

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Bay-Arenac Behavioral Health Authority		
Section: 7	Claims		
Topic: 1	Claims Auditing – Adjustments, Dispute Resolutions and Appeals Processes		
Page: 1 of 5	Supersedes: Pol: 10-16-14 Proc: 10-16-14	Approval Date: Pol: 8-20-15 Proc: 7-6-15	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Board Chairperson Signature</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Chief Executive Officer Signature</div>
Affiliation CEO Approval Date:			
Policy applies to: 11-10-1, 11-10-2, 11-10-3, 11-10-4, 11-10-5, 11-10-6, 11-10-7, 11-10-8, 11-10-9, 11-10-10, 11-11-1, 11-11-2, 11-11-3, 11-11-4, 11-11-5, 11-11-6, 11-11-7, 11-11-8, 11-11-9, 11-11-10, 11-11-11, 11-11-12, 12-3-1			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/6/2021. For Controlled copy, view Agency Manuals – Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN THE SHADED AREAS ABOVE

Policy:

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement an auditing process to ensure the accuracy of claims processing.

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement a dispute resolution process for its contracted provider network. .

Purpose:

The policy and procedure will ensure accurate claim reimbursement to the appropriate provider.

Applicability:

- ☐ All BABH Staff
- ☒ Selected BABH Staff, as follows: Claims Staff, Financial Services Staff
- ☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure
- ☐ Selected Contracted Providers, as follows:
 - ☐ Policy Only ☐ Policy and Procedure
- ☐ Other:

Definitions:

N/A

Procedure:

1. Errors identified after a claim has been adjudicated and paid are dealt with on a claim-by-claim basis. Errors could include: paying an incorrect amount of units claimed, paying

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Bay-Arenac Behavioral Health Authority		
Section: 7	Claims		
Topic: 1	Claims Auditing – Adjustments, Dispute Resolutions and Appeals Processes		
Page: 2 of 5	Supersedes: Pol: 10-16-14 Proc: 10-16-14	Approval Date: Pol: 8-20-15 Proc: 7-6-15	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;"><i>Board Chairperson Signature</i></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="text-align: center;"><i>Chief Executive Officer Signature</i></div>
Affiliation CEO Approval Date:			
<small>Policy applies to: 11-10-1, 11-10-2, 11-10-3, 11-10-4, 11-10-5, 11-10-6, 11-10-7, 11-10-8, 11-10-9, 11-10-10, 11-11-1, 11-11-2, 11-11-3, 11-11-4, 11-11-5, 11-11-6, 11-11-7, 11-11-8, 11-11-9, 11-11-10, 11-11-11, 11-11-12, 12-3-1</small>			
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/6/2021. For Controlled copy, view Agency Manuals – Medworxx on the BABHA Intranet site.</small>			

DO NOT WRITE IN THE SHADED AREAS ABOVE

an incorrect provider, two providers claiming services performed at the same time, or unsubstantiated services provided.

2. The following steps occur if a provider has been incorrectly reimbursed.
 - a. Select General Claims Search
 - b. Search for claims using the available filters
 - c. Select Reconsider link
 - d. Enter the actual amount and units the claim should have been allowed and reimbursed
 - e. Enter comments (if applicable)
 - f. Select SAVE
 - g. Process the adjustment

The history of the original claim information is not destroyed and can be reviewed at any time.

3. Errors resulting in payment to the wrong vendor would result in voiding the claim. Again, this is dealt with on a claim-by-claim basis. The following steps occur if a provider has been reimbursed in error.
 - a. Select General Claim Search
 - b. Select Void/Reconsider to \$0
 - c. Enter Void Reason
 - d. Process the Void/Reconsider

The history of the original claim information is not destroyed and can be reviewed at any time.

The claim processor would then re-key the claim under the correct provider identification number for processing.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Bay-Arenac Behavioral Health Authority		
Section: 7	Claims		
Topic: 1	Claims Auditing – Adjustments, Dispute Resolutions and Appeals Processes		
Page: 3 of 5	Supersedes: Pol: 10-16-14 Proc: 10-16-14	Approval Date: Pol: 8-20-15 Proc: 7-6-15	
Affiliation CEO Approval Date:			
<small>Policy applies to: 11-10-1, 11-10-2, 11-10-3, 11-10-4, 11-10-5, 11-10-6, 11-10-7, 11-10-8, 11-10-9, 11-10-10, 11-11-1, 11-11-2, 11-11-3, 11-11-4, 11-11-5, 11-11-6, 11-11-7, 11-11-8, 11-11-9, 11-11-10, 11-11-11, 11-11-12, 12-3-1</small>			
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/6/2021. For Controlled copy, view Agency Manuals – Medworxx on the BABHA Intranet site.</small>			

DO NOT WRITE IN THE SHADED AREAS ABOVE

4. Providers receiving denied claims for duplicate/overlapping services of shared consumers should reference the claim in the Electronic Health Record (EHR) (Claim Management link) for notes indicating which provider was previously paid for overlapping time(s).
 - a. Both providers should work independently and seek resolution as to who provided the (direct/billable) service.
 - b. If agreement is reached, the provider paid in error should submit an Adjustment and Void Request Form to the BABH Claims Dept. Once voids are processed, (see process described in 3. above) both providers may rebill for their accurate block(s) of service time.
 - c. If agreement is not reached, both providers should complete a Provider Service Dispute Resolution form, attaching documentation that the service was provided, and submit to the BABH Claims Dept, who will forward to the designated BABH staff person (Skill building and supported employment overlaps to the Vocational Coordinator, all other service overlaps to the Contract Administrator). If the dispute cannot be resolved at this level, BABH internal staff will consult with the appropriate BABH Director to make a determination on which provider should receive payment.
 - d. The final determination will be communicated to both providers by the appropriate BABH staff person.

The BABH Finance Department will retain records as to the resolution of disputes regarding claims.

5. Claims Appeals:

In order to process appeals in a timely manner, the following steps will be implemented.

Step 1. The provider shall submit a written correspondence to the Finance Manager of BABH detailing the dispute. This correspondence will be stamped with an electronic date and time of arrival. The Finance Manager will make a decision within 14 days of the received correspondence.

Step 2. A written correspondence will be communicated back to the provider –

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Bay-Arenac Behavioral Health Authority		
Section: 7	Claims		
Topic: 1	Claims Auditing – Adjustments, Dispute Resolutions and Appeals Processes		
Page: 4 of 5	Supersedes: Pol: 10-16-14 Proc: 10-16-14	Approval Date: Pol: 8-20-15 Proc: 7-6-15	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center;"><i>Board Chairperson Signature</i></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="text-align: center;"><i>Chief Executive Officer Signature</i></div>
Affiliation CEO Approval Date:			
<small>Policy applies to: 11-10-1, 11-10-2, 11-10-3, 11-10-4, 11-10-5, 11-10-6, 11-10-7, 11-10-8, 11-10-9, 11-10-10, 11-11-1, 11-11-2, 11-11-3, 11-11-4, 11-11-5, 11-11-6, 11-11-7, 11-11-8, 11-11-9, 11-11-10, 11-11-11, 11-11-12, 12-3-1</small>			
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/6/2021. For Controlled copy, view Agency Manuals – Medworxx on the BABHA Intranet site.</small>			

DO NOT WRITE IN THE SHADED AREAS ABOVE

- a. upholding the original decision or
- b. over-riding the initial decision and approving the claim for payment.

Step 3. In the event that the original decision is upheld, and the provider is still in dispute of the decision, the provider shall submit a written correspondence to the Chief Financial Officer (CFO). The correspondence will be stamped with a received date. The CFO will make a decision within 14 days of the received correspondence.

Step 4. A written correspondence will be communicated back to the provider –

- a. upholding the original Finance Manager’s decision or
- b. over-riding the Finance Manager’s decision and approving the claim for payment.

Step 5. In the event that the claim is still in dispute, the matter will be referred to the Executive Director of BABH.

Attachments:

N/A

Related Forms:

Adjustment and Void Request Form (G:/Contracts Protected/BABHA CONTRACTS/_Network Management Folder/Claims)

Provider Service Dispute Resolution Form (G:/Contracts Protected/BABHA CONTRACTS/_Network Management Folder/Claims)

Related Materials:

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Bay-Arenac Behavioral Health Authority		
Section: 7	Claims		
Topic: 1	Claims Auditing – Adjustments, Dispute Resolutions and Appeals Processes		
Page: 5 of 5	Supersedes: Pol: 10-16-14 Proc: 10-16-14	Approval Date: Pol: 8-20-15 Proc: 7-6-15	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;"><i>Board Chairperson Signature</i></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="text-align: center;"><i>Chief Executive Officer Signature</i></div>
Affiliation CEO Approval Date:			
<small>Policy applies to: 11-10-1, 11-10-2, 11-10-3, 11-10-4, 11-10-5, 11-10-6, 11-10-7, 11-10-8, 11-10-9, 11-10-10, 11-11-1, 11-11-2, 11-11-3, 11-11-4, 11-11-5, 11-11-6, 11-11-7, 11-11-8, 11-11-9, 11-11-10, 11-11-11, 11-11-12, 12-3-1</small>			
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/6/2021. For Controlled copy, view Agency Manuals – Medworxx on the BABHA Intranet site.</small>			

DO NOT WRITE IN THE SHADED AREAS ABOVE

References/Legal Authority:

N/A

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL/REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
E. Lewis L. Thomas	M. Rozek	08/28/14	Revision	Chapter review – updated policy statements to reflect current practice.
E. Lesniak	M. Rozek	07/06/15	Revision	Incorporated and modified C11- S11 (Access Alliance of Michigan/Claims Processing) into C8-S7 (Bay Arenac Behavioral Health/Claims)
E. Lesniak	M. Rozek	10/31/18	No Changes	Triennial Review