

**San Mateo County MHP
Procedure Manual**

| | | |
|--|---|--------------------------------------|
| Procedure: MHP 2011-04 Attachment K | TITLE: Procedure for Updating Supplemental Payment for Prop 56 | Effective Date: July 2017 |
| Revision: 1 | Dept: Claims | Page 1 of 5 |

| | |
|-----------------------------------|-----------------------|
| Approval By: | Date: |
| Scott Gruendl, Assistant Director | September 2020 |
| Doreen Avery, Billing Manager | September 2020 |
| Annual Review Date: | September 2021 |

| |
|---|
| 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 reimbursing providers supplemental payment under Proposition 56.

Scope

This procedure has been developed in accordance with all applicable federal and state statutory, regulatory, and contract requirements.

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.

**San Mateo County MHP
Procedure Manual**

| | | |
|--|---|--------------------------------------|
| Procedure: MHP 2011-04 Attachment K | TITLE: Procedure for Updating Supplemental Payment for Prop 56 | Effective Date: July 2017 |
| Revision: 1 | Dept: Claims | Page 2 of 5 |

Proposition 56 Supplemental Payment for Physician Services

December 28, 2017

On December 6, 2017, the Department of Health Care Services (DHCS) received the Centers for Medicare & Medicaid Services (CMS) approval of State Plan Amendment (SPA) 17-030. SPA 17-030 authorizes a one-year (from July 1, 2017 through June 30, 2018) supplemental payment for certain physician services, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) and matching federal funds. Supplemental payments for the impacted physician services will be made based on claim submissions for specific *Current Procedural Terminology – 4th Edition* (CPT-4) codes as follows:

| CPT-4 Codes | Supplemental Payment |
|----------------------------|-----------------------------|
| 90863 | \$ 5.00 |
| 99201, 99211 | 10.00 |
| 99202, 99212, 99213 | 15.00 |
| 99203, 99204, 99214, 99215 | 25.00 |
| 90791, 90792 | 35.00 |
| 99205 | 50.00 |

1. HPSM will provide RA’s for all claims that require a supplemental payment under Proposition 56

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.

- Recipient does not have San Mateo County Medi-Cal
- Client has additional third party coverage but the Non-contract provider did not

**San Mateo County MHP
Procedure Manual**

| | | |
|--|---|--------------------------------------|
| Procedure: MHP 2011-04 Attachment K | TITLE: Procedure for Updating Supplemental Payment for Prop 56 | Effective Date: July 2017 |
| Revision: 1 | Dept: Claims | Page 3 of 5 |

- 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 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.

**San Mateo County MHP
Procedure Manual**

| | | |
|--|---|--------------------------------------|
| Procedure: MHP 2011-04 Attachment K | TITLE: Procedure for Updating Supplemental Payment for Prop 56 | Effective Date: July 2017 |
| Revision: 1 | Dept: Claims | Page 4 of 5 |

_____ 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.

**San Mateo County MHP
Procedure Manual**

| | | |
|--|---|--------------------------------------|
| Procedure: MHP 2011-04 Attachment K | TITLE: Procedure for Updating Supplemental Payment for Prop 56 | Effective Date: July 2017 |
| Revision: 1 | Dept: Claims | Page 5 of 5 |

Sincerely,

Elvira Gomez, Provider Relations

Mail to:

San Mateo County Behavioral Health and Recovery Services
Attention: Provider Billing, 3rd Floor
2000 Alameda de Las Pulgas Suite 280
San Mateo, CA 94403