


CHAPTER Fiscal Management	CHAPTER 06	SECTION 002	SUBJECT 55
SECTION Accounting		DESCRIPTION Invoice Payment Processing for Contract Providers	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers			

POLICY:

Lapeer County Community Mental Health (LCCMH) will process invoices received from, and payments made to residential and individual contract providers. This policy shall apply to all LCCMH billable contract services.

STANDARDS:

A claim must be considered a clean claim prior to submitting for payment.

Services billed are authorized in the Individual Plan of Service and entered into the Electronic Medical Record (EMR).

All contracts for mental health services will set specific requirements for the timely submission of required documentation and billing of services.

Each claim line must match clinical documentation with the following criteria included:

- Person Served name receiving services and case number
- Name and Code of the service billed and verification the service was a face to face contact
- Date of service

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- Start and stop times for services are time specific
- Name and Signature (electronic or written, depending on the record) of the individual providing the service.
- Credentials of the individual providing the service which meet the requirements for the service as required by Michigan Department of Health and Human Services (MDHHS).
- All elements of the documentation must be legible.

PROCEDURES:

Contract providers enter claim data directly into the Electronic Medical Record (EMR). Multiple services can be entered creating a batch of claims for each submission per provider.

LCCMH Claims staff responsible for monitoring the contracted service will review each claim batch for validity, accuracy, and completeness. Claims staff will also match claims data to documentation submitted by the provider. Account mapping and funding source is reviewed in an adjudication report.

If errors are found, claim batch is returned to contract provider. If claim batch is found to be clean claims, batches are sent through for approval. Once claims are approved, accounts payable invoices are printed and submitted to Accounts Payable staff to be processed, reviewed, and paid. See LCCMH Policy 06.002.50 Accounts Payable Processing

DEFINITIONS:

Clean Claim: A claim for mental health services that is completed in the format specified by the contract and can be processed without obtaining additional information from the provider of service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

REFERENCES:

Policy 06 002 50 Accounts Payable Processing

SK:mgr

This Policy supersedes #07/11026
#02/08008 dated 2/26/2008
