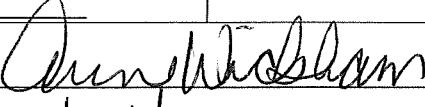


SWMBH MI Health Link Operating Policy 9.7

Subject: Paper Claim Submission, Receipt and Processing Controls Policy		Accountability: Operations/Claims	Effective Date: 01/01/2014	Pages: 2
REQUIRED BY: BBA Section <u>42 CFR 447.45, 42 CFR 424.32</u> PIHP Contract Section <u>Section 7.8.2.3</u> NCQA/URAC Standard _____ Other _____			Last Reviewed Date: 7/10/17	Past Reviewed Dates: 6/18/15 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: 6/18/15
Approved: 			Required Reviewer: Director of Operations	
Date: <u>7/14/17</u>				

I. Purpose

To establish a standard policy on the handling of paper claims that will support the timely and accurate data entry of paper claims.

II. Policy

In accordance with the agreement of the Michigan Department of Health and Human Services, Southwest Michigan Behavioral Health (SWMBH) will enter all paper claims (i.e. HCFA 1500 or UB-92) received by Providers into the Managed Care Information System (MCIS) within ten (10) calendar days of receipt.

III. Standards and Guidelines

1. Paper claim is received by the SWBH Claims Unit via mail and is date stamped with the present date.
2. The receipt date will be entered in the Claim System 'Received Date' field.
3. For Non Institutional/Facility Claim (i.e. HCFA 1500), proceed go to Step 5
4. If Facility Claim (i.e. UB Claim Form). The following information will be entered within the appropriate screens in the Claims System:
 - a. Enrollee ID
 - b. Provider ID
 - c. Claim receipt date
 - d. Clean Claim date
 - e. Admission Details
 - i. Date the enrollee was admitted
 - ii. The hour the enrollee was admitted
 - f. Diagnosis Codes
 - i. Principal diagnosis Code
 - ii. Admitting Diagnosis Codes
 - g. Procedure codes

SWMBH MI Health Link Operating Policy 9.7

- i. Procedure code and line date
 - h. Patient Account information
 - i. Total Charge Amount
 5. For Professional Claim (i.e. HCFA 1500), enter the following information:
 - a. Enrollee ID
 - b. Provider ID
 - c. Claim Receipt Date
 - d. Diagnosis Codes
 - e. Patient Account
 - f. Total Claim Charge Amount
 - g. Beginning Date of Service
 - h. End Date of Service
 - i. Place of Service
 - j. Procedure Code
 - k. Units
 - l. Rendering Provider (if applicable)
 6. Enter any additional information that supports claim/claim payment
 - a. Authorization Number (if applicable)
 - b. Other Supporting information (e.g. EOB, Coordination of Benefit, medical records, etc.)
 7. Complete the Claim Line Details for claim
 - a. Total Charge amount
 - b. Units
 - c. Line charges
 8. Allow claim to adjudicate through system to hit appropriate edits (i.e. State Medicaid Specific edits, NCCI, coding edits)
 9. Once claim has adjudicated to end, claim will be saved in claims system and remittance advice/EOB/check will be issued within 30 days of clean claim date.

IV. Definitions

Adjudicate

The progression of claims going through the payment process.

Claim

A provider submitted record, representing an episode of care provided, utilizing the approved form(s) and correct coding.

Data Entry

The process of manually entering data from paper claims into the claims processing system.

Provider

Any individual or entity furnishing Medicaid Services under a provider agreement with the Medicaid Agency

V. References

PIHP Contract; Section 7.8.2.3 Electronic Billing Capacity

42 CFR 447.45

42 CFR 424.32

VI. Attachments

None