



Integrated System News Bulletin

JUNE 2005 SCHEDULE

Attention: **DMH Directly-Operated
And Contract Providers**

Due to various IS problems with reports, servers, and the claims, the May 2005 data entry deadline is now scheduled for JUNE 13, 2005 at 5:45 p.m.

This means providers who have unsubmitted services for June 2004 as well as December 2004 should make these months their priority. June 2004 because of the 12 month Medi-Cal claims statute (claims will need a late code) and December 2004 claims do not require a late code if you meet the June 13, 2005 deadline. After June 13, December 2004 claims will require a late code.

The IS may require a late code if the service date is December 1 - 13, 2004. If the IS prompts you to enter a late code for a December 2004 service during now through the data entry cutoff, **PLEASE CALL THE HELP DESK.** You will receive specific instructions on what to do.

As a result of the reports problem today, the IS will be offline this evening at 6:00 p.m. to allow a full refresh of the reports. Tomorrow, June 9th reports should reflect today's, June 8th data.

The IS was scheduled to be unavailable the entire day Saturday, June 11th. However, the outage has been cancelled and IS will now be available all day on Saturday, June 11th, and should be available Sunday, June 12th.

Due to this extended grace period for the data entry deadline, the IS will be unavailable both Saturday June 25th and Sunday June 26th (the entire day each day) for claims processing.

Lastly, don't forget to make use of your Workspace to check unsubmitted claims (the open circles). And refer to Roy Kotze's email Subject: IS010 sent 6/8/05 about 10 a.m. on IS Chat...the important text is as follows:

“What you should be doing when you get a denied claim....., you should figure out why the claim was denied and then take appropriate action, like resubmit. When you do the resubmit, you should archive the original claim that was denied and then just have the new resubmitted claim sitting in the admin workspace for that clients service. So you should only ever have one claim in the admin workspace for each service in the clinical area. This means that you know when you look at the admin workspace, the only things that you are seeing there are claims that you need to monitor. If you leave all of the old

denied ones out there, and do not archive them when you do the resubmit, you could see multiple claims for the same service, with all except the last resubmit worth nothing to you. So when you look at your workspace you won't be able to see at a glance what is going on. You would have to think.... "Now did I resubmit that one?..... hmmmmm.....oh yes here it is..... now ! what about that one.....etc" But if you archive the denied claim each time you do a resubmit you know that if you see a red dollar sign on the admin workspace, you need to take some action because you have not dealt with it."

"Similarly, when you run the IS010 report, you should only be interested in denied claims that have NOT been archived and are VISIBLE in the admin workspace. This means you have not taken action on these denied claims. All of the denied claims that are in the archives, you should have already dealt with so you are not interested in them. So you would then select Admin Visible Claims only = TRUE, then you would only see those denied claims that have NOT been archived and that you are interested in."

"If you select FALSE then you will see the denied claims in the admin workspace AND all those that you have archived."

Any questions regarding this notice should be directed to the Help Desk at 213 351-1335.