



JEFFERSON
BEHAVIORAL
HEALTH

Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties
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CLAIMS PROCESSING & APPROVAL DEADLINES

Board Approved – June 22, 2009
Implementation Date – May 1, 2009

JBH POLICY & PROCEDURE

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I. POLICY DESCRIPTION

The purpose of this policy is to establish deadlines that Jefferson Behavioral Health, its Contractors and Subcontractors will utilize for processing claims and submitting encounter data thus ensuring prompt reimbursement for services provided to JBH members, reducing the potential loss of revenue, as well as adequately meeting targets established for encounter data submission.

JBH complies with Federal and State timelines for claims submission regulations as they relate to the Oregon Health Plan (OHP). This may include operational policies and controls in areas such as claims, prior authorization, utilization management and quality review.

II. APPLICABILITY

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Contractors and subcontractors follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility for managing mental health services for JBH members in the LMHA's county.

III. DEFINITIONS

The following are key terms that relate to and/or support this procedure:

Claims -The payment request detailing reimbursable services based upon established rates and amount of service provided.

Encounter – An outpatient contact, residential, day treatment, Acute Inpatient Hospital Psychiatric Care Admission, including all Covered Services provided to an OHP Members.

IV. JBH COMPLIANCE PROCEDURES

A. JBH Contractors & Subcontractors

1. JBH Contractors and Subcontractors will submit all claims and encounters data within 120 days of the service being provided.
2. Claims initially denied will be corrected and reprocessed within 30 days of the original claim being denied. If contractors or

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subcontractors reprocess a corrected claim beyond the 30 day deadline a detailed explanation will accompany the claim outlining the reason the claim could not have been corrected within the designated deadline.

B. JBH STAFF

1. Claims not submitted within 120 days of service delivery will be as denied.
2. In coordination with PH Tech, JBH staff will review all resubmitted claims received after the 120 day deadline to determine if a valid reason existed that warrants payment beyond the deadline.
3. Absolutely no claims will be paid by JBH if claims are received one year after the date of service.¹
4. JBH Accounting staff members will write-off denied claims each year at the time accounting records are submitted to our external fiscal auditors. Once the auditors are in receipt of JBH records on October 31st of each year, no additional payables will be added to the financial records from the previous fiscal year.

C. APPEALS

1. JBH Contractors and Subcontractors have the right to appeal denials and may do so in writing to the JBH Chief Operations Officer within twenty-one (21) days from the date of denial.
2. The JBH Chief Operations Officer will respond to the appeal request within fourteen (14) days of receipt.
3. If the original denial is upheld, JBH Contractors and/or Subcontractors may then appeal in writing to the JBH Executive Director and may do so in writing within fourteen (14) days from the date of the decision on the first appeal.
4. The JBH Executive Director will respond to the second appeal request within fourteen (14) days of receipt.

Decision made by the JBH Executive Director is final and no further appeal process is available.

¹ OAR 309-015-0030, 309-016-0105, 309-016-0400 and 309-034-0240