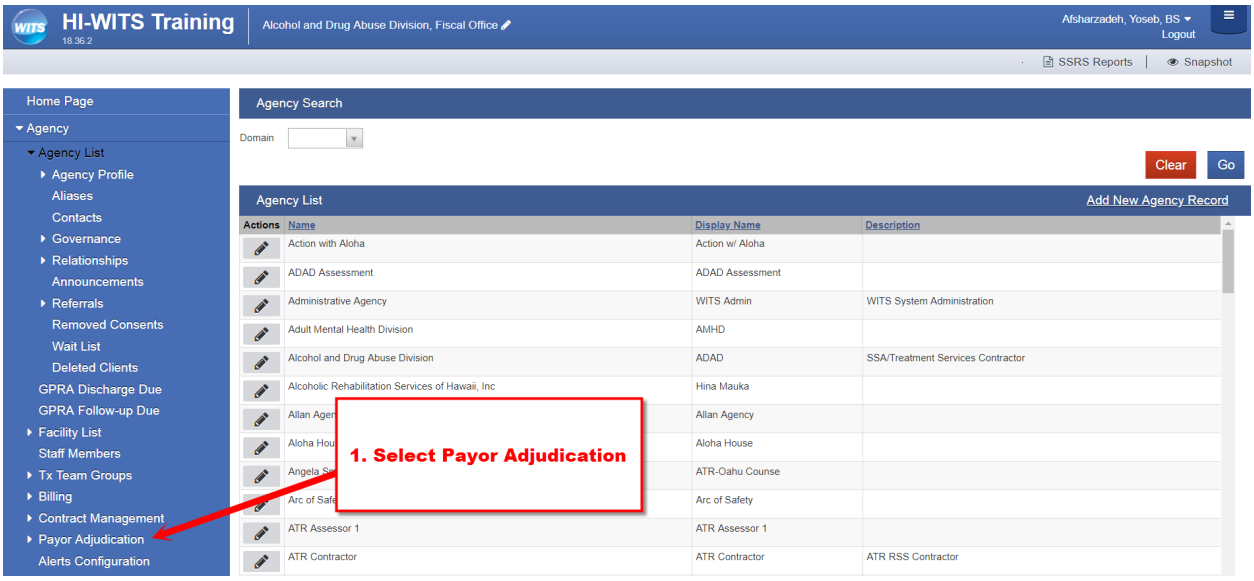
HI-WITS Training: Adjudication Process

Lesson 11

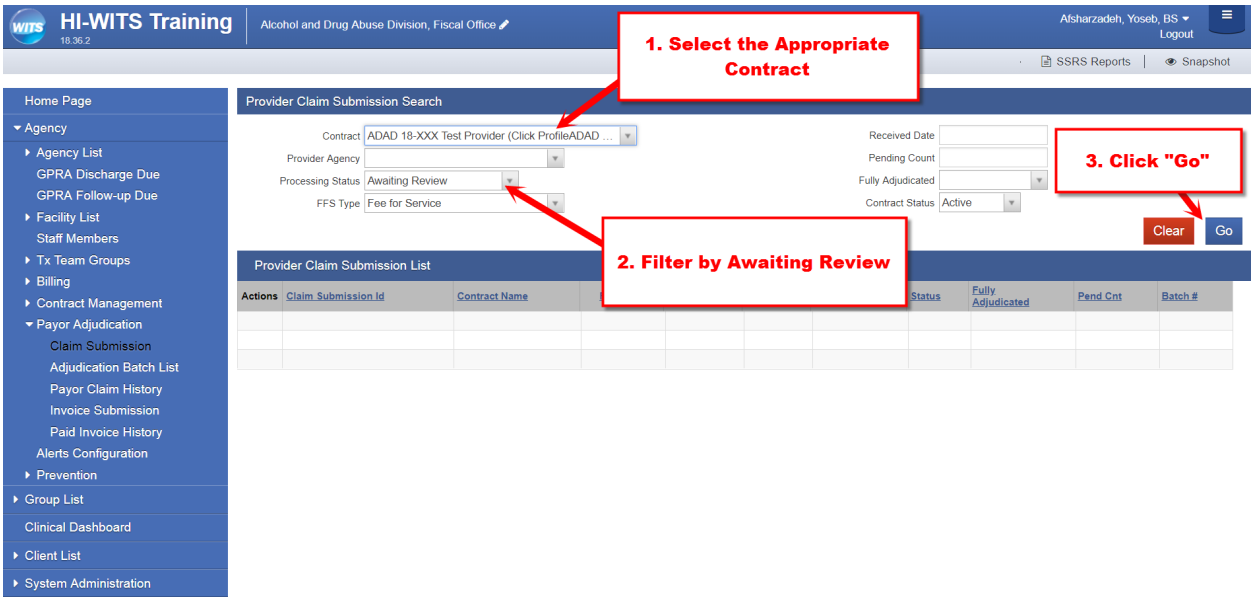
Situation: On a Monthly Basis, Providers will Send Batches of Claims to ADAD Fiscal to be Reviewed, Processed and Adjudicated.

Note: ADAD Fiscal will need Work Closely with Providers to Guide them on Which Funding Source to Utilize.

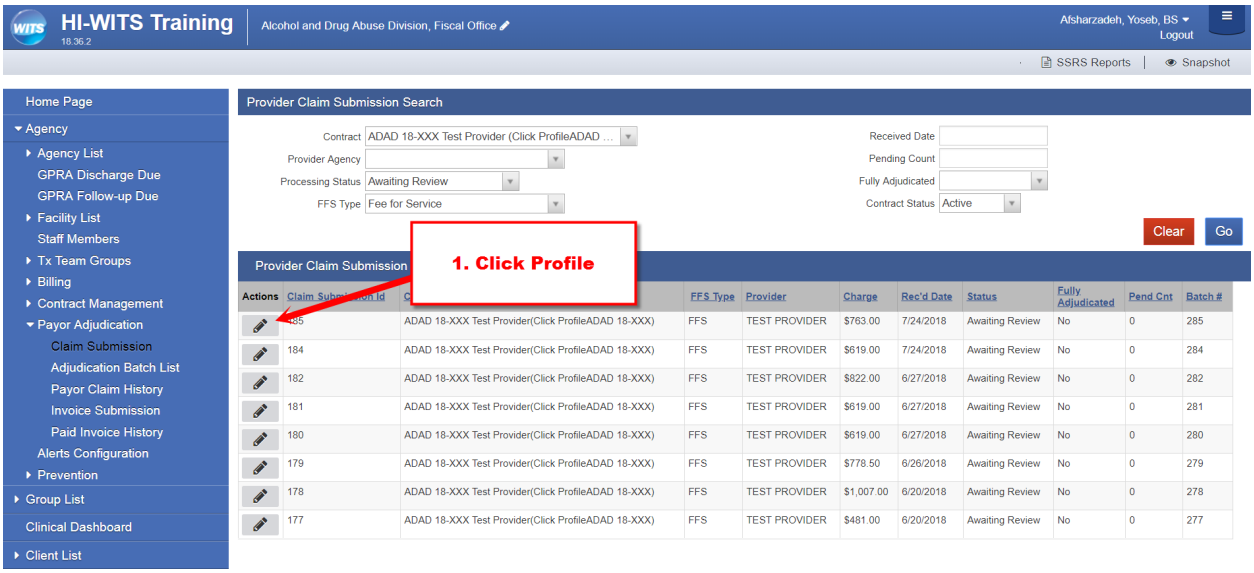
1. Under Agency on the Left Menu pick, Click on the Payor Adjudication Link.



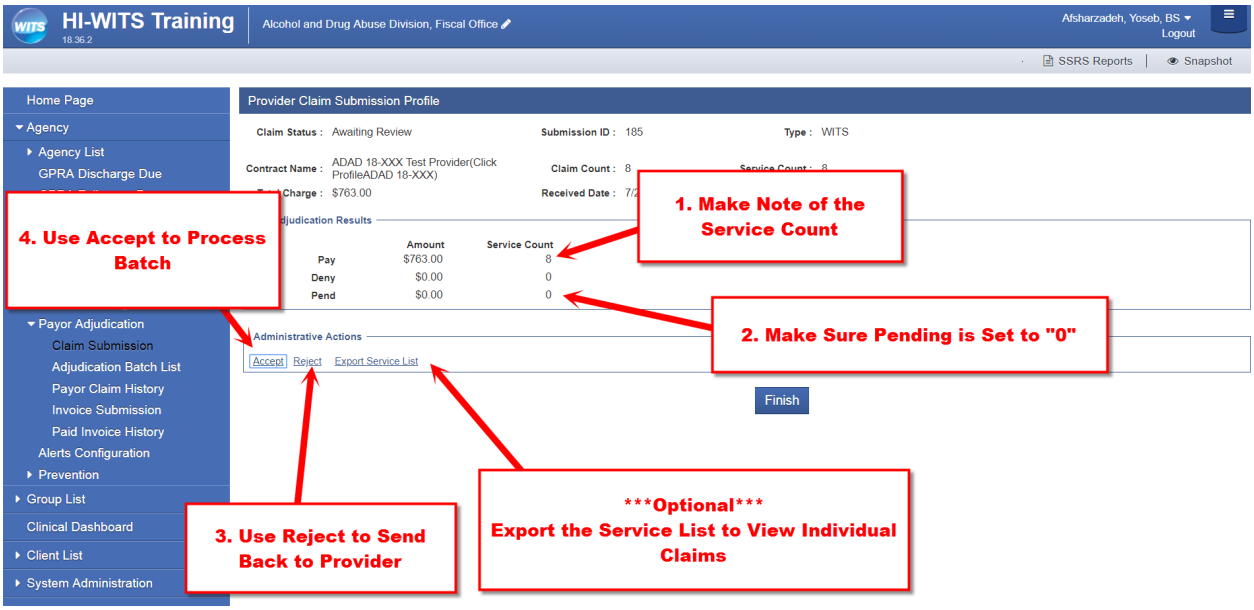
2. On the Provider Claim Submission Search Screen, Select the Appropriate Contract from the Drop-Down, Choose Awaiting Review from the Processing Status Drop-Down and Click "Go"



3. Select the Batch that you want to Process and Select Profile from the Fly-Out Menu

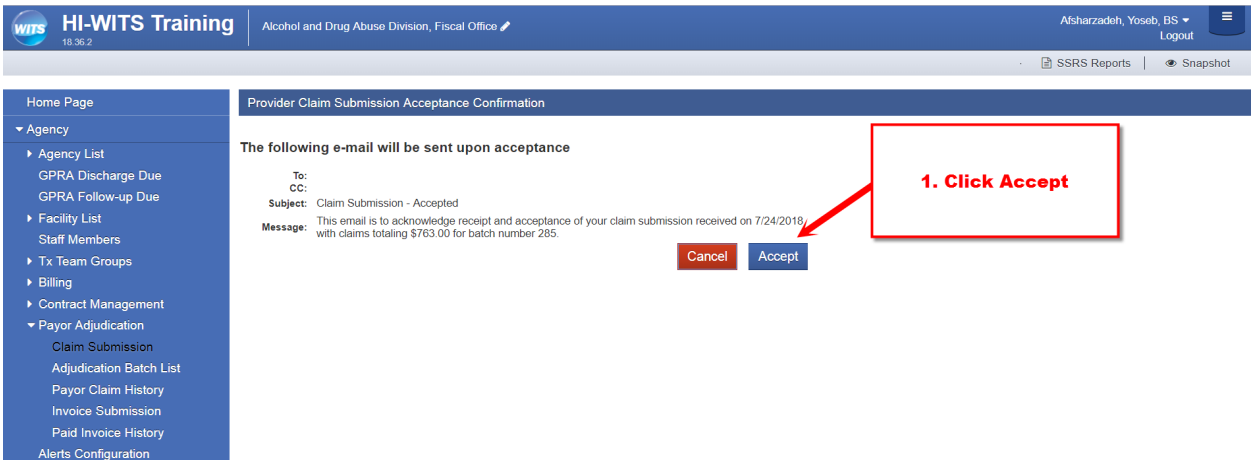


4. Notice the “Pay” Service Count, Make Sure that “Pend” is set to “0”. Optional step is to Export the Service List to View Individual Claim Items. Use the “Reject” Link to Send Back to the Provider. Click the “Accept” Link to Process the Batch

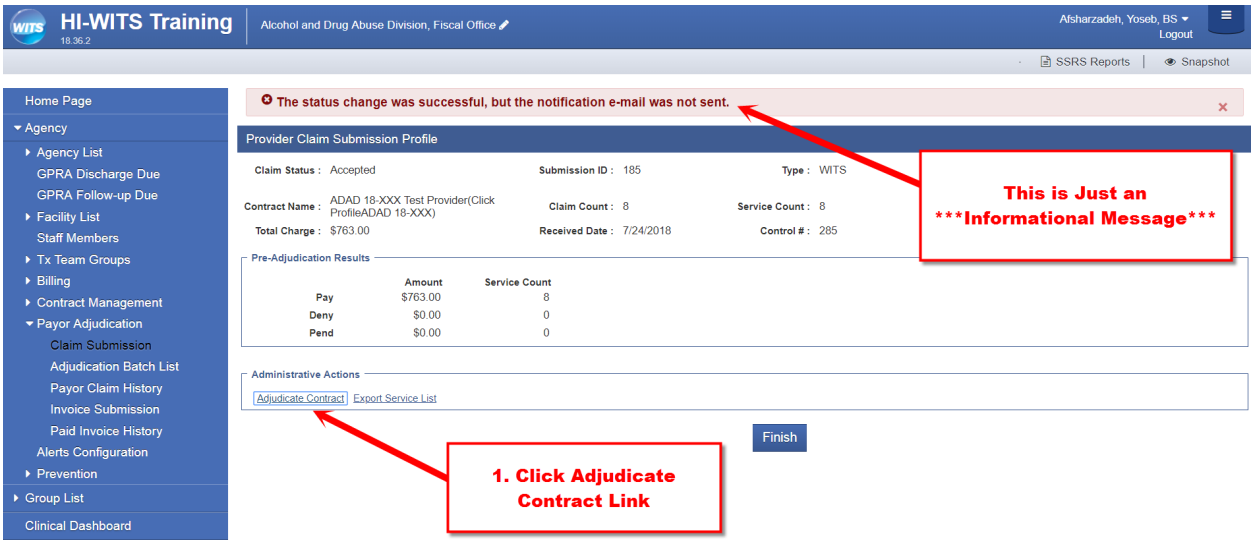


Note: if "Pend" has any Value, Fiscal Staff will need to Make Sure that Provider has Available Funds. If they do Fiscal Staff will be Able to set to "Pay"

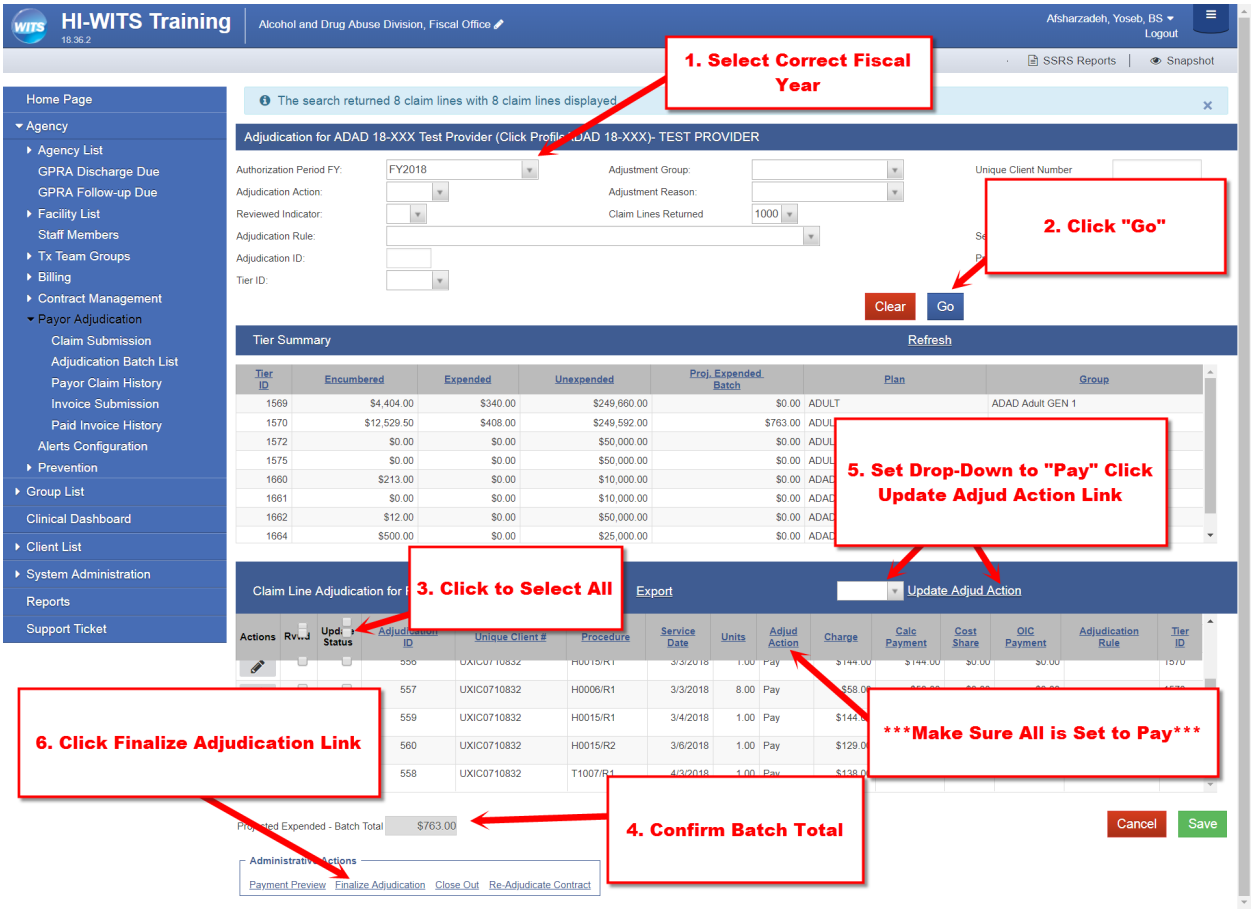
5. After Clicking Accept Link, Click Accept on the Provider Claim Submission Acceptance Confirmation Screen.



6. Click the Adjudicate Contract Link to Process the Payment

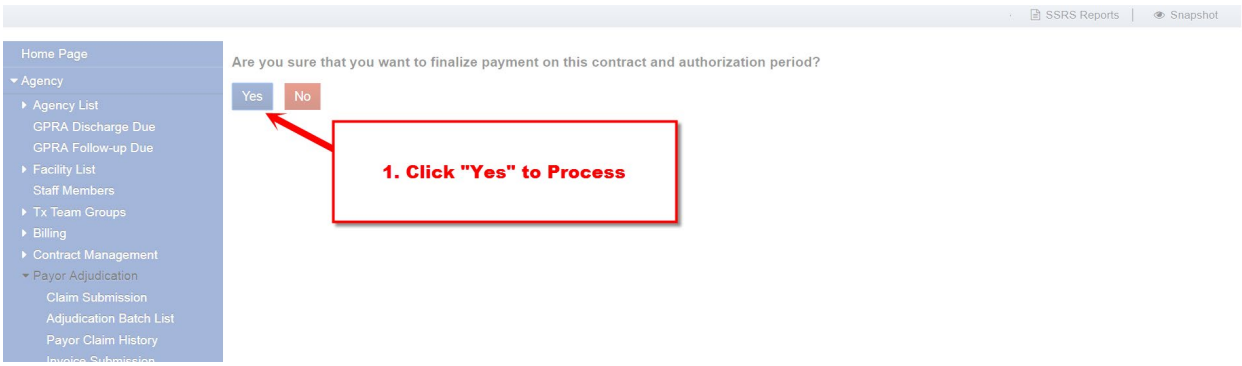

HI-WITS Training
18.36.2
Alcohol and Drug Abuse Division, Fiscal Office
Afsharzadeh, Yoseb, BS
Logout
SSRS Reports
Snapshot
Home Page
Agency
Agency List
GPRA Discharge Due
GPRA Follow-up Due
Facility List
Staff Members
Tx Team Groups
Billing
Contract Management
Payor Adjudication
Claim Submission
Adjudication Batch List
Payor Claim History
Invoice Submission
Paid Invoice History
Alerts Configuration
Prevention
Group List
Clinical Dashboard
The status change was successful, but the notification e-mail was not sent.
Provider Claim Submission Profile
Claim Status : Accepted
Submission ID : 185
Type : WITS
Contract Name : ADAD 18-XXX Test Provider(Click ProfileADAD 18-XXX)
Claim Count : 8
Service Count : 8
Total Charge : $763.00
Received Date : 7/24/2018
Control # : 285
Pre-Adjudication Results
Amount
Service Count
Pay $763.00 8
Deny $0.00 0
Pend $0.00 0
Administrative Actions
Adjudicate Contract
Export Service List
Finish
This is Just an ***Informational Message***
1. Click Adjudicate Contract Link

7. Make Sure to Select the Correct Fiscal Year from the Authorization Period FY Drop-Down, Click "Go", Click Check Box to Select All Claim Items, Set Update Adjud Action Drop-Down to "Pay" Click Link, Click Finalize Adjudication Link

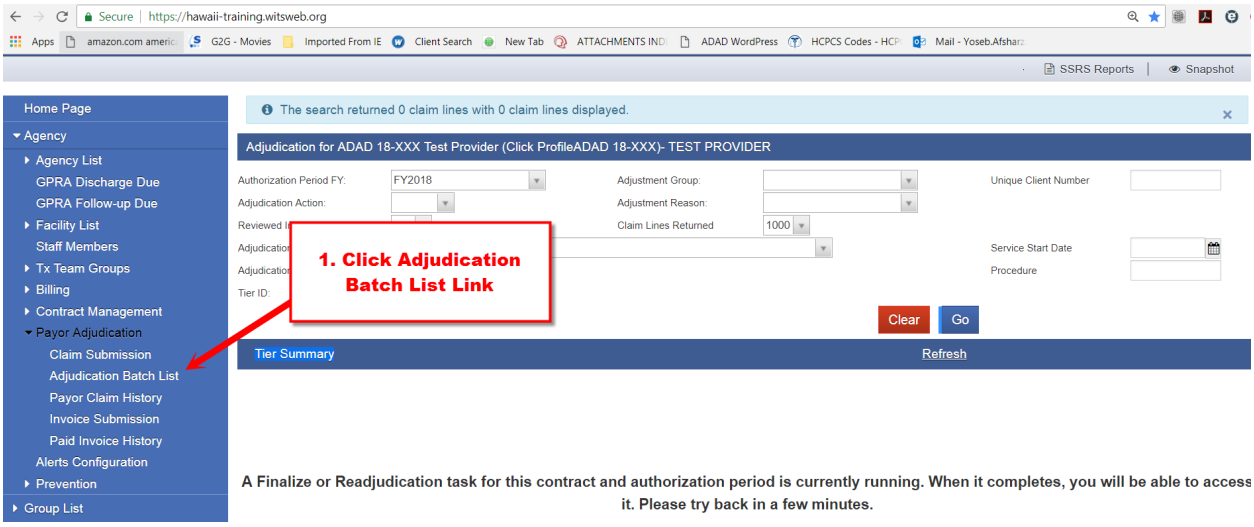


Note: Use Step 5 only if any Values in the Adjud Action Column is Set to "Pend"

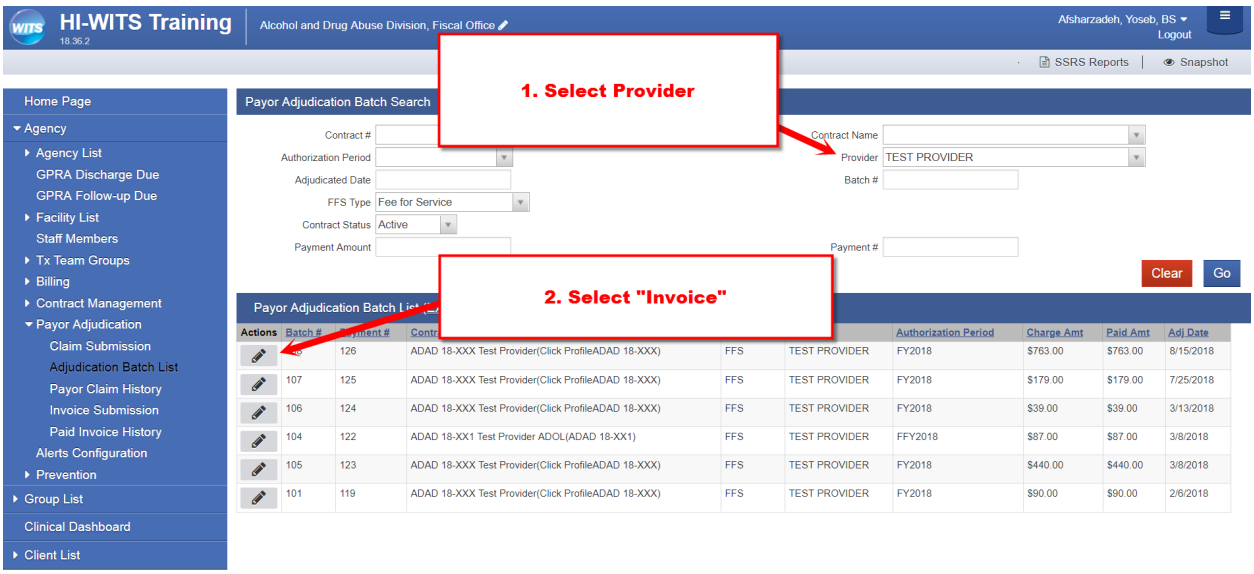
8. Click "Yes" to Process



9. Click Adjudication Batch Link

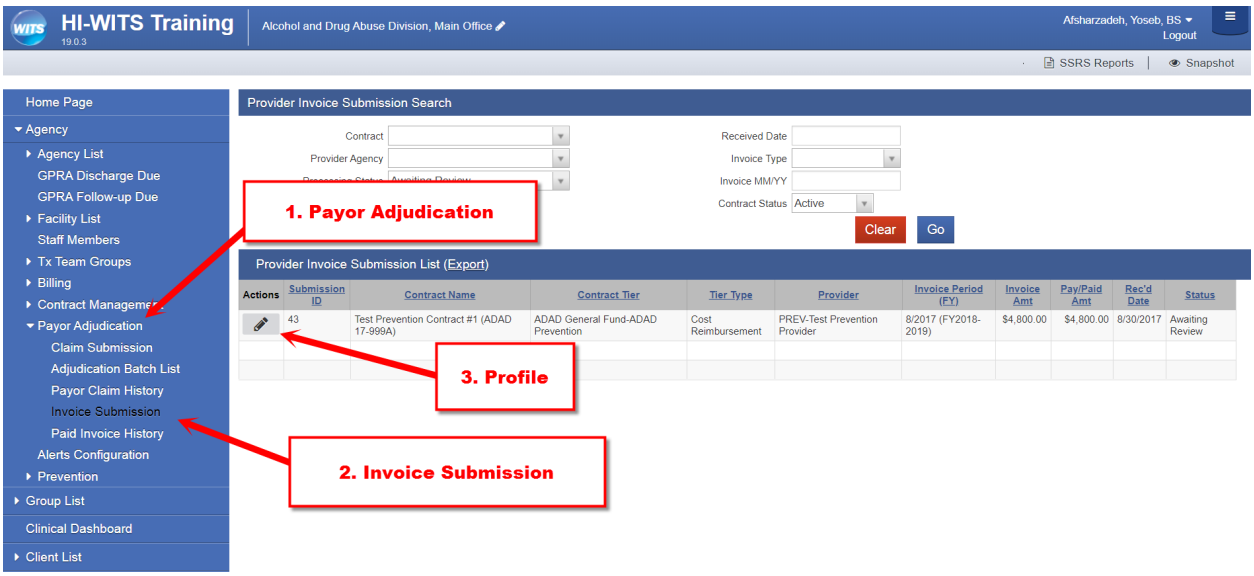


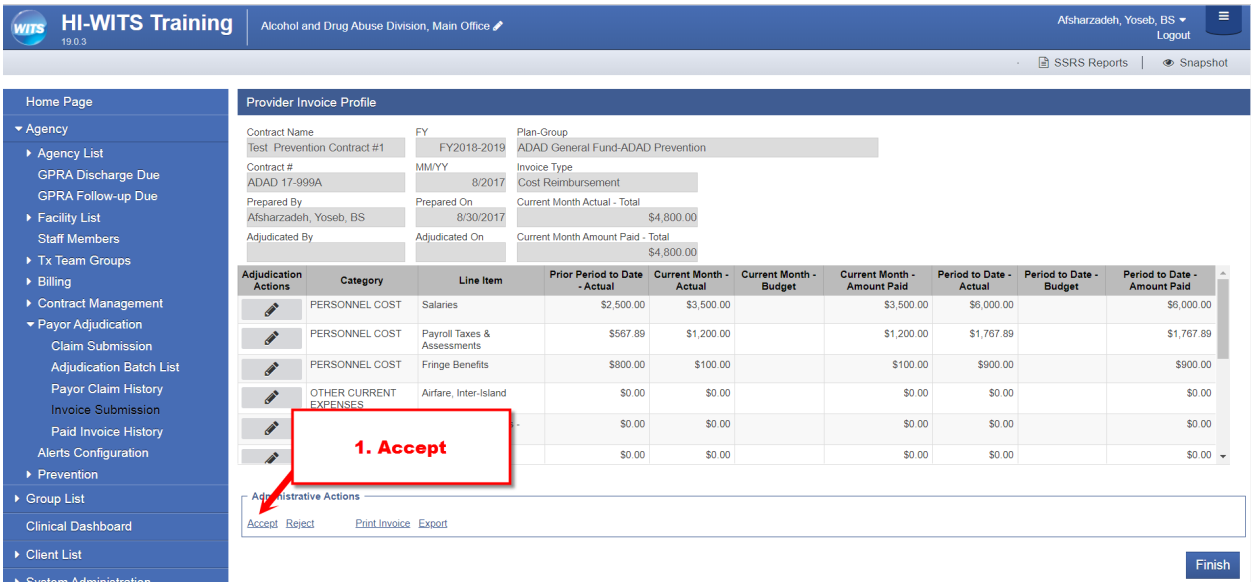
10. Select Provider from the Provider Drop-Down on the Payor Adjudication Batch Screen. Select "Invoice" from the Fly-Out Menu of that Specific Batch



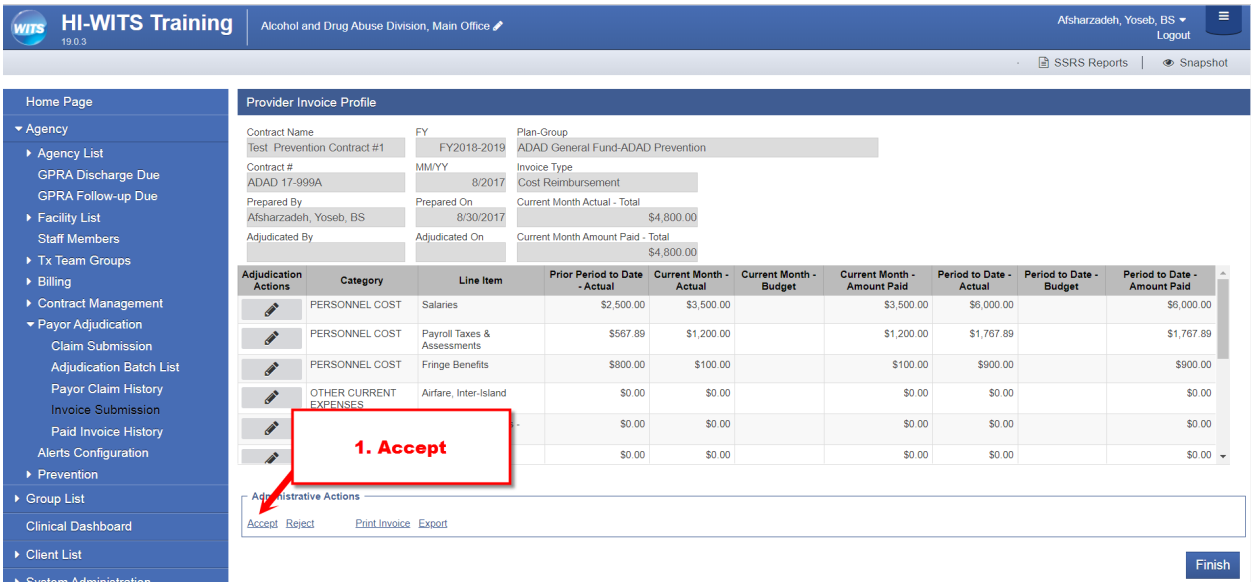
Cost Reimbursement Invoice Submission

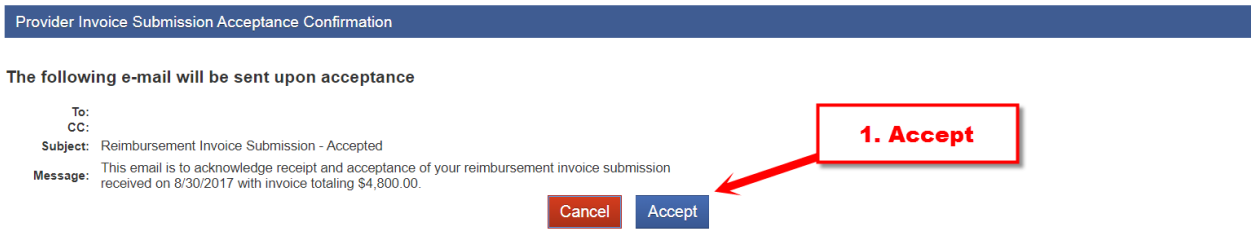
11. Under Payor Adjudication, Select Invoice Submission, Click Profile

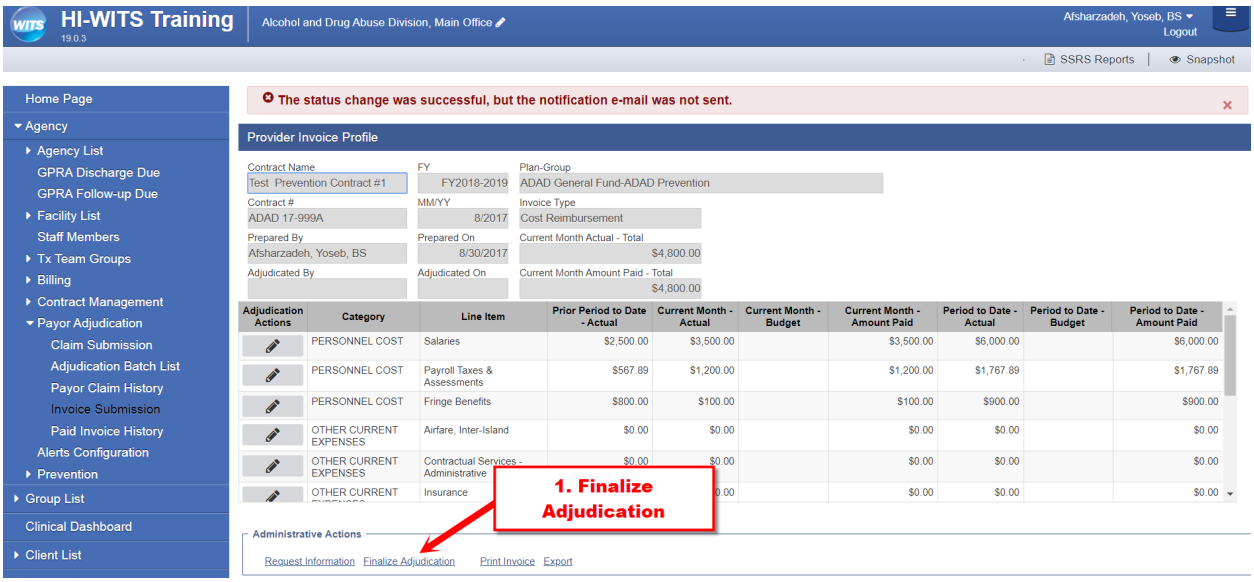




12. Accept the Invoice, Confirm Accept, then Finalize Adjudication







13. Print Invoice and add to Provider Binder

Invoice

Alcohol and Drug Abuse Division
601 Kamokila Blvd, Room 360B
Kapolei, HI 96707
Telephone: (808) 692-7506
Fax: (808) 692-7521

Remit To: TEST PROVIDER
P.O. Box 123 Street Address
Honolulu, HI 96816
Telephone: (808) 956-7890

Invoice #: 108
Contract #: Click Profile18-XXX
Date: Aug 15, 2018

Month	Modality- Service	Billing Units	Unit Rate	Total

Alcohol and Drug Abuse Division
601 Kamokila Blvd, Room 360B
Kapolei, HI 96707
Telephone: (808) 692-7506
Fax: (808) 692-7521

Remit To: TEST PROVIDER
P.O. Box 123 Street Address
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Telephone: (808) 956-7890

Invoice #: 108
Contract #: Click Profile18-XXX
Date: Aug 15, 2018

Month	Modality- Service	Billing Units	Unit Rate	Total

Facility has no island
ADULT
ADAD Adult SABG 1

March 2018	16-Intensive Outpatient Treatment			
	Intensive Outpatient-R1 (H0015/R1)	2	$144.00	$288.00
	Intensive Outpatient-R2 (H0015/R2)	1	$129.00	$129.00
	CX-Care Coordination			
	Care Coordination-R1 (H0006/R1)	8	$7.25	$58.00
	PT-Pre-Treatment			
	Assessment-R1(H0001/R1)	1	$90.00	$90.00
	Placement Determination-R0 (T1023/R0)	1	$50.00	$50.00
	Sreening-R0 (H0002/R0)	1	$10.00	$10.00
			Month Total	$625.00
April 2018	16-Intensive Outpatient Treatment			
	Health & Wellnes Planning-R1 (T1007/R1)	1	$138.00	$138.00
			Month Total	$138.00
			Group Total	$763.00
			Plan Total	$763.00
			Island Total	$763.00
			Invoice Total	$763.00

Click Profile18-XXX
08/15/2018

1 of 1

If you have any questions, please call the WITS Staff or email WITSHELP@doh.hawaii.gov.