



Section: Claims	Procedure Name: Denial Notifications Procedure	Procedure #: P09.07.01
Overarching Policy: 09.07 Paper Claim Submission, Receipt, & Processing Controls		
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 2
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Anne Wickham</i> Anne Wickham (Oct 26, 2020 12:54 EDT)	Date Approved: Oct 26, 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 checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 5/11/2020

Purpose: To describe a clear method for notifying Customer Service when a claim is denied for payment for a Medicaid or Healthy consumer.

Scope: This procedure intends to assure consumers are notified when a claim for payment is denied that they may be financially obligated to pay so that they are afforded their Appeals rights under 42 CFR 438.404.

Procedure:

- A. Providers who are under contract with Southwest Michigan Behavioral Health are forbidden from balance billing a Medicaid or Healthy Michigan consumer for a claim that is denied.
- B. Claims that received from Non-network providers will be entered into the MCIS and processed through adjudication.
- C. Non-network providers who failed to obtain prior authorization will have their claims denied as per the adjudication rules.
- D. Upon denial of a claim the claims processors will upon completion of adjudication processing submit to the Customer Services Specialist a list of claims that have denied for payment.
- E. The Customer Services Specialist will assure that Adverse Benefit Determination notices are mailed to the consumer address on file with proper information on the reason for claim denial and indicating the consumers appeals rights

References: 42 CFR 438.404(c)(2)



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
0	5/11/2020		New policy	A. Wickham
1	9/11/2020	Title Change, Procedure D&E	Change from non-network only procedure to apply to all claims	A. Wickham






P09.07.01 Denial Notifications Procedure

Final Audit Report

2020-10-26

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