

SWMBH SUD Block Grant Claims Review

Provider:				
Date of Review:				
Reviewer: Brittany Ball				
Section 1: Block Grant Claims				
		Possible	Actual	Percent
A	The consumer is eligible for the block grant that paid for this service.	0	0	#DIV/0!
B	Block grant funds were used as a payment of last resort.	0	0	#DIV/0!
C	The code billed is an eligible code for payment under block grant.	0	0	#DIV/0!
C.1	If services were denied by Medicaid is the allocation under block grant appropriate. I.e. Billing rules were followed.	0	0	#DIV/0!
D	An ability to pay form (ATP) was completed at initial intake for services.	0	0	#DIV/0!
E	FFS Provider entered the initial and subsequent ATP determination information into the customer's record and only billed for the contracted service fee, minus the applicable ATP amount.	0	0	#DIV/0!
F	ATP has been completed annually or as financial information changed.	0	0	#DIV/0!
G	Consumers seeking block grant fund coverage also applied for Medicaid/Healthy Michigan Plan, MICHild programs unless they can show documentation of recent ineligibility.	0	0	#DIV/0!
H	There is documentation on file to support that the service was provided to the consumer.	0	0	#DIV/0!
I	The service was provided by a qualified practitioner and falls within the scope of the code billed/paid.	0	0	#DIV/0!
J	The appropriate amount was paid (Contracted rate or less).	0	0	#DIV/0!
K	For customers with commercial insurance, if block grant dollars were used to supplement co-pays or high deductibles the following conditions were satisfied as specified by SWMBH Operation Policy 1.7 Section III.C.4. Special Circumstances. (Section 2 Below)			
Section Total:		0	0	#DIV/0!
Section 2: Block Grant Special Circumstances for Commercial Insurance				
	If a customer is pregnant with a substance use disorder, and they have a third party insurance for which they request financial assistance for a copay, coinsurance, or deductible, was one of the following completed:			
	i. Completion of all ATP Forms	0		#DIV/0!
	ii. Documentation of coverage provided by third party payer for service(s)	0		#DIV/0!
L	iii. Applying for Medicaid	0		#DIV/0!
M	FFS Provider Only: If there is a customer with a copay, coinsurance and/or high deductible, in which the amount is deemed greater than the customer's ability to pay, did the fee for service provider submit a completed "Substance Abuse Disorder Request for Assistance with Copayment, Coinsurance and Deductibles Criteria"?	0		#DIV/0!

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N	FFS Provider Only: If there is a customer with a determined ability to pay amount, who indicated they are unable to pay the determined dollar amount, did the fee for service provider submit the completed "Substance Abuse Disorders Request to Reduce or Waive ATP Fee" form to SWMBH for review and determination?	0		#DIV/0!
	Sub-Capitated CMH Only: If a sub-capitated CMHSP reviewed and determined the request for waivers and reductions of the determined ability to pay, as well as requests for assistance with copayments, coinsurance and deductibles:			
	i. Was SWMBH's request forms and determination criteria used?	0		#DIV/0!
O	ii. Was SWMBH notified of these decisions at the time they were made?	0		#DIV/0!
	Section Total	0	0	#DIV/0!
	Overall Total	0	0	#DIV/0!