




Section: Claims	Procedure Name: Enrollee Claims Status Script	Procedure #: MHL P09.08.01
Overarching Policy: MHL 09.08 Enrollee Cost Sharing Prohibition		
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 type="checkbox"/> Other (please specify): _____	Final Approval By:  Anne Wickham (Nov 2, 2020 08:37 EST)	Date Approved: Nov 2, 2020
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: 10-28-2020

Policy: MHL 09.08 Enrollee Cost Sharing Prohibition

Purpose: To afford enrollees the opportunity to inquire and receive status on any claim that is filed on their behalf by a provider.

Scope: This procedure should be followed by anyone who could receive a phone call from a consumer inquiring about the receipt or payment of any claim received. Consumers will be directed to the Customer Service phone lines but calls may come into any possible line and staff should attempt to satisfactorily answer a request for claims status without transfer.

Responsibilities: <Who is listed in this procedure and what are they required to do?>

Definitions: None

Procedure:

- A. In Smartcare access the inquiring consumers record after obtaining sufficient information to verify the identity of the caller (i.e. name, DOB, Medicaid ID)
- B. In the client record, click on Claims banner
- C. Verify the provider and date of service from the enrollee and locate the claim line in the list page.
- D. Click on the claim line number associated with the provider and date of service.
- E. From the claim line detail page the following information can be found to provide to the enrollee.
 - a. Current status of claim (Received, Approved, Denied or Paid)



- b. Approved amount
 - c. Denial reason
 - d. Paid amount
 - e. Date paid
- F. If enrollee has received a balance due bill from the provider the enrollee should be afforded the opportunity to file a grievance complaint as providers should not be balance billing any consumer of MI Health Link services.

Effectiveness Criteria: None

References: None

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
0	10/28/20	Throughout	Put into new template	A. Wickham






MHL P09.08.01 Enrollee Claims Status Script

Final Audit Report

2020-11-02

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