

SWMBH Operating Policy 9.10

Subject: Timely Payment of Claims/Quality Assurance- MI Health Link		Accountability: Operations/Claims	Effective Date: 06/19/2015	Pages: 2	
REQUIRED BY: BBA Section <u>42 CFR 447.45</u> PIHP Contract Section _____ NCQA/URAC Standard _____ SA SARF _____ Other SSA - <u>Section 1902(a)(37)(A)</u> <u>Meridian-SWMBH agreement; Section 9-</u> <u>Administrative Quality Assurance Standards</u>			Last Reviewed Date: 9/7/16	Past Reviewed Dates: 6/19/15	
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Community Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> DD providers <input type="checkbox"/> Other: _____		Last Revised Date:	Past Revised Dates:
Approved: <u><i>Deena Wickham</i></u> Date: <u>9/12/16</u>			Required Reviewer: Director of Operations		

I. 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).

II. 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 ICO.

III. 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:

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1. Financial accuracy of provider payments have 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.

IV. Definitions

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.

Provider

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

V. References

42 CFR;447.45
SSA 1902(a)(37)

VI. Attachments

None