

EPSDT Task Force  
Sequential Matrix for  
Billing / Monitoring Processes

Sequence Order	Task	Process	Critical Elements	InSyst Function to use	InSyst Report	Support Documents
1	Client Registration	If in the system already, utilize Client Locator. This should be done first by using the clients Social Security Number. If the client is not located by SSN, the client name is used. If the client is not found through client locator, input into InSyst. Ask clients for Medi-Cal card or legal ID.	date of birth Social Security # LEGAL client name (will impact both Medi-Cal and Medicare).	Client Locator (in main menu of InSyst)	Face Sheet 140 MHS	
2	Financial Assessment / Determination (NOTE #1)	Identify payor source data and collect required information to calculate the annual UMDAP liability.	Consent to treat form Assignment of Benefits (AOB) insurance policy number - Policy; group; etc. (also if employment related / worker's comp.)	Financial Account Financial (FAF)  Medi-Cal eligibility in InSyst	PSP134 - Medi-Cal POE Report MHS164 - Liability Due (UMDAP) PSP577 - Insur. Policy Approval MHS157 - Clients w/out Account MHS158 - Svcs. W/out Deductible PSP186 - Missing SSN Detail Rep. SR20552 Change in Medi-Cal Status	PSP117 - Provider Staff Activity Analysis Report
2A			Verify Medi-Cal eligibility initially and monthly			
2B		if claim lines are not cleared, this indicates a potential problem.	Medi-Cal Share of Cost Clearance			
3	Admission / Episode Opening	initial evaluation and determination of diagnosis	diagnosis (MUST be filled in, & updated if deferred) axis (utilizing all 5) primary clinician physician (if applicable) date episode opened	Episode Opening	MHS 802 - Primary Staff Caseload MHS 807 - Admission & Discharge	PSP 121 - Monthly Caseload Report
4	Service Entry (NOTE #2)	based on episode entry, if incomplete delays billing	client number reporting unit (linked to client #) units/time group type procedure code location code	Service Entry Screens	MHS 831 - Service Summary Report MHS 801 - Service Detail Report	
5	Service Posting	occurs automatically through InSyst	Managed by UBH	N/A	N/A	

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6	Service Posting Errors	<b>UBH ONLY:</b> InSyst produces a detailed report that lists all services that did not successfully post. The services will remain on the report until they have successfully posted.	Errors or missing data in program information (i.e. Provider Balances, Rates on Hold). The report also contains the errors that are listed on other reports distributed to program staff for correction.	(UBH ONLY Seq-Lis)	N/A	
7	Service Posting Errors	InSyst produces a number of reports that are either sent to the program staff or automatically produced for UBH staff. These reports list services that did not post or did not bill successfully post or bill due to the absence of required data.  Program staff are responsible for making entering the required data to allow the service to post/bill. Program Managers, Contract Monitors, and MHS Administration are provided a summary report by UBH to assist them in managing this issue.	The critical elements include those referenced in Processes 1-4.  All prior reports may assist with tracking.		MHS 198 - Unbilled Services Rep. SR20546 Service Detail; Report w/Posting Status Quarterly reports delivered on CD.	ALL REPORTS REFERENCED ABOVE WOULD APPLY TO THE POSTING ERRORS
8	Billing (NOTE #3)	Contract-operated programs bill primary insurance (if applicable). NOTE: This process can occur anytime after the service is provided. The decision as to the sequential number of this process resides completely with the program management/administration.	Completion of the HCFA 1500 claim form is required.	N/A	N/A	
9	Payment Entry	Post payment/denial information to the InSyst Claim line for the applicable client/service referenced on the payor's Explanation of Benefits (EOB) or Remittance Advice (RA).	The critical elements in payment posting include ensuring the payment is being posted to the correct claim line in InSyst; entering the correct payment amount; and entering the correct denial reason code.	InSyst Payment Entry Screen	MHS 171 - Aged Payments in Audit MHS 172 - Payment Audit Rep. MHS 115 - Insurance Receivables MHS 116 - Medi-Cal Recievables If claim on MHS 172 for 2 consecutive months, it did not post. This may reflect a timing issue.	MHS 173 - Payment Deposit Report is a UBH-only daily process, not a printable report.

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10	Medi-Cal Billing	<p><b>UBH ONLY:</b> Each month, UBH creates a Medi-Cal claim for the services that posted during the fiscal year, that are eligible for Medi-Cal reimbursement, that have not previously been claimed. In addition, UBH also runs the same process for services from the prior fiscal year.</p> <p>All services must be billed within 12 months from the date of service. Medi-Cal will automatically deny any services claimed that exceed the 12 month requirement. These denials occur without the service being listed on an ECR.</p>	<p><b>UBH ONLY:</b>                  MH 1980 - Detailed Medi-Cal Claim                  MH 1982 - Medi-Cal Claim Attestation</p>	ITWS Website	N/A	
11	Medi-Cal Error Correction Report	<p>Any service that does not pass the State's Information System edits will be "suspended" and listed on an Error Correction Report (ECR). The paper document is sent from the State DMH to UBH, who distributes the appropriate sections to each of the contract-operated programs. Corrections through the ECR are currently the last opportunity to have the services considered for payment by Medi-Cal.</p> <p>The ECR must be reviewed and corrected within 10 days from it's receipt. The corrections must be noted on the ECR in green ink. Most services that are denied by Medi-Cal will first appear on the ECR.</p> <p>Currently, the ECR is the final opportunity to have a service considered for Medi-Cal reimbursement.</p>	<p>Critical elements include those referenced in processes 1-4 of this document.</p> <p>If ECR lists other insurance coverage, it needs to be pursued and closed, or Medi-Cal will not pay. Ensure that the policy and payment/denial is recorded in InSyst.</p>	ECR Manual (a manual developed by the State DMH that provides detailed instructions on completion of the ECR)	N/A	<p><b>NOTE: THE PENDING COUNTY POLICY DECISIONS REGARDING ACCEPTABLE PROCEDURES FOR RESOLVING A VARIETY OF OHC ISSUES WILL IMPACT THE ECR PROCESSING PROCEDURES.</b></p>

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12	Medi-Cal Explanation of benefits (NOTE #4)	<b>UBH ONLY:</b> Once a service has been adjudicated by the State DMH, an EOB is posted to the State website and downloaded by UBH. UBH then imports the EOB information into InSyst. The EOB information includes a detailed listing of services and the payment and denial information.	N/A	N/A	M/CAL DENIAL RPT	
13	Service Unit Reports	There are a number of standard InSyst reports that provide service unit information. They are either generated by UBH or program staff.	The InSyst Reports Manual contains a listing and description of all standard InSyst reports. Program staff are encouraged to review the manual to determine if an existing report would be of assistance to them.	InSyst Reports Manual PSP 354 PSP 356	PSP 354 - Total Units of Service PSP 356 - Medi-Cal Units of Service MHS 831 - Service Summary Rep. 4A - Medi-Cal Claims Summary SR20546 Service Detail Report w/Posting Status	
14	"Clean up"	Services that should have claimed to Medi-Cal or were denied in error, posting problems, and other various issues may arise that are not addressed elsewhere in this document. Any type of special routines or processes are considered "clean up".	Undetermined.  Every Report listed may come into play for tracking purposes.	N/A	PROVIDER TRACKING REPORT SUMMARY MHS115 - Insurance Receivables MHS 116 - Medi-Cal Recievables	ALL REPORTS REFERENCED ABOVE WOULD APPLY TO THE CLEAN UP PROCESS
15	Ongoing Review and "routine maintenance"	Every provider may devise program-specific review processes - this matrix reflects those steps recommended by the EPSDT Task Force.	Providers may check Medi-Cal eligibility each month.  Providers may also compare the face sheet per episode against medical records.		SR22900 Provider Tracking Report	

**NOTES:**

- 1 Although not required, some programs elect to retain a printed copy of the Medi-Cal eligibility verification as this documentation may be beneficial should the eligibility change retroactively or the services be denied in error by Medi-Cal.
- 2 Services do not "post" to InSyst until 7 days after they were entered. This allows Program Staff sufficient time to identify and correct any data entry errors prior to the service posting. Once the service has posted in InSyst, only UBH can delete it. This process is initiated by Program Staff through the completion and submission of a Service Deletion Request Form. Once UBH has deleted the erroneous service, the Program Staff are responsible for entering the correct service information.

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- 3 The claim line in InSyst will reflect the units of service multiplied by the published rates of the program. If the program charges a flat rate for a specific type of service, the claim line billed amount in InSyst may not be the same as the actual claim completed by the program. This has no impact on the payment posting process for this claim line.  
The creation of claim lines due to the entry of other health coverage information being entered by another program has been identified as a problem for which a County policy is required. This policy is pending.
- 4 The Medi-Cal payment amount may be lower than the billed amount if the program's published rates exceed the State's Statewide Maximum Allowable (SMA) rates.  
Little information regarding the reason a service was denied by Medi-Cal is available as most services first appear on the ECR before they are denied. As the State has instructed Counties not to return ECRs for which there are no corrections, most services are denied for being on the suspense file for over 96 days.