BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Provider Communication - Claims	SECTION: 07-11-03 Page 1 of 1
APPLICATIONS: Claims EFFECTIVE DATE: March 10, 2019 APPROVED BY: Chief Executive Officer REVISED: 2/2020, 2/2023	REQUIRED BY: SWMBH 9.04

PURPOSE: To articulate the standards and procedures of Berrien Mental Health Authority (BMHA) regarding communication between contracted (and in some cases non-contracted) providers and BMHA Internal MCO Department.

POLICY: BMHA Internal MCO Department shall ensure that all contract providers are kept informed of all necessary information regarding claims policies and procedures on a timely basis.

PROCEDURE(S):

1) Communication with Providers by BMHA
   a) BMHA will ensure contracted providers have access to the following information, either through their contract, Provider Manual, procedures, or other documentation including electronic media.
      1. Address to file claims (electronic and paper)
      2. Telephone contact numbers of key BMHA employees related to claims payment
      3. Information that must be contained in a claim in order for it to be considered "clean"
      4. Acceptable standard billing formats
      5. Dates by which claims must be filed to be considered for payment
      6. Process for appealing a denied claim
      7. Information from Southwest Michigan Behavioral Health regarding any changes in policy, billing requirements or other information relating to claims payment
   b) Contracted providers must be given 30 days written prior notice to all changes. Failure to give required notice of address change could result in delayed or lost claim filings. The contracted claims filing limit will be excused and payment allowed when required notice of address change is provided.
   c) BMHA Claims Specialist will keep an email list of contracted provider's billers for distribution of information.

FORMS: None.

Reviewer: Director of Provider Network
Reviewed: 2/2020, 5/2021, 2/2022, 2/2023, 2/2024, 6/2025, 2/2026