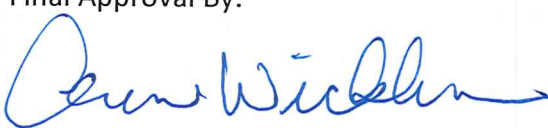





Section: Claims	Policy Name: MHL – Timely Payment of Claims/Quality Assurance	Policy Number: MHL 09.10
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 3
Required By: <input checked="" type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input 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 type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 10/29/19

Policy: In accordance with pertinent State and Federal Guidelines and the payment standards noted in the Three-Way Contract and the Memorandum of Understanding (MOU), Southwest Michigan Behavioral Health (SWMBH) will pay all clean claim within 30 days at a 95% processing accuracy rate and will pay or deny all non-clean claims within 60 days. SWMBH will also administer quality assurance and reporting standards that appropriately monitor quality and communicate claim reporting to Integrated Care Organization (ICO).

Purpose: To implement a claims payment process that will ensure that claims are processed according to the timely payment requirements set forth by the State and/or Contractual Agreement(s).

Scope: Operations

Responsibilities: Claims Processors

Definitions:

- A. Clean Claim: Claim that can be processed without obtaining additional information from the provider of the service. This does not include those claims from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.
- B. Provider: Any individual or entity furnishing Medicaid Services under a provider agreement with the Medicaid Agency.

Standards and Guidelines:

- A. SWMBH will ensure that all clean claims from providers are paid within 30 calendar days of receipt and that any clean claim not paid within 30 calendar days have interest calculated on reimbursement.



SWMBH will ensure that all non-clean claims are paid or denied within 60 calendar days from the date of request for payment. In order to do this, a pend report will be run three times per week which identifies clean vs. non-clean claims along with the reason for the claim being in a pended status. The claim processor will work with the appropriate individuals/departments to ensure that the claims are processed in a timely manner. At the end of each week, a new report will be run that will reveal any clean claim within the 30-day timeframe that may require an interest payment.

B. SWMBH claims Unit will follow a quality assurance program that will ensure that the:

1. Financial accuracy of provider payments has a payment accuracy of at least 99%. The determination of financial accuracy percentage will involve identifying the total dollar amount of underpaid and overpaid claims to the total dollar amount of all claims paid.
2. Payment Accuracy of claims paid or denied correctly has a payment accuracy of at least 98%. The determination of payment accuracy percentage will be measured by dividing the number of claims paid/denied correctly by the total number of claims reviewed.
3. Claims Processing Accuracy of claims has a processing accuracy rate of at least 95% of all claim. The determination of processing accuracy percentage will be measured by dividing the total number of claims processed correctly by the total number of claims reviewed.

C. Monthly reports will be generated that summarizes claims administration activities.

Procedures: None

Effectiveness Criteria: None

References:

- A. 42 CFR; 447.45
- B. SSA 1902(a)(37)
- C. Meridian-SWMBH agreement; Section 9 – Administrative Quality Assurance Standards

Attachments: None

