



Inter-County Transfer of Medi-Cal Benefits



Los Angeles Department of Public Health Substance Abuse Prevention and Control
All Treatment Provider Meeting May 3, 2022



DHCS [BHIN 21-032](#): County of Responsibility and Reimbursement for DMC and DMC-ODS

DHCS Policy: The County of Responsibility field in MEDS and MEDSLITE is the official source for determining which payer is responsible to pay claims for medically necessary substance use disorder services provided to eligible beneficiaries, no matter where the beneficiary is located or residing, [unless or until an Inter-County Transfer has been initiated to change the residence](#).

- **Prior to DHCS [BHIN 21-032](#)**

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In the Drug Medi-Cal Organized Delivery System, billing historically was tied to County of Responsibility. This means that claims were denied by the Short Doyle billing system when a beneficiary moved to a new county, initiated an Inter-County Transfer, and started receiving SUD treatment services, until the Inter-County Transfer was complete and the County of Residence was changed.

- **After DHCS [BHIN 21-032](#)**

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Short-Doyle has been modified so claims from DMC and DMC-ODS counties are no longer denied, as long as the beneficiary's County of Responsibility or County of Residence matches the submitting county. Previously denied claims may be resubmitted if they meet the following criteria:

- The original claim was submitted within twelve months of the service provision and denied by Short-Doyle, and;
- At the time of resubmission, the claim is no older than 24 months from the date of service provision.



Update on ICT/County of Residence Pilot

Beginning March 2022, SAPC engaged a pilot with a small number of providers to test the application of BHIN 21-032.

- Conducted review of all SAPC patients on the MEDS file that were billed to DMC that had the LA County residence with a non-LA County responsibility.
- Worked with providers who had at least one beneficiary who would be or was currently in the process of transferring.
- Initial Findings – **It Looks Like It Works!**
 1. County of residence showed up as Los Angeles for several months **before** the ICT was finalized (i.e. LA became County of Responsibility).
 2. Claims submitted prior to ICT being finalized **were not denied.**
- Small number of cases and want to ensure process is valid before fully operationalizing.



This enables you as a provider and SAPC QIUM to confirm that the change of address has been made with DPSS and claims are less likely to be denied and recouped.

STEP 1 – Document the Change of Address

When a new patient permanently moves from another California County to Los Angeles County

- **Use the State's new website [BenefitsCal.com](https://benefitscal.com)** to begin the Inter-County Transfer process. This should enable the provider to take a screen shot for SAPC QI & UM that verifies that DPSS is changing the County of Responsibility to Los Angeles (#19). This requires that the patient is present and logs onto the system with you.

The process outlines that the provider will:

- **Initiate the permanent Change of Address** to Los Angeles County with the patient present using <https://benefitscal.com/>
- **Obtain evidence** that this requested change of residence was requested. This can include a printout from BenefitsCal or a screenshot to document the request of change of address was requested.
- **Upload the printout** for evidence that the ICT was initiated for SAPC QI & UM using Provider Connect File Attach.



STEP 2 – Submit Member Authorization Request for County of Residence

- **Submit member authorization request to SAPC QI & UM** – Same as for other patients whose Medi-Cal “County of Responsibility” is assigned to Los Angeles County #19.
 - **Printout, screenshot or NOA showing the date the change of residence was requested; AND**
 - **Miscellaneous note that indicates action taken to transfer benefits; AND**
 - **Enter patient’s “Financial Eligibility” status under DMC. This will permit claims to be pushed through to DHCS for DMC payment.**
 - **Do not submit under a 30-Day Policy.**



Using the BenefitsCal website to make a change of address enables you to confirm the process occurred and it reduces likelihood of denials and recoupment as a result.



STEP 3 – Verify Inter-County Transfer (ICT) is Functioning Correctly

• Role of Provider

- Follow-up on MEDS file to confirm change of residence
- Open a Sage helpdesk if you identify claims are not being paid for the patients whose county of residence had been updated at <https://netsmart.service-now.com/plexussupport> (recommended) or by calling (855-346-2392)

• Role of SAPC Eligibility Support Workgroup

- Identify if denied claims are related to the ICT process or another denial reason.
- Analyze claims to ensure the ICT process functions based on a larger sample.
- Identify time between request and actual change to County of Residence.
- Identify mechanisms to gain real time visibility on change of residence.



Why Should You Test This Process?

- **DHCS intention behind BHIN 21-032 is clear, and responds to County/Provider identified concerns:**
 - Patients are being turned away because their Medi-Cal benefits are assigned elsewhere.
 - Delays impact patients receiving not just SUD entitlement services but also as applicable mental health and physical health services.
 - Providers are at financial risk when the ICT process takes so long.
- **Given DHCS changes, SAPC is considering whether to maintain ICT under as allowable under the 30-day policy:**
 - Use the time between now and June 30th to begin training your staff and confirming if there are any issues with this process.
 - Communicate with SAPC (Nancy Crosby) if you have any questions or need assistance.



Thanks for testing out this process and confirm if it works. This should help patients and providers!

