

**San Mateo County MHP  
Procedure Manual**

<b>Procedure: MHP 07-04 Attachment J</b>	<b>TITLE: Processing Payable MHP Claims</b>	<b>Effective Date: April 2011</b>
<b>Revision: 1</b>	<b>Dept: Claims</b>	<b>Page 1 of 4</b>

<b>Approval By:</b>	<b>Date:</b>
Scott Gruendl, Assistant Director	<b>July 2018</b>
Doreen Avery, Billing Manager	<b>July 2018</b>
<b>Next Annual Review Date:</b>	<b>July 2019</b>

<b>Authored By:</b> Billing Manager
<b>Pursuant To:</b> Medicare Managed Care Manual Chapter 13
<b>Departments Impacted:</b> Claims, MIS, Administrative Services

**Purpose**

To document San Mateo County Mental Health Plan’s (MHP) procedure for processing non-contractor claims.

**Responsibility and Authority**

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

The Controller is responsible for overseeing check production.

The ISD Program Analyst is responsible for overseeing the production of the Explanations of Payment.

The Billing Manager is responsible for overseeing check distribution/mailing.

**1. Identifying Payable and Denied Claims**

**A. Payable Claims**

- A.1** The claim must be for a San Mateo County Medi-Cal client.
- A.2** Claims Specialist will create a “P” authorization to allow the claim to be adjudicated by the MSO computer system
- A.3** A payable line item on a claim is defined as a claim line item that has been

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adjudicated by the MSO computer system to be paid.

**A.1.1** A clean claim is a payable claim that does not require development with any external parties for the claim to be processed and paid by MHP. All necessary information is provided with the original claim, and all elements provided on the claim are appropriate for the member, date of service, and cpt code or benefit provided.

**B. Denied Claims**

**B.1** Claims received from non-contractor providers that do not meet the following criteria are manually denied:

- Recipient does not have San Mateo County Medi-Cal
- Client has additional third party coverage but the Non-contract provider did not submit evidence of third party payment or denial
- Claim was submitted with a non-mental health diagnosis
- Claim was provided by an MFT or LCSW
- W-9 is missing (required for new providers)

**B.2** See Addendum I – Denial Notification

**2. Claims Payment Timeframes**

**2.1** GOAL: MHP pays at least 95 percent of all clean claims within 30 calendar days from the date of receipt.

**2.2** Any clean non-contract payable claim that is paid beyond 30 calendar days is paid with interest in accordance with MHP.03-04: Paying Interest on Clean Non-contract Claims.

**2.3** GOAL: Non-clean but payable claims are paid within 60 calendar days of receipt by MHP.

**3. Claims Payment and Notification**

**3.1** The MHP provides notice of its approval/payment decisions to provider every other

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week via an Explanation of Payment, along with payment.

**ADDENDUM I**

Dear Provider:

Date: \_\_\_\_\_

The Mental Health Plan is unable to process the attached claim(s) for payment for the following reason(s):

\_\_\_\_\_ No authorization for services provided.

\_\_\_\_\_ This claim was redirected to Health Plan of San Mateo at 801 Gateway Blvd, Suite 100, South San Francisco, CA 94080.

\_\_\_\_\_ No record of inpatient stay, please check with your providing facility.

\_\_\_\_\_ Not clear if services were provided by a Mental Health Professional. Please select one of the following: \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ LCSW/MFT

\_\_\_\_\_ Other (Specify.)

\_\_\_\_\_ No W-9 on file. Please complete attached form and return.

\_\_\_\_\_ CPT/HCPC code is a non-reimbursable service.

\_\_\_\_\_ Client was not Medi-Cal eligible at the time of service.

\_\_\_\_\_ Client is not a San Mateo County Medi-Cal recipient at the time of service.

\_\_\_\_\_ This non Mental Health service is not covered in the Mental Health Plan's contract with your facility.

\_\_\_\_\_ This service is not included in the Mental Health Plan's benefits package.

\_\_\_\_\_ Due to reason for Medicare denial, we are unable to process your claim for reimbursement. Please resubmit to Medicare with requested information.

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\_\_\_\_\_ Acute Psychiatric Hospital costs for Medicare (Part A)/Medi-Cal crossover clients are not reimbursable, unless Medicare benefits have been exhausted

\_\_\_\_\_ A free-standing psychiatric hospital or psychiatric health facility that is larger than sixteen (16) beds may only be reimbursed for beneficiaries 65 years of age and over and for persons under 21 years of age.

\_\_\_\_\_ Other: \_\_\_\_\_

**If correcting the claim, please return the original claim with corrections. Do not submit a new claim form.**

If you have any questions, please call Provider Relations at 650-573-2068.

Sincerely,

\_\_\_\_\_  
Elvira Gomez, Provider Relations

Mail to:

San Mateo County Behavioral Health and Recovery Services  
Attention: Provider Billing  
2000 Alameda de Las Pulgas Suite 280  
San Mateo, CA 94403