

PGE: OTP Medicare General Plan

Starting January 1, 2020, OTP programs enrolled in Medicare should bill OTP services for clients with Medi-Medi or dual eligibilities (those enrolled in Medicare Part B and Medicaid) to Medicare. OTP services denied by Medicare or received partial payments can only be billed to Medi-Cal, as the secondary payer.

Encounters for Medi-Medi clients should be entered in SanWITS, released to billing, and placed on hold.

In SanWITS, OTP programs should:

- A. Create or add a **Medicare Benefit Plan Enrollment** in the Payor Group Enrollment (PGE) screen.



- 1) Click the Add Benefit Plan Enrollment link.
- 2) Complete **all the required/yellow fields** on the Benefit Plan Billing Information.

Notes:

- Since Medicare billing for OTP started on 01/01/2020, you may use 01/01/2020 as the Coverage Start.

Payor Type	Medicare
Plan-Group	Medicare-Medicare General
Coverage Start	Date Medicare Coverage Started
Subscriber ID	Enter the actual Medicare ID # or enter 000 if Medicare ID is not yet available to be able to save the Medicare Plan.

- Some requirements or rules may change as we know more about Medicare billing.

- 3) Click the Save button.



Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
	1	Medicare	Medicare General	000	██████	1/1/2021	

- B. Once the Medicare General plan is set, go to the Encounters screen, and release the encounter by clicking the Administrative Action “Release to Billing”.



PGE: OTP Medicare General Plan

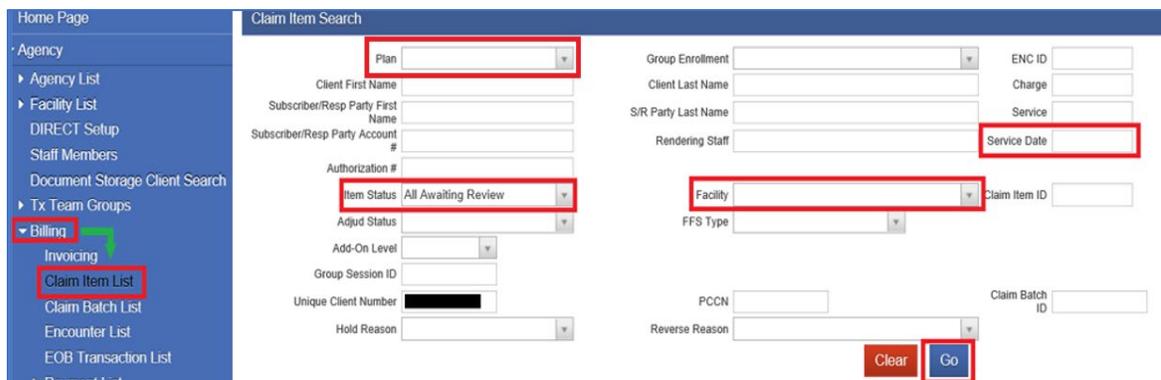
- C. If you have two or more Benefit Plans in the Payor Group Enrollment screen, make sure to select the **Medicare General** from the Client Group Enrollment drop-down menu when releasing Medi-Medi encounters. Then, click the Finish button.



The screenshot shows a 'Release To Billing' window. At the top, there is a message: 'The Client Group Enrollment dropdown reflects Client Profile>Payor Group Enrollments effective on the encounter date of service. If the Medi-Cal billable indicator on the encounter is 'no', Medi-Cal enrollment will not be included in the dropdown.' Below this, there is a search bar for 'Client Group Enrollment'. A dropdown menu is open, showing 'Medicare General (Medicare) 1' selected. Other options include 'Med-Cal - Non Perinatal [ODS DMC- Non Pen] 2'. There are 'Cancel' and 'Finish' buttons at the bottom right.

Note: Billing Unit does not recommend creating the ODS DMC Plan yet until Medicare Explanation of Benefits (EOB) or denial is obtained by the program and reviewed by the billing team.

- D. Repeat the release to billing action until all Medi-Medi encounters are successfully released.
E. Go to Billing screen -> Claim Item List and search the claims in the All Awaiting Review status that you need to place on hold.
F. Complete the fields for the Plan, Service Date and Facility fields to display only the claims you will process, then click Go.



The screenshot shows the 'Claim Item Search' screen. On the left is a navigation menu with 'Billing' selected and 'Claim Item List' highlighted. The main search area has several fields: 'Plan' (dropdown, 'Medicare General (Medicare) 1'), 'Client First Name', 'Subscriber/Resp Party First Name', 'Subscriber/Resp Party Account #', 'Authorization #', 'Item Status' (dropdown, 'All Awaiting Review'), 'Adjud Status', 'Add-On Level', 'Group Session ID', 'Unique Client Number', 'Hold Reason', 'Group Enrollment' (dropdown), 'Client Last Name', 'S/R Party Last Name', 'Rendering Staff', 'Service Date', 'Facility' (dropdown), 'Claim Item ID', 'FFS Type', 'PCCN', 'Claim Batch ID', and 'Reverse Reason'. There are 'Clear' and 'Go' buttons at the bottom right.

- G. On the same screen (bottom section)
- 1) Check mark the box between the Item # and Client Name headings to bulk select the claim items you will put on hold.
 - 2) Once the claim items are selected, click the claim status Hold from the drop menu found on the right side of the screen.

PGE: OTP Medicare General Plan

3) Click the Update Status command.

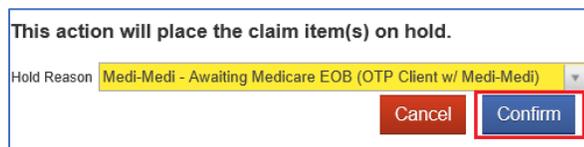


H. The next screen will prompt you to choose a Hold Reason from the drop menu.

Note: For Medi-Medi claim, select the option **Awaiting Medicare EOB (OTP Client w/Medi-Medi)**.



I. Click the Confirm button to finish the hold process.



J. To review or monitor the claims that are on hold, set the Item Status to Hold; you may complete the Service Date and Facility fields, then click Go.

PGE: OTP Medicare General Plan

K. Click the Export hyperlink to view the Claim Item List report with hold status.



Sample Claim Item List

A	C	D	E	F	G	H	I	J	K	M	N	O	P	Q	R	S	T
Item #	Client Name	Payor	FFS Type	Add-On Level	Unique Client #	Rendering Staff Name	Payor Name	Group Name	Subscriber #	Service Date	End Date	Service	Service Location	Billing Unit	Duration	Status	Hold Reason
532543	[REDACTED]	Medicare	FFS	None	[REDACTED]	Staff, Rendering	Medicare	Medicare General	0	2/23/2021	2/23/2021	H0004/UA/HG		57	7 70 Min	Hold	Medi-Medi - Awaiting Medicare EOB (OTP Client w/ Medi-Medi)
532544	[REDACTED]	Medicare	FFS	None	[REDACTED]	Staff, Rendering	Medicare	Medicare General	0	2/22/2021	2/22/2021	H0005/UA/HG		57	4.5 45 Min	Hold	Medi-Medi - Awaiting Medicare EOB (OTP Client w/ Medi-Medi)

Additional Notes:

- SUD Programs should monitor the status of all claims, including the ones on hold. If for any valid reason the claims need to be billed to DMC, please contact the SUD Billing Unit immediately at ADSBillingUnit.HHSA@sdcounty.ca.gov for additional guidance.
- Please visit the Optum website -->BHS Provider Resources -->Billing tab to view the Claim Item Hold Reasons.