

OUTPATIENT-OUT OF COUNTY MEDI-CAL

- Outpatient 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 for a maximum of 60 days 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 out of county encounters to billing and put them on hold.

To successfully release the outpatient 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:

Payor-Type:	Other
Plan Group:	County Billable-Out of County
Coverage Start:	July 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

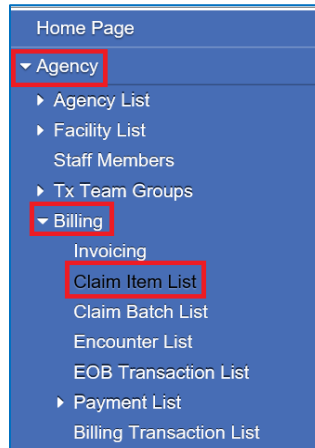
Contact Info
Collateral Contacts
Other Numbers
History
Payor Group Enrollment
Authorization
Allergies
Linked Consents
Contacts
Activity List
Episode List
System Administration
Reports
Support Ticket

Benefit Plan/Private Pay Billing Information

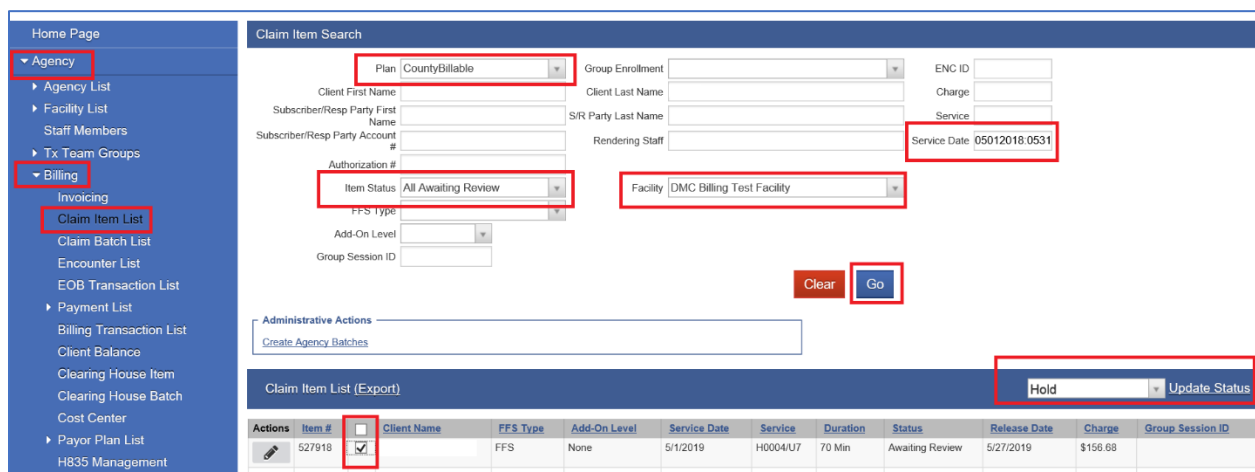
Payor-Type: Other
Plan-Group: County Billable-Out of County
Payor Priority Order: 1
Coverage Start: July 1, 2019
End:
Payment Scale:
Aid Code:
Relationship to Subscriber/Responsible Party:
Subscriber/Responsible Party:
First Name:
Middle:
Last Name:
Birthdate:
Gender:
Subscriber #:
Address 1:
Address 2:
City:
State:
Zip:
Cancel Save

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- B. Click Save.
- C. After releasing all outpatient out of county 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.
- 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.



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- 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.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	527918		FFS	None	5/1/2019	H0004/U7	70 Min	Hold	5/27/2019	\$156.68	

- 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.

- Home Page
- ▶ Agency
- ▶ Group List
- Authorization Dashboard
- Residential Unit Dashboard
- ▼ Client List
 - ▼ Client Profile
 - Alternate Names
 - Additional Information
 - Contact Info
 - Collateral Contacts
 - Other Numbers
 - History
 - 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	Relationship to Subscriber/ Responsible Party	Self
		Payment Scale	

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

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	
Aid Code	M1	Relationship to Subscriber/ Responsible Party	Self
		Payment Scale	

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.