

WOODLANDS BEHAVIORAL HEALTHCARE NETWORK

FINANCE POLICY

Subject: PAPER CLAIM SUBMISSION

Originated: 06/23/2015

Reviewed: 03/15/2017, 12/15/17

Revised: 07/25/2018

I. Purpose

To establish a standard policy on the handling of paper claims that will support the timely and accurate data entry of paper claims.

II. Policy

In accordance with the agreement of Southwest Michigan Behavioral Healthcare, Woodlands Behavioral Healthcare will enter all paper claims (i.e. HCFA 1500 or UB-92) received by Providers into the Managed Care Information System (MCIS) within fourteen (14) calendar days of receipt.

III. Standards and Guidelines

- A. Paper claim is received by accounting clerk via fax/mail and date stamped with the present date. The paper claim will then be routed to the claims processor for data entry.
- B. The receipt date will be entered in the Claim System 'Received Date' field.
- C. For Institutional Claims, the following information will be entered within the appropriate screens in the Claims System:
 1. Enrollee ID
 2. Provider ID
 3. Claim receipt date
 4. Clean Claim date.
 5. Admission Details
 - a. Start Date
 - b. Admission Date
 6. Diagnosis Codes
 - a. Principle diagnosis code
 - b. Admitting diagnosis code
 7. Beginning Date of Service
 8. End Date of Service
 9. Patient Account Information/Revenue Code
 10. Place of Service
 11. Units
 12. Total Charge Amount
- D. For Professional Claims (i.e. HCFA 1500), enter the following information:
 1. Enrollee ID
 2. Provider ID
 3. Claim Receipt Date
 4. Clean Claim Date
 5. Diagnosis Codes
 6. Beginning Date of Service
 7. End Date of Service
 8. Procedure Code
 9. Place of Service
 10. Rendering Provider (if applicable)
 11. Units

- E. Allow claim to adjudicate through system to hit appropriate edits (i.e. State Medicaid Specific edits, NCCI, coding edits)
- F. Once claim has adjudicated to end, claim will be saved in claims system and remittance advice/EOB/check will be issued within 30 days of a clean claim date.

IV. Definitions

- A. Adjudicate
The progression of claims going through the payment process.
- B. Claim
A provider submitted record, representing an episode of care provided, utilizing the approved form(s) and correct coding.
- C. Data Entry
The process of manually entering data from paper claims into the claims processing system.
- D. Provider
Any individual or entity furnishing Medicaid Services under a provider agreement with the Medicaid Agency.

V. References

- A. PIHP Contract; Section 7.8.2.3 Electronic Billing Capacity
- B. 42 CFR 447.45
- C. 42 CFR 424.32