

**SWMBH MI Health Link Operating Policy 9.11**

<b>Subject:</b> Claim Denials Due to Member Coverage		<b>Accountability:</b> Operations/Claims	<b>Effective Date:</b> 06/19/2015	Pages: 2	
<b>REQUIRED BY:</b> <b>BBA Section</b> _____ <b>PIHP Contract Section</b> <u>Section 7.7</u> <b>NCQA/URAC Standard</b> _____ <b>Other:</b> <ul style="list-style-type: none"> <li>• Michigan Three Way Contract; Section 2.3- Eligibility and Enrollment Responsibilities</li> <li>• Meridian-SWMBH Agreements; Section 2.7; Claims Payment Administration</li> <li>• Aetna-SWMBH 2nd Amended and Restated PIHP Contract; Payment Administration Section; 2.6.10</li> </ul>			<b>Last Reviewed Date:</b> 7/10/17	<b>Past Reviewed Dates:</b> 6/19/15 9/7/16	
<b>LINE OF BUSINESS:</b> <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		<b>Last Revised Date:</b>	<b>Past Revised Dates:</b> 9/7/16
<b>Approved:</b> <u><i>Doreen Nicholson</i></u> <b>Date:</b> <u>7/14/17</u>			<b>Required Reviewer:</b> Director of Operations		

**I. Purpose**

To verify patient eligibility and process claims according to patient's eligibility status.

**II. Policy**

In accordance with the agreement(s), Southwest Michigan Behavioral Health (SWMBH) will utilize the appropriate Management Information Services (MIS) and Benefit enrollment files to properly deny any claims associated with customers who are not eligible for benefits/coverage. Also, SWMBH will not deny covered services to eligible enrollees if the eligibility ended prior to the last day of the month, as services are eligible to be reimbursed through end of the month.

**III. Standards and Guidelines**

- A. SWMBH will ensure that MIS and practices have the capacity to ensure that the obligations of the agreements are fulfilled. The MIS will have the following capabilities:
  - 1. Monthly downloads of Medicaid eligible information
  - 2. Individual registration and demographic information
  - 3. Provider enrollments
  - 4. Third party liability
  - 5. Tracking and analyzing services and costs by population group, and special needs categories as specified by Michigan Department of Health and Human Services (MDHHS).

**SWMBH MI Health Link Operating Policy 9.11**

- B. SWMBH will determine if the patient on claim is eligible by reviewing the Benefit Enrollment and Maintenance (834) and Payment Order Remittance advice (820) reconciliation files as the primary source for eligibility determination for Prepaid Inpatient Health Plan (PIHP) functions. The following information will be checked/verified:
  - 1. Patient/Enrollee coverage type
  - 2. Date the Enrollee's coverage begins
  - 3. Date the Enrollee's coverage ends (Note: Any individual enrolled in the Demonstration where coverage ended during the month will still have claims processed/paid to the end of calendar month.
- C. If patient on claim is eligible for coverage, claim will adjudicate accordingly. If coverage ended on a month prior to the current month of claim, the claim will be denied.
- D. Remittance Advice/Explanation of Benefits will be issued indicating final claim disposition.

**IV. Definitions**

Enrollee

An individual enrolled in an Integrated Care Organization (ICO) participating in the Demonstration, including the duration of any month in which his/her eligibility for the Demonstration ends or any Medicaid only covered eligible individual.

**V. References**

None

**VI. Attachments**

None