

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 07-04 Attachment A	TITLE: Explanation of Payment (EOP) Procedure	Effective Date: April 2011
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Approval By:	Date:
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Annual Review Date:	August 2023

Authored By: Billing Manager
Pursuant To: Medicare Managed Care Manual Chapter 13
Departments Impacted: Claims, MIS

Purpose

To document San Mateo County Mental Health Plan’s (MHP) procedure for preparing and distributing provider Explanation of Payment (EOP) notices.

1.0 Explanation of Payment Procedure

1.1 The MHP notifies providers of its decision to pay, pend or deny a claim via a bi-weekly Explanation of Payment (EOP). This process involves:

- 1.1.1 Producing the EOP; (refer to attachment 1.1.1A for the checklist followed by Claims Specialist to produce the EOP
- 1.1.2 Producing and reviewing payment checks or direct deposit; and
- 1.1.3 Distributing the EOP’s and any accompanying checks.

1.2 Producing the EOP:

1.2.1 An EOP serves as the notification to providers regarding paid, pended, and denied claims. For each claim submitted and adjudicated, the EOP provides:

- 1.2.1.1.1 Charged amount
- 1.2.1.1.2 Paid amount if any
- 1.2.1.1.3 Reason for payment, denial or pend

1.2.2 At the time that claims are keyed, the MSO system identifies whether the claim should be approved/pended or denied.

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- 1.2.3 EOP electronic files are generated at a minimum once a week under the supervision of the MIS Claims Specialists.
 - 1.2.4 The electronic files are sent to the Controller. In addition, a paper EOP file summary page is produced. This page is signed by the BHRS Accounting Manager and faxed to the Controller. The original signed summary page is given to Health Services Accounting for personal delivery to the Controller's office.
 - 1.2.5 The EOP's and the summary page are printed on a hard copy for MIS records.
- 1.3 Producing and reviewing payment checks for paid claims:
- 1.3.1 The Controller's Office produces the printed checks the same day that the file if the file is received by 2pm otherwise the checks are printed the following business day. The Controller ponies the checks to BHRS within two business days from receipt of electronic file.
 - 1.3.2 Electronic fund transfers and checks are printed under the supervision of the Controller.
- 1.4 Mailing the checks and EOPs:
- 1.4.1 The MIS Claims Specialist oversees the mailing of the checks and EOPs under the supervision of the Billing Manager.
 - 1.4.2 Checks are matched and attached to their EOPs and mailed.
Note: Contract agencies and Private Network providers have direct deposit, so for these the MHP sends the EOP and not the check.
 - 1.4.3 Staff enter the date the check was mailed into Avatar to track timeliness of payment.
 - 1.4.4 Staff runs the Interest Days Between Date Received and Check Sent Date Report to identify any claims that were not paid within 30 days

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ATTACHMENT 1.1.1.A

**San Mateo BHRS MIS
MSO Check Generation Checklist**

1. __ Close Batches for Check run: From batch ____ to batch ____.
2. __ Print Batch Reports and inspect for missing claims and information.
3. __ Add and Balance all Batch Reports before creating the voucher.
4. __ Run MSO report "Provider's Pended Services" and check for pending claims. Decide to include any pended claims in EOBs or not & fix pended claim and run the report again before closing.
5. __ Run MSO report "Denied Claims with no Denial Reason" and check for Denied claims & fix/enter the reason. Run the report again after fixing the error.
6. __ Run MSO_AprovedClaimsWithInvalidPractitionerCategory_KL05262020
Fix/enter the rendering. Run the report again after fixing the error.
7. __ Create Vouchers (Voucher Count _____ Total \$ _____).
8. __ Create EOBs (EOB Count _____ Total \$ _____).
9. __ Print BHRS EOP report for all providers
10. __ Run Report Viewer and Print MSO_Svcs_CheckForCorrectRate_x_EntryDate
11. __ Run Report Viewer and Print MSO PossibleDupMSOSvcs_x_EntryDate
12. __ Log EOB Range in MIS spreadsheet of check runs with check run date

13. __ Select all Providers with zero dollars EXCEPT SMMC provider

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14. __ **COMPILE FILE with zero balance** providers using IFAS “Compile File”
15. __ Print IFAS “Run Report” for **zero balance** providers and confirm and attached with paid summary file.
16. __ **COMPILE FILE for SMMC provider** and select all EOBs for Check Run
17. __ Print IFAS “Run Report” for SMMC Provider
18. __ Create IFAS “File for Submission”
- 19. __ COMPILE FILE for all Providers remaining**
20. __ Print IFAS “Run Report” to confirm balances
21. __ Choose IFAS “Dump File” (ONLY IF ZERO PAYMENT OR REFUND)
22. __ Create IFAS “File for Submission”
23. __ COMPARE individual file totals to EOPs
24. __ Confirm providers balance totals balance between EOB and File Summary Sheet
25. __ Rename IFAS file on MIS\MSO (Signature Page and File – See instructions below)
26. __ Obtain Signature on Summary sheet, scan, and email to controller with IFAS file.
27. __ Receive Checks back from Controller’s Office
28. __ Balance each check to each provider EOP
29. __ Stuff and mail envelopes with EOP and check
30. __ Enter mail date into Avatar form: Other EOB Information
31. __ Run MSO_SVCS_CheckForCorrectRate_By_EntryDate (Wait an Hour at least after file created for controllers)

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Controller's File Modification

1. _ Change second column from the file "**111752**001" only first 6-digit number to change date as format MM/DD/YY (ex. **062513**001).
2. _ Change third column from the file "**IG1**AGL612001" to "**I61**AGL612001" ("**G**" should be "**6**").
3. _ Lastly change seventh column from the file "IMH6103**ANBAP18521117**" "**A**" should be moved and change it to "**IMH610A3**" and the last 8-digit number should be change to date format as YYYY/MM/DD. (ex. IMH610**A3NBAP20130625**).