

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 07-04 Attachment B	TITLE: Receipt and Processing of Claims from Providers	Effective Date: January 2007
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Approval By:	Date:
Scott Gruendl, Assistant Director	July 2018
Doreen Avery, Administrative Services 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

Purpose

To document San Mateo County Mental Health Plan's (MHP) procedure for receiving and processing provider-submitted paper claims.

1.0 Receiving and Entering Paper Claims from Providers

- 1.1 Paper claims (HCFA 1500's) are received Monday through Friday, except on holidays.
- 1.2 HCFA 1500's are delivered to the BHRS Administrative Office at 2000 Alameda Suite 280, San Mateo.
- 1.3 The receptionist opens the mail, date stamps the claims and puts them in the Claims Specialist mailbox for processing.
- 1.4 Upon receipt the Claims Specialist sorts the claims:
 - a) Claims with authorization
 - b) Claims with no authorization

2.1 Claims Review

- 2.1 The Claims Specialist reviews each claim to determine whether or not it can be entered into the MSO system.

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- 2.2 There are two scenarios in which claims are not entered into MSO.
- A). If a claim is missing certain data elements that are required by MSO for data entry, the Claims Specialist will complete the form (Addendum I) and return it to the provider. At this point, the claim cannot be entered into MSO and is considered an unclean claim. The claim along with Addendum I is returned to the provider. Once the claim is resubmitted with the missing data element(s) it will be entered into MSO. When processing the resubmitted claim, the date that is entered into the system is the date the claim was re-submitted.
- B). If a claim was sent to the MHP in error and should have been sent to Health Plan of San Mateo (HPSM), the Claims Specialist will redirect the claim to HPSM (Addendum II) as well as complete the form (Addendum I) and return it to the provider informing provider that the claim was rerouted to HPSM.

3.1 Processing Claims

3.1 The MSO software performs automated data and field review and editing on the following data:

- 3.1.1 Provider status: contract or non-contract
- 3.1.2 Authorization: there must be a valid authorization covering the claim.
- 3.1.3 Timely filing within 180 days. If the claim exceeds 180 days from date of service, MSO will pend the claim. For claims that exceed 180, the Claims Specialist has the ability to override the pend

3.2 Based on its review, the MSO automatically adjudicates to determine whether the claim should be paid, pended, or denied. Paid, pended and denied claims are printed on the EOP. See Addendum III – MHP Claims Processing Flow Chart for an illustration of claims processing.

- 3.2.1 Paid claims are handled per contract rate schedule. Non-contract claims for MD's and PhD's are paid at the same rate as contracted MD's and PhD's.

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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 was 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.

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_____ 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

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ADDENDUM II

DATE: _____

HPSM Claims Department
801 Gateway Blvd. Suite 100
South San Francisco, CA 94080

Subject: Misdirected claim

Attention Billing Department,

According to our records, HPSM is responsible for the reimbursement of the attached claims.
Please process them accordingly.

If you have any questions, please call our Claims Department at 650-573-2442 or email

asalise@smcgov.org

Sincerely,

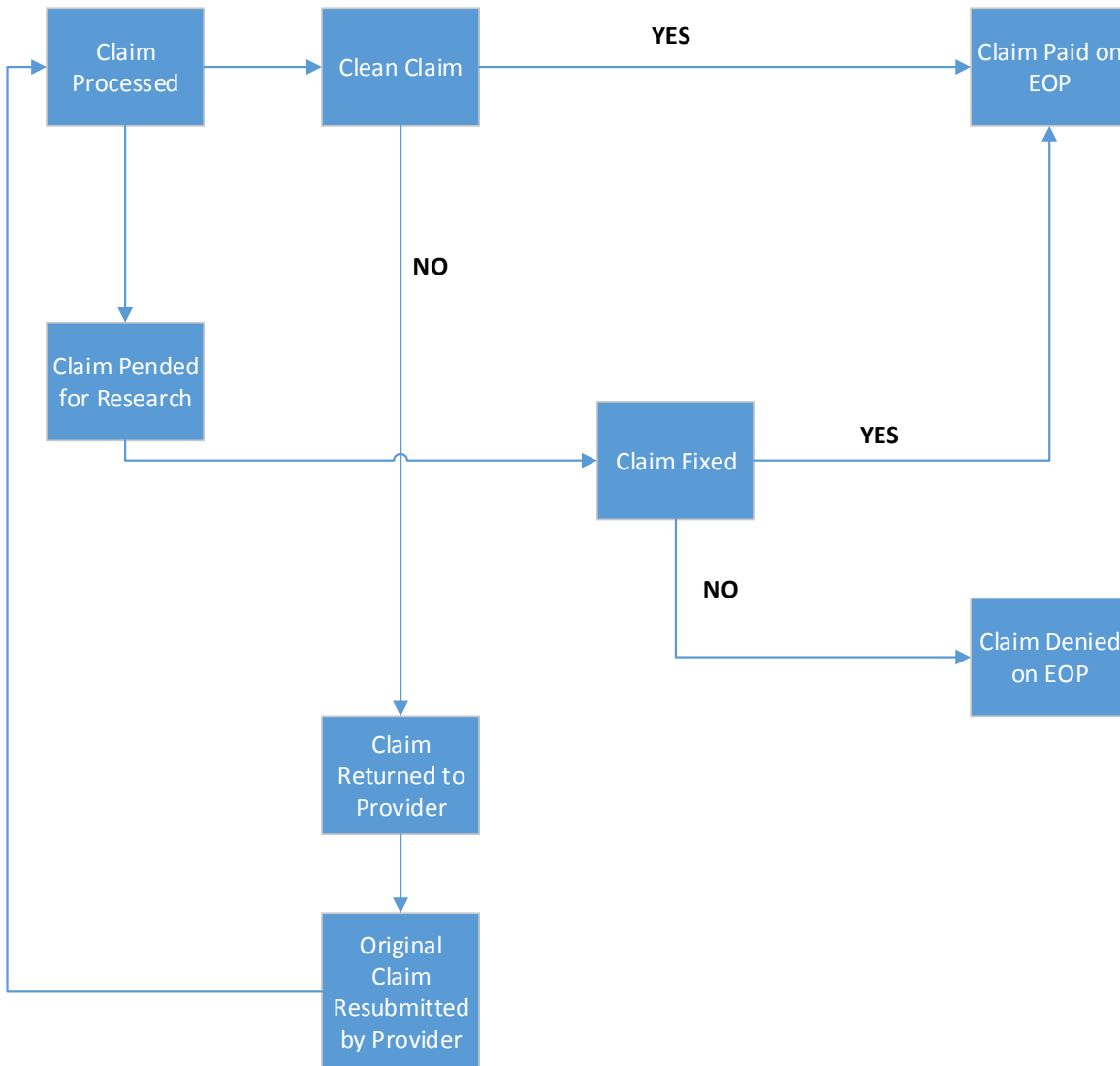
Claims Department

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ADDENDUM III

MHP Claims Processing Flow Chart



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