	Provider Claims Processing			
	Chapter:	Financial Management	Policy #	3-04-06
	Section:	Purchasing	Revision #	

- I. **PURPOSE:** West Michigan Community mental Health (WMCMH) is committed to timely receipt, payment and reporting of provider claims.

- II. **APPLICATION:** All contracted providers who have provided services for WMCMH clients.

- III. **REQUIRED BY:** Lakeshore Regional Entity (LRE) (*LRE Policy 2.0*)

- IV. **DEFINITIONS:**
 Clean Claim - A claim that can be processed without obtaining additional information from the provider of the service or a third party.


- V. **POLICY:** West Michigan Community Mental Health shall adjudicate and where appropriate make payment for clean claims for covered services submitted by the provider within contract timelines.

- VI. **PROCEDURES:**
 1. **Reimbursement.** WMCMH shall reimburse the Provider at the rates identified as agreed upon per the fully executed contract with the Provider. (Typically, Attachment B: Reimbursement Terms for Covered Services rendered by Provider). WMCMH shall be liable for payment for Covered Services supported by required documentation and authorized by WMCMH. Actual payments are subject to Ability to Pay (“ATP”) in accordance with Chapter 8 of the Mental Health Code and Chapter 8 of the Michigan Administrative Rules, when applicable.

 2. **Claims.** For claims payment, WMCMH shall adjudicate or arrange for adjudication and where appropriate make payment for Clean Claims for Covered Services submitted by Provider 90% or higher within thirty (30) business days of receipt of Clean Claims and at least 99% within ninety (90) business days receipt of Clean Claims, excepting when other timeliness standards have been specified and agreed upon by both Parties.

 3. **Timely Filing of Claims.** The provider shall submit Clean Claims to WMCMH within sixty (60) days of the date Covered Services were rendered, and for series billing, within sixty (60) days from the end date of the service. If WMCMH is not the primary payor, and Provider is pursuing payment from the primary payor, Provider shall submit claims to WMCMH within ninety (90) days from the date of the remittance advice. All claims that have not met the clean claim criteria within 1 year from date of service may not be paid.

 4. **Denied or Corrected Claims.** Any Claims to be resubmitted must be resubmitted within sixty (60) days of the date of the Denied Claims Report for WMCMH to process. If a Provider error was made in billing, the Provider will make the necessary correction(s) and resubmit the claim. If after checking for errors the Provider believes the claim was rejected due to an error in WMCMH’s claims processing system, Provider will submit the reason for the appeal in writing to WMCMH, along with any copies of backup evidence. In no event, regardless of the cause or circumstance, shall WMCMH or Covered Person be responsible or liable for any Claim submitted by Provider to WMCMH after the expiration of the filing deadlines set forth in this Section.

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VII. **SUPPORTING DOCUMENTS:**

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
	WCMCMH Board		7/2024
<i>Board Approval Date:</i>			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # _____ Revision # .

CEO: Lisa A. Williams Approval Signature: _____