



Section: <b>Claims</b>	Policy Name: <b>Paper Claim Submission, Receipt, &amp; Processing Controls</b>	Policy Number: <b>09.07</b>
Owner: <b>Chief Administrative Officer</b>	Reviewed By: <b>Anne Wickham</b>	Total Pages: <b>4</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input type="checkbox"/> <b>NCQA</b> <input type="checkbox"/> <b>Other (please specify):</b> —	Final Approval By: <i>Anne Wickham</i> <a href="#">Anne Wickham (Jul 21, 2022 14:28 EDT)</a>	Date Approved:  Jul 21, 2022
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input checked="" type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> <input checked="" type="checkbox"/> <b>Healthy Michigan</b> _____ <input checked="" type="checkbox"/> <b>SUD Block Grant</b> <input checked="" type="checkbox"/> <b>SUD Medicaid</b> <input type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>1/1/2014</b>

**Policy:** In accordance with the agreement of the Michigan Department of Health and Human Services (MDHHS), Southwest Michigan Behavioral Health (SWMBH) will enter all paper claims (i.e. CMS 1500 or UB-92) received by Providers into the Managed Care Information System (MCIS) within ten (10) calendar days of receipt to allow for timely claims processing.

**Purpose:** To establish a standard policy on the handling of paper claims that will support the timely and accurate data entry of paper claims.

**Scope:** Operations

**Responsibilities:** Claims processors

**Definitions:** None

**Standards and Guidelines:**

- A. Paper claim is received by the SWMBH Claims Unit via mail and is date stamped with the present date.
- B. The receipt date will be entered in the Claim System 'Received Date' field.
- C. For Non-Institutional/Facility Claim (i.e. CMS 1500), proceed go to Step E
- D. If Facility Claim (i.e. UB-04 Claim Form). The following information will be entered within the appropriate screens in the Claims System:
  1. Enrollee ID
  2. Provider ID
  3. Claim receipt date
  4. Clean Claim date



5. Admission Details
    - a. Date the enrollee was admitted
  6. Diagnosis Codes
    - a. Principal diagnosis Code
    - b. Admitting Diagnosis Codes
  7. Procedure codes
    - a. Procedure code and line date
  8. Patient Account information
  9. Total Charge Amount
- E. For Professional Claim (i.e. HCFA 1500), enter the following information:
1. Enrollee ID
  2. Provider ID
  3. Claim Receipt Date
  4. Diagnosis Codes
  5. Patient Account
  6. Total Claim Charge Amount
  7. Beginning Date of Service
  8. End Date of Service
  9. Place of Service
  10. Procedure Code
  11. Units
  12. Rendering Provider (if applicable)
- F. Enter any additional information that supports claim/claim payment
1. Authorization Number (if applicable)
  2. Other Supporting information (e.g. EOB, Coordination of Benefit, medical records, etc.)
- G. Complete the Claim Line Details for claim
1. Total Charge amount
  2. Units
  3. Line charges
- H. Allow claim to adjudicate through system to hit appropriate edits know in system as “Adjudication Rules”.
- I. Once claim has adjudicated to end, claim will be saved in claims system and remittance advice/EOB/check will be issued within 30 days of clean claim date.
- J. In the event a Medicaid or Healthy Michigan Plan claim is denied from a provider, the claims processor will notify Customer Service Specialist per procedure P09.07.01A.

**Procedures:** None

**Effectiveness Criteria:** None



**References:**

- A. BBA Section 42 CFR 447.45, 42 CFR 424.32, 42CFR 438.404
- B. PIHP Contract Schedule A

**Attachments:** None









# 09.07 Paper Claim Submission, Receipt, & Processing Controls

Final Audit Report

2022-07-21

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