

Great Rivers Behavioral Health Administration Services Organization

Policy Title:	Third Party Resource Requirements and Coordination of Benefits	Policy No. 2006.02
Category:	Fiscal	Date Adopted: 1/10/2020 Date Revised: 6/28/2021 Date Reviewed:
Reference:	Washington State Healthcare Authority (HCA) Budgeting Accounting & Reporting System Generally Accepted Accounting Principles	

POLICY:

- 1.1. Great Rivers Behavioral Health Administration Services Organization ("Great Rivers BH-ASO") shall comply with Washington State Healthcare Authority (HCA) contract requirements regarding the need to identify pursue and record Third Party Liability and requirements regarding sliding scale service fees. Great Rivers BH-ASO has in place a methodology to ensure that all third party resources are identified, pursued, recorded, and that those monies are utilized to support the member's behavioral health services prior to using Federal or State funds. Behavioral health benefits will be coordinated with other third party payers, with services assigned to the third party when appropriate, and with Medicaid and State funds reserved as the payer of last resort.

DEFINITIONS:

- 1.2. **Third Party Liability (TPL):** Refers to an insurance provider other than Medicaid or State Funds, who may cover some of the behavioral health costs for a Great Rivers BH-ASO mental health/substance use disorder (behavioral health) Member. Third parties include but are not limited to private health insurance companies, Medicare, court judgments, work related health insurance, long-term care insurance, and medical support from non-custodial parents. Third party insurers may also require that the Member pay a co-pay fee or pay a deductible before third party resources may be billed.
- 1.3. **Cost Avoidance:** Avoiding payment of claims when third party resources are available and should be billed first.

PROCEDURE:

- 3.1. Network Providers will:

Determination, Verification, and Coordination of Benefits:

- 3.1.1.1. Develop an internal policy, which details specific processes for pursuit and collection of third party payments. Identify, pursue and record Third Party Liability payments.
- 3.1.1.2. Assess all new or returning individuals requesting non-emergency services to determine financial and behavioral health benefit prior to receiving an intake. Have adequate mechanisms at the point of initiation of service to determine behavioral health benefit eligibility. Based on the behavioral health benefit eligibility and clinical need of the member, the member will be referred to services either within the Network of Providers, or to outside resources. Monthly review of financial and behavioral health benefit eligibility for any change in the Members' behavioral health benefit eligibility status or financial resources

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- 3.1.1.3. Avoid costs for all services that are eligible for reimbursement by a third party insurer by coordinating care with an authorized service provider recommended by the third party payer, with the exception of emergency services.
- 3.1.1.4. Ensure that Medicaid eligible members must not pay for any services and are not liable for payment of services during their Medicaid eligibility period.
 - 3.1.1.4.1. If it is determined that a member has third party resources after services have been rendered or reimbursed, the providers must identify and pursue reimbursement from the third party payer and report third party resource receipts to Great Rivers BH-ASO for the month received by the provider.
- 3.1.2. Not refuse or reduce services provided under the Health Care Authority (HCA) BH-ASO contract solely due to the existence of similar benefits provided under any other health care contracts (RCW 48.21.200), except in accord with applicable coordination of benefits (COB) rules in WAC 284-51.

Emergency Situations:

- 3.1.2.1. Provide necessary emergency services and then coordinate with third party payers
 - 3.1.3. Attempt to recover any third party resources such as insurance companies, prior to billing Great Rivers BH-ASO, adjust bill appropriately when necessary, and provide documentation along with the billing to Great Rivers BH-ASO
 - 3.1.4. Ensure when an individual has alternative payer sources, the explanation of benefits (EOBs) statement or other supporting documentation that provides proof that the alternative payer will not cover a particular service can be reviewed to verify the denial of payment from this payer.
- 3.2. Great Rivers BH-ASO will:
- 2.2.1. Comply with HCA and Managed Care Organization (MCO) contract requirements regarding the need to identify, pursue, and record third-party liability in accordance with Medicaid being the payer of last resort. Great Rivers BH-ASO will comply with HCA contract requirements regarding sliding scale service fees. Individual's benefits are funded through all available third-party resources with Medicaid, with state and federal funding being billed as a last resort.
 - 2.2.2. Ensure that Great Rivers BH-ASO and Network Providers cost avoid all services that are eligible for reimbursement by a third party insurer.
 - 2.2.3. Ensure that Medicaid eligible member must not pay for any services and are not liable for payment of services during their Medicaid eligibility period.
 - 2.2.4. Authorize a Member to receive necessary service outside of the Great Rivers BH-ASO Network of Providers if that service is not provided by Great Rivers BH-ASO Network Provider. The out of network Provider must bill a third party payer for services first, but Great Rivers BH-ASO will be responsible for paying the remainder of those authorized out of network costs.
 - 2.2.5. Ensure Network Providers require the pursuit and reporting of all third-party revenue related to services provided under the HCA BH-ASO contract, including pursuit of Fee-for-Service Medicaid funds provided for AI/AN individuals who did not opt into managed care.
 - 2.2.6. Ensure all funds recovered from third-party resources are treated as a reduction of expenses paid and are used to support the public Behavioral Health system.
 - 2.2.7. Great Rivers BH-ASO and Network Providers remedy issues concerning service discrimination, if such issues surface.
 - 2.2.8. Collect signed and certified third party information from network providers quarterly and properly report the information to HCA when required

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2.2.9. Monitor the network providers during on-site review for third party billing and third party monies received including review of remittance advice and explanation of benefit from statements submitted to third party insurers.

1.1.1.

2.3. Sliding Fee Schedule Service Fees

2.3.1. Great Rivers BH-ASO will ensure Network providers with sliding scale fee policies adhere to these requirements:

- 2.3.1.1. Put the sliding fee schedule in writing that is non-discriminatory;
- 2.3.1.2. Include language in the sliding fee schedule that no individual shall be denied services due to inability to pay;
- 2.3.1.3. Provide signage and information to individuals to educate them on the sliding fee schedule
- 2.3.1.4. Protect individuals' privacy in assessing individual fees;
- 2.3.1.5. Maintain records to account for each individuals visit and any charges incurred;
- 2.3.1.6. Charge individuals at or below 100% of Federal Poverty Level (FPL) a nominal fee or no fee at all; Develop at least 3 incremental amounts on the sliding fee scale for individuals between 101-220% FPL.

ATTACHMENTS

None

POLICY SIGNATURE

DocuSigned by:
Vickie L. Raines
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7/9/2021

Vickie L. Raines, Chair
Great Rivers BH-ASO Governing Board

Date