

RESIDENTIAL BED DAYS-OUT OF COUNTY MEDI-CAL

- 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.

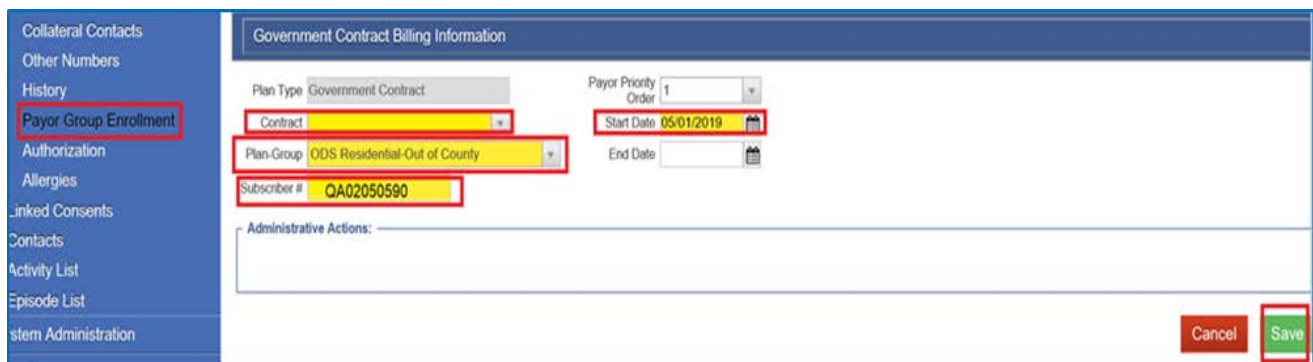
- A. In Payor Group Enrollment screen, click the link Add Government Contract Enrollment.



The screenshot shows a table with columns: Actions, Priority, Plan, Group, Subscriber/ Acct#, Subscriber/ Resp Party, Start Date, and End Date. In the top right corner, there are two links: 'Add Benefit Plan Enrollment' and 'Add Government Contract Enrollment'. The 'Add Government Contract Enrollment' link is highlighted with a red box.

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

GOVERNMENT CONTRACT-OUT OF COUNTY PLAN

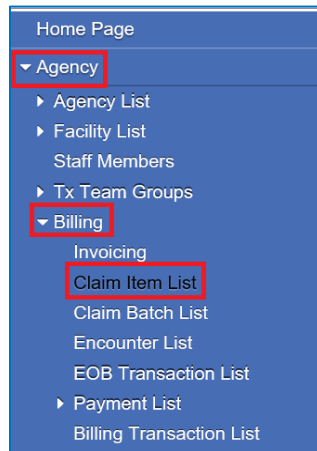


The screenshot shows the 'Government Contract Billing Information' screen. The left sidebar has a menu with 'Payor Group Enrollment' highlighted in red. The main form has the following fields highlighted in red: 'Contract' dropdown, 'Start Date' (05/01/2019), 'Plan-Group' (ODS Residential-Out of County), and 'Subscriber #' (QA02050590). At the bottom right, there are 'Cancel' and 'Save' buttons, with 'Save' highlighted in red.

- 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.*

RESIDENTIAL BED DAYS-OUT OF COUNTY MEDI-CAL

- D. The Subscriber # field auto populates to the Unique Client Number (UCN). There is no need to change this information.
- E. Start Date: enter the date the eligibility is out of county.
- F. Click Save.
- G. Release all the Bed Day out of county encounters to billing.
- H. From the Navigation Pane, click Agency then click on Billing.
- I. Click on Claim Item List.



- J. SanWITS will display all the claim items in Awaiting Review.
- K. On the Claim Item Search screen, please select County Billable for the Plan, select your facility, enter the service data range. Click Go.
- L. Select the out of county claims by putting a check mark on each box next to the claim item #.
- M. On the right side, click the dropdown and select Release, then click the link Update Status.

The screenshot shows the 'Claim Item Search' form with several fields highlighted in red: Plan, Item Status (Awaiting Review), Facility, and Service Date (2019.05312019). Below the form are 'Clear' and 'Go' buttons. Under 'Administrative Actions', there are links for 'Create Agency Batches' and 'Create Facility Batches'. The 'Claim Item List (Export)' table is visible with columns: Actions, Item #, Client Name, FFS Type, Add-On Level, Service Date, Service, Duration, Status, Release D, and Session ID. The first row has a checked box in the 'Item #' column. A dropdown menu is open over the 'Release D' column, showing 'Hold' and 'Release' (highlighted in red). An 'Update Status' button is also highlighted in red.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release D	Session ID
	<input checked="" type="checkbox"/>		FFS	None	05/01/2019	H0019/U1/HA				
	<input type="checkbox"/>		FFS	None	10/31/2018	H0006/U1/HA	30 Min			

RESIDENTIAL BED DAYS-OUT OF COUNTY MEDI-CAL

- 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.

The screenshot shows the 'Claim Item Search' form. The 'Plan' dropdown is set to 'ODS Residential'. The 'Item Status' dropdown is set to 'Released'. The 'Service Date' is 2019-05-31. The 'Administrative Actions' section has 'Create Facility Batches' highlighted. A red arrow points from the 'Item Status' dropdown to the 'Create Facility Batches' button. The 'Go' button is also highlighted.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group
			FFS	None	05/01/2019	H0019/U1		Released		\$1.00	

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

The screenshot shows the 'Choose Plan(s) for Batching' form. The 'Available Plans' list contains 'ODS Residential'. The 'Selected Plans' list is empty. The 'Go' button is highlighted.

- 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(s) provider batch is now submitted to the Government Contract.

RESIDENTIAL BED DAYS-OUT OF COUNTY MEDI-CAL

- 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@sdcounty.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@sdcounty.ca.gov.