

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION
ADMINISTRATIVE MANUAL**

CHAPTER: Affiliation Chapter 4
PROCEDURE NAME: Benefit Verification
PROCEDURE NUMBER: 4002

POLICY:

Access Center staff will collect consumer information to determine defined benefits.

PURPOSE:

To assist Providers in verifying the consumer's behavioral health care coverage, insurance and Medicaid eligibility prior to requesting and authorizing services.

APPLICATION:

All North Country Community Mental Health, Northern Affiliation, and network Providers.

PROCEDURES:

- I. When a consumer calls the Access Center, the Access Center completes the initial benefit verification. It remains the Provider's responsibility to additionally verify the consumer's coverage, insurance and Medicaid eligibility prior to requesting authorization for services.
- II. When a Provider requests an authorization, it is the Provider's responsibility to verify the consumer's coverage, insurance, and Medicaid Eligibility prior to requesting the authorization for services.
 - A. Medicaid
The Provider must verify Medicaid enrollment and eligibility when a consumer initially begins treatment and continue to do so monthly for each Medicaid enrollee. Providers will confirm Medicaid eligibility by:
 1. Obtaining a copy of the consumer's Medicaid card and entering information into the clinical record.
 2. Calling the Medicaid Access number or using MedifaxEDI to obtain the Medicaid number and dates of eligibility and entering the information into the clinical record.
 - a. The Access Center will also use a client Eligibility Database Search and/or MedifaxEDI to verify Medicaid enrollment and eligibility.
 - B. Other Insurers (including Medicare)
It is the Provider's responsibility to identify the consumer's insurance, coverage, and multiple insurers when there is more than one insurer. Anytime the insurance status changes during an episode of care, the Providers obtain a copy of the consumer's insurance card and enter the contract number, plan code and group number into the clinical record.
 - C. Indigent, some or full ability to pay
It is the Provider's responsibility to complete paper work and follow state guidelines to determine the consumer's indigent status as well as their ability to pay. An update of this information should occur no less than annually and when something changes the consumer's financial status.

REFERENCES:

MDCH Specialty Pre-paid Health Plan 2002 Application for Participation
Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 03-04

DISTRIBUTION:

All North Country Community Mental Health, Northern Affiliation and network providers.

REVISED:
May 2004

APPROVED:

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