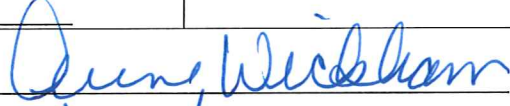


**SWMBH Operation Policy 9.9**

<b>Subject:</b> Member Plan Coverage Eligibility Determination		<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</b> Section Section 7.7 <b>NCQA/URAC Standard</b> _____ <b>Other</b> <ul style="list-style-type: none"> <li>• <u>Michigan Three Way Contract; Section 2.3- Eligibility and Enrollment Responsibilities</u></li> <li>• <u>Meridian-SWMBH Agreements; Section 2.7; Claims Payment Administration</u></li> <li>• <u>Aetna-SWMBH 2nd Amended and Restated PIHP Contract; Payment Administration Section; 2.6.10</u></li> </ul>		Last Reviewed Date: 11/16/17	Past Reviewed Dates: 6/19/15 9/6/16	
<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 checked="" 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: _____	Last Revised Date: 9/7/16	Past Revised Dates:
Approved : <u></u> Date: <u>11/29/17</u>		Required Reviewer: Director of Operations		

**I. Purpose**

To verify patient plan eligibility.

**II. Policy**

Southwest Michigan Behavioral Health (SWMBH), its Affiliates, and Providers will utilize the appropriate Management Information Services and Benefit enrollment files to properly associate clients with the correct benefit/coverage plan. Also, SWMBH, its Affiliates, and Providers will not deny covered services to eligible clients if their eligibility ended prior to the last day of the month, as services are eligible through the end of the month.

**III. Standards and Guidelines**

- A. SWMBH, its Affiliates, and Providers will ensure that Management Information Services (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
- B. SWMBH, its Affiliates, and Providers will determine if the client is eligible by reviewing the Benefit Enrollment and Maintenance (834) and Payment Order Remittance advice (820) reconciliation files or Michigan Department of Health and Human Services (MDHHS)

## **SWMBH Operation Policy 9.9**

Community Health Automated Medicated Processing System (CHAMPS) for eligibility determination. The following information will be checked/verified:

1. Client coverage type
  2. Date the client's coverage begins
  3. Date the client's coverage ends
- C. Any Substance Use Disorder (SUD) client not eligible for Medicaid coverage is eligible for SUD Block Grant. The appropriate county specific Block Grant will be entered as the benefit plan.
1. An Ability to Pay (ATP) will be completed for these clients.

### **IV. Definitions**

None

### **V. References**

None

### **VI. Attachments**

None