

# GREATER COLUMBIA BEHAVIORAL HEALTH

## Policies and Procedures

Category: Clinical  
Approved On: 10/31/2005  
Approved By: The Board of Directors  
Revised: 00/00/00  
Reviewed: 10/04/06  
Effective Date: 15 days from approval/ the last revision date

No: CL321.00

Title: **Medicaid Third-Party Liability and Coordination of Benefits Policy**

### I. Policy:

Greater Columbia Behavioral Health Shall Pursue Third Party Resources and Shall Use those Resources to Support the Public Mental Health System.

### II. Scope:

This policy applies to GCBH, GCBH Member Governments and subcontractors.

### III. Definition:

Third Party Resources are those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid.

Coordination of Benefits are those activities undertaken by GCBH and Subcontractors to insure that appropriate consumer benefits, as identified in the individual service plan, are properly funded using all available resources.

### IV. Purpose:

- A. To ensure that Medicaid is the payer of last resort.
- B. To ensure that consumer benefits are appropriately funded.
- C. To utilize the Contract monitoring process to ensure that

subcontractors are adhering to the policy.

**V. Process/Procedures:**

- A. GCBH Member Governments/Provider Agency subcontracts will include the requirement to identify and pursue and record third-party resources. This required subcontractor process is subject to Certification.
- B. GCBH Member Governments/Provider Agency subcontracts will include the requirement to document the review the individual service plan to coordinate the payment of the consumer benefits.
  - 1. When an enrollee has alternative payer sources, and Explanation of Benefits (EOB's) may serve this function as they should reflect the denial of payment from other Third Party Payers.
- C. GCBH Member Governments/Provider Agency subcontracts will include the requirement to treat third-party resources as income to be used solely to support the public Mental Health system.
- D. GCBH will pursue the centralization of third party resources. GCBH will explore the possibility of being able to bill various insurance companies and the providers being able to bill through GCBH.
- E. The GCBH will develop and provide appropriate training to subcontractors.
- F. GCBH Member Governments/Provider Agency subcontracts will include the requirement to attend GCBH sponsored trainings.
- G. A pre-specified number of cases with third party potential will be requested during annual contract monitoring for a funding review to determine if consumers benefits were funded appropriately and to determine if those funds were accounted for properly.
- H. If through the financial review, periodic chart review or other areas observed during the annual contract monitoring, any issues are identified concerning appropriate funding of consumer benefits, the contractor must address such issues immediately and a Plan of Correction will be provided to GCBH within 30 calendar days that details how the issues were resolved. GCBH will follow-up periodically, to ensure that the Plan of Correction was fully implemented.

**VI. Expected Outcome (s):**

- A. That consumers benefits are funded through all available third party resources with Medicaid being billed as a last resort.
- B. That all funds recovered from third-party resources are treated as income and are used to support the public Mental Health system.
- C. That GCBH and GCBH Member Governments/Provider Agencies remedy issues concerning service discrimination, if such issues surface.

**VII. Scheduled Review of this Policy:**

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,
- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.

Reviewed:

Date:

/S/ William Wilson, DrPH  
William Wilson, DrPH  
Interim Director

10/04/06