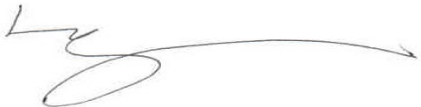


CHAPTER: 2	SECTION: 22	SUBJECT: CONTINUUM OF CARE
TITLE: COORDINATION OF BENEFITS		
EFFECTIVE DATE: 6/27/02	REVISED/REVIEWED DATE: 6/7/05, 2/7/06, 02/05/08, 12/15/09, 4/2/12, 3/28/13, 7/9/15, 4/11/17, 4/25/18, 6/21/19, 5/20/20; 4/12/2021, 10/20/22	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To assure that all third party payors of mental health services are billed for mental health and substance abuse services for both internal and external providers and ensure coordination between network providers.

II. APPLICATION:

This policy applies to all consumers serviced by Community Mental Health of Ottawa County (CMHOC).

III. DEFINITIONS:

None applicable.

IV. POLICY:

It is the policy of Community Mental Health of Ottawa County to ensure that Medicaid programs are the payor of last resort.

V. PROCEDURES:

- A. At intake and during the annual person centered planning process, CMH staff will verify insurance and ensure that the various insurance programs available to a consumer are used when the service package is designed.
1. From an initial screen, Access Center determines eligibility based on the Access Center Manual.
 2. Access Center obtains and, in collaboration with CMH Fiscal Services, verifies insurance information at the time of the service request.
 3. Depending on the consumer's insurance plan, Access Center staff may refer the individual to another service provider or refer for CMH services or both.
 4. Access Center notifies receiving CMH program/CMH team/contract agency of insurance requirements relevant to the assignment of cases.
 5. Treatment programs follow insurance requirements regarding staff qualifications, prior authorizations, etc.

6. Access Center staff/CMH Fiscal Services staff enters insurance information into the billing (PM)/system.
7. Billing (PM) system is a hierarchy system, setup to bill other outside insurances for approved services prior to billing Medicaid or State General Fund.
8. Payment processing (MSO) for contractual services includes a review to determine if other third party payor responsibilities have been followed before CMHOC approves the service for payment.
9. The Consumer Ability to Pay is assessed at least annually or if a significant change in income or assets occurs during the year. This is then updated in the billing (PM) system.

VI. ATTACHMENTS:

Not applicable.

VII. REFERENCES:

Not applicable.