

OTP BILLING: OUT-OF-COUNTY MEDI-CAL



It is necessary to update the client's county of residence as soon as possible as the Short-Doyle Medi-Cal (SD/MC) system checks if the submitting county corresponds to the beneficiary's county of residence or county of responsibility for DMC and DMC-ODS services. Updating the county of residence or county of responsibility allows our DMC claims to be adjudicated properly. With this, the SUD Programs are required to verify the client's Medi-Cal eligibility and determine whether the client's county of residence is San Diego (county code 37).

Please note the following:

- If a client resides outside of San Diego, the program must check if the client intends to reside in San Diego and meets the ASAM level of care as well.
- Programs are expected to work with the clients when they first present at your program with an out of county (OOC) aid code/eligibility. You must help the client through the transition process and track the status until the transfer is complete.

County BHS will cover payment to programs/providers for OOC Medi-Cal clients for:

- ✓ *Clients with intent to reside in San Diego: the cost of services from the initial date of service, and a maximum of 60 days from the first of the month following the initial month of service.*
- ✓ OTP courtesy dosage for a maximum of 30 service dates across BHS system of care and starts over at the beginning of the fiscal year.

- Out-of-County claims within one year from the date of service (prioritizing the oldest) should be reviewed, batched, and submitted to the SanWITS Clearing House. Please do not put these claims on hold anymore. The Billing Unit will try billing these claims to DMC according to the DHCS Behavioral Health Information Notice - [BHIN 21-032 \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/BHIN-21-032.aspx).

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- The Billing Unit will send you an email as soon as the billing results are available. However, there is no assurance that these claims will be approved by the State as we have no way of determining the exact date of the Medi-Cal transfer to San Diego. The current state MedsLITE system also does not include the effective date of the transfer.
- For OTP DMC-ODS services, EPSDT beneficiaries are eligible for repayment, but the services must be submitted by the county of residence and/or responsibility. We recommend that the programs request the client to change or update their address to San Diego County as they reside here, which should prevent denial of claims.

SANWITS PROCESS

Scenario 1: OOC services in encounters state. Client intends to transfer Medi-Cal to San Diego.

- 1) Re-verify client's Medi-Cal eligibility and determine the county of residence.
- 2) Add the DMC ODS PGE.
- 3) Release all encounters, including OOC that you determine should be billed to DMC using the DMC ODS PGE.
- 4) On the Billing Claim Item List screen, select the claims you would like to batch for the same month and year of service. Bulk release is recommended if you have multiple claims to release and batch.

Please refer to the bulk release demo below.

- a. Complete the four boxed/highlighted fields and click the Go button.
- b. Check the top box beside the Client Name header to select multiple claims.

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c. Select "Release" from the dropdown menu and click the Update Status link.

The screenshot shows the 'Claim Item Search' form with the following fields highlighted in red:

- Plan: FFS
- Item Status: Released
- Facility: [Redacted]
- Service Date: [Redacted]
- Go button
- Update Status link in the table

The table below shows the search results:

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
<input type="checkbox"/>	520395	Flower, Sun	FFS	None	4/1/2022	H0004/L7	85 Min	Batched	8/26/2022	\$104.82	546524
<input type="checkbox"/>	520397	Flower, Sun	FFS	None	4/2/2022	H0004/L7	85 Min	Batched	8/26/2022	\$104.82	546525
<input type="checkbox"/>	520398	Flower, Sun	FFS	None	4/3/2022	H0005/L7	85 Min	Batched	8/26/2022	\$104.82	546526

d. Then, switch the Item Status field to “Released” then click Go to review the claim items you released.

e. Click the “Create Agency Batches” link.

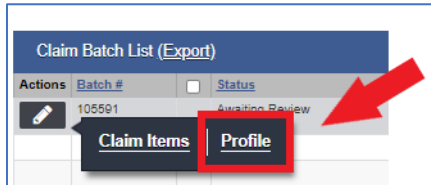
- OTP programs should bill the Methadone and counseling services (individual and group) directly to Medi-Cal for out of county clients and should be entered as DMC-billable in SanWITS.
- MAT and Case Management (CM) services are not billable for out of county clients. Programs should follow through the completion of the transfer to Medi-Cal San Diego so claims will be marked as approved units. Program will enter DMC-billable PGE in SanWITS.
- Medi-Cal client in need of courtesy dosing: County will cover the cost up to 30-days across BHS system of care and starts over at the beginning of the fiscal year. Program will identify units as County Billable – Out of County in SanWITS.

5) If successful, the batch you created will display on the Claim Batch List screen in the Awaiting Review state.

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6) Open the Batch Profile



7) Click the Administrative Action “Release”

8) Then next action is “Send to Clearing House.”

9) Click the Finish button to exit the current screen.

10) The County billing team will review and process your batches for State submission. You will receive an email notification when errors or issues are identified in your submitted batch.

Scenario 2: OOC claims have been released through OOC PGE and are currently on hold. Client has intent to transfer Medi-Cal to San Diego.

- The county billable OOC Payor Group Enrollment (PGE) should be reclassified to “DMC billable”. Claims should not be put on hold so that they can be batched and billed to DMC if they are within the claim filing limit.
- Going forward, OTPs should use DMC PGE and not put on hold as expectation from the program is County of Residence/Responsibility would get changed to Medi-Cal San Diego. In addition, programs may focus on clients who have indicated intent to live in San Diego rather than making administrative changes in SanWITS.
- Please contact the County billing team if you have any questions on OOC claims that have been on hold for over 6 months so that we can review and escalate your questions to the appropriate department.
- If some claims are still on hold due to OOC reason and are within the claim filing limit, programs must reject the claims back to encounter state and re-release to billing using

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the PGE ODS-DMC Non-Perinatal or Perinatal. Then, batch and submit to the Clearing House.

Scenario 3: OOC claims in hold status under ODS-DMC PGE. Client has intent to transfer Medi-Cal to San Diego.

- 1) On the Billing Claim Item List screen, select the claims you would like to batch for the same month and year of service. Change the billing status from hold to release. Bulk release is recommended if you have multiple claims to release and batch. Please refer to the bulk release demo below.
 - a. Complete the four boxed/highlighted fields and click the Go button.
 - b. Check the top box beside the Client Name header to select multiple claims.
 - c. Select "Release" from the dropdown menu and click the Update Status link.

The screenshot shows the 'Claim Item Search' interface. The search filters include: Plan (dropdown), Client First Name, Subscriber/Resp Party First Name, Subscriber/Resp Party Account #, Agency (dropdown), Group Enrollment, Client Last Name, S/R Party Last Name, Rendering Start, Service Date, Item Status (dropdown), Facility (dropdown), FFS Type (dropdown), Claim Item ID, Adjust Status (dropdown), Add-On Level, Group Session ID, Unique Client Number, Hold Reason, PCCN, Reverse Reason, and Claim Batch ID. There are 'Clear' and 'Go' buttons. Below the search filters is an 'Administrative Actions' section with a 'Create Assoc. Batches' button. At the bottom, there is a table with columns: Actions, Item #, Item Name, FFS Type, Add-On Level, Service Date, Service, Duration, Status, Release Date, Charge, ENC ID, and a dropdown menu. The table contains three rows of data. A red box highlights the 'Update Status' link in the dropdown menu, and another red box highlights the 'Release' option in the dropdown menu. Red arrows point to these elements.

Actions	Item #	Item Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID	
	520395	Power, Sun	FFS	None	4/1/2022	H0004/U7	05 Min	Batched	8/29/2022	\$194.82	540524	Awaiting Review
	520397	Power, Sun	FFS	None	4/2/2022	H0004/U7	05 Min	Batched	8/29/2022	\$194.82	540525	Release
	520396	Power, Sun	FFS	None	4/3/2022	H0005/U7	05 Min	Batched	8/29/2022	\$194.82	540526	

- d. Then, switch the Item Status field to "Released" then click Go to review the claim items you released.
 - e. Batch and submit to the Clearing House
- 2) The County billing team will review and process your batches for State submission. You will receive an email notification when errors or issues are identified in your submitted batch.

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Scenario 4: Claims were billed to DMC and denied with N424 code (Out-of-County).

Programs should assist the client with the transition should they intend to live in San Diego County. Make sure the client mentions or informs the eligibility worker that they have been living in San Diego from the date of admission. The County billing team (SUD BU) will replace the denied claim as soon as the county of residence has updated to San Diego (code 37) in the MedsLITE system. No service replacement will take place if the county of residence remains out-of-county.



If you have any billing questions or require additional guidance, please email the ADSBillingUnit.HHSA@sdcounty.ca.gov or call us directly at 619-338-2584.

If you have any invoicing, payment, or TUOS reconciliation including denied claims, please contact the BHS-Claims.HHSA@sdcounty.ca.gov immediately.

For further information, please review the updated DMC ODS OOC Flowchart and BHS Contractor Memo /BHS Information Notice posted on the Optum website under BHS Resources.