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North Sound Behavioral Health Administrative Services Organization, LLC

Section 3000 – Fiscal: MCO & HCA Billing

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 12/31/2019

Signature:

POLICY #3050.00

SUBJECT: MCO and HCA BILLING

PURPOSE

To outline the process of:

1. Submitting claims for Medicaid covered individuals to the Managed Care Organization's (MCOs) and Health Care Authority (HCA). HCA will be billed for Medicaid individuals who are not assigned to an MCO.
2. Receiving and reconciling payment from MCOs and HCA.

POLICY

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) will receive payments from the MCOs as stated per their individual contracts. The contract methodologies include:

1. Per member per month fees based on the 834 information and payments provided by the MCO;
2. Cost Reimbursement;
3. Monthly reconciliation to actual costs or agreed upon fees times the volume of services; and/or

All Medicaid individuals will be billed under one of the following methods:

1. An individual serve by an MCO covered under the per member per month contract or out of region Medicaid individual will be billed per the contracts. Total service costs will be divided by total service units monthly. This will produce a monthly unit cost. The monthly unit costs will be allocated to each unit and assigned to each agency. This process will be done based on the data sent to each MCO.
2. A Medicaid individual not assigned to an MCO will be covered by HCA and will be billed on the HCA fee schedule.

Reconciliations of monthly capitation payments will be done according to each MCO contract requirement based on the data sent to each MCO. Retroactive adjustments will be made within ninety (90) days after the MCO receives notification from HCA or per the contractual obligations. Reconciliation of capitation-based payments will be done within sixty (60) days or per the contractual obligations. Claim based payments will be reconciled to submitted claims and corrections and adjustment made if necessary.

North Sound BH-ASO providers will be paid from clean claims submitted. Clean claims are defined as "a claim that has no defect or impropriety". Data from encounters shall be submitted electronically to each MCO (as per the MCO/ASO contract) for their covered members.

ATTACHMENTS

None