PROVIDER BULLETIN

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A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

1. MEDI-CAL DENIALS FOR GENDER AND DATE OF BIRTH MISMATCH

The State Department of Health Care Services (DHCS) made an update to the Short-Doyle/Medi-Cal (SDMC) claiming system to verify that the gender and date of birth submitted on the Medi-Cal claims matched the sex and date of birth in the State's eligibility record for the client back on April 5, 2016. Claims denied for gender and/or date of birth mismatches between April 5, 2016 and January 9, 2017 by DHCS were assigned the claim adjustment group and reason code CO177 – Beneficiary not eligible. Beginning January 10, 2017, denials for gender mismatches were assigned the Claim Adjustment Reason Code (CARC)/Remittance Advice Remark Code (RARC) combination CO16 MA39 and date of birth mismatches were assigned CO16_N327.

Reasons for claims denied with CO177 CARC may include the following:

- Aid code invalid for Medi-Cal specialty mental health billing.
- Beneficiary not eligible.
- Emergency Services Indicator must be "Y" or Pregnancy Indicatory must by "Y" for this aid code.
- Restricted aid code: Professional claim (837P transaction type) denied, client aid code is restricted to inpatient mental health services.
- Share of Cost: Share of cost has not been fully obligated for the service month.

The State's list of CARC/RARC codes for Medi-Cal denials is on the Integrated System website with the Integrated Behavioral Health Information System (IBHIS) Electronic Data Interchange (EDI) Guides at:

http://lacdmh.lacounty.gov/hipaa/documents/MHSUDS17_005Enc2_CARC_RARC_Codes_Eff_20160823.pdf.

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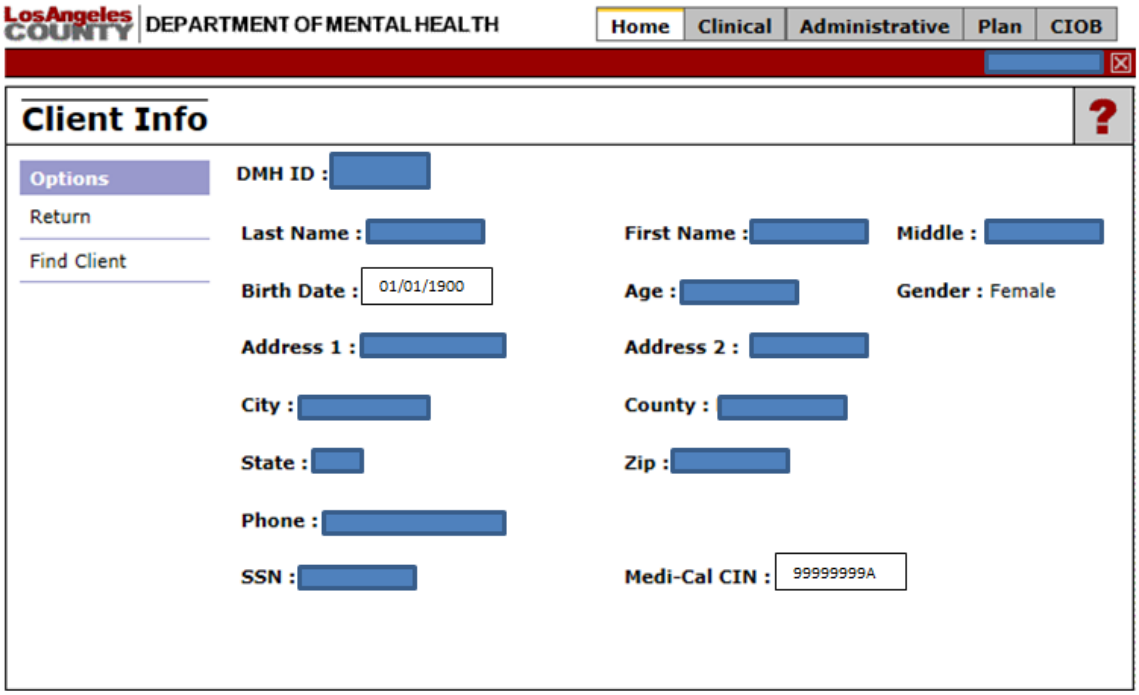
2. GENDER AND BIRTH MISMATCH – INTEGRATED SYSTEM

The gender and date of birth for claims submitted to the State Medi-Cal claiming system are pulled from the Gender and Date of Birth fields on the Client Information Screen: Identification Tab. Client Information is managed and entered by Fee-for-Services (FFS) providers and/or billers in the Integrated System (IS). Client demographic information for gender and date of birth must match the State's eligibility system.

Client demographic information can be verified and viewed under the Home tab→Find Client screen. FFS providers and billers must ensure the accuracy of client demographics especially in the field of gender and date of birth. It is necessary to ensure consistency between the gender and date of birth for the client in the IS.



FFS providers and billers are advised to ensure that there is a valid Medi-Cal CIN listed; the gender field has either Male or Female and does not indicate Unknown; and that both gender and date of birth match client demographics off of the State eligibility system. Providers should be able to update the client's information as appropriate directly in the IS. Providers and billers can refer to the "Fee-For-Service Getting Started Guide for Claiming" under the section titled "Updating Enrollment." The Guide is posted at the IS website link: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_TrainingModules.htm

Or click on the hyperlink: Fee-For-Service Getting Started Guide for Claiming

3. VERIFYING STATE DATA FOR CLIENT'S SEX AND DATE OF BIRTH

What is in the State eligibility system for sex and date of birth is on the client's Benefit Identification Card (BIC).

Medi-Cal Eligibility Checks: Date of Birth

Currently, eligibility checks on the Medi-Cal website are returning conditional and/or positive eligibility responses even when the month and year submitted are correct but the wrong day of the month is entered. In other words, as long as the client's birth month and year are correct, any date within the month can still possibly generate a false positive (e.g. client's date of birth is 01/01/1900, but an eligibility check was ran for 01/15/1900 as the date of birth and the results show passing eligibility even though date is incorrect). This is important because the Short-Doyle/Medi-Cal adjudication system matches the exact month, day, and year on the claim to the month, day, and year in the State eligibility system. If the date of birth does not match exactly, claims for that client will be denied *even when there was a positive eligibility response from the Medi-Cal website using the same date of birth*.

Medi-Cal Eligibility Checks: Sex

The Medi-Cal website will not return a client's sex in the eligibility response. This means that gender/sex cannot be confirmed by running an eligibility check on the Medi-Cal website, on a Point of Service (POS) device, or on the Automated Eligibility Verification System. The State uses three available codes for gender: F for Female, M for Male and U for Unborn. Clients in DMH must have F for Female or M for Male; clients with U for their gender assignment in the DMH reflect a status of Unknown, which is not valid for State records. All DMH client records with U for Unknown must have their record updated accordingly to match State records. Failure to do such corrections will result in denial code CO16 MA39.

4. CORRECTING INFORMATION IN THE STATE'S ELIGIBILITY RECORD

If review of the eligibility information listed in DMH's Integrated System in comparison to the documentation supporting for the client demographics (e.g. from Medi-Cal BIC or from State Medi-Cal website) indicates complete accuracy to the best of the provider or biller's knowledge, but the claim is still being denied, this is indication that there is a discrepancy between demographics listed DMH's system to the State Eligibility System. In general, clients must go to their Department of Public Social Services (DPSS) Eligibility Worker to correct the necessary information in the State's Eligibility System. There will be instances, however, when the Eligibility Worker will be unable to make necessary changes. In such instances, clients typically hold Medi-Cal coverage linked with Supplemental Security Income (SSI). For clients with Medi-Cal and SSI, they must be referred to the Social Security Administration (SSA) to have their record updated. If the client has gone to SSA to correct his/her information and the eligibility record does not reflect SSA's changes, then the change was not made and the client must go back to SSA to have the correction made. Providers are able to see whether a client has Medi-Cal associated with SSI by discerning the client's aide code. Typical Medi-Cal aid codes reflecting Medi-Cal and SSI linkage are 10, 20, and 60. For a more comprehensive assessment of allowable Medi-Cal aid codes associated to SSI linkage, please refer to the Short-Doyle Medi-Cal Aid Code Master Chart available on the DHCS website: http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx

Or click on the hyperlink: Short-Doyle Medi-Cal Aid Code Master Chart

Remember, in all cases, proper documentation must support the client demographic being entered into the Integrated System. Consider the date of birth and gender as stated on the client's official government issued identification (ID) as the correct information. If the client reports that the government issued ID is not correct, refer the client to the appropriate agency that issued such ID to have it corrected.

As a reminder, DMH, providers, and billers have no jurisdiction over a client's Medi-Cal eligibility and all modifications must be done by having the client contact their Eligibility Worker.

If you have any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311 or send an email to: FFS2@dmh.lacounty.gov

Provider Bulletins are posted on the DMH website at: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_Special.htm