

# PGE or Benefit Plan Review (Billing Tip Sheet)

All Outpatient, OTP and Residential providers billing for DMC services must review the Payor Group Enrollment (PGE) screen prior to release to billing to ensure accuracy of billing data.

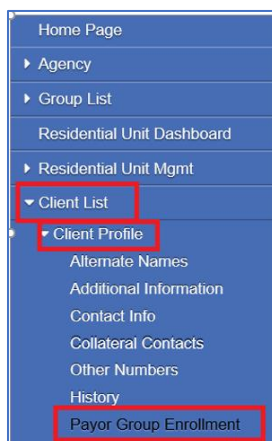
**Note:** Residential providers billing for both Residential Bed Day and Case Management/Recovery have two (2) Payor Group Enrollment in SanWITS:

- 1) ODS Residential for Government Contract billing (Residential Bed Day services).
- 2) ODS-DMC Non-Perinatal or Perinatal for DMC Billing (Case Management or Recovery Services)

Review the following:

## A. ODS-DMC Non-Perinatal or Perinatal (for DMC Billable claims only)

1. From the Navigation Pane, go to “Client List”, click on “Client Profile” then click “Payor Group Enrollment”.



2. From the Payor Group Enrollment, click the “Actions button” and “Edit” to open the Benefit Plan information.

Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
	1	ODS DMC- Non Peri	Medi-Cal - Non Perinatal	12345678A	Optum, One	7/1/2018	
		ODS DMC- Non Peri	Medi-Cal - Non Perinatal	12345678A	BHS, One	8/1/2018	8/31/2018

The image shows a screenshot of the Payor List table. A red box highlights the 'Actions' column for the first row, which contains a pencil icon. A tooltip with 'Edit' and 'Remove' buttons is visible over the pencil icon. The navigation pane on the left is also visible, with 'Payor Group Enrollment' highlighted in red.

3. **Coverage Start Date:** Must match the Program Enrollment

Benefit Plan/Private Pay Billing Information			
Payor-Type	Medicaid	Plan-Group	ODS DMC- Non Peri-Medi-Cal - N
Payor Priority Order	1	Policy #	
Coverage Start	7/1/2018	End	
Aid Code	30	Payment Scale	
		Relationship to Subscriber/ Responsible Party	Self

**End Date:**

- If client falls out of Medi-Cal, please open the current ODS-DMC Non-Peri or Peri Benefit Plan and terminate it by putting an end date on the assigned field. Use the last day of the month the Medi-Cal policy is effective (e.g. use 07/31/2018 if Medi-Cal coverage was only active in July 2018).
- If client's Medi-Cal eligibility resumes or starts again, add a new ODS-DMC Non-Peri or Peri Benefit Plan. On the service date field, use the 1st of the month the Medi-Cal eligibility is effective (e.g. if effective September 2018, enter 09/01/2018).
- If client's Aid code has changed from last month to next month, close the existing Benefit Plan by putting an end date and add a new one using the new aid code. Please see #4 for details.

Benefit Plan/Private Pay Billing Information			
Payor-Type	Medicaid	Plan-Group	ODS DMC- Non Peri-Medi-Cal - N
Payor Priority Order	1	Policy #	
Coverage Start	7/1/2018	End	
Aid Code	30	Payment Scale	
		Relationship to Subscriber/ Responsible Party	Self

4. **Aid Code:** The two-digit numeric or alpha-numeric aid code must be entered in the Payor Group Enrollment screen. Aid code determines the type of Medi-Cal benefit the client has. The actual two-digit aid code comes from the Medi-Cal eligibility report for the month and year verified.

**Note:** A valid aid code for the month and year of service must be entered in the Aid Code field. If aid code changes from last month (ex. 07/2018), provider must end the existing Payor Group Enrollment using the last day of the previous month (ex. 07/31/2018) as the End Date. Then, open a new Payor Group Enrollment using the first day of the month (ex. 08/01/2018) that the new aid code is effective.

Benefit Plan/Private Pay Billing Information	
Payor-Type	Medicaid
Payor Priority Order	1
Coverage Start	7/1/2018
Aid Code	30
End	
Relationship	

5. **Client Name:** It is important to match the Client First and Last Name in Payor Group Enrollment screens with the Client Name in Medi-Cal eligibility report. Include any suffix (e.g. Jr./Sr./II) or middle name/initial when needed to match Medi-Cal's record.

Subscriber/ Responsible Party:		
First Name	One	Middle
Last Name	Optum	

6. **Client Date of Birth** in Client Payor Group Enrollment screen must match the DOB in Medi-Cal Eligibility report or DOB on the Medi-Cal or BIC card.

Subscriber/ Responsible Party:	
First Name	One
Birthdate	1/1/1986

7. **Gender:** Please select from the drop-down list or enter the correct client gender code (1-male or 2-female) when completing the Client Profile and Payor Group Enrollment screens.
- Note:** Gender "Other" is an acceptable value in SanWITS but claim gets denied with CO/16/MA39 (gender not matched with MEDS) when billed to the State. To date, the State claiming system does not accept "Other"; please select Male or Female.

Subscriber/ Responsible Party:	
First Name	One
Birthdate	1/1/1986
Gender	2-Female

8. **Subscriber ID #:** Must be 8 numbers plus 1 upper case or capital letter (total of 9 digits) only. DO NOT enter the 14-digits.

Subscriber # 12345678A

9. **Address 1:** must enter the physical address (No PO Box or do not type homeless). If client is homeless or if address is not available, please use your facility address. Address 2 (white field) can be used for Apt. #, etc.
10. **Zip Code:** use the correct zip code (visit usps.com website to verify) based on City and State.

Address 1 12345 Camino  
Address 2  
City San Diego State California Zip 92108

11. After reviewing the Payor Group Enrollment screen and no changes is applied, click the Cancel button. Only click the Save button when update or changes are made on this screen.

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  
Support Ticket

Benefit Plan/Private Pay Billing Information

Payor-Type: Medicaid Plan-Group: ODS DMC- Non Peri-Medi-Cal - N  
Payor Priority Order: 1 Policy #:   
Coverage Start: 7/1/2018 End: Payment Scale:   
Aid Code: 30 Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: One Middle: Last Name: Optum  
Birthdate: Gender: 2-Female Subscriber #: 12345678A  
Address 1: 12345 Camino  
Address 2:  
City: San Diego State: California Zip: 92108

Cancel Save

## B. ODS Residential (for Government Contract or Residential Bed Day billing only)

**Note:** Residential providers billing for both Residential Bed Day and Case Management/Recovery have two (2) Payor Group Enrollment in SanWITS:

1. Payor Group Enrollment: Case Management or Recovery Services
  - Add Benefit Plan Enrollment for ODS-DMC Non-Perinatal or Perinatal for DMC Billing (Case Management or Recovery Services)

Payor List

Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
	1	ODS DMC- Non Peri	Medi-Cal - Non Perinatal	12345678A	Client, Residential	9/16/2018	
	2	ODS Residential	DMC Billable	C		9/16/2018	
		ODS Residential	County Billable	C		9/1/2018	9/15/2018
		ODS DMC- Non Peri	Medi-Cal - Non Perinatal	1	Client, Residential	9/1/2018	9/15/2018

Benefit Plan/Private Pay Billing Information

Payor Type: Medicaid      Plan-Group: ODS DMC- Non Peri-Medi-Cal - N

Payor Priority Order: 1      Policy #

Coverage Start: 9/16/2018      End:      Payment Scale:

Aid Code: 123      Relationship to Subscriber/ Responsible Party: Self

Subscriber/ Responsible Party:

First Name: Residential      Middle:      Last Name: Client

Birthdate:      Gender: 2-Female      Subscriber #: 12345678A

Address 1: camino

Address 2:

City: san diego      State: California      Zip: 92115

Cancel Save

## 2. Payor Group Enrollment: Residential Bed Day Services

- Add Benefit Plan Enrollment for ODS Residential for Government Contract billing (Residential Bed Day services)
- Subscriber ID # is defaulted to Unique Client ID #. "DO NOT CHANGE/OR ENTER ID #".

Payor List

Actions	Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
	1	ODS DMC- Non Peri	Medi-Cal - Non Perinatal		Client, Residential	9/16/2018	
	2	ODS Residential	DMC Billable	CR02092475		9/16/2018	
		ODS Residential	County Billable			9/1/2018	9/15/2018
		ODS DMC- Non Peri	Medi-Cal - Non Perinatal		Client, Residential	9/1/2018	9/15/2018

Government Contract Billing Information

Plan Type: Government Contract      Payor Priority Order: 2

Contract: 559999,559999      Start Date: 9/16/2018

Plan-Group: ODS Residential-DMC Billable      End Date:

Subscriber #: CR02092475

Administrative Actions:

[Cost Share](#)

Cancel Save

**Disclaimer:** This tip sheet may change based on new SanWITS enhancements or billing rules update.