



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

DATE: November 14, 2007

BHRS POLICY: 07-04

SUBJECT: Claims Processing Guidelines and Procedures

AUTHORITY: Federal (CMS) Managed Care Manual, Ch. 13; San Mateo County Mental Health Services Compliance Plan

AMENDED: December 2011; Technical Edit February 2016; January 2017; July 1, 2018

Attachment A: revised December 20, 2011; August 2022
Attachment B: revised December 20, 2011; August 2022; December 2022
Attachment C: revised December 20, 2011; August 2022
Attachment D: revised December 20, 2011; August 2022
Attachment E: revised December 20, 2011; August 2022
Attachment F: December 20, 2011; removed August 2022
Attachment G: added April 2012; revised August 2022
Attachment H: removed August 2022
Attachment I: revised August 2022
Attachment J: added July 1, 2018; revised August 2022
Attachment K: added September 2020; removed August 2022
Attachment L: added August 2021; revised August 2022
Attachment M: added January 2022; Technical edit September 7, 2024
Attachment N: added October 11, 2021

CURRENT ATTACHMENTS:

- A. Procedure for Preparing and Distributing EOP's
- B. Procedure for Receiving and Processing Claims from Providers
- C. Procedure for Processing Payable MHP Contractor Claims
- D. Procedure for Processing Denied MHP Claims
- E. Procedure for Investigating Pended Claims before Final EOP Run
- F. Removed
- G. Procedure for Adjusting Overpaid and Underpaid Claims
- H. Removed
- I. Procedure for Setting up Providers and Fee Schedules
- J. Procedure for Processing Non-Contractor Claims
- K. Removed



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- L. Procedure for Reimbursing Provider Claims for Telehealth and Phone Services
- M. Procedure for Identifying, Reporting, and Recovering Mental Health and Drug Medi-Cal Overpayments
- N. Procedure for System Maintenance

PURPOSE

To establish an omnibus policy that defines procedures concerning significant aspects of claims processing for the Mental Health Plan (MHP).

DEFINITION

Centers for Medicare and Medicaid Services (CMS) – Federal agency which administers Medicare, Medicaid, and the State Children’s Health Insurance Program

POLICY

The MHP is committed to processing claims quickly and efficiently, in accordance with CMS required guidelines and timeframes. The MHP accepts paper claims from providers and provides appropriate notification to providers regarding claims determinations.

The Assistant Director and Billing Manager are responsible for overseeing the claims activity of the MHP. They are responsible for ensuring that claims are handled appropriately and that appropriate and timely notice is given to providers regarding claims payment determinations.

Approved: Signature on File
Scott Gruendl, MPA
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Compliance Officer

Approved: Signature on File
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BHRS Interim Director