

## RESIDENTIAL CASE MANAGEMENT-OUT OF COUNTY MEDI-CAL

- The encounters/service dates beginning July 1, 2019 for out of county recipients must be released to billing and placed on hold. Please **do not batch** as these are County reimbursable until the client gets San Diego County Medi-Cal.
- 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 place on hold.

### Notes:

- 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.
- For those San Diego Medi-Cal clients (in-county), please release to billing and batch.
- For those clients approved for San Diego, please make sure to end the out of county payor group enrollment and add a new ODS Non-Perinatal/Perinatal payor group enrollment. These encounters need to be released to billing and batched.

### To successfully release the case management out of county encounters to billing:

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

#### A. Provider must create an Out of County Benefit Plan in PGE screen:

<b>Payor-Type:</b>	Other
<b>Plan Group:</b>	County Billable-Out of County
<b>Coverage Start:</b>	May 1, 2019
<b>Aid Code:</b>	Aid code field is optional for County Billable-Out of County Plan.
<b>First Name, Last Name:</b>	Client name must match with the Medi-Cal eligibility record
<b>Birthdate:</b>	Client DOB must match with the client's Medi-Cal ID card or other legal forms of identification.
<b>Subscriber ID #:</b>	Enter the 9-digit Medi-Cal ID # (8 numbers plus 1 capital letter). (Note: this field is optional for County Billable-Out of County Plan).
<b>Address:</b>	Must enter the client's physical address or provider's facility address.
<b>City, State, Zip:</b>	Use the accurate or recognized city names with matching State and zip code. Verify the address using the usps.com.

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## OUT OF COUNTY BENEFIT PLAN

Contact Info  
Collateral Contacts  
Other Numbers  
History  
**Payor Group Enrollment**  
Authorization  
Allergies  
Linked Consents  
Contacts  
Activity List  
Episode List  
System Administration  
Reports  
Support Ticket

Benefit Plan/Private Pay Billing Information

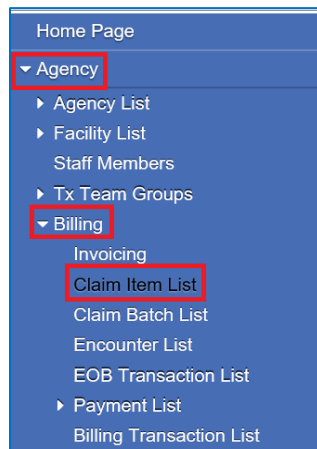
Payor-Type: Other  
Plan-Group: [dropdown]  
Coverage Start: [calendar icon]  
End: [calendar icon]  
Payment Scale: County Billable, County Billable, **County Billable-Out of County**  
Aid Code: [text]  
Relationship to Subscriber/ Responsible Part: [text]

Subscriber/ Responsible Party:

First Name: [text] Middle: [text] Last Name: [text]  
Birthdate: [calendar icon] Gender: [dropdown] Subscriber #: [text]  
Address 1: [text]  
Address 2: [text]  
City: [text] State: [dropdown] Zip: [text]

Cancel Save

- B. Click Save.
- C. After releasing all Case Management encounters to billing, click Agency from the Navigation Pane, then click on Billing.
- D. Click on Claim Item List.



- E. SanWITS will display all the claim items in Awaiting Review.
- F. On the Claim Item Search screen, please select County Billable for the Plan, select your facility, enter the service data range. Click Go.

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- G. Please identify your out of county claims by putting a check mark on each box next to the claim item #.
- H. On the right side, click the drop-down and select Hold, then click the link Update Status.

**Claim Item Search**

Plan: CountyBillable | Group Enrollment: \_\_\_\_\_ | ENC ID: \_\_\_\_\_

Client First Name: \_\_\_\_\_ | Client Last Name: \_\_\_\_\_ | Charge: \_\_\_\_\_

Subscriber/Resp Party First Name: \_\_\_\_\_ | S/R Party Last Name: \_\_\_\_\_ | Service: \_\_\_\_\_

Subscriber/Resp Party Account #: \_\_\_\_\_ | Rendering Staff: \_\_\_\_\_ | Service Date: 05012019.0531

Authorization #: \_\_\_\_\_

Item Status: All Awaiting Review | Facility: RES Train 2

FFS Type: \_\_\_\_\_ | Add-On Level: \_\_\_\_\_ | Group Session ID: \_\_\_\_\_

Clear Go

**Administrative Actions**

[Create Agency Batches](#)

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**Claim Item List (Export)**

Update Status

Actions	Item #	<input type="checkbox"/>	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	527917	<input checked="" type="checkbox"/>		FFS	None	5/24/2019	H0006/U1	70 Min	Awaiting Review	5/26/2019	\$144.88	

- I. Claims will be moved to hold status.
- J. Change the Item Status to Hold then click Go to view all the claims you placed on hold.

**Home Page**

- Agency
  - Agency List
  - Facility List
  - Staff Members
  - Tx Team Groups
- Billing**
  - Invoicing
  - Claim Item List
  - Claim Batch List
  - Encounter List
  - EOB Transaction List
  - Payment List
  - Billing Transaction List
  - Client Balance
  - Clearing House Item
  - Clearing House Batch
  - Cost Center
  - Payor Plan List
  - Authorization List

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**Claim Item Search**

Plan: CountyBillable | Group Enrollment: \_\_\_\_\_ | ENC ID: \_\_\_\_\_

Client First Name: \_\_\_\_\_ | Client Last Name: \_\_\_\_\_ | Charge: \_\_\_\_\_

Subscriber/Resp Party First Name: \_\_\_\_\_ | S/R Party Last Name: \_\_\_\_\_ | Service: \_\_\_\_\_

Subscriber/Resp Party Account #: \_\_\_\_\_ | Rendering Staff: \_\_\_\_\_ | Service Date: 05012019.0531

Authorization #: \_\_\_\_\_

Item Status: Hold | Facility: RES Train 2

FFS Type: \_\_\_\_\_ | Add-On Level: \_\_\_\_\_ | Group Session ID: \_\_\_\_\_

Clear Go

**Administrative Actions**

[Create Agency Batches](#)

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**Claim Item List (Export)**

Hold Update Status

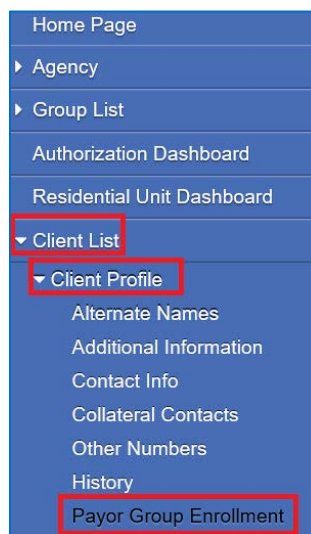
Actions	Item #	<input type="checkbox"/>	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	527917	<input type="checkbox"/>		FFS	None	5/24/2019	H0006/U1	70 Min	<span style="border: 1px solid red; padding: 2px;">Hold</span>	5/26/2019	\$144.88	

## RESIDENTIAL CASE MANAGEMENT-OUT OF COUNTY MEDI-CAL

- K.** Each program must provide a list of the clients that are showing out of county 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
- L.** Send the encrypted out of county list to [ADSBillingUnit.HHSA@sdcountry.ca.gov](mailto:ADSBillingUnit.HHSA@sdcountry.ca.gov).
- M.** 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.
- N.** Once the client's Medi-Cal is updated to San Diego County of Responsibility, the provider must go back to SanWITS and close the out of county benefit plan.

### **To update the out of county PGE screen:**

1. Go to SanWITS , search the client in Client List folder, click the Client Profile, then the Payor Group Enrollment.



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2. Enter an end date on the End field using the last day of the month the client was out of county.

### Benefit Plan/Private Pay Billing Information

Payor-Type	Other	Plan-Group	County Billable-Out of County
Payor Priority Order	1	Policy #	
Coverage Start	5/1/2019	End	05/31/2019
Aid Code	3R	Payment Scale	
		Relationship to Subscriber/ Responsible Party	Self

3. Create a new Benefit PGE for ODS DMC Perinatal or ODS DMC Non-perinatal for any claims to be billed to DMC.

### Client List

- Client Profile
  - Alternate Names
  - Additional Information
  - Contact Info
  - Collateral Contacts
  - Other Numbers
  - History
  - Payor Group Enrollment

### Benefit Plan/Private Pay Billing Information

Payor-Type	Medicaid	Plan-Group	ODS DMC- Non Peri-Medi...
Payor Priority Order	3	Policy #	
Coverage Start	6/1/2019	End	
Aid Code	M1	Payment Scale	
		Relationship to Subscriber/ Responsible Party	Self

Subscriber/ Responsible Party: \_\_\_\_\_

Please note the aid code field is required for Plan ODS-DMC Non-Perinatal/Perinatal.

- 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@sdcounty.ca.gov](mailto:BHS-Claims.HHSA@sdcounty.ca.gov).