



BILLING AND FINANCE

Prior to Service Provision

- A. Providers must assure that the authorization for services is in effect before the service is provided. The only exceptions to this are crisis services and assessments as specifically allowed in the contract.
- B. If further care is needed beyond an existing authorization date or approved units, providers must call ACCESS for a new or additional authorization.
- C. Providers must verify insurance/Medicaid information at each visit. CMHS of Muskegon County must be notified immediately if there are any changes in insurance and/or Medicaid coverage.
- D. For outpatient service contracts, an ability to pay calculation must be done annually and anytime the consumer's income increases or decreases during the course of treatment.
- E. Contract agencies are responsible for all third party billing other than Medicaid. CMHS of Muskegon County will not cover the cost of any service that a Third Party Payor would have paid if all billing conditions had been met. (e.g., The insurance would have paid a properly credentialed and registered individual). If insurance requirements are not met, CMHS of Muskegon County is not responsible.
- F. Any Explanation of Benefits (EOB) received from Third Party Payors must be submitted to CMHS of Muskegon County.

Reporting

- A. All billing must be submitted on a HCFA 1500.
- B. The services provided during the final week of the month must be submitted by the first business day of the subsequent month. Residential and Day Program Services must be submitted by the third (3rd) business day following the month that the services were provided.
- C. An error-free, or clean claim will be paid by CMHS of Muskegon County within thirty (30) days.

- D. Incomplete claims will be returned to the provider for correction. These must be corrected and resubmitted.
- E. Claims will not be accepted past sixty (60) days from the date services are provided.
- F. All claims submitted must include the authorization or re-authorization number.
- G. Appropriate clinical documentation must be in the consumer's medical record to substantiate all billed services.
- H. According to the Ability to Pay Guidelines as outlined in the Michigan Mental Health Code Chapter 8, Section 818-819:

Providers May Not Bill

- 1. Non-authorized services.
- 2. Amounts above the fee schedule/per diem.
- 3. Additional payments or co-payments whose only coverage is Medicaid.

Claims Management

All claims should be sent to:

Community Mental Health Services of Muskegon County
MCO Claims Processing
376 E. Apple Avenue
Muskegon, MI 49442



PROVIDER RELATIONS

Procurement Process

An array of behavioral health care is available to eligible recipients. CMHS of Muskegon County will procure services consistent with CMHS of Muskegon County Policy 20-016: Procurement of Services and 20-022: Selection of a Procurement Strategy (**see Provider Manual, Section IIC: Policies and Procedures of CMHS of Muskegon County**). Quality, cost and choice issues will be considered when making decisions regarding the provider network. Preference will be given to individuals/agencies that can document Clinical Best Practices achieving desired outcomes. CMHS of Muskegon County requires assurances that conflict of interest is not evident prior to contracting with any providers. Providers must disclose potential conflicts of any staff or Board representative during the application process.

Selected providers will sign a contract with CMHS of Muskegon County which specifies the expectations of the provider and CMHS of Muskegon County. The contract will contain expectations regarding outcomes, staff qualifications, services, and reporting requirements. Selected providers will emphasize cost effectiveness and clinical efficiency by optimizing access, quality, and service. Providers are solely responsible for managing operations consistent with terms of the accepted contract. All providers will be required to maintain compliance with the provider network performance standards contained in the contract and Provider Manual. CMHS of Muskegon County reserves the right to accept, reject, or negotiate and amend any provider application if it is in the best interest of the Board, and to waive any irregularities and/or information in the application process.

Conflict of Interest

Providers of services must be free of any significant investment or association of their own or of their immediate family with CMHS of Muskegon County employees that might interfere with, or be thought to interfere with an impartial analysis of a bid submission or application. If a conflict of interest does exist, it must be disclosed in the bid submission. Through a legal review, it will be determined if a true conflict of interest exists before any vendors are chosen and contracts issued.

Performance Improvement Activities

Providers are expected to maintain their own performance improvement activities. Network Management staff will measure Provider performance on an

ongoing basis to assure quality and cost effective services are being provided. Various measurements will be used to determine performance including periodic record reviews. These will be used as part of the selection and retention guidelines of the provider network. Performance information will be used by the contract manager as a consideration in rate negotiation and as a tool to focus provider performance improvement and training efforts. CMHS of Muskegon County will summarize key compliance activities and provide a final report specifying the provider's performance during the contract period in a "Report Card" format.

Examples of Performance Improvement measures may include:

- A. Performance on outcomes, performance indicators, and consumer care.
- B. Compliance with expected standards referenced in the contract, such as services are authorized, provided and billed according to the Person-Centered Plan.
- C. Timely response to required plans of correction.
- D. Customer Satisfaction: Complaints and Satisfaction Survey ratings.
- E. Cost of care: Per case and per admission.
- F. Access: Timeliness and availability of services.
- G. Denials: Types and disposition.
- H. Effectiveness in dealing with levels of consumer severity of illness.
- I. Volume of Activity (Capacity).
- J. Source and disposition of referrals and discharges.
- K. Billing and Business Practices: Timeliness/frequency, accuracy, and completeness of billing and other requested information, timely response to plans of correction.
- L. Ethics Issues: Provider meets expectations outlined in CMHS of Muskegon County's Ethics Statement.
- M. Compliance: Fraud and abuse situations.
- N. Coordination of Care.

Providers who wish to dispute any findings from a CMHS of Muskegon County review or audit, may contact the Chief Operations Officer at (231) 724-1104. For disputes of payment and claims, providers may contact the Mental Health Claims Supervisor at (231) 724-6646.

For a complaint not identified elsewhere in the Provider Manual or contract, contact the Executive Director at (231) 724-1104.

Credentialing, Privileging, and Staff Performance Evaluation

Network providers will be required to have specified credentials and licenses consistent with their degree and job functions. In addition, all licensed independent practitioners, doctors, Ph.D. psychologists, and physician assistants will be required to be privileged within the provider network

Individual staff competency and licensing must be consistent with CMHS of Muskegon County attached competency requirements All providers must have a formal process for conducting regular staff evaluations.

Site Visits

Minimally an annual evaluation at the program site will be completed for all non-accredited providers. For accredited providers this site visit may be waived if sufficient information is gathered from accreditation documentation and other sources. The decision to waive a site visit will be made by CMHS of Muskegon County leadership. CMHS of Muskegon County will develop and use standard review tools for providers specific to the service(s) provided