



## Integrated System News Bulletin

### OHC and Medi-Cal Benefits for Directly Operated Providers ONLY

Attention: Directly-Operated Providers

#### STOP – Impact on You

DMH has identified a problem with submitting claims to Medi-Cal when the client is also covered by other health coverage (OHC). The outbound claim does not include the dollar amount entered by the user and consequently is denied by Medi-Cal.

#### CAUTION – What You Need to Know

This is because the system was originally designed to allow Directly Operated providers to submit insurance claims electronically to a clearinghouse and the clearinghouse would submit the claim to the insurance company. However, this feature was not implemented. In the recent (8/31/05) build, a change was made to allow Directly Operated providers to submit OHC information if the amount paid is \$0.



#### GO – What You Need to Do

Claims for which the beneficiary is covered by Medi-Cal and OHC that include an insurance amount of \$0 may be submitted to Medi-Cal. This would include claims for which you have claim denial or written documentation that the client has no insurance coverage with the company, that mental health care is not a covered benefit under the client's insurance plan, or that the client's coverage has been exhausted. Claims which have a dollar value greater than \$0 must be held until the September deployment to allow sufficient time for making the necessary database modifications. The September build is expected to deploy September 22<sup>nd</sup>.

If you have questions regarding submitting claims with Medi-Cal and OHC, please call the Help Desk at (213) 351-1335.

If you have any questions do not hesitate to contact RMD via email at [RevenueManagement@dmh.co.la.ca.us](mailto:RevenueManagement@dmh.co.la.ca.us).