

DETERMINATION OF INSURANCE TYPE 2006-2007

PRIMARY INSURANCE TYPE:

ABW – Is chosen for billing after it has been verified by Medifax for given dates of treatment.

Block Grant – Is chosen for billing if the client meets the sliding fee scale and after it has been verified by Medifax that the client *DOES NOT* have Medicaid, or is Medicaid Deductible (Formerly: Medicaid Spend down), or ABW. Medicaid Deductible Not Met (Formerly: Spend down not met) clients *CANNOT* be billed under Block Grant.

Medicaid – Is chosen for billing after it has been verified by Medifax for given dates of treatment. This is chosen for clients that *HAVE* met Medicaid Deductible (Formerly: Spend down) for treatments.

Medicaid Deductible – (Formerly: Medicaid Spend Down) – Is chosen for billing after it has been verified by Medifax that given treatment dates have *NOT MET Medicaid Deductible (Formerly: Spend down)* only. Once Medicaid Deductible (spend down) has been met treatments need to be billed as Medicaid.

MIChild – Is chosen if the client has this health insurance program. It is for uninsured children of Michigan’s working families. Need to contact Jill Gawronski, Assistant Manager (517)377-4406 x115 to get a number.

*****Jail Clients with Medicaid** – Based on the Medicaid Provider Manual from the Michigan Department of Community Health, General Information for Providers Section 11 – Third Party Liability; Medicaid does not reimburse for services provided to individuals being held in a detention facility against their will except for those directly related to an inpatient hospital stay (medical/surgical/psychiatric) provided in a nonstate owned facility. All other services must be billed to the detention facility. The Eligibility Verification System (EVS) shows Level of Care 32 for these individuals.

SUPPLEMENTARY INSURANCE TYPE:

SDA – Is State Disability Assistance which is used to pay for room & board in a residential treatment facility (disabled or jail client).

THIRD PARTY INSURANCE TYPE:

Medicare – Is chosen after it has been verified by Medifax for given dates of treatment. **Treatments CANNOT be entered into the CareNet System until after an EOB or Denial has been received by MSSAC.** If an EOB or Denial has not been received within the 30 day billing allowance a Delayed Billing Log needs to be submitted to MSSAC before the 30 days are up.

Private Insurance – Is chosen after it has been verified by Medifax for given dates of treatment. **Treatments CANNOT be entered into the CareNet System until after an EOB or Denial has been received by MSSAC.** If an EOB or Denial has not been received within the 30 day billing allowance a Delayed Billing Log needs to be submitted to MSSAC before the 30 days are up.

