

# WOODLANDS BEHAVIORAL HEALTHCARE NETWORK

## FINANCE POLICY

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**Subject:** CLAIMS – ELECTRONIC CLAIMS

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**Originated:** 06/23/2015

**Reviewed:** 03/15/2017, 12/15/17, 8/15/18

**Revised:** \_\_\_\_\_

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### **Purpose**

To describe Woodlands electronic claims processing policy & procedures.

### **Policy**

It is the policy of Woodlands that all claims be processed via the Provider Access software system where such processing does not place an undue hardship on the participating provider.

### **Procedures**

1. Woodlands offers and strongly encourages electronic claims submission by utilizing the file upload process through the Provider Access software. Providers are trained and required to submit test claim batches before access to the production system is granted.
2. The following claim fields are required:
  - customer name
  - dates of service
  - procedure code and modifiers
  - diagnosis
  - total charges
  - place of service
  - units
  - rendering provider (as required)
  - any third party payment (if applicable)
3. Claims staff review Provider Access entries for completeness and reasonableness prior to adjudication and payment.
4. Claims are adjudicated and paid based on the adjudication logic of the SmartCare system.
5. All providers enrolled in electronic claims receive a remittance advice via encrypted email.
6. Denied claims are managed following the Claims Grievance Policy and established SWMBH policies.
7. Coordination of Benefits – Claims pended for Coordination of Benefits will be approved if:
  - The service is a non-covered benefit by the primary insurer, or
  - The claim is being billed to the General Fund, or
  - The EOB for the claim in question has been received, and
  - Inpatient Claims have been reviewed and financial liability determined.