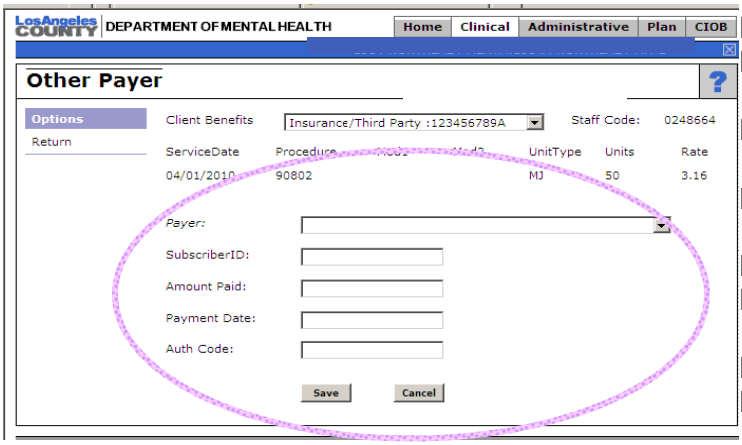
RMD Bulletin

Knowledge is power…

With the implementation of Short-Doyle/Medi-Cal (SD/MC) Phase II, the Los Angeles County Department of Mental Health (DMH) has a new procedure for reporting other health care (OHC) billing in the Integrated System (IS). Revenue Management Division (RMD) is issuing this Bulletin to provide direction on how claims with an OHC component should be entered into the IS.

The State now requires mental health providers to send the total claim amount and include adjudication information from other payers when applicable. For clients who have both Medi-Cal and OHC, SD/MC Phase II requires that claims for ALL services except Targeted Case Management (T1017) be adjudicated (i.e., approved and paid or denied and not paid) by the OHC before being billed to Medi-Cal. This means that claims can be submitted to Medi-Cal once it has been processed by the OHC and that providers are required to show evidence that the claim was indeed adjudicated. To meet this requirement, the IS has been modified to allow providers to put the amount they were paid by the OHC and the payment date from the OHC Explanation of Benefits (EOB) they received on the claim.

Follow the steps below when reporting insurance billing in the IS.



- ☑ Attain authorization from OHC.
- ☑ Bill the OHC for the services provided.
- ☑ Select the payer on the Other Payer screen.
- ☑ Enter the client's subscriber ID number.
- ☑ Enter the amount paid by the OHC.
- ☑ Enter the payment date from the EOB date.
- ☑ Save.
- ☑ Submit the claim in the IS.

Remember, if the client is enrolled in a Health Maintenance Organization (HMO), the provider should refer the client back to their HMO provider network unless the HMO or the client is willing to pay for the full cost of care.

We're here to help you…

If you have any questions or require further information, please contact RMD at (213) 480-3444 or via e-mail at RevenueManagement@dmh.lacounty.gov.