

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 07-04 Attachment G	TITLE: Adjusting overpaid and underpaid claims	Effective Date: April 2011
Revision: 1	Dept: Claims	Page 1 of 3

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

Purpose

To document San Mateo County Mental Health’s (MHP) procedure for adjusting claims paid at the wrong rate.

Scope

This procedure has been developed in accordance with all applicable federal and state statutory, regulatory, and contract requirements. This procedure applies to claims for the Care Advantage and Cal Medi-Connect lines of business only.

Responsibility and Authority

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

The Claims Specialist is responsible for ensuring that the rate paid on each claim is correct.

1.0 Adjustment Process

1.1 Retro claims adjudication is performed on claims that were reimbursed at the wrong rate due to the following:

- a) Change in contract rate schedule
- b) Eligibility change
- c) Quality Improvement adjustment
- d) Bilingual adjustment

1.2 Claims Specialist enters the claim in the Retro Claim Adjudication option in MSO and creates an adjustment EOP to be sent to provider together with an overpayment or underpayment letter. See Attachment I and II for sample notification letter.

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Attachment I

COUNTY OF SAN MATEO
HEALTH SYSTEM

Behavioral Health & Recovery Services
2000 Alameda de las Pulgas, Suite 235
San Mateo, CA 94403
650-573-2541 T
650-573-2841 F
www.smchealth.org
www.facebook.com/smchealth

**OVERPAYMENT NOTIFICATION
(Example)**

[Date]

[Provider and Address
Jose Martinez, MFT
1290 El Camino Real
San Mateo, CA 94404]

Dear [NAME, Jose Martinez],

Our records reveal that we have made an incorrect overpayment to you on [DATE and EOP NUMBER]. The overpayment totaled \$[AMOUNT] for [DATE OF SERVICE]. We have enclosed an Explanation of Payment showing the overpayment that will be deducted from your account.

We apologize for any inconvenience this may have caused you. We appreciate your business and consider you a valued provider. If you have any questions about this matter, or if we can assist you further, please call the Billing Specialist at 650-573-2442 or 650-573-2068.

Sincerely,

[Billing Specialist]

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Attachment II

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**UNDERPAYMENT NOTIFICATION
(Example)**

[Date]

[Provider Name and Address
Joan Roberts, PhD
854 Main Street
San Mateo, CA 94404]

Dear [NAME, Joan Roberts],

Our records reveal that we made an incorrect underpayment to you on [DATE and EOP NUMBER]. The underpayment totaled \$[AMOUNT] for [DATE OF SERVICE]. We have credited your account and have enclosed a check for the underpayment.

We apologize for any inconvenience this may have caused you. We appreciate your business and consider you a valued provider. If you have any questions about this matter, or if we can assist you further, please call the Billing Specialist at 650-573-2442 or 650-573-2068.

Sincerely,

[Billing Specialist]