

## PROCESSING CLAIMS IN THE INTEGRATED SYSTEM

This is a notice to remind all providers using the Integrated System that, as previously instructed in the Click by Click Training Manual and in the IS Training Manuals available on the HIPAA website, there are several steps to submitting a claim. Positive eligibility for DMH and Medi-Cal (if the claim is to be billed to Medi-Cal) must be verified and confirmed. Eligibility in Plans as well as Plan effective dates should also be verified.

A service must be created in the Clinical module of the IS. The service must be sent to the Administrative module of the IS in order to create a claim. The claim must then be submitted from Admin to the designated payer. After the claim is submitted, it is the responsibility of the user to verify the status of the claim, usually the next day.

In the Integrated System there is a distinct difference between a service and a claim, unlike MHMIS. *Users must be aware that until 1) the service is sent to admin; and 2) the claim is successfully submitted, claims cannot be processed by any payer including DMH.* It is the responsibility of the provider to ensure their claims are submitted timely and to the appropriate payer. Further it is the responsibility of the provider to ask for assistance with questions or problems using the Integrated System, creating services, developing claims, or resubmitting denied claims.

The Help Desk is available Monday - Friday from 6:45 a.m. until 5:30 p.m. The telephone number is (213) 351-1335.