

# BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

<b>Chapter: 8</b>	<b>Bay-Arenac Behavioral Health Authority</b>		
<b>Section: 7</b>	<b>Claims</b>		
<b>Topic: 3</b>	<b>Claims Receipt, Staging, Storage &amp; Security – Paper and Electronic Submissions</b>		
<b>Page: 1 of 3</b>	<b>Supersedes:</b> <b>Pol: 6-19-03</b> <b>Proc: 6-19-03</b>	<b>Approval Date:</b> <b>Pol: 8-20-15</b> <b>Proc: 7-6-15</b>	<hr/> <i>Board Chairperson Signature</i>
<b>Affiliation CEO Approval Date:</b>			<hr/> <i>Chief Executive Officer Signature</i>
<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>			
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**Policy:**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to fully account for behavioral health claims submitted for processing and reimbursement that exceed behavioral health industry and regulatory standards for the public mental health care system.

**Purpose:**

The BABHA claims department will retrieve mail each business day from whatever source claims are sent, including electronic. All will be date stamped and recorded regardless of outcome of claim.

**Applicability:**

- All BABHA Staff
- Selected BABHA 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

**Standard:**

BABHA will ensure timely receipt, recording and storage of claims sent for processing.

**Definitions:**

N/A

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**Procedure:**

1. Paper claims are received from providers who send via U.S. Mail. These claims will be stamped with the date received stamp. They are then counted, sorted, and filed in locking cabinets awaiting data entry into the system for processing.
2. Paper claims received may require preparation before actual entry onto the claims system is possible. This would include, but not be limited to Coordination of Benefits claims.
3. Missing required information may prevent the claim from being entered onto the system for processing. If this is the case, the claim will be sent back to the provider with a cover sheet indicating the reason it cannot be processed.
4. Electronic files are received directly in the Electronic Health Record (EHR) for processing.
5. Claims received, Direct Data Entered (DDE) on system or sent back to the providers are tracked to determine a weekly Claims on Hand Report for paper control purposes.
6. The EHR system has been SAS-70 Audited. The application front end is web based using SSL for encryption. SSL is an adequate encryption scheme.

**Attachments:**

N/A

**Related Forms:**

Claims Information Request Form (G:\BABHA\Finance\Finance Forms)

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**Related Materials:**

N/A

**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. Lesniak	M. Rozek	07/06/15	Revision	Chapter 8 Review; Updated policy statements to reflect current practice. Incorporated and modified Chapter 11-Section 11 (Access Alliance of Michigan/Claims Processing) into Chapter 8-Section 7 (Bay-Arenac Behavioral Health/Claims).
E.Lesniak	M.Rozek	10/31/18	No Changes	Triennial Review – corrected spelling
E.Lesniak	M. Rozek	08/30/21	No Changes	Triennial Review
M. Mohan	M. Perry	09/27/24	No Changes	Triennial Review