BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Policy: Insurance Coverage Plan 10-D		Application: BCCMHA Staff & Providers
Reviewed 12/20/2023	Revised 12/20/2023	First Effective 09/03/2020

I. PURPOSE

To provide an efficient and standardized means of obtaining the most up to date, proper insurance documentation and to accurately set up insurance policies in the BEHRI client account.

II. POLICY

There will be a procedure consistently followed for gathering and verifying coverage plans, including, but not limited to Medicaid and any Third Party Liability (TPL) which includes Medicare, commercial insurance, automobile accident fund and other third party payers.

The initial data gathering will be during the access process. Actual documentation will be gathered at the time of scheduling the intake appointment to ensure that the appointment is scheduled with a billable clinician. Validation will be completed by the Office Manager. Confidentiality will be maintained throughout this process.

III. STANDARDS

All staff who are involved in BCCMHA's client insurance plan determination will work together while gathering information from the client and will be held to a high standard in regards to knowing and adhering to these requirements, to allow designated staff to properly bill the appropriate funding source for services provided by BCCMHA.

IV. PROCEDURES

ACCESS TEAM

1. During a routine client inquiry, Access Team Member will collect and document client insurance coverage. Access Team Member will use the BEHRI 270/271 internal Medicaid verification for each client.
2. During a crisis call, once the client is stabilized or an inpatient hospitalization is imminent, information will be collected.
3. When the client has a TPL, Access Team will transfer client to the Client Registration Specialist or a Front Desk staff member to verify coverage plan. Verification may include obtaining policy numbers, name, date of birth and address of policy holder. If the Client Registration Specialist or a Front Desk staff member is not available, the Access Team can document insurance type, policy and group number and schedule the intake with a billable clinician. The Access Team will email or leave voicemail for the Client Registration Specialist to request that client be contacted for further information.

REIMBURSEMENT TEAM

1. At the time of client's first appointment, the Client Registration Specialist or Front Desk Staff will obtain all pertinent information that was not provided by the Access Team.

2. The Client Registration Specialist or Front Desk staff member will verify coverage by accessing insurance website or by contacting the insurance company's provider support department. Front Desk staff will request copay, coinsurance and deductible amount. If BCCMHA is out-of-network with TPL, copay, coinsurance and deductible information will be relayed to the client and any questions or concerns will be answered by the Office Manager. Client Registration Specialist, Front Desk staff or Office Manager will have client sign No Surprise Billing form.
3. Coverage plans are entered into BEHRI by the Front Desk staff and left at a pended status for further review by the Office Manager.
4. Supporting documentation of insurance plans will be scanned and uploaded to client record by administrative staff.
5. Office Manager will determine which insurance coverage plan is primary, leaving Medicaid as payer of last resort.
6. Medicaid deductible amount, if applicable, will be verified and added to the client EHR.
7. Insurance verification box will be checked, by Office Manager after a final verification of correct data entry included, but not limited to, policy number, group number, deductible and copayment amount. If policy holder is parent or spouse, staff will ensure this data is included in client insurance record in BEHRI.
8. Insurance coverage will be checked routinely to verify that it is still active. The designated staff person will strive to do this two days before scheduled appointments.

FRONT DESK STAFF

1. Front Desk Staff will request and scan any insurance card at time of intake assessment and at each subsequent appointment.
2. If the client meets requirements to qualify for Medicaid/Health Michigan staff will assist client in applying.

BCCMHA STAFF

Any staff member that was informed by the client that a change has occurred in their insurance coverage plan is responsible to alert the Office Manager and direct the client to the front desk before client leaves BCCMHA to ensure all pertinent information is obtained.

Refusal to apply for insurance benefits or provide information

According to Michigan MH Code 330.1814 Sec 814 – If a responsible party willfully fails to provide relevant insurance coverage information, or willfully fails to apply to have insurance benefits that cover the cost of services provided to the individual by BCCMHA, the responsible party's ability to pay shall be determined to be the full cost of service.

REFERENCES

Michigan Mental Health Code

APPROVED BY:

Richard Thiemkey Date
Executive Director