen will display.
 - a. To pay a claim in full, see [Paid in Full](#).
 - b. To make a partial payment on a claim, see [Partial Payment](#).

Payment Application Encounter Search

Payment # 42	Unapplied Amount \$10.00
Client Name VanDyne, Janet	Encounter #
Service Start Date 	Service
Enc Balance 	

Payment Application Encounter List

Paid in Full

☐	Enc #	Service	Billed Company	Charge	Enc Balance	DOS	
☐	39	H0006/HF	ADMH	\$60.00	\$30.00	5/20/2024	⋮

Figure 105: Payment Application Encounter Screen

4.6. Claim Adjustments

If a claim balance needs to be written off:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Billing Transaction List**.

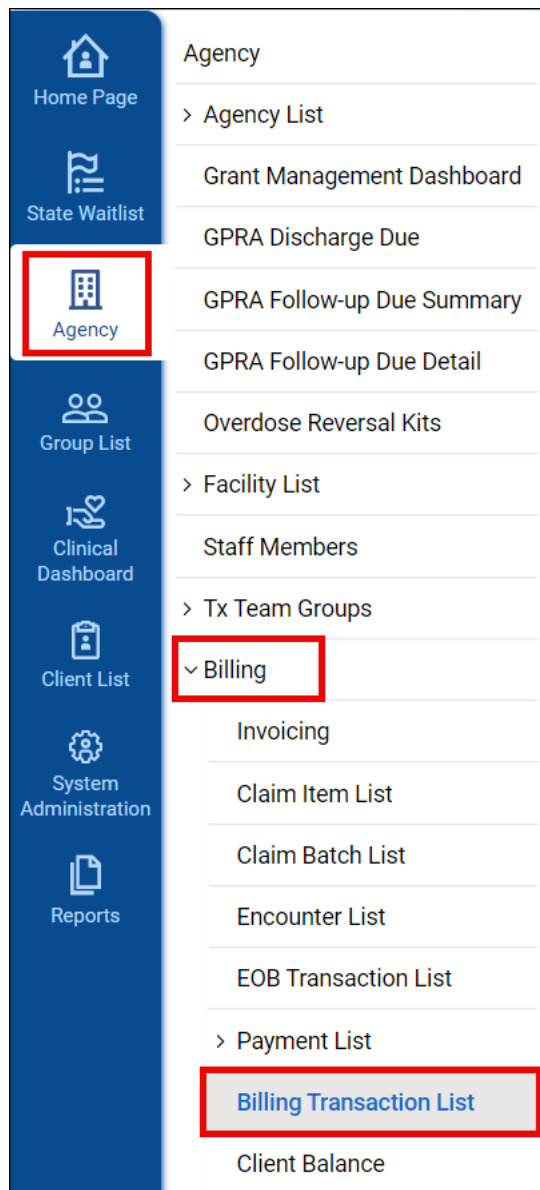


Figure 106: Accessing Billing Transaction List - Claim Adjustments

4. The Billing Transaction Search screen will display. Use **Search** to locate the billing transaction.
5. To the right of the billing transaction, click the **vertical ellipsis** and then click **Adjust**.

Billing Transaction Search

Encounter #

Payment #

First Name

Last Name

Service Start

Posted Date

Adjustment Reason

Cost Center

Transaction Type

Billing Transaction List

Export

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #	
11	3/4/2024	Drake, Tim		5/8/2024	Charge	\$6.00	\$0.00				Profile Adjust Billing History

Figure 107: Billing Transaction - Adjust

6. The Billing Transaction Profile screen will display. Complete the required and relevant fields.
 - a. To add the billing balance, enter the dollar amount to the **Charge** field. Otherwise, leave set to \$0.00.
 - b. To reduce the billing balance, enter the dollar amount to the **Credit** field.
 - c. **Adjustment Reason** – Select Other Adjustments from the dropdown list.
 - d. While not a required field, it is recommended to add information regarding the write off in the **Comments** text box.
7. Click **Save and Finish**.

Billing Transaction Profile

Transaction # 	Client Name Drake, Tim
Encounter # 11	Transaction Type Adjustment
Service Start 3/4/2024	Posted Date 5/22/2024
Payment # 	Payor
Charge \$0.00	Credit \$4.00
Cost Center 	Adjustment Reason Other adjustments
Comment 	
Created By 	Created Date
Updated By 	Updated Date

Figure 108: Billing Transaction Profile - Adjustment

4.7. Billing History

To review the billing history of an encounter:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Encounter List**.

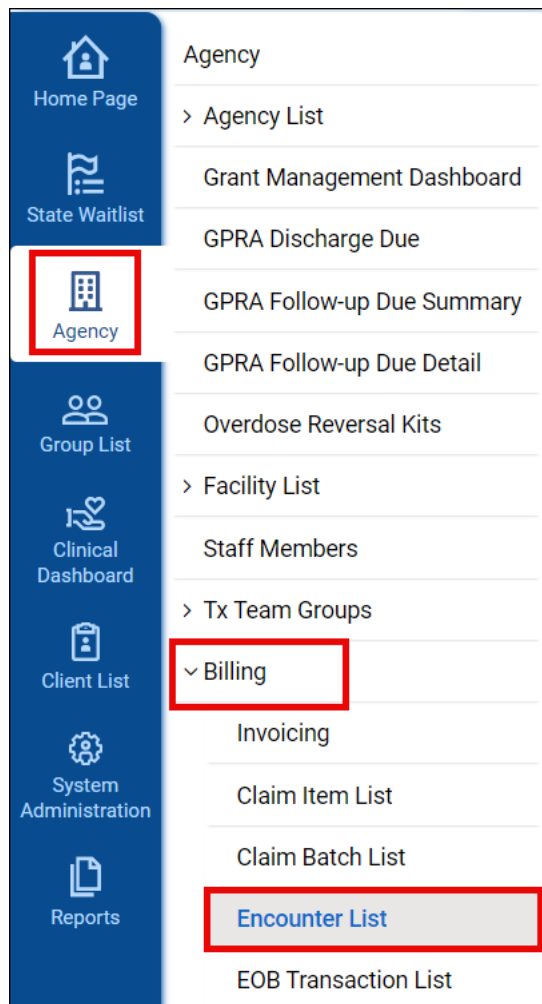


Figure 109: Accessing Encounter List

4. The Encounter Search screen will display. Use **Search** to locate the encounter.
5. Click the **vertical ellipsis** to the right of the encounter and then click **Billing History**.

Encounter Search

Enc ID 34	Rendering Staff 	Supervising Staff 	First Name
Last Name 	Program 	SSN 	Procedure Code
Status 	Service Start 	Facility 	Balance
Payor Plan 	UCN 		

Search

Encounter List

 Export

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Rend. Staff	Program Name	Balance
34	Drake, Tim	8/1/1989	5/8/2024	Released	60 Min	H0006	Wilson, Scott	Intensive Outpatient	



[Profile](#)
[Billing History](#)

Figure 110: Encounter Search Screen

6. The Billing History window will open. Use the resize icon to expand the window to fit the screen.
 - a. Click **X** in the top right corner to close the window.

AL-WITS UAT - Google Chrome
 al-witsweb.org/?stateMachineStateName=EncounterBillingHistory&BaseSessionThread=17ddc120-d083-4d84-aa25-f7a9910b7cd2&stateMachineEventName=ViewEncounterBillingHistory&DeliveredServiceId=348&SELECTOR_FIELD_DeliveredServiceId=348&HashCode=48879437

Billing History for Encounter # 34 - Drake, Tim (Q253355VH52544)

Service
 Case Management Adult (H0006)

Encounter Balance: \$120.00
 Service Start: 5/8/2024 12:00 AM
 Duration: 60 Min
 Service End: 5/8/2024 12:00 AM
 # of Sessions: 1
 Program Name: Titan Treatment/Intensive Outpatient : 2/20/2024 -
 Rendering Staff: Wilson, Scott

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
26	Third Party Liability	Primary	\$120.00	Batched	5/8/2024	Wilson, Scott

Billing Transaction List

Id #	Type/Source	Charge	Credit	Share	Percentage	Adjustment Reason	Comment	Created Date	Created By
58	Charge	\$12.00	\$0.00					5/8/2024	Wilson, Scott
62	Adjustment	\$108.00	\$0.00					5/15/2024	Wilson, Scott

EOB Transaction List

Currently, there are no results to display for the EOB Transaction List.

Figure 111: Billing History

4.7.1. Billing Transaction List

To view just the billing transactions for an encounter:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Billing Transaction List**.

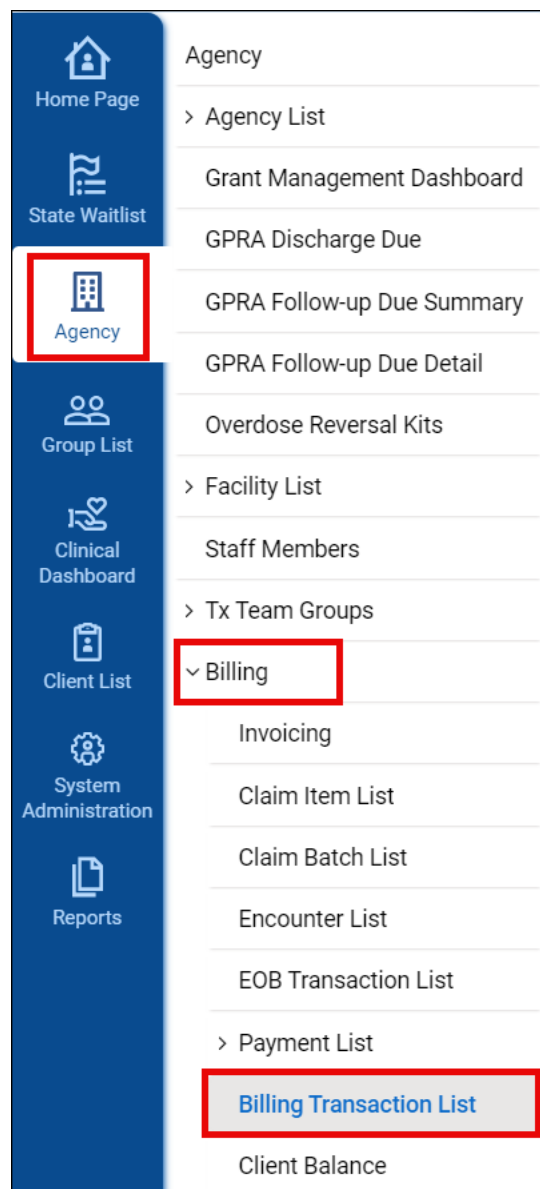


Figure 112: Accessing Billing Transaction List

4. The Billing Transaction Search screen will display. Use **Search** to locate the encounter.
5. Click the **vertical ellipsis** to the right of a billing transaction to display the following options:
 - a. Profile – This will open the Billing Transaction Profile screen. All the fields will be locked.
 - b. Adjust – This will open an editable version of the Billing Transaction Profile screen. See [Claim Adjustment](#) for more information on this option.
 - c. Billing History – This will open the Billing History window.

Billing Transaction Search

Encounter #

Payment #

First Name

Last Name

Service Start

Posted Date

Adjustment Reason

Cost Center

Transaction Type

Billing Transaction List

Export

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #
34	5/8/2024	Drake, Tim		5/8/2024	Charge	\$12.00	\$0.00			
34	5/8/2024	Drake, Tim		5/15/2024	Adjustment	\$108.00	\$0.00			

Profile
Adjust
Billing History

Figure 113: Billing Transaction Search Screen

4.8. Create Statements

The Client Balance screen is used to create statements for clients with an outstanding balance.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Client Balance**.

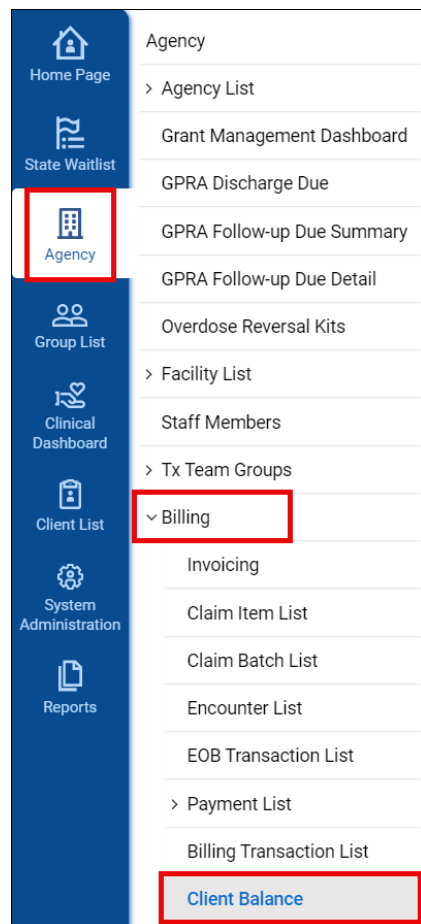


Figure 114: Accessing Client Balance

4. The Client Balance screen will display. Use the search fields and then click **Search** to locate a client.
5. Click the **box** to the left of the client's name and then click **+Create Statement**.

Client Search

First Name

Last Name

SSN

DOB

Unique Client Number

Provider Client ID

Self Pay Plan

Balance Due

Search

× Clear

Client Balance List

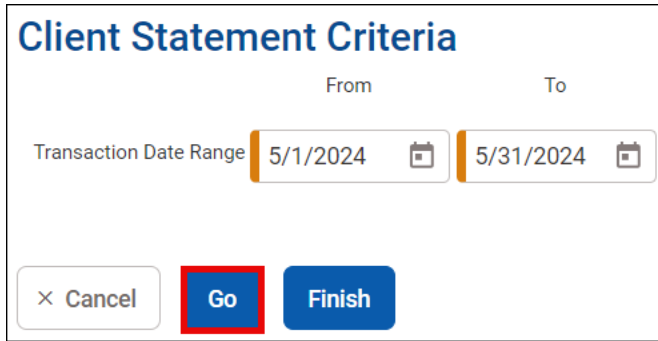
+ Create Statements

Export

☐ Unique Client #	Full Name	DOB	Social Security	Last Statement	Balance Due
☒ Q253355VH552544	Drake, Tim	8/1/1989	111-11-1111		\$244.00

Figure 115: Client Balance - Create Statement

- The Client Statement Criteria screen will display. Enter the Transaction Date Range, and then click **Go**.



Client Statement Criteria

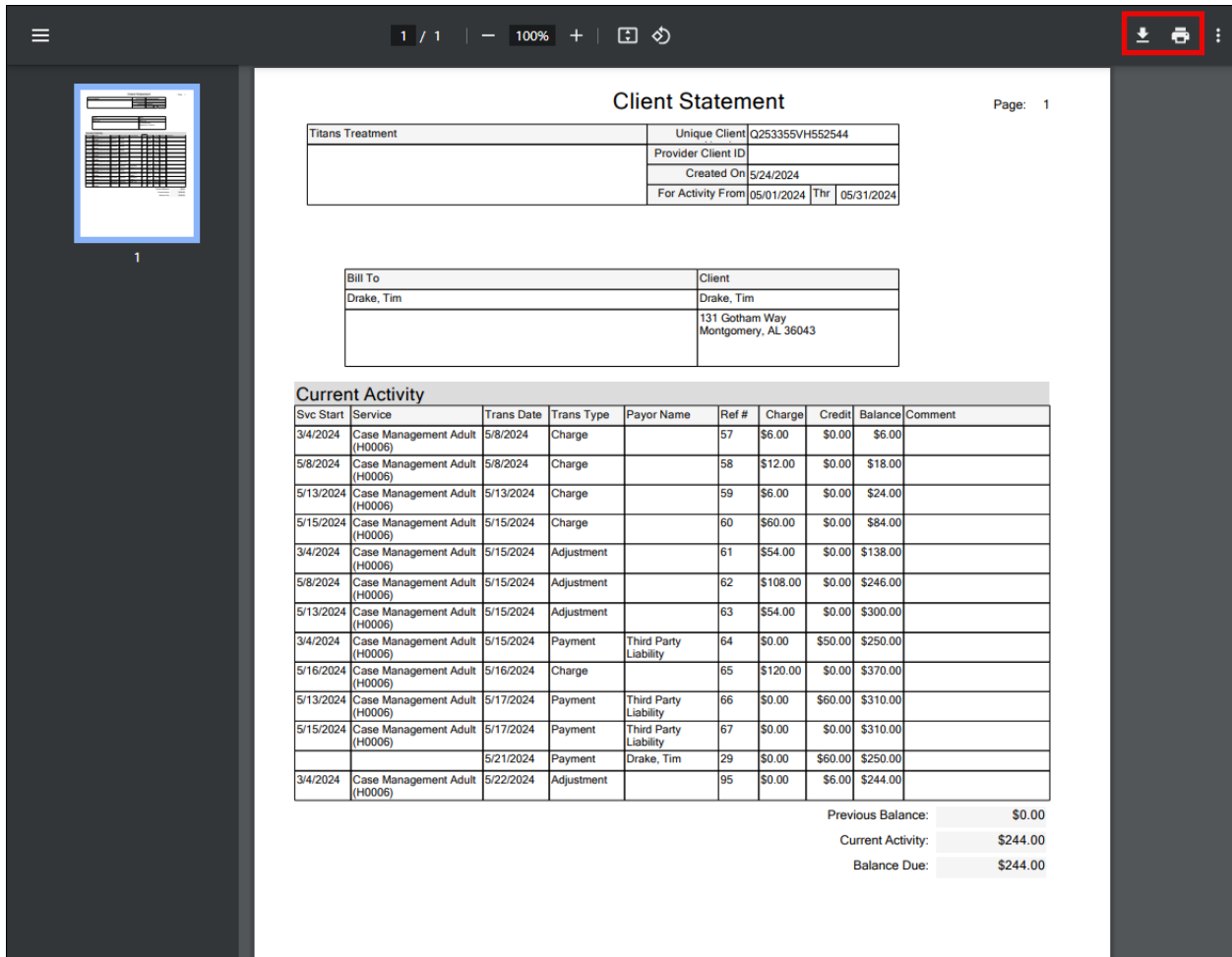
From To

Transaction Date Range 5/1/2024 5/31/2024

× Cancel **Go** Finish

Figure 116: Client Statement Criteria

- The statement will open in a new browser tab with options to **download** or **print** the file in a PDF format.



1 / 1 | 100% + | [Download] [Print] [More]

Client Statement Page: 1

Titans Treatment		Unique Client: Q253355VH552544	
		Provider Client ID	
		Created On: 5/24/2024	
		For Activity From: 05/01/2024 To: 05/31/2024	

Bill To	Client
Drake, Tim	Drake, Tim
	131 Gotham Way Montgomery, AL 36043

Current Activity									
Svc Start	Service	Trans Date	Trans Type	Payor Name	Ref #	Charge	Credit	Balance	Comment
3/4/2024	Case Management Adult (H0006)	5/8/2024	Charge		57	\$6.00	\$0.00	\$6.00	
5/8/2024	Case Management Adult (H0006)	5/8/2024	Charge		58	\$12.00	\$0.00	\$18.00	
5/13/2024	Case Management Adult (H0006)	5/13/2024	Charge		59	\$6.00	\$0.00	\$24.00	
5/15/2024	Case Management Adult (H0006)	5/15/2024	Charge		60	\$60.00	\$0.00	\$84.00	
3/4/2024	Case Management Adult (H0006)	5/15/2024	Adjustment		61	\$54.00	\$0.00	\$138.00	
5/8/2024	Case Management Adult (H0006)	5/15/2024	Adjustment		62	\$108.00	\$0.00	\$246.00	
5/13/2024	Case Management Adult (H0006)	5/15/2024	Adjustment		63	\$54.00	\$0.00	\$300.00	
3/4/2024	Case Management Adult (H0006)	5/15/2024	Payment	Third Party Liability	64	\$0.00	\$50.00	\$250.00	
5/16/2024	Case Management Adult (H0006)	5/16/2024	Charge		65	\$120.00	\$0.00	\$370.00	
5/13/2024	Case Management Adult (H0006)	5/17/2024	Payment	Third Party Liability	66	\$0.00	\$60.00	\$310.00	
5/15/2024	Case Management Adult (H0006)	5/17/2024	Payment	Third Party Liability	67	\$0.00	\$0.00	\$310.00	
		5/21/2024	Payment	Drake, Tim	29	\$0.00	\$60.00	\$250.00	
3/4/2024	Case Management Adult (H0006)	5/22/2024	Adjustment		95	\$0.00	\$6.00	\$244.00	

Previous Balance: \$0.00
Current Activity: \$244.00
Balance Due: \$244.00

Figure 117: Client Statement

5. COST REIMBURSEMENT

In some instances, a provider will accrue costs that cannot be reimbursed by billing a client for services. Instead, the provider will need to create and submit an invoice to the state. How often a provider will create and submit an invoice is determined by the state.

When creating an invoice, there are some preset rules to consider:

- Only one invoice per tier can be submitted for each month of a contract's authorization period.
- The first invoice created will be against the first month of the contract's authorization period.
 - For example, if the contract's authorization period starts in October, then the first invoice created will be for the month of October, even if the first invoice is not created until March.
 - This allows for back dating of invoices.
- An invoice of \$0 can be entered for months with no cost reimbursement expenditures.
- Only one invoice per tier can be created for the month's invoice period.
 - For example: two invoices cannot be created with an invoice period month of January.

To create an invoice:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Invoicing**.

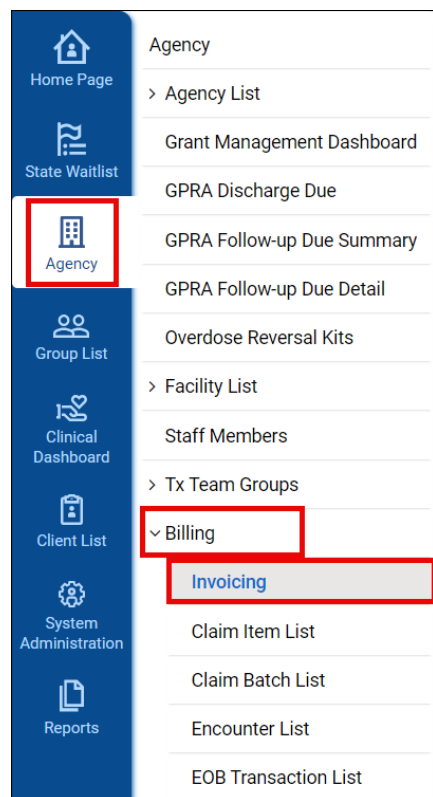


Figure 118: Accessing Invoicing

4. The Cost Reimbursement Invoice Search screen will display. Under the section Invoice List, click the **Tier** dropdown and select the cost reimbursement option the invoice is being billed against.
5. Click **+Add Invoice**.

Cost Reimbursement Invoice Search

Contract # 	Contract Name 	Adjudicated Date 	Authorization Period
Contractor 	Invoice MM/YY 	Plan 	Group
Status 	Invoice Type 		

Invoice List

Tier

Currently, there are no results to display

Titan's Treatment-State Funding-General - SFY 2024_Cost Reimbursement

Figure 119: Selecting Cost Reimbursement Tier

6. The Invoice Profile screen will display. Click **Save** to populate the form.
 - a. Under the Line Items section, the column Current Month – Budget displays 1/12th of the total budget for the year.
 - i. If the cost reimbursement category was setup as variable, then the invoiced amount can exceed the monthly budget.
 - ii. If the cost reimbursement category was setup as fixed, then the invoiced amount cannot exceed the monthly budget.

Invoice Profile

Contract Name
Titan's Treatment

FY
SFY 2024

Plan-Group
State Funding-General

Contract #
16584731

MM/YY
1/2024

Invoice Type
Cost Reimbursement

Prepared By

Prepared

Adjudicated

Created By
Wilson, Scott

Created On
5/22/2024 8:37 AM

Status
Awaiting Review

Updated By
Wilson, Scott

Updated On
5/22/2024 8:37 AM

Save

Save and Finish

× Cancel

Line Items

Update Invoice

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$0.00	\$5,555.56	\$0.00	\$5,555.56	\$50,000.00

Current Month Invoice-Total
\$0.00

Attestation
I, Wilson, Scott, on 5/22/2024, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Figure 120: Invoice Profile

7. To the right of the line item, click the **vertical ellipsis** and then click **Edit**.

Line Items

Update Invoice

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$0.00	\$5,555.56	\$0.00	\$5,555.56	\$5,555.56

Edit

Figure 121: Edit Line Item

8. The line item will display in the Line Item field. Enter the dollar amount in the **Current Month** field.
9. Click **Update Invoice**.
 - a. If there are charges on other line items in the invoice that need to be recorded, repeat steps 7 – 9 to add those amounts.

Line Items

Update Invoice

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$0.00	\$5,555.56	\$0.00	\$5,555.56	\$50,000.00

Figure 122: Update Invoice

10. Once the invoice is complete and ready to be submitted, click **Sign Invoice** at the bottom of the Invoice Profile screen.

Line Items

Update Invoice

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$3,000.00	\$5,555.56	\$3,000.00	\$5,555.56	\$50,000.00

Current Month Invoice-Total

\$3,000.00

Attestation

I, Wilson, Scott, on 5/22/2024, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Sign Invoice

Figure 123: Sign Invoice

11. Administrative Actions will display at the bottom of the Invoice Profile. Click **Bill It** to send the invoice to the state.

Line Items

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$3,000.00	\$5,555.56	\$3,000.00	\$5,555.56	\$50,000.00

Current Month Invoice-Total

\$3,000.00

Attestation

Signed by Wilson, Scott, 5/22/2024 9:14:37 AM.

I, Wilson, Scott, on 5/22/2024, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Administrative Actions

Bill It

Figure 124: Bill Invoice

12. Click **Save and Finish** to exit the Invoice Profile.

Invoice Profile

Contract Name Titan's Treatment	FY SFY 2024
Plan-Group State Funding-General	Contract # 16584731
MM/YY 1/2024	Invoice Type Cost Reimbursement
Prepared By Wilson, Scott	Prepared 5/22/2024
Adjudicated	Created By Wilson, Scott
Created On 5/22/2024 8:37 AM	Status Billed
Updated By Wilson, Scott	Updated On 5/22/2024 9:09 AM

Line Items

Line Item	Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$3,000.00	\$5,555.56	\$3,000.00	\$5,555.56	\$50,000.00

Current Month Invoice-Total
\$3,000.00

Attestation
Signed by Wilson, Scott, 5/22/2024 9:14:37 AM.
I, Wilson, Scott, on 5/22/2024, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Figure 125: Billed Invoice

The invoice is received by the ADMH. The state will either reject or accept the invoice. If the invoice is rejected, see [Rejected Invoice](#).

When the invoice is accepted, the email address listed in the provider's contract will receive a notification of the acceptance.

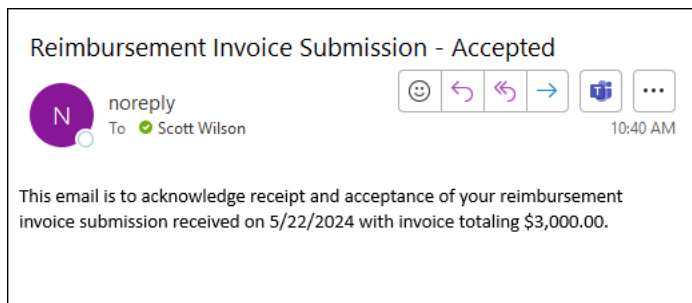


Figure 126: Invoice Accepted

The state will then adjudicate the invoice.

5.1. Pended By Payor

If the invoice requires more information, the state will place the invoice in a pended status. On the Cost Reimbursement Invoice Search screen, the status of the invoice will display as Pended by Payor.

Cost Reimbursement Invoice Search

Contract # Contract Name Adjudicated Date Authorization Period

Contractor Invoice MM/YY Plan Group

Status Invoice Type

Invoice List

Tier

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Type	Invoice Period (FY)	Amount Invoiced	Amount Paid	Status
3	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	2/2024 (SFY 2024)	\$1,000.00		Pended By Payor

Figure 127: Invoice Pended by Payor

At this point, the state will contact the provider to get more information on the invoiced claim before proceeding with the adjudication process.

5.2. Invoice Adjudicated

Once the invoice has been adjudicated, the provider can review the invoice on the Cost Reimbursement Invoice Search screen. Adjudicated invoices will be in the Paid status even if the invoiced claim was denied.

If the amount in the Amount Paid column is in red font, then some or all of the invoiced claim was unpaid.

Cost Reimbursement Invoice Search

Contract #

Contract Name

Adjudicated Date

Authorization Period

Contractor

Invoice MM/YY

Plan

Group

Status

Invoice Type

Search

× Clear

Invoice List

+ Add Invoice

↗ Export

Tier

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Type	Invoice Period (FY)	Amount Invoiced	Amount Paid	Status
2	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	1/2024 (SFY 2024)	\$3,000.00	\$3,000.00	Paid
3	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	2/2024 (SFY 2024)	\$1,000.00	\$0.00	Paid

Figure 128: Paid Invoices

To view the paid invoice, click the **vertical ellipsis** to the right of it and click **View Paid Invoice**.

Cost Reimbursement Invoice Search

Contract #

Contract Name

Adjudicated Date

Authorization Period

Contractor

Invoice MM/YY

Plan

Group

Status

Invoice Type

Search

× Clear

Invoice List

+ Add Invoice

↗ Export

Tier

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Type	Invoice Period (FY)	Amount Invoiced	Amount Paid	Status
2	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	1/2024 (SFY 2024)	\$3,000.00	\$3,000.00	Paid
3	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	2/2024 (SFY 2024)	\$1,000.00	\$0.00	Paid

Profile

View Paid Invoice

Figure 129: View Paid Invoice

The Provider Invoice Profile screen will display.

Provider Invoice Profile

Contract Name
Titan's Treatment

FY
SFY 2024

Plan-Group
State Funding-General

Contract #
16584731

MM/YY
1/2024

Invoice Type
Cost Reimbursement

Prepared By
Wilson, Scott

Prepared On
5/22/2024

Current Month Actual - Total
\$3,000.00

Adjudicated By
Wilson, Scott

Adjudicated On
5/22/2024

Current Month Amount Paid - Total
\$3,000.00

Invoicing Item List

Category	Line Item	Prior Period to Date - Actual	Current Month - Actual	Current Month - Budget	Current Month - Amount Paid	Period to Date - Actual	Period to Date - Budget	Period to Date - Amount Paid
General	General	\$0.00	\$3,000.00	\$5,555.56	\$3,000.00	\$3,000.00	\$5,555.56	\$3,000.00

× Cancel

Administrative Actions

Print Invoice

Export

Figure 130: Provider Invoice Profile

The Administrative Actions at the bottom of the screen allows the following:

- **Print Invoice** – Displays a pdf version of the invoice that can be printed.
- **Export** – Allows the provider to download the file to the user's computer as an Excel spreadsheet.

5.3. Rejected Invoice

If the state rejects the invoice, the email address listed in the provider's contract will receive a notification of the rejection.

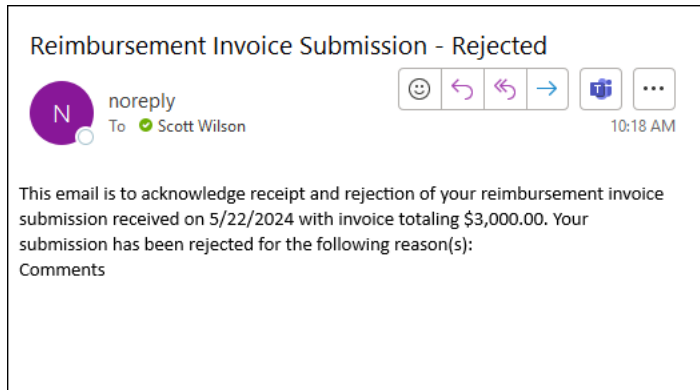


Figure 131: Invoice Rejected Notification

To edit and resubmit the invoice:

1. Return to the Cost Reimbursement Invoice Search screen. Use **Search** to locate the rejected invoice.
2. To the right of the invoice, click the **vertical ellipsis**, and then click **Profile**.

Cost Reimbursement Invoice Search

Contract # Contract Name Adjudicated Date Authorization Period

Contractor Invoice MM/YY Plan Group

Status **Rejected By Pay...** Invoice Type

Search

Invoice List

+ Add Invoice Tier

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Type	Invoice Period (FY)	Amount Invoiced	Amount Paid	Status
2	Titan's Treatment (16584731)	State Funding-General	Cost Reimbursement	1/2024 (SFY 2024)	\$3,000.00		Reje Payc

Profile

Figure 132: Accessing Rejected Invoice

3. The Invoice Profile screen will display.
4. Make the necessary edits to the line items.
5. Click **Sign Invoice** once complete and then click **Bill It** to return the invoice to the state.

Line Items

Update Invoice

Line Item

Current Month

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
General	General	\$0.00	\$3,000.00	\$5,555.56	\$3,000.00	\$5,555.56	\$5,555.56

Edit

Current Month Invoice-Total

\$3,000.00

Attestation

I, Wilson, Scott, on 5/22/2024, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Sign Invoice

Administrative Actions

Bill It

Figure 133: Edit a Rejected Invoice

6. 837P FILE UPLOAD

For providers using their own electronic health record (EHR) to manage their clients, the claim item submission feature will allow the provider to upload their 837P files into WITS instead of having to manually enter claims data twice (once in their EHR and again in WITS).

There are two ways an 837P file can be uploaded into WITS:

- Directly into WITS.
 - This option allows the user to upload one file at a time using the H837 Management screen.
- SFTP (Secure File Transfer Protocol) site
 - This option allows the user to upload and manage multiples at the same time.

Regardless of the method used, the file name for the 837P files must follow these guidelines.

- The file must be in a .txt or .dat format (file names will end with .txt or .dat).
- Each file name must be unique.
- The file name cannot contain special characters (!@#\$%*) other than the underscore (_) character.

To help manage files and ensure the files names are unique, it is recommended that the file name include the date and time (mmddyyyyhhmmss).

Example file name: 837Pfile_05012024102500.txt

6.1. Contract EDI Profile

Before a provider can upload an 837P file to WITS, the file will need to be generated. This is typically handled through the provider's EHR. While most of the data included in the file pertains to clients claims, there is also information regarding the submitter, receiver, and payor that must be included. The information and where it needs to be added in the 837P can be found by accessing the provider's contract EDI profile.

To review the profile:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Contract Management** to expand its options.
3. Under Contract Management, click **Contract EDI**.

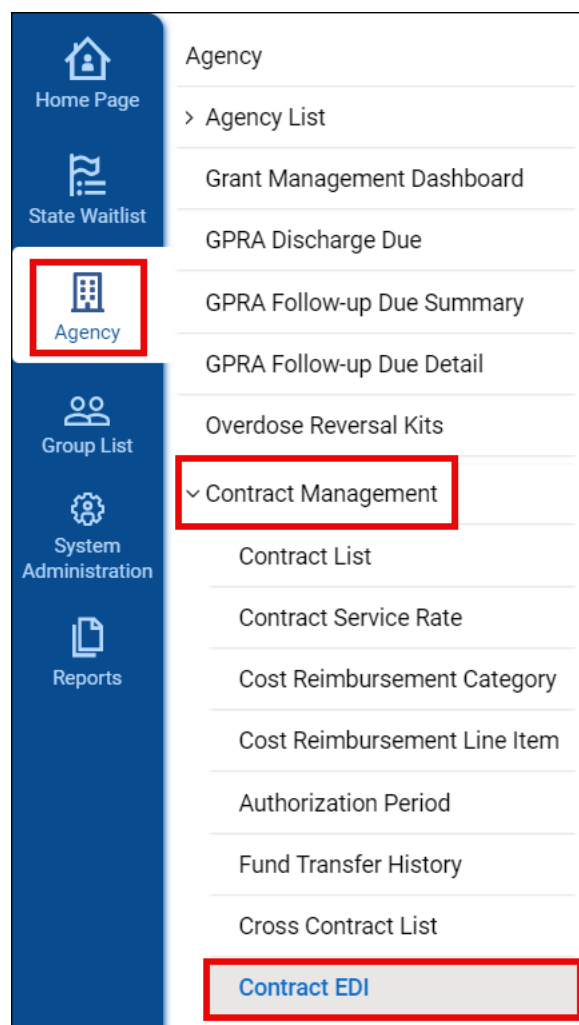


Figure 134: Accessing Contract EDI - Provider

4. Under Contract EDI List, click the **vertical ellipsis** to the right of the contract EDI and then click **Review**.

Contract EDI Search

Contract #

Contracting Agency
Alabama Department of Mental Health (C

Contract Name

Provider Agency

Effective Date

Administering Agency

Termination Date

Status

Search

× Clear

Contract EDI List

+ Add Contract EDI

Provider Agency	Contract Name	Interchange Sender ID	Application Sender's Code	Submitter ETIN	
Administrative Agency	Example Provider Contract	999999	999999	999999	Review Delete
Agency for Substance Abuse Prevention	Community Contract	123	456	123	
Birmingham Recovery Center	Birmingham Recovery Center	555444333222111	555444333222111	555444333222111	
Montgomery Metro Treatment Center	Montgomery Metro Treatment Center	111222333444555	111222333444555	111222333444555	

Figure 135: Review EDI Profile

5. The Contract EDI Profile screen will display.
 - a. All fields will be read-only.

Contract EDI Profile

Contracting Agency Alabama Department of Mental He	Provider Agency Montgomery Metro Treatment Center
Interchange Sender ID 389	Contract Name Mtg Metro
Application Sender's Code 389	Contract # G4465324B
Submitter ETIN 389	Contract ID 7
Receiver Name ADMH	Interchange Receiver ID 300002373
Application Receiver's Code 300002373	Receiver ETIN 300002373
Payor Name ADMH	Payor ID 300002373

The Payor ID is sent in Loop 2010BB NM109 on the 837P.

Finish

Figure 136: Contract EDI Profile

6. Click **Finish** to leave the screen.

NOTE: Hovering over any field that includes Payor, Receiver, Sender, or Submitter in its name will provide an informational text popup. This information informs the provider of where this field's data needs to be added to the 837P files.

6.2. WITS – 837P File Upload

Once the 837P has been generated, it can be uploaded directly into WITS using the H837 Management screen. This option allows the user to upload one 837P file at a time.

To use this method:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Under Billing click **H837 Management**.

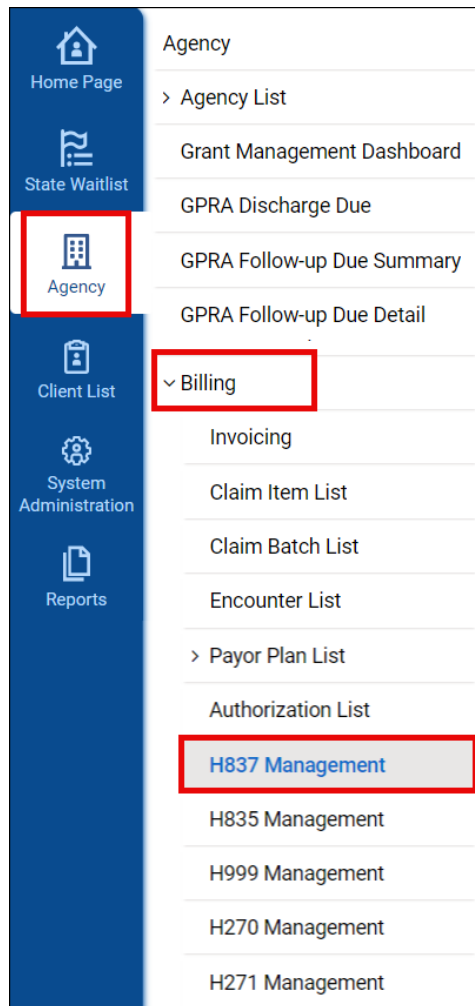


Figure 137: Accessing H837 Management

4. The H837 Management screen will display. Under the section H837 File List, click **+Add H837**.

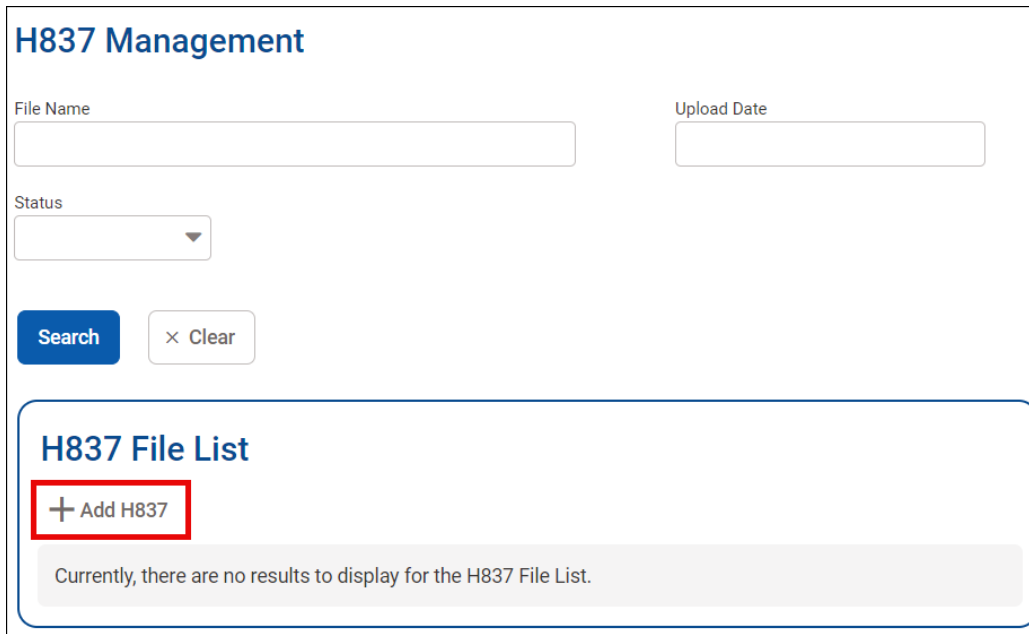


Figure 138: H837 Management Screen

5. The Upload H837 screen will display. Click **Browse**.

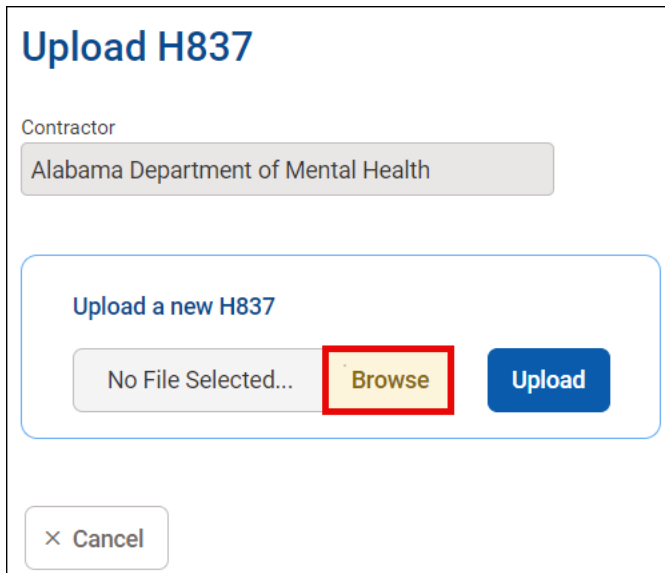


Figure 139: Upload H837 Screen

6. In the file selection window, select the file to be uploaded and then click **Open**.

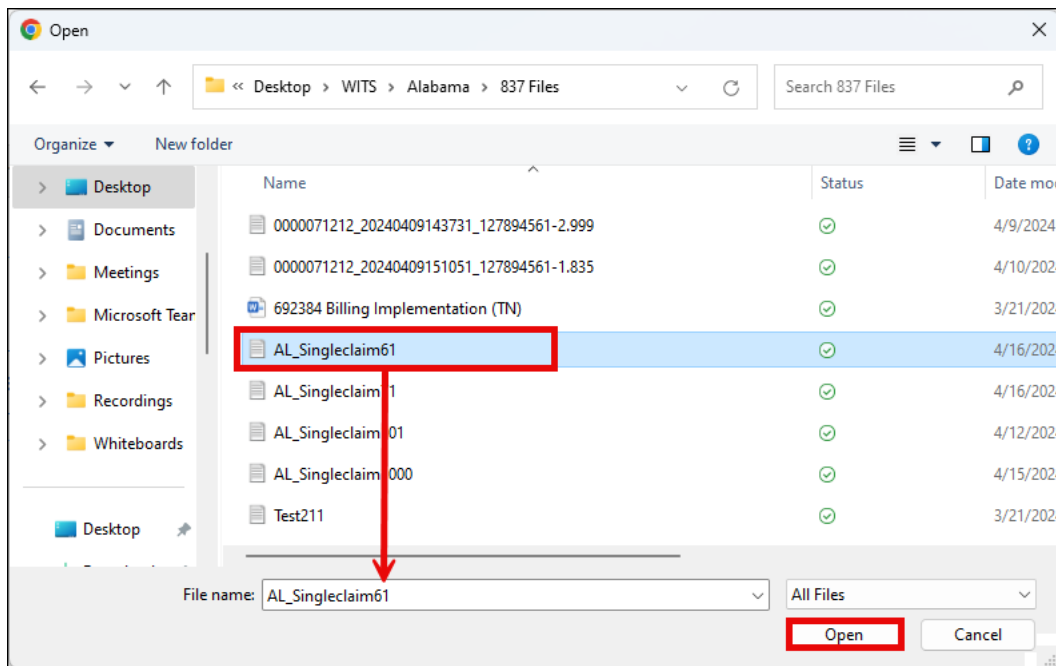


Figure 140: Single File Selection

7. The file name will display in the field to the left of the Browse button. Click **Upload**.

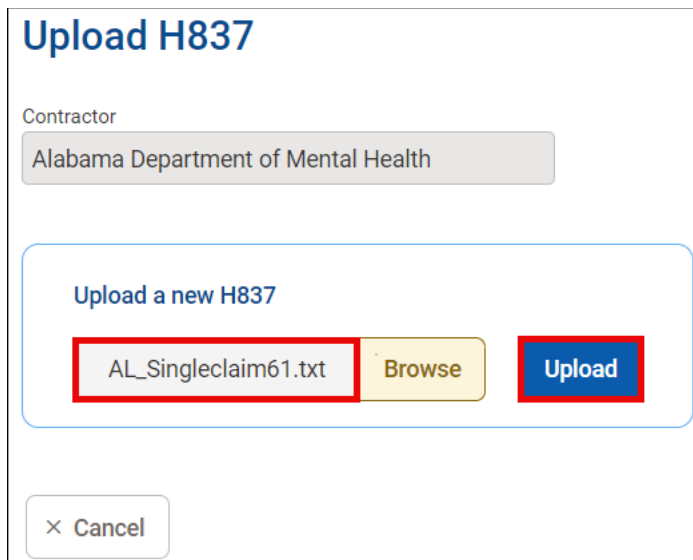


Figure 141: Single File Upload

If the file name is invalid, then the file will not upload, and the user will receive an error message regarding the file name.

✕ That file has already been uploaded.
✕

✕ The file extension is invalid. The extension must be .txt or .dat
✕

✕ The file name cannot contain special characters other than the underscore (_).
✕

If the file uploaded into WITS successfully, an informational message displays indicating that file uploaded successfully, and the file will display on the H837 Management screen in the Queued status.

i File AL_Singleclaim61.txt was uploaded successfully.
✕

H837 Management

File Name

AL_Singleclaim61.txt

Upload Date

5/10/2024

Status

Queued

Search

✕ Clear

H837 File List

+

 Add H837

File Name	Uploaded Date	Status
AL_Singleclaim61.txt	5/10/2024	Queued

Figure 142: Upload 837P Successful

6.3. SFTP – 837P File Upload

The second method for uploading 837P files is to use the SFTP site.

NOTE: This method requires that the provider have an account created for the Wing FTP Server. Account creation is detailed in the WITS Billing Administration User Guide.

NOTE: It is possible for a provider’s vendor to automate this process. The provider would need to contact their vendor to implement an automated process.

1. Using a web browser (Google, Safari, Edge, etc.) navigate to <https://prodftp.feisystems.com/>.
2. Enter the account credentials for the provider and click **Login**.

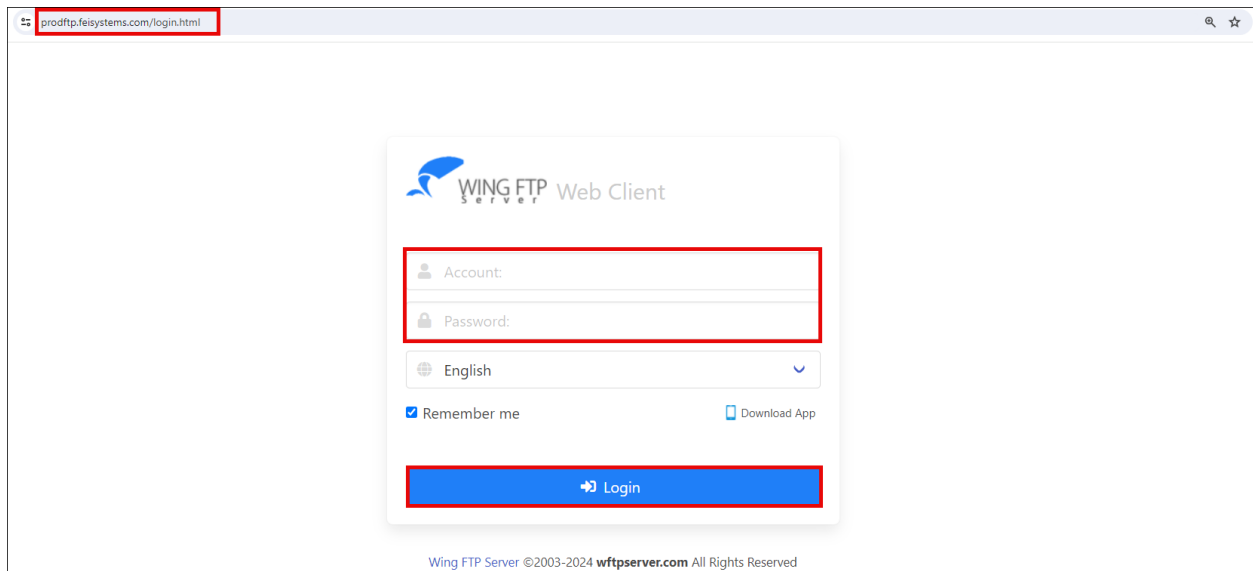


Figure 143: Accessing Wing FTP Server

3. The user will upload the file into the SFTP folder for the state. Double click the **Production** folder.

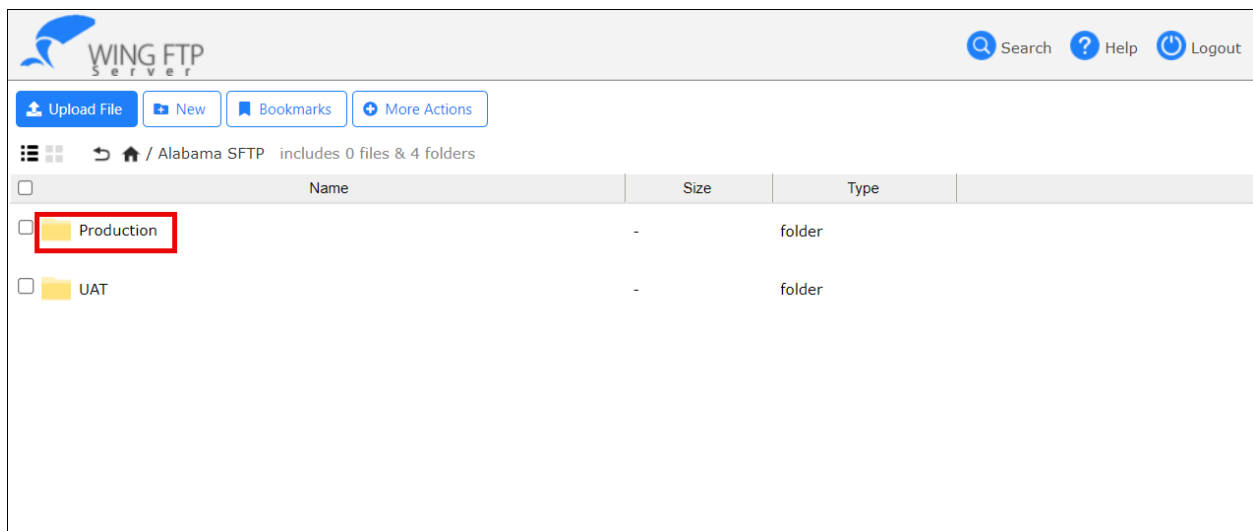


Figure 144: SFTP - Production Folder

4. Double click on the **Agency ID** folder.

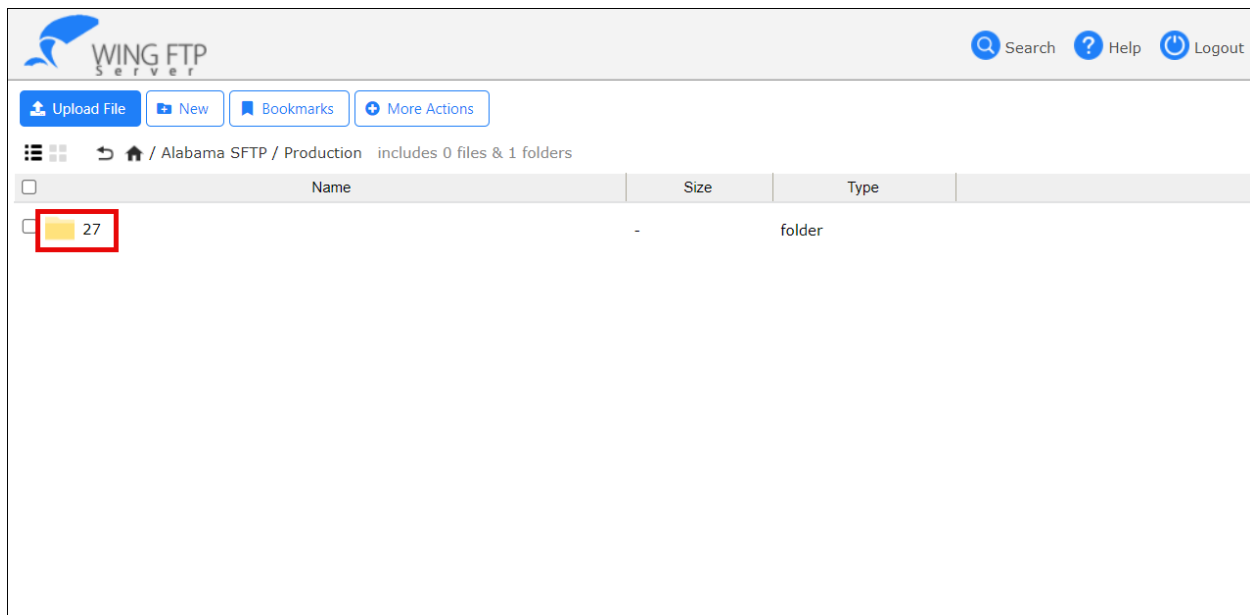


Figure 145: SFTP - Agency ID Folder

5. Double click on the **Billing** folder.

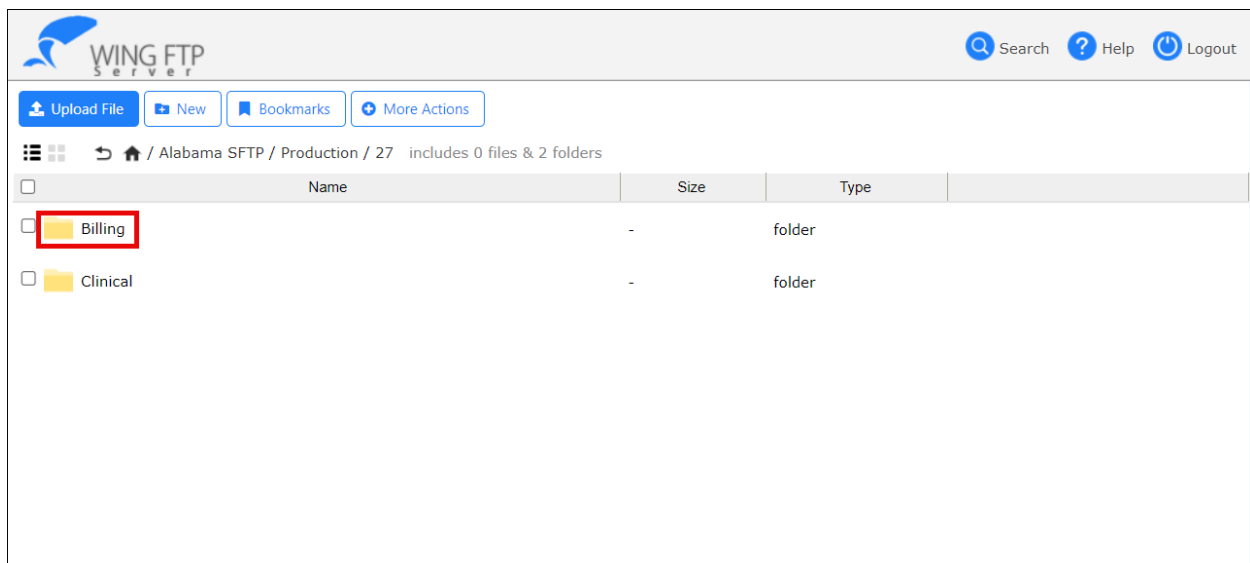


Figure 146: SFTP - Billing Folder

6. Double click the **In** folder.

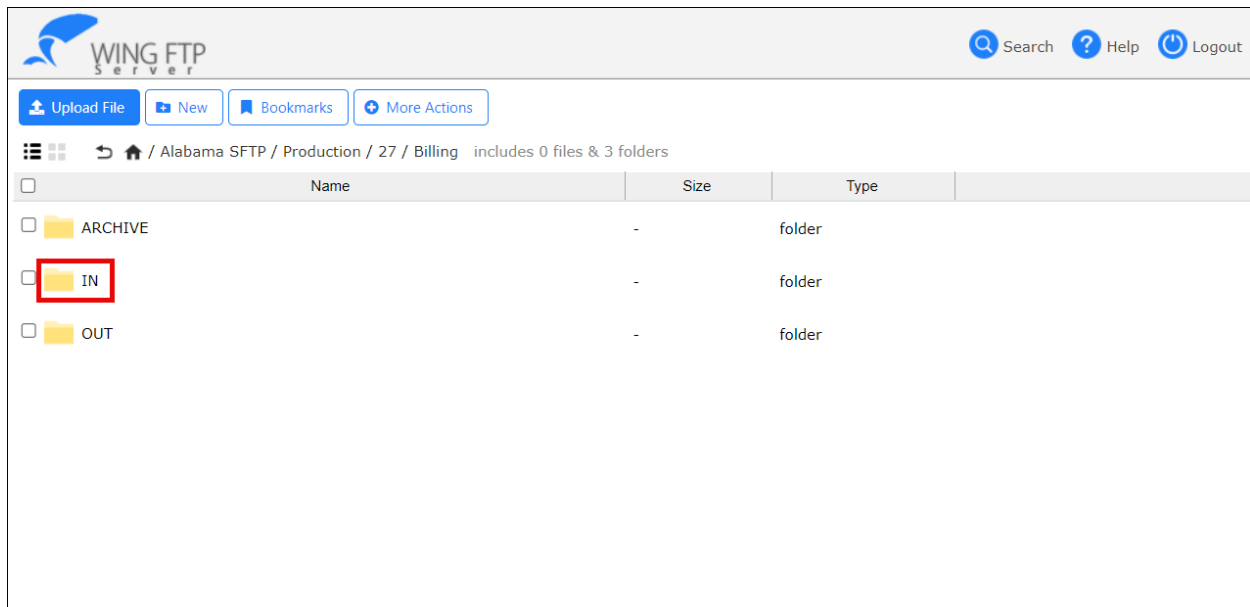


Figure 147: SFTP - Billing In Folder

7. In the upper left corner of the web page, click **Upload File**.

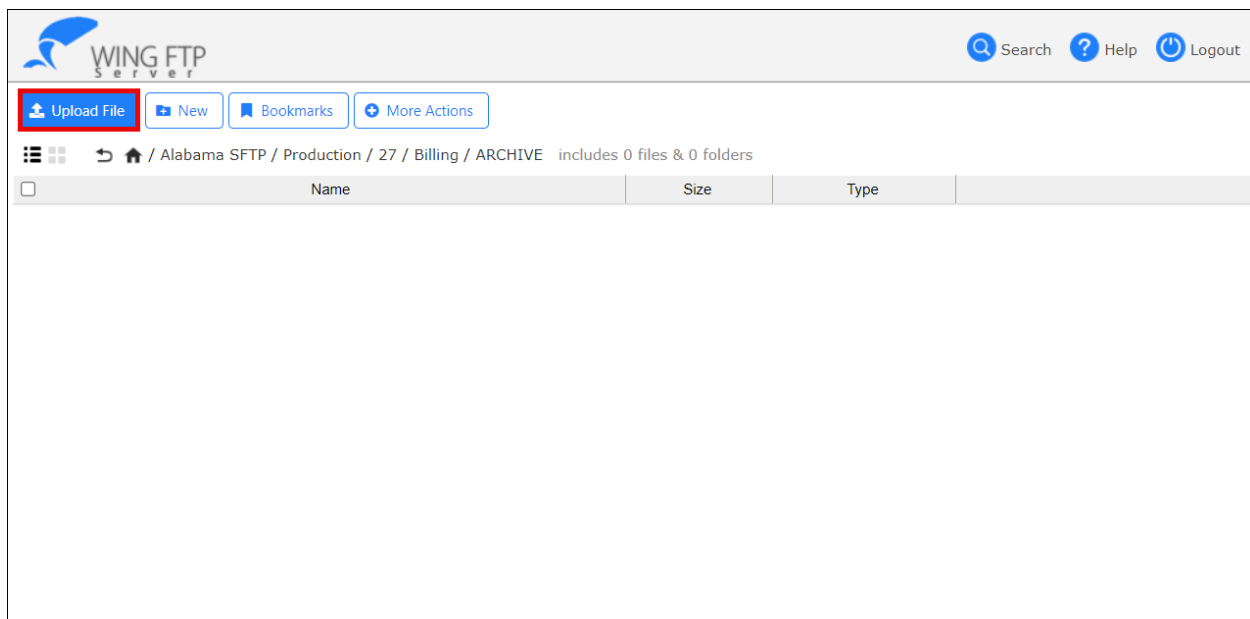


Figure 148: SFTP - Upload File

8. The Upload File window will display. Click **Choose Files**.

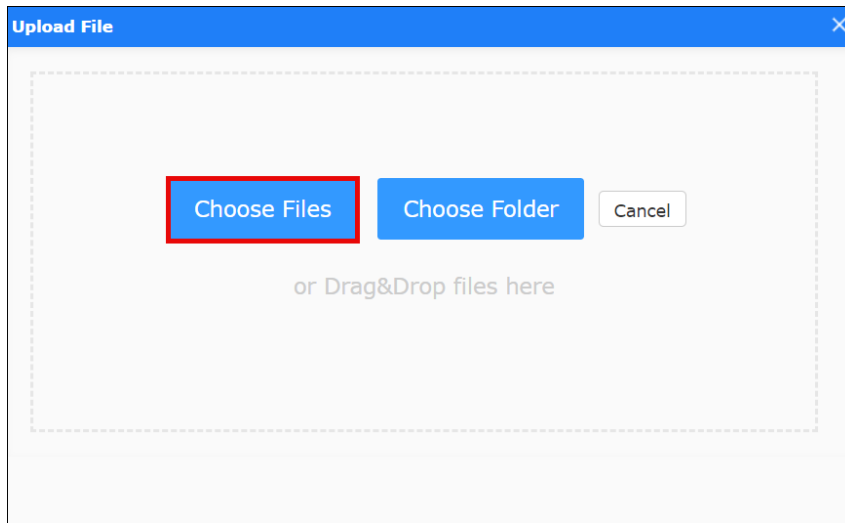


Figure 149: SFTP - Choose Files

9. Locate files to be uploaded. Hold the **CTRL** key and click on the files and then click **Open**.

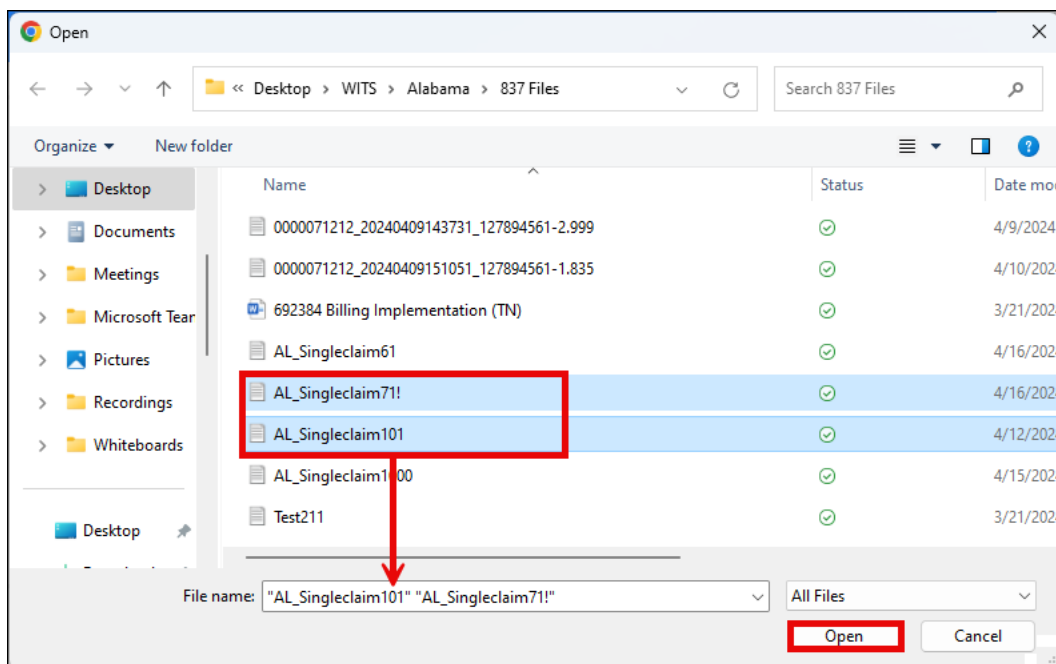


Figure 150: SFTP - Selecting Multiple 837P Files

10. The Upload File window will display a message that the files were uploaded to the SFTP site successfully and the files will show in the Billing/In folder.

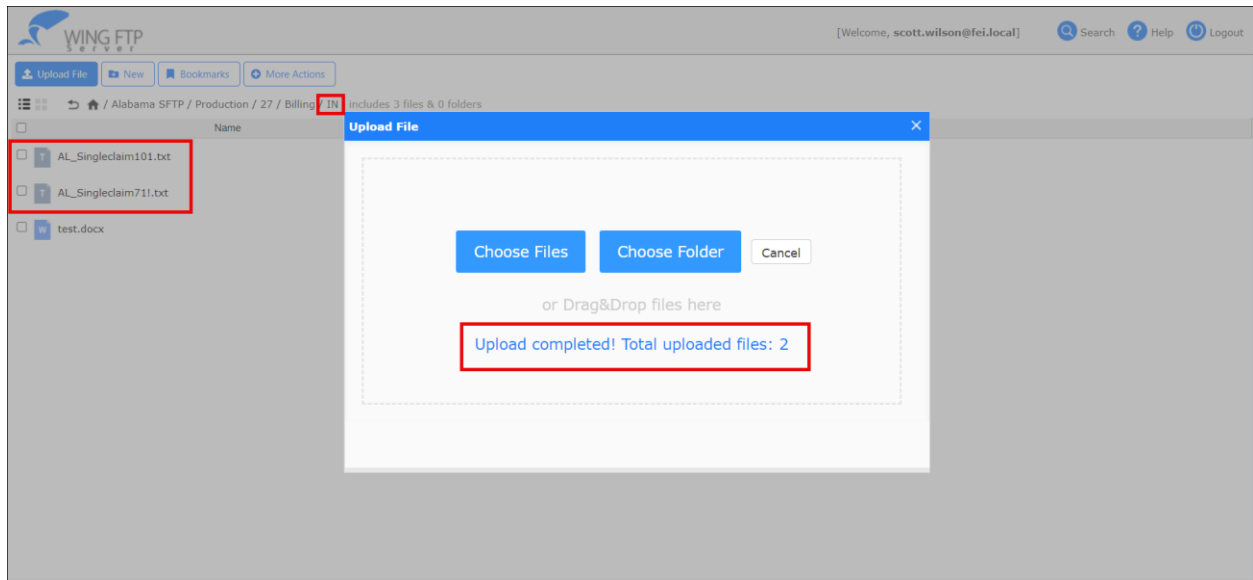


Figure 151: SFTP - 837P Files Uploaded

At set intervals, the files will be transmitted to WITS. If the file uploads successfully to WITS, the 837P file will move to the Archive folder.

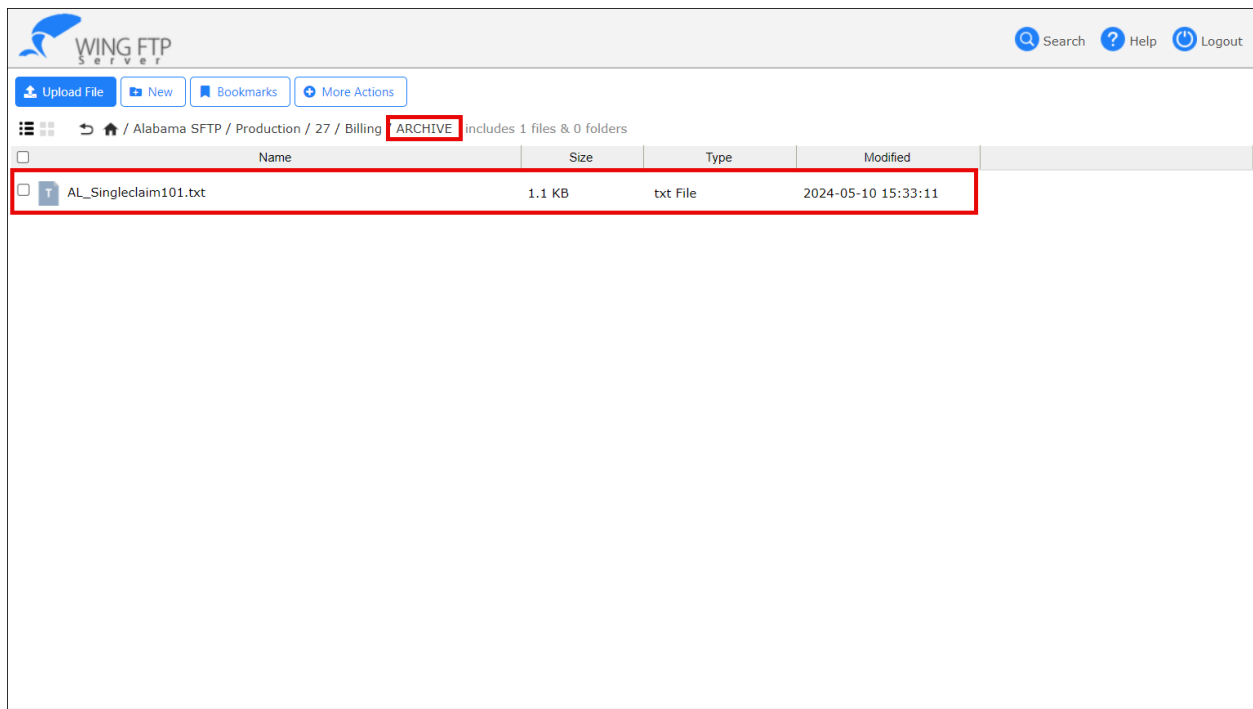


Figure 152: SFTP - Billing Archive Folder

If the 837P file did not upload into WITS during the transmission process, it will remain in the Billing/In folder and an email is sent to the File Import – Billing contact informing them of the failure to upload.

- An invalid file name is the main reason an 837P file will fail to upload into WITS.
- The other possible reason for the 837P not being uploaded into WITS is a connection issue between Wing FTP Server and WITS.
 - **NOTE:** In this instance, no files would be getting uploaded into WITS.

6.4. H837 Management

Regardless of the method used to upload the 837P file, the 837P file will display on the H837 Management screen in the Queued status. At set intervals, WITS will process this file, and the status will change to Processed, Failed, or Processed with Errors.

To navigate to the H837 Management screen:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Under Billing click **H837 Management**.

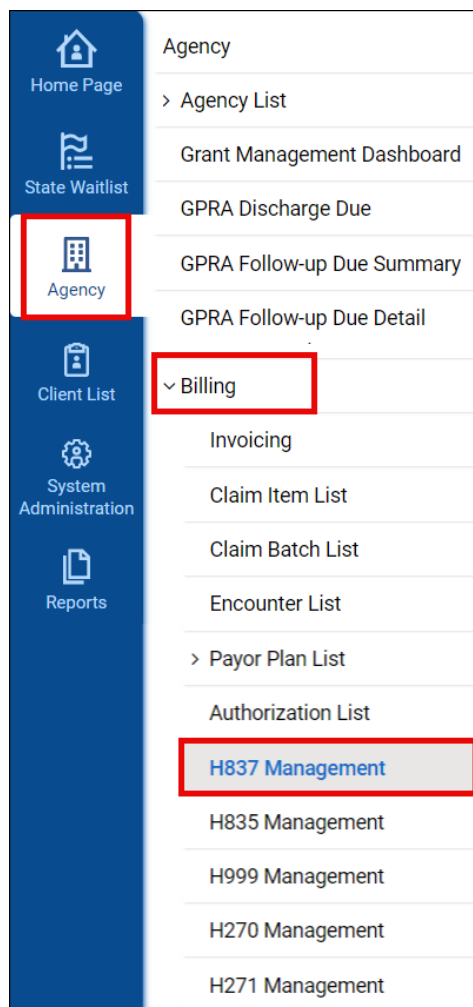
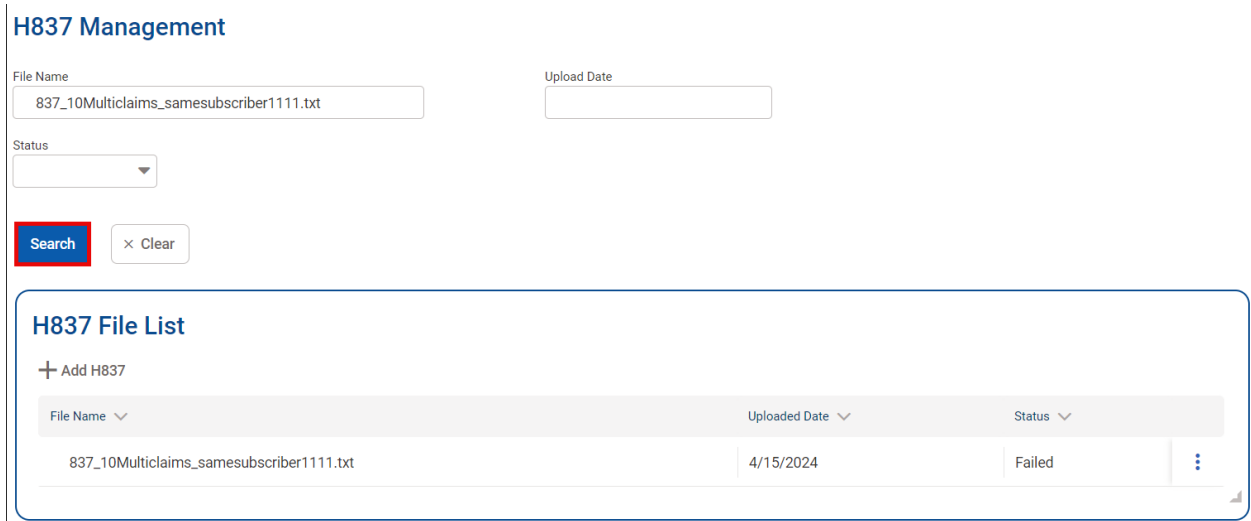


Figure 153: Accessing H837 Management

4. Click **Search** to display all uploaded 837P files or use the search fields to narrow the results.



H837 Management

File Name: 837_10Multiclaims_samesubscriber1111.txt

Upload Date:

Status: Failed

Search × Clear

H837 File List

+ Add H837

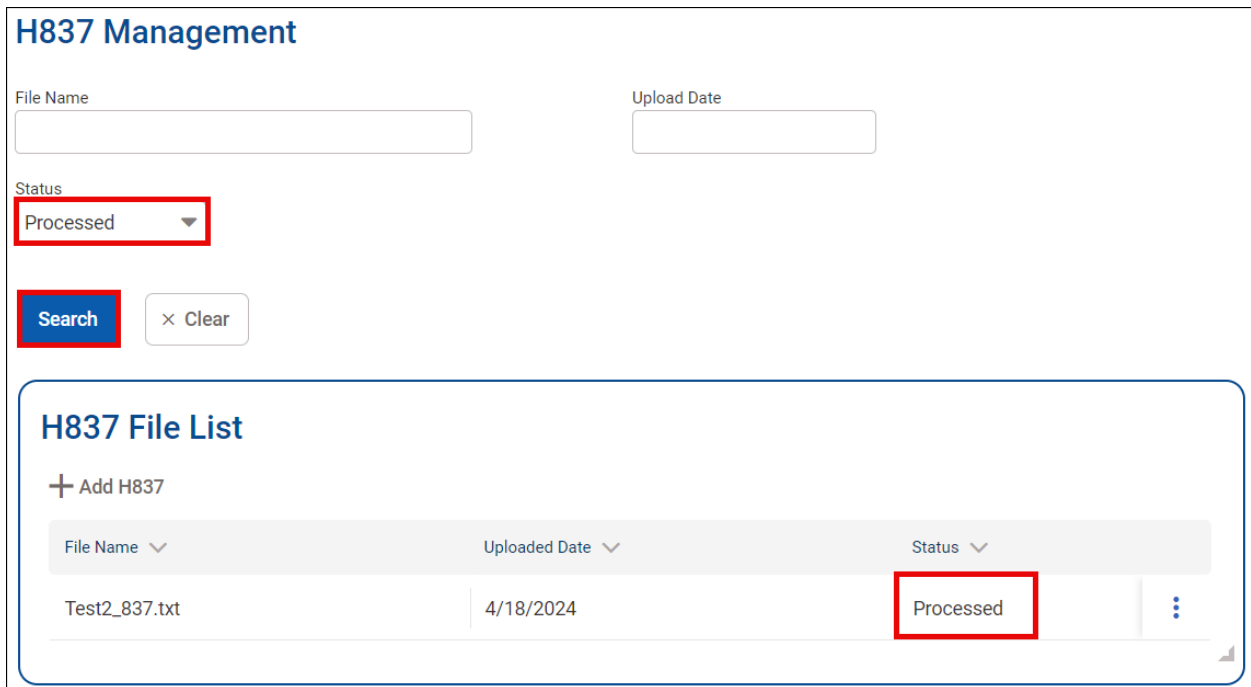
File Name	Uploaded Date	Status
837_10Multiclaims_samesubscriber1111.txt	4/15/2024	Failed

Figure 154: H837 Management Search

6.4.1. 837P Processed

If the 837P file was successfully processed, then the status of the file will state Processed on the H837 Management screen.

To display files that were successfully processed, **Search** for files in the Processed status.



H837 Management

File Name:

Upload Date:

Status: Processed

Search × Clear

H837 File List

+ Add H837

File Name	Uploaded Date	Status
Test2_837.txt	4/18/2024	Processed

Figure 155: 837P File - Processed Status

Any 837P file in the Processed status will have an encounter and a claim generated against the client record. Both the encounter and the claim will be in the Released status.

6.4.1.1. Encounter – Released

To view the encounter created by a claim in an uploaded 837P file:

1. From the left navigation menu, click **Client List**.

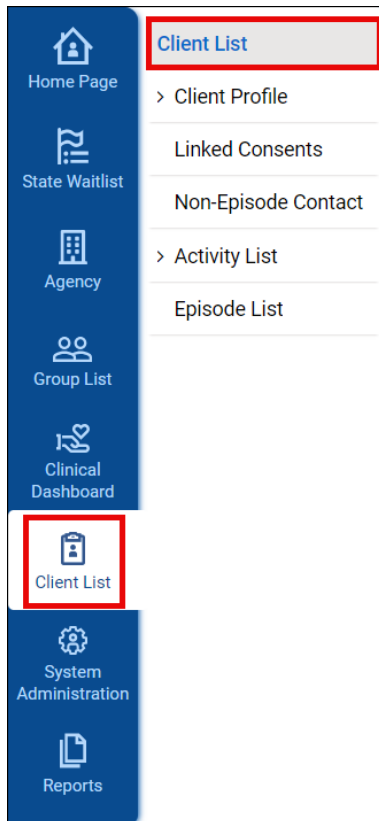


Figure 156: Accessing Client List

2. **Search** for the client record.
3. Click the **vertical ellipsis** to the right of the client's name and click **Activity List**.

Client Search

Facility

First Name

Last Name

Unique Client Number

Search

Advanced Search

Clear

Client List

+ Add Client

Export

Full Name

Unique Client #

SSN

BB

BOSTON, Betty

12/15/1995 Female

J693913SF203555

1

...

Figure 157: Accessing Client's Activity List

4. In the Client List submenu, click **Encounter**.

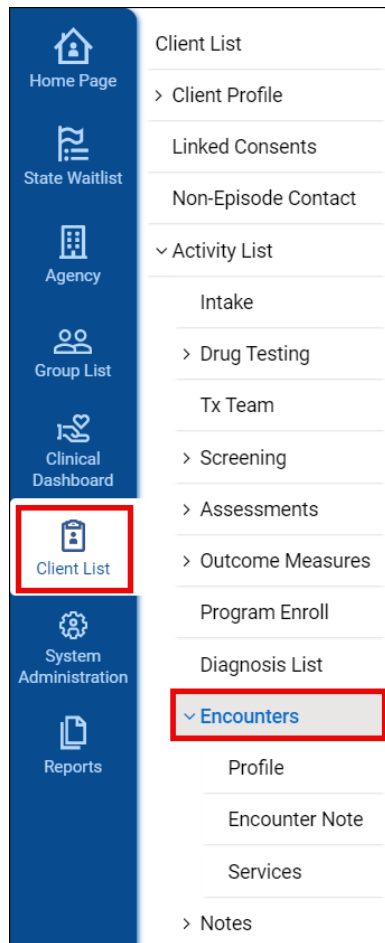


Figure 158: Accessing Encounters

5. Use **Search** to locate the encounter.
6. To review the encounter, click on the **vertical ellipsis** to the right of the encounter and click **Review**.

Encounter Search

Start Date

End Date

Service

Program

Rendering Staff

Encounter Status

Allow Disclosure of Note

☐ Yes
 ☐ No

Encounter List

Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status
4/18/2024	Case Management Adult (H0006)	29	Wang, Vicky	ADATC Outpatient	Re

Figure 159: Search and Review Encounter

7. The Encounter screen will display.
 - a. The fields will be read-only.
 - b. The Note Type Field will state – Inbound 837 File to denote the encounter was created from an 837P file upload.

Encounter

⏮ 1 of 8 ⏭

⤴ Hide Context Information

ENC ID 14322	Billing Service Event Key	Released To Billing By	Released To Billing Date 5/2/2024 9:35 AM
Created By User, System	Created Date 5/2/2024 8:35 AM	Updated By User, System	Updated Date 5/6/2024 7:57 AM

Rendering Staff

Note Type
Inbound 837 File

Billable
☒ Yes
 ☐ No

Program Name

Service

Start Date

End Date

Start Time

End Time

Duration

of Service Units / Sessions

Service Location

Emergency
☐ Yes
 ☐ No

Pregnant
☐ Yes
 ☐ No

Diagnoses for this Service

Primary

Secondary

Tertiary

Secondary Staff

Supervising Staff

⏮ Back
Next ⏭
Save
Save and Finish
✕ Cancel

Figure 160: Released Encounter

6.4.1.2. Released Claim

To view the claim created by an uploaded 837P file:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Claim Item List**.

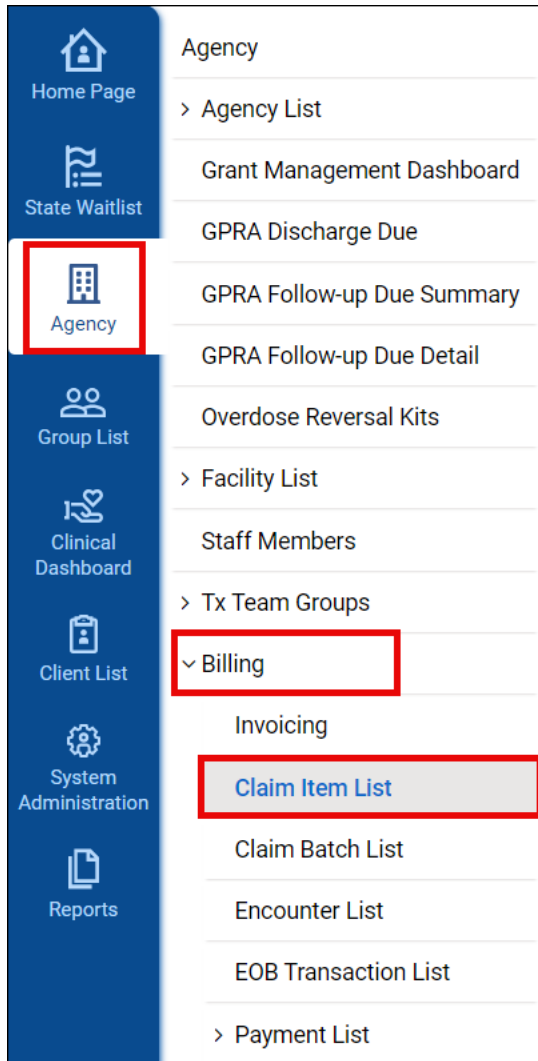


Figure 161: Accessing Claim Item List

4. The Claim Item Search screen will display. Use **Search** to locate the claim. The claim will be listed in the Claim Item List section.
5. If needed, the claim can be reviewed by clicking the **vertical ellipsis** to the right of the claim and clicking **Review**.

Claim Item Search

Plan 	Group Enrollment 	ENC ID 26
Client First Name 	Client Last Name boston	Unique Client Number
Subscriber/Resp Party First Name 	S/R Party Last Name 	Subscriber/Resp Party Account #
	Service 	Service Date
Authorization # 	Rendering Staff 	Facility
Item Status 	Claim Item ID 	Claim Batch ID
FFS Type 	Add-On Level 	

Search

Administrative Actions

Claim Item List

☐	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
☐	18	Boston, Betty	FFS	None	4/11/2024	90834/HF	60 Min	Released	4/11/2024		Profile More

Figure 162: Claim Item Search Screen

6. The Claim Item Profile screen will display. All fields will be locked. Click **Finish** to exit the profile.

Profile for Claim Item # 18 for Boston, Betty

▼ Show Context Information

Service Fee

Billing Units Rate / Unit Charge Amount
 1.33 x \$112.29 = \$149.35

Unit Desc

1 unit = 45 Min

FFS Type

Fee for Service

Created Date

4/11/2024 2:49 PM

Encounter Post Date

4/11/2024

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid] 1

Tier Type

Billing Note

Payor Billing Service

Individual Counseling 38 minutes to 52 minutes: 90834/HF

Report Transmission Type

Attachment Control Number

Service Location

Residential Substance Abuse TX Facility

Claim Batch Information

Claim #

20

Batch #

19

Batch Created Date

4/18/2024 8:55 AM

Finish

Figure 163: Claim Item Profile

At this point, the claim will follow a specific workflow based on the payor type of the claim.

See [Billing Workflows](#) for more information on the three main workflows for processing claims.

6.4.2. 837P Failed

During file processing, WITS will validate the file against the following:

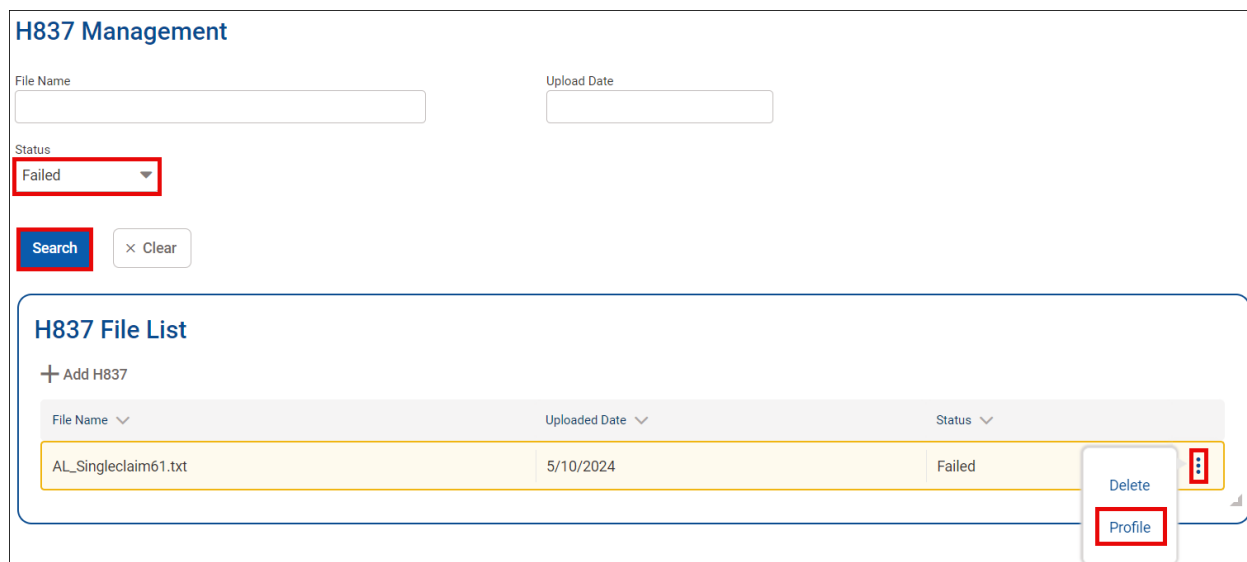
- A syntax or formatting issue with the file.
- The sender and/or receiver IDs in the file must match the provider's Contract EDI fields.

If any issues with the above are detected, the entire file will fail processing. Processing stops once the first validation error is encountered. The provider will need to correct the file and reupload it into WITS. See the 837P Companion Guide for information on how to modify the 837P file.

NOTE: Refer to the 837P Companion Guide for more information and examples on the types of failures.

If an 837P file failed to process, access the file's profile to review the error(s).

1. From the H837 Management screen, use **Search** to list files in the Failed status.
2. To the right of a failed file, click the vertical ellipsis and then click **Profile**.



The screenshot shows the 'H837 Management' interface. At the top, there are input fields for 'File Name' and 'Upload Date'. Below these is a 'Status' dropdown menu with 'Failed' selected. A red box highlights the 'Failed' status. Below the status dropdown are 'Search' and 'Clear' buttons. The main section is titled 'H837 File List' and contains a table with columns for 'File Name', 'Uploaded Date', and 'Status'. A red box highlights the 'Status' column header. The table has one row with the file name 'AL_Singleclaim61.txt', the upload date '5/10/2024', and the status 'Failed'. To the right of the table, there is a vertical ellipsis menu with 'Delete' and 'Profile' options. A red box highlights the 'Profile' option.

Figure 164: Accessing H837 Profile – Failed Status

3. The H837 Profile screen will display. Errors are listed at the bottom of the screen in the Errors section.
4. To leave the H837 Profile screen, click **Finish**.

H837 Profile

File Name AL_Singleclaim61.txt	Uploaded By Wilson, Scott
Contractor Agency Alabama Department of Mental Health	Upload Date 5/10/2024
Status Failed	Process Start Date 5/10/2024
Provider Agency Titans Treatment	Process End Date 5/10/2024

Finish

Errors

Export

Code	Message
H837Processor	The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.

Figure 165: H837 Profile Screen – Failed Status

Any 837P that failed to upload will need to be corrected and then reuploaded into WITS. To use the same file name, the original file will need to be deleted, first.

Click the vertical ellipsis to the right of the file in the Failed status and then click **Delete**.

H837 Management

File Name 	Upload Date
Status Failed	

Search **× Clear**

H837 File List

+ Add H837

File Name	Uploaded Date	Status	
AL_Singleclaim61.txt	5/10/2024	Failed	Delete Profile

Figure 166: Delete Failed 837P File

NOTE: Only files in the Failed status can be deleted.

A confirmation screen will display. The user will need to click **Yes** to finish deleting the file.

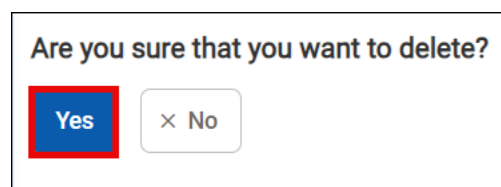


Figure 167: Confirm Failed File Deletion

6.4.3. 837P Processed with Errors

After the 837P file has been validated, each claim within the file is then checked for errors. The status Processed with Errors happens when one or more claims within the 837P file contains errors. Claims are rejected for any of the following reasons:

- A client match cannot be found in WITS.
- Clinical records are missing (intake, assessment, outcome measure, or program enrollment).
- The claim diagnosis is not valid.
- The claim procedure/modifiers are not valid.
- Procedure/modifiers do not match the client's program enrollment.
- Claim units exceed the maximum allowed for the service.
- Claim diagnosis is not valid for the claim service.

Claims with errors are not created in WITS. These errors will need to be corrected and the claim included in a new 837P file uploaded to WITS.

To review the errors for the 837P file:

1. From the H837 Management screen, use **Search** to list files in the Processed with Errors status.
2. To the right of a failed file, click the vertical ellipsis and then click **Profile**.

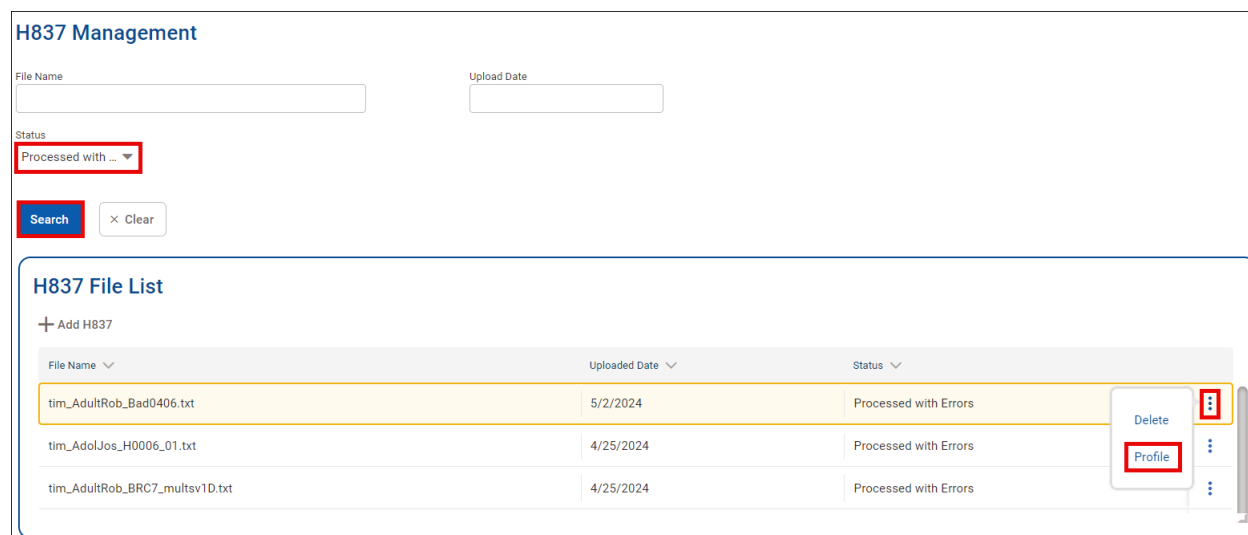


Figure 168: H837 Management - Processed with Errors

3. The H837 Profile screen will display. Errors are listed at the bottom of the screen in the Errors section.
4. To leave the H837 Profile screen, click **Finish**.

H837 Profile

File Name tim_AdultRob_Bad0406.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contractor)	Upload Date 5/2/2024
Status Processed with Errors	Process Start Date 5/2/2024
Provider Agency Birmingham Recovery Center	Process End Date 5/2/2024

Finish

Errors

Export

Code	Message
H837Processor_2300CLM01_10000003	The client does not exist in the Provider Agency or does not have a Program Enrollment for the services billed.

Figure 169: H837 Profile - Processed with Errors Status

6.4.4. Voids and Replacements

When generating an 837P for a void or replacement claim to Medicaid, the provider will need to include the payor claim control number (PCCN) from the 835.

6.5. H999 Management

After the 837P file finishes processing in WITS, a 999 file is generated. The 999 file is an acknowledgement that the file was processed into WITS. If the file fails to process, a 999 file will not be generated. Any contact(s) listed in the Provider Agency Contact Email address will receive the 999 response in an email.

NOTE: See the Billing Administration Guide for information on completing this field.

Contract Profile

[Show Context Information](#)

Contract # 16584731	Contract Name Titan's Treatment	Effective Date 1/1/2024	Termination Date
---	---	---	--

Status

Contracting Agency ADMH	Contracting Agency Contact 	Contracting Agency Contact Email
---	--	--

Provider Agency Titan Treatment	Remit Payment To 	Provider Agency Contact
---	--	---

Provider Agency Contact Email

Monthly Cap

Email to Contractor on Provider Submit
☐ On ☒ Off

Domains 	➤ ➤	Selected Domains Treatment
---------------------------------	--	--

Figure 170: Contract Management - Provider Agency Contract Email

A user can also navigate to the H999 Management screen to review the 999 notifications for their provider agency.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **H999 Management**.

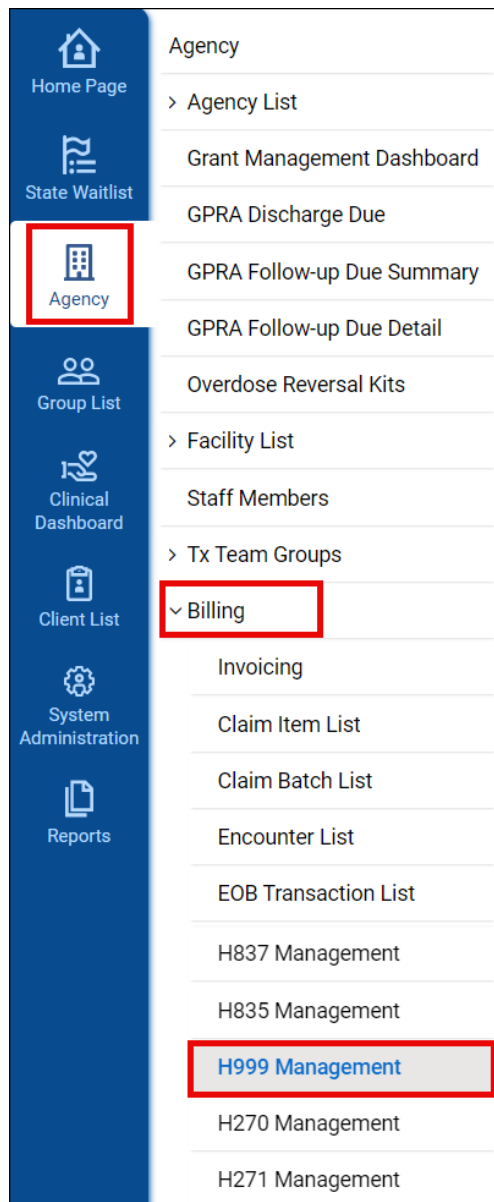


Figure 171: Accessing H999 Management

4. The H999 Management screen will display. If needed, use the search fields to narrow the results and then click **Search**.
5. Click the **vertical ellipsis** to the right of the 999 file and then click **Download**.

H999 Management

File Name
Upload Date

H999 File List

Export

File Name	Upload Date	Created Date	
173_20240418144826_300002373-5.999		4/18/2024 2:48 PM	Profile Download

Figure 172: H999 Management Screen

6. Choose a location to save the file and then click **Save**.

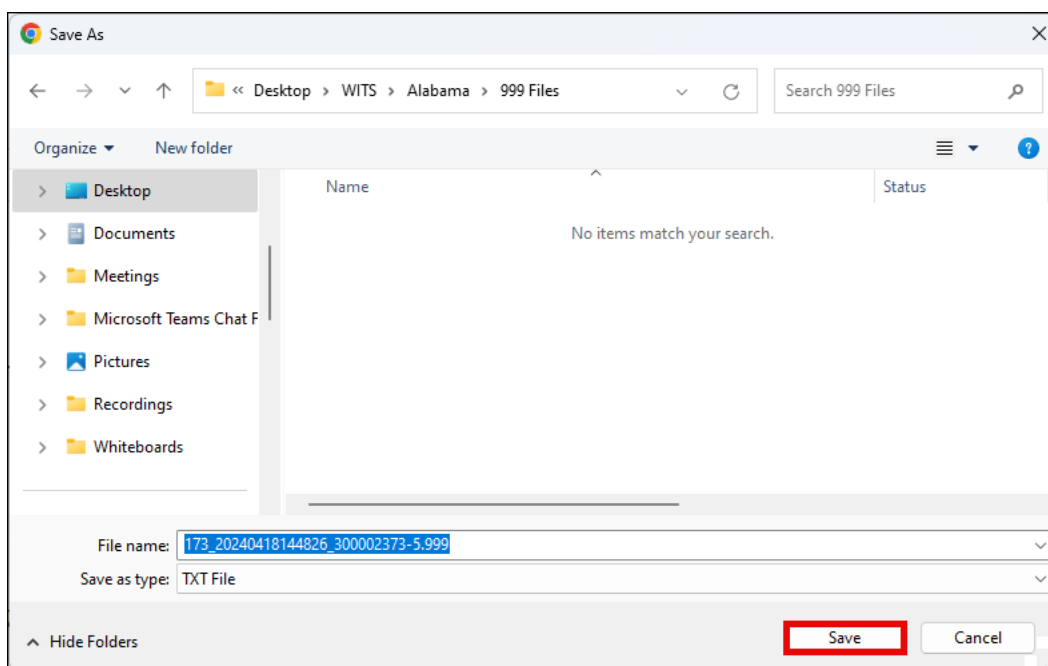


Figure 173: Saving 999 File

6.5.1. 999 SFTP

If the 837P file was uploaded into WITS through the SFTP site (see [SFTP – 837P File Upload](#)), the 999 will be added to the provider's Billing – Out folder.

To access these files:

1. From within the provider's Billing folder, double click the **Out** folder.

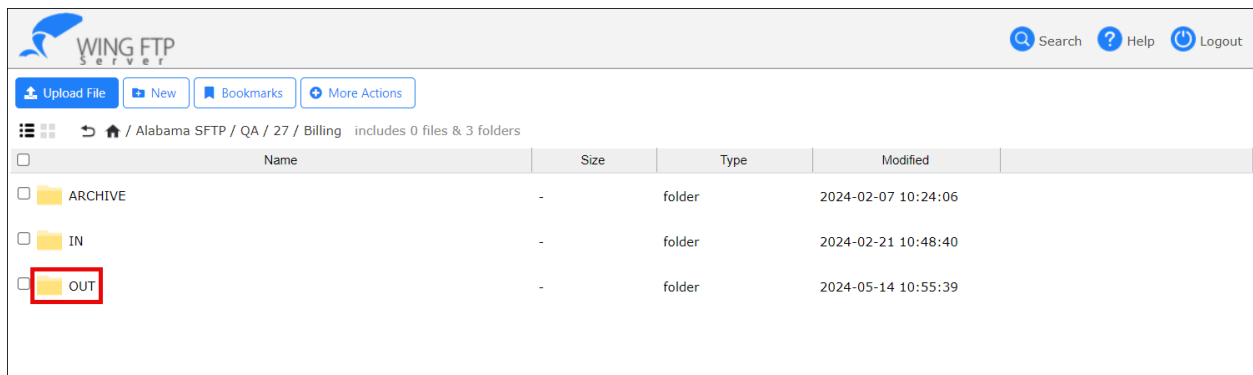


Figure 174: SFTP - Billing Out Folder

2. The Billing Out folder will display. If the file needs to be downloaded, click on the file to select it, and then click **Download**.
 - a. The Download button will not display until at least one file has been selected.

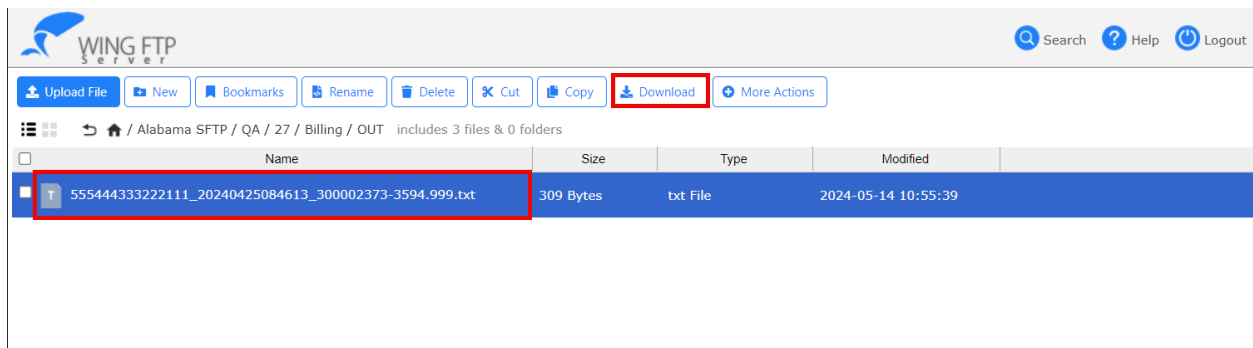


Figure 175: Out Folder - 999 File

3. The Save As window will display. Choose where to save the file and then click **Save**.

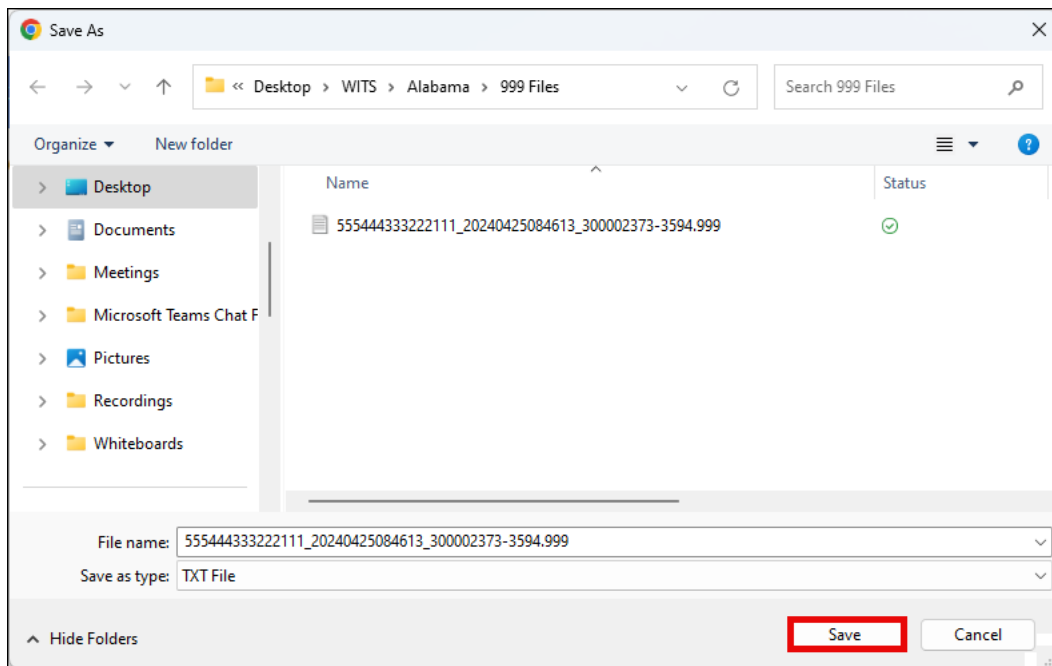


Figure 176: Save 999 File

6.6. H835 Management

An 835 remittance file will be generated for government contract and Medicaid claims. When the outbound 835 has been generated, it will be located on the H835 Management screen.

The 835 file from Medicaid will be received into the ADMH contracting agency. WITS will then generate an outbound 835 that the provider can access and download from the H835 Management screen.

For government contract claims, the outbound 835 is created after adjudication is finalized.

To access the 835 files:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **H835 Management**.

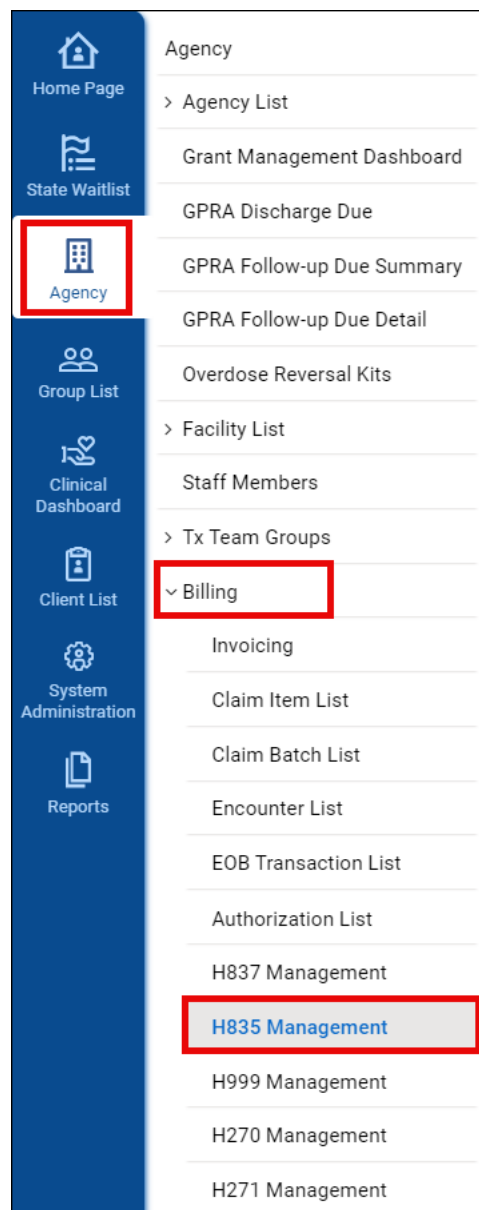


Figure 177: Accessing H835 Management

4. The H835 Management screen will display. Click **Search** to display all outbound 835 files or search for a specific one.
5. To the right of the file, click the **vertical ellipsis** and then click **Download**.

H835 Management

File Name

Agency

Upload Date

Status

H835 File List

File Name	Uploaded Date	Status	
111222333444555_20231116095638_300002373-51.835	11/16/2023 9:56 AM	Process	Delete Profile Download
111222333444555_20231116100835_300002373-52.835	11/16/2023 10:08 AM	Process	Delete Profile Download
111222333444555_20231213141619_300002373-1051.835	12/13/2023 2:16 PM	Process	Delete Profile Download

Figure 178: H835 Management - Download

6. The Save As window will display. Choose where to save the file, and then click **Save**.

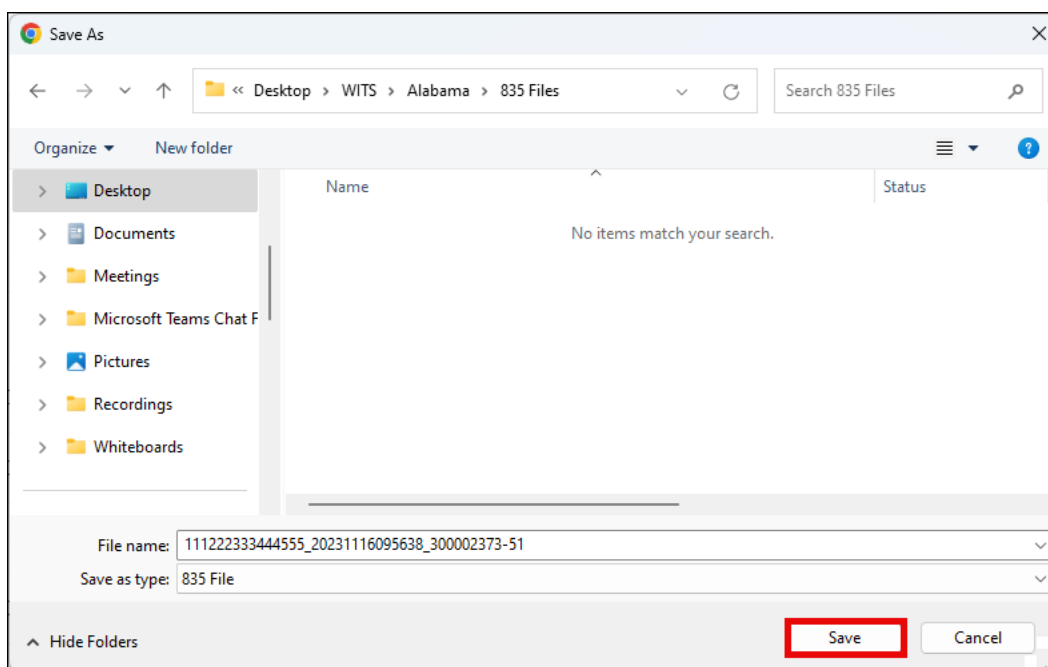


Figure 179: Save 835 File

Once downloaded, the provider will follow the guidelines of their EHR to upload the file into that system.

6.6.1. 835 SFTP

If the 837P file was uploaded into WITS through the SFTP site (see [SFTP – 837P File Upload](#)), the 835 will be added to the provider's Billing – Out folder.

To access these files:

1. From within the provider's Billing folder, double click the **Out** folder.

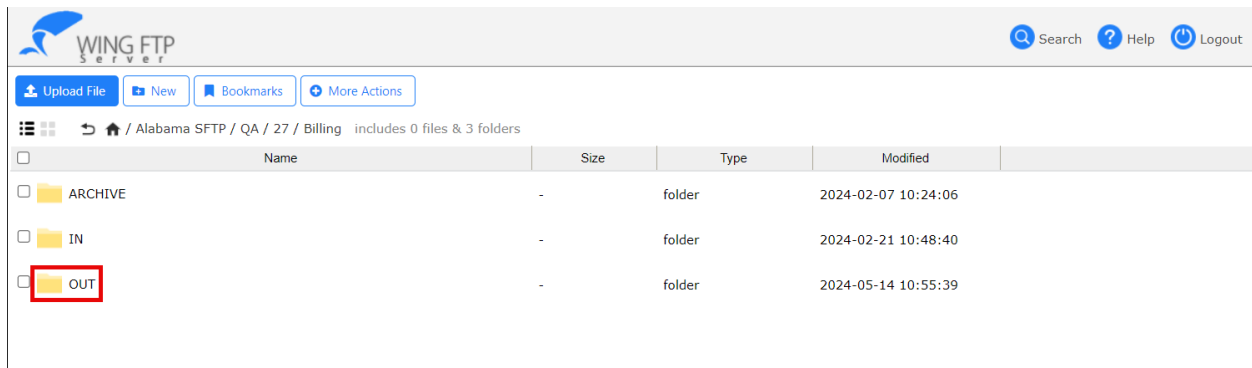


Figure 180: 835 - Billing Out Folder

2. The Billing Out folder will display. If the file needs to be downloaded, click on the file to select it, and then click **Download**.
 - a. The Download button will not display until at least one file has been selected.

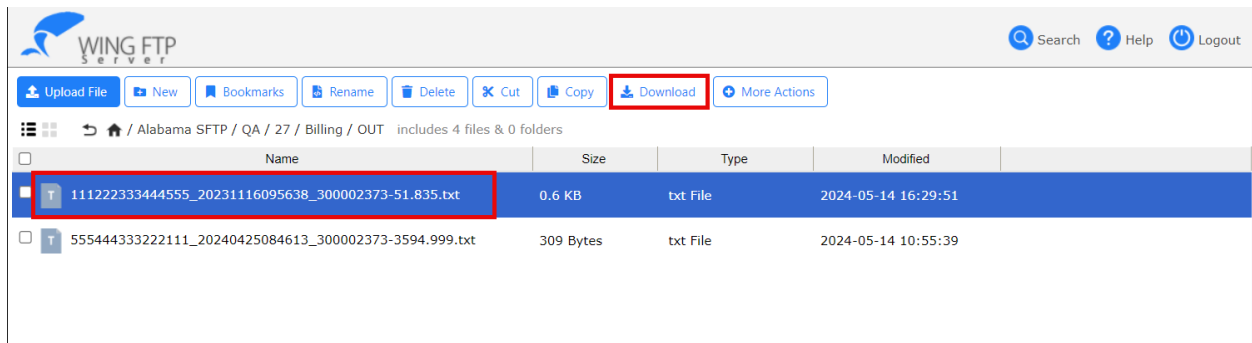


Figure 181: Download 835 - SFTP

3. The Save As window will display. Choose where to save the file and then click **Save**.

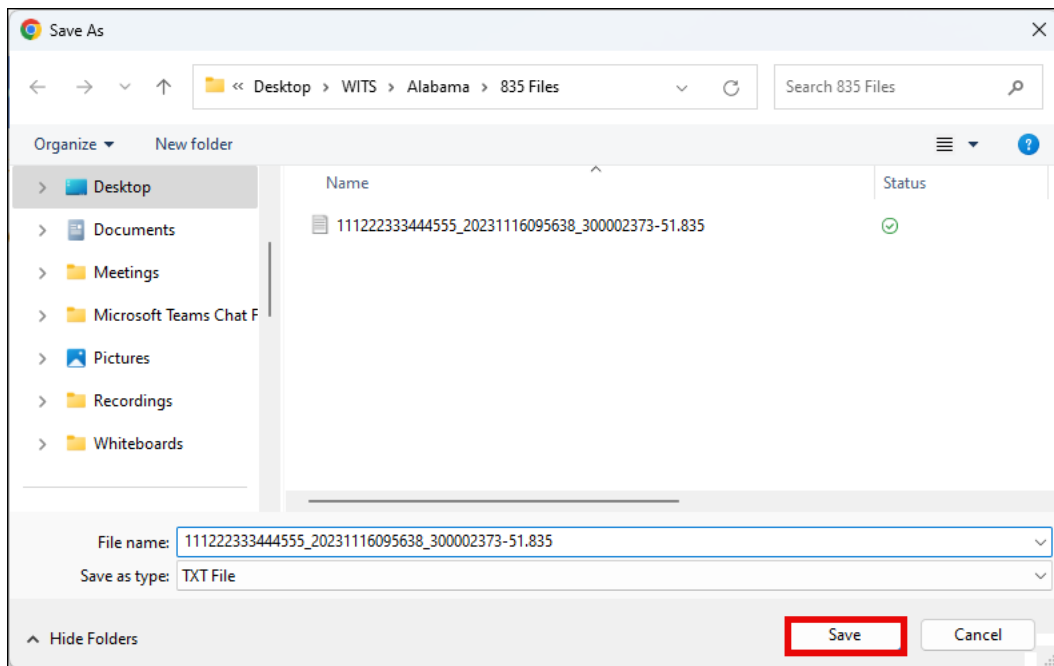


Figure 182: Save 835 File - SFTP

7. REPORTING

WITS has some prebuilt reports that providers can use to track various billing data.

To access billing reports:

1. From the left navigation menu, click **Reports**.
2. The Report Catalog screen will display. Scroll to the section **Billing**.
 - a. **Search** can also be used to locate a specific report.
3. Click on the report name to access it.

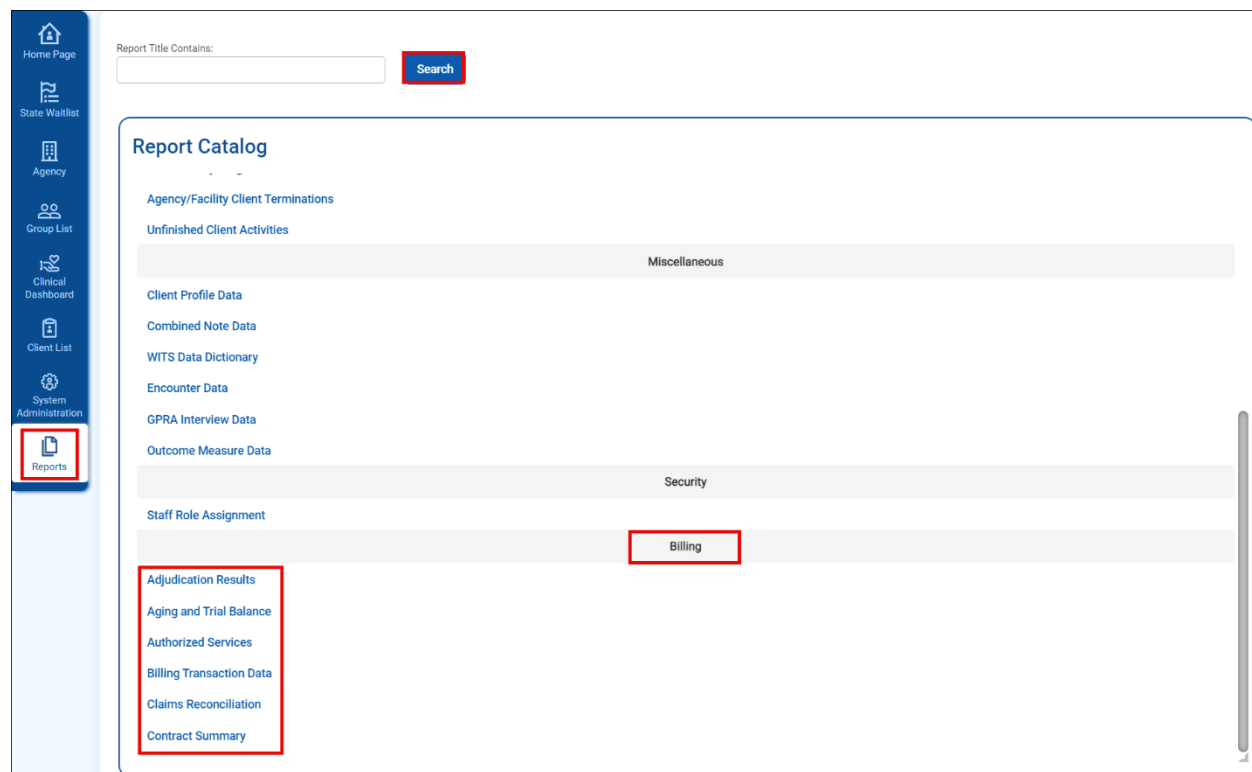


Figure 183: Accessing Reports

4. Depending on the report selected, there will be various parameters that need to be completed to structure the report data. Complete these as necessary.
 - a. Some reports may require that reporting options be moved from an “Available” box to a “Selected” box. Click on the available option and then click the **right arrow** to move the option to the selected box.

Adjudication Results

Contractor
Alabama Department of Mental Health

Provider Agencies

Selected Agencies
Titans Treatment

Adjudication Actions
Paid
Pay
Pend
Pended
Pending

Selected Adjudication Actions
Deny
Denied

Adjudication Date
From To

Sort By

On Screen **Export** × Cancel

Figure 184: Report Parameters Screen

5. Click **On Screen** to display the report.
 - a. **NOTE:** Sometimes the report will open in a new browser tab.

Alabama Department of Mental Health Adjudication Report

Contractor Agency Alabama Department of Mental Health

Provider Agency Titans Treatment

Adjudication Action Deny, Denied

Adjudication Date

Agency **Titans Treatment**

Adjudication Action **Denied**

Payor Service Adjudication ID	Client Name	Client UCN	Service Date	Procedure Code /Modifier(s)	Service Description	Charge Amount	Billing Unit	Paid Amount	Encounter Note ID	Submission Batch ID	Payor Adjudication Batch ID
3	VanDyne, Janet	J053752EZ870544	05/20/2024	H0006/HF	Case Management Adult (H0006)	\$80.00	8.00	\$0.00	41	3	3
Denial Reason Duplicate Service Check											
5	VanDyne, Janet	J053752EZ870544	05/20/2024	H0006/HF	Case Management Adult (H0006)	-\$80.00	-8.00	\$0.00	41	5	5
Denial Reason Duplicate Service Check											
13	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$50.00	5.00	\$0.00	47	9	9
Denial Reason Duplicate Service Check											
14	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$40.00	4.00	\$0.00	48	10	10
Denial Reason Duplicate Service Check											
15	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$20.00	2.00	\$0.00	50	11	11
Denial Reason Duplicate Service Check											
Total Number of Claims		5									
Total Number of Clients		1									
Total Charge Amount		\$110.00									
Total Denied Amount		\$110.00									

Date and Time Printed 5/23/2024 9:19:05 AM

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Figure 185: Example Report

6. Click **Export** to save the report as a file.
 - a. **NOTE:** Reports save as Excel worksheets.

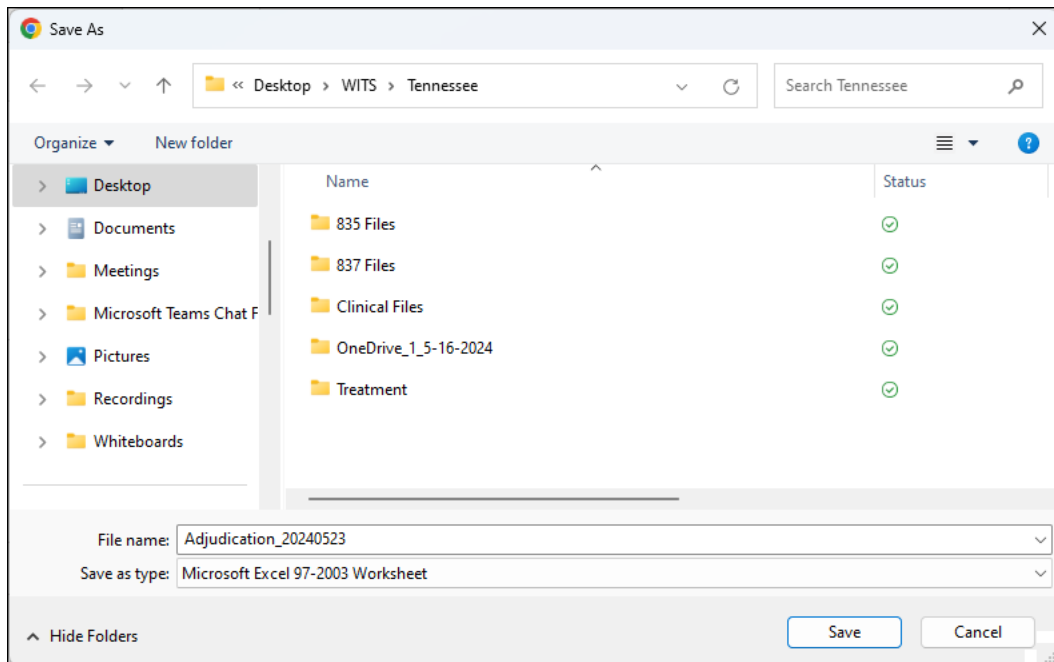


Figure 186: Exporting a Report

7.1. Adjudication Results

This report displays adjudicated claim results.

NOTE: Only government contract claims are adjudicated.

NOTE: This reports client and claim information as well as the denial reasons (if report set to identified denied claims).

Alabama Department of Mental Health Adjudication Report

Contractor Agency Alabama Department of Mental Health

Provider Agency Titans Treatment

Adjudication Action Deny, Denied

Adjudication Date

Agency **Titans Treatment**

Adjudication Action **Denied**

Payor Service Adjudication ID	Client Name	Client UCN	Service Date	Procedure Code /Modifier(s)	Service Description	Charge Amount	Billing Unit	Paid Amount	Encounter Note ID	Submission Batch ID	Payor Adjudication Batch ID
3	VanDyne, Janet	J053752EZ870544	05/20/2024	H0006/HF	Case Management Adult (H0006)	\$80.00	8.00	\$0.00	41	3	3
Denial Reason Duplicate Service Check											
5	VanDyne, Janet	J053752EZ870544	05/20/2024	H0006/HF	Case Management Adult (H0006)	-\$80.00	-8.00	\$0.00	41	5	5
Denial Reason Duplicate Service Check											
13	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$50.00	5.00	\$0.00	47	9	9
Denial Reason Duplicate Service Check											
14	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$40.00	4.00	\$0.00	48	10	10
Denial Reason Duplicate Service Check											
15	VanDyne, Janet	J053752EZ870544	05/22/2024	H0006/HF	Case Management Adult (H0006)	\$20.00	2.00	\$0.00	50	11	11
Denial Reason Duplicate Service Check											
Total Number of Claims		5									
Total Number of Clients		1									
Total Charge Amount		\$110.00									
Total Denied Amount		\$110.00									

Date and Time Printed 5/23/2024 9:19:05 AM

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Figure 187: Adjudication Results Report

7.2. Aging and Trial Balance

This report serves as both an Aging and Trial Balance report. The Aging portion quickly identifies the most delinquent claim payments. The Trial Balance portion provides situational detail to support the Aging portion.

Aging and Trial Balance Report

▼ Show Context Information

Export

Finish

Aging and Trial Balance Report List

Charge Posted ▼	Charge Cost Center ▼	Client ▼	Enc # ▼	Start Date ▼	0-30 ▼	31-60 ▼	61-90 ▼	91+ ▼	Charges ▼	Payments ▼	Adjustments ▼
5/8/2024		Drake, Tim	11	3/4/2024	\$4.00				\$60.00	\$50.00	\$48.00
5/22/2024		VanDyne, Janet	50	5/22/2024	\$20.00				\$20.00	\$0.00	\$0.00

Figure 188: Aging and Trial Balance

7.3. Billing Transaction Data

This report displays information on the various types of billing transactions performed in a specified date range.

Billing Transaction Data Report

▼ Show Context Information

Export

Finish

Billing Transaction Data Report List

Trans # ▼	Enc # ▼	Program ▼	Svc Date ▼	Client ▼	Payor ▼	Posted ▼	Cost Center ▼	Adjustment Reason ▼	Type ▼	Charge ▼	Credit ▼	Pmt # ▼	Comment ▼
60	36	Intensive Outpatient	5/15/2024	Drake, Tim		5/15/2024			Charge	\$60.00	\$0.00		
67	36	Intensive Outpatient	5/15/2024	Drake, Tim	Third Party Liability	5/17/2024			Payment Application	\$0.00	\$0.00	21	
69	39	Intensive Outpatient	5/20/2024	VanDyne, Janet	Block Grant	5/20/2024			Payment Application	\$0.00	\$60.00	23	

Figure 189: Billing Transaction Data

7.4. Claims Reconciliation

This report enables providers to identify claims with paid and denied invoices.

Claims Reconciliation Report

▼ Show Context Information

Export

Finish

Claims Reconciliation Report List

PSA Id ▼	Claim Item Id ▼	Client Identification ▼	Provider ▼	Service ▼	Start Date ▼	End Date ▼	Adjudicated Date ▼	Action ▼	Charge Amount ▼	Payor Adjudication Batch Id ▼
1	32	J053752EZ870544	Titans Treatment	Case Management Adult (H0006)	5/20/2024	5/20/2024	5/20/2024	Paid	\$60.00	1
5	36	J053752EZ870544	Titans Treatment	Case Management Adult (H0006)	5/20/2024	5/20/2024	5/21/2024	Denied	-\$80.00	5

Figure 190: Claims Reconciliation

Appendix A: Acronyms

Table 5: Acronyms

Acronym	Literal Translation
ACN	Attachment Control Number
ADMH	Alabama Department of Mental Health
AS AIS	Alabama Substance Abuse Information System
BAP	Bill Another Payor
BG	Block Grant
CARC	Claim Adjustment Reason Code
CAS	Claim Adjustment Segment
CGE	Client Group Enrollment
CH	Clearing House
COB	Coordination of Benefits
DOB	Date of Birth
EDI	Electronic Data Interchange
EHR	Electronic Health Record
EOB	Explanation of Benefits
FFS	Fee For Service
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
PCCN	Payor Claim Control Number
RTB	Release (Encounter) To Billing
SFTP	Secure File Transfer Protocol
SSN	Social Security Number
TPL	Third Party Liability
UCN	Unique Client Number
WITS	Web Infrastructure for Treatment Services

Appendix B: Glossary

Table 6: Glossary

Term	Definition
270	This is an electronic file that is sent to Medicaid verifying a client's Medicaid eligibility.
271	This is an electronic file returned from Medicaid indicating a client's Medicaid eligibility status.
837	An electronic claim file.
835	The electronic claim remittance.
999	An electronic file acknowledging that a claim file (837) was received.
Adjustment Claim Item	WITS term for replacement claim item.
Agency	The legal entity that a provider operates within; Some people refer to this as 'Provider'.
CH Item	Clearing House Item, created in the clearing house agency (ADMH) when the provider submits a Medicaid Claim Batch.
CH Batch	A batch of CH Items in the clearing house agency (ADMH). The CH batch generates the Medicaid 837P.
Claim Batch	A batch of claim items.
Claim Item	WITS term for the claim service line
Claim Item, Adjustment	WITS term for Replacement Claim Item
Claim Item, Reversal	WITS term for Void Claim Item
Facility	The location (building) that an Agency/Provider uses to provide services or track Prevention Plans. A provider can have more than one facility.