

# RMD Bulletin

*Knowledge is power...*



## VOID Now Available for Short-Doyle/Medi-Cal Phase II Claims

### HISTORY

In order for the Department of Mental Health (DMH) to make necessary changes to the Integrated System (IS) that would allow providers to submit eligible claims to the State in compliance with Short Doyle/Medi-Cal Phase II (SDMC2 or Phase II) billing requirements as quickly as possible, DMH implemented only those changes that would allow our claims to pass edits in the State's claiming system and be adjudicated for payment. To implement all of the Phase II functions at the same time would have caused a significant delay in our ability to submit claims and be paid for services. One of the new functions of the SDMC2 claiming system is the ability to void Medi-Cal approved claims directly with the State.

### UPDATE

Revenue Management Division (RMD) is issuing this Bulletin to notify all providers that they will be able to void their Phase II claims in any status beginning Thursday, June 24, 2010. This means that providers will be able to submit void requests for claims submitted on or after April 5, 2010 regardless of whether the claims are approved, denied, pending, forwarded, etc. The IS will process the request immediately and the claim will be considered voided as soon as it is processed. Providers will continue to be able to void claims submitted prior to Phase II implementation, however, only void requests for Medi-Cal approved claims submitted on or after April 5, 2010 will be forwarded to the State for processing by the SDMC2 system. A report will be made available to providers who want to rebill a voided Medi-Cal approved claim indicating which voids for Medi-Cal approved claims have been accepted by the State and can be rebilled as needed within the claiming statute.

### PROVIDER ACTION

- ✓ **Providers can void Phase II claims:** Those who need to void a claim submitted on or after April 5th are able to void those claims regardless of the claim status.
- ✓ **Use the Void Tracker:** Earlier this year, Revenue Management Division (RMD) distributed a spreadsheet to help providers keep track of claims that need to be voided and why. (See RMD Bulletin No.: NGA 10-043/DMH 10-042.) Providers should use the tracker to identify the claims to be voided and determine what corrections, if any, need to be made in order to rebill them.
- ✓ **Wait to rebill voided Medi-Cal approved claims:** Providers should wait to resubmit or rebill new claims until the void has been processed by the State. Once DMH receives the response from the State about voids requested for Medi-Cal approved claims, a report will be issued letting providers know which claims are okay to rebill.

**We're here to help you...**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

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

RMD Bulletin No.: NGA 10-060  
June 24, 2010

[RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov)