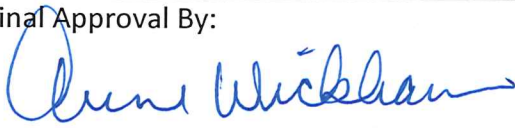





Section: Claims	Policy Name: MHL – Member Plan Coverage Eligibility Determination	Policy Number: MHL 09.09
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 3
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): <u>See References Section</u>	Final Approval By: 	Date Approved: 
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): <hr/>	Line of Business: <input 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 checked="" type="checkbox"/> MI Health Link	Effective Date: 10/29/19

Policy: Southwest Michigan Behavioral Health (SWMBH), its Affiliates, and Providers will utilize the appropriate Management Information Services and Benefit enrollment files to properly associate clients with the correct benefit/coverage plan. Also, SWMBH, its Affiliates, and Providers will not deny covered services to eligible clients if their eligibility ended prior to the last day of the month, as services are eligible through the end of the month.

Purpose: To verify patient plan eligibility.

Scope: Operations, Utilization Management (UM), Provider Network

Responsibilities: Access, UM and Claims staff

Definitions: None

Standards and Guidelines:

- A. SWMBH, its Affiliates, and Providers will ensure that Management Information Services (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 Affiliates, and Providers will determine if the client is eligible by reviewing the Benefit Enrollment and Maintenance (834) and Payment Order Remittance advice (820) reconciliation files or Michigan Department of Health and Human Services (MDHHS) Community Health Automated



Medicated Processing System (CHAMPS) for eligibility determination. 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
- C. Any Substance Use Disorder (SUD) client 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. Michigan Three Way Contract; Section 2.3- Eligibility and Enrollment Responsibilities
- B. Meridian-SWMBH Agreements; Section 2.7; Claims Payment Administration
- C. Aetna-SWMBH 2nd Amended and Restated PIHP Contract; Payment Administration Section; 2.6.10
- D. PIHP Contract; Section 7.7

Attachments: None

