



Section: Claims	Policy Name: Provider Communication	Policy Number: 09.04
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 3
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): —	Final Approval By: <i>Anne Wickham</i> Anne Wickham (Jul 21, 2022 14:26 EDT)	Date Approved: Jul 21, 2022
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 1/1/2014

Policy: Southwest Michigan Behavioral Health (SWMBH) and its Participant Community Mental Health Service Providers (CMHSP) shall ensure that all contract providers are kept informed of all necessary information regarding claims policies and procedures on a timely basis.

Purpose: To articulate the standards and procedures of SWMBH regarding communication between contracted (and in some cases non-contracted) providers and SWMBH claims department.

Scope: Operations

Responsibilities: Claims processors

Definitions: None

Standards and Guidelines:

A. Communication by Participating CMHSPs and SWMBH

It is the responsibility of the Participant CMHSP and SWMBH to ensure their contracted network providers have access to the following information, either through their contract, Provider Manual or other documentation including electronic media.

1. Address to file claims (both electronic and paper)
2. Telephone contact numbers
3. Information that must be contained in a claim in order for it to be considered “clean”
4. Acceptable standard billing formats
5. Dates by which claims must be filed to be considered for payment
6. Process for appealing a denied claim



7. Names and addresses of delegated claims processors

Contracted providers must be given 30 days written prior notice to all changes. Failure to give required notice of address change could result in delayed or lost claim filings. The contracted claims filing limit will be excused and payment allowed when required notice of address change is not provided.

B. Communication by SWMBH

It is the responsibility of SWMBH to ensure all Participant CMHSP's are provided like information.

Procedures: None

Effectiveness Criteria: None

References:

- A. PIHP Contract Schedule A

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	3/16/2020	Throughout Policy	New template	A. Wickham
1	7/14/2022		Updated Reference document	A. Wickham







09.04 Provider Communication

Final Audit Report

2022-07-21

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