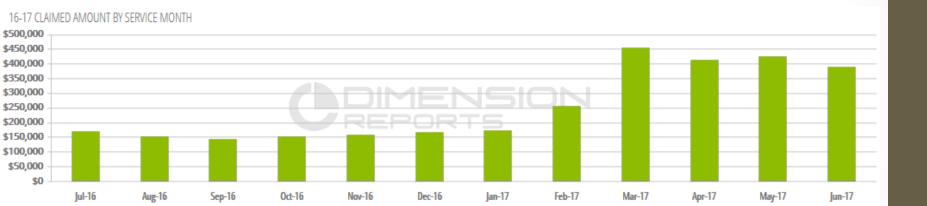
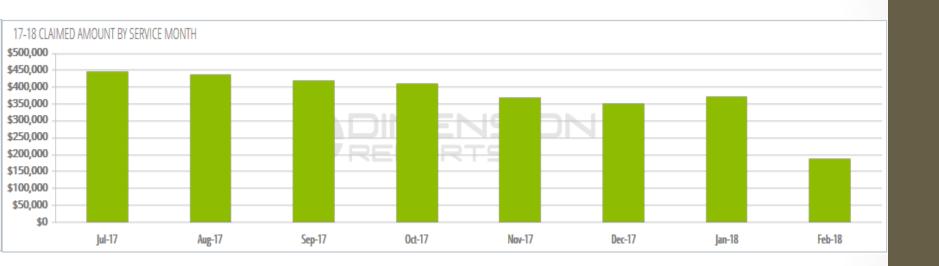
# Drug Medi-Cal Claims Data The First Year

San Mateo County BHRS
Substance Use Treatment Providers
5/2/18

### FY 16-17 DMC Claims



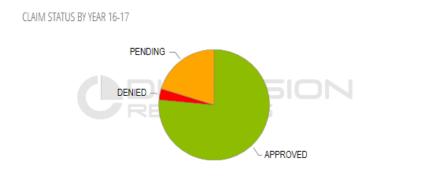
## July 17-Feb 18 DMC Claims

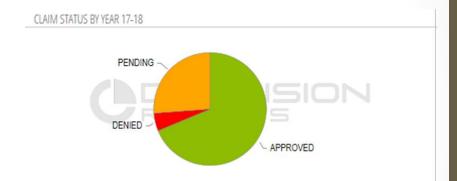


### **Current Claims Status**

FY 16-17

7/1/17-2/28/18





## FFP Revenues

SMC	Claims	Pending	Approved	Denied	Claimed Amount	Paid Amount
16-17	117,995	23,911	90,263	3,821	\$3,051,386.01	\$1,675,608.60
17-18	68,778	18,003	47,262	3,513	\$2,984,681.95	\$1,301,914.16

#### Denial Reasons

16/17: Void/Replacement Error (N = 23)

167/N30: Service line denied because no diagnosis provided references a covered ADP service. (271)

177: Client is ineligible (1184)

29: Claim denied for late submission (1)

96/M80: Service line is a duplicate (396)

96/N216: Procedure codes and modifiers do not indicate an ADP service (7)

96/N30: Perinatal service billed when beneficiary is not Perinataleligible (241)

96/N424: Claim denied because the billing county is not the county of responsibility for the beneficiary

B7: Provider is not certified/eligible to provide this service on this date of service (122)

13: Date of death precedes the date of service (13)