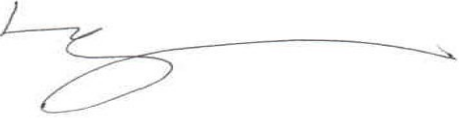


CHAPTER: 2	SECTION: 21	SUBJECT: CONTINUUM OF CARE
TITLE: CLAIM PAYMENT AND DATA COLLECTION		
EFFECTIVE DATE: 6/27/02	REVISED/REVIEWED DATE: 6/7/05, 5/6/08, 12/15/09, 3/8/12, 3/28/13, 3/14/14, 7/9/15, 4/25/18, 4/15/19, 4/23/20, 4/12/2021, 10/20/22	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To establish and maintain a policy on claims processing to assure all provider claims are paid on a timely basis as required by the DCH contract.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) Claims Processing Staff

III. DEFINITIONS:

Provider All outside vendors contracted through CMHOC to provide services on behalf of the agency to our consumers.

Clean Claim A claim that is completed in the format specified by CMHOC that can be processed without obtaining additional information from the provider of service or third party.

Unclean Claim A claim that does not meet the definition of a clean claim, a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

IV. PROCEDURES:

A. Claims Entry

1. Electronic Claims Submission

- i. The provider shall submit claims via CMHOC's web based claims data entry system, as required by the individual contract with CMHOC.
- ii. When claims are ready for upload to CMHOC's claims processing system, the provider will contact the Claims Processing Staff who will upload the claims data.
- iii. Any required additional information or supporting documentation is submitted directly to Claims Processing Staff by the provider, as required by the individual contract with CMHOC.

2. 837 EDI File Submission

- i. The provider shall prepare claims in 837 EDI file format.

- ii. The provider shall submit the electronic file to CMHOC via a secure FTP site.
- iii. The 837 file EDI file will automatically upload into CMHOC's claims processing system at noon or midnight.

3. Paper Claims Submission

- i. The provider shall submit paper claims and any required additional or supporting documentation to CMHOC, as required by the individual contract with CMHOC.
- ii. When claims are received, they are date/time stamped and distributed to the appropriate Claims Processing Staff.
- iii. Claims Processing Staff enter the claims data into CMHOC's web based claims data entry system or directly into CMHOC's claims processing system.
- iv. Claims entered into the web based claims data entry system are uploaded to the claims processing system.

B. Claims Processing

1. The Claims Processing Staff will complete the claims payment process in the claims processing system. The claims processing system electronically verifies the provider was authorized to provide the service code and units billed for the individual consumer on the service date billed. The claims processing system will mark all services as pended, denied, or approved during processing.
2. The Claims Processing Staff will review all pended and denied claims before closing the batch.
3. The Claims Processing Staff will close the batch and produce a payment voucher and explanation of benefits (EOB).
4. The EOB is forwarded to the provider to detail which services were approved, pended, or denied.

C. Claims Payment

1. Completed payment vouchers are uploaded by Claims Processing Staff from the claims processing system to Ottawa County's Accounts Payable system on a weekly basis. Only payment vouchers for providers that have a valid contract with Ottawa County can be uploaded to the Accounts Payable system. Payment vouchers that do not have a valid contract are identified and held until a valid contract is in place.
2. The uploaded payment vouchers are paid to providers in Ottawa County's weekly check/EFT processing runs.

D. Claims Review

1. Refer to Claims Verification policy – Continuum of Care Chapter 2 Section 20.

VI. ATTACHMENTS:

Not applicable.

VII. REFERENCES:

Not applicable.