



Integrated System News Bulletin

CLAIMS THAT MUST BE RE-BILLED OR RESUBMITTED TO MEDI-CAL

**Attention: Both Contract Providers and
Directly Operated Providers**

STOP – Impact on You

A problem was identified in April 2005 that may affect your Medi-Cal Claims. The problem occurred when your client was enrolled in one of these plans at the time of billing

- AB2034
- CalWORKs
- Grow
- PATH
- Stop
- Schiff Cardenas
- Victims of Crimes

If you opted to remove the plan and send the claim to Medi-Cal, the system did NOT send the claim to Medi-Cal.



CAUTION – What You Need to Know

The way that you would know this happened is by looking at the Claim Status Detail Report IS010.

- You will see the field called Mcal=yes.
- There is no Payer Claim Status information from Medi-Cal.

GO – What You Need to Do

The claim may be in APPROVED OR DENIED STATUS.

- If the claim is in DENIED status and the Deny Source is FIN ADJ then re-do the eligibility check and resubmit the claim.
- If the claim is in APPROVED status then re-do the eligibility check and rebill the claim.

Following are examples of Claims in Approved and Denied Status:

Example 1: Claim in APPROVED status

Crystal Reports Viewer - Microsoft Internet Explorer

Main Report 1 of 1+ 100%

County of Los Angeles - Department of Mental Health
Claim Status Detail Report (IS010)

Billing Provider: [Redacted] S
 Service Date: [Redacted] 4 Claim Status: Approved
 Submit Date: [Redacted]
 Payers: Medi-Cal: Yes Medicare: No Other Insurance: No DMH Only: No Admin visible claims only? True

Service Location: 1928P SAN PEDRO MHS OUTPATIENT (2539)
 Claim Status: APPROVED

Admin Visible	Submitter Claim ID	Submit Dt	Svc Dt Begin	Svc Dt End	Rendering Provider	Dx	Proc	Svc Unit Type	Svc Qty	Claim Amt	Contract Amt	Client Pd
Y	2243412	[Redacted]	[Redacted]	[Redacted]	[Redacted]	29632	90801	MJ	105.00	\$196.35	\$196.35	\$0.00
Client Name (Id): [Redacted] Patient File #: [Redacted]						Payers: <u>Mcal:</u> Yes <u>Mcare:</u> No <u>Ins:</u> No HIC: [Redacted]		Plan Name: [Redacted] Seq: 2 CGF MC-EPSDT 1				
Payer Claim # Payer Submit Dt Procedure Claim Amt Payer Status 3461404 MEDI-CAL 1/20/05 90801 \$196.35 Approved												
Y	2477780	[Redacted]	[Redacted]	[Redacted]	[Redacted]	29632	90804	MJ	55.00	\$108.90	\$108.90	\$0.00
Client Name (Id): [Redacted] Patient File #: [Redacted]						Payers: <u>Mcal:</u> Yes <u>Mcare:</u> No <u>Ins:</u> No HIC: [Redacted]		Plan Name: [Redacted] Seq: 2 Pending CGF MC-EPSDT 1 Pending				
Payer Claim # Payer Submit Dt Procedure Claim Amt Payer Status 3461406 MEDI-CAL 1/20/05 90804 \$108.90 Pending												
Y	2477732	[Redacted]	[Redacted]	[Redacted]	[Redacted]	29632	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Client Name (Id): [Redacted] Patient File #: [Redacted]						Payers: <u>Mcal:</u> Yes HIC: [Redacted]						
Payer Claim # Payer Submit Dt Procedure Claim Amt 3461405 MEDI-CAL 1/20/05 90806 \$148.00												

Mcal: Yes

If this box is not here showing the Medi-Cal status, it did NOT go to Medi-Cal.

Example 2: Claim in DENIED status with FIN ADJ

Crystal Reports Viewer - Microsoft Internet Explorer
Main Report 1 of 1+ 100% powered by crystal

County of Los Angeles - Department of Mental Health
Claim Status Detail Report (IS010)

Billing Provider: [Redacted]
Service Date: [Redacted] Claim Status: Denied
Submit Date: [Redacted]
Payers: Medi-Cal: Yes Medicare: Yes Other Insurance: Yes DMH Only: Yes Admin visible claims only? True
Service Location: [Redacted]
Claim Status: denied

Admin Visible	Submitter Claim ID	Submit Dt	Svc Dt Begin	Svc Dt End	Rendering Provider	Dx	Proc	Svc Unit Type	Svc Qty	Claim Amt	Con
Y	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	29570	90808	MJ	120.00	\$237.60	\$
Client Name (Id): [Redacted] Payers: <u>Mcal:</u> Yes <u>Mcare:</u> No <u>Ins:</u> No Plan Name CGF Patient File #: [Redacted] SSN: [Redacted] Medi-Cal ID: [Redacted] HIC: [Redacted] IS Deny Source: FIN ADJ IS Deny Reason: [Redacted]											
Payer Claim # Payer Submit Dt Procedure Claim Amt Payer Status 8169613 MEDI-CAL 6/26/05 90808 \$237.60 Denied											
Y	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	7999	90862	MJ	30.00	\$114.30	\$
Client Name (Id): [Redacted] Payers: <u>Mcal:</u> Yes <u>Mcare:</u> No <u>Ins:</u> No Plan Name CGF Patient File #: [Redacted] SSN: [Redacted] Medi-Cal ID: [Redacted] HIC: [Redacted] IS Deny Source: FIN ADJ IS Deny Reason: [Redacted]											
Payer Claim # Payer Submit Dt Procedure Claim Amt Payer Status 6264589 MEDI-CAL 4/19/05 90862 \$114.30 Denied											
Y	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	29634	90862	MJ	30.00	\$114.30	\$114.30 \$0.00
Client Name (Id): [Redacted] (712) Payers: <u>Mcal:</u> Yes <u>Mcare:</u> No <u>Ins:</u> No Plan Name CGF Patient File #: [Redacted] SSN: [Redacted] Medi-Cal ID: [Redacted] HIC: [Redacted] IS Deny Source: FIN ADJ IS Deny Reason: [Redacted]											
Payer Claim # Payer Submit Dt Procedure Claim Amt Payer Status [Redacted] [Redacted]											

Annotations:
- FIN ADJ (pointing to IS Deny Source)
- Mcal: Yes (pointing to Payers field)

Table Annotation:
- If this box is not here showing the Medi-Cal status, it did NOT go to Medi-Cal. (pointing to Payer Status 'Denied')

Taskbar: Start | Inbox - Microsoft O... | Call Logging - [Work... | Medi-cal claims not ... | Home - Microsoft In... | https://dmhisintra.c... | Crystal Reports V... | 11:49 AM

If you have questions regarding these claims, please call the Help Desk at (213) 351-1335.