

NorthCare Network

POLICY TITLE: QI/Claims Adjudication	CATEGORY: Information Management	
EFFECTIVE DATE: 3/21/13	BOARD APPROVAL DATE: 6/5/13	
REVIEWED DATE: 7/27/22	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Systems Analyst	CEO APPROVAL DATE: 8/2/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network submits timely and accurate encounter and BH-TEDS reports to MDHHS in compliance with contract requirements. In addition, NorthCare Network processes MI Health Link Medicare Claims and reviews the submission of third-party insurance billing claims with the CMHSP Billing Departments monthly. This is accomplished using a single claims adjudication process within the PIHP system. NorthCare Network and Network providers will monitor direct and contract provider claims data on an ongoing basis for compliance with federal, state and local credentialing, coding, and reporting requirements.

PURPOSE

To comply with Medicare, BCBS and other third-party billing requirements for timely claims submission and to comply with MDHHS Contract Attachment PIHP Reporting Requirements.

DEFINITIONS

N/A

REFERENCES

- 42 CFR 438.610
- PIHP/ MDHHS Contract Attachment PIHP Reporting Requirements
- NorthCare Network QI/Encounter Submission Procedure

HISTORY

REVISION DATE: 5/31/17

REVIEW DATE: 3/13/13, 6/5/13, 4/1/14, 6/23/15, 4/24/16, 5/31/17, 3/22/18, 1/23/19, 2/25/20, 2/23/21, 7/27/22

CEO APPROVAL DATE: 3/13/13, 6/5/13, 7/6/15, 5/16/16, 6/6/17, 3/27/18, 2/7/19, 2/26/20, 3/2/21, 8/2/22

BOARD APPROVAL DATE: 3/21/13, 6/5/13

PROCEDURES

See the NorthCare Network QI/Encounter Submission Procedure