

Control weakness Identified	Corrective Actions Taken	Corrective Actions To Be Taken	Date of Action or Planned Action	Responsible Party
		DMH County Operations Contract Manager will facilitate a monthly conference call and routine site visits to provide oversight and technical assistance to the MHP.	Ongoing Monthly	Staff Mental Health Specialist, County Operations Enrica Bertoldo
<p>Recommendations:</p> <p>Institute an audit function to periodically analyze the accuracy of reported data.</p>	DMH obtained initial individual claim level data for pharmacy and lab services submitted by the county through ITWS on 7/23/07 to track costs at user and service level.	<p>Continue to upload data monthly. Analyze for duplicates, Medi-Cal eligibility.</p> <p>Reconcile individual claims to aggregate monthly invoices submitted by SMMHP.</p> <p>Ensure reconciliation occurs among federal, state and county payment.</p>	<p>Ongoing Monthly</p> <p>Ongoing Monthly</p>	<p>Chief Medi-Cal Epidemiology, Forecasting, and Support Branch Stephanie Oprendek</p> <p>Chief, Accounting and Fiscal Systems, Marcelo Acob</p>
Obtain all data necessary to prepare an accurate estimate of Program costs. Question the vendors' and the County's inability to provide data.	DMH obtained individual claim level data for pharmacy and lab services submitted by the county through ITWS on 7/23/07 to track costs at user and service level. Discussions with the SMMHP indicated data is now readily available and upon DMH request SMMHP will submit data for both pharmacy and lab.	DMH Medi-Cal Epidemiology, Forecasting, and Support Unit (MEFS) will identify additional delineation of data elements necessary for estimation. If specific breakouts are not available in county data, DMH will negotiate with the county to obtain additional data.	3/08	<p>Chief, Med-Cal Epidemiology, Forecasting, and Support Branch Stephanie Oprendek</p> <p>Research Program Specialist II Sara-Jane Gilb</p>
Ensure the County arranges for repayment of the over-billed federal financial participation of laboratory costs.	The SMMHP submitted a letter on April 20, 2007 indicating their intention to repay \$45,893 to rectify a duplicate billing problem reported to DMH by the SMMHP.	Once the DMH Review Audit findings are complete and the amount to be repaid is determined, DMH will notify the County in written form and request payment within 60 days.	8/07	<p>Chief of Audits, Walter J. Hill, Jr</p> <p>Chief, Accounting and Fiscal Systems, Marcelo Acob</p>

Control weakness Identified	Corrective Actions Taken	Corrective Actions To Be Taken	Date of Action or Planned Action	Responsible Party
Consider the loss of eligible rebate funds when determining cost efficiency of the program.	<p>DMH contacted DHCS, Chief of the County Operated Health Systems (COHS), Geographic Managed Care (GMC) and Other Contracts Section to discuss the applicability of statewide rebates to Health Plan of San Mateo (HPSM). CMS has determined that HPSM is ineligible for statewide Medi-Cal rebates because they are a Managed Care Organization (MCO).</p> <p>SMMHP has inquired about access to statewide Medi-Cal rebates to improve cost effectiveness of the program.</p>	<p>Need to determine if the SMMHP is eligible for statewide Medi-Cal rebates. DMH will send a letter to DHCS requesting a determination.</p> <p>If determined to be eligible, DMH will work with DHCS and the SMMHP to establish process to ensure access to statewide Medi-Cal rebates (namely Medi-Cal encounter data submission to DHCS).</p>	<p>9/07</p> <p>9/07</p>	<p>Acting Chief, Medi-Cal Operations Unit, Vincent Herrera</p> <p>Chief, Medi-Cal Medi-Cal Mental Health Policy Branch, Rita McCabe</p>
Negotiate the terms of all administrative fees charged to the program, formalize an agreement for administrative fees, and memorialize this agreement within the contract.	DMH Program Compliance Audits Unit will identify the appropriate citations and policy guidance regarding Administrative Costs and provide this information to the Medi-Cal Policy Branch.	<p>DMH to propose standardized contract language that will be added to the SMMHP contract regarding administrative fees.</p> <p>DMH on-site audit will identify Administrative Costs and make sure they are not duplicate charging on Medi-Cal Cost Report. Any findings of non-compliance will be addressed with the SMMHP through a plan of correction.</p> <p>Once the audit findings are complete, and if it is determined that there is an amount to be repaid, DMH will notify the County in written form and request payment within 60 days.</p>	<p>8/07</p> <p>9/07</p> <p>9/07</p>	<p>Acting Chief, Medi-Cal Operations Unit, Vincent Herrera</p> <p>Chief of Audits, Walter J. Hill, Jr</p> <p>Chief, Accounting and Fiscal Systems Marcelo Acob</p>
Ensure that administrative fees are Program related, necessary, and reasonable.	(see #6 above)	(see #6 above)	(see #6 above)	(see #6 above)
Quantify and evaluate the reasonableness of the share of costs/coordination of benefits revenue reported by the County.	(see #1 above)	<p>DMH Program Compliance Audits Unit conducted an on-site audit the week of July 23 , 2007, the focus of which was to quantify and evaluate the reasonableness of the share of costs/coordination of benefits revenue reported by the County.</p> <p>Any findings of non-compliance will be addressed with the SMMHP through a plan of correction. Once the audit findings are complete, and if it is determined that there is an amount to be repaid, DMH will notify</p>	<p>9/07</p> <p>9/07</p>	<p>Chief of Audits, Walter J. Hill, Jr</p> <p>Chief, Accounting and Fiscal Systems Marcelo Acob</p>

Control weakness Identified	Corrective Actions Taken	Corrective Actions To Be Taken	Date of Action or Planned Action	Responsible Party
		<p>SMMHP in written form and request payment within 60 days.</p> <p>DMH will work with the SMMHP to ensure a structure exists within their contract with the Pharmacy Benefits Manager (PBM) and laboratories to address the share of costs/coordination of benefits revenue.</p>	9/07	<p>Staff Mental Health Specialist, County Operations, Enrica Bertoldo</p> <p>Acting Chief, Medi-Cal Operations Unit, Vincent Herrera</p>
Observation 2: Inadequate Assessment of Medicare Part D's Impact				
<p>Recommendation: DMH should work with DHCS to identify the specific dual eligible beneficiary population and then quantify actual utilization associated with these beneficiaries to assure a more accurate estimate.</p>	<p>DMH met with DHCS on July 13, 2007 and determined DMH has the capability to identify dual eligibles through the Medi-Cal Eligibility Data System (MEDS) system. DMH has established a Web-based data submission process and dual eligibility can be determined on historical claims data.</p> <p>DMH discussed with San Mateo the availability of historical dual eligible cost and utilization data, and data was obtained from San Mateo on 7/20/07.</p>	<p>DMH will identify the specific dual eligible beneficiary population and then quantify actual utilization associated with these beneficiaries to assure a more accurate estimate.</p> <p>DMH will compile historical data from the SMMHP and develop a more accurate estimate for the November estimate.</p>	<p>9/07</p> <p>8/07</p>	<p>Chief Medi-Cal Epidemiology, Forcasting, and Support Branch, Stephanie Oprendek</p> <p>Research Program Specialist II, Sara Jane Gilb</p>
Observation 3: The Program Estimate Lacks essential User and Service level Detail				
<p>Recommendations: DMH should work with the County to break down user and service level categories.</p>	<p>DMH discussed with DHCS their capitated rate setting methodology for COHS. DMH reviewed reports detailing service categories used by DHCS to determine applicability to the SMMHP estimate. DHCS considers pharmacy a service category and does not break the category down into further detail.</p>	<p>DMH plans to competitively bid a contractor to evaluate existing estimates and provide methods for DMH to ensure more accurate estimates.</p> <p>DMH will analyze data by Aid-code and user demographic variables and incorporate this information into future estimates in Spring 2008.</p>	<p>3/08</p> <p>3/08</p>	<p>Chief Med-Cal Epidemiology, Forcasting, and Support Branch, Stephanie Oprendek</p>

Control weakness Identified	Corrective Actions Taken	Corrective Actions To Be Taken	Date of Action or Planned Action	Responsible Party
Utilize this information to quantify treatment or policy changes that may materially affect the Program.	DMH and DHCS discussed the capitated rate setting methodology for COHS and how DHCS incorporates policy changes. DMH discussed with San Mateo and SMMH a process to identify county policy changes that impacted costs.	DMH will identify statewide policy changes as well as continue discussions on a regular basis with the SMMHP to assess any local initiatives or policy changes that impact costs and utilization.	Ongoing monthly conference calls	Staff Mental Health Specialist, County Operations Enrica Bertoldo
Review Program Costs components independently and form an estimate based on the aggregate of these costs rather than at the Program level.	DMH discussed with DHCS their capitated rate setting methodology for COHS on July 17, 2007.	DMH will draft an estimate based on the aggregate of component costs rather than at the Program level.	9/07	Chief Medi-Cal Epidemiology, Forecasting, and Support Branch, Stephanie Oprendeck
Consult with DHCS to gain an understanding on how other COHS estimates are based.	DMH discussed with DHCS their capitated rate setting methodology for COHS on July 17, 2007.	DMH will schedule additional discussions with DHCS fiscal forecasting staff and other external fiscal experts to acquire additional information and consider estimate reforms.	9/07	Chief Medi-Cal Epidemiology, Forecasting, and Support Branch, Stephanie Oprendeck
Observation 4: The Program Was Not Assessed for Cost Effectiveness				
<p>Recommendations: DMH should perform an analysis of the cost effectiveness of the Program that includes a comparison of drug rebate amounts, the impact of Medicare Part D, and administrative fees prior to any statewide expansion.</p>	DMH obtained initial individual claim level data for pharmacy and lab services submitted by the county through ITWS on 7/23/07 to track costs at user and service level. DMH has discussed with DHCS Managed Care the ability to obtain comparable COHS data which is currently confidential until rates are released to the public.	<p>Once DHCS publishes the COHS rates, DMH will compare COHS rates to effective rate in the SMMHP.</p> <p>In collaboration with the SMMHP and DHCS, DMH will evaluate alternative approaches for state and local administration and payment of pharmacy and lab services (HPSM direct billing to DHCS, DMH payment policies and procedures, cost containment and risk sharing approaches).</p> <p>DMH will evaluate quality strategies and outcomes identified by the SMMHP.</p>	<p>3/08</p> <p>3/08</p>	<p>Chief, Medi-Cal Medi-Cal Mental Health Policy Branch, Rita McCabe</p> <p>Staff Mental Health Specialist, County Operations Enrica Bertoldo</p>



**Department of Mental Health
San Mateo Pharmacy and Laboratory
Claims Payment Process Review**

July 31, 2007

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Chapter I

1.0 Executive Summary

- Details the current state general fund distribution process, FFP claims payment process and the DHCS FFP invoicing process for San Mateo Pharmacy and Laboratory.

2.0 Glossary of Acronyms

- Provides a detailed list of the acronyms used in this document.

3.0 Process Flow Legend

- Provides a description of the shapes and their relationship within the process flows.

1.0 Executive Summary

The purpose of this document is to describe the processes currently employed for the quarterly State General Fund (SGF) distribution process, the claims payment process for Federal Financial Participation (FFP) dollars and the invoicing process to the Department of Health Care Services (DHCS) for the reimbursement of FFP funds for San Mateo Pharmacy and Laboratory.

While the documented processes are complex and touch many different units and/or organizations, the transaction volume is light. The DMH authorizes the disbursement of SGF monies four (4) times each year, processes a total of twelve (12) claims each for Pharmacy and Laboratory FFP payments, and invoices DHCS for the reimbursement of FFP dollars a total of four (4) times annually.

2.0 Glossary of Acronyms

Table 1 – Glossary of Acronyms

Acronym	Definition
ASR	Approved Services Report
CFR	County of Financial Responsibility
CMS	Centers for Medicare and Medicaid Services
DHCS	Department of Health Care Services
DHCS ITSD	Department of Health Care Services Information Technology Services Division
DMH	Department of Mental Health
DOF	Department of Finance
ECR	Error Correction Report
EOB	Explanation of Balances
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FFP	Federal Financial Participation
HIPAA	Health Information Portability and Accountability Act.
IPS	Invoice Processing System
IT	Information Technology
ITWS	Information Technology Web Services
MEFS	Medi-Cal, Epidemiology, Forecasting, and Support Unit
MEGS	Medi-Cal Eligibility Groups
MHP	Mental Health Plan
PBM	Pharmacy Benefits Manager
RAD	Remittance Advice
SCHIP	State Children's Health Insurance Program
SCO	State Controllers Office
SD/MC	Short-Doyle/Medi-Cal
SGF	State General Fund

3.0 Process Flow Legend

The following table illustrates the shapes and color coding associated with the various process flows contained within this document.

Table 2 – Process Flow Legend

Process Flow Legend	 Predefined Process	 Manual Process	 Database	 Electronic Data	 Stored Data
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Chapter II

1.0 Existing San Mateo Pharmacy and Laboratory Quarterly SGF Distribution Process Flow and Narrative

- The following Existing San Mateo Pharmacy and Laboratory Quarterly SGF Distribution process flow on page 9, illustrates the interfaces between San Mateo County, DMH, DOF and the SCO personnel. It details the complexity of the Pharmacy and Laboratory SGF distribution processes.
- The narrative provides the reader with a step by step high level explanation of the processes depicted in the following process flow. The numbered boxes on the process flow correspond to the step numbers in the narrative.

1.0 Existing San Mateo Pharmacy and Laboratory Quarterly SGF Distribution Process Flow and Narrative

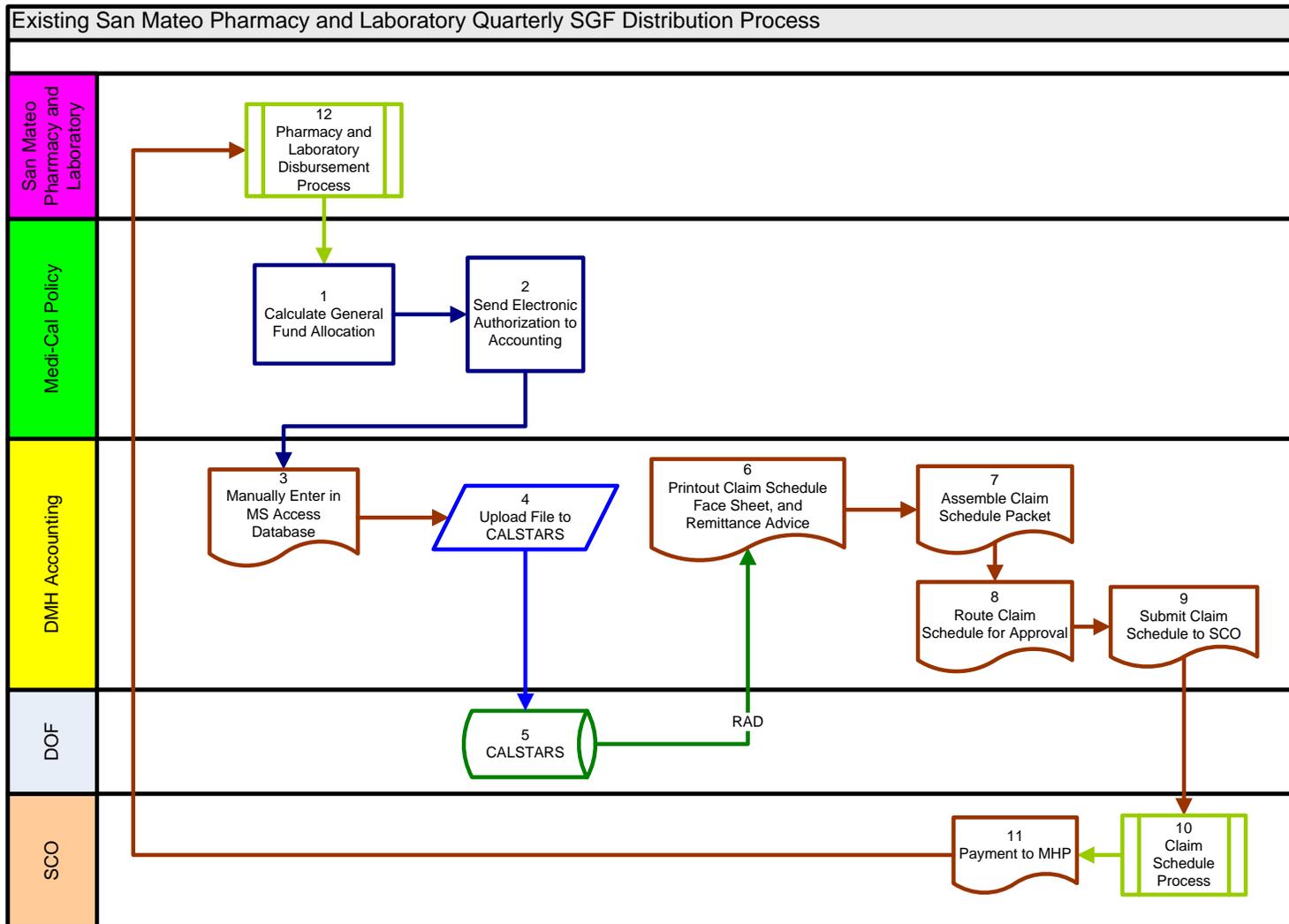


Table 3 – Existing San Mateo Pharmacy and Laboratory Quarterly SGF Distribution Narrative

Role	Step	Description
Medi-Cal Policy	1	Calculate General Fund Allocation: The Medi-Cal Policy Branch staff initiates the quarterly SGF payment due for San Mateo Pharmacy and Laboratory. Staff calculates one quarter of the total budgeted dollar amount for San Mateo Pharmacy and Laboratory and authorizes payment for the current quarter of the Fiscal Year (FY). Once the disbursement is approved by the Branch Manager, Accounting is notified to release the funds.
	2	Send Electronic Authorization to Accounting: Medi-Cal Policy sends an email to Accounting instructing them to pay San Mateo Pharmacy and Laboratory their State General Fund quarterly allocation.
DMH Accounting	3	Manually Enter Into Access Database: Accounting staff manually enters San Mateo county claim data into Microsoft Access data base.
	4	Upload File to CALSTARS: Upload the claim schedule file to CALSTARS, print out the claim schedule which will be routed for internal approval.
DOF	5	CALSTARS: CALSTARS processes the claim schedule file submitted by DMH Accounting.
DMH Accounting	6	Printout Claim Schedule Face Sheet and Remittance Advice: The DMH staff prints out the claim schedule face sheet and remittance advice from CALSTARS.
	7	Assemble Claim Schedule Packet: The Claim Schedule packets are assembled and then audited for accuracy. Any discrepancies are reconciled prior to submission for approval.
	8	Route Claim Schedule Packet for Approval: The completed claim schedules are routed for internal approval by accounting management. Once approved no further processing is completed until DHCS Invoice is submitted for payment.
	9	Submit Claim Schedule to SCO: The Accounting staff will send the claim schedule to the SCO for further processing.
SCO	10	Claim Schedule Process: The SCO receives the claim schedule from DMH Accounting and schedules payment to the county MHPs.
	11	Payment to MHP: The SCO generates a warrant and makes payment to the specified county MHP of the beneficiary of services. Claims processing and payment ends when a MHP receives payment from the SCO.
San Mateo Pharmacy and Laboratory	12	Pharmacy and Laboratory Disbursement Process: A check is received from the State Controller's Office and the Pharmacy and Laboratory disbursement process is followed.

Chapter III

1.0 Existing San Mateo Pharmacy Monthly FFP Claims Payment Process Flow and Narrative

- The following Existing San Mateo Pharmacy Monthly FFP Claims Payment process flow on page 12, illustrates the interfaces between County MHP, DMH, DHCS, DOF and the SCO personnel. It details the complexity of the San Mateo Pharmacy Monthly FFP payment processes.
- The narrative provides the reader with a step by step high level explanation of the processes depicted in the following process flow. The numbered boxes on the process flow correspond to the step numbers in the narrative.

2.0 Existing San Mateo Laboratory Monthly FFP Claims Payment Process Flow and Narrative

- The following Existing San Mateo Laboratory Monthly FFP Claims Payment process flow on page 14, illustrates the interfaces between County MHP, DMH, DHCS, DOF and the SCO personnel. It details the complexity of the San Mateo Laboratory Monthly FFP payment processes.
- The narrative provides the reader with a step by step high level explanation of the processes depicted in the following process flow. The numbered boxes on the process flow correspond to the step numbers in the narrative.

1.0 Existing San Mateo Pharmacy Monthly FFP Claims Payment Process Flow and Narrative

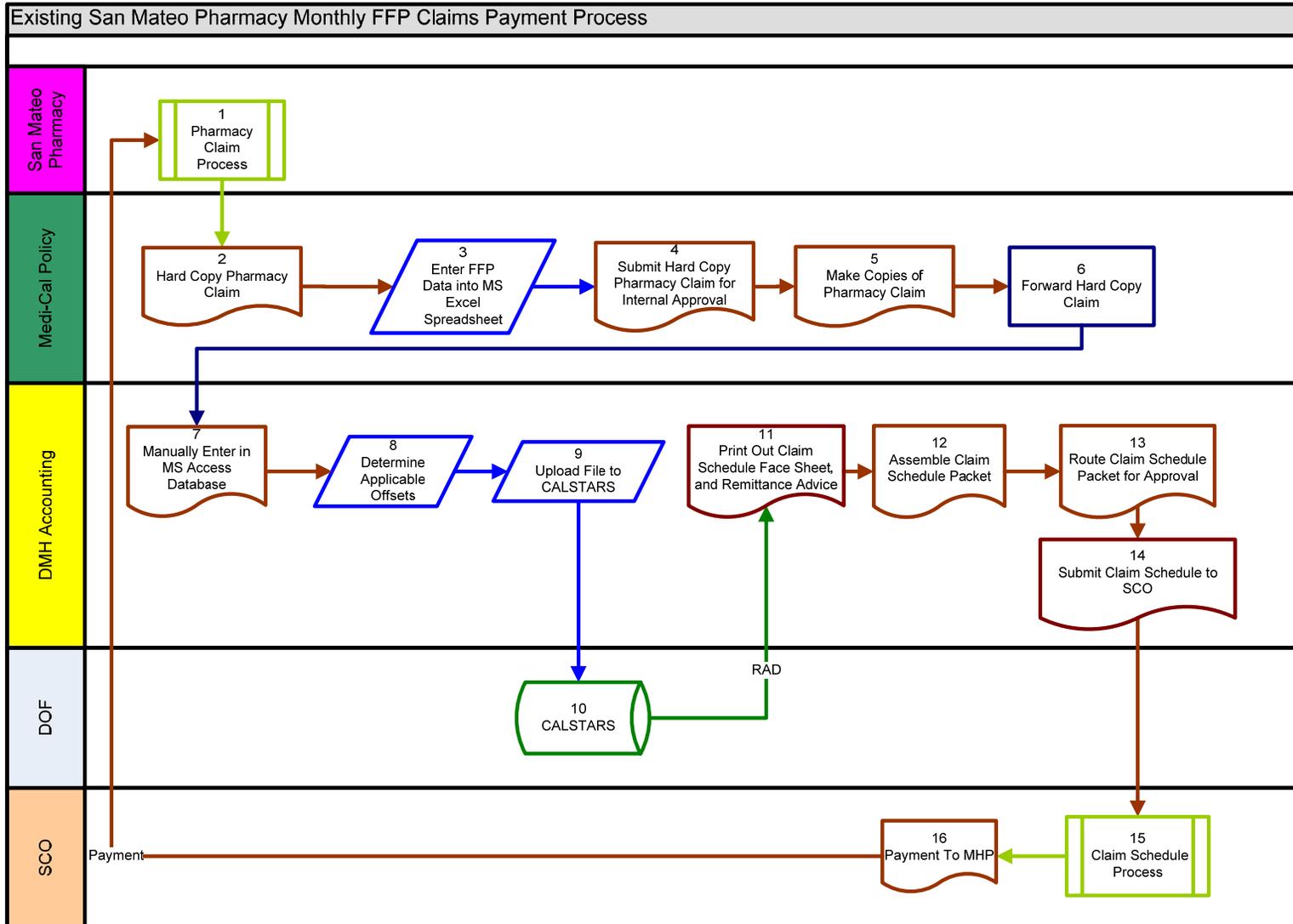


Table 4 – Existing San Mateo Pharmacy Monthly FFP Claims Payment Narrative

Role	Step	Description
San Mateo Pharmacy	1	Pharmacy Claims Process: Claims processing and payment begins when San Mateo Pharmacy submits a paper claim to the DMH Medi-Cal Policy Unit.
Medi-Cal Policy	2	Hard Copy Pharmacy Claim Received: The claim file contains a cover letter, a list of Pharmacy records billed to DHCS, a statement from the PBM indicating the month of service, total amount billed and total amount paid and the San Mateo County Pharmacy Claim for the corresponding amount submitted with a signed certification attesting to the total claim amount.
	3	Enter FFP Data Into MS Excel Spreadsheet: Enter total FFP amount into a DMH MS Excel spread sheet.
	4	Submit Hard Copy Claim for Internal Approval: The completed Pharmacy claims are routed for internal approval to Medi-Cal Policy management.
	5	Make Copies of the Pharmacy Claim: Make four copies of the original claim received from San Mateo County, the original and three copies are sent to Accounting and one is retained by Medi-Cal Policy for their records.
	6	Forward Hard Copy Claim: Medi-Cal Policy forwards the approved hard copy claim to accounting.
DMH Accounting	7	Manually Enter Into Access Database: Accounting staff manually enters the San Mateo county claims data into the MS Access data base.
	8	Determine Applicable Offsets: The DMH Accounting staff, as part of reviewing expenditures, reviews the Offset Table in a MS Access database to determine what offsets has been captured for each county MHP. Applicable offsets are applied and a file is uploaded to CALSTARS.
	9	Upload File to CALSTARS: Upload the claim schedule file to CALSTARS, print out the claim schedule which will be routed for internal approval.
DOF	10	CALSTARS: CALSTARS processes the claim schedule file submitted by DMH Accounting to produce a claim schedule and remittance advice.
DMH Accounting	11	Printout Claim Schedule Face Sheet and Remittance Advice: The DMH staff prints out the claim schedule face sheet and remittance advice from CALSTARS.
	12	Assemble Claim Schedule Packet: The Claim Schedule packets are assembled and then audited for accuracy. Any discrepancies are reconciled prior to submission for approval.
	13	Route Claim Schedule Packet for Approval: The completed claim schedules are routed for internal approval by accounting management. Once approved no further processing is completed until DHCS Invoice is submitted for payment.
	14	Submit Claim Schedule to SCO: The Accounting staff will send the claim schedule to the SCO for further processing.
SCO	15	Claim Schedule Process: The SCO receives the claim schedule from DMH Accounting and schedules payment to the county MHPs.
	16	Payment to MHP: The SCO generates a warrant and makes payment to the specified county MHP of the beneficiary of services. Claims processing and payment ends when the MHP treasurer receives a payment from the SCO.

2.0 Existing San Mateo Laboratory Monthly FFP Claims Payment Process Flow and Narrative

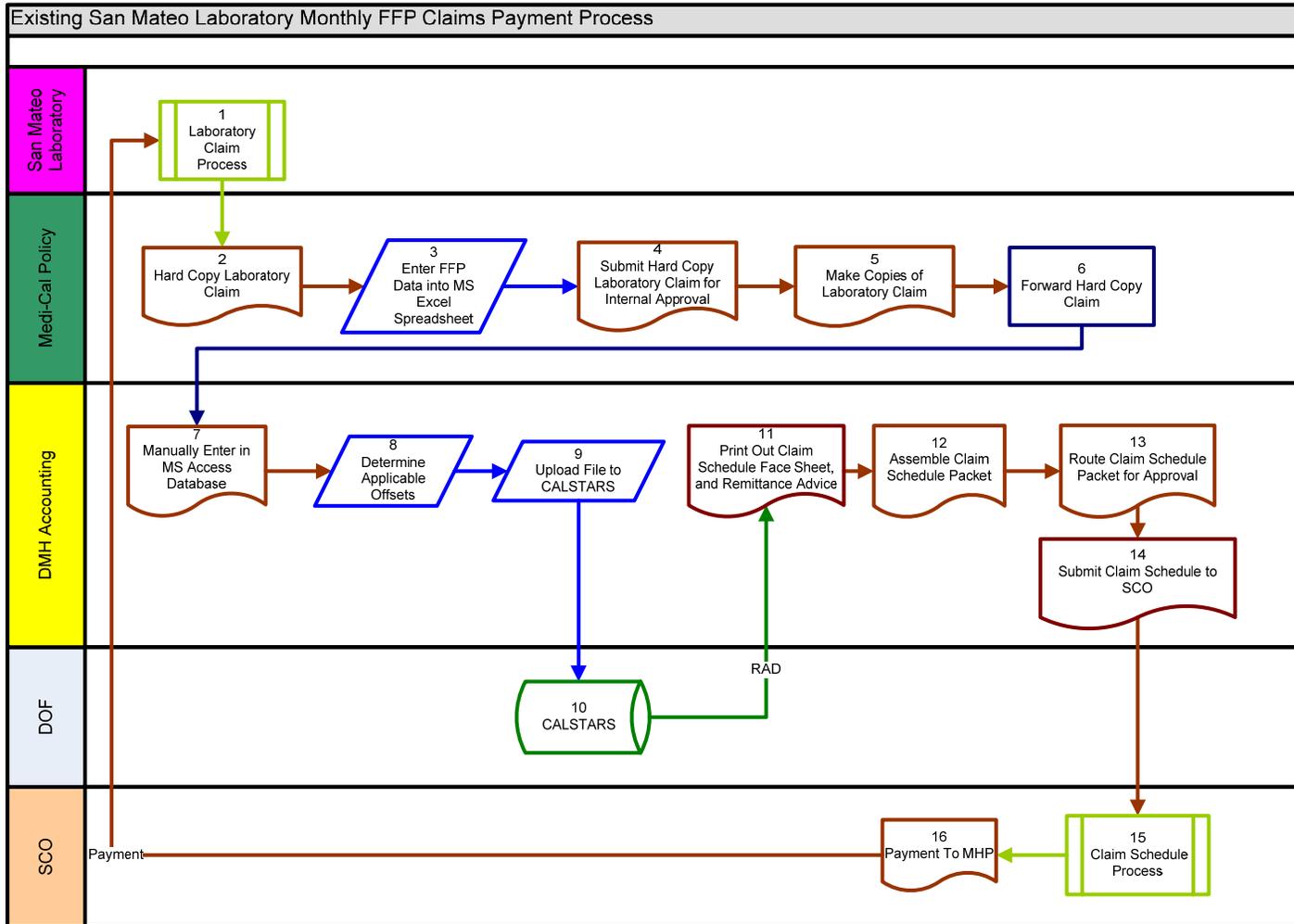


Table 5- Existing San Mateo Laboratory Monthly FFP Claims Payment Narrative

Role	Step	Description
San Mateo Laboratory	1	Laboratory Claims Process: Claims processing and payment begins when San Mateo Laboratory submits a paper claim to the DMH Medi-Cal Policy Unit.
Medi-Cal Policy	2	Hard Copy Laboratory Claim Received: The claim file contains a cover letter, a list of Laboratory records billed to DHCS, a statement from the PBM indicating the month of service, total amount billed and total amount paid and the San Mateo County Laboratory Claim for the corresponding amount submitted with a signed certification attesting to the total claim amount.
	3	Enter FFP Data Into MS Excel Spreadsheet: Enter total FFP amount into a DMH MS Excel spread sheet.
	4	Submit Hard Copy Claim for Internal Approval: The completed Laboratory claims are routed for internal approval to Medi-Cal Policy management.
	5	Make Copies of the Laboratory Claim: Make four copies of the original claim received from San Mateo County, the original and three copies are sent to Accounting and one is retained by Medi-Cal Policy for their records.
	6	Forward Hard Copy Claim: Medi-Cal Policy forwards the approved hard copy claim to accounting.
DMH Accounting	7	Manually Enter Into Access Database: Accounting staff manually enters San Mateo county claims data into the MS Access data base.
	8	Determine Applicable Offsets: The DMH Accounting staff, as part of reviewing expenditures, reviews the Offset Table in a MS Access database to determine what offsets has been captured for each county MHP. Applicable offsets are applied and a file is uploaded to CALSTARS.
	9	Upload File to CALSTARS: Upload the claim schedule file to CALSTARS, print out the claim schedule which will be routed for internal approval.
DOF	10	CALSTARS: CALSTARS processes the claim schedule file submitted by DMH Accounting to produce a claim schedule and remittance advice.
DMH Accounting	11	Printout Claim Schedule Face Sheet and Remittance Advice: The DMH staff prints out the claim schedule face sheet and remittance advice from CALSTARS.
	12	Assemble Claim Schedule Packet: The Claim Schedule packets are assembled and then audited for accuracy. Any discrepancies are reconciled prior to submission for approval.
	13	Route Claim Schedule Packet for Approval: The completed claim schedules are routed for internal approval by accounting management. Once approved no further processing is completed until DHCS Invoice is submitted for payment.
	14	Submit Claim Schedule to SCO: The Accounting staff will send the claim schedule to the SCO for further processing.
SCO	15	Claim Schedule Process: The SCO receives the claim schedule from DMH Accounting and schedules payment to the county MHPs.
	16	Payment to MHP: The SCO generates a warrant and makes payment to the specified county MHP of the beneficiary of services. Claims processing and payment ends when the MHP treasurer receives a payment from the SCO.

Chapter IV

1.0 Existing San Mateo Pharmacy and Laboratory Quarterly FFP DHCS Invoicing Process Flow and Narrative

- The following Existing San Mateo Laboratory Quarterly FFP DHCS Invoicing process flow on page 17, illustrates the interfaces between County MHP, DMH, DHCS, DOF and the SCO personnel. It details the complexity of the San Mateo Laboratory Monthly FFP payment processes.
- The narrative provides the reader with a step by step high level explanation of the processes depicted in the following process flow. The numbered boxes on the process flow correspond to the step numbers in the narrative.

1.0 Existing San Mateo Pharmacy and Laboratory Quarterly FFP DHCS Invoicing Process Flow and Narrative

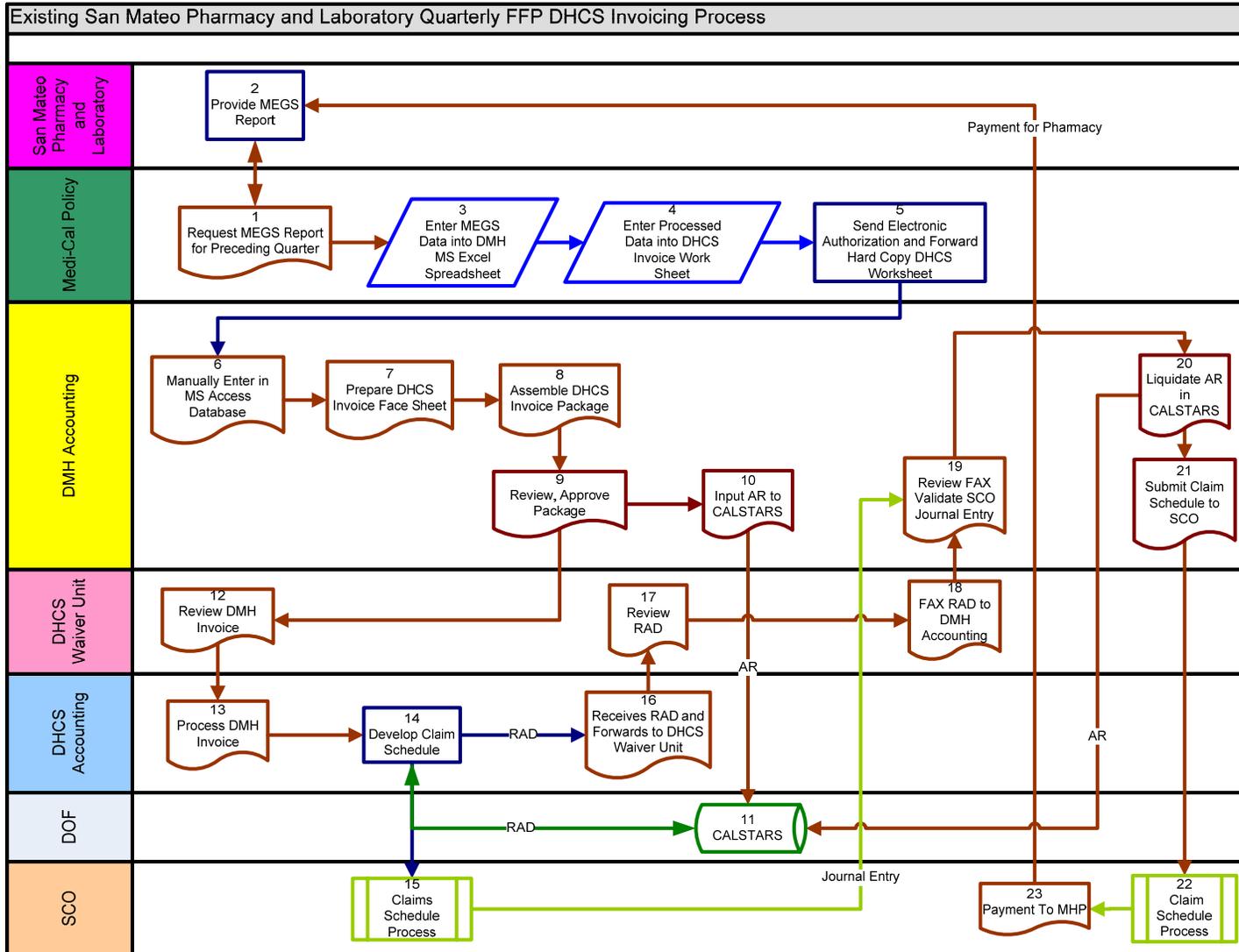


Table 6 - Existing San Mateo Pharmacy and Laboratory Quarterly FFP DHCS Invoicing Narrative

Role	Step	Description
Medi-Cal Policy	1	Request MEGS Report for Preceding Quarter: One month after the end of the quarter the Medi-Cal Policy Unit will send an e-mail request to San Mateo for a breakdown of Pharmacy and Laboratory charges by Medi-Cal Eligibility Groups (MEGS).
San Mateo Pharmacy and Laboratory	2	Provide MEGS Report: San Mateo responds to the e-mail request and provides the breakdown of Pharmacy and Laboratory charges in a MEGS report.
Medi-Cal Policy	3	Enter MEGS Data into DMH MS Excel Spreadsheet: Enter total MEGS for each month less SCHIP and Other-Other amounts into spreadsheet designed to calculate percentages. (These two categories contain aid codes that do not need to be reported on.) Then enter the amounts for Disabled, Foster Care, and Other from the MEGS report. The percentages are then applied to the "Total Pharmacy and/or Laboratory Claims" from the invoice received from San Mateo.
Medi-Cal Policy	4	Enter Processed Data into DHCS Work Sheet: These amounts are entered into a specific worksheet supplied by DHCS.
Medi-Cal Policy	5	Send Electronic Authorization and Forward Hard Copy DHCS Worksheet: Medi-Cal Policy emails accounting authorization to invoice DHCS and forwards the prepared hard copy DHCS worksheet to them.
DMH Accounting	6	Manually Enter Into Access Database: Accounting staff manually enters DHCS worksheet data into MS Access data base.
DMH Accounting	7	Prepare DHCS Invoice Face Sheet: The Accounting staff will manually prepare the DHCS invoice face sheet.
DMH Accounting	8	Assemble DHCS Invoice Package: Accounting staff assemble the invoice face sheet and all required documentation for submission to the DHCS Waiver Unit.
DMH Accounting	9	Review, Approve Package: Once assembled, the packet is then routed for review, and internal DMH approval. Once approved, the paper Invoice package is forwarded to the DHCS Waiver Unit
DMH Accounting	10	Input AR to CALSTARS: Accounting staff enter the accounts receivable data into CALSTARS for processing. This step is completed in parallel with the DHCS invoice processing.
DOF	11	CALSTARS: CALSTARS processes the accounts receivable file submitted by DMH or DHCS Accounting.
DHCS Waiver Unit	12	Review DMH Invoice: The DHCS Waiver Unit reviews, and validates the content and forwards the Invoice package to the DHCS Accounting Unit
DHCS Accounting	13	Process DMH Invoice: The DHCS Accounting Unit manually reviews and approves the DMH Invoice package.
DHCS Accounting	14	Develop Claim Schedule: Once approved, the DHCS Accounting Unit develops a claims schedule and posts the data to CALSTARS for the creation of a claims schedule face sheet and remittance advice. (STEP 16).
SCO	15	Claim Schedule Process: The DHCS Accounting unit forwards the claim schedules to the SCO for processing. The SCO will process the claim schedule and post the Journal Entry to DMH and the Remittance Advice (RAD) to DHCS Accounting.
DHCS Accounting	16	Receives RAD and Forwards to DHCS Waiver Unit: The DHCS Accounting staff receives the SCO Remittance Advice and reviews the content then forwards it to the DHCS Waiver Unit.

Role	Step	Description
DHCS Waiver Unit	17	Review RAD: The DHCS Waiver Unit receives the Remittance Advice from DHCS Accounting.
	18	FAX RAD to DMH Accounting: The DHCS Waiver Unit will FAX the Remittance Advice to the DMH Accounting Unit for further processing.
DMH Accounting	19	Review FAX and Validate SCO Journal Entry: The DMH Accounting Unit will review the invoice Faxed from the DHCS Waiver Unit and compare the information to the SCO Journal Entry prepared by the DHCS Accounting Unit. The approved claim schedules are then verified and submitted to the SCO for payment.
	20	Liquidate AR in CALSTARS: The Accounting staff will liquidate the accounts receivable in CALSTARS.(See STEP 16)
	21	Submit Claim Schedule to SCO: The Accounting staff will send the claim schedule to the SCO for further processing.
SCO	22	Claim Schedule Process: The SCO receives the claim schedule from DMH Accounting and schedules payment to the county MHPs.
	23	Payment to MHP: The SCO generates a warrant and makes payment to the specified county MHP of the beneficiary of services. Claims processing and payment ends when the MHP treasurer receives a payment from the SCO.

San Mateo County Mental Health Pharmacy and Lab Waiver Quality Indicators

Purpose: In May 2007, the California Department of Finance Office of State Audits and Evaluations (OSAE) released their report, "A Special Review: Report on the California Department of Mental Health; Review of the San Mateo Pharmacy and Laboratory Services Estimation Process."

In response, the San Mateo Pharmacy/Lab and Department of Mental Health subject matter experts collaborated on a list of key quality indicators that could be considered as part of the collective review and analysis of this unique mental health service delivery system.

San Mateo was represented by Barbara Liang, San Mateo Pharmacy Manager, and DMH was represented by Rita McCabe, DMH Chief of Medi-Cal Policy, and Enrica Bertoldo, DMH County Operations Staff Mental Health Specialist.

July 13, 2007

- A) Evidence-based practices of psychopharmacology**
- a) Maximize atypical antipsychotic monotherapy and minimize the use of concomitant atypical antipsychotics. The County was able to work with the PBM to develop an electronic usage restriction of atypical antipsychotics, and reduced concurrent use by more than 50% since implementation on 4/1/2003.
 - b) Risperdal Consta utilization review during the first year the product was on the market. Our results showed positive trends of clients on Consta with reduced PES and hospitalization stays. This is an example of how we use the data available to us to evaluate an expensive new agent as soon as it becomes available on the market, and develop or fine-tune usage guidelines to promote cost effective therapy.
 - c) Monitoring medication usage patterns while reviewing the clinical evidence led the County to restrict off-label use of Neurontin and Topamax.
 - d) Regular monitoring of duplicate benzodiazepine use to ensure client safety.
 - e) Ability to use PBM data to respond to latest FDA findings. For examples, when FDA issued the warning about children's risk of suicidal ideation on Paxil, the County was able to run a report and identify all clients under 18 yrs of age on Paxil so the proper follow-up could be conducted.

San Mateo County Mental Health Pharmacy and Lab Waiver Quality Indicators

July 13, 2007

Page 2 of 2

B) Fast problem resolution

- a) Local MH Pharmacy staff receives and responds to an average of 200 phone calls a month. These phone calls come from various sources such as the pharmacy network, MH clients, physicians, and clinic staff.
- b) The categories of calls include eligibility changes, emergency overrides for medications, prior authorization questions, insurance glitches such as Part D plans. MH pharmacy staff strives to have a fast turn around time, average of 2-4 hours, with majority resolution within 24 hours. (Can provide break down of categories and more exact response times if needed).
- c) The fast response in problem resolution reduces the number of medication discontinuation secondary to coverage glitches.

C) Available medication and lab history

- a) Pharmacy claims data is available for the prescriber to view in the MH computer system. This data integrates Medi-Cal and indigent claims data, so if the client's eligibility changes, the data is still captured in the MH system.
- b) Going forward, County will be able to incorporate the claims data from Health Plan of San Mateo on non Mental Health drugs into our system as well. This will enable the prescriber to see all the medications a client is on.
- c) Lab history is available on the website from the LabCorp.
- d) Having the medication and lab history readily available to physicians enable them to evaluate past medication trials, dosing of medications, current compliance, drug interactions.

END

July 23, 2007

Stephen W. Mayberg, Ph.D.
Director
California Department of Mental Health
1600 Ninth Street, Room 151
Sacramento, CA 95814

Dear Dr. Mayberg:

I am writing to express concern about the Department of Finance Office of State Audit and Evaluations (OSAE) report dated May 2007: *Report on the California Department of Mental Health Review of the San Mateo Pharmacy and Laboratory Services Estimation Process*. The focus of the report is the State Department of Mental Health's oversight and estimating methodology for the budget of the San Mateo Medi-Cal Pharmacy and Lab program. While we were involved in providing information to the State Department of Finance OSAE for the report, we requested but were unable to obtain a copy of the draft report and thus were unable to share our concerns prior to its publication. We are providing our comments on inaccuracies in the report that may be misunderstood and damaging to San Mateo County in hopes this information will influence your Department's response. We also are sharing this response with San Mateo County officials and our legislative delegation since the OSAE report will be the subject of an upcoming hearing.

- 1) Laboratory Services: The report (pg. 1 and 7) identifies "inflated cost projections and over billing by the laboratory services" amounting to more than \$600,000 over a five-year period. We are concerned that the Report suggests San Mateo County unfairly received more than \$600,000 due primarily to over billing. This is not true. As a result of the State Department of Finance review, San Mateo County identified and immediately notified the State Department of Mental Health in two letters addressed to you and dated April 13 and 20, 2007, about a total of \$45,893 in incorrect Medi-Cal Federal Financial Participation billing to the State Department of Mental Health between FY 00-01 and 05-06. The error in billing was the result of San Mateo's incorrectly translating encounter data provided by the laboratory services vendor to claims (from a list of individual panel results of a single laboratory panel test to multiple laboratory tests). San Mateo implemented a corrective action plan as soon as the problem was identified and will repay the State per arrangement with State DMH. The problem did not recur once San Mateo switched laboratory vendors commencing in January 06. The report suggests (p.7) that San Mateo only recently changed its laboratory vendor but this change occurred a year and a half ago after unsuccessful attempts to obtain necessary claims and encounter data from the previous vendor.

The total amount of Medi-Cal Federal Financial Participation billed for laboratory services during that period was \$284,675. The amount paid to the laboratory services vendor during this period was \$832,723 including full-scope Medi-Cal beneficiaries and also others whose services we do not bill to the State.

- 2) Pharmacy Rebates: The report (pg. 1 and 7) suggests that San Mateo County's pharmacy program has not received drug rebates on par with those received by the statewide program run by the California Department of Health Services. They have asked DMH to assess the "reasonableness" of the rebates to determine if a cost offset may be due on the federal contribution and to ensure the program meets cost effectiveness requirements. The report raises a question about the feasibility of the program as a carve-out to San Mateo County.

San Mateo is concerned that the report does not mention nor ask DMH to explore the most obvious solution for this problem, that the San Mateo pharmacy program be folded into the State Department of Health Services' existing process for rebates. There is no barrier to this solution as far as we are aware (and as portrayed by State Department of Health Services' staff) yet it wasn't mentioned in the report. Further, we know that eliminating San Mateo's mental health carve-out for pharmacy and laboratory services, causing the responsibility to revert to the Health Plan of San Mateo (HPSM--County Organized Health System), also will not solve the rebate problem because HPSM is ineligible for the rebates per the State. We know that folding the San Mateo program into the State's rebate process would involve our reporting quarterly data to the State Department of Health Services and we are prepared to do that. This solution would require us to end the small rebate program in place through our current pharmacy benefits manager, which will not pose a problem. San Mateo's pharmacy program will not be able to compete on its own with the high volume rebates available through the statewide program. We have shown that San Mateo's pharmacy program is cost effective before consideration of rebates. We provided data to OSAE showing: 1) cost per prescription in analyzed categories are lower in San Mateo than in State Medi-Cal in the years studied; 2) percentage cost increase from first to fourth quarter of 2006 in major psychotropic categories are also less in San Mateo than in State Medi-Cal. If the program were integrated with the State rebate process we believe it would be more cost effective than the State program.

- 3) Administrative Fees: The report suggests (p.8) that the administrative fees charged by the County may have been unreasonable and were not supported by formal agreement. While the specific methodology for administrative fees is not established in the current agreement between San Mateo County and the State, it is not correct that there is no formal agreement regarding administrative fees. Several sections of the agreement acknowledge the presence of administrative fees: Section J Federal Financial Participation—"nothing in this contract shall limit the Contractor from being reimbursed for appropriate federal financial participation for any covered services or utilization review and administrative costs or pharmacy and related laboratory services even if the total expenditure for

services exceeds the contract amount.” Also Exhibit B, F, Payment in Full—references State matching funds...for all...administrative costs incurred by Contractor in providing or arranging for such services....”. Also Exhibit B, O, Financial Report—references costs for administration. San Mateo County is able to provide back-up data for these costs for any period of time and was unaware the supporting documentation had not been provided to the OSAE. We believe the costs that were reported are reasonable. The methodology that was used to identify the costs for the pharmacy/lab program was based on the direct staff costs (salaries and benefits) for the program, pro-rated based on the percentage of the total program costs related to Medi-Cal beneficiaries. We have enclosed a copy of the May 2007 claim and the back-up as an example. As the report states, San Mateo administrative fees represented only 2.4 percent of the drug reimbursements reported in FY 04-05.

- 4) Share of costs/coordination of benefits: The report suggests (p.1 and 8) that beneficiary share of costs and coordination of benefits have not been accounted for or monitored. While it may be true that State DMH did not monitor the share of costs and coordination of benefits, San Mateo County did monitor these costs to insure appropriate application of State and Federal requirements. (It should also be noted that State DMH requirements regarding share of cost would reasonable be expected to apply to any Medi-Cal program.) We provided information to the OSAE about how we check share of cost for each beneficiary for the month of service before claiming to the State for services provided that month. The process in place prevents claiming any pharmacy services for a beneficiary with an unmet share of cost. We also thought we provided data regarding the coordination of benefits (third party insurance) collected by the pharmacy benefits manager prior to claiming to us for Medi-Cal reimbursable services. While this information has not been included in the regular claim file submitted to the State it is available and the claim could be modified to include that information. The sample file we provided to the OSAE for the 2 week period ending 4/5/07 contained 36 claims with primary insurance in addition to Medi-Cal. Those services received \$2,672 in insurance reimbursement collected by the pharmacy benefits manager and reported to us. We then correctly billed the balance of those services to the State for \$1001 in Federal Financial Participation.
- 5) Medicare Part D: The report states (p. 1 and p. 9) that the State incorrectly estimated the impact of the Medicare Part D program on San Mateo County’s pharmacy utilization. The suggestion is that the State should have reduced the pharmacy estimate of State General Fund by more than the 23.5 percent it reduced the estimate in FY 06-07, perhaps up to 40-50 percent. This is an easy criticism to make in hindsight. However when the program was initiated in January 2006 (FY 06-07), no one knew what to expect. Implementation of the Medicare Part D program was a debacle in most parts of the United States. California itself continued the “grandfathering” of many medications covered by Part D well past the start-up of that program in order to protect consumers who were slipping between the cracks. San Mateo invested substantially (see attached report) in

assuring continuity of care for consumers through a mental health consumer peer-led educational initiative to follow-up with nearly every client impacted by the change. These costs were not charged to the State. While it may be true that more refined actuarial methods could have predicted a larger savings, actuarial methods could not have predicted the failure of the bureaucracy to efficiently and correctly sign up our most vulnerable clients for Part D. The State and we knew FY 06-07 was a transition year and that we FY 07-08 actuals would provide a better sense of what to expect going forward. At the outset of the program, we felt it was pragmatic to plan for the worst. We will provide whatever data is necessary to establish a fair estimate going forward, but we are unwilling to revisit the earlier estimates when San Mateo assumed risk and did an exemplary job in assuring client transition to a new system.

In addition, it is important to note that to-date the State is currently more than \$12 million dollars in arrears in State General Fund payments for San Mateo's pharmacy and laboratory program through FY 06-07.

Finally, we were disappointed the OSAE did not include any of the information we provided regarding the cost or clinical effectiveness of the program beyond the issue of the Medicaid rebates. There are many outstanding features of the program that have been possible through local administration and integration with mental health services. The following outcomes would not have been achieved through the statewide program:

1) Local management of the pharmacy program results in several positive programmatic outcomes:

- Eligibility data and claims data integration of Medi-Cal and safety net population result in better continuity of care at the pharmacy level and less disruption of medication services.
- Claims data integration of both populations allows the County to track prescribing patterns, and conduct medication monitoring and utilization reviews across the entire system of care.
- High client and provider satisfaction are possible due to faster problem resolution on the local level.
- Physicians are able to have more input into the formulary and the prior authorization process. Physicians also receive feedback of their prescribing patterns from PBM reports and from quarterly MD meetings.

2) Local management allows the County to promote evidence-based practices with interaction and feedback from the physicians; therefore resulting in better compliance and physician satisfaction. Some examples of cost effective use of psychotropics include:

- Maximizing monotherapy of atypical antipsychotics and restricting concurrent use of more than one atypical antipsychotics.
- Proper dosing of atypical antipsychotics to achieve optimum efficacy.
- Limit off-label use of Neurontin, Topamax, Provigil.
- Monitoring for duplicate benzodiazepine use to ensure client safety.

We hope you will consider these points in the response to the OSAE report. We will continue to work with your staff to implement all necessary responses.

Sincerely,

Gale Bataille
Mental Health Director

c.c. Rita McCabe, State DMH
Mark Dermenjian State DOF, OSAE
Janet Rosman, State DOF, OSAE
Louise Rogers, San Mateo County MH

TERI BARTHEL
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

9/19/05

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - JULY, 2005

1	Total Pharmacy Claims		\$ 977,186.56
2	Actual Administrative Costs		27,416.51
3	Subtotal		\$ 1,004,603.07
4	Less Local H & W Trust Fund	50.00%	(502,301.54)
5	Federal Financial Participation	50.00%	\$ 502,301.54

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 19-Sep-05 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 19-Sep-05 Signature: _____
 Executed at San Mateo, California Title _____
 AURORA PANGILINAN
 Financial Services Manager I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared: 8/2/2007
 date printed: 8/2/07 12:12 PM

TERI BARTHELS
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

10/21/05

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - AUGUST, 2005

1	Total Pharmacy Claims		\$ 958,019.29
2	Actual Administrative Costs		19,954.62
3	Subtotal		\$ 977,973.91
4	Less Local H & W Trust Fund	50.00%	(488,986.96)
5	Federal Financial Participation	50.00%	\$ 488,986.96

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 21-Oct-05 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 21-Oct-05 Signature: _____
 Executed at San Mateo, California Title _____
 AURORA PANGILINAN
 Financial Services Manager I
 (County Auditor-Controller, City Finance Officer, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared: 8/2/2007
 date printed: 8/2/07 12:12 PM

TERI BARTHELS
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

11/22/05

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - SEPTEMBER, 2005

1	Total Pharmacy Claims		\$ 920,536.28
2	Actual Administrative Costs		18,929.30
3	Subtotal		\$ 939,465.58
4	Less Local H & W Trust Fund	50.00%	(469,732.79)
5	Federal Financial Participation	50.00%	\$ 469,732.79

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 21-Oct-05 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 21-Oct-05 Signature: _____
 Executed at San Mateo, California Title _____
 AURORA PANGILINAN
 Financial Services Manager I
 (County Auditor-Controller, City Finance Officer, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared: 8/2/2007
 date printed: 8/2/07 12:12 PM

TERI BARTHEL
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

12/27/05

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - OCTOBER, 2005

1	Total Pharmacy Claims		\$ 861,458.52
2	Actual Administrative Costs		19,681.29
3	Subtotal		\$ 881,139.81
4	Less Local H & W Trust Fund	50.00%	(440,569.91)
5	Federal Financial Participation	50.00%	\$ 440,569.91

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 29-Dec-05 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 29-Dec-05 Signature: _____
 Executed at San Mateo, California Title _____
 PATRICK SUTTON
 Financial Services Manager II
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared:
 date printed:

8/2/2007
 8/2/07 12:12 PM

TERI BARTHEL
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

1/26/06

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - NOVEMBER, 2005

1	Total Pharmacy Claims		\$ 906,568.04
2	Actual Administrative Costs		21,095.43
3	Subtotal		\$ 927,663.47
4	Less Local H & W Trust Fund	50.00%	(463,831.74)
5	Federal Financial Participation	50.00%	\$ 463,831.74

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 26-Jan-06 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 26-Jan-06 Signature: _____
 Executed at San Mateo, California Title _____
 PATRICK SUTTON
 Reimbursement & Finance Manager
 (County Auditor-Controller, City Finance Officer, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared: 8/2/2007
 date printed: 8/2/07 12:12 PM

TERI BARTHELS
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

2/22/06

County Code 41 Fiscal Year 2005 - 2006

SAN MATEO COUNTY PHARMACY CLAIM - DECEMBER, 2005

1	Total Pharmacy Claims		\$ 921,552.03
2	Actual Administrative Costs		29,617.47
3	Subtotal		\$ 951,169.50
4	Less Local H & W Trust Fund	50.00%	(475,584.75)
5	Federal Financial Participation	50.00%	\$ 475,584.75

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 22-Feb-06 Signature: _____
 Executed at San Mateo, California GAILE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 22-Feb-06 Signature: _____
 Executed at San Mateo, California Title _____
 PATRICK SUTTON
 Reimbursement & Finance Manager
 (County Auditor-Controller, City Finance Officer, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- 1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

/Medical Claims State/Pharmacy04-05
 date prepared: 8/2/2007
 date printed: 8/2/07 12:12 PM

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

10/17/06

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - AUGUST, 2006

1	Total Pharmacy Claims		\$ 424,357.15
2	Actual Administrative Costs		18,695.14
3	Subtotal		\$ 443,052.29
4	Less Local H & W Trust Fund	50.00%	(221,526.15)
5	Federal Financial Participation	50.00%	\$ 221,526.15

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 17-Oct-06

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
 Reimbursement & Finance Manager

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 17-Oct-06

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
 Financial Services Manager I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

11/20/06

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - SEPTEMBER, 2006

1	Total Pharmacy Claims		\$ 448,012.45
2	Actual Administrative Costs		18,401.51
3	Subtotal		\$ 466,413.96
4	Less Local H & W Trust Fund	50.00%	(233,206.98)
5	Federal Financial Participation	50.00%	\$ 233,206.98

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 20-Nov-06

Signature: _____

Executed at San Mateo, California

GALE BATAILLE
 DIRECTOR, MENTAL HEALTH SERVICES

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 20-Nov-06

Signature: _____

Executed at San Mateo, California

Title _____

PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

12/21/06

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - OCTOBER, 2006

1	Total Pharmacy Claims	\$ 430,045.72
2	Actual Administrative Costs	16,022.56
3	Subtotal	\$ 446,068.28
4	Less Local H & W Trust Fund 50.00%	(223,034.14)
5	Federal Financial Participation 50.00%	\$ 223,034.14

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 21-Dec-06 Signature: _____
 Executed at San Mateo, California PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 21-Dec-06 Signature: _____
 Executed at San Mateo, California Title _____
 TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

- Approved County Claim for Reimbursement Per Report
 dated: _____; Run Date _____ \$ _____
- Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

1/24/07

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - NOVEMBER, 2006

1	Total Pharmacy Claims	\$ 420,744.69
2	Actual Administrative Costs	16,642.02
3	Subtotal	\$ 437,386.71
4	Less Local H & W Trust Fund 50.00%	(218,693.36)
5	Federal Financial Participation 50.00%	\$ 218,693.36

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 24-Jan-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 24-Jan-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
FINANCIAL SERVICES MANAGER I
(County Auditor-Controller, City Finance Office, or Local
Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report dated: _____; Run Date _____ \$ _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

2/22/07

County Code 41 Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - NOVEMBER, 2006

1	Total Pharmacy Claims		\$ 436,759.08
2	Actual Administrative Costs		27,028.81
3	Subtotal		\$ 463,787.89
4	Less Local H & W Trust Fund	50.00%	(231,893.95)
5	Federal Financial Participation	50.00%	\$ 231,893.95

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 22-Feb-07 Signature: _____
 Executed at San Mateo, California PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 22-Feb-07 Signature: _____
 Executed at San Mateo, California Title _____
 TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____
- 2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

3/20/07

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - JANUARY, 2007

1	Total Pharmacy Claims		\$ 415,857.20
2	Actual Administrative Costs		18,524.11
3	Subtotal		\$ 434,381.31
4	Less Local H & W Trust Fund	50.00%	(217,190.66)
5	Federal Financial Participation	50.00%	\$ 217,190.66

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH). The beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary. Medical necessity was established for the beneficiary as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with DMH. For each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Date 20-Mar-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 20-Mar-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____

Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

4/10/07

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - FEBRUARY, 2007

1	Total Pharmacy Claims		\$ 425,722.18
2	Actual Administrative Costs		18,584.60
3	Subtotal		\$ 444,306.78
4	Less Local H & W Trust Fund	50.00%	(222,153.39)
5	Federal Financial Participation	50.00%	\$ 222,153.39

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 25-May-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 25-May-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

5/25/07

County Code 41 Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - MARCH, 2007

1	Total Pharmacy Claims		\$ 470,866.70
2	Actual Administrative Costs		18,807.27
3	Subtotal		\$ 489,673.97
4	Less Local H & W Trust Fund	50.00%	(244,836.99)
5	Federal Financial Participation	50.00%	\$ 244,836.99

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 25-May-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 25-May-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
 Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

6/19/07

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - APRIL, 2007

1	Total Pharmacy Claims		\$ 446,527.38
2	Actual Administrative Costs		19,166.15
3	Subtotal		\$ 465,693.53
4	Less Local H & W Trust Fund	50.00%	(232,846.77)
5	Federal Financial Participation	50.00%	\$ 232,846.77

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 19-Jun-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
 FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 19-Jun-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
 FINANCIAL SERVICES MANAGER I
 (County Auditor-Controller, City Finance Office, or Local
 Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report \$ _____
 dated: _____; Run Date _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____

Accounting Office

Schedule NO. _____

RITA McCABE
 Department of Mental Health
 1600 9th Street, Suite 100
 Sacramento, Ca 95814

7/20/07

County Code 41

Fiscal Year 2006 - 2007

SAN MATEO COUNTY PHARMACY CLAIM - MAY, 2007

1	Total Pharmacy Claims	\$ 453,558.39
2	Actual Administrative Costs	19,259.51
3	Subtotal	\$ 472,817.90
4	Less Local H & W Trust Fund 50.00%	(236,408.95)
5	Federal Financial Participation 50.00%	\$ 236,408.95

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code, that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code, and that to the best of my knowledge and belief this claim is in all respects true correct, and in accordance with law. The County agrees and shall certify under penalty of perjury that all claims for services provided to county mental health clients have been provided to the clients by the County. The services were, to the best of the County's knowledge, provided in accordance with the client's written treatment plan. The county shall also certify that all information submitted to the Department is accurate and complete. The county understands that payment of these claims will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The County agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services, the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; US Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representative. Amounts claimed herein for the Healthy Families program are only for children between the ages of one (10 year old to nineteenth (19th) birthday who were assessed or treated for a serious emotional disturbance (SED). The County also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age or physical or mental disability.

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Date 20-Jul-07

Signature: _____

Executed at San Mateo, California

PATRICK SUTTON
FINANCIAL SERVICES MANAGER II

I CERTIFY under penalty of perjury that I am duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I further certify that claimant will provide the State's share of payment for Short-Doyle/Medi-Cal covered services included in this claim in order to satisfy matching requirements for federal financial participation pursuant to Title XIX of the Social Security Act.

Date 20-Jul-07

Signature: _____

Executed at San Mateo, California

Title _____

TESS TIONG
FINANCIAL SERVICES MANAGER I
(County Auditor-Controller, City Finance Office, or Local
Mental Health Accounting Officer)

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. Approved County Claim for Reimbursement Per Report dated: _____; Run Date _____ \$ _____

2 Federal Financial Participation (51.55% of Approved Amount) \$ _____

Signature: _____ Date: _____
Accounting Office

Schedule NO. _____

PHARMACY CLAIMS FOR JULY 2006

Date Prepared: 8/2/2007
 Prepared By: Delia Galay

<u>Staff:</u>		7/1/2006	7/15/2006	7/29/2006	Jul-06
Salaries					
Barbara Liang	100%	4,971.20	4,971.20	4,971.20	14,913.60
Theresa Laden	100%	2,044.00	2,044.00	2,044.00	6,132.00
Sales, Xavier Mae	100%	1,278.72	1,278.72	1,278.72	3,836.16
Total Salaries		8,293.92	8,293.92	8,293.92	24,881.76
Benefits					
Barbara Liang		2,169.87	2,330.43	2,330.45	6,830.75
Theresa Laden		968.46	1,027.33	1,027.32	3,023.11
Sales, Xavier Mae		527.15	780.32	1,235.44	2,542.91
Total Benefits		3,665.48	4,138.08	4,593.21	12,396.77
TOTAL SALARIES & BENEFITS		11,959.40	12,432.00	12,887.13	37,278.53

Medi-Cal %		
Total paid Medi-Cal - per Barbara Liang's report		\$ 437,978.54
Total paid Indigent		141,869.42
Grand Total		<u>\$ 579,847.96</u>
Medi-Cal %	\$437,978.54 / \$579,847.96	= 75.53%

Admin Cost: 37278.53 X 75.53% = \$ 28,156.47

Pharmacy Claims:		
Amount Paid for the Month (per MIS)		413,985.97
Add Med-Impact admin	5588.06 X 75.53%	4,220.66
Sub-total		<u>418,206.63</u>
Less: Rebates if Medi-Cal		88,978.62
Total Pharmacy Claims		<u><u>329,228.01</u></u>

FFP rates	50.00%
Local H & W	50.00%
Total	<u>100.00%</u>

PHARMACY CLAIMS FOR AUGUST 2006

Date Prepared: 8/2/2007
 Prepared By: Delia Galay

Staff:

		8/12/2006	8/26/2006	Aug-06
Salaries				
Barbara Liang	100%	4,971.20	4,971.20	9,942.40
Theresa Laden	100%	2,044.00	2,044.00	4,088.00
Sales, Xavier Mae	100%	1,278.72	1,278.72	2,557.44
Total Salaries		8,293.92	8,293.92	16,587.84
Benefits				
Barbara Liang		2,330.44	2,330.45	4,660.89
Theresa Laden		1,027.31	1,027.33	2,054.64
Sales, Xavier Mae		1,235.43	893.55	2,128.98
Total Benefits		4,593.18	4,251.33	8,844.51
TOTAL SALARIES & BENEFITS AUG 06		12,887.10	12,545.25	25,432.35
Less: Over billing on S&B JUL 06				(865.53)
NET SALARIES & BENEFITS				24,566.82

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			449,894.86
Total paid Indigent			141,300.82
Grand Total			591,195.68
Medi-Cal %	449,894.86/591,195.68	=	76.10%

Admin Cost: 24,566.82 X 76.10% = \$ 18,695.14

Pharmacy Claims:

Amount Paid for the Month (per MIS)		420,412.12
Add Med-Impact admin	5,380.52*76.10%	4,094.53
Sub-total		424,506.65
Less: Rebates if Medi-Cal		149.50
Total Pharmacy Claims		424,357.15

FFP rates	50.00%
Local H & W	50.00%
Total	100.00%

PHARMACY CLAIMS FOR SEPTEMBER 2006

Date Prepared: 8/2/2007
 Prepared By: Delia Galay

Staff:

		9/9/2006	9/23/2006	Sep-06
Salaries				
Barbara Liang	100%	4,971.20	4,971.20	9,942.40
Theresa Laden	100%	2,044.00	2,044.00	4,088.00
Sales, Xavier Mae	100%	1,278.72	1,166.83	2,445.55
Total Salaries		8,293.92	8,182.03	16,475.95
Benefits				
Barbara Liang		2,330.44	2,075.52	4,405.96
Theresa Laden		1,027.32	1,027.31	2,054.63
Sales, Xavier Mae		894.27	865.89	1,760.16
Total Benefits		4,252.03	3,968.72	8,220.75
TOT SALARIES & BENEFITS SEP 06		12,545.95	12,150.75	24,696.70

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			442,992.72
Total paid Indigent			151,571.74
Grand Total			594,564.46
Medi-Cal %	442,992.72/594,564.46	=	74.51%

Admin Cost: 24,696.70 x 74.51% = \$ 18,401.51

Pharmacy Claims:

Amount Paid for the Month (per MIS)		442,367.94
Add Med-Impact admin	7,575.51*74.51%	5,644.51
Sub-total		448,012.45
Less: Rebates if Medi-Cal		-
Total Pharmacy Claims		448,012.45

FFP rates	50.00%
Local H & W	50.00%
Total	100.00%

PHARMACY CLAIMS FOR OCTOBER 2006

Date Prepared: 8/2/2007
 Prepared By: Delia Galay

Staff:

		10/7/2006	10/21/2006	Oct-06
Salaries				
Barbara Liang	100%	4,971.20	4,971.20	9,942.40
Theresa Laden	100%	2,044.00	2,044.00	4,088.00
Sales, Xavier Mae	100%	113.49	-	113.49
Total Salaries		7,128.69	7,015.20	14,143.89
Benefits				
Barbara Liang		2,049.80	2,049.79	4,099.59
Theresa Laden		1,027.32	1,027.33	2,054.65
Sales, Xavier Mae		567.23	539.23	1,106.46
Total Benefits		3,644.35	3,616.35	7,260.70
TOT SALARIES & BENEFITS SEP 06		10,773.04	10,631.55	21,404.59

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			442,802.68
Total paid Indigent			148,738.93
Grand Total			591,541.61
Medi-Cal %	442,802.68/591541.61	=	74.86%

Admin Cost: 21,404.59 X 74.86% = \$ 16,022.56

Pharmacy Claims:

Amount Paid for the Month (per MIS)		425,852.12
Add Med-Impact admin	5601.92*.7486	4,193.60
Sub-total		430,045.72
Less: Rebates if Medi-Cal		-
Total Pharmacy Claims		430,045.72

FFP rates	50.00%
Local H & W	50.00%
Total	100.00%

PHARMACY CLAIMS FOR NOVEMBER 2006

Date Prepared: 8/2/2007
 Prepared By: Delia Galay

Staff:

		11/4/2006	11/18/2006	Nov-06
Salaries				
Barbara Liang	100%	4,971.20	4,971.20	9,942.40
Theresa Laden	100%	2,044.00	2,044.00	4,088.00
Sales, Xavier Mae	100%	11.19	895.10	906.29
Total Salaries		7,026.39	7,910.30	14,936.69
Benefits				
Barbara Liang		2,049.80	2,049.79	4,099.59
Theresa Laden		1,027.31	1,027.32	2,054.63
Sales, Xavier Mae		542.29	791.00	1,333.29
Total Benefits		3,619.40	3,868.11	7,487.51
TOT SALARIES & BENEFITS SEP 06		10,645.79	11,778.41	22,424.20

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			455,790.40
Total paid Indigent			158,361.90
Grand Total			614,152.30
Medi-Cal %	$455,790.40/614,152.30$	=	74.21%

Admin Cost: 22,424.2*0.7421 = \$ 16,642.02

Pharmacy Claims:

Amount Paid for the Month (per MIS)		425,119.84	rita's
Add Med-Impact admin	6,005.52*.7421	4,456.70	
Sub-total		429,576.54	
Less: Rebates if Medi-Cal		8,831.85	
Total Pharmacy Claims		420,744.69	

FFP rates	50.00%
Local H & W	50.00%
Total	100.00%

PHARMACY CLAIMS FOR JANUARY 2007

Date Prepared: 8/2/2007
 Prepared By: Jun Flores

Staff:

		1/13/2006	1/27/2005	Total
Salaries				
Barbara Liang	100%	5,120.00	5,120.00	7,659,520.00
Theresa Laden	100%	2,105.60	2,105.60	3,149,977.60
Sales, Xavier Mae	100%	1,160.37	1,337.60	1,868,481.56
<hr/>				
Total Salaries		8,385.97	8,563.20	16,949.17
Benefits				
Barbara Liang		2,383.77	2,383.76	3,565,577.77
Theresa Laden		1,051.06	1,051.08	1,572,388.49
Sales, Xavier Mae		866.95	917.68	1,334,826.67
<hr/>				
Total Benefits		4,301.78	4,352.52	8,654.30
<hr/>				
TOT SALARIES & BENEFITS JAN 07		12,687.75	12,915.72	25,603.47

Medi-Cal %				
Total paid Medi-Cal - per Barbara Liang's report				469,486.06
Total paid Indigent				179,443.83
Grand Total				648,929.89
<hr/>				
Medi-Cal %	=469,486.06 / 648,929.89	=	72.35%	formula

Admin Cost: 25,603.47 * 72.35% = \$ 18,524.11 formula

Pharmacy Claims:				
Amount Paid for the Month (per MIS)				461,924.87
Add Med-Impact admin	=5637.72*72.35%			4,078.89
Sub-total				466,003.76
Less: Rebates if Medi-Cal				50,146.56
Total Pharmacy Claims				415,857.20

FFP rates	50.00%
Local H & W	50.00%
Total	100.00%

PHARMACY CLAIMS FOR JANUARY 2007

Date Prepared: 8/2/2007
 Prepared By: Jun Flores

Staff:

		1/13/2006	1/27/2005	Total
Salaries				
Barbara Liang	100%	5,120.00	5,120.00	7,659,520.00
Theresa Laden	100%	2,105.60	2,105.60	3,149,977.60
Sales, Xavier Mae	100%	1,160.37	1,337.60	1,868,481.56
<hr/>				
Total Salaries		8,385.97	8,563.20	16,949.17
Benefits				
Barbara Liang		2,383.77	2,383.76	3,565,577.77
Theresa Laden		1,051.06	1,051.08	1,572,388.49
Sales, Xavier Mae		866.95	917.68	1,334,826.67
<hr/>				
Total Benefits		4,301.78	4,352.52	8,654.30
<hr/>				
TOT SALARIES & BENEFITS JAN 07		12,687.75	12,915.72	25,603.47

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			469,486.06
Total paid Indigent			179,443.83
Grand Total			648,929.89
Medi-Cal %	=469,486.06 / 648,929.89	=	72.35%

formula

Admin Cost: 25,603.47 * 72.35% = \$ 18,524.11

formula

Pharmacy Claims:			
Amount Paid for the Month (per MIS)			461,924.87
Add Med-Impact admin	=5637.72*72.35%		4,078.89
Sub-total			466,003.76
Less: Rebates if Medi-Cal			50,146.56
Total Pharmacy Claims			415,857.20

formula

FFP rates			50.00%
Local H & W			50.00%
Total			100.00%

PHARMACY CLAIMS FOR May 2007

Date Prepared: 8/2/2007
 Prepared By: Jun Flores

Staff:

		5/5/2007	5/19/2007	Total
Salaries				
Barbara Liang	100%	5,120.00	5,120.00	10,240.00
Theresa Laden	100%	2,105.60	2,105.60	4,211.20
Sales, Xavier Mae	100%	990.08	1,414.40	2,404.48
Total Salaries		8,215.68	8,640.00	16,855.68
Benefits				-
Barbara Liang		2,383.76	2,383.77	4,767.53
Theresa Laden		1,051.67	1,051.69	2,103.36
Sales, Xavier Mae		818.80	940.29	1,759.09
Total Benefits		4,254.23	4,375.75	8,629.98
TOT SALARIES & BENEFITS MAY 2007		12,469.91	13,015.75	25,485.66

Medi-Cal %			
Total paid Medi-Cal - per Barbara Liang's report			465,716.73
Total paid Indigent			150,563.48
Grand Total			616,280.21
Medi-Cal %	=465,716.73 / 616,280.21	=	75.57%

formula

Admin Cost: =25,485.66 * 75.57% = **\$ 19,259.51**

formula

Pharmacy Claims:

Amount Paid for the Month (per MIS)			451,985.88
Add Med-Impact admin	=5,609.62*75.57%	=	4,239.19
Sub-total			456,225.07
Less: Rebates if Medi-Cal			2,666.68
Total Pharmacy Claims			453,558.39

formula

FFP rates			50.00%
Local H & W			50.00%
Total			100.00%

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County of San Mateo
Mental Health and Vocational Rehabilitation Services

Medicare Part D Outreach Project

Final Report

*Prepared by,
Joe Hennen, M.A.
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Medicare Part D Outreach Project

Final Report (6-30-06)

*Prepared by,
Joe Hennen, M.A.
Vocational Rehabilitation Services
550 Quarry Road
San Carlos, CA 94070*

On January 1, 2006 Medicare rolled out its new prescription drug coverage, more commonly known as Part D. This change in benefits, touted as the most important new benefit in Medicare in 40 years, was anticipated with much worry and concern. Leading up to the start of the initial open enrollment period (November 15, 2005) news reports and advocates repeatedly emphasized how confusing and complex choosing a Part D plan would be for the average Medicare Beneficiary.

To prepare for the Medicare Part D rollout, San Mateo County Mental Health decided to develop a strategy to help consumers of mental health services deal with this new Medicare coverage. In mid September 2005 County Mental Health asked VRS to collaborate on a Part D Outreach project. Over several meetings Mental Health and VRS agreed on a basic outreach strategy and funding. The primary focus of the Outreach plan was to help all Medicare beneficiaries get into a Part D plan and to minimize the problems that Medicare/Medi-Cal beneficiaries encountered getting their medication after January 1, 2006. (Individuals with both Medicare and Medi-Cal faced having their prescription drug coverage switch from Medi-Cal to Medicare on January 1st and no one knew how this would go.) MH needs to be commended for its forward thinking and proactive planning.

The basic outreach strategy included:

- Scheduling and conducting Medicare Part D informational meetings for the county MH community. The mission here was to begin to educate Medicare beneficiaries, family members and staff about Part D and to introduce our outreach services.
- Hiring and training a group of eight Outreach Workers with consumer experience.
- Connecting with consumers of MH services throughout the county to offer individual assistance in understanding one's options around Medicare Part D.

The project involved many challenges the most obvious being the limited amount of time we had to get up and running. We started this project in the first week of October and the initial enrollment period began on November 15, 2005. Other challenges included setting up informational meeting throughout the county; quickly hiring and training a group of individuals with MH consumer experience; getting our outreach team, once trained, out stationed in each MH clinic; and finally reaching consumers. Given the complexity and confusing nature of the Medicare Part D information we also need to have a quality control system in place to ensure that the information we were providing was accurate.

We also needed to track who we helped and how we helped them and to establish partnerships with other community resources like HICAP.

In early October MH established a Part D steering committee to plan, tweak and follow our outreach efforts. Around the same time HICAP began a monthly Part D community workgroup which VRS and MH also participated in.

I. Part D Community Information Meetings:

A primary mission in implementing our Outreach Services was to educate the mental health community, more specifically Medicare beneficiaries, about the new Medicare prescription drug coverage. To achieve this objective numerous Part D information meetings were scheduled and conducted throughout the county. This process involved:

- ◆ Scheduling meeting times, locations and snacks which the VRS Catering Connection prepared.
 - VRS took the lead in setting up these meetings
 - We held our first meeting at NCMHC on October 28, 2006 and it was well attended
- ◆ Marketing the meetings
 - MH sent flyers (exhibit #1) to every consumer in their system that was identified as a Medicare beneficiary. VRS drafted the flyer which was finalized by MH and also translated into Spanish.
- ◆ Developing a presentation
 - VRS developed a short power point slide show to explain as simply as possible Medicare Part D and the process of choosing a plan.
 - All meeting attendees received a handout of the slide show (exhibit #2) which was also available in Spanish.
- ◆ Introducing our Outreach services and identifying other community resources
 - Several VRS Medicare Part D Outreach Workers attended each meeting. They helped with room set up, welcomed attendees, talked individually with folks after the formal presentation and began to schedule individual appointments.
 - Other community partners were invited to the meetings. Both HICAP and the Health Plan of San Mateo's new Care Advantage program sent staff to most of these meeting. HICAP and the Care Advantage navigators would prove to be a valuable resource as we began providing individual services.
- ◆ A Spanish translator was scheduled to attend all the larger meetings

A total of 17 Medicare Part D community information meetings were conducted throughout the county. As noted above our first meeting was held on October 28th at NCMHC and 7 meetings occurred before the November 15th start of the initial enrollment period. Four of the meetings were for staff, including both county MH staff and community based organizations staff. Meetings were generally well attended and I was very impressed by the interest of the consumer audience in understanding the new

Medicare Part D benefits. Everyone who attended was asked to sign in and each person later received a follow-up call to schedule an individual consultation. A complete list of all the meetings and the date on which it was held is attached below.

**List of Medicare Part D
Community Information Meetings:**

North County Mental Health Center This was our first meeting	October 28, 2005
37 th Ave Saturday meeting	October 28, 2005
South County Mental Health Center	November 2, 2005
EPA Counseling Center This was an evening meeting (5:30-7:00)	November 3, 2005
Coastside Senior Center	November 4, 2005
Central County Mental Health Center	November 7, 2005
EPA Counseling Center (afternoon)	November 10, 2005
*** November 15, 2005 – initial enrollment period began	
NAMI Family meeting (evening)	November 28, 2005
Cordilleras Suites	December 6, 2005
MH all staff meeting (Foster City)	December 15, 2005
Senior MH staff meeting	December 19, 2005
Cordilleras locked units	December 29, 2005
Caminar's CM staff meeting	January 3, 2006
Senior MH staff meeting (Showed staff how to research plans on Medicare.gov)	January 9, 2006
MHA -Spring Street	February 2, 2006
Wally' Place	February 23, 2006
Caminar's Reach staff meeting	February 28, 2006

II. Developing and managing a Medicare Part D Outreach team:

The process of enrolling in Medicare Part D could be both confusing and difficult to navigate. In San Mateo County Medicare offered beneficiaries 48 stand alone Prescription Drug Plans (PDPs), 4 Advantage plans which provide more comprehensive healthcare coverage like Kaiser's Senior Advantage plan and a special needs Advantage plan for beneficiaries who had both Medicare A&B and Medi-Cal (HPSM's Care Advantage). Each plan was allowed within an established standard to offer its own formulary and cost sharing structure including monthly premiums, deductibles, coverage gaps and co-pays. Individuals with limited income and resources could also apply for extra help with Part D plan costs by submitting a separate application to the Social Security Administration. Computer and internet skills were necessary to utilize most of the tools Medicare offered to help beneficiaries choose a plan.

VRS developed a plan to hire and train 8 individuals with MH consumer experience as Medicare Part D Outreach Workers. The primary duties of the Outreach team were to connect with MH consumers, provide education around Part D and to assist individuals with understanding their Part D choices and the enrollment process. Each worker was approved to work up to 20 hours a week and was paid \$9/hour. The process involved:

- ◆ Drafting a job description (exhibit #3) and marketing the positions
 - Marketing the positions was key to getting good candidates and it needed to occur quickly. VRS's connections to the MH community, job seekers and students at the college made this process easier
 - The job description flyers went out during the first week of October.
- ◆ Scheduling and conducting interviews
 - Interviews were conducted from October 5 - 13.
 - Ten individuals applied and were interviewed. Ultimately we decided to hire all 10 expecting some attrition. During the course of the project only one person resigned.
 - Team composition included the capacity to cover all the geographical areas of the county, 2 Spanish speaking staff, and 1 staff with some Chinese speaking ability. Eight had some Peer Counseling training and/or experience including 1 new PC student from CSM.
 - All workers went through county finger print clearance
- ◆ Initial Training
 - Everyone received the county's HIPPA training
 - A training manual and tools to assist workers in providing individual Part D consultations were developed including a ***Client Contact Form***.
 - 20 hours of initial Part D Outreach training were scheduled and conducted from October 12 – 25, 2005. Rob Fucilla from the HPSM's new Care Advantage was a guest presenter at one of our trainings.
- ◆ Ongoing training and supervision
 - Weekly staff meetings allowed for ongoing training, sharing of new information and supervision. Included in the trainings were some hands on work with the Medicare on-line Part D search tools.

- Once we started meeting clients in the field the supervisor regularly visited each Outreach site to provide modeling, ongoing training support and individual supervision. Outreach workers were encouraged to consult with the Supervisor whenever they needed to.
- Real case scenarios were regularly used to discuss consultation strategies
- Each significant contact with a client required the Outreach Worker to complete a Client Contact Form which was reviewed on a weekly basis by the project supervisor. This process helped identify training needs and a quality control of our services.
- ◆ Setting up services in each clinic
 - We scheduled time in each clinic on days when office space was available
 - MH got each Outreach worker computer access in the clinics so we could use the internet
 - All customer phone calls went through one number (802-3366) monitored at VRS
- ◆ Supports and accommodations
 - Job Coaching support was available and utilized by all Outreach Workers
 - Flexibility of scheduling to allow workers to keep treatment appointments and attend support groups
 - Patience

III. Reaching Consumers:

At the start of this project Mental Health identified approximately 3,000 individuals who were receiving services and had Medicare. Many also have Medi-Cal known as Medi-Medi or dual eligible. These individuals were to be either passively enrolled in the new Care Advantage plan or auto-enrolled by Medicare in a stand alone PDP. In order to reach as many of these folks as we could, we utilized a variety of approaches:

- ◆ In mid October 2005 MH sent flyers to approximately 3,000 individuals advertising our Part D community information meetings. (see exhibit #2) In all 5 separate mailings were conducted to encourage individuals to call our Outreach team.
- ◆ As noted above 17 informational meetings were held throughout the county. Everyone who attended one of our meetings and signed in received a follow-up call offering individual assistance.
- ◆ MH provided the VRS Outreach team with various call lists. Each list was broken down into regions and the Outreach Workers in each region tried to connect with everyone on their list. Many of the phone numbers on these lists were no longer in service.

- ◆ In January and February several Outreach workers visited local Friendship Centers and the Heart and Soul social centers to get a sense of how the Part D rollout was affecting consumers.
- ◆ We placed an ad in the NAMI newsletter with our Outreach phone number.
- ◆ The Outreach team worked with each clinics staff to connect with folks we could not reach by phone.

IV. Tracking services and quality control

Tracking who we saw and the services we provided was an important component of this project. MH wanted information on which Part D plan an individual enrolled in for their records and billing purposes. Ensuring the quality of our services was equally important give the complex and confusing nature of the Part D information and process. We wanted to make sure the information our newly trained Outreach workers were providing clients was accurate and complete. To achieve these objectives we:

- ◆ Developed a *Client Contact* form that was completed whenever an Outreach Worker had a significant phone contact or individual meeting with a client. This form was designed to lead the Outreach worker through the various steps involved in choosing and enrolling in a Part D plan.
- ◆ All *Client Contact* forms were faxed to VRS from the MH Centers at the end of each shift. Each form was then reviewed by the Part D Outreach Supervisor for quality and to ensure that we had not missed anything like filing the extra-help applications. When incomplete work was identified the Outreach worker would re-contact the client to discuss the additional information.
- ◆ Outreach Workers generally worked in pairs and were encouraged to regularly consult with each other about services. Whenever we researched a client's Part D plan options using the Medicare.gov website, we usually had two workers do the research independently and compared results for accuracy before giving the client the printed research.
- ◆ A simple Excel spreadsheet was developed to track all contacts and services provided. Each completed Client Contact form was entered into this spreadsheet along with the actual services provided.

V. Services and outcomes:

In setting up our tracking system we broke the services down into the following 7 categories:

- ◆ **Education and support:** Almost everyone we connected with received some education and support around Medicare Part D. Many dual eligible (Medi-Medi) individuals that were passively enrolled in either Care Advantage or a PDP came to us to better understand what was happening and how it would personally affect them.

- ◆ **Research:** This service included helping folks figure out what insurance they had and researching their options using the Medicare.gov Part D search tool.
- ◆ **Assistance filing for extra-help with Part D costs:** This service primarily involved helping individuals complete and submit the SSA - Low Income Subsidy (LIS) application either on-line or by mailing in a paper application. During this process we often referred individuals to Medi-Cal, suggested applying for QMB or SLMB to help with Medicare premiums and encouraged folks who only had Medicare Part A or B to go to SSA to apply for the missing Part.
- ◆ **Help enrolling in a plan:** This involved helping individuals enroll in either a PDP or an advantage plan and usually was completed online through the Medicare.gov Part D tools.
- ◆ **Help switching plans:** During the initial enrollment period from November 15, 2005 to May 15, 2006 Medicare beneficiaries were allowed to switch plans if they were not satisfied with the plan they either enrolled in or were auto-enrolled in.
- ◆ **Problem solving:** This service involved helping clients solve a variety of different problems regarding Part D. Examples include: help getting one's new Part D insurance card; help getting one's meds and straightening out problems at the pharmacy; help dealing with billing errors and getting reimbursed when appropriate; helping individuals who were put into 2 plans straighten this out.
- ◆ **Referral to Legal aid:** When the problems presented by a consumer seemed to require more intensive help, we referred the individual to legal aid.

Outreach Contacts

Number of consumers we completed a contact sheet on	572
Number of clients who had at least one individual meeting	439
Number of calls received on the Part D hotline (802-3366)	487
Number of calls received on original phantom line	about 150

Services and Outcomes

● Education and support	561
● Research	225
● Help filling out an extra help application	90
● Help enrolling in a plan	169
● Help switching plans	63
● Help solving problems around Part D	237
● Referrals to Legal aide	5
● Follow-up contacts	325

VI. Follow-up contacts and Satisfaction Feedback

As noted above we completed a follow-up call with 320 individuals. The main purpose for making these calls was to check in with folks and see how they were getting along with their new Part D plan. The follow-up calls also allowed us to assist with any problems and to gather some feedback on our outreach services.

Overall people seemed to be handling the change in Medicare fairly well and feedback regarding our services has been overwhelming positive. Many individuals were very thankful that the outreach team was around to help guide them through Medicare Part D. The few negative responses we received generally regarded services provided earlier in the project when the outreach workers were still developing their knowledge and skills.

VIII. Lessons learned:

- Hiring consumers in outreach positions can be very effective. Training, team work, supportive supervision and job coaching were important factors in developing this successful outreach effort. Hands on training in the field really helped solidify the classroom style training. Working in pairs and weekly staff meetings helped promote a team approach, support ongoing training and reduce some of the nervousness outreach workers experienced early in the project. Job coaching not only supported our consumer staff but helped the overall project develop operational procedures like our phone call tracking system.
- Reaching consumers of MH services in SMC is challenging. To outreach successfully we used a variety of approaches including mailings/letters, community meetings, cold calls and partnering with MH center staff to connect with hard to reach consumers. Many of the phone numbers we received were no longer in service and cold calling is not an easy way to connect with people. In looking back collaborating more closely with MH clinic staff early in the project may have helped us reach the consumers we could not reach. We did not do home visits, however this is an approach that should be considered for future outreach projects.
- When providing any service, quality is important. Given the complex and confusing nature of Medicare Part D monitoring the quality of the information we provided was critical. Training in documentation of client contacts is very important if reviewing records is part of your quality control process
- The key to inter-agency collaboration is communication. As outsiders coming into the MH clinics the outreach workers found MH staff very welcoming and supportive. More could have been done early in the project to introduce MH direct service staff to our presence and services. The overall success of this project clearly demonstrates the power of inter-agency collaborations.
- Data sharing is important when agencies collaborate on a project. Taking extra time up front to agree on how to track information and incorporate it into existing data could have made sharing and using information easier. MH's database had many old addresses, phone numbers and inaccurate healthcare insurance. If our

- data collecting process was more integrated we could have updated more client information in MH's database.
- Developing a close working relationship with other community resources strengthened our capacity to provide quality services. Both HICAP and the Care Advantage navigators were extremely helpful to the Outreach Team. The Navigators often helped us determine an individual's current benefits thus allowing us to better explain a person's Part D choices. We could have used an inside connect to the Medi-Cal HIT center.
 - Finally as the project supervisor I am very impressed with how our Outreach workers performed and the overall success of this project. I know there are things we could have done differently or better however the number of individuals we connected with and the services provided is remarkable given the time challenges around Medicare Part D. Within a month of starting we were already providing services. The success of this project clearly demonstrates the ability of VRS to respond quickly and effectively to an identified need in the community and highlights the power of inter-agency collaborations.

Exhibits:

1. Copy of marketing flyers
2. Copy of slide show handouts
3. Copy of Job Description
4. Client Contact Sheet