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## County-State Claims Payment Processing Improvement Task Force Meeting Notes – August 25, 2008

*Launched in January 2008, the California Department of Mental Health created a C/S CPPITF to improve the Specialty Mental Health claims payment processing and services between the county and state. This Task Force will evaluate and recommend processes, tools and systems that can help to improve the current claims filing and reimbursement process between counties and the state. The Task Force will engage partners such as the Department of Health Care Services, Department of Alcohol and Drug Programs, APS, and County Mental Health Directors to develop ways to improve the county claims payment processing system. These are the brief and summarized notes from our meeting.*

**Attendance:** Marcelo Acob (DMH), Maria Barteaux (SF County by phone), Bob Cutler (DMH consultant), Denise Blair (DMH), Toquyen Collier (DMH), Catherine Hendon (DMH), Don Kingdon (CMHDA by phone), Russell Leach (Kern County by phone), Jeffrey Notke (Orange County), Bill Ullom (APS),Carolynn Michaels (DMH), Sara Murillo (DMH), Leslie Sorrells (by phone), Sean Tracy (DMH), Julie Williams (Kern County by phone), Cynthia Guest (ADP by phone).

### New action items:

- Counties requested that Good Cause be allowed for system testing. Stan Bajorin (DMH) is working with DHCS on this issue.
- The responsibility for the OSAE reports will be transitioned to divisions tentatively scheduled for September 2008. Example: The Claims Processing Report will transition to Admin/Fiscal; Internal Controls to Admin and Hospitals; MHPA has been with the Community Services Division since the release of the OSAE review.
- The Task Force will discuss a possible Version 2.0 of the Billing Manual at our next meeting.
- The CCCMHA asks that DMH distribute a list of providers identified in the CMS Payment Error Rate Measurement audit. The DMH Program Compliance will research this issue and Catherine Hendon (DMH) will notify the Task Force of the results.
- Counties inquired whether the CHIP meeting scheduled for September 10, 2008 is canceled. Catherine Hendon (DMH) will distribute a response to the Task Force as soon as possible.

### Old action items:

- DMH presented an environmental scan of the various claiming groups, along with brief descriptions of each group. Task Force members are asked to review and provide any feedback to DMH (Catherine Hendon).
- APS Healthcare inquired as to whether CMS stratified their sample. DMH will research this and report back at the next Task Force meeting.

**Welcome, introductions, and updates:**

1. All members introduced themselves.
2. ADP Leadership continues to participate in Task Force meetings.
3. Review of prior meeting action items and notes. Task Force members are asked to submit any feedback to Catherine Hendon, DMH.
4. Agenda items 1 – 4 are to be addressed at the next meeting since Stan Bajorin is attending the CMS Entrance Conference at this time.
5. Members agree that it is best to continue meeting at our current regularly scheduled time.

**Discussion Points:**

6. Billing Manual
  - a. The DMH Medi-Cal Claims Customer Service Unit (MedCCC) continues to document feedback on the current billing manual.
  - b. The Task Force notes the valuable feedback from APS Healthcare.
7. CMS Payment Error Rate Measurement (PERM) audit
  - a. The CCCMHA asks that DMH distribute a list of providers identified in the CMS PERM audit. The DMH Program Compliance will research this issue and Catherine Hendon (DMH) will notify the Task Force of the results.
  - b. APS Healthcare inquired as to whether CMS stratified their sample. In other words, are the proportion of mental health providers to healthcare providers audited equal to the proportion of the mental health provider population to the healthcare provider population? DMH will research this and report back at the next Task Force meeting.
8. AB 1780 is in enrollment. The Task Force may have the opportunity to work on AB 1780 implementation efforts.
9. SD/MC Phase II
  - a. The DMH has submitted two change orders as a result of the SDII weekly county-vendor conference calls.
  - b. The Companion Guide review is scheduled for September 4, 2008
    - i. The materials to be covered will focus on “required” fields as well as the appendix which includes transaction scenarios.
    - ii. The Companion Guide is important because it is the document that county software vendors use to build their claiming system.
    - iii. In November 2008 counties will be able to test files via DMH access to the SDII system.
    - iv. Counties asked if the Collaborative HIPAA Implementation Project (CHIP) meeting scheduled for September 10, 2008 is canceled to allow them to travel to the Companion Guide review.
  - c. Recently, there was a test run of claims transactions.

- i. Transactions were post May 23, 2008 so were all HIPAA compliant.
  - ii. No transaction passed.
  - iii. One explanation is that the transaction was not constructed properly.
  - iv. DMH has requested a list of errors/analyses regarding the rejection of the transaction files.
  - v. DMH currently does not know the reason the transactions failed but is in constant communication with DHCS to research this issue.
10. The DMH accounting system software bids are under review. DMH expects to have a contractor in place by September 2008.
11. DMH distributed the claims initiatives environmental scan to the Task Force for feedback.
  - a. APS suggested that it would be helpful to show where there are interfaces/relationships among the groups. This would help identify any collaboration among the groups.
  - b. APS asked DMH to see if there was a way to rank the groups by importance.
  - c. APS also suggested numbering the groups on the diagram with corresponding numbers on the spreadsheet.
  - d. Counties requested that there be some information on meeting times, dates, and call-in numbers to help coordinate calendars.
  - e. Counties also note their appreciation for DMH coordinating the claiming initiatives scan effort.

**2:35 p.m. Adjourn**