

FINANCIAL REIMBURSEMENT

General Provisions for Reimbursement

A particular service shall be excluded from coverage if it is determined to be the legal liability of any third party who is or may be liable to pay the expenditure for that service.

Services determined to be duplicate will not be reimbursed. Therefore, providers must not bill Medicaid for MHR services at the same time they bill another funding source for the same service. Duplicate claims will be denied and may be considered fraud and referred to the Program Integrity Section for further action.

When a recipient is admitted to an institution or hospital, the provider may bill for services provided up to the time of admission. The provider may resume billing for services after the recipient is discharged from the institution or hospital. No services can be billed while the recipient is in an inpatient facility.

The creation and transfer of information files and the submission of claims are related but separate processes. Providers are responsible for submitting claims to the fiscal intermediary (FI) in a timely manner. Any questions regarding a claim should be addressed to the FI Provider Relations Unit.

Information Transfer/Billing Schedule

To ensure the timely payment of claims, the procedures outlined below should be followed:

- Enter data on MHRSIS daily.
- Create and send an information file daily before 2:30 p.m. to Statistical Resources, Inc. (SRI). If a file is received after 3:00 p.m., it will not be processed until the next business day.
- Bill for services at least two (2) working days after submission of information to SRI.

Documentation Requirements

Payment decisions are often made based on information contained in the recipient's record. If these records are not properly documented, incorrect payments may be made and overpayments will be recouped. In some cases, providers may be investigated for fraudulent billing.

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Proper documentation for MHR services includes:

- Documentation of medical necessity for MHR services.
- The MHR initial assessment and reassessments.
- The ISRP includes specific goals and objectives that are individualized and developed using SMART criteria (Specific, Measurable, Attainable, Realistic, and Time Limited).
- Service logs for services provided which are related to the ISRP and deemed medically necessary.