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	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	7/5/2024
			Retired:	

Revisions: 11/07/2019, 5/11/2021

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². 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 outline how Greater Columbia Behavioral Health, LLC BH-ASO (GCBH BH-ASO) is to receive payments from Managed Care Organizations (MCOs).

DEFINITIONS

- I. Electronic Funds Transfer (EFT): A system of transferring money from one bank account directly to another without any paper money changing hands.
- II. Managed Care Organization (MCO): An organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA Individuals under HCA Managed Care Programs.

POLICY

- A. MCOs shall pay to GCBH BH-ASO per Member per month (PMPM) rate in consideration for the Behavioral Health Services for which GCBH BH-ASO arranges and the Administrative Services provided as stated in contract. GCBH BH-ASO shall be entitled to twelve percent (12%) of the expenditures for the crisis services listed in the contract. GCBH BH-ASO confirms and represents that the PMPM rate is in parity with the rates BH-ASO is seeking with the other IMC-MCOs with whom GCBH BH-ASO has contracted for single geographic regions.
- B. Payments from MCOs to GCBH BH-ASO shall be made by EFT on a monthly basis no later than the 15th of the month, or business day following the 15th day of the month if the 15th day is a weekend or a federal holiday.
- C. Per contract, GCBH BH-ASO shall submit claims and/or encounters for Covered Crisis Services consistent with the provisions of the contract.
- D. GCBH BH-ASO shall submit claims/encounters to MCOs in accordance with contract requirements, and as each MCO specifies.

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors	Date
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¹See 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.

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Revisions: 3/25/2022

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PURPOSE: The process for GCBH BH-ASO payments associated with for court ordered services to GCBH BH-ASO RSA individuals.

POLICY

Greater Columbia Behavioral Health (GCBH BH-ASO) provides Designation of Designated Crisis Responders (DCR) for implementation of the Involuntary Treatment Act in accordance with RCW 71.05, RCW 71.34, RCW 10.77, WAC 182-538. Crisis Services become Involuntary Treatment Act Services when a DCR determines an individual must be evaluated for involuntary treatment. ITA Services continue until the end of the Involuntary Commitment and may be outpatient or inpatient. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation.

PROCEDURE

1. Notification of initial ITA admission and corresponding court documents shall be directed to BH-ASO Authorization Staff, the BH-Authorization Staff will issue an authorization number.
2. BH-ASO Authorization Staff record ITA Admission into Authorization Tracking Worksheet and Raintree IS System.
3. During detention, the Facility shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
4. Ensure that Individuals with other Third Party Resources are billed and explanations of benefits are supplied as backup materials when billings are submitted to the BH-ASO with the UB004 Health Claim Form. As the BH-ASO State/Federal Block Grant and Medicaid are consider payer of last resort.
5. Detaining Facility will submit UB04 Health Claim Form and all applicable documents via the following options:
 - a. UB04 Health Claim Form via mail, fax or secure email.
 - i. By mail: Greater Columbia Behavioral Health, BH-ASO

Attn: Finance Department
101 N. Edison Street
Kennewick, WA 99336

ii. Secure fax: 509-460-5238

iii. Via secure email: Karenr@gcbh.org and Jenniferd@gcbh.org


b. Input claim encounter directly into the Raintree IS System under the Facilities designated access login.

6. BH-ASO Finance Staff will verify billings against BH-ASO Authorization and issue payment within 30 days of receipt of valid billings.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date