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.
Attachment I

**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]
Attachment II

COUNTY OF SAN MATEO
HEALTH SYSTEM

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]