

# RMD Bulletin

*Knowledge is power...*

## Keeping Up with SDMC2 Claims that Need to be Voided in the IS

Claims to be Voided in the Integrated System

	Claim ID	Service Date	Client ID	Proc. Code	Mins.	Rendering Provider	Reason for Voiding the Service/Claim	Service/Claim Data to be Corrected and Resubmitted	Printout Attached Yes/No?	Medi-Cal Yes/No?	Medicare Yes/No?	Total Claim Amount	Medi-Cal Paid Yes/No?	Medicare Paid Yes/No?	Other Ins. Paid Yes/No?
1	1234567890	04/20/10	9999888	M0064	246	Dr. Southard Kay Shaner	wrong number of minutes	20	Yes	Yes	No	\$200	Yes	No	No
2															
3															
4															
5															
6															
7															
8															
9															

In order for the Department of Mental Health (DMH) to facilitate making changes to the Integrated System (IS) to allow providers to submit Medi-Cal claims in compliance with Short-Doyle/Medi-Cal Phase II (SDMC2 or Phase II) requirements as quickly as possible, DMH is phasing in changes. The first set of State mandated changes implemented were those that would allow us to submit claims to the State successfully. The next set of changes to be implemented will be the ability to void Medi-Cal claims directly with the State’s Phase II system. These changes are currently in development. While in development, providers will not be able to void claims submitted in error or denied claims until the void functionality for claims submitted after April 5, 2010 becomes available in the IS later this year.

Revenue Management Division (RMD) recognizes that regardless of how carefully claims are reviewed before submission, mistakes occur and providers may need to void claims. RMD has developed the attached spreadsheet to help you keep track of your claims that need to be voided and rebilled, including the identification of the claims to be voided, why they need to be voided, and what information on the service/claim needs to be corrected. This spreadsheet is easy to use and includes columns for identifying the claims that need to be voided (Claim ID, Service Date, Client ID, Procedure Code, and Rendering Provider) plus the reason the claims need to be voided and the correct information. The form also allows you to track whether the claims have been sent to third party payers (Medi-Cal, Medicare, private insurance) and whether those payers have paid on the claims. The spreadsheet may be saved to your PC if you choose to keep an electronic file.

Contract providers may use the attached sample spreadsheet or print the screen(s) containing the information that should be voided in the IS. The printed screens can help you visualize any corrections that have to be made to the service or claim quickly whereas the spreadsheet allows you to notate only the specific changes needed and the reason for the change. There is a column on the spreadsheet where you may indicate whether or not you have printed the screen with the information to be voided. This allows you to use each method of tracking on its own or in concert. Make sure to keep the printed screens with your spreadsheet for ready reference.

### We’re here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**