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.

OUT OF COUNTY BENEFIT PLAN

Agency
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Contact Info
Collateral Contacts
Other Numbers
History
Payor Group Enrollment
Authorization
Allergies
Linked Consents
Contacts
Activity List
Episode List
System Administration
Reports

Payor List

Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party

Benefit Plan/Private Pay Billing Information

Payor-Type Other
Plan-Group
Payor Priority Order 1
Policy #
Coverage Start 05/01/2019
End
Payment Scale
County Billable-County Billable
County Billable-Out of County
Aid Code
Relationship to Subscriber/ Responsible Party

Subscriber/ Responsible Party:

First Name
Middle
Last Name
Birthdate
Gender
Subscriber #
Address 1
Address 2
City
State
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.

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

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.

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.

I. Claims will be moved to hold status.

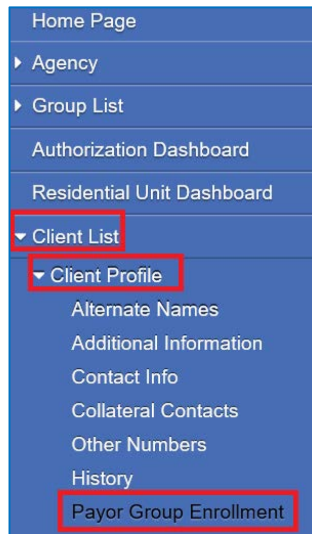
J. Change the Item Status to Hold then click Go to view all the claims you placed on hold.

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.

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
		Payment Scale	
Aid Code	3R	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 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 2
Policy #
Coverage Start 6/1/2019
End
Payment Scale
Aid Code M1
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 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.