Drug Medi-Cal Claims Data The First Year

San Mateo County BHRS
Substance Use Treatment Providers
5/2/18
FY 16-17 DMC Claims

16-17 Claimed Amount by Service Month

Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17
July 17-Feb 18 DMC Claims
Current Claims Status

FY 16-17

7/1/17-2/28/18
## FFP Revenues

<table>
<thead>
<tr>
<th>SMC</th>
<th>Claims</th>
<th>Pending</th>
<th>Approved</th>
<th>Denied</th>
<th>Claimed Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>117,995</td>
<td>23,911</td>
<td>90,263</td>
<td>3,821</td>
<td>$3,051,386.01</td>
<td>$1,675,608.60</td>
</tr>
<tr>
<td>17-18</td>
<td>68,778</td>
<td>18,003</td>
<td>47,262</td>
<td>3,513</td>
<td>$2,984,681.95</td>
<td>$1,301,914.16</td>
</tr>
</tbody>
</table>
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 Perinatal-eligible (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)