RMD Bulletin

Knowledge is power…

Reminder:
Verify DMH Clients' Group # and Member ID # for Other Health Insurance (OHC)

In addition to verifying and inputting the clients' health carrier Group Number (Group #), also input the client's Member Identification Number (Member ID #) in line 8 of the Payer Financial Information (PFI) form. Example: Group#/Member ID #.

5	SHARE OF COST ☐ YES ☐ NO	SOC AMT $	SSI PENDING ☐ YES ☐ NO	SSI APPLICATION DATE		IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON		
6	CALWORKS ☐ YES ☐ NO	GROW ☐ YES ☐ NO	HEALTHY FAMILIES ☐ YES ☐ NO	HEALTHY FAMILIES CIN #	AB3632 ☐ YES ☐ NO	AB3632 CONSENT FORM SIGNED ☐ YES ☐ NO		
7	MEDICARE ☐ YES ☐ NO	MEDICARE #	LIFETIME AUTHORIZATION SIGNED ☐ YES ☐ NO	MEDI-GAP ☐ YES ☐ NO	VET/ADM ☐ YES ☐ NO	CHAMPUS ☐ YES ☐ NO	HEALTHY WAY LA ☐ YES ☐ NO	HWLA MEMBER #
8	HMO/PPO ☐ YES ☐ NO	NAME OF CARRIER			GROUP/POLICY/ID # ###/####		NAME OF INSURED	
9	CARRIER ADDRESS						ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO	
	PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)							
10	NAME OF PAYER			RELATION TO CLIENT	DOB		MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP	PAYER CDL/CAL ID
11	ADDRESS			CITY		STATE	ZIP CODE	TEL #

Group # and Member ID #s are used to determine eligibility and bill insurances appropriately. Timely reimbursement from insurance companies relies on both the Group # and the Member ID #.

We're here to help you…

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.