

## BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

<b>Chapter: 12</b>	<b>Riverhaven Coordinating Agency</b>		
<b>Section: 2</b>	<b>Claims Management</b>		
<b>Topic: 1</b>	<b>Claims Submission, Adjudication and Reimbursement</b>		
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### Policy

It is the policy of Bay Arenac Behavioral Health (BABH) that Riverhaven Coordinating Agency (RCA) uses CareNet software for processing billed claims that are submitted by providers. All billed claims must be submitted electronically through CareNet.

Claims must be submitted within three-hundred sixty-five (365) days of the date of service; claims not submitted within the three-hundred sixty-five (365) day period will not be reimbursed by RCA. Exceptions for payment beyond the three-hundred sixty-five (365) day limit include: resubmission of a denied claim (which must be resubmitted one-hundred twenty (120) days from date of denial) or a claim that was awaiting a coordination of benefit status. Provider will call RCA to request the three-hundred sixty-five (365) day billing restriction field be turned off for twenty-four (24) hours to allow submission of the claim. However, due to the nature of State funding requirements, all claims for services provided under this contract must be submitted by November 15 of the next fiscal year.

### Purpose

This policy and procedure is established so that the claims processing division of BABH will process Netsmart's Carenet Systems (CareNet) submissions within ten (10) days.

### Applicability:

- All BABH Staff
- Selected BABH Staff, as follows: Claims
- All Contracted Providers:  Policy Only  Policy and Procedure
- Selected Contracted Providers, as follows: Substance Use Staff
  - Policy Only  Policy and Procedure
- BABH's Affiliates:  Policy Only  Policy and Procedure
- Other:

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**Definitions**

N/A

**Procedure**

If the provider is unable to electronically submit claims for technological reasons for a specified period of time, a temporary resolution may be negotiated between RCA and the provider, which would include the following steps:

- A. Document the problem in the form of a letter to RCA's Director.
- B. RCA's Director will schedule a meeting with staff, designated by the program and the Management Team at RCA, to outline the following course of action:
  1. Discuss the problem.
  2. Determine steps being taken to meet compliance.
  3. Set up a time line for implementation.
- C. An advance may be negotiated by providers until they can submit electronically.

If RCA is unable, for technological reasons, to accept CareNet claims, the provider will be notified to submit claims on disk, or on paper if the provider's billing system cannot save claims to disk.

The provider is required to bill for the services it renders to RCA's consumers.

Both the provider and RCA have certain billing responsibilities.

**Provider Responsibilities:**

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1. Verify and document through CareNet the consumer's clinical and financial eligibility prior to the delivery of service.
2. Communicate changes in the consumer's insurance coverage through CareNet.
3. Understand that RCA is payor of last resort.
4. Make all attempts to exhaust all other payment considerations.
5. The provider shall be able to track authorizations by consumer by effective and lapse dates through CareNet.
6. The provider shall be able to track authorization usage by Consumer Service Activity Codes (SAC)/(H) Codes.
7. The provider shall be able to support a billed service with proper documentation.
8. The provider will submit in CareNet all necessary criteria, including:
  - A. Consumer's ID number
  - B. Consumer's address, date of birth, sex, phone number
  - C. Consumer's other primary insurance information
  - D. Consumer's diagnosis
  - E. SAC (H) Codes (as identified in the RCA Provider Manual)
  - F. Start time and duration (if applicable)
  - G. Number of units billed
  - H. Amount paid by other sources (other insurance)
  - I. Balance due

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- J. Provider's Federal Tax ID number
  - K. Name and address of facility where services were rendered
  - L. Provider's billing name, address, zip code and phone number
9. Claims submitted cannot be altered by RCA staff.
10. Claims will be denied if necessary criteria are not present. This includes the billing of block supplemental.

RCA Responsibilities:

1. Provide technical assistance as requested by the provider.
2. Process claims as submitted by the provider.
3. Adjudicate accurate/clean claims in a timely manner (not to exceed ten (10) days from submission into the system).
4. Reimburse provider in a timely manner.

Adjudication

The claims processor will review all provider submitted billed claims before adjudication. BABH, as the fiduciary, has the right to pay or deny any provider submitted billed claims. Once the claims processor has reviewed the provider billed claims and acknowledges they are correct, the billed claims will be adjudicated and submitted to the Finance Department for payment.

If there is a discrepancy in the provider submitted billed claims, they will be denied.

Details of the adjudication process can be found in the CareNet CA/AAR Operations Manual.

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### Reimbursement

Once provider submitted billed claims have been adjudicated, a Generate Bill Report will be produced. Every other Monday, the Generate Bill Report is either faxed or mailed, via interoffice mail, to the Finance Department for payment. Payment is made the first Friday of the week the Generate Bill Report is processed by the Finance Department.

All payments by RCA for authorized services are contingent upon the availability of funding. If community block grant resources are not available to cover services, RCA will notify the provider at the time the service is authorized. Provider agrees that compensation for services will be made by RCA in accordance with Contract Rate Attachment. Payment for services rendered, less any applicable co-payment, deductibles, co-insurance or third party reimbursement amounts, in accordance with this Agreement, shall be made within thirty (30) days following the receipt of a CareNet claim, except when the claim is contested in good faith. Provider shall have no right to reimbursement for services provided to an RCA consumer without prior authorization of RCA, unless otherwise provided herein.

Provider acknowledges that it will not receive compensation from RCA for any services that are not listed in the Contract Rate Attachment. Provider is solely responsible for the collection of all co-payments, deductibles and co-insurance and shall not bill RCA for any amount owed.

Medicaid-covered consumers shall not be billed for services or any portion of the cost of those services.

### Attachments

N/A

### Related Forms

N/A

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## Related Materials

CareNet CA/AAR Operations Manual

## References/Legal Authority

Riverhaven Coordinating Agency Provider Manual  
Riverhaven Coordinating Agency Provider Contract

<b>Submission Form</b>		
<u>Approving Body/Committee/Supervisor:</u> Joe Sedlock	<u>Author:</u> Darren McAllister	<u>Approval/Review Date:</u> July 1, 2009
<b>Result:</b> Deletion <input type="checkbox"/> New <input type="checkbox"/> No Changes <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Revision <input type="checkbox"/>		
<u>List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.</u> Annual review update. Change made to parallel Medicaid guidelines.		