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

Approval By: Date:
Scott Gruendl, Assistant Director July 2018
Doreen Avery, Billing Manager July 2018

Next Annual Review Date: July 2019

Authored By: Billing Manager
Pursuant To: Medicare Managed Care Manual Chapter 13
Departments Impacted: 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
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
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.
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