State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

November 12, 2013

MHSD INFORMATION NOTICE NO.: 13-21

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: SHORT-DOYLE / MEDI-CAL (SDMC) DENIED CLAIMS APPEAL PROCESS

RELATED REGULATIONS: Title 9, California Code of Regulations, Section 1850.325

The purpose of this Information Notice is to notify Mental Health Plans (MHPs) of the Department of Health Care Services' (Department) appeal process for the denial of a federal reimbursement payment for a specialty mental health service claim in the Short-Doyle/Medi-Cal (SDMC) claiming system.

MHPs may file an appeal disputing the denial of payment for its Medi-Cal claim(s) that are processed through the SDMC claiming system or for a denial of Over-One-Year Claims[1]. The MHP shall file a written appeal on MHP letterhead that is signed by the MHP director and submitted to the Mental Health Services Division, County Customer Services Section (MedCCC), via electronic mail (e-mail) at MedCCC@dhcs.ca.gov.

MHP appeals must include "[County Name] MHP, SDMC Claims Appeal" on the subject line of the e-mail. MHPs must e-mail their appeal within ninety (90) calendar days from the date the denied claim is posted on the Information Technology Web Services website at: https://itws.dhcs.ca.gov/.

The Department shall have sixty (60) calendar days from the date of receipt of the MHP's appeal e-mail to determine whether to uphold or overturn the denial of payment. The Department will issue its written decision by e-mail to the MHP.

[1] Over-One-Year Claims are described in MHSD Information Notice 13-20

When appealing the denial of payment for SDMC claims, MHPs must provide, at a minimum, the following for each SDMC claim appealed:

1. The payer claim control number (PCCN) for electronically submitted claims, or the Claim ID for Over-One-Year Claims;

2. The reason(s) the MHP disputes the denial of payment;

3. All documentation and/or other information that supports the MHP's contention that the denial of payment should be overturned; and

4. A contact name, telephone number, e-mail address, and mailing address for the MHP staff knowledgeable about the claim appeal.

If you have questions about this Information Notice, please contact MedCCC at 916-650-6525 or by e-mail at MedCCC@dhcs.ca.gov.

Sincerely,

Original Signed By

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health and Substance Use Disorder Services