

# Void Claim Reason Collection (VCRC)

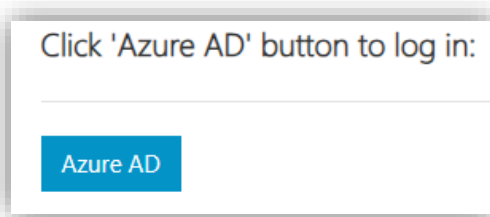
## Provider Portal Application

### Introduction

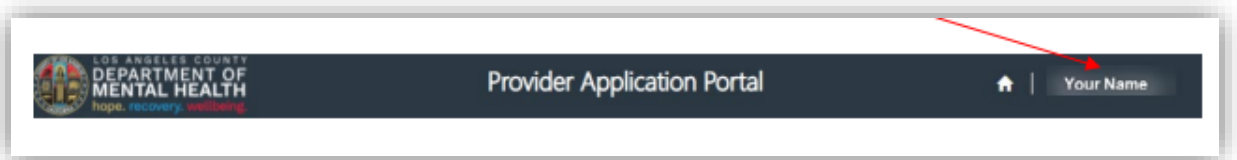
The California Department of Health Care Services (DHCS) requires the Los Angeles County Department of Mental Health (LACDMH) as the local Mental Health Plan (MHP) to report overpayments to contract providers that are the result of waste, fraud, or abuse. This reporting on voided claims brings MHPs and their providers into compliance with the Centers for Medicare and Medicaid Services' (CMS) Final Rule CMS-2390-P, which applies the Paul Wellstone Mental Health Parity and Addiction Equity Act to Medicaid Managed Care Plans. All California MHPs are classified as managed care plans under Medicaid and must comply with the program integrity requirements contained in Title 42 of the Code of Federal Regulations (CFR) Part 438. The Void Claim Reason Collection (VCRC) is a web-based portal application that allows providers to indicate the reason claims were voided and whether that reason constitutes waste, fraud, or abuse. The VCRC is available on LACDMH's Provider Portal.

To access VCRC, log in to the Provider Portal.

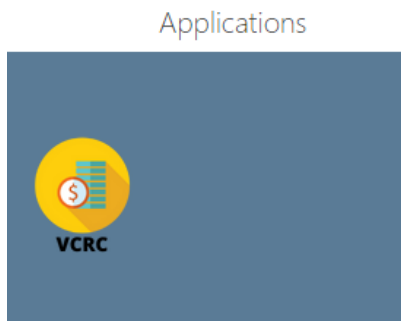
1. Go to <https://lacdmhpp.powerappsportals.us/>
2. Click on Azure AD



3. After successful log in, your name will appear on the top right corner.




4. **VCRC** will appear on the "Applications" banner. Click the **VCRC** tile.

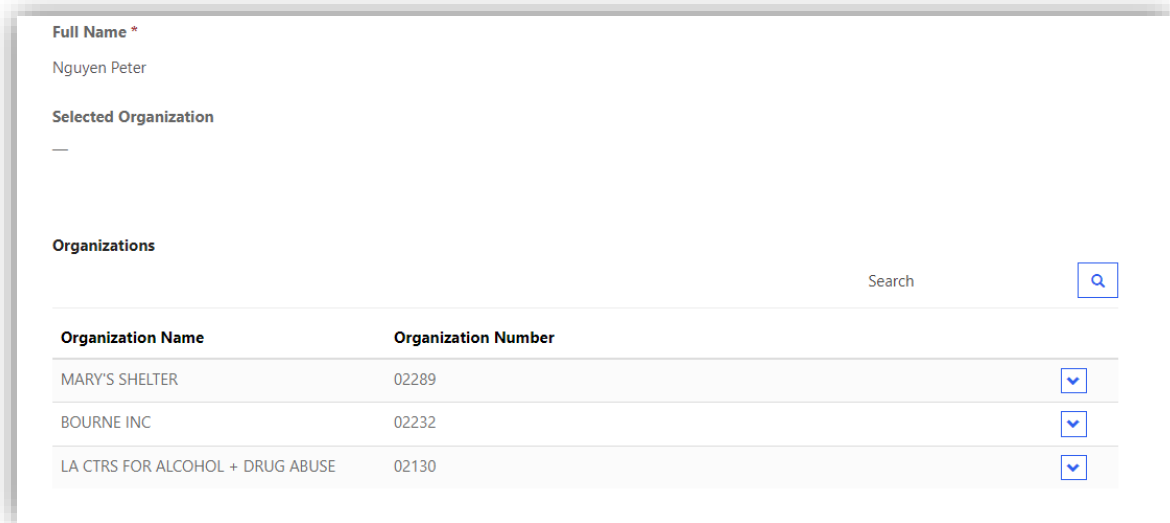


### Select Provider

To begin completing the Void Report, select your Legal Entity (Organization).

Select the organization by clicking on  then  .

If you are associated to more than one provider, you can select from your list of providers to update your “Selected Organization.”



Full Name \*

Nguyen Peter

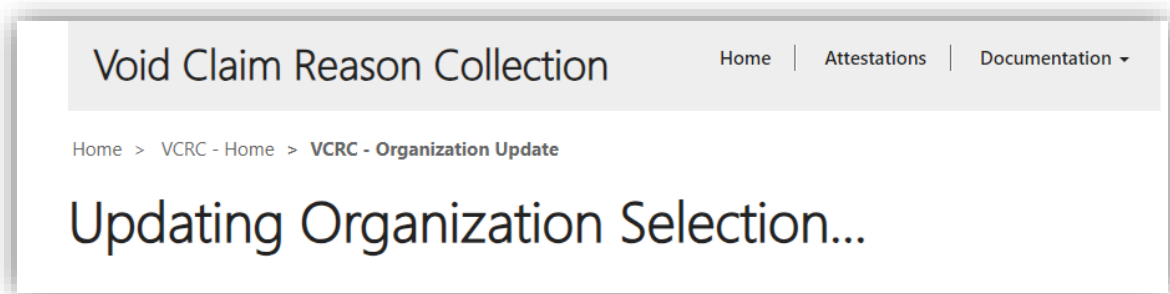
Selected Organization

—

Organizations

Search

| Organization Name                | Organization Number |                                  |
|----------------------------------|---------------------|----------------------------------|
| MARY'S SHELTER                   | 02289               | <input type="button" value="v"/> |
| BOURNE INC                       | 02232               | <input type="button" value="v"/> |
| LA CTRS FOR ALCOHOL + DRUG ABUSE | 02130               | <input type="button" value="v"/> |



Void Claim Reason Collection

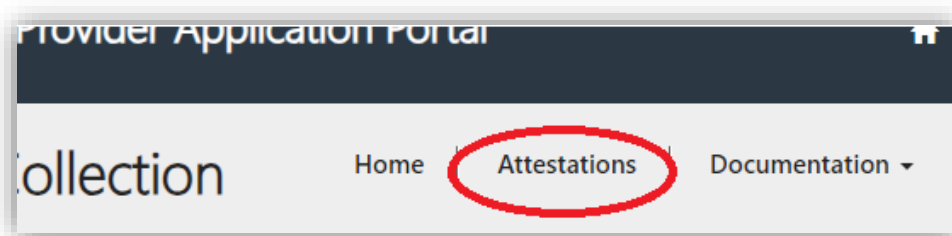
Home | Attestations | Documentation ▾

Home > VCRC - Home > VCRC - Organization Update

## Updating Organization Selection...

**NOTE:** The application may take 15-30 seconds to update the organization. Once the system updates the organization the page will automatically refresh.

When you have your organization selected and the app has updated your selection, click on “Attestations” in the VCRC menu to navigate to the list of Attestation records.



Provider Application Portal

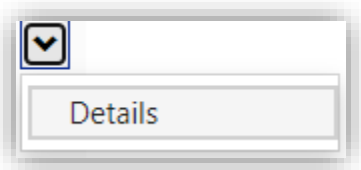
ollection Home **Attestations** Documentation ▾

### Attestation View

Void claims are grouped by Attestation. There will be a list of all Attestations for your organization. By default, the Attestation for the most recent Reporting Period is on top. You can sort Attestations by clicking on the column heading "Reporting Period."

| Name                     | Attestation Status | Reporting Period   | Organization | Total Void Claims | Total Void Claims Responded | Authorized Signer FY | Status | Modified On       | Modified By | Created On ↓      |
|--------------------------|--------------------|--------------------|--------------|-------------------|-----------------------------|----------------------|--------|-------------------|-------------|-------------------|
| 02289-7/1/2022-6/30/2023 | New                | 7/1/2022-6/30/2023 | 02289        | 3                 | 0                           |                      | Active | 10/5/2023 7:26 AM |             | 10/4/2023 7:00 PM |

To work void claims under an Attestation, scroll to the right to find the dropdown menu, then select "Details."



## Attestation Void Claim View

You will see an Attestation record with a sub-grid of associated void claims. The Contact and Authorized Signer fields will be disabled, or grayed out, until all voids associated with the Attestation have a reason.

By default, void claims without reasons will appear at the top of the sub-grid. You can filter and sort the claims by selecting the column heading. To search for a claim, type the claim number in the search field.

**NOTE:** VCRC allows you to search for void claims by all fields except Practitioner and Service Location. If you want or need to search using partial text to find voids, use the asterisk (\*) wildcard character. Place the asterisk before the partial text.

The screenshot shows the 'Attestation Void Claims' form. At the top, there are several fields: Name (02289-7/1/2022-6/30/2023), Reporting Period (7/1/2022-6/30/2023), Total Void Claims (3), Attestation Status (New), Organization (02289), Total Void Claims Responded (0), Authorized Signer FY, Modified By, Status (Active), Created On (10/4/2023 7:00 PM), Contact Name, Modified On (10/5/2023 7:26 AM), Void Claim Extract (No file selected), Contact Email, Unsigned Attestation PDF (VoidAtteston\_22-23\_02289\_MARY'S SHELTER.pdf), Import Status, Last Import Date, and an Attach Form section with a 'Choose File' button. Below these fields are 'Save' and 'View Attachments' buttons. The 'Void Claims' section contains a table with columns: MC, State, Void Reason, FWAO Reason, Void Claim Sub, Claim Sub Id, OB Claim Sub ID, Client ID, Service Date, Procedure Code, Units, and Amount. Two rows of data are visible in the table.

| MC  | State | Void Reason ↑ | FWAO Reason ↑ | Void Claim Sub | Claim Sub Id | OB Claim Sub ID | Client ID | Service Date | Procedure Code | Units | Am  |
|-----|-------|---------------|---------------|----------------|--------------|-----------------|-----------|--------------|----------------|-------|-----|
| Yes | No    |               |               |                |              |                 |           | 7/5/2022     | 90834          | 63    | \$0 |
| Yes | No    |               |               |                |              |                 |           | 7/18/2022    | H2015:HC76     | 97    | \$0 |

To complete a void record under the Attestation, describe why the claim was voided in the “Void Reason” field then select whether that reason is Fraud, Waste, Abuse, or Other from the “FWAO Reason” dropdown menu. The data will save automatically as you fill out each field. Completed records will be tallied under “Total Void Claims Responded.”

This is a close-up of the 'Void Claims' table. The first row is highlighted, and a blue 'Row Saved' button is visible on the left side of the row. The data in this row is: MC: Yes, State: No, Void Reason: Incorrect use of funding and billing, FWAO Reason: Fraud, and Service Date: 7/5/2022.

| MC  | State | Void Reason ↑                        | FWAO Reason ↑ | Void Claim Sub | Claim Sub Id | OB Claim Sub ID | Client ID | Service Date |
|-----|-------|--------------------------------------|---------------|----------------|--------------|-----------------|-----------|--------------|
| Yes | No    | Incorrect use of funding and billing | Fraud         |                |              |                 |           | 7/5/2022     |

**NOTE:** “Total Void Claims Responded” is a system calculated field that updates once every hour.

The screenshot shows a web interface with a navigation bar containing 'Home', 'Attestations', and 'Documentation'. Below the navigation bar, the page title is 'Collection' and the breadcrumb is 'on A... > VCRC - Attestation Void Claims'. The main content area displays a summary table with the following data:

|                           |                                    |
|---------------------------|------------------------------------|
| <b>Reporting Period *</b> | <b>Total Void Claims *</b>         |
| 7/1/2021-9/30/2021        | 18                                 |
| <b>Organization *</b>     | <b>Total Void Claims Responded</b> |
| 00321                     | 11                                 |

Once the “Total Void Claims Responded” equals the “Total Void Claims,” the VCRC application will send a notification of completion to CBO. A blank VCRC Void Reason Attestation form will become available to download.

The screenshot shows a page titled 'on Void Claims'. It displays a summary table with the following data:

|                                    |
|------------------------------------|
| <b>Total Void Claims *</b>         |
| 18                                 |
| <b>Total Void Claims Responded</b> |
| 18                                 |
| <b>Status *</b>                    |
| Active                             |

The screenshot shows a download link for an unsigned attestation PDF. The text is as follows:

**Modified On**  
8/29/2023 2:41 PM

**Unsigned Attestation PDF**  
VoidAttestio Delete  
n\_22-  
23\_00321\_HI  
LLSIDES.pdf

selected

After downloading the Attestation, review it and have it signed by an authorized signer for your organization.

**Department of Mental Health - Void Reason Attestation Form**

The California Department of Health Care Services (DHCS) requires the Los Angeles County Department of Mental Health (LACDMH) as the local Mental Health Plan (MHP) to report overpayments to contract providers that are the result of waste, fraud, or abuse. This reporting of voided claims brings MHPs and their providers into compliance with the Centers for Medicare and Medicaid Services' (CMS) Final Rule CMS-2390-P, which applies the Paul Wellstone Mental Health Parity and Addiction Equity Act to Medicaid Managed Care Plans. All California MHPs are classified as managed care plans under Medicaid and must comply with the program integrity requirements contained in Title 42 of the Code of Federal Regulations (CFR) Part 438.

Legal Entity Number: 02289

Legal Entity Name: MARY'S SHELTER

Void FY: 22-23

DMH Data Update Date: 10/4/2023

Total Voids: 3

I attest that all voids submitted for the time period noted are included in the report and that the determination of whether the void was the result of fraud, waste, abuse or other is true and accurate.

Authorized Signer Name \_\_\_\_\_

Attesting Signature \_\_\_\_\_

Signature Date \_\_\_\_\_

When the Void Reason Attestation Form is signed and ready to be uploaded to VCRC, select “Submitted” from the Attestation Status dropdown field, then select the name of the individual who signed the Attestation form from the “Authorized Signer FY” dropdown. (If you do not see the individual who signed the form in the dropdown list, open a HEAT ticket; CBO does not have record of them as someone authorized to sign on behalf of the agency for the given Fiscal Year.) Fill in the “Contact Name” and “Contact Email” fields.

Click on “Attach Form” and follow the prompts to attach your signed Attestation.

The screenshot displays the VCRC system interface. At the top, there are several fields for entering attestation details:

- Attestation Status \***: A dropdown menu set to "Submitted".
- Organization \***: A text field containing "02289".
- Authorized Signer FY \***: A dropdown menu set to "Taylor, Justin -02289 - 22-23".
- Contact Name \***: A text field containing "Peter D Nguyen".
- Contact Email \***: A text field containing "p.nguyen@dmh.lacounty.gov".
- Modified By**: A text field containing "Peter Nguyen".
- Modified On**: A text field containing "12/29/2023 9:51 AM".
- Unsigned Attestation PDF**: A link to "VoidAttestation\_22-23\_02289\_MARY'S SHELTER.pdf".
- Total Void Claims Responded**: A text field containing "3".
- Status \***: A text field containing "Active".
- Created On**: A text field containing "10/4/2023 7:00 PM".
- Void Claim Extract**: A text field containing "No file selected".
- Import Status**: A text field containing "—".
- Last Import Date**: A text field containing "—".

Below these fields is an "Attach Form" section with a "Choose File" button and the text "No file chosen". There are "Save" and "View Attachments" buttons.

The "Void Claims" section features a search bar and a table with the following columns: MC, State, Void Reason ↑, FWAO Reason ↑, Void Claim Sub, Claim Sub Id, OB Claim Sub ID, Client ID, Service Date, Procedure Code, Units, and An. The table contains three rows of data, each with a "Save" button to its left.

| MC   | State | Void Reason ↑ | FWAO Reason ↑                        | Void Claim Sub | Claim Sub Id | OB Claim Sub ID | Client ID  | Service Date | Procedure Code | Units | An  |
|------|-------|---------------|--------------------------------------|----------------|--------------|-----------------|------------|--------------|----------------|-------|-----|
| Save | Yes   | No            | Incorrect use of funding and billing | Fraud          | [REDACTED]   | [REDACTED]      | [REDACTED] | 7/5/2022     | 90834          | 63    | \$0 |
| Save | Yes   | No            | Incorrect use of funding and billing | Fraud          | [REDACTED]   | [REDACTED]      | [REDACTED] | 7/18/2022    | H2015:HK:76    | 97    | \$0 |
| Save | Yes   | No            | Incorrect use of funding and billing | Fraud          | [REDACTED]   | [REDACTED]      | [REDACTED] | 8/11/2022    | H2015:HK       | 52    | \$0 |

Click the “Save” button to upload the document and record the changes to the Attestation record. LACDMH’s Central Business Office (CBO) will be notified that you submitted the Attestation.

After review, CBO will change the Attestation Status to “Accepted” or “Returned.” If “Accepted,” void reporting is complete, and you are done for the Reporting Period. If “Returned,” you will receive an email with the reason(s) the Attestation was not accepted (“Returned”). Make the requested modifications to the Attestation, set the Attestation Status to “Resubmitted,” and click the “Save” button. CBO will be notified to review the submission again and determine whether or not to accept the Attestation.