

SWMBH MI Health Link Operating Policy 9.4

Subject: Provider Communication		Accountability: Claims/Operations	Effective Date: 01/01/2014	Pages: 2
REQUIRED BY: BBA Section _____ PIHP Contract Section Section 7.8.2 _____ NCQA/URAC Standard _____ Other _____		Last Reviewed Date: 7/10/17	Past Reviewed Dates: 6/11/15 9/7/16	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____	APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date:	Past Revised Dates: 6/11/15	
Approved: <u><i>Oliver Wickham</i></u> Date: <u>7/14/17</u>		Required Reviewer: Director of Operations		

I. Purpose

To articulate the standards and procedures of Southwest Michigan Behavioral Health (SWMBH) regarding communication between contracted (and in some cases non-contracted) providers and SWMBH claims department.

II. Policy

SWMBH and its Participant Community Mental Health Service Providers (CMHSP) shall ensure that all contract providers are kept informed of all necessary information regarding claims policies and procedures on a timely basis.

III. Standards

A. Communication by Participating CMHSPs and SWMBH

It is the responsibility of the Participant CMHSP and SWMBH to ensure their contracted network providers have access to the following information, either through their contract, Provider Manual or other documentation including electronic media.

1. Address to file claims (both electronic and paper)
2. Telephone contact numbers
3. Information that must be contained in a claim in order for it to be considered "clean"
4. Acceptable standard billing formats
5. Dates by which claims must be filed to be considered for payment
6. Process for appealing a denied claim
7. Names and addresses of delegated claims processors

Contracted providers must be given 30 days written prior notice to all changes. Failure to give required notice of address change could result in delayed or lost claim filings. The contracted claims filing limit will be excused and payment allowed when required notice of address change is not provided.

SWMBH MI Health Link Operating Policy 9.4

B. Communication by SWMBH

It is the responsibility of SWMBH to ensure all Participant CMHSP's are provided like information.

IV. **Definitions**

None

V. **References**

None

VI. **Attachments**

None