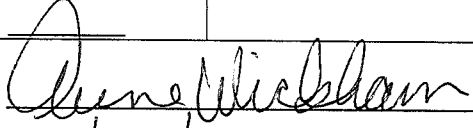


SWMBH Operating Procedure 9.8

Subject: Enrollee Claims Status Script		Accountability: Operations & Member Services	Effective Date: 6/5/2017	Pages: 2	
Overarching Policy: Enrollee Cost Sharing 9.8			Last Reviewed Date: 6/5/17	Past Reviewed Dates:	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input 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: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date:	Past Revised Dates:
Approved : 			Required Reviewer: Director of Operations		
Date: <u>6/21/17</u>					

I. Purpose

To afford enrollees the opportunity to inquire and receive status on any claim that is filed on their behalf by a provider.

II. Scope

This procedure should be followed by anyone who could receive a phone call from a consumer inquiring about the receipt or payment of any claim received. Consumers will be directed to the Customer Service phone lines but calls may come into any possible line and staff should attempt to satisfactorily answer a request for claims status without transfer.

III. Procedural Steps

- A. In Smartcare access the inquiring consumers record after obtaining sufficient information to verify the identity of the caller (i.e. name, DOB, Medicaid ID)
- B. In the client record, click on Claims banner
- C. Verify the provider and date of service from the enrollee and locate the claim line in the list page.
- D. Click on the claim line number associated with the provider and date of service.
- E. From the claim line detail page the following information can be found to provide to the enrollee.
 - 1. Current status of claim (Received, Approved, Denied or Paid)
 - 2. Approved amount
 - 3. Denial reason
 - 4. Paid amount
 - 5. Date paid
- F. If enrollee has received a balance due bill from the provider the enrollee should be afforded the opportunity to file a grievance complaint as providers should not be balance billing any consumer of MI Health Link services.

IV. Definitions

None

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V. References

None

VI. Attachments

None