

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 07-04 Attachment B	TITLE: Receipt and Processing of Claims from Providers	Effective Date: January 2007
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Approval By:	Date:
Scott Gruendl, Assistant Director	December 2022
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Annual Review Date:	December 2023

Authored By: Billing Manager
Pursuant To: Medicare Managed Care Manual Chapter 13
Departments Impacted: Claims, MIS

Purpose

To document San Mateo County Mental Health Plan’s (MHP) procedure for receiving and processing provider-submitted paper claims.

1.0 Receiving and Entering Paper Claims from Providers

- 1.1 Paper claims (HCFA 1500’s) are received Monday through Friday, except on holidays.
- 1.2 HCFA 1500’s is delivered to the BHRS Administrative Office at 2000 Alameda Suite 280, San Mateo.
- 1.3 The receptionist opens the mail, date stamps the claims and puts them in the Claims Specialists mailbox for processing. The claims are sorted into two categories: claims with authorization and claims with no authorization
- 1.4 Upon receipt the Claims Specialists will create a batch in MSO for received claims.
- 1.5 The batch number and received date are entered into a spreadsheet to track claims.

2.0 Receiving Provider Connect (PCONN) Claims

- 2.1 Providers sends electronic billing using PCONN
- 2.2 Claims specialist verifies the data entry, entered batch info to a spreadsheet to track claims and prepare for closing

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3.0 Claims Review

- 3.1 The Claims Specialist reviews each claim to determine whether it can be entered the MSO system.
- 3.2 There are two scenarios in which claims are not entered into MSO.
- A). If a claim is missing certain data elements that are required by MSO for data entry, the Claims Specialist will complete the form (Addendum I) and return it to the provider. At this point, the claim cannot be entered into MSO and is considered an unclean claim. The claim along with Addendum I is returned to the provider. Once the claim is resubmitted with the missing data element(s) it will be entered into MSO. When processing the resubmitted claim, the date that is entered into the system is the date the claim was re-submitted.
- B). If a claim was sent to the MHP in error and should have been sent to Health Plan of San Mateo (HPSM), the Claims Specialist will redirect the claim to HPSM (Addendum II) as well as complete the form (Addendum I) and return it to the provider informing provider that the claim was rerouted to HPSM.

4.0 Processing Claims

- 4.1 The MSO software performs automated data and field review and editing on the following data:
- 4.1.1 Provider status: contract or non-contract (Professional claims only)
- 4.1.2 Authorization: there must be a valid authorization covering the claim.
- 4.1.3 Timely filing within 365 days. If the claim exceeds 365 days from date of service, MSO will deny the claim as “claims received after 365 days billing limit”.
- 4.2 Based on its review, the MSO automatically adjudicates to determine whether the claim should be paid, pended, or denied. Paid, pended, and denied claims are printed on the EOP. See Addendum III – MHP Claims Processing Flow Chart for an illustration of claims processing.
- 4.2.1 Paid claims are handled per contract rate schedule. Non-contract (professional only) claims or MD’s and PhD’s are paid at the same rate as contracted MD’s and PhD’s.

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ADDENDUM I

Dear Provider:

Date: _____

The Mental Health Plan is unable to process the attached claim(s) for payment for the following reason(s):

- ___ No authorization for services provided
- ___ This claim was redirected to the Health Plan of San Mateo at 801 Gateway Blvd. Suite 100 South San Francisco, CA 94080.
- ___ No record of inpatient stay, please check with your providing facility.
- ___ Not clear if services were provided by a Mental Health Professional. Please select one of the following: ___ Psychiatrist ___ Psychologist ___ LCSW/MFT ___ Other (specify)
- ___ No W-9 on file. Please complete attached form and return.
- ___ CPT/ICD-10 code is a non-reimbursable service.
- ___ Client was not Medi-Cal eligible at the time of service.
- ___ Client is not a San Mateo County Medi-Cal recipient at the time of service.
- ___ This non-Mental Health service is not covered in the Mental Health Plan's contract with your facility.
- ___ This service is not included in the Mental Health Plan's benefits package.
- ___ Due to reason for Medicare denial, we are unable to process your claim for reimbursement. Please resubmit to Medicare with requested information.
- ___ Acute Psychiatric Hospital costs for Medicare (Part A)/Medi-Cal crossover clients are not reimbursable, unless Medicare benefits have been exhausted
- ___ A free-standing psychiatric hospital or psychiatric health facility that is larger than sixteen (16) beds may only be reimbursed for beneficiaries 65 years of age and over and for persons under 21 years of age.
- ___ Other: _____

If correcting the claim, please return the original claim with corrections. Do not submit a new claim form. If you have any questions, please call Billing Specialist at 650-573-3645

Sincerely,

Billing Specialist
Mail to: San Mateo County Behavioral Health Services
Attention: Provider Billing, Suite 280
2000 Alameda de las Pulgas
San Mateo, CA 94403

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ADDENDUM II

DATE: _____

HPSM Claims Department
801 Gateway Blvd. Suite 100
South San Francisco, CA 94080

Subject: Misdirected claim

Attention Billing Department,

According to our records, HPSM is responsible for the reimbursement of the attached claims.

Please process them accordingly.

If you have any questions, please call our Claims Department at 650-573-3645 or email

jaberja@smcgov.org.

Sincerely,

Claims Department

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ADDENDUM III

MHP Claims Processing Flow Chart

