Billing Corrections Tip Sheet

There are two ways that errors are typically identified:

A. Program- The program self-identifies errors during an internal review OR
B. QA- Errors are identified during the QAPR process by the QA Specialist:

A. Self-Identified Error Correction Process

1. A Service is identified by Program for possible disallowance (overbilling, potential FWA, etc.)

2. Programs will run the check *COSD Charges & Claims Report* in SmartCare to determine if services have already billed/ there is a charge associated with the service.

    a. If the Claim **has** been submitted & Paid to the State - Program completes PRF and send to QI Matters, once QI Matters confirms service as needing disallowance and communicates to Program and MHBU

        i. PRF Form: Optum Website> Billing tab> MH & DMC-ODS subtab
        ii. The "Charge Status" may show as either *Sent*, *Paid* or *Denied*.

    b. If the Claim has not been Paid to State- Program can complete the My Reported Errors process (outlined below) to correct any overbilling or change service to non-billable

B. Corrections & Disallowances During the QAPR Process- This process is **only** for programs who are following up on error corrections identified during the QAPR process:

1. Programs will complete the PRF with the QA identified disallowed services indicated.
    a. Programs will select "*QAPR*" option under 'Type of Review' on the PRF

2. The program will send the completed PRF directly to their assigned QA Specialist

3. After QA approval the program will submit the disallowed services for disallowance or correction in the EHR to "My Reported Errors" (outlined below).

4. Once all QAPR related tickets have been resolved in the EHR, the program will notify their assigned QA Specialist along with an updated Services Change Summary

My Reported Errors Correction Process

Programs will have errors that they are unable to complete on their own, this will require them to utilize the "My Reported Errors" function in SmartCare. See "Resources" below for hyperlinks to the documents that outline elements providers can correct on their own vs ones they need to go through reported errors to correct, among other resources.

1. The correction indicated requires creation of a ticket within the "My Reported Errors" screen in SmartCare.

2. Programs should document in the comments the correction needing to be completed within the service note with detail and rationale.

3. Once a ticket has been entered in the system, the program will receive confirmation of the created ticket via the “My Reported Errors” screen.

4. This screen will identify the number of total pending errors including the ticket #, creation date, ticket assignment, date reviewed, ticket status, and resolution date

5. Please note- There is no direct notification when the ticket is resolved, periodically to identify if the ticket has been opened and resolved to provide an update to QA.

Correction is Required

Corrections are required for all incorrect service indicators and procedure codes indicated below:

- Procedure code
- Service Indicators
- Location
- Add- on codes - (Interactive complexity, interpreter, psychotherapy with MD)
- Service time
- Start date
- Program
- Diagnosis
- Mode of delivery
- A *No Show* that is billed as a service=mark out of compliance and the note would be disallowed

Resources:

- Clearing CoSD Service Error Report
- SmartCare Corrections How-To Guide
- Service Note Errors and How to Resolve - 2023 CalMHSA
- How to Report an Error that Needs to be Corrected (CalMHSA)
- How to Report an Individual Service Note Error (CalMHSA)
- How to Report a Group Service Note Error - 2023 CalMHSA