



Data Management & Business Intelligence

Reports Committee Meeting

Contract Providers Only

1

**December 20, 2017
10 a.m. – 12 p.m.**

Agenda

1. CBO Q&A
2. EFT/SIFT Overview Claims Cycle Workflow Process
3. What's new in LE Extracts?
4. Questions & Answers

CBO Q&A

Q: How long does it take for a claim to be considered a late claim?

A:

- Look at the contract and see what it says there, usually 6 months
- Claims received by the State more than 12 months from the month of service will be considered late
- When submitting a claim to DMH, it goes through CPE process, which usually is 6-8 weeks long. In addition to that, building a claim file adds about 4 weeks. Allow 10-12 weeks for the claiming processing.

CBO Q&A

Q: What happens when the claims are being resubmitted?

A:

- When you're taking service months (i.e., month zero), the State must receive the original claim by the end of 12th month from the month of service
- The State allows you to replace your claims. Replacement claims must be received by the State within 15 months from the service month
- Try to get claims submitted as soon as possible; allow processing time

Example:

A December 2017 claim will be denied by the State if they received the original in February 2019.

CBO Q&A

Q: Are there special codes or procedures involved in filing late claims?

A:

- The State requires late codes or delay reason codes when submitting late claims.
- A late code cannot be used automatically and can only be given by the State upon request.
- If you anticipate that the original claim will arrive at the State beyond 12 months from the service month, you must request a late code from CBO. CBO will then request a late code from the state. The State will only issue a late code if there's a good cause.

Examples of good cause for requesting delay reason code

- Delay in Medi-Cal eligibility. A claim is late because the client received Medi-Cal with retroactive eligibility
- Delay in Medi-Cal Certification. A claim is late because of delayed Medi-Cal certification
- OHC held the claim for long period of time

CBO Q&A

Q: Are there special codes or procedures involved in filing late claims? (continue...)

A: The provider must ask CBO for late codes or delay reason codes. DMH will submit the request to the State on behalf of the provider.

- Submit request to CBO's central inbox: revenuemanagement@dmh.lacounty.gov

Include the following:

- Identify the late claims (CBO needs to know the ClaimSubmittersIdentifiernumber of original claims and which claims will be affected)
- Reason(s) why a request code is requested
- Expected date for claims to be submitted to DMH. This allows CBO to calculate when DMH can send the claims to the State.
- CBO will then pass to the provider the delay reason code given by the State that can be used for submitting the late claim.

CBO Q&A

Q: Is there a penalty for filing late claims?

A: Medi-Cal denies claims that don't have a late code. That would be a penalty.

Q: How long will it take before the amount that can be claimed is reduced to zero as a result of tardiness in filing the claim?

A: The state does not do partial payments. If your claim is late, the claim will be denied.

With IS, Providers can inform CBO that claims should be adjudicated at a penny per unit. With IBHIS, the provider can submit their claims at a reduced rate, such as 1 cent per minute if they are approaching the MCA, except if the claim has Medicare or OHC. Medi/Medi and OHC/Medi-Cal claims must reflect the amount billed to the insurance and must not be adjusted.

EFT/SIFT Overview

- **Payment Schedule - Full Claiming Cycle**
- **Overview on Claims Cycle Workflow**
- **IS Report Committee Website and Documentation**
- **LE Extracts Data**

Payment Schedule: Full Claiming Cycle

| January 2018 | | | | | | |
|-------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-------------------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | 1 | 2 | 3 | 4 EDI Cutoff | 5 DDE Cutoff | 6 Batch ID/EOB |
| 7 Batch ID/EOB | 8 Batch ID/EOB | 9 | 10 Publish PMT Rpt | 11 Publish PMT Rpt | 12 Publish PMT Rpt | 13 |
| 14 | 15 PRU Process PMT | 16 PRU Process PMT | 17 PRU Process PMT | 18 PRU Process PMT | 19 PRU Process PMT | 20 |
| 21 | 22 PRU Process PMT | 23 PRU Process PMT | 24 PRU Process PMT | 25 PRU Process PMT | 26 PRU Process PMT | 27 |
| 28 | 29 eCAPS Issuance | 30 | 31 Payment Received | | | |

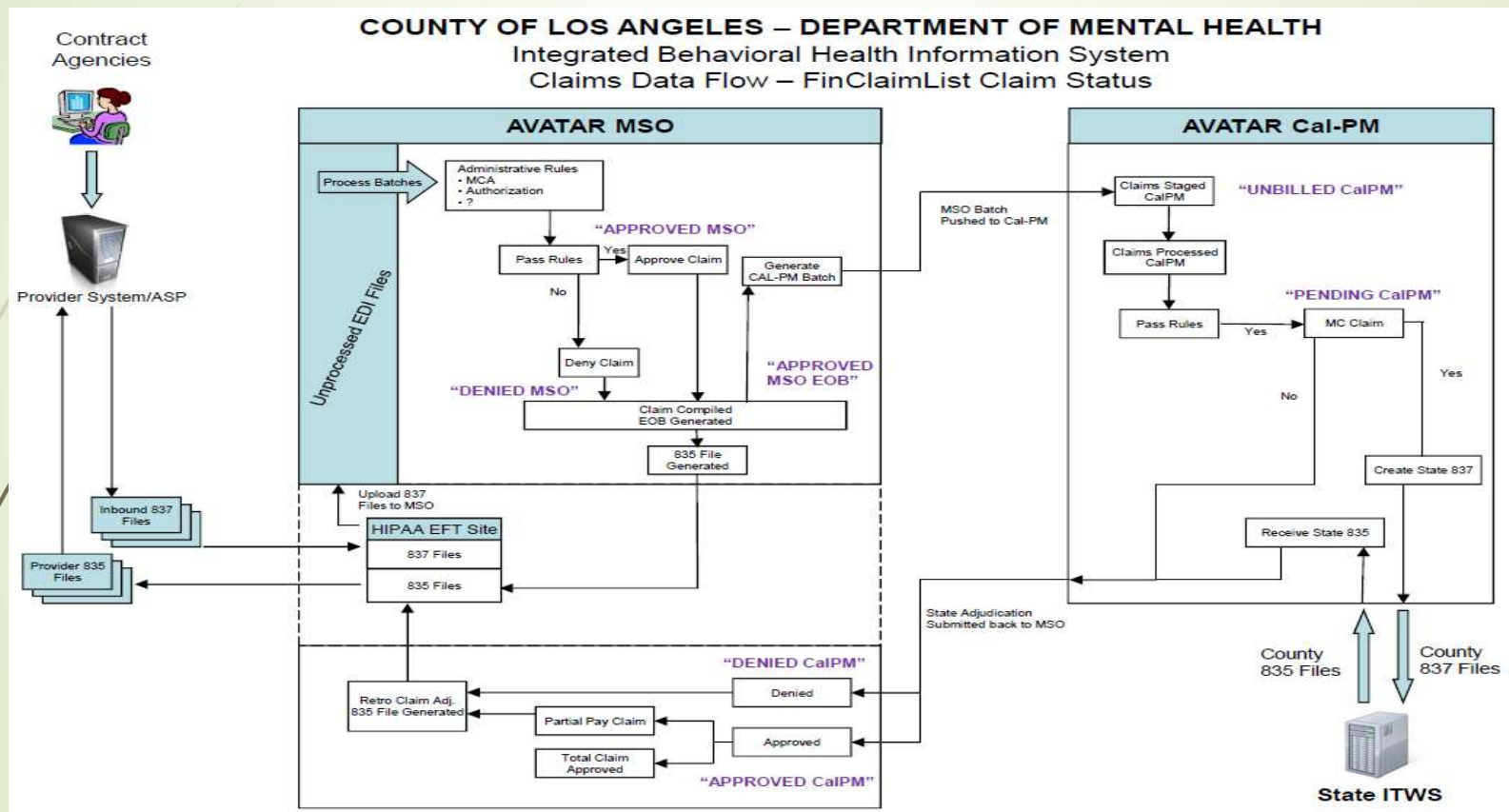
| February 2018 | | | | | | |
|---------------|------------------------|------------------------|------------------------|----------------|----------------------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 IS Exceptions Due | 8 | 9 | 10 |
| 11 | 12 Create 837 | 13 Create 837 | 14 Create 837 | 15 | 16 | 17 |
| 18 | 19 | 20 Create 837 Verif | 21 | 22 CPE 837s | 23 Send 837 State | 24 |
| 25 | 26 Expected Denials | 27 Expected Denials | 28 Expected Denials | | | |

| March 2018 | | | | | | |
|------------|--------|---------|-----------|-----------------------|-----------------------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | 1 Expected Denials | 2 Expected Denials | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| April 2018 | | | | | | |
|------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 Expected Approval | 17 Expected Approval | 18 Expected Approval | 19 Expected Approval | 20 Expected Approval | 21 |
| 22 | 23 Expected Approval | 24 Expected Approval | 25 Expected Approval | 26 Expected Approval | 27 Expected Approval | 28 |
| 29 | 30 | | | | | |

CBO's remark: The timeframe listed above is a general good timeframe but over the course of years, the state has not been consistent in terms of approvals. There has been a large variation. For example, most of the claims in 2017 didn't get paid until August and September. Generally, denials will be sent right away.

IBHIS Avatar Claims Data Flow



Reports Committee Website

- URL: <http://lacdmh.lacounty.gov/Report/index.htm>



- Contact:
 - Reporting@dmh.lacounty.gov
 - Help Desk: 213.351.1335 (to open a HEAT Ticket)

Weekly Extract Files






The weekly Extract Files consists of four zip files:

- `_DMH_835Extract.zip`
- `_DMHRExtract.zip`
- `_RRExtract.zip`
- `_AvatarExt_01.mdb`

Weekly Extract Files

- **99999_DMHRExtract.zip**
 - DMHRExtract01.mdb
 - rpt_FinClaimList
 - rpt_630BClaimUnits
 - rpt_701ClaimUnits
 - rpt_701UPClaimUnits
 - rpt_DCFS_Alerts_to_DMH

Tables

-  rpt_630BClaimUnits
-  rpt_701ClaimUnits
-  rpt_701UPClaimUnits
-  rpt_DCFS_Alerts_to_DMH
-  rpt_FinClaimList

Weekly Extract Files

- **AvatarExt_01.mdb**
 - v_AuthProcCrosswalkNGA
 - v_ServiceAuthDetail
 - v_table_prov_fee_byprog
 - v_AvatarClient & v_GuarSubsData
 - v_DMHClaimNGA
 - v_Provider_Performing_Data

Tables

- ♦ v_AUTHProcCrosswalkNGA
- ♦ v_AvatarAdmission
- ♦ v_AvatarClient
- ♦ v_AvatarCSIA Admission
- ♦ v_AvatarEpisode
- ♦ v_ClientDiagnosisEntry
- ♦ v_ClientWAvatarGrp
- ♦ v_DMHClaimNGA
- ♦ v_GuarSubsData
- ♦ v_LA_Systemwide_Annual_Lblty
- ♦ v_MSODenied_data
- ♦ v_Provider_Performing_Data
- ♦ v_ServiceAuthDetail
- ♦ v_staff_current_demographics
- ♦ v_table_prov_fee_byprog

What's New?

Hospitalization Reporting

- Removed IS410_HospitalizationReport table from the 99999_DMHRExtract01 file
- Removed the cohort constraints in the rpt_STP_Hospitalizations table found in the 99999_DMHRExtract02 file which now contains **ALL** hospitalizations; Special Population will hold all Hospitalization records for all LE's, effective December 18, 2017.

- 835 and RR extracts were turned off as of 12/18 files. DMH will turn it on, but we need to know why LE's need it. The data is already in the 835 that DMH provides in IBHIS. The new IBHIS codes denials are very descriptive. There should be no need for 835 but if you do need them, please send an email to Reporting Team. If it gets denied by state, it comes to the customer as retro-adjudication.
- In IS, DMH sends customer 835, DMH provides denial reason code from the state.

- **Volunteer needed**
 - Looking for Tester
 - Looking at different ways to communicate with reporting

Questions & Answers

Q: Can you please differentiate between replacement and resubmit claims? What is the timeline to replace and to resubmit?

A:

- 9 months for replacements (At the end of the month)
- 6 months for originals

Q: Will it reject the whole file before the cutoff?

- A:**
- There are two checks before the cutoff :
 - 1) HIPAA Violation check
 - 2) Data Validation check
 - For those individual claims rejection, 835 companion guide will give rejection reason instead of denial. It can be found in 277 file and the TA 1 will have the file rejections.

Q: Will the whole file get rejected or individual claim be rejected?

- A:** It can be both. An example of whole file rejection is when one claim is missing a loop during HIPAA check, the whole file got rejected because there's one claim without a loop.

Q: On the EDI cutoff is that monthly? If monthly does that mean claims are submitted to state once a month and not weekly?

A: Yes. You can submit to use daily or weekly. However, we batch them up and send an 837 to the state monthly.

Q: Are alerts sent out when the site is down?

A: Reporting did not send an alert out. Reporting will work out a process to make sure you are alerted using the IS Alerts process.

Q: Self Help link does not let the user log-in

A: Reporting requested the user to send screenshots to Reporting and reporting will forward that issue and ask PAO.

Q: Which Extract files where I can check the Birth date or gender for client according to MEDS?

A: MEDS CIN, MEDS DOB, and MEDS Gender (pulling gender from financial eligibility; if not updated, use web service to update this record)

Q: Are alerts sent out when the site is down?

A: Reporting did not send an alert. Reporting will work out a process to make sure you are alerted using the IS Alerts process.

Q: What is the URL for the committee website?

A: It is <http://lacdmh.lacounty.gov/Report/>

Q: Can a COS customer, who is using IS, under their own LE, get access to the extract?

A: Go through legal entity. Submit a form, and they can get their extract

Q: How do we correct the denial claims that are coming back with DOB and Gender issues? Especially if we have verified the information with the Medi-cal card, birth certificate matches.

A: Refer to CBO; Match rpt_FinClaimsList and match with v_GuarSubsData

Q: How can I get access to the EFT and how long does it take to have it?

A: Complete and submit the EFT Data Access Request Form located here:

http://lacdmh.lacounty.gov/hipaa/documents/EFT_Data_Access_Request_with_Oath_of_Confidentiality_and_%20AUP_5_2014.pdf

The process will take about two months.

The EFT Data access is good for one year. For renewal, Reporting Team highly recommends to submit the Original Authorized Signed EFT Data Access Form to DMH (Attn: Systems Access Unit) two months prior to the expiration date.

Q: How often does the OMA File get updated?

A: OMA file is ran monthly (will be provided upon request).

Q: Duplicate client, looking at medical card, directed to use IBHIS name, has this changed?

A: There's a merge in client to prevent duplicate.

Q: In regards to KatieA data, are we going to refresh the DPI data?

A: Updated quarterly; By the end of January, it will be there.

**Q: How long does the EFT Data Access approval process take?
Shall I deliver them to CIOB?**

A: It is about two months. There's a notification sent out 2-3 weeks for renewal.

Q: How about an initial application to EFT how long does it take?

A: It is about two months.