



UWITS Billing User Guide

Instructions for billing—including valuable details about how to enable Client Treatment, to Provider Billing and including Setup details and instructions.

We would appreciate hearing feedback. Email us at uwitssupport@saltlakecounty.gov. Thanks!

Table of Contents

- Provider Billing.....2
 - What if I cannot see a specific screen or button?2
 - Client Group Enrollment (CGE)3
 - Cost Share (for Government Contract Billing)3
 - Authorizations (for Benefit Plan Billing)4
 - Encounter List (Encounter Search)5
 - Encounter for a Substance Use Disorder Service6
 - Encounter for a Mental Health Service.....8
 - Claim Item List9
 - Claim Item Profile10
- Billing Roll-up (Bundling)11
 - Setup Payor Plans for Billing Roll-ups11
 - Service Code Exception List11
 - Claims.....11
 - Claims Process13
 - Batching will Roll-up (Bundle).....14
 - New Claims after Roll-up14
 - Create Claim Batches.....16
- Processing Batches18
 - Claim Batch Profile.....18
 - Check Batch Status19
 - Adjustments and Reversals of Claim Items.....20
 - Claim Batch List.....22
 - EOB Transaction List23
 - Payment List24
 - Apply Payment.....25
 - Bill Another Payor26
 - Billing Transaction List27
 - Client Balance28
 - H835 Management29
 - 277CA Management30
 - UWITS Timely Filing Waivers31
- Billing System Setup & Maintenance.....32

Payor Plan List.....	32
Group List.....	33
Agency Plan Profile	33
Payor Plan Rates	34
Agency Contacts	35
EDI Credential List.....	35
Frequently Asked Questions.....	36

Provider Billing

There is not one specific method for completing billing in UWITS. Multiple agencies use UWITS. Each agency has developed their own billing processes.

Staff at one agency may have different assigned duties as compared to a staff member with the same title at a different agency.

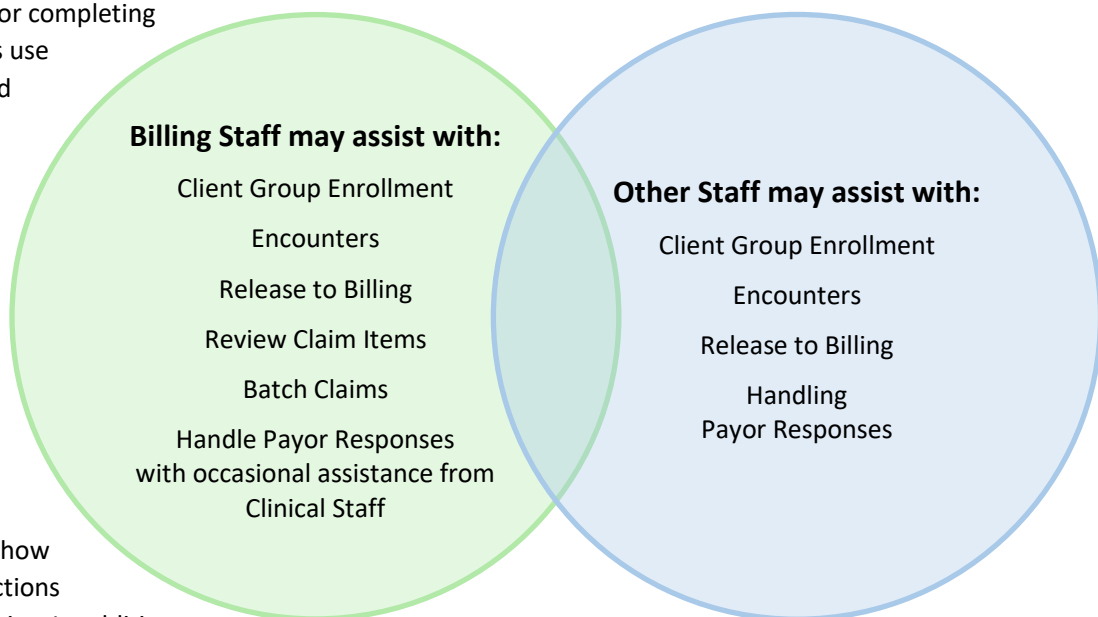
At one agency, the Billing Staff may review Encounters. At another agency, that duty is assigned to Clinical Staff.

The illustration to the right shows how responsibilities for the various functions may be assigned at different agencies. In addition

to what is shown in the illustration, there may be several additional strategies for assigning of duties.

This manual illustrates using UWITS and illustrates just one perspective for how UWITS may be used.

Please review your agency’s billing processes to learn more.



What if I cannot see a specific screen or button?

UWITS Roles (also called permissions or rights) control what you can and cannot see and do in UWITS. Agency Navigators are responsible to ensure that each UWITS user at their agency is assigned the UWITS Roles necessary to complete all assigned duties. If you cannot see any specific screen or button, speak to your Navigator.

Client Group Enrollment (CGE)

Location: Client List → Client Profile → Client Group Enrollment

Client Group Enrollment enrolls clients into Government Contract (i.e.: Block Grant), Medicaid and insurance payor plans.

Payor Enrollment Search

Plan Type:

Plan:

Active Enrollments During Date Range
From: To:

Contract:

Group:

Unique Client Eligibility

Plan	Group	Member ID	Authorizing Agency	Authorized Agency	Start	End	
SLCo-Block Grant	99 - General Adult	B9W020959M	Administrative Agency	Administrative Agency	6/2/2011	6/5/2011	⋮
SLCo-Block Grant	99 - General Adult	B9W020959M	Administrative Agency	Administrative Agency	10/1/2022		⋮

Payor Enrollment List

Priority	Plan Type	Plan	Group	Contract	Member ID	Start Date	End Date	
	Government Contract	SLCo-Block Grant	99 - General Adult	Admin Agency	B9W020959M	6/1/2007	6/30/2008	⋮
	Government Contract	SLCo-Block Grant	99 - General Adult	Admin Agency	B9W020959M	8/18/2008	10/30/2008	⋮

Government Contract Billing Information

Plan Type:

Contract:

Plan-Group:

Payor Priority Order:

Start Date:

Subscriber #:

Administrative Actions

If the client has commercial insurance, Medicaid, or if they are a self-pay client, click on the **+ Add Benefit Plan Enrollment** link and complete the required fields.

Authorizations may be added as needed to bill authorized services. See page [4](#).

Tip! Levels of care which require authorization will have a Unique Client Eligibility record. Hover over the Action Button (⋮) and select the **Enroll** option to create a CGE from that.

If a client is eligible for the Salt Lake County (SLCo) funding, click on the **+ Add Government Contract Enrollment** link then complete the required fields:

- **Contract** connects to your agency's contract with SLCo. Select from the dropdown box.
- **Start Date** should be before the client's first service date.
- **End Date** is entered to end the plan.
- **Plan-Group** select the appropriate Plan and Population Group for which the client is eligible from the dropdown box.
- **Subscriber #** is the client ID (use ALL CAPS when entering).

Add Cost Share as needed.

Cost Share (for Government Contract Billing)

Cost Share is a co-pay amount due from the client when they are funded by Salt Lake County. The amount should match the co-pay amount on the client's fee agreement.

Weekly Cost Shares can be entered on the CGE or on the Claim Item once it has been released to billing. Non-weekly Cost Shares must be entered on the claim(s). When adding a cost share for bundled Claims, the co-pay amount will show up on the Primary claim.

Authorizations (for Benefit Plan Billing)

Location: Client List → Client Profile → Authorization

Authorizations are added to Benefit Plans when required by the Payor. These are primarily used by Optum at this time.

To add an Authorization, click on the **+ Add New Authorization Record** link then complete the required fields:

- **Group Enrollment**
Select the Group Enrollment relevant to the payor plan to which services will be billed.
- **Start Date** is the first date that funds are authorized.
- **End Date** is entered to end the authorization.
- **Status** defaults to active. Select a different status from the dropdown box when relevant.
- **Authorization #** is issued by the Payor.

Click on the **+ Add Service** to add services to the **Authorized Services List** and fill in the required fields:

- **Service** may be either an individual service or a Service Grouping.
- **# Authorized Units** is the total number of units authorized.

Service Groupings are available to enable you to quickly authorize most services typical to a specific treatment level of care.

Encounter List (Encounter Search)

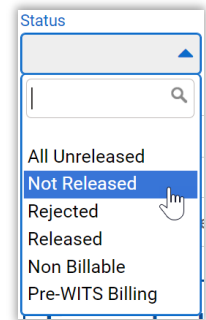
Location: Agency → Billing → Encounter List

This screen shows all Encounters at your agency. There are multiple options for how to filter.

The Encounter List can be used to review each Encounter and prepare for billing. One option to filter Encounters to facilitate a review would be to choose a status from the **Status** dropdown box. Include additional search criteria as needed (i.e.: add dates in the **Service Start** field, select a facility from the **Facility** dropdown box).

Once you have filtered the Encounters as desired, review each in turn. Hover over the action button (⋮) and click the **Profile** option.

If an Encounter needs to be corrected by a clinical or billing staff member, the encounter can be rejected back to staff with a note specifying what needs to be corrected for each rejected encounter. (See page [20](#) for more information.)



Encounter Search

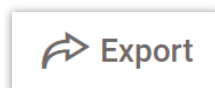
Enc ID	Rendering Staff	Supervising Staff	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Program	SSN	Procedure Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status	Service Start	Facility	Balance
All Unreleased	1/1/2023:1/31/2023	<input type="text"/>	<input type="text"/>
Payor Plan	UCN		
<input type="text"/>	<input type="text"/>		

Encounter List

[Export](#)

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Rend. Staff	Program Name	Balance	
7064912	Mason, Perry	8/23/2000	1/15/2023	Not Released	780 Min	90837	Masters, Robyn	00_1.0_GenAdult NOTEDS	\$0.00	⋮
7064811	Mason, Perry	8/23/2000	1/6/2023	Not Released	60 Min	90837	Masters, Robyn	00_1.0_GenAdult NOTEDS	\$0.00	⋮
6689467	Benson, Ben	10/10/1962	1/3/2023	Not Released	60 Min	90791	Westergard, Cory	99_2.5 IOP	\$0.00	⋮

Tip! Many screens in the Billing module offer the ability to export a table of search results. Watch for this button:



Encounter for a Substance Use Disorder Service

Treatment Plan/Encounter Notes

[^ Hide Context Information](#)

ENC ID

5824

Created By

Masters, Robyn R.

Created Date

4/12/2023 2:00 PM

Updated By

Masters, Robyn R.

Updated Date

4/12/2023 2:00 PM

Billable

Yes No

Program

7-Administrative Unit/TEDS 99_1.0_GenAdult : 5/13/2022 -

Service

90837 - Individual Therapy 53 to 90 min

Start Date

4/12/2023

End Date

Start Time

8:00 AM

End Time

8:30 AM

Duration

30

Min

Rendering Staff

Masters, Robyn R.

Dimension

1 - Acute Intoxication and/or Withdrawal Potential

Severity Rating

Low

as of

5/13/2022

Priority, Goal, & Method Statement

[Review](#)

2 - Biomedical Conditions and

Severity Rating

5/13/2022

[Review](#)

[← Back](#)

[Next >](#)

[Save](#)

[Save and Finish](#)

[× Cancel](#)

Administrative Actions

[Sign Treatment Plan](#)

Review the Encounter for accuracy, looking at the following:

- Billable
- Program and Level of Care
- Service Code
- Start and End Dates + Times
- Duration
- Rendering Staff
- Diagnosis

Also, check that the Start and End Dates for the Encounter are both between the Program Start and End Dates.

Click **Next** once your review has been completed.

Review the Encounter Narrative for accuracy, save changes (if any) then click **Bill Service**.

Encounter Narrative: 1/3/2023 -

Unsigned Notes

Release This Note?

Yes No

Sign Note

Signed Notes

Signed by Westergard, Cory 1/3/2023 1:49:37 PM:
fasfewatrvawfeavdasf

< Back

Next >

Save

Save and Finish

× Cancel

Administrative Actions

Bill Service

Diagnosis for this Service – A Diagnosis completed in the Outcome Measure will be automatically populated in the Encounter. The diagnosis must be completed to Release to Billing.

of Sessions – is the number of times the service was provided on the given date(s) and time. If billing residential days, then this is the number of days.
Service Location – is the location where the service was provided.

Release to Billing – can only be used after all required fields are completed, the Encounter Note Narrative is completed and the Encounter has been saved. A Note that is released to billing can no longer be updated—except that an addendum can be added if the ASAM Treatment Plan has not yet been signed.

After clicking on the **Release to Billing** button, if there are multiple payor options, select the one that is appropriate for your billing scenario. Once the encounters have been released to billing, the status changes to “Released” in the Status column of the Encounter List.

Encounter Profile

Hide Context Information

ENC ID
5824

Created Date
4/12/2023 2:00 PM

Program

7-Administrative Unit/TEDS 99_1.0_GenAdult : 5/13/2022 -

Service

90837 - Individual Therapy 53 to 90 min

Start Date

4/12/2023

End Date

Start Time

8:00 AM

End Time

8:30 AM

Duration

30

Min

of Sessions

1

Service Location

Office

Rendering Staff

Masters, Robyn R.

Diagnoses for this Service

Primary

F10.10-Alcohol abuse, uncomplicated(ICD)

Secondary

Select an option

Tertiary

Select an option

Add-On Services List

+ Add New Add-On

Currently, there are no results to display for the Add-On Services List.

< Back

Next >

Save

Save and Finish

× Cancel

Administrative Actions

Release to Billing

Delete

Click on the **+ Add New Add-On** to add an Add-On Service. Specify the **Add-On Service** and the number of **Units**, then click on **Save and Finish**.

Add-On Profile

Add-On Service

Units

Save and Finish

× Cancel

Encounter for a Mental Health Service

Review the Encounter for accuracy, looking at the following:

- Billable
- Program and Level of Care
- Service Code
- Start and End Dates + Times
- Duration
- Service Location
- Diagnosis
- Rendering Staff

Also, check that the Start and End Dates for the Encounter are both between the Program Start and End Dates.

of Sessions – is the number of times the service was provided on the given date(s) and time. If billing residential days, then this is the number of days.

Service Location – is the location where the service was provided.

Click on the **+ Add New Add-On** to add an Add-On Service. Specify the **Add-On Service** and the number of **Units**, then click on **Save and Finish**.

Release to Billing – can only be used if all required fields are completed, including the Encounter Note Narrative. Once the Note has been released to billing it can no longer be edited—except that an addendum can be added.

After clicking on the **Release to Billing** button, if there are multiple payor options, select the one that is appropriate for your billing scenario. Once the encounters have been released to billing, the status changes to “Released” in the Status column of the Encounter List.

Claim Item List

Location: Agency → Billing → Claim Item List

This screen displays all Claim Items at your agency. This screen defaults to being filtered to claims with Staus = Awaiting Review. There are multiple options for how to filter. For example, to view Batched Claim Items, select **Batched** from the **Item Status** dropdown box then click the **Search** button.

Hover over the action button () and click the **Profile** option to view details of the Claim Item.

Claim Item Search

Plan

Client First Name

Subscriber/Resp Party First Name

Charge

Authorization #

Item Status

Adjud Status

Program Name

Group Enrollment

Client Last Name

S/R Party Last Name

Service

Rendering Staff

Item #

FFS Type

ENC ID

Unique Client Number

Subscriber/Resp Party Account #

Service Date








Facility

Claim Batch ID

Add-On Level

Administrative Actions

Claim Item List

<input type="checkbox"/>	Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	3427	Newman, Ryan	OPTUM Medicaid 837P	FFS	None	4/2/2022	90791	60 Min	Batched	6/22/2022	\$132.64		
<input type="checkbox"/>	3438	Newman, Ryan	OPTUM Medicaid 837P	FFS	None	4/13/2022	90804/H9	30 Min	Rolled up	6/29/2022	\$0.00		
<input type="checkbox"/>	3440	Newman, Ryan	Admin Agency - 01234567890	FFS	None	4/15/2022	90846	60 Min	Batched	7/1/2022	\$38.88	Accepted	
<input type="checkbox"/>	3817	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/1/2022	H0020	15 Min	Hold	8/29/2022	\$15.00		
<input type="checkbox"/>	3809	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/1/2022	H0020	15 Min	Batched	8/29/2022	\$15.00	Paid	
<input type="checkbox"/>	3462	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/1/2022	H0020	Min	Pending Roll-up	8/29/2022	\$155.00		
<input type="checkbox"/>	3864	Newman, Ryan	Admin Agency - 01234567890	FFS	Primary	7/1/2022	90837	53 Min	Batched	8/25/2023	\$125.00	Awaiting Review	

Totals

Charges

Items

Claim Item Profile

Location: Agency → Billing → Claim Item List → Claim Item Profile

Claims released to billing will appear on the Claim Item List. Use the Claim Item Profile to review each claim item for accuracy according to your agency's guidelines. Please note that information about service codes can be found in UWITS by clicking on **System Administration** then **Services**.

Cost Share – is the pre-determined or manually entered co-payment made by the client. This is automatically added to this screen if it was previously entered in the Client Group Enrollment. Please check that the amount matches the client's current fee agreement.

Service Location – is the place that the service took place

Add-On Claim Item List Existing Add-on codes are shown here. If needed, click on the **+** **Add New Add-On Claim item** link. Specify the **Add-On Service** and the number of **Units**, then click on **Save and Finish**.

Once a claim has been reviewed, you can release to billing by clicking on the Release button.

Profile for Claim Item # 3426182 for Wayne, Bruce

^ Hide Context Information

ENC ID 7038176	Delivered Service 90834	Service Start 7/3/2023 8:00 AM	Service End 7/3/2023 9:00 AM
Program Entourage	Diagnoses F10.19 / /	Duration 60 Min	# Sessions/Units 1
Status Awaiting Review	Rendering Staff Masters, Robyn		

Service Fee

Billing Units	Rate / Unit	Charge Amount
1.00	\$13.00	\$13.00

Unit Desc
1 unit = 1 session

Group Enrollment – is the population Group associated with the Payor Plan

FFS Type
Fee for Service

Created Date
7/3/2023 2:00 PM

Encounter Post Date
7/3/2023

Cost Share

Cost Center

Group Enrollment
Client Statements [Private Pay]

Tier Type

Billing Note
pmtScl

Payor Billing Service
90834 - Individual Therapy 38 to 52 min: 90834

Service Location
Community Mental Health Center

Add-On Claim Item List

+ Add New Add-On Claim Item

Currently, there are no results to display for the Add-On Claim Item List.

Add-On Profile

Add-On Service

Units

Save and Finish Cancel

Save Save and Finish Cancel

Administrative Actions

Awaiting Review-Overlapping Services Awaiting Review-Possible Duplicate Hold Release Reject (Back Out)

Administrative Actions

Awaiting Review-Overlapping Services: Used when the service time and date overlaps with another service.

Awaiting Review-Possible Duplicate: Used when the encounter is a duplicate claim.

Hold: Used to set the item to a 'Hold' status.

Release: Used to accept the claim item for batching.

Reject (Back Out): Used to reject a claim item back to the clinician. When you reject a claim a box will appear where you can put a note to the billing or clinical staff on the reason why the claim was rejected. The claim item will be listed as Rejected on the Client's Encounter List. The clinician will then be able to modify the Encounter.

Billing Roll-up (Bundling)

Multiple claims for the same client on the same day with the same service code will be rolled together into a single claim upon creating a batch for Payor Plans identified for roll-up. The initial claim will function as the Primary claim (or bundled claim) with all additional claims identified as “rolled-up”. The process will modify the Primary claim to include the sum of units and charge amount from all applicable claims.

Note: Payor Plans can only be edited by agency staff before the first claim has been associated. After that, please reach out to the UWITS Support box to request edits.

Setup Payor Plans for Billing Roll-ups

Location: Agency → Billing → Payor Plan List

The claim roll-up process will not work unless each individual payor plan has been setup specifically. To do so, navigate to **Agency > Billing > Payor Plan List**.

Select each payor plan which needs to automatically roll-up claims and update the **Roll-up Type** field with the appropriate option for that payor plan. Updating this field to enable automatic roll-up claims can also be done for Commercial Insurance Plans, Medicaid, or Medicare Payor Plans if claim roll-up should be done when billing.

Government Contract plans will be updated by Salt Lake County Behavioral Health Services. All SLCo Government contract plans will be updated to Same client, date, rendering staff, place of service, and service (unit- and duration-based).

Service Code Exception List

For Payor Plans which have been setup with the roll-up option, encounters for all service codes will be rolled up except for services that allow Add-ons OR if the service codes are listed on the exception list.

The exception list is managed by SLCo BHS and will be updated based on need for all providers and payor requirements. Changes to the Exclusion list or the Payor plan Roll-up Status will be effective for all encounters moving forward. This includes claims that are batched after the change.

Exception List				
80305	90834	H0012	H0019	H2013
80306	90837	H0015	H0020	H2016
80307	96101	H0017	H0040	H2036
90832	96372	H0018	H0043	

As of 9/22/2022

Primary Add-On Level

Codes which have a value of Primary in the Add-On Level column will never be rolled up. Identified codes are in the graphic to the right.

Note: Any modifiers associated to these codes would also be excluded.

Primary Add-On Level				
90791	90839	99212	99347	99451
90792	90853	99213	99348	99452
90832	99201	99214	99349	G0176
90833	99202	99215	99350	H2032
90834	99203	99307	99446	
90836	99204	99308	99447	
90837	99205	99309	99448	
90838	99211	99310	99449	

As of 2/6/2024

Claims

Claims on the **Claim Item List** which are “released” will then be processed upon batch creation for identified payor plans.

Considerations

Primary claim information will be used regardless of other possible options that may be included on the subsequent claims. Upon creating a batch for an identified payor plan all claims will be rolled up according to the elements from the primary claim. Other data may vary on each of the claims.

Roll-up Example

From Roll-up Option #2 the same client, same date, same service, same rendering provider, and same location will be followed. All other claim elements will come from the **Primary** claim. Authorization numbers, diagnosis codes, and type of service/program will be taken from the Primary claim.

Elements	1st claim created (Primary)	2nd claim created	3rd claim created
Client	Clark Kent	Clark Kent	Clark Kent
Start Date	1/1/2023	1/1/2023	1/1/2023
Service Code	90853	90853	90853
Service Code modifier (if included)	-	-	-
Rendering Provider	Lana Lang, LCSW	Lana Lang, LCSW	Lana Lang, LCSW
Location/Place of Service	Office	Office	Office
Diagnosis	F06.0	F11.121	F32.9
Number of sessions	1	1	2
Authorization code	1701	31416	1701

This example shows a client with services in MH and SUD with different diagnosis and different authorizations simultaneously. It is rare but serves to illustrate the elements of which to be aware.

The following information does not get submitted in a billed batch (i.e.: the 837 electronic submission or the SLCO Contract submission) when billed and will not be included in the claim:

End Date	1/1/2023	-	-
Start Time	9:00 AM	2:00 PM	9:00 AM
End Time	10:00 AM	4:00 PM	4:00 PM
Program	29_MH2_Adult	99_1.0_AdultOP	29_MH2_Adult
Claim Status upon batch creation	Batched	Rolled up	Rolled up

For a bundled claim which has been batched/billed, if same-day services with the same billing code are added, see page [14](#) for a complete description of how UWITS will handle the new Claims.

Claims Process

Review each **Claim Item** prior to being released for batching and transmission to the payor. Billing staff can, for example, review the claims by focusing on one client then sorting by service date, billing code and rendering provider.

Claim Item Search

Plan <input type="text"/>	Group Enrollment <input type="text"/>	ENC ID <input type="text"/>
Client First Name <input type="text"/>	Client Last Name <input type="text"/>	Unique Client Number <input type="text"/>
Subscriber/Resp Party First Name <input type="text"/>	S/R Party Last Name <input type="text"/>	Subscriber/Resp Party Account # <input type="text"/>
Charge <input type="text"/>	Service <input type="text"/>	Service Date <input type="text"/>
Authorization # <input type="text"/>	Rendering Staff <input type="text"/>	Facility <input type="text"/>
Item Status <input type="text"/>	Item # <input type="text"/>	Claim Batch ID <input type="text"/>
Adjud Status <input type="text"/>	FFS Type <input type="text"/>	Add-On Level <input type="text"/>
Program Name <input type="text"/>		

Administrative Actions

Claim Item List

<input type="checkbox"/>	Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	3580	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Awaiting Review	8/29/2022	-\$97.20		⋮
<input type="checkbox"/>	3581	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Pending Roll-up	8/29/2022	\$58.32		⋮
<input type="checkbox"/>	3582	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	45 Min	Pending Roll-up	10/6/2022	\$29.16		⋮
<input type="checkbox"/>	3861	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Batched	8/25/2023	\$77.76	Awaiting Review	⋮
<input type="checkbox"/>	3862	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Rolled up	8/25/2023	\$0.00		⋮

Totals
 Charges

 Items

Tip! Please pay attention while reviewing claims to determine whether a modifier is needed prior to roll-up. If a 59 or a GT modifier is needed, reject the claim back to Encounter with an explanatory billing note. Add the modifier to the Encounter then release the service again with the updated billing code.

Batching will Roll-up (Bundle)

When you create the batch for a payor plan which has been setup for automatic roll-up, claim items will be rolled-up. The Primary Claim will have the lowest Claim Item Number.

When adding a Cost Share for Claims, the co-pay amount will show up on the Primary claim. Additional assistance with Cost Share can be found on page [3](#).

New Claims after Roll-up

If the original bundle is billed and awaiting response from the payer after which additional Claim(s) are created which should be included in that bundle, UWITS will automatically take steps to incorporate the new Claim(s) into the bundle. These steps will vary based on the status of the original bundle at the time that any additional Claim(s) are added.

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 #
Charge Service Service Date
Authorization # Rendering Staff Facility
Item Status Item # Claim Batch ID
Adjud Status FFS Type Add-On Level
Program Name

Administrative Actions

Once a claim has been batched, the **Status** column, will reference the Primary Claims and what services are Rolled Up for that particular bundle.

Claim Item List

<input type="checkbox"/>	Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	3843	Newman, Ryan	Admin Agency - 01234567890	FFS	None	6/23/2023	90846	120 Min	Batched	8/4/2023	\$194.40	Awaiting Review	⋮
<input type="checkbox"/>	3845	Newman, Ryan	Admin Agency - 01234567890	FFS	None	6/23/2023	90846	120 Min	Rolled up	8/4/2023	\$0.00		⋮
<input type="checkbox"/>	3846	Newman, Ryan	Admin Agency - 01234567890	FFS	None	6/23/2023	90846	60 Min	Rolled up	8/4/2023	\$0.00		⋮

Totals

Charges

Items

Billed but neither paid nor processed by the Payor Plan

If the original bundle has been billed but not yet been either paid or processed by the Payor, UWITS will automatically roll-up the additional Claims and put the bundle in a pending roll-up status. This will only occur upon the claim being released and a secondary batch for the Payor Plan being created. Once the Payor responds after having processed the batch, UWITS will move it out of pending roll-up status and change the status to **Rolled up**. If there is no response to a billed batch or if the batch is pended then no further action will be taken in UWITS until a response has been received.

Pending Roll-up Status

If the original bundle is in a Pending Roll-up status, UWITS will automatically incorporate the new Claim(s) into the bundle once a batch for the same payor plan is created.

Billed and Paid

If the original roll-up has been billed and paid, UWITS will automatically create an adjusted/replacement claim and roll-up the service once a new batch has been created and submitted. This will only occur upon the claim being released and a secondary batch of the Payor Plan being created. Once the Payor responds after having processed the batch, UWITS will move it out of pending roll-up status and change the status to **Rolled up**.

Claim Item List													
Export		Update Status	Reverse	Reject									
Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status		
<input type="checkbox"/>	3851	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	30 Min	Batched	8/25/2023	\$87.48	Paid	⋮
<input type="checkbox"/>	3852	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	60 Min	Rolled up	8/25/2023	\$0.00		⋮
<input type="checkbox"/>	3853	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	45 Min	Rolled up	8/25/2023	\$0.00		⋮
<input type="checkbox"/>	3857	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	30 Min	Pending Roll-up	8/25/2023	\$67.32		⋮
											Totals		
											Charges		
											Items	6	

Denied

If the original bundle is denied the claim(s) will be in a **Pending Roll-up** status. Billing staff will need to identify why the batched claim was denied and fix any issue(s) by viewing the profile of the batched claim to find out the root cause for the denial. Identify and correct the root cause. Please see page [20](#) for instructions of how to handle the root cause.

Once the issue has been corrected, batching the corrected claim will automatically incorporate the new claim(s) into the bundle. The new batched claim is created and put into a **Rolled Up** status.

Claim Item List													
Export		Update Status	Reverse	Reject									
Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status		
<input type="checkbox"/>	3855	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/2/2022	90791	30 Min	Batched	8/25/2023	\$134.64	Denied	⋮
<input type="checkbox"/>	3856	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/2/2022	90791	30 Min	Rolled up	8/25/2023	\$0.00		⋮
<input type="checkbox"/>	3857	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/2/2022	90791	30 Min	Pending Roll-up	8/25/2023	\$67.32		⋮
											Totals		
											Charges	\$201.96	
											Items	3	

Tip! Claims are frequently denied for similar reasons. Common reasons include: Duplications, Rendering Staff not credentialed with the Payor, or that a client has changed insurance.

Create Claim Batches

Location: Agency → Billing → Claim Item List

When creating a batch, UWITS will automatically select claims which have been released to be included in the new batch.

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 #
Charge Service Service Date
Authorization # Rendering Staff Facility
Item Status Item # Claim Batch ID
Adjud Status FFS Type Add-On Level
Program Name

Administrative Actions

When creating a batch, UWITS will automatically identify released Claim Items; there is no need to filter by Item Status.


To create agency or facility batches, click on the relevant button to begin the process.

The **Create Agency Batch** batches claims from multiple facilities. Facility batches include claims from only one facility.

Claim Item List

Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	3854	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	60 Min	Released	8/25/2023	\$38.88	
<input type="checkbox"/>	3861	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Released	8/25/2023	\$38.88	
<input type="checkbox"/>	3862	Newman, Ryan	Admin Agency - 01234567890	FFS	None	7/2/2022	90846	60 Min	Released	8/25/2023	\$38.88	
<input type="checkbox"/>	3864	Newman, Ryan	Admin Agency - 01234567890	FFS	Primary	7/1/2022	90837	53 Min	Released	8/25/2023	\$125.00	
<input type="checkbox"/>	3867	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	30 Min	Released	8/25/2023	-\$87.48	
<input type="checkbox"/>	3868	Newman, Ryan	Admin Agency - 01234567890	FFS	None	8/1/2022	90846	30 Min	Released	8/25/2023	\$87.48	

Totals
Charges
Items

After clicking on either **Create Agency Batches** or **Create Facility batches**, the screen shows only those Payor Plans relevant to the claims that have been released. Click on the Payor Plan(s) for the batch (or batches) being created then click on the  button to move the selection(s) to the **Selected Plans** box. Click on the **Go** button to proceed.


Choose Plan(s) for Batching

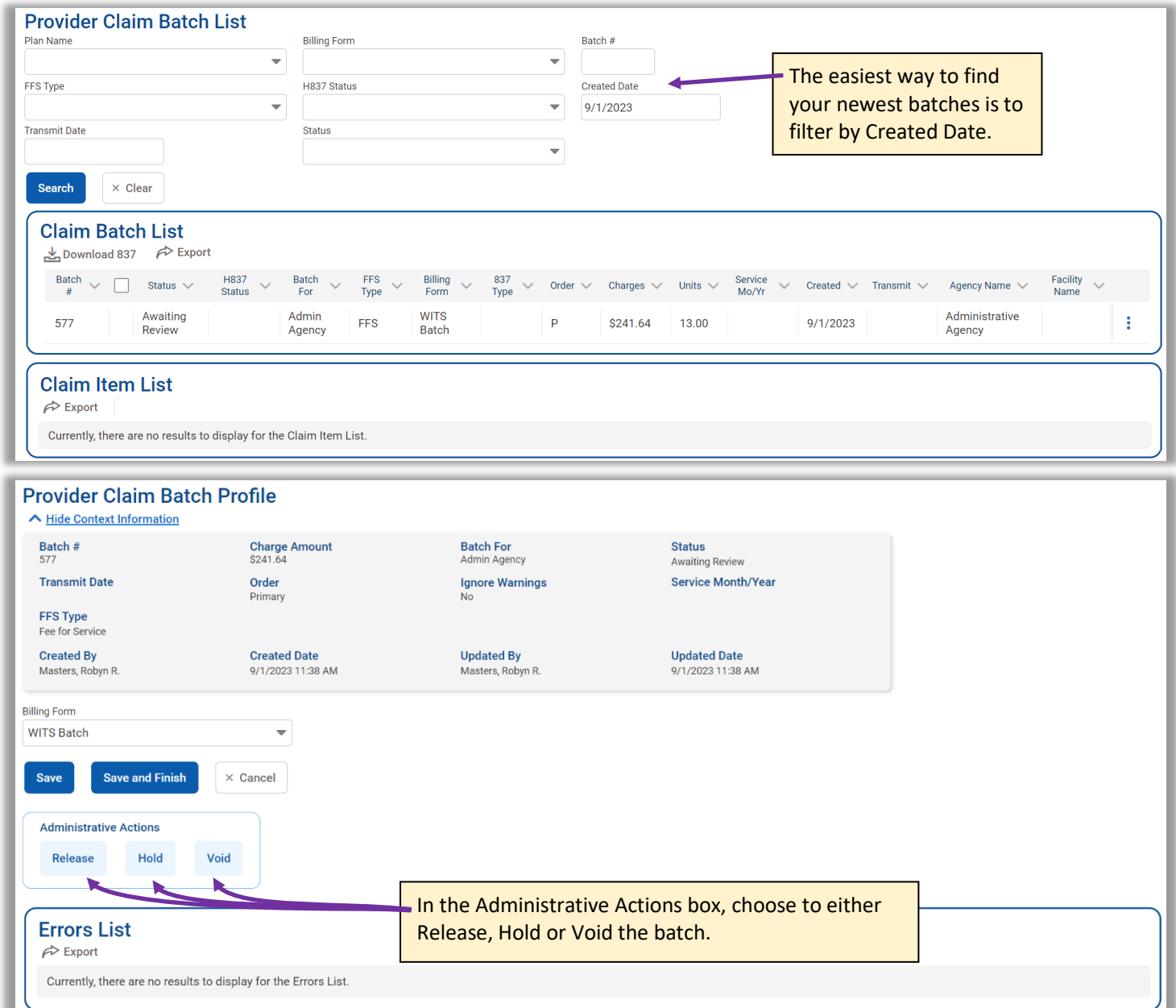
Available Plans
BlueCrossBlueShield
SLCo-Block Grant

Selected Plans

Once the batch has been created, navigate to the **Claim Batch List** screen. The batch process can take several minutes. If you do not see your newest batch, click on the **Search** button to refresh the list.

Tip! This screen is described more fully on page 22. The default view filters to Status = Awaiting Review.

Hover over the action button () and select **Profile**.



The screenshot shows the 'Provider Claim Batch List' interface. At the top, there are search filters for Plan Name, Billing Form, Batch #, FFS Type, H837 Status, Created Date, Transmit Date, and Status. A callout box points to the 'Created Date' field with the text: 'The easiest way to find your newest batches is to filter by Created Date.' Below the filters is a 'Search' button and a 'Clear' button.

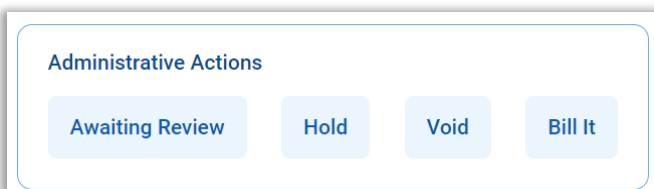
The main section is titled 'Claim Batch List' and includes a table with columns: Batch #, Status, H837 Status, Batch For, FFS Type, Billing Form, 937 Type, Order, Charges, Units, Service Mo/Yr, Created, Transmit, Agency Name, and Facility Name. A single row is visible for Batch # 577, Status Awaiting Review, Admin Agency, FFS, WITS Batch, P, \$241.64, 13.00, 9/1/2023, Administrative Agency.

Below the table is the 'Claim Item List' section, which currently shows no results.

The 'Provider Claim Batch Profile' section displays details for Batch # 577, including Charge Amount (\$241.64), Batch For (Admin Agency), Status (Awaiting Review), Order (Primary), Ignore Warnings (No), Service Month/Year, Fee for Service, Created By (Masters, Robyn R.), Created Date (9/1/2023 11:38 AM), Updated By (Masters, Robyn R.), and Updated Date (9/1/2023 11:38 AM). There are 'Save', 'Save and Finish', and 'Cancel' buttons.

An 'Administrative Actions' box contains 'Release', 'Hold', and 'Void' buttons. A callout box points to these buttons with the text: 'In the Administrative Actions box, choose to either Release, Hold or Void the batch.'

At the bottom is the 'Errors List' section, which currently shows no results.



A close-up of the 'Administrative Actions' section, showing four buttons: 'Awaiting Review', 'Hold', 'Void', and 'Bill It'.

Once the batch has been released, additional Administrative Action is needed. Choose from **Awaiting Review**, **Hold**, **Void** or **Bill It** buttons.

Choosing **Bill It** will complete the batching process.

To review a batch, go to the **Claim Batch List** to review the status and ensure there are no errors.

Processing Batches

Claim Batch Profile

Location: Agency → Billing → Claim Batch List

Click on the appropriate button in the **Administrative Action** box. The available options change depending on the status of the batch.

- Awaiting Review** Claims need to be reviewed for billing accuracy.
- Hold** Sets the batch to a Hold status for further review.
- Void** Cancels the Claim Batch and sends the Claim Items back to the Claim Item List.
- Release** Releases the Claim Batch to allow further processing. The **Release** button must be clicked before the **Bill It** option appears.
- Bill It** Sends the batch to SLCo or other Payors.
The billing format is predetermined by the system according to the Payor Plan setup for each Payor with which the batch is associated. Payor plans can be setup for invoice, CMS1500 (printable form), and electronic submission or 837 EDI transmission.

Click **Save and Finish** to return to the Claim Batch List screen.

Provider Claim Batch Profile
^ Hide Context Information

Batch # 579	Charge Amount \$29.16	Batch For Admin Agency	Status Awaiting Review
Transmit Date	Order Primary	Ignore Warnings No	Service Month/Year
FFS Type Fee for Service	Created Date 9/6/2023 5:03 PM	Updated By Masters, Robyn R.	Updated Date 9/6/2023 5:03 PM
Created By Masters, Robyn R.			

Billing Form: WITS Batch

Billing Note:

Save **Save and Finish**

Administrative Actions
Release **Hold** **Void**

Errors List
Export

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

Tip! You can use the Billing Note box to enter a Timely Filing Waiver from Optum. See page [31](#) for more details.

Check Batch Status

Location: Agency → Billing → Claim Batch List

This screen displays all Claim Batches for your agency. There are multiple options for how to filter. For example:

- Select any batch **Status** from the drop down box.
- To review batches submitted to Salt Lake County or to review Rejected batches (Rejected – Awaiting Review), filter by the **Billed** status.

Click the **Search** button to apply the filter.

Provider Claim Batch List

Plan Name

FFS Type

Fee for Service

Transmit Date

Billing Form

H837 Status

Status

Batch #

Created Date

Claim Batch List

[Download 837](#) [Export](#)

Batch #	Status	H837 Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created	Transmit	Agency Name	Facility Name
582	Released		Admin Agency	FFS	WITS Batch		P	\$106.92	11.00		10/6/2023		Administrative Agency	
576	Released	837 Generation Errors - No Retry	OPTUM Medicaid 837P	FFS	837		P	\$245.47	5.00	Jan 2023	8/25/2023		Administrative Agency	
527	Released		OPTUM Medicaid 837P	FFS	837		P	\$331.60	10.00	Oct 2022	10/12/2022		Administrative Agency	
360	Released		Admin Agency	FFS	WITS Batch		P	\$25.00			7/29/2013		Administrative Agency	
359	Released	837 Generation Errors - No Retry	MyIn	FFS	837		T	\$59.94		Jul 2009	7/8/2013	8/19/2013	Administrative Agency	
340	Released		Admin Agency	FFS	WITS Batch		P	\$120.00			2/12/2013		Administrative Agency	

Claim Item List


[Export](#)

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

Adjustments and Reversals of Claim Items

Location: Agency → Billing → Claim Item List

This screen displays all Claim Items at your agency. There are multiple options for how to filter. For example, to view Batched Claim Items, select **Batched** from the **Item Status** dropdown box then click the **Search** button.

Hover over the action button () and click the **Profile** option to view details of the Claim Item.

Adjustment and Reversals – can only be done on Batched and Billed Claim Items that have been:

- Accepted by Salt Lake County, or
- Responded to by other payor plans, or
- Which have an EOB transaction created.

Adjust is also known as a replacement claim (or 7 in EDI systems). Adjust is used if you need to submit a replacement claim for claims that have been denied.

Reversals are known as a voided claim (or 8 in EDI systems). Reversals are used to submit voided claim(s) for denied claim(s).

Examples of when to use **Reversals** are:

- When your agency is required to pay back claim(s) to a payor. This is also known as a recoup.
- When the client has switched payors or Medicaid plans and previously paid claims must be reversed before billing the correct payor. To submit the claims to a new payor you will need to go into the original claim you have just reversed and choose to bill another payor.

Examples of when to use **Adjust** are:

- When a claim(s) has been denied because the authorization number was wrong. First update the authorization number then create an adjusted claim.
- When the Rendering Provider's NPI is missing.
- When a different county funding source should have been billed.

Reverse: Automatically creates a new claim with a “negative” billing.

Adjust: Automatically creates a new claim with a “negative” billing and a second claim item in which Group Enrollment, Plan, Payor Billing Service, Service Location and/or Cost Share can be edited.

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 #
Charge	Service	Service Date
Authorization #	Rendering Staff	Facility
Item Status	Item #	Claim Batch ID
Adjud Status	FFS Type	Add-On Level
Program Name		

Search

Claim Item List

Export

Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	1229176	Arnold, Kevin	OPTUM Medicaid 837	FFS	Primary	1/1/2014	90837	30 Min	Batched	1/27/2014	\$95.00	
<input type="checkbox"/>	1228983	Grissom, Gil	SLCo Medicaid 837	FFS	None	2/1/2013	90853	15 Min	Batched	1/27/2014	\$9.00	
<input type="checkbox"/>	714069	Wayne, Bruce	Medicaid Invoice	FFS	None	2/15/2011	90806	120 Min	Batched	5/5/2011	\$24.00	
<input type="checkbox"/>	567091	Wayne, Bruce	Medicaid Invoice	FFS	None	2/11/2011	90853	30 Min	Batched	2/11/2011	\$18.00	
<input type="checkbox"/>	85971	Wayne, Bruce	Medicaid Invoice	FFS	None	11/20/2007	90801	60 Min	Batched	2/12/2008	\$21.25	

Totals

Charges

Items

Once the reversed or adjusted claim(s) have been created, three claims should be listed in the Claim Item List—all for the same service. All three claims need to be in the **Released** status for these claims to process. This is important. If these three claims are not all in the **Released** status, it will result in a batch error. The batch will not process. None of the claims in that batch will be submitted until the issues are fixed.

Claim Item List

Export **Update Status** **Reverse** **Reject**

<input type="checkbox"/>	Item #	Client Name	Payor	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Adjud Status	
<input type="checkbox"/>	624	Carebear, Sunshine	Admin Agency - 01234567890	FFS	None	8/25/2008	90801	90 Min	Batched	11/18/2008	\$127.50	Paid	⋮
<input type="checkbox"/>	3883	Carebear, Sunshine	Admin Agency - 01234567890	FFS	None	8/25/2008	90801	90 Min	Awaiting Review	11/18/2008	-\$127.50		⋮
<input type="checkbox"/>	3884	Carebear, Sunshine	Admin Agency - 01234567890	FFS	None	8/25/2008	90801	90 Min	Released	11/18/2008	\$189.00		⋮

Totals

Charges

Items

- Examples of why a batch will not process are:
- Missing NPI's in the Staff Member Profile(s) for Rendering Staff
 - A reversal or adjustment was done and the reversal or adjusted claims were not released. (As described above.)
 - No staff member designated as the EDI Contact
 - No phone number included in the Staff Member Profile for the designated EDI Contact

Claim Batch List

Location: Agency → Billing → Claim Batch List

This screen shows all batches that have been created. You may filter the list using the fields at the top of the screen. Click the **Search** button to apply the filter.

New batches come in with a status of **Awaiting Review**. The next step is to release the batch to be billed. Once this has occurred the status could be changed to any of the other options. For example, the batch can be put on hold or voided by billing staff.

When Batches Need Action

Hover over the action button (⋮) and select **Profile** to review the status of the batch or select **Claim Items** to review the claim items for that batch. Once there, hover over the action button (⋮) and select **Profile** to review that specific claim item.

When H837 Status includes “No Retry”

If the **H837 Status** column for a batch includes the words “No Retry” then hover over the action button (⋮) and click on the **Profile** option to learn why the batch is not being processed.

Responding to a Batch Processing Error (or How to Remove Claims from a Batch)

When specific claims are preventing a batch from being submitted, you can remove them from the batch by reviewing the Claim Items and checking the box next to the Claim # and clicking the **Remove From Claim Batch** button. The claims removed from the batch will go back to the Claims Item List screen for further review and can be included in a future batch.

Claim Item List for Batch 321

Export Remove From Claim Batch

Claim #	Item #	Client Name	Service Date	Service	Status	Auth #	Cost Center	Charge	Enc ID	
<input type="checkbox"/>	486	879	Bond, James	4/30/2012	90806	Batched	32754	\$60.00	1448	⋮
<input type="checkbox"/>	487	880	Bond, James	4/29/2012	90806	Batched	32754	\$25.00	1447	⋮

When the batch is ready to be released, hover over the action button (⋮) and click the **Profile** option. Then click on the **Reprocess** button to reprocess the batch.

Provider Claim Batch List

Plan Name Billing Form Batch #
 FFS Type H837 Status Created Date
 Transmit Date Status

Search x Clear

Claim Batch List

Download 837 Export Reprocess

Batch #	Status	H837 Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Units	Service Mo/Yr	Created	Transmit	Agency Name	Facility Name
578	Billed		Admin Agency	FFS	WITS Batch		P	\$29.16	3.00		9/6/2023	9/6/2023	Administrative Agency	
579	Awaiting Review		Admin Agency	FFS	WITS Batch		P	\$29.16	3.00		9/6/2023		Administrative Agency	

Claim Item List

Export

Currently, there are no results to display on the Claim Item List.

Other Status options are:

Billed – Sent to the payor and awaiting their response.

Hold – Batch is waiting for further review or other intervention by billing staff.

Released – Ready to be billed.

Voided – Batch has been cancelled.

Rejected-Awaiting Review – Batch contains errors that need to be reviewed and corrected.

Batch Processing Error – Batch contains errors that need to be reviewed and corrected.

Accepted – Payor has accepted this batch to be processed.

EOB Transaction List

Location: Agency → Billing → EOB Transaction List

This screen shows all EOB Transactions that have been created. You may filter the list using the fields at the top of the screen. Click the **Search** button to apply the filter.

This screen can be used to see whether a payment was received, a denial reason given or a patient responsibility stated, if applicable.

UWITS Training 23.0.0 Snapshot | HS Heidi Stone Administrative Agency, Administrative Unit

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

Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
	1665	Newman, Ryan	8/11/2015		Payment		\$12.00	8/13/2015	257	Newman, Ryan
	5608	Newman, Ryan	9/14/2022		Patient Responsibility	Co-payment Amount	\$5.00	9/15/2022	298	Newman, Ryan
3445	5461	Newman, Ryan	7/1/2022	90853	Payment		\$54.00	9/15/2022	300	SLCo Contractor - 01234567890
3512	5496	Newman, Ryan	7/4/2022	H0019	Payment		\$60.00	9/15/2022	300	SLCo Contractor - 01234567890
		Newman			Other					SLCo

Payment List

Location: Agency → Billing → Payment List

This screen shows all Payments. You may filter the list using the fields at the top of the screen. Click the **Search** button to apply the filter.

Hover over the action button (⋮) and click the **Profile** option to edit the payment for that row.

When adding a payment, click on the link that corresponds with the type of payment which has been received. Options include:

- Click **+ Add Contract Payment** link to advance to Payment Profile screen to manually add contract payments.
- Click **+ Add Client Payment** link to advance to Client List. This option is used to add a client payment.
- Click **+ Add Plan Payment** link to advance to the Payment Profile screen. This option is used to manually enter payments from Payors. Use this option for:
 - Insurance Companies
 - Medicaid

Please complete all required fields then click on the **Save** button.

Tip! You can enter a payment for \$-0- (zero dollars). This is helpful if the Payor has not responded and the claim needs to be rebilled to the same or a different payor.

Payment Profile

If the payment has already been applied to a claim, click the **Show Payment Application** button to view the EOB Transaction List.

Click the **Apply Payment** button to apply this payment to specific claims that are associated/billed under that Payor Plan.

Click the **Show Claims** button to view claims billed to this Payor Plan that do not have a zero balance.


Click **Save** or **Save and Finish** to save the payment record.

The screenshot shows the 'Payment Search' section with various filters: Payor Plan, Last Name (Newman), Posted Date, Payment Amount, Contractor, First Name (Ryan), Pmt #, Reference, Unapplied Amount, and Reconciliation Status. Below the search filters is a 'Payment List' table with columns: Pmt #, Payor Name, Posted, Payment Amount, Unapplied Amount, Reconciliation Status, Intended For, and Created By. The table contains three rows of payment data. At the bottom, there is a 'Total Payment' field showing \$22.00.

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Reconciliation Status	Intended For	Created By
299	Newman, Ryan	9/14/2022	-\$3.00	-\$3.00	Pending	Co-pay	Westergard, Cory
298	Newman, Ryan	9/14/2022	\$5.00	\$5.00	Complete	Co-pay	Westergard, Cory
257	Newman, Ryan	8/12/2015	\$20.00	\$8.00	In Progress	On Account	Foote, Robert

The screenshot shows the 'Payment Profile' form with the following fields: Payment #, Contract Name (Select Health ACO), Client Name, Transaction Type (Payment), Reference (CK # 1234), Comment, ReconciliationStatus (Complete), Intended For, Posted Date (2/6/2024), Receipt Date (2/6/2024), Created Date, Created By, Payment Amount (100.00), Unapplied Amount, and Check/EFT Date. At the bottom, there are buttons for 'Save', 'Save and Finish', and 'Cancel'. Below the form is an 'Administrative Actions' section with buttons for 'Show Payment Application', 'Apply Payment', and 'Show Claims'.

Apply Payment

To apply a payment, click on the **Apply Payment** button. Find the claim that you want to apply a payment to. Next, hover over the action button () and click on the **Select** option.

To add an EOB transaction, click the **+ Add EOB Transaction** link. Complete all required fields.

Click on **Save** or **Save and Finish** to complete payment application.


Payment Application Claim Profile

[^ Hide Context Information](#)

Payment # 277	Plan Name OPTUM Medicaid 837P	Claim Charge Amt \$54.00	Claim # 891
Client Name Newman, Ryan	Claim Balance \$18.00	Member # 0101010101	Order of Benefits Primary
Unapplied Amt \$84,851.25			

Payment Application Claim Item List for Claim # 891

[+ Bill Another Payor](#)

Item #	Enc #	Service	Service Date	Charge	Enc Balance	Unpaid Amount	
3595	5637	90853	10/8/2022	\$54.00	\$18.00	\$0.00	

EOB Transactions for Item # 3595

[+ Add EOB Transaction](#)

Currently, there are no results to display for EOB Transactions for Item # 3595.

Amount

Type

Reason

Comment

If your agency chooses to enter insurance payments into UWITS, when applying those payments, create an EOB Transaction for the payment. If the payment is zero this will need to be entered.

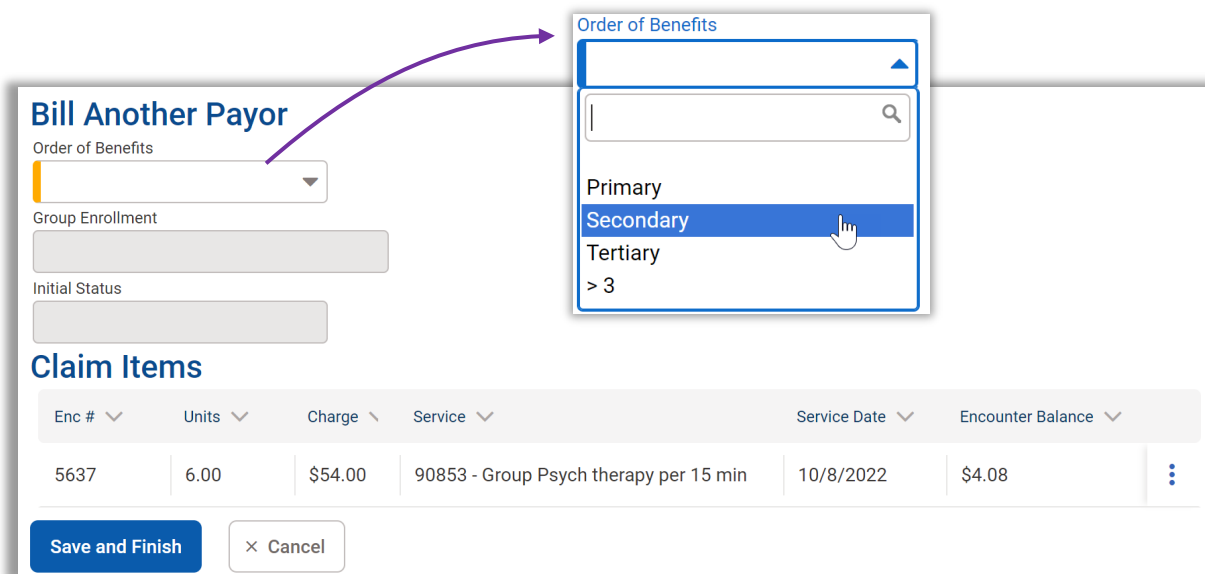
Any patient responsibility (co-pay, coinsurance or deductible) will need to be added in a new EOB transaction record as well as any denial or contractual obligation.

Bill Another Payor

Payment List > Profile > Apply Payment

Locate an existing payment in the Payment List screen. Hover over the action button (⋮) and click on the **Profile** option. On the Payment Profile screen, hover over the action button (⋮) and click on the **Apply Payment** option. In the Payment Application Claim List, hover over the action button (⋮) and click on the **Select** option next to a Claim on the **Payment Application Claim Profile** screen, click on the **+ Bill Another Payor** link.

- Select an option from the **Order of Benefits** dropdown box.
- Click on the **Save and Finish** button to exit the screen. This creates a new claim. You are now ready to proceed with including this claim in a batch and billing. See page [16](#) for more information.
- If the plan did not pay your agency, you will need to add a zero payment. This zero-payment amount is required to indicate that the primary payor did not actually pay anything and the claim must be billed to another payor. If the zero payment amount is not applied the claim will not bill to the secondary payor.



The screenshot shows the 'Bill Another Payor' form. The 'Order of Benefits' dropdown menu is open, showing options: Primary, Secondary (highlighted), Tertiary, and > 3. A purple arrow points from the dropdown menu to the 'Order of Benefits' label in the form. Below the form, there is a table of 'Claim Items' and two buttons: 'Save and Finish' and 'Cancel'.

Enc #	Units	Charge	Service	Service Date	Encounter Balance
5637	6.00	\$54.00	90853 - Group Psych therapy per 15 min	10/8/2022	\$4.08

What tips or useful information would you like to see on this page? We would appreciate hearing feedback.
Email us at uwitssupport@saltlakecounty.gov.
Thanks!

Billing Transaction List

Location: Agency → Billing → Billing Transaction List

Use any or all of the search options to search for billing transactions. Hover over the action button (⋮) and click on the **Profile** option in the **Billing Transaction List** to view additional transaction details.

Billing Transaction Search

Encounter # <input type="text"/>	Payment # <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text" value="Newman"/>
Service Start <input type="text" value="8/11/2015"/>	Posted Date <input type="text"/>
Adjustment Reason <input type="text"/>	Cost Center <input type="text"/>
Encounter Balance <input type="text"/>	Unique Client Number <input type="text"/>
Transaction Type <input type="text"/>	Program Name <input type="text"/>
<input type="button" value="Search"/>	<input type="button" value="× Clear"/>

Billing Transaction List

[Export](#)

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Pmt #	
1665	8/11/2015	Newman, Ryan		8/11/2015	Charge	\$66.32	\$0.00		⋮
1665	8/11/2015	Newman, Ryan	Newman, Ryan	8/12/2015	Payment Application	\$0.00	\$12.00	257	⋮
1665	8/11/2015	Newman, Ryan	Newman, Ryan	8/12/2015	Payment Application	\$0.00	\$13.00	257	⋮
1665	8/11/2015	Newman, Ryan	Newman, Ryan						

Billing Transaction Profile

Transaction # <input type="text"/>	Client Name <input type="text" value="Newman, Ryan"/>	
Encounter # <input type="text" value="1665"/>	Transaction Type <input type="text" value="Adjustment"/>	
Service Start <input type="text" value="8/11/2015"/>	Posted Date <input type="text" value="10/27/2023"/>	
Balance Amount <input type="text" value="\$54.32"/>	Payment # <input type="text"/>	
Payor <input type="text"/>	Charge <input type="text" value="\$0.00"/>	
Credit <input type="text" value="\$0.00"/>	Cost Center <input type="text" value="Cost Center #2"/>	
Adjustment Reason <input type="text"/>		
Comment <input type="text"/>		
Created By <input type="text"/>	Created Date <input type="text"/>	
Updated By <input type="text"/>	Updated Date <input type="text"/>	
<input type="button" value="Save"/>	<input type="button" value="Save and Finish"/>	<input type="button" value="× Cancel"/>

Alternatively, hover over the action button (⋮) and click on the **Adjust** option in the Billing Transaction List to create an adjustment to the billing transaction details for the corresponding encounter.

Note: Only the records with a Type = Charge can be adjusted.

Client Balance

Location: Agency → Billing → Client Balance

Use any or all of the search options to search for a client balance. To create a statement, check the box next to the client and click the **+ Create Statements** link. On the screen that follows, enter a date range and click **Go** to create the statement.

Client Search

First Name	Last Name	SSN	DOB
<input type="text" value="Ryan"/>	<input type="text" value="Newman"/>	<input type="text"/>	<input type="text"/>
Unique Client Number	Provider Client ID	Self Pay Plan	Balance Due
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Balance List

<input type="checkbox"/>	Unique Client #	Full Name	DOB	Social Security	Last Statement	Balance Due
<input type="checkbox"/>	B9W010170M	Newman, Ryan	1/1/1970	000-00-0000	10/27/2023	\$6,591.86

Client Statement Criteria

From To

Transaction Date Range

H835 Management

Location: Agency → Billing → H835 Management

The **H835 Management** screen includes file name, uploaded date and status for each 835 file. The file names include the TPN for the relevant payor. This screen is used to find 835 files that are received from Payor Plans which have been setup to enable electronic transmission. These files are also referred to as Remittance Advice (RA) and will show up in UWITS as a payment from commercial insurance plans or from Medicaid.

Tip! File names for 835 files can be found in MyUHIN in the files tool. Contact UHIN for assistance.

If you know the file name of the 835 file needed, you can search by that file name to see if it has been uploaded into UWITS. You can also choose to search by a date range or status. You will need to know the payor's Trading Partner Number (TPN) when looking for a specific 835 file.

H835 Management

File Name

Agency

Upload Date

Status

H835 File List

File Name	Uploaded Date	Status	
HT001129-001_20091202133501_HT002132-003-000000118.835	12/14/2009 4:15 PM	Processed	⋮
HT001129-001_20120628090123_HT0068885-001-000000001.835	6/28/2012 12:07 PM	Processed	⋮
HT001129-001_20120702123523_HT0068885-001-000000001.835	7/9/2012 11:11 AM	Processed	⋮
HT_20221013120722_HT000000-01-2.835.txt	3/3/2023 10:10 AM	Processed	⋮

Upload a New 835

No File Selected...

The H835 File List is used to identify missing payments or to download the file to an 835 reader (such as **EZ Print** by CMS.gov).

Hover over the action button (⋮) and click on Profile to view the profile or download the file to be uploaded into your 835 Reader program.

Please Note: If you cannot find the 835 in the H835 File List, go to UHIN (using either the Utransend or the MyUHIN portals) to search for any missing files prior to contacting Salt Lake County.

If you see a file listed in MyUHIN which is not yet in UWITS, please make sure that you have downloaded the 999, 277, 270 and 864 files in MyUHIN, paying special attention to the 864 files. Once you have downloaded the files in MyUHIN, the missing 835 file should upload into UWITS later that day or the next day.

If the 835 file does not upload into UWITS, please email the UWITS Support box with the file name and staff at Salt Lake County will research why the file has not uploaded.

277CA Management

Location: Agency → Billing → 277CA Management

The **277CA Management** screen allows you to view details about any rejected claims. Salt Lake County sends these to providers via email approximately every two weeks.

When you receive the file from Salt Lake County, enter the file name into UWITS and a downloadable file will be created. The downloaded file can be read with a 277 File Reader program.

Tip! Salt Lake County has an Excel-based 277CA Translator. Request a copy from the UWITS Support box.

Use your agency's 277 Reader program to view the rejection reason from the file that is downloaded from UWITS. Once you know the reject reason providers will be able to fix the error that is causing the claims to be rejected. Claims could be denied due to:

- a Subscriber ID error
- Name and DOB not matching the insurance plan
- When a client no longer has that insurance.

277CA Management

File Name

Upload Date

3/1/2013:3/14/2013

Search

× Clear

277CA File List

Export

File Name	Agency	Uploaded Date	
HT006204-001_20130304133305_HT006885-001-0.277	Volunteers of America, Utah	3/4/2013	⋮
HT006204-001_20130305170305_HT006885-001-0.277	Volunteers of America, Utah	3/5/2013	⋮
HT006204-001_20130313153310_HT006885-001-0.277	Volunteers of America, Utah	3/13/2013	⋮

Tip! The client's name must match their insurance card at the CGE or claims may be denied.

Tip! Sometimes a payor may respond to a claim via a 277CA (or 999) indicating that an issue is preventing payment. After the issue has been corrected, use the **Bill Another Payor** link then select the same payor plan which was billed previously. See page [26](#) for assistance with using the **Bill Another Payor** link.

UWITS Timely Filing Waivers

Location: Agency → Billing → Claim Batch List

When you have claims that need to be sent to Optum that are greater than 90 days from the service date, you need to work with Optum to request a timely filing exception.

Once you have the **Timely Filing Waiver** from Optum, it needs to be entered into the **Billing Note** field on the **Claim Batch Profile** prior to billing the batch. The waiver will be included in the outbound 837 file sent to Optum (electronic billing file).

The claims for which you have the waiver:

- Must be released to the same batch
- Cannot be broken out into multiple batches
- Cannot include any additional claims outside of the ones for which you have the waiver.

Each **Timely Filing Waiver** should be applied to only one batch.

The screenshot shows the 'Provider Claim Batch Profile' form. A yellow callout box with a purple arrow points to the 'Billing Note' text area, containing the text: 'Enter the timely filing exception waiver in the Billing Note box.'

Batch #	Charge Amount	Batch For	Status
579	\$29.16	Admin Agency	Awaiting Review

Transmit Date	Order	Ignore Warnings	Service Month/Year
	Primary	No	

FFS Type	Created Date	Updated By	Updated Date
Fee for Service	9/6/2023 5:03 PM	Masters, Robyn R.	9/6/2023 5:03 PM

Billing Form: WITS Batch

Buttons: Save, Save and Finish, Cancel

Administrative Actions: Release, Hold, Void

Errors List

Export

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

Billing System Setup & Maintenance

Payor Plan List

Location: Agency → Billing → Payor Plan List

To add a new Plan, click the **+ Add New Payor Plan** link. To view or update an existing Plan, hover over the action button (⋮) and select the **Profile** option. Fill in all required fields. Click on the **Save** or the **Save and Finish** button to save.

Payor Plan Profile

Plan Type: Medicaid

Plan Name: Select Health ACO

Billing Form: 837

837 Type: 837I

Selected 837 Type: 837P

Company Name: Select Health ACO

Agency: Administrative Agency

Claim Filing Type: Medicaid

Client Confidential: Yes No

Release To Billing Enabled: Yes No

270/271 Enabled: Yes No

Transaction Type Code: Reporting

Acknowledgement Requested: Yes No

Is Authorization Required?: Yes No

Effective Date: 10/6/2023

Expiration Date: [Calendar Icon]

Reactivated Date: [Calendar Icon]

Roll-up Type: None

HIPAA EDI Information

Payor Name: Select Health

Payor ID#: SX107

Receiver Name: Select helath

Receiver ETIN: HT000015-00

Application Receiver #: HT000015-00

Interchange Receiver #: HT000015-00

HIPAA Processing Set: UHIN Medicaid 837/83...

Segment Delimiter: :

Element Delimiter: ~

Composite Delimiter: *

Buttons: < Back, Next >, Save, Save and Finish, × Cancel

If claims are to be filed electronically, select the 837 option from the claim filing type drop-down box.

Selecting CMS 1500 from the claim filing type drop-down box will allow you to print the claims.

Note: Authorizations are entered under Agency → Client Profile → Authorization. See page 4.

Enter the date billing will start as the **Effective Date**.

If claims should be rolled-up, select the correct **Roll-up Type** from the drop-down menu. For more information see page 11.


Note: Payor Plans can only be edited by agency staff before the first claim has been associated. After that, please reach out to the UWITS Support box to request edits.

Note: It is recommended that a different “Delimiter” be used for each of the 3 fields: Segment, Element, and Composite.

At the **HIPAA Processing Set** box, ensure that your selection ends with “(5010)”.

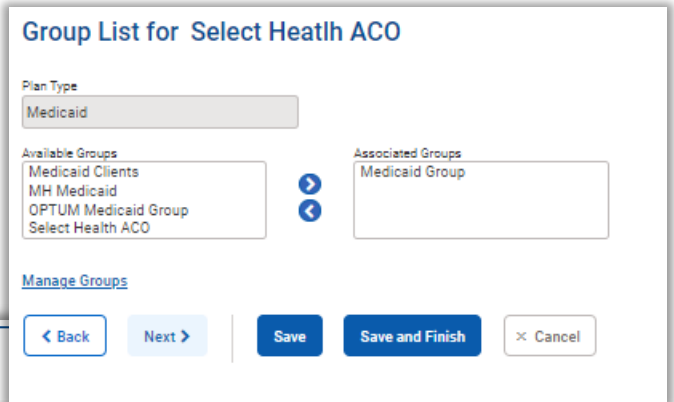
Group List

Location: Agency → Billing → Payor Plan List → Group List

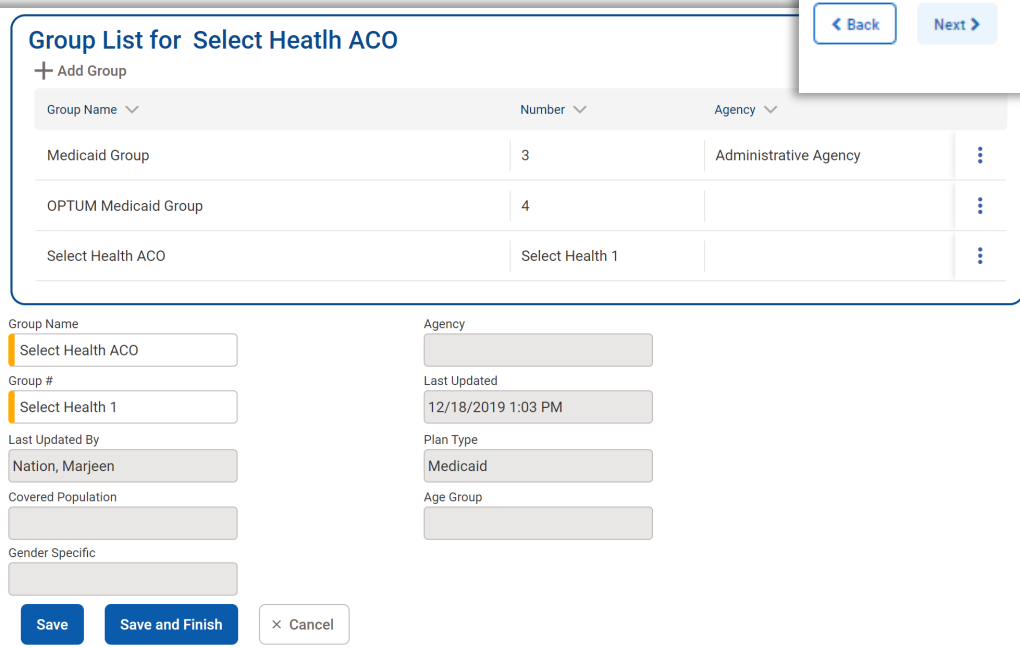
You must select an existing Plan Profile from the Plan List or add a new plan to navigate to this screen. Select **Available Groups** then click on the  button to move the selected items to the **Associated Groups** box.

Click on the **Save** or the **Save and Finish** button to save changes.

To add or update a Group, click the **Manage Groups** option.




This screenshot shows the 'Manage Groups' interface. At the top, it says 'Group List for Select Health ACO'. Below that, 'Plan Type' is set to 'Medicaid'. There are two boxes: 'Available Groups' on the left containing 'Medicaid Clients', 'MH Medicaid', 'OPTUM Medicaid Group', and 'Select Health ACO'; and 'Associated Groups' on the right containing 'Medicaid Group'. A right-pointing arrow button is between them. At the bottom, there are buttons for '< Back', 'Next >', 'Save', 'Save and Finish', and 'x Cancel'.



This screenshot shows the main 'Group List' interface. At the top, it says 'Group List for Select Health ACO' with a '+ Add Group' link. Below is a table with columns for Group Name, Number, and Agency. The table contains three rows: 'Medicaid Group' (3, Administrative Agency), 'OPTUM Medicaid Group' (4,), and 'Select Health ACO' (Select Health 1,). Each row has a vertical ellipsis action button. Below the table are input fields for Group Name (Select Health ACO), Group # (Select Health 1), Last Updated By (Nation, Marjeen), Covered Population, Gender Specific, Agency, Last Updated (12/18/2019 1:03 PM), Plan Type (Medicaid), and Age Group. At the bottom are 'Save', 'Save and Finish', and 'x Cancel' buttons.

Manage Groups

To add a group, click on the **+ Add Group** link.

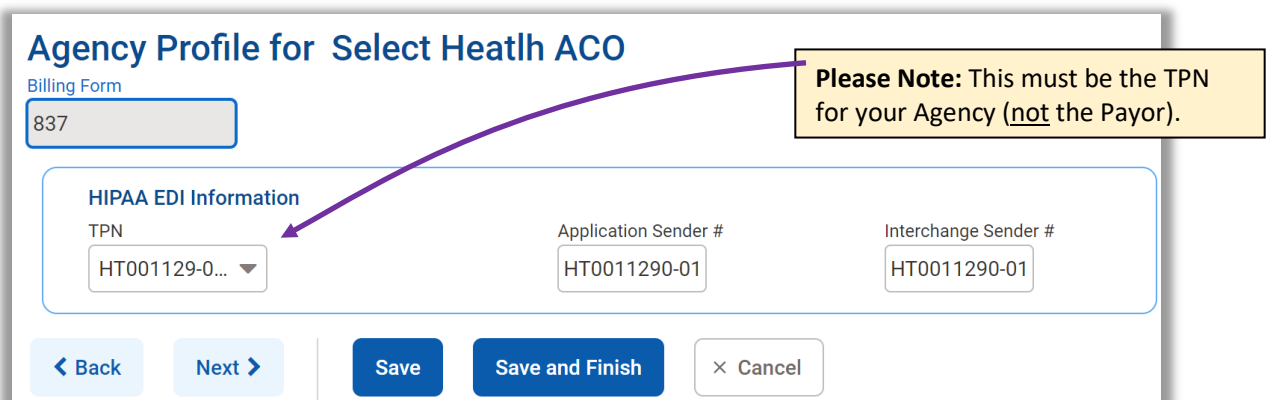
To update an existing Group, hover over the action button () and click the **Review** option. Scroll to the bottom of the screen to update. Click on the **Save** or the **Save and Finish** button to save changes.

Agency Plan Profile

Location: Agency → Billing → Payor Plan List → Agency Plan Profile

You must select an existing Plan Profile from the Plan List or add a new plan to navigate to this screen.

Enter the HIPAA EDI Information (only required for Billing Form 837P). The Agency's Trading Partner Number (TPN) is required to setup EDI information for electronic submissions. Click on the **Save** button or the **Save and Finish** to save changes.



This screenshot shows the 'Agency Profile for Select Health ACO' form. At the top, it says 'Agency Profile for Select Health ACO' and 'Billing Form' with a value of '837'. Below is a section for 'HIPAA EDI Information' with three input fields: 'TPN' (HT001129-0...), 'Application Sender #' (HT0011290-01), and 'Interchange Sender #' (HT0011290-01). A purple arrow points from a yellow callout box to the TPN field. The callout box contains the text: 'Please Note: This must be the TPN for your Agency (not the Payor)'. At the bottom are buttons for '< Back', 'Next >', 'Save', 'Save and Finish', and 'x Cancel'.

Payor Plan Rates

Location: System Administration → Rates

Rates relevant to your County Contract are entered by SLCo DBHS. Rates must be created for Payor Plans that do not have a contract (Medicaid, Private Pay, etc.).

Navigate to the **Rates** screen by clicking on **System Administration** and then **Rates**. Click on the **+ Add Rate** link to add the rate for a service. Click on the **Save** button to save the new rate.

The **Agency Rate Search** enables users to look for Rates that have already been added using the criteria in the fields at the top of the screen.

The Agency Rate Search form includes the following fields: Agency (Administrative Agency), Plan, Service (90853/90853 - Group Psych therapy per 15 min), Duration, Effective Date, Expiration Date, Rate Per Unit, and a Deprecated checkbox (Yes/No). Search and Clear buttons are at the bottom.

The Agency Rate List shows a table with columns for Service #, Procedure Code, Description, Measure Type, Rendering Provider, Date Span, Effective Date, Expiration Date, Created Date, and Modifiers. Below the table are '+ Add Rate' and 'Export' buttons, and a message: 'Currently, there are no results to display f'.

The Add Rate form includes: Hide Service Information, Service # (204), Procedure Code (90853), Description (90853 - Group Psych therapy per 15 min), Measure Type (Duration), Rendering Provider (Yes), Date Span (No), Effective Date (7/1/2006), Expiration Date, Created Date (2/15/2007), Modifier 1-4, Rate #, Rate Per Unit (\$10.17), Service (90853/90853 - Group Psych therapy per 15 min), Description (1 unit =), Effective Date (7/1/2023), Expiration Date, Duration (15 Min), Rate Type (Agency - Standard), Agency (Administrative Agency), Facility, Plan, Created By, Created Date, Updated By, Updated Date, and Save, Save and Finish, Cancel buttons.

Options available for the **Rate Type** box include:

Agency-Plan-Specific allows the rate to be effective for one specific Plan. **Plan** is a required field with this choice.

Agency-Standard allows a rate to be used with all plans—as long as they do not have a Plan-Specific rate in place.

Tip! If you are using the agency-standard option then to update a rate you will need to add an Expiration Date for the previous rate before a new rate can be created.

If the Service is time-based, enter the type of duration (minutes) in the **Duration Type** box and the number of minutes per unit in the **Duration** box.

Agency Contacts

Location: Agency → Agency List → Contacts

An **Agency EDI Contact** must be set up for any Agency submitting electronically.

Click on the **+ Add Contact** link. Fill in all required fields, selecting **Agency EDI Contact** from the **Contact Type** dropdown box. Click on the **Save** or the **Save and Finish** button.

Tip! It is required to add a phone number and the Agency's NPI number to the Staff Profile of the staff member who is designated as the EDI Contact for the agency.

Contacts for Administrative Agency

Agency Contact List

+ Add Contact

Contact Type	Name	Status	Created	Effective	
Agency Billing Contact	Dog, Droopey	Active	6/22/2009	6/22/2009	⋮
Agency EDI Contact	Account, Test	Active	2/26/2014	1/1/2012	⋮
Referral	Amadi, Uche	Active	10/27/2016	10/27/2016	⋮

Agency Contact Profile

Staff

Contact Type

Effective Date

Status

Finish

EDI Credential List

Location: Agency → Billing → EDI Credentials List

EDI Credentials must be set up for any Agency submitting electronically via the Utah Health Information Network (UHIN).

Only one set of EDI Credentials is allowed per agency. However, if your agency is new or if your previous EDI Credentials have been deleted, you may click on the **+ Add Credentials** link to add a new set of EDI Credentials. To update existing credentials, hover over the action button (⋮) and click the **Review** option.

Fill in all required fields, entering the Agency's Trading Partner Number (TPN) in the **TPN** box. Click on the **Save** button to save changes.

EDI Credential List

Type	Provider Agency	TPN	User Name	Password	
Submitter (Service Provider)	Administrative Agency	HT001234-567	user890	*****	⋮

+ Add Credentials

Type

TPN

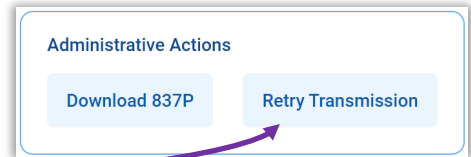
User Name

Password

Frequently Asked Questions

Our agency is receiving denials on claims from Medicaid because the name of the client in UWITS doesn't match the name on PRISM/Medicaid records. How can we update a client's name for the billing purposes?

The client's name is also included in the **Subscriber/Responsible Party** box on the Benefit Plan. Navigate to the Client Group Enrollment (CGE) screen then look at the Benefit Plan Enrollment. That is the name that will be submitted along with Billing—and it will need to match the client's PRISM/Medicaid records. If the name on their Medicaid ID changes, you only need to update it here to smooth out the billing issues.



During a transition (such as when a person is married or divorced) sometimes it takes a while to coordinate the name change at all agencies. During that transition, it is fine if the client's name at their Client Profile does not match their name at the **Subscriber/Responsible Party** box on the Benefit Plan. You may need to change the Benefit Plan a bit later—once Medicaid's data catches up. Each scenario may unfold differently—so please reach out to the UWITS Support box if you have any questions about a specific situation.

When a client's legal name changes, please add their previous name to the **Alternate Name** section then update the name fields in their UWITS client profile, as needed. If the changes to a person's name means that their client ID should change too, arrange for the client ID correction to happen as well.

It is best to enter the demographic details listed on the client's state-issued ID or Driver's License into UWITS whenever possible. If the client's ID/Driver's License changes, please do change their UWITS client profile to match. That said, if looking at a client's ID/Driver's License is just not possible, using the information from their Medicaid record is an acceptable substitute.


Circumstances prevented our agency from billing for services within 90 days of the service date. What now? Is there any way we can still bill for these services?

Yes! You may request a timely filing exception waiver from the Payor. See page [31](#) for instructions.

When releasing an Encounter, UWITS displays a message that no Authorization exists. Why is that?

This may indicate that there is no Authorization in place. It may also indicate that the Authorization has been closed. To resolve, navigate to the **Client Profile** then click on the **Authorization** screen. Check that an Authorization exists, that it is Active and that it is valid for both the Payor Plan and relevant date(s) of service(s).

A batch failed to submit. What now?

Navigate to the **Claim Batch List** and locate the relevant batch. Hover over the action button () and select the **Profile** option. Review the **Errors List** to identify issues that need to be addressed.

After the errors have been resolved, take a look at the **H387 Status** field for that batch. Does the **H387 Status** includes the words "Auto Retry"?

- If so, UWITS will automatically attempt to resubmit the batch for 3 to 5 days.
- If not, after the errors have been resolved you must return to the **Claim Batch List** screen and navigate to the **Profile** for the relevant batch. Click on the **Retry Transmission** button.

When a client finishes their program, does the Unique Client Eligibility (UCE) need to be closed by us or the agency who created it? Should we be adding an End Date upon Discharge?

The Unique Client Eligibility (UCE) screen is for information purposes for your agency. Only agencies that issue authorizations (currently our office and ARS/IGS) can make changes to the UCE. As such, your agency is unable to do anything with the UCE information other than view the information and enroll into the authorized payor plan.

Your agency is responsible for making sure that the Client Group Enrollment (CGE) is correct and updated as that is what pulls into the Encounters when you click on Release to Billing as to the options that are available to choose.

If the primary therapist for a Group meeting leaves for a vacation and the substitute therapist leads the Group in their place, does the substitute therapist need to be created in the group list prior to leading the Group or can they use the original Group list?

The substitute therapist can select the current Group and create a Session for the Group. They can then identify themselves as the Lead Staff in the Session. This can be done for all Sessions that the substitute conducts.

The screenshot shows a web form titled "Group Session Notes". At the top, there is a "Hide Context Information" link. Below that, the "Group Name" is "TEST Lead Staff GROUP" and the "Group Type" is "Substance Abuse Issues". The "Note Type" is set to "Progress Notes". The "Billable" field has "Yes" selected. The "Start Date" is "1/5/2023", "End Date" is empty, and "Start Time" is "12:00 PM". The "Duration" field is empty, and "# of Service Units/Sessions" is "1". The "Lead Staff" field is empty, and the "Location" field is empty.

I need to go in and mark a note as nonbillable which has already been batched. How do I do that?

This can only be done if the Claim Batch has not yet been billed.

Begin by navigating to the Claim Batch List. This screen displays all batches that have been created. Search for the batch that includes the Claim to be marked nonbillable. In that batch, hover over the action button (⋮) and select Claim Items. Check the box next to the item and then click Remove From Claim Batch. This will change the item status to "Awaiting Review".

Next, navigate to the Claim Item List and search for the claim. Hover over the action button (⋮) and select Profile. Scroll down to the Administrative Actions box and select Reject (Back Out). Select the Rejection Reason of Other and enter the reason for the rejection along with the date and your initials.

Finally, navigate to the Encounter. At the Billable field, click on the No option. Click on the Save or the Save and Finish button.

The close-up shows the "Billable" field with two radio buttons: "Yes" and "No". The "No" radio button is selected.