

Katie A. Mental Health Services Report

Report run on 4/4/2014

Purpose of Report:

The December 2011 Katie A. court settlement requires county Medi-Cal Mental Health Plans (MHPs) to begin providing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) on January 1, 2013, to Katie A. subclass members. Counties provide ICC and IHBS services and claim federal reimbursement through the Short-Doyle/Medi-Cal (SDMC) claiming system. DHCS Information Notice 13-11 instructed counties of the SDMC system requirements for submitting Katie A. service claims with a Demonstration Project Identifier (DPI) of "KTA" and procedures of ICC (T1017, HK) and IHBS (H2015, HK).

This report displays Medi-Cal specialty mental health service utilization and member counts for the Katie A. Subclass.

Definitions:

- **Approved Service Claims:** The total number of approved service lines adjudicated through the SDMC claiming system regardless of minutes or duplicate subclass member counts.
- **Total Amount of Approved Katie A Services:** The sum of all total approved amounts by the SDMC claiming system for claims with a DPI of "KTA" or claims billed with either Intensive Care Coordination or Intensive Home Based Services.
- **Approved ICC & IHBS Minutes*:** The total number of approved Intensive Care Coordination and Intensive Home Based Services minutes adjudicated through the SDMC claiming system.
- **Unduplicated Katie A. Subclass Members:** The total number of unique Katie A subclass members linked to claims adjudicated and approved through the SDMC claiming system in a particular month (bar graph charts) or for the entire fiscal year (county table).
- **Total Day Rehab and Adult Crisis Residential Days*:** The total number of approved Day Rehab and Adult Crisis Residential days linked to claims for Katie A subclass members and adjudicated through the SDMC claiming system.
- **SMHS Provided to Katie A. Subclass Members:** Any Specialty Mental Health Services adjudicated and approved through the SDMC claiming system with the "KTA" DPI or billed with either Intensive Care Coordination or Intensive Home Based Services.

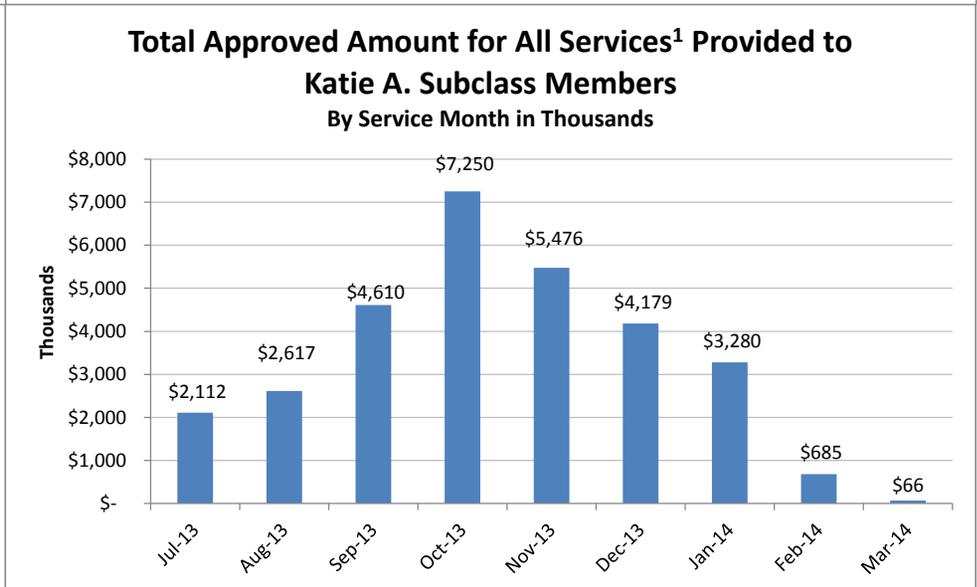
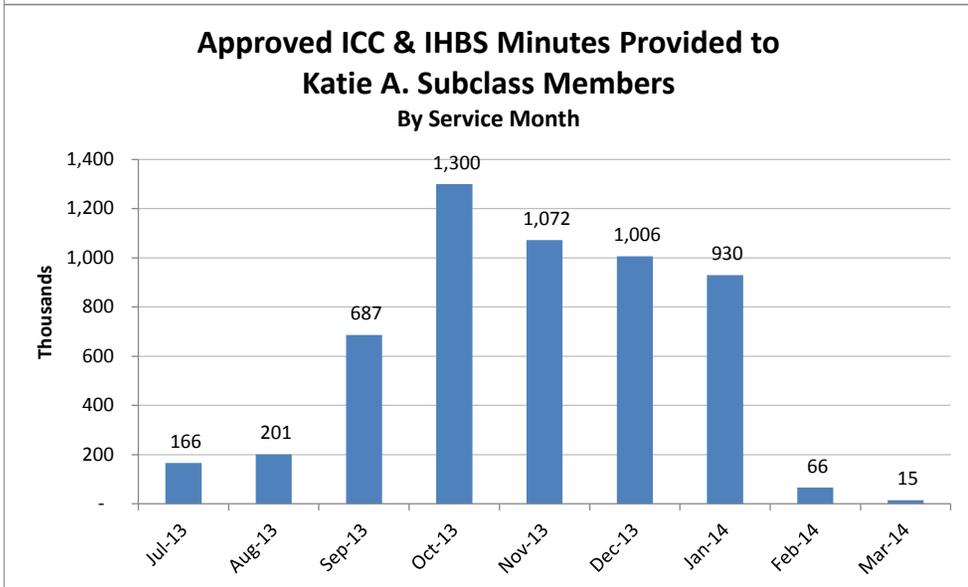
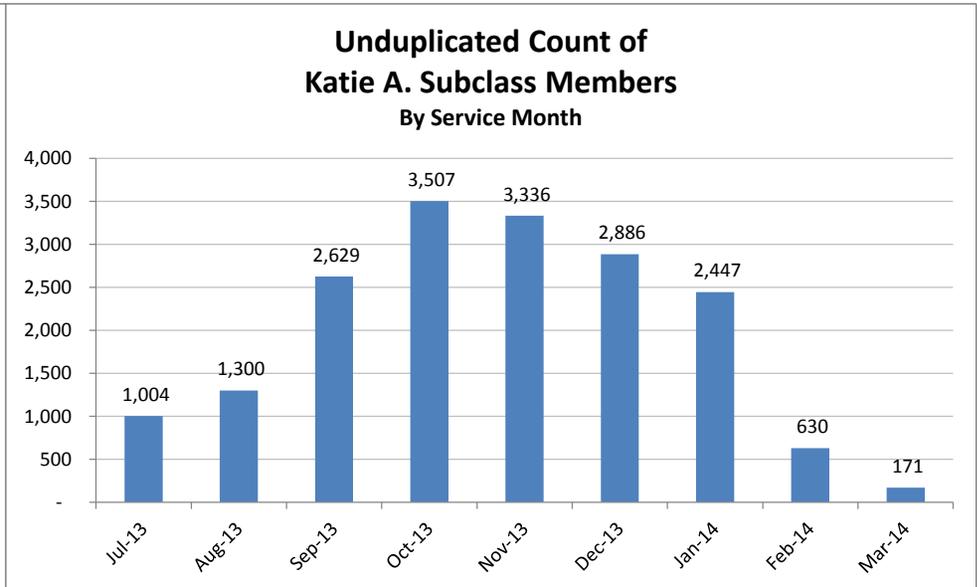
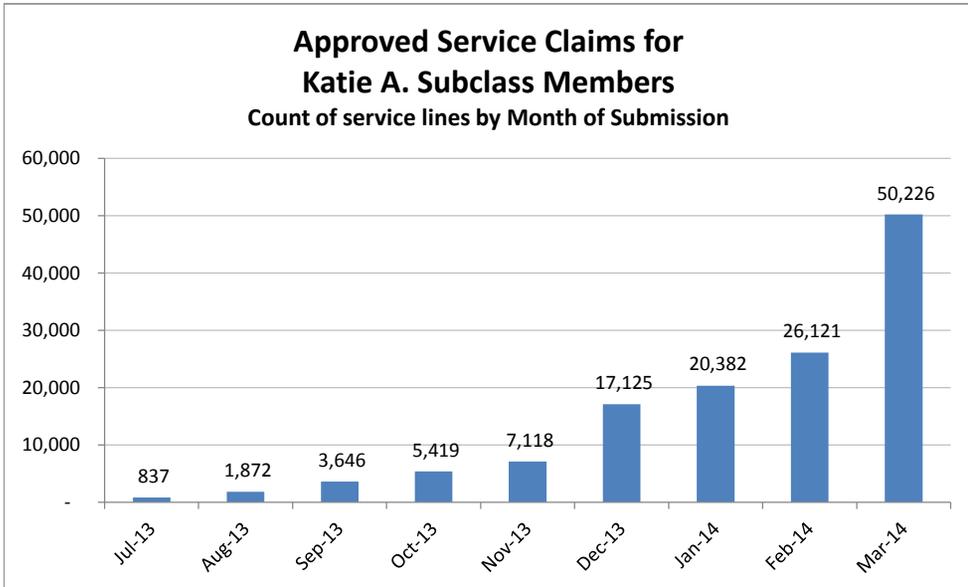
* Please see Page 72 of the [MHSD Medi-Cal Billing Manual](#) for more information on SMHS procedures.

Notes Updated: March 9, 2014

- 1) As of 3/5/2014, 936 claims lines totaling \$125,146.04 were denied due to use of a secondary modifier with ICC and IHBS claims. These service modifiers indicated Telephone or Community. The claiming policy has been updated as follows: ICC and IHBS should be provided in the community and may be provided via telehealth and telephone in instances consistent with TCM and Mental Health Services. Activities unique to ICC and IHBS, such as the CFT, should be performed face to face as often as possible to address the needs of the child and achieve the level of intensity that these services require. A SD/MC system change request is being processed to implement this policy change.
- 2) There is typically a four month claim lag between claim approval and the month of service, so the more recent month totals are typically less than older service month totals.
- 3) Not all counties have implemented the "KTA" claim indicator so their claims may be under reported for services other than ICC and IHBS.

SMHS Provided to Katie A. Subclass Members by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; And
 Claims Submitted with DPI Element "KTA"
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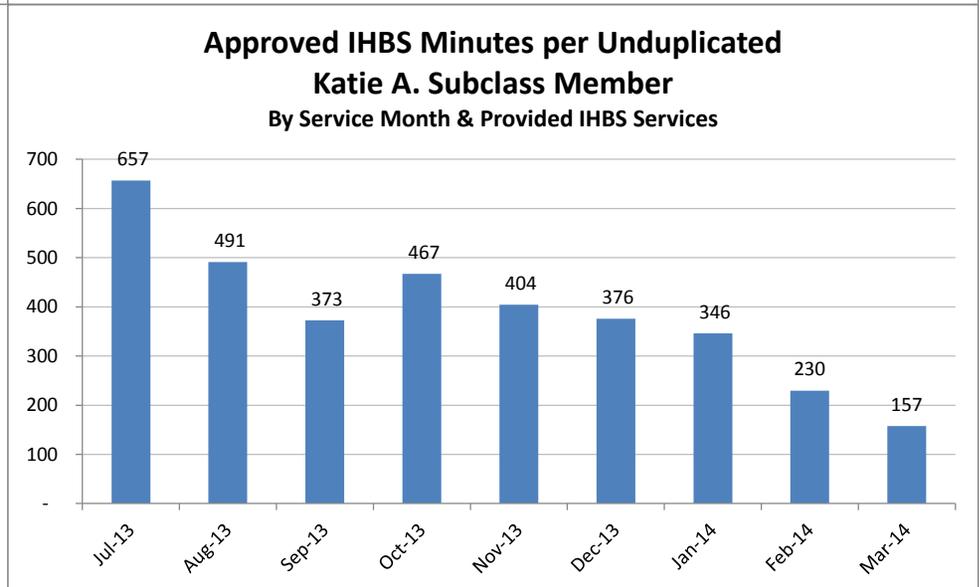
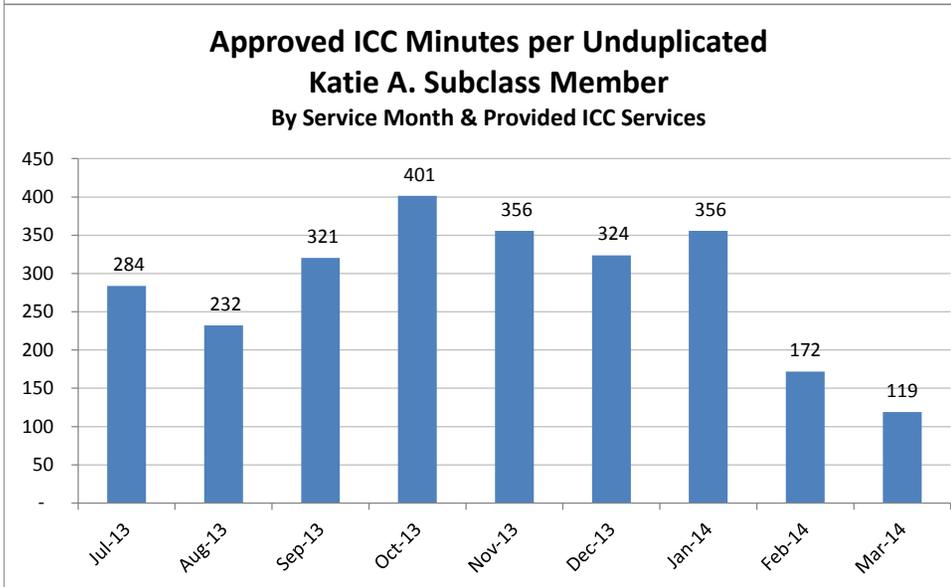
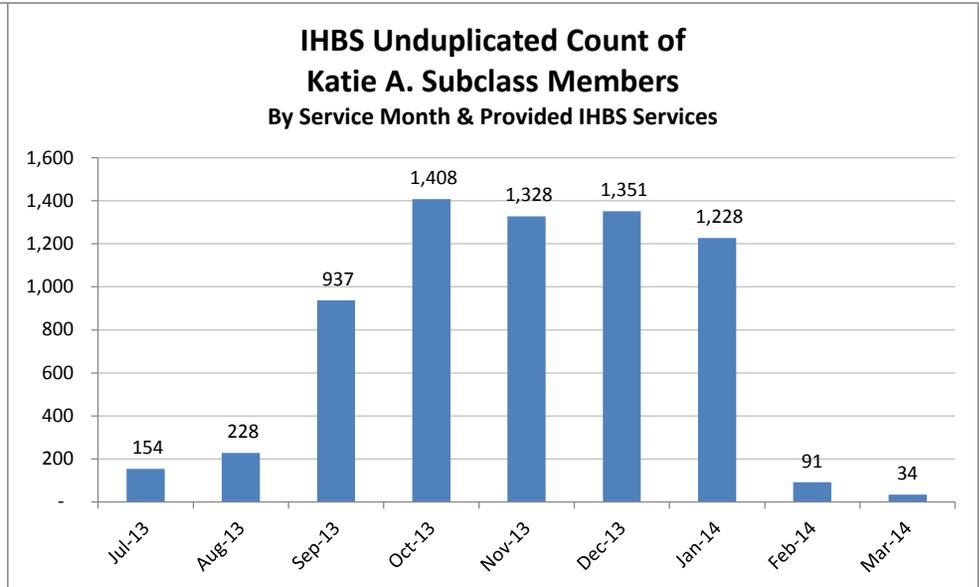
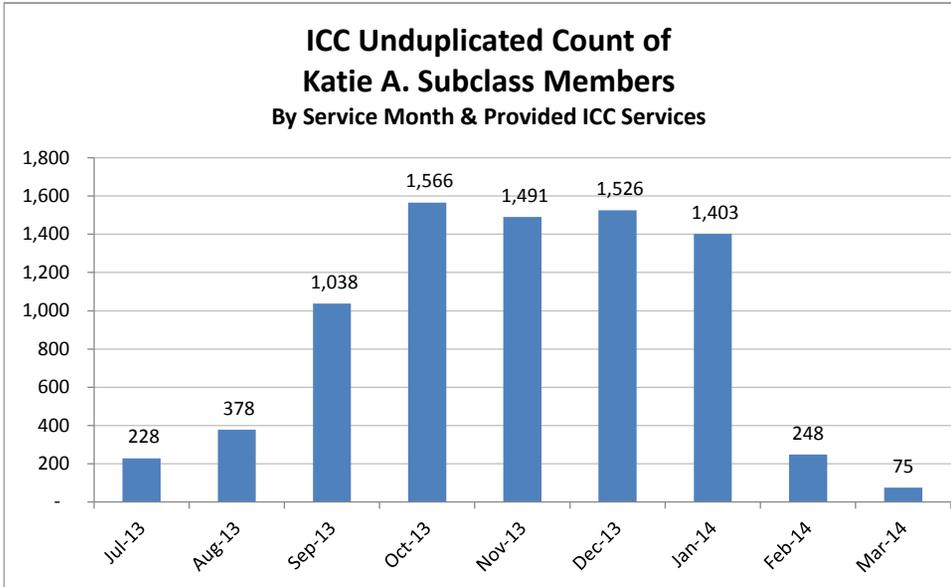
¹ All services are defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

SMHS Provided to Katie A. Subclass Members by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; And

Claims Submitted with DPI Element "KTA"

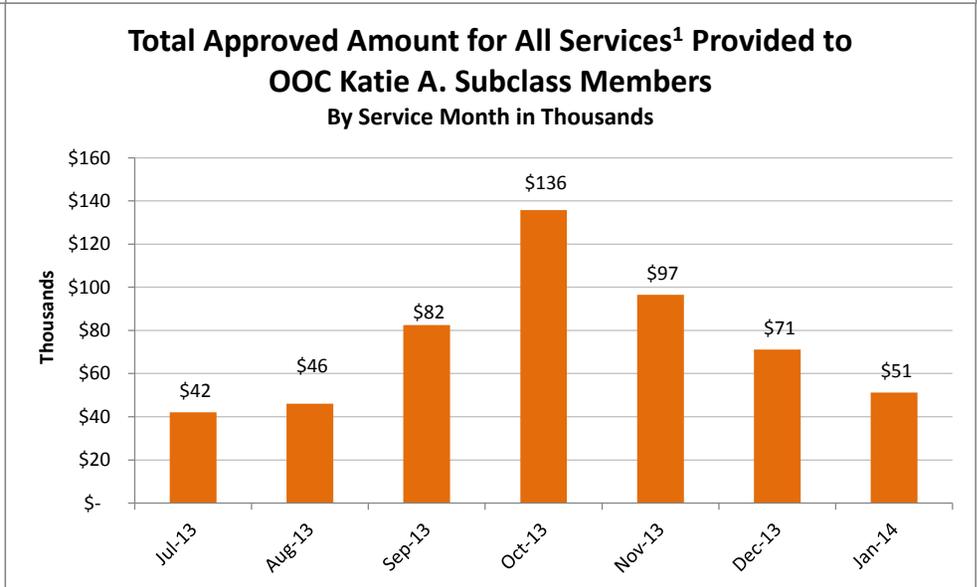
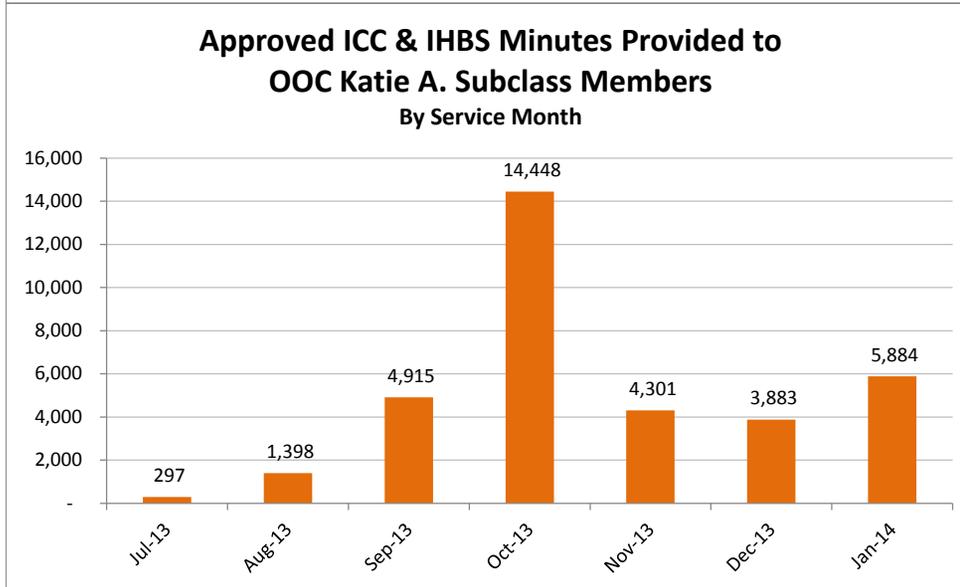
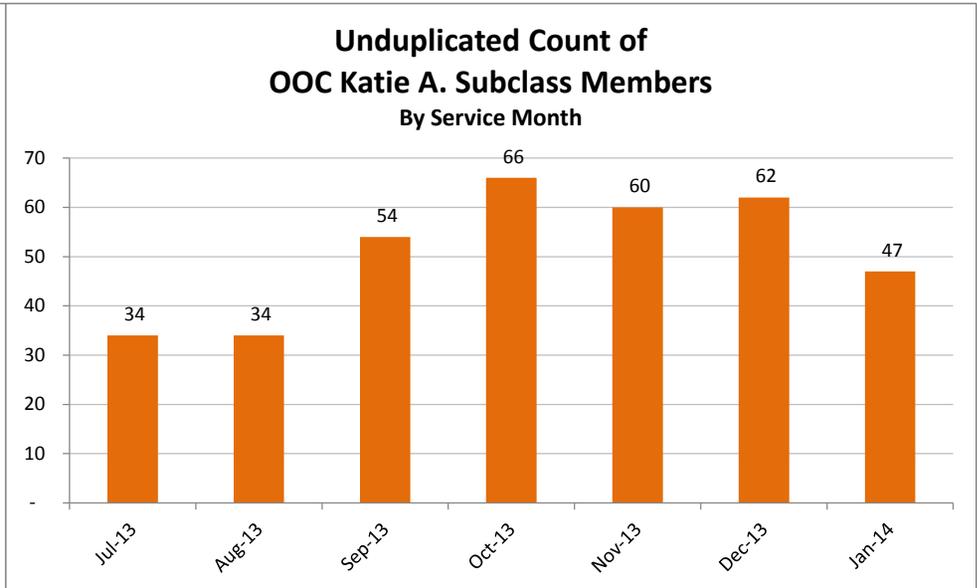
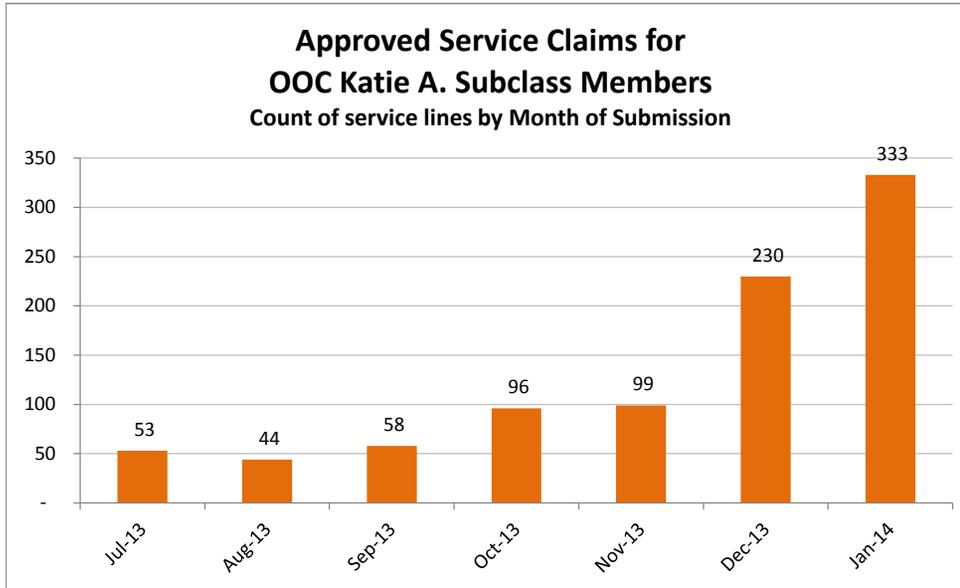
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¹ All services are defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)¹ by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; And
 Claims Submitted with DPI Element "KTA"
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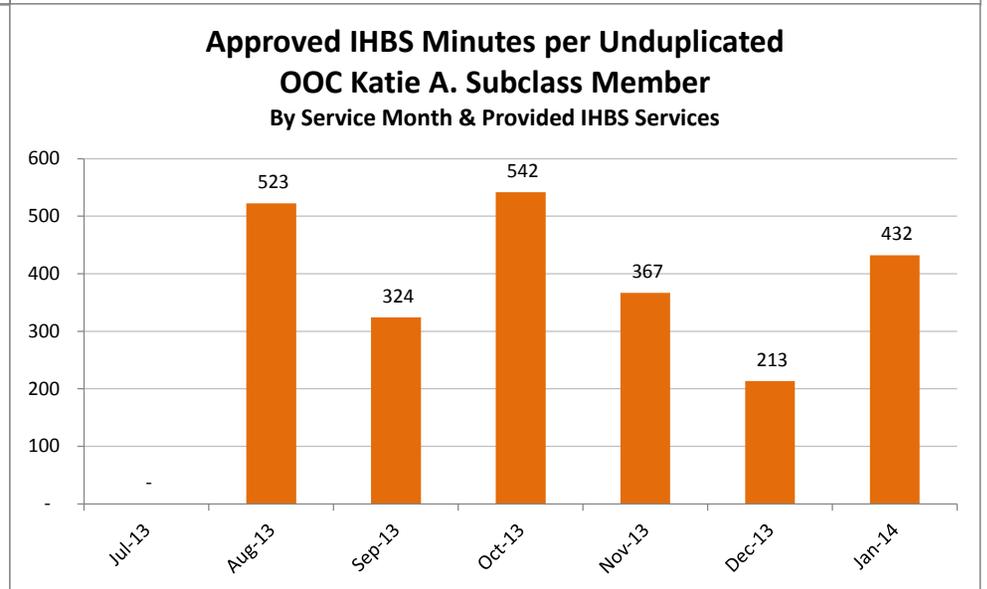
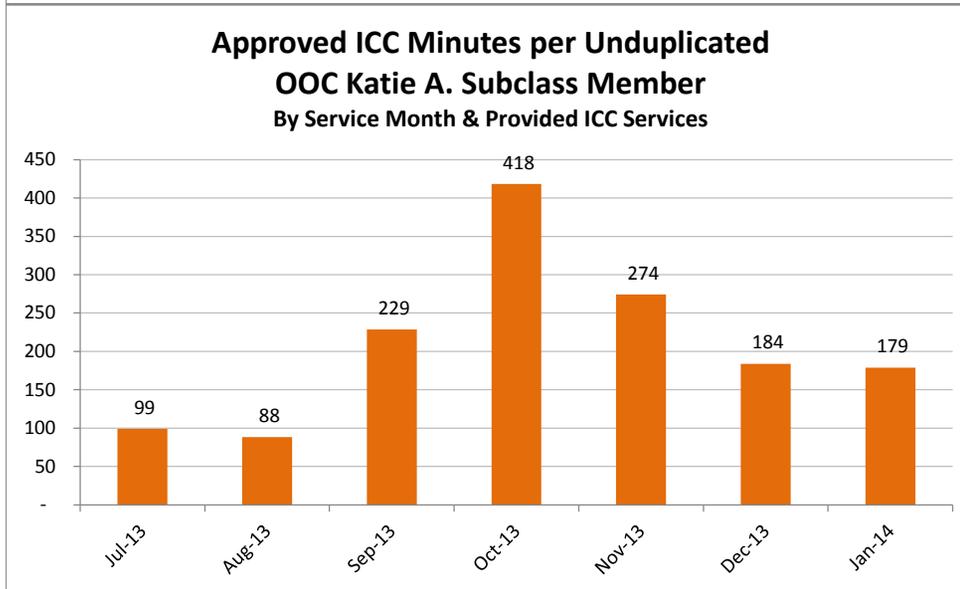
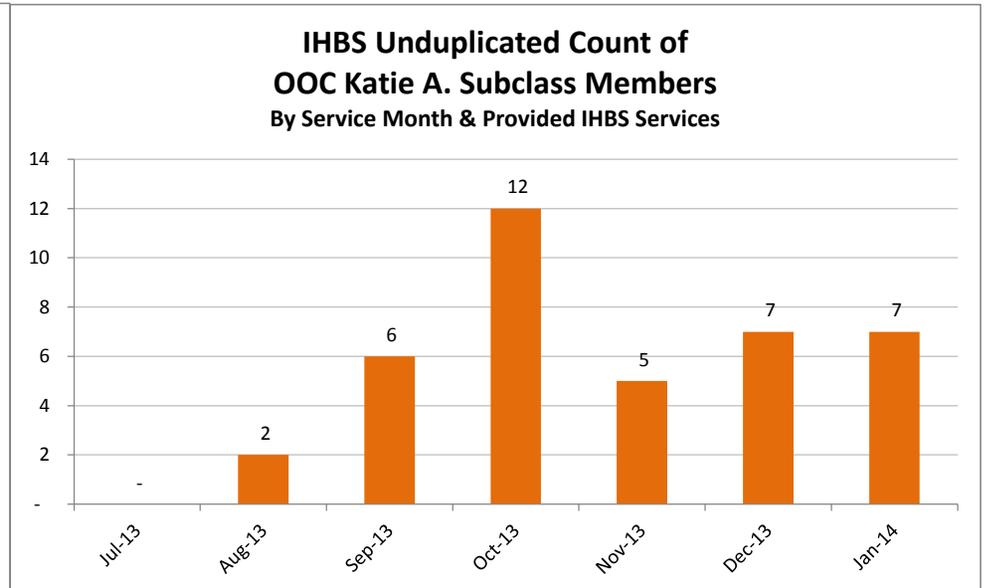
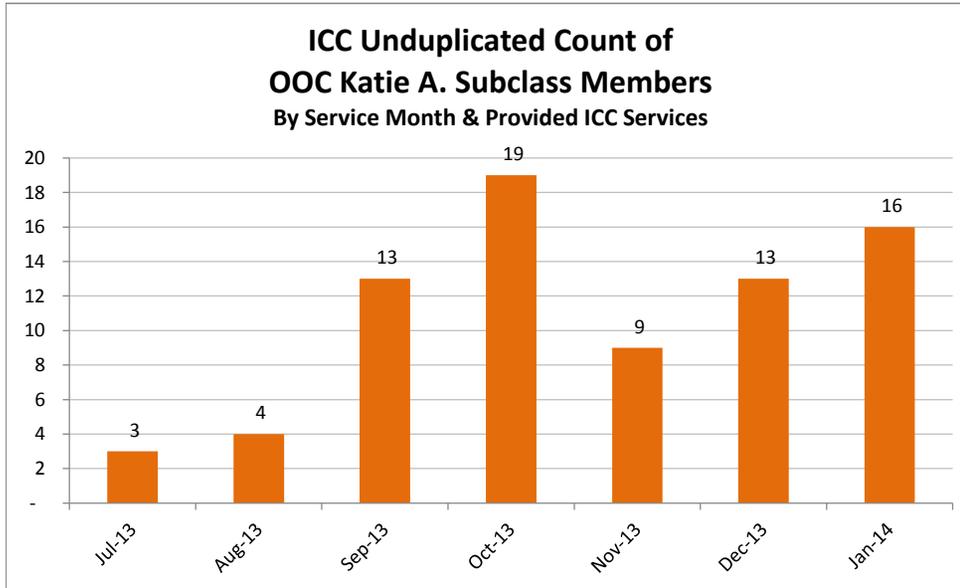


¹ Out of County (OOC) is defined as a claim submitted for a Katie A. Subclass Member where the Medi-Cal county of responsibility differs from the county of service.

² All Services is defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

SMHS Provided to Katie A. Subclass Members Treated Out of County (OOC)¹ by Month

Procedure Codes H2015 (IHBS) T1017 (ICC), Modifier HK; And
 Claims Submitted with DPI Element "KTA"
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¹ Out of County (OOC) is defined as a claim submitted for a Katie A. Subclass Member where the Medi-Cal county of responsibility differs from the county of service.

² All Services is defined as any services billed on an claim with a "KTA" Demonstration Project Identifier or ICC, IHBS services.

Katie A. Services Report Technical Definitions

Query Data Used:

- **Data Source:** Data is pulled from the **SDMCP2_ODS** database, **Claim_DPI** & **mv_eob** tables.

- **Data Extracted:**

1. **Service Month** = The first day of the month when the date of service start date occurred. For example - if the date of service start date was "9/21/13", this would be changed to "9/1/13". This is done to track the Month & Year as well as facilitate exporting data into Excel and converting to a "Sep 2013" Date format.
2. **Submission Month** = The first day of the month when the claim was accepted into the SDMC system (**Date Created** field). This data follows the same Date format methodology used in item #1 above.
3. **Submitting County Code** = The county billing the claim.
4. **County_Of_Responsibility** = The county that established Medi-Cal eligibility for the Katie A subclass member.
5. **Client Index Number** = The beneficiary's Client Index Number billed on the claim.
6. **Service ID** = The procedure code billed on the claim.
7. **Procedure Modifier1** = The modifier used in conjunction with the procedure code billed on the claim.
8. **SEL Quantity** = The number of units billed on the claim.
9. **Service Line Count** = Number of unique services paid for in a warrant.
10. **CWunits of Time** = The time frequency associated with the procedure & modifier billed (i.e. minutes, hours, days).
11. **FFP Approved Amount** = The sum of the Claim FFP Approved Amounts in a warrant.
12. **Demonstration Project Identifier** = The field that is used to flag the claim for services provided to Katie A subclass beneficiary ("KTA").

Query Methodology:

The **mv_eob** table is queried for Payer Claim Control Numbers (ID numbers that are unique to each service line in SDMC) found in the **Claim_DPI** table (this table only lists PCCNs for claims that have a "KTA" DPI flag) and/or claims with Intensive Care Coordination (T1017, HK) or Intensive Home Based Services (H2015, HK) services. The query filters out voided, replaced, and denied claims. This data is then grouped and totaled by the **Submission Month** or **Service Month** for the bar graphs on the "Graphs" worksheet. It is also grouped by county and totaled year-to-date in the "County Table" worksheet.