



Section: Claims	Policy Name: Member Plan Coverage Eligibility Determination	Policy Number: 09.09
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 checked="" type="checkbox"/> Other (please specify): 42 CFR 433.137	Final Approval By: <i>Anne Wickham</i> Anne Wickham (Jul 21, 2022 14:28 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: 6/19/2015

Policy: Southwest Michigan Behavioral Health (SWMBH), its Participants, and Providers will utilize the appropriate Management Information Services and Benefit enrollment files to properly associate clients with the correct benefit/coverage plan.

Scope: Operations

Responsibilities: Claims processors

Definitions: None

Standards and Guidelines:

- A. SWMBH, its Affiliates, and Providers will ensure that Management Information Systems (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 Participants, and Providers will determine if the client is eligible by reviewing the Benefit Enrollment and Maintenance (834) files which are uploaded to the SWMBH system nightly or Michigan Department of Health and Human Services (MDHHS) Community Health Automated Medicated Processing System (CHAMPS) for eligibility determination through 270/271 data transfer. 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

4. Third Party Coverage availability

C. Substance Use Disorder (SUD) clients 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.

Procedures: None

Effectiveness Criteria: None

References:

A. PIHP Contract Schedule A

Attachments: None


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Final Audit Report

2022-07-21

Created:	2022-07-21
By:	Jody Vanden Hoek (jody.vandenhoeck@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqLcu9Y9FoY54yRkbAkPd8HeSlvnGphQ4


"09.09 Member Plan Coverage Eligibility Determination" History

 Document created by Jody Vanden Hoek (jody.vandenhoeck@swmbh.org)

2022-07-21 - 6:25:15 PM GMT

 Document emailed to anne.wickham@swmbh.org for signature

2022-07-21 - 6:25:36 PM GMT

 Email viewed by anne.wickham@swmbh.org

2022-07-21 - 6:28:34 PM GMT

 Signer anne.wickham@swmbh.org entered name at signing as Anne Wickham

2022-07-21 - 6:28:44 PM GMT

 Document e-signed by Anne Wickham (anne.wickham@swmbh.org)

Signature Date: 2022-07-21 - 6:28:45 PM GMT - Time Source: server

 Agreement completed.

2022-07-21 - 6:28:45 PM GMT