

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 2011-04 Attachment G	TITLE: Adjusting overpaid and underpaid claims	Effective Date: April 2011
Revision: 1	Dept: Claims	Page 1 of 3

Approval By:	Date:
Scott Gruendl Assistant Director	August 2022
Doreen Avery, Billing Manager	August 2022
Annual Review Date:	August 2023

Purpose

To document San Mateo County Mental Health’s (MHP) procedure for adjusting claims paid at the wrong rate.

Scope

This procedure has been developed in accordance with all applicable federal and state statutory, regulatory, and contract requirements. This procedure applies to claims for the Care Advantage and Cal Medi-Connect lines of business only.

Responsibility and Authority

The Billing Manager is responsible for overseeing the claims activity of the MHP and ensuring that claims are handled appropriately.

The Claims Specialist is responsible for ensuring that the rate paid on each claim is correct.

- 1.1 Retro claims adjudication is performed on claims that were reimbursed at the wrong rate due to the following:
 - a) Change in contract rate schedule
 - b) Eligibility change
 - c) Quality Improvement adjustment
 - d) Bilingual adjustment

- 1.2 Claims Specialist enters the claim in the Retro Claim Adjudication option in MSO and creates an adjustment EOP to be sent to provider together with an overpayment or underpayment letter. See Attachment I and II for sample notification letter.

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Attachment I



2000 Alameda de las Pulgas
Suite 235
San Mateo, CA 94403
650-573-2541 T
650-573-2841 F
smchealth.org

OVERPAYMENT NOTIFICATION

[Date]

[Provider Name and Address, ex
Sherman Welden
854 Wharfside Road
San Mateo, CA 94404]

Dear [NAME, ex. Sherman Welden],

Our records reveal that we have made an incorrect payment to you on [DATE and EOP NUMBER]. The incorrect payment totaled \$[AMOUNT] for [DATE OF SERVICE]. Due to [REASON]. We have enclosed an Explanation of Payment showing the overpayment that will be deducted from your account.

We apologize for any inconvenience this may have caused you. We appreciate your business and consider you a valued provider. If you have any questions about this matter, or if we can assist you further, please call Billing Specialist @ 650.573.3645 or 650.573.2068.

Sincerely,

Jayne Berja
Billing Specialist

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Attachment II



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

2000 Alameda de las Pulgas
Suite 280
San Mateo, CA 94403
smchealth.org

UNDERPAYMENT NOTIFICATION

[Date]

[Provider Name and Address, ex
Sherman Welden
854 Wharfside Road
San Mateo, CA 94404]

Dear [NAME, ex. Sherman Welden],

Our records reveal that we made an incorrect underpayment to you on [DATE and EOP NUMBER]. The underpayment totaled \$[AMOUNT] for [DATE OF SERVICE]. We have credited your account and have enclosed a check for the underpayment.

We apologize for any inconvenience this may have caused you. We appreciate your business and consider you a valued provider. If you have any questions about this matter, or if we can assist you further, please call Billing Specialist @ 650.573.2442 or 650.573.2068.

Sincerely,

[Billing Specialist]