• All residential bed day encounters/service dates beginning July 1, 2019 for out of county recipients must be released to billing and batched.

• Providers must check the Medi-Cal eligibility of the clients every month and identify the out of county ones. Then, release the encounters to billing and batch.

**To successfully release the bed day out of county encounters to billing:**

Provider must create a Government Contract Enrollment for ODS Residential Out of County in PGE screen.

**Note:** This process does not apply to the EPSDT (youth) out of county.

**A.** In Payor Group Enrollment screen, click the link Add Government Contract Enrollment.

<table>
<thead>
<tr>
<th>Payer List</th>
<th>Add Benefit Plan Enrollment</th>
<th>Add Government Contract Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
<td>Priority</td>
<td>Plan</td>
</tr>
</tbody>
</table>

**B.** Select the appropriate Contract from the dropdown (your Contract # with Contract Name).

**GOVERNMENT CONTRACT-OUT OF COUNTY PLAN**

**C.** Select the Plan Group: ODS Residential-Out of County.

*Per MIS, this PGE will not need to be updated or changed upon client becoming San Diego county of responsibility.*
The Subscriber # field auto populates to the Unique Client Number (UCN). There is no need to change this information.

Start Date: enter the date the eligibility is out of county.

Click Save.

Release all the Bed Day out of county encounters to billing.

From the Navigation Pane, click Agency then click on Billing.

Click on Claim Item List.

SanWITS will display all the claim items in Awaiting Review.

On the Claim Item Search screen, please select County Billable for the Plan, select your facility, enter the service data range. Click Go.

Select the out of county claims by putting a check mark on each box next to the claim item #.

On the right side, click the dropdown and select Release, then click the link Update Status.
**N.** Claims will be moved to released status.

**O.** Change the Item Status to Released then, click Go to view all the claims you released.

**P.** Click the Administrative Action: Create Facility Batches to create a provider batch.

**Q.** Select the Available Plan ODS Residential and move to the Selected Plans box. Click Go. The system will create the provider batch.

**R.** From the Navigation Pane, click the Claim Batch List to view the batch in Awaiting Review status.

**S.** Click the pencil icon next to your provider batch to open the Batch Profile.

**T.** Click the Administrative Action: Release

**U.** Click the next Administrative Action: Bill It.

**V.** Your Residential out of county provider batch is now submitted to the Government Contract.
Each program must provide an encrypted list of out of county clients each month to the Billing Unit to prevent the claims from being submitted as DMC. The list must include the following information:

a) Client Name  
b) Unique Client Number (UCN)  
c) Client’s DOB  
d) Client’s Subscriber ID #  
e) Service Date  
f) Admission Date

Send the encrypted out of county list to ADSBillingUnit.HHSA@sdcountry.ca.gov.

Provider must track or monitor the status of the county of responsibility by working or following up with your client and checking the Medi-Cal eligibility every month.

The out of county claims that were billed and denied already by the State are county payable for a maximum of 60 days. If you need clarification on invoicing, please email the BHS Admin Services at: BHS-Claims.HHSA@sdcountry.ca.gov.