



Children's Medical Services California Children's Services Provider Bulletin

DATE: July 15, 2010

SUBJECT: CCS CLAIMS PROCESSING

As you know, all claims for CCS services authorized via the CMS Net system beginning April 12, 2010 must be submitted directly to Hewlett Packard (HP), formerly known as Electronic Data System (EDS), for approval and payment. If Los Angeles County CCS receives claims for services authorized via the CMS Net system (meaning the SAR number starts with a "91" or "97" rather than "2009" or "2010"), the claims will be returned to you with instructions to submit directly to HP.

Claims for CCS services authorized **prior to April 12, 2010 on ACMS, must be submitted directly to Los Angeles County CCS** for processing in accordance with current procedures until these authorizations expire. Upon receipt, the Los Angeles County CCS Claims Management Unit (CMU) will process your claims in accordance with the following procedures and timelines:

- All claims are date stamped on the date received and are processed based on this date in the following way:

Claim Type	Definition	Processing Timeline
Clean claims	Claims that are completed correctly and received within 6 months from the date of service.	Will be processed, approved, and either released back to the vendor or forwarded to the State's fiscal intermediary within four (4) weeks from the date the claims were received.
Incorrectly completed claims	Claims that are not submitted in accordance with Los Angeles County CCS Provider Bulletin – Claims Completion Tips released May 1, 2009.	These claims are immediately denied and returned to the vendor.
Late claims	Claims received 6 months or more after the date of service.	Require special handling to check for acceptable justification. These claims are typically processed within 45-60 days from the date of receipt. Justified claims that are received over one year from the date of service are automatically forwarded to the State's regional office for additional review. The State's review period typically takes four (4) weeks.
Review claims	Claims that require a second level review by our CCS nursing staff to ensure the service billed is included in the service authorization.	Require special handling. Once the CMU has completed its initial processing and determined that a second level review is required, the CMU forwards a copy of the claim to the appropriate CCS nursing staff. The review period for nursing averages 30 days, but could be shorter or longer depending on the type of service indicated on the claim. Once the nursing staff has made a determination it is returned to the CMU. Within one (1) week of receipt from the nursing staff, the CMU will process the claim. If the claim is approved, it is either released back to the vendor or forwarded to the State's fiscal intermediary. If the claim is denied, the denial is forwarded to the vendor.
Cutoff claims	Claims received close to the 6-month cutoff that are not considered technically late.	Require special handling and are processed with "Late Claims". While they require no justification, the CMU must code these claims for timeliness to ensure the vendor receives full payment from the State's fiscal intermediary. These claims are typically processed within 45-60 days from the date of receipt.

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- Any clean claim that our system determines has already been processed within the previous two (2) months will be denied as a duplicate unless it is submitted with an Explanation of Benefits (EOB) indicating that it was denied by Hewlett-Packard (HP), the State's fiscal intermediary.
 - Any justified over one year claim received that our system determines has been processed within the last four (4) months will be denied as a duplicate.
 - Claims received over 12 months from the date of service without appropriate justification will be automatically denied.
 - HP has 45 days from the date of receipt to complete its adjudication process. Currently, HP's reimbursement methodology is as follows:
 - Adjudication up to 6 months from the DOS 100% reimbursement
 - Adjudication 6–9 months from the DOS 75% reimbursement
 - Adjudication 9–12 months from the DOS 50% reimbursement

For the most up-to-date information regarding HP's claim submission deadlines, please refer to the Medi-Cal website: http://files.medi-cal.ca.gov/publications/masters-mtp/part1/claimsub_z01.doc

In addition to the information provided above, please review all of our provider bulletins available on our website at <http://publichealth.lacounty.gov/cms/CCSRelatedInfo.htm#ProvBull>. In addition, if you have not done so already, please sign up for our provider email blast system on our website as well to ensure you receive up to date information from our office via email.

If you have any questions regarding any CCS claims processing, preparation, or submission requirements, please feel free to contact our CMU Provider Relations Unit by calling (800) 288-4584. Our staff are here to help you ensure that you prepare and submit your claims properly to ensure the quickest processing and payment timeframe possible.