

# Information Sharing

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Clients with Other Health Coverage (OHC) Private Health Insurance – BHS 2020-002

January 15, 2020

Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers:

This notice contains information that may impact contract provider staff who are not on this distribution list. Please share with, or forward to, pertinent staff, accordingly. This notice does not apply to Opioid Treatment Program (OTP) providers, except for OTP Case Management services.

As stated in the [October 2019 edition of the SUD “Up to the Minute” newsletter](#), providers are responsible for billing a BHS (Behavioral Health Services) client’s private insurance, when applicable. As a reminder, the BHS target population are clients with San Diego County residency or intent to live in San Diego County that are at or below 200% of the Federal Poverty Limit (FPL) or have Medi-Cal benefits. Clients at or below 200% FPL with Other Health Coverage (OHC) that includes SUD services may not be invoiced to the County BHS contract. Clients at or below 200% FPL with OHC that does not include SUD services can be invoiced to the County BHS contract. If the client has dual coverage (i.e., private insurance and Medi-Cal), providers are required to first bill the OHC as Medi-Cal is always the payer of last resort.

Since most (if not all) of our SUD providers do not have a billing system outside of SanWITS to bill OHC, providers are recommended to follow one of these two options:

1. Request the client obtain an Evidence of Coverage (EOC) or a letter of non-coverage from their insurance company. The EOC is a summary of what insurance benefits are covered under the client’s plan. It must indicate that “SUD services are not covered” or specify all coverage which may or may not include some SUD services.
  - For Medi-Cal clients with OHC, if SUD services are not covered, the provider shall securely email the EOC or letter of non-coverage to the BHS Billing Unit at [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov).
  - After the EOC or letter of non-coverage is received, the BHS Billing Unit will submit the claims to Medi-Cal.
  - For Non Medi-Cal clients with OHC, if SUD services are not covered, the provider shall keep the EOC or letter of non-coverage in their records. This documentation may be requested during County audits.
  - **Note:** If a provider requests the EOC or a letter of non-coverage from the insurance company on behalf of the client, then the provider must have the client complete and sign a 42 CFR, Part 2 compliant Authorization to Release Information form for the insurance company. This will enable the provider to communicate with the insurance company.
    - Per 42 CFR, Part 2, a specific name is not required for an insurance company on the release. For examples of 42 CFR, Part 2 compliant Authorization to Release Information forms for Third-Party Payers, go to the [Legal Action Center website](#).
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2. If a BHS client has private insurance and the EOC or a letter of noncoverage that shows the SUD services are not covered cannot be obtained, then providers will need to bill the private insurance as follows:
  - The provider shall have the client complete and sign the Assignment of Insurance Benefits (AOB) form on day of admit. The AOB form is attached to this communication and is also available under the “Billing” tab on the DMC-ODS page of the [Optum website](#).

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- The provider shall have the client complete and sign a 42 CFR, Part 2 compliant Authorization to Release Information form for the insurance company on day of admit. This will enable the provider to communicate with the insurance company in order to bill for the SUD services.
  - Per 42 CFR, Part 2, a specific name is not required for an insurance company on the release. For examples of 42 CFR, Part 2 compliant Authorization to Release Information forms for Third-Party Payers, go to the [Legal Action Center website](#).
- The provider should contact the insurance company to obtain clear instructions on how to bill and which form CMS1500 or UB04 (which is sometimes required for residential billing) they need to submit. These Standard Health Insurance Forms, CMS 1500 or UB04, are utilized to submit a professional paper claim or inpatient claim and can be purchased at any local retail office supply store.
  - The provider should also obtain from the insurance company the correct mailing address for Behavior Health SUD claims.
- The BHS Billing Unit can assist the provider in running the Claim Items Report in SanWITS to identify the type of services with the corresponding HCPCS (Healthcare Common Procedure Coding System) codes.
- The provider shall submit the paper claim (e.g., CMS 1500 form) to the insurance company to obtain an Explanation of Benefits (EOB) claim denial or payment.
- For Medi-Cal clients with OHC, the provider shall email securely the EOB to the BHS Billing Unit at [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov).
  - After the BHS Billing Unit receives the EOB, they will submit the claims to Medi-Cal.
- For Non Medi-Cal clients with OHC, the provider shall keep the EOB in their records. This documentation may be requested during County audits.

**Note:** The BHS Billing Unit cannot provide further detailed instructions on how to bill private insurance because the County is not contracted with any private health insurance companies. In addition, the SUD billing system does not have a Clearing House to bill private insurance companies.

Please direct any related questions for Medi-Cal clients to the BHS Billing Unit at [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov).

Please direct any related questions for Non Medi-Cal clients to the BHS Administrative Services Unit at [Info-DMC-ODS.HHSA@sdcounty.ca.gov](mailto:Info-DMC-ODS.HHSA@sdcounty.ca.gov).

### **Residential Authorizations**

For residential programs serving BHS clients with OHC, as part of the initial authorization process, submission of either will be required:

- 1) The EOC or a letter of non-coverage; **OR**
- 2) A signed AOB and 42 CFR Part 2 compliant Release of Information Form

Effective 2/1/2020, if authorization requests for clients with OHC are submitted without either of these required documents, Optum will send a notification to the program's CEO, to the County of San Diego Director of BHS, Dr. Luke Bergmann, and to the BHS Quality Improvement Unit Administrator, Tabatha Lang, LMFT for notification and tracking purposes.

### **SanWITS Data Entry**

Services are to be entered into SanWITS in accordance with the [data entry standards](#) established by the County. If the client is a Medi-Cal client, services are to be entered as DMC billable and released, but services are not to be batched until after the program receives the EOC, a letter of non-coverage, or the EOB. If the client is not a Medi-Cal client, services are to be entered as County billable and released. Please direct any related SanWITS data entry questions to the MIS Unit at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Please contact your assigned COR team if you have questions or would like more information about this notice.

For more information about the DMC-ODS, visit our website at [www.sandiegocounty.gov/dmc](http://www.sandiegocounty.gov/dmc).

For all other inquiries or comments, send an email to [Info-DMC-ODS.HHSA@sdcounty.ca.gov](mailto:Info-DMC-ODS.HHSA@sdcounty.ca.gov).