

OPIOID TREATMENT SERVICES (OTP) -OUT OF COUNTY MEDI-CAL

- The OTP 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.

Note: This process does not apply to the EPSDT (youth) out of county. OTP programs can bill out of county services for Medi-Cal recipients who need Narcotic Treatment Program or NTP (now OTP) such as, methadone and counseling services and youths with EPSDT eligibility.

- Providers are required to check the Medi-Cal eligibility of the clients every month and identify the out of county ones. Then, release the out of county encounters to billing and place them on hold.

To successfully release the OTP out of county encounters to billing:

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

Payor-Type:	Other
Plan Group:	County Billable-Out of County
Coverage Start:	May 1, 2019
Aid Code:	Aid code field is optional for County Billable-Out of County Plan.
First Name, Last Name:	Client name must match with the Medi-Cal eligibility record
Birthdate:	Client DOB must match with the client's Medi-Cal ID card or other legal forms of identification.
Subscriber ID #:	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).
Address:	Must enter the client's physical address or provider's facility address.
City, State, Zip:	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

The screenshot displays the 'OUT OF COUNTY BENEFIT PLAN' configuration interface. On the left, the navigation pane shows 'Agency' and 'Client Profile' expanded, with 'Payor Group Enrollment' selected. The main content area is divided into sections: 'Payor List' (a table with columns for Actions, Priority, Plan, Group, Subscriber/ Acct#, and Subscriber/ Resp Party), 'Benefit Plan/Private Pay Billing Information', and 'Subscriber/ Responsible Party'. In the 'Benefit Plan/Private Pay Billing Information' section, 'Payor-Type' is set to 'Other', 'Plan-Group' is selected, 'Coverage Start' is 05/01/2019, and 'Aid Code' is empty. The 'Payment Scale' dropdown is set to 'County Billable-Out of County'. The 'Subscriber/ Responsible Party' section contains fields for First Name, Middle, Last Name, Birthdate, Gender, Address 1, Address 2, City, State, and Zip.

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

The screenshot shows the navigation pane with 'Agency' expanded. Under 'Agency', the following items are listed: Agency List, Facility List, Staff Members, Tx Team Groups, Billing, Invoicing, Claim Item List, Claim Batch List, Encounter List, EOB Transaction List, Payment List, and Billing Transaction List. The 'Billing' menu is expanded, and 'Claim Item List' is highlighted.

- E. SanWITS will display all the claim items in Awaiting Review.

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- F. On the Claim Item Search screen, please select County Billable for the Plan, select your facility, enter the service data range. Click Go.
- G. Select the out of county claims by putting a check mark on each box next to the claim item #. If they're all out of county, you can bulk hold them by putting a check mark on the top box in between the Item # and Client Name columns.
- H. On the right side, click the drop-down and select Hold, then click the link Update Status.

The screenshot shows the 'Claim Item Search' interface. On the left is a navigation menu with 'Agency' and 'Billing' highlighted. The main area contains search filters: Plan (CountyBillable), Facility (OTP Facility), Item Status (All Awaiting Review), and Service Date (05012019.0531). A 'Go' button is visible. Below the search area is a table titled 'Claim Item List (Export)' with a 'Hold' dropdown and an 'Update Status' link. The table has one row with Item # 527919, which has a checked checkbox in the 'Item #' column.

Actions	Item #	<input type="checkbox"/>	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	527919	<input checked="" type="checkbox"/>		FFS	None	5/15/2019	H0004/UA/HG	60 Min	Awaiting Review	5/28/2019	\$134.20	

- 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.

This screenshot is similar to the previous one, but the 'Item Status' dropdown is now set to 'Hold'. The table below shows the status of the claim has changed to 'Hold'.

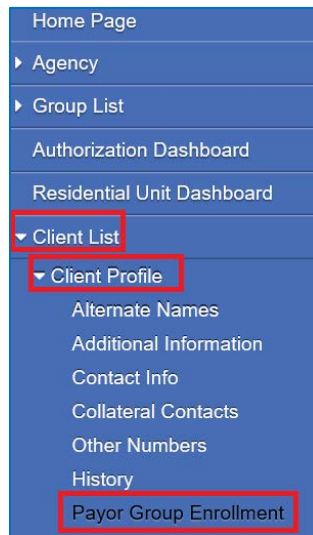
Actions	Item #	<input type="checkbox"/>	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	527919	<input type="checkbox"/>		FFS	None	5/15/2019	H0004/UA/HG	60 Min	Hold	5/28/2019	\$134.20	

- K. 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.
- L. 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.

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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.



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	Relationship to Subscriber/ Responsible Party	Self

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

The screenshot shows a web-based form titled "Benefit Plan/Private Pay Billing Information". On the left is a blue sidebar with a menu: "Client Profile", "Alternate Names", "Additional Information", "Contact Info", "Collateral Contacts", "Other Numbers", "History", and "Payor Group Enrollment" (which is highlighted with a red box). The main form area has a dark blue header. Below the header, there are several fields: "Payor-Type" is a dropdown menu set to "Medicaid"; "Plan-Group" is a dropdown menu set to "ODS DMC- Non Peri-Medi-..."; "Payor Priority Order" is a dropdown menu set to "2"; "Coverage Start" is a date field set to "6/1/2019" with a calendar icon; "End" is an empty date field with a calendar icon; "Payment Scale" is an empty text field; "Aid Code" is a dropdown menu set to "M1"; "Relationship to Subscriber/ Responsible Party" is a dropdown menu set to "Self"; and "Subscriber/ Responsible Party:" is an empty text field. Red boxes highlight the "Payor-Type", "Plan-Group", "Coverage Start", and "Payor Group Enrollment" menu item.

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

- The out-of-county claims prior to July 2019 that were billed and denied already by the State are county payable for a maximum of 60 days. If you need clarification or questions on invoicing, please email the BHS Admin Services at: BHS-Claims.HHSA@sdcounty.ca.gov.