

SAN MATEO COUNTY HEALTH SYSTEM  
BEHAVIORAL HEALTH AND 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; Minor Revisions February, 2016; January 2017; July 1, 2018 (Technical Edits and Attachment J added)

ATTACHMENTS:

- A. Procedure for Preparing and Distributing EOP's
- B. Procedure for Receiving and Processing Claims from Providers
- C. Procedure for Processing Payable MHP Claims
- D. Procedure for Processing Denied MHP Claims
- E. Procedure for Investigating Pended Claims before Final EOP Run
- F. Procedure for Paying Interest on Non-Contract Claims
- G. Procedure for Adjusting Overpaid and Underpaid Claims
- H. Procedure for Terminating or Reducing Authorized Services due to Loss of Eligibility
- I. Procedure for Setting up Providers and Fee Schedules
- J. Procedure for Processing Non-Contractor Claims

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.

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