

**County of San Bernardino
Department of Behavioral Health**



INFORMATION NOTICE 11-10

Date: June 13, 2011

To: Department of Behavioral Health Staff
Department of Behavioral Health Contract Providers

From: Allan Rawland, Director

Subject: Medi-Cal Claims Processing Requirements When Other Health Coverage Exists

Introduction

The Department of Alcohol and Drug Programs (ADP) and the Department of Mental Health (DMH) have implemented changes to the existing procedures required for claims of beneficiaries with Other Health Coverage (OHC), other than Medi-Cal, in order to permit a more efficient process for submitting claims and issuing reimbursement.

This Information Notice outlines the changes and provides instructions on the new billing procedures.

**Considering a
Claim Denied
90 Day Rule**

Both Alcohol & Drug Services and Mental Health providers may presume that a claim for reimbursement submitted to an OHC carrier has been denied, and may submit a claim for Medi-Cal reimbursement on that basis when all of the following are true:

- Provider has billed the service to the other carrier as required, and
 - At least ninety (90) days have elapsed since the submission of the claim to the OHC carrier, and
 - Provider has received none of the following:
 - Payment for the claim,
 - Report (hardcopy, electronic or other form) of the results of the OHC carrier's adjudication of the claim,
 - Communication, in any form, indicating that the claim submission was in an unacceptable form or otherwise in need of correction prior to adjudication by the OHC carrier.
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Considering a Claim Denied 12 Month Rule

Alcohol & Drug Services providers only, may consider a claim for reimbursement for services denied by the OHC carrier without submitting a billing claim to the OHC carrier, and may submit a claim for Medi-Cal reimbursement on that basis, when all of the following are true:

- Provider has made an effort to bill the OHC carrier in the past 12 months,
 - Response to the previous attempt to bill the carrier, the provider has received a dated notification in written or electronic form that clearly indicates that the OHC carrier does not at the time of notification, and will not for services provided in some specified span of time after the notification, accept claims for reimbursement from the provider, either in general or more specifically for particular types or circumstances of service,
 - Services are within the scope of services for which the OHC carrier has indicated that they will not accept claims from the provider in the notification described in the second bullet point above,
 - Services were provided within the span of time identified in the notification in the second bullet point above during which the OHC carrier would not accept the claims.
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Contract Agency Responsibility

Contract agencies must complete the "Contract Agency Attestation Form" for either the [90 Day \(BOP032\)](#) or the [12 Month Rule \(BOP033\)](#) that identifies those client services that should be submitted to California Department of Health Care Services (DHCS) for reimbursement.

Attach a copy of substantiating documentation (UB40 or HCFA 1500 forms) identifying that the service(s) were submitted to the OHC Insurance Company for payment.

Fax or mail the information to:

Fax	Mail
(909) 382-3060 Department of Behavioral Health, Administration Services Attn: Receipt Unit	Department of Behavioral Health Administration Services 268 West Hospitality Lane, Suite 400 San Bernardino CA 92415-0026 Attn: Receipt Unit

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**DBH
Responsibility**

Administration Services upon receiving notification from a provider using the appropriate attestation form, as defined in the "Provider Responsibility" section, will update the Simon database to reflect the permissible:

- Adjustment group code,
- Adjustment reason code, and
- Health remarks code, if necessary for the adjustment reason code provided.

Administration Services shall retain all records relevant to the application of the rules communicated in this Information Notice consistent with the records retention requirements identified in the State Administrative Manual.

Questions

Questions regarding this information notice may be directed to DBH Administration Services at (909) 382-3088 or the Information Technology Helpdesk at (909) 884-4884.

References

[ADP Bulletin 11-01, issued January 13, 2011](#)
CA Department of Mental Health, Short Doyle/Medi-Cal Phase 2 Companion [Guide Appendix, dated March 4, 2011, Version 4.3.7](#)