

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 39	Validating Medicaid Eligibility		
Page: 1 of 4	Supersedes Date: Pol: 5-20-04 Proc: 5-1-15, 11-25-13, 8-19-10, 2-21-07, 5-20-04	Approval Date: Pol: 8-19-10 Proc: 10-25-2024	_____ <i>Board Chairperson Signature</i>
_____ <i>Chief Executive Officer Signature</i>			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/6/2024 For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to have a process for verifying Medicaid eligibility prior to rendering services and throughout the delivery of services.

Purpose

This policy and procedure is established to provide a guideline for the verification of Medicaid eligibility.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical, Clinical Management, Clinical Support, Finance and Service Access/Intake Staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care
 - Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

A. Medicaid Verification

1. BABHA staff and contracted primary behavioral healthcare providers are responsible to follow this policy and to fully review the source documents referred to in this policy.

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 39	Validating Medicaid Eligibility		
Page: 2 of 4	Supersedes Date: Pol: 5-20-04 Proc: 5-1-15, 11-25-13, 8-19-10, 2-21-07, 5-20-04	Approval Date: Pol: 8-19-10 Proc: 10-25-2024	<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;"><i>Board Chairperson Signature</i></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>Chief Executive Officer Signature</i></div>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/6/2024 For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

2. BABHA staff and contracted primary behavioral healthcare providers whose job duties include eligibility verifications will verify each person's eligibility prior to services being rendered and throughout the delivery of service.

B. Third Party Liability/Dual Eligibility Issues

Per Federal Regulations, a provider is responsible for following all primary insurance carrier rules and for billing all available financial resources for payment, including Medicare, prior to billing Medicaid/allocating Medicaid funds towards the service.

1. It is a provider's responsibility to question the person to determine the availability of any third-party resources.
2. BABHA staff and contracted primary behavioral healthcare providers, whose job duties include eligibility and related billing functions, will follow the eligibility and billing guidelines of the Medicaid program.
3. BABHA staff and contracted primary behavioral healthcare providers will determine and verify dual eligibility status of persons served and follow the policy that Medicaid is the payor of last resort.

3.a. If staff (including contracted staff) are unsure of the accuracy of the insurance information, staff should reach out to the BABH finance department for assistance in verifying insurance.

4. When an individual is entitled to Medicare and eligible for Medicaid, Medicare like other third-party payors, is the primary payor.

C. Medicaid Deductible (Spend-Down) Issues

1. Some Medicaid persons are classified as "deductible or spend-down" meaning that they have met all Medicaid eligibility criteria except that they have excess income. These persons may become eligible for Medicaid if they incur medical expenses each month equal to, or greater than, an amount determined by the local Michigan Department of Health and Human Services (MDHHS) representative, to qualify for Medicaid.

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 39	Validating Medicaid Eligibility		
Page: 3 of 4	Supersedes Date: Pol: 5-20-04 Proc: 5-1-15, 11-25-13, 8-19-10, 2-21-07, 5-20-04	Approval Date: Pol: 8-19-10 Proc: 10-25-2024	_____ <i>Board Chairperson Signature</i>
_____ <i>Chief Executive Officer Signature</i>			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/6/2024 For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

2. In order for such individuals to become eligible, they must present proof of any medical expenses incurred to the local MDHHS representative.
3. Providers can estimate any other insurance or Medicare payment that may be applied to the person's bill and if the exact charge is not known, providers should estimate the charge on the person's bill.
4. The local DHHS representative will then review the person's bills, which have been incurred, and determine the amount of the person's liability and the first date of Medicaid eligibility, if appropriate.
5. A provider is not permitted to provide deductible (spend-down) persons with a notice of a bill incurred if services have NOT been rendered.
6. BABHA staff, and contracted primary behavioral healthcare providers as applicable, are prohibited from providing deductible (spend-down) persons with bills or notices of bills incurred when services HAVE NOT been rendered by BABHA.
7. BABHA staff, and contracted primary behavioral healthcare providers as applicable, whose job duties include eligibility verification, are responsible for complying with the Medicaid program deductible (spend-down) requirements.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 39	Validating Medicaid Eligibility		
Page: 4 of 4	Supersedes Date: Pol: 5-20-04 Proc: 5-1-15, 11-25-13, 8-19-10, 2-21-07, 5-20-04	Approval Date: Pol: 8-19-10 Proc: 10-25-2024	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/6/2024 For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

References/Legal Authority

Michigan Administrative Code Section 330.2810
 Michigan Department of Health and Human Services Medicaid Provider Manual, Coordination of Benefits chapter.
 42 USC Section 1396a - State Plans for Medical Assistance

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
M. Bartlett	M. Bartlett	08/20/09	Revision	To reflect the actual process in place
M. Bartlett	M. Bartlett	06/22/10	Revision	Added “throughout the delivery of services” to policy statement
M. Wolber	J. Pinter	11/25/13	No changes	Reviewed – no changes to policy or procedure – minor corrections.
J. Hahn	C. Pinter	05/01/15	Revision	Reviewed – no changes to policy or procedure – revision of chapter assignment and title. Was 11-8-12 and now is 4-4-39.
S. Krasinski	K. Moore	6/8/18	Revision	Triennial Review and Minor corrections MDCH to MDHHS
S. Krasinski	J. Hahn	8/2/21	Revision	Triennial Review with minor correction
J. Hahn	J. Hahn	10-25-2024	Revision	Triennial Review: added language re: assistance from the finance department for insurance verification.