Document Type:[1]	_x_ Policy & Procedure	___ Process Guideline	Adopted:	1/1/2019
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	___ Plan	___ System Description	Retired:	

Revisions: 11/07/2019. 2/28/20, 8/24/20, 6/28/21, 4/10/23, 7/5/2024

Document Scope: (applies to Policy & Procedure only)

- – The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

- – The requirements herein apply both to GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To describe Greater Columbia Behavioral Health, LLC BH-ASO's (GCBH BH-ASO) process to determine mid-month MCO enrollment changes.

DEFINITIONS

I. <u>834</u>: This refers to the HIPAA 834 Benefits Enrollment and Maintenance standard file that GCBH BH-ASO receives from MCOs that informs the BH-ASO of clients who are enrolled with an MCO at the time that the 834 file is created. GCBH BH-ASO receives these files from MCOs at least weekly (most MCOs generate at least several per week for us to retrieve from their SFTP sites.). These files can include retroactive eligibility periods as well.

POLICY

A. GCBH BH-ASO checks eligibility for members served by GCBH BH-ASO provider contracts prior to submitting encounters to MCOs or ProviderOne.

B. GCBH BH-ASO shall monitor member eligibility by checking eligibility for an encounter against the 834 files received from MCOs; hand lookup on the ProviderOne website any outlier clients who still do not show as having an MCO assigned in our eligibility table in our database.

PROCEDURE

1. Import and process 834s from MCOs.

2. Ensure that all provider data batch files have been imported.

3. When you run outbound 837 batches, Raintree will assign the correct payer based on the 834 information and type of service. Payer groups:

    a. AMER

    b. CCWA0

    c. CCWA5

    d. CCWA7

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"
[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

    e. CCWA8

    f. CHPWB

    g. CHPWE

    h. CHPWF

    i. MOLI

    j. HCA (A837P – outpatient)

    k. HCA (A837I – inpatient)

    l. HCA ITA (A837P – ITA H2011:HW outpatient for all payers, goes to HCA)

4. If there is a mid-month eligibility change for a member, then Raintree will submit data regarding that member to the respective MCO based upon the eligibility dates and the encounter/effective dates (i.e. data before the mid-month eligibility start date on that member goes to the old MCO; data for that member on or after the mid-month eligibility start date goes to the new MCO).

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors   Date 7/5/2024