

Title of Manual: Mid-South Substance Abuse Commission Policy and Procedures			Page 1 of 3	
			History	
Policy Number: F002	Subject/Title: Insurance Benefits		Replaces:	4/2004
			Last Reviewed:	1/2009
Issued By: Executive Director	Approved By: Board of Directors Date: 3/23/2009	Scope: All Treatment Providers	Effective:	3/23/2009

## 1. POLICY

MDCH Community Grant substance abuse funding is used to provide substance use disorder treatment services to the uninsured/low income residents of Michigan. We recognize there are many individuals who have other insurance benefits, but are also considered low-income. Benefits provided through other insurance companies for substance use disorder treatment services are often not adequate, making it likely that insured low-income individuals will not be able to access the substance use disorder treatment they require due to monetary limitations.

Recognizing these facts, Mid-South has implemented the following policy surrounding coordination of benefits for insured, low-income clients seeking community grant funding for substance use disorder services. Community Grant dollars are limited, so providers need to access the maximum amount of insurance benefits possible. Community Grant funding is always the funding of last resort.

## 2. DEDUCTIBLES

2.1. Community Grant funding may be utilized for insurance deductibles. If a client meets the Standardized Sliding Fee Scale Policy and Procedures, Community Grant funding may be utilized to assist the client in paying the deductible.

2.2. Clients will be responsible for their Mid-South sliding fee scale co-pays, unless a waiver is granted.

2.3. Providers must bill the insurance company for services so that the charges will be applied toward the deductible.

2.4. Verification from the insurance company of the deductible must be submitted when billing Mid-South for Community Grant funding.

## 3. INSURANCE CO-PAYS

3.1. Community grant funding may be utilized for insurance co-pays for clients who meet the Standardized Sliding Fee Scale Policy and Procedures.

3.2. Clients will be responsible for their Mid-South sliding fee scale co-pays, unless a waiver is granted.

3.3. Insurance payments must be sought and verification from the insurance company of the insurance co-pay must be submitted when billing Mid-South for Community Grant funding.

## 4. MEDICAID

4.1. Clients who have Medicaid, may not utilize Community Grant funding for the payment of non-benefit services (examples room and board and case management). Covered services must be utilized in an attempt to meet the client's need.

4.2. For individuals who have other financial resources available for payment (e.g., a private insurance company or Medicare) it is required that all identifiable financial resources available be billed and paid prior to billing Medicaid. Please utilize the Mid-South Delayed Billing Log (Form F102) located on Mid-South website at [www.MSSAC.com](http://www.MSSAC.com).

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## 5. MEDICAID DEDUCTIBLE

- 5.1. Clients who have Medicaid deductible may utilize Community Grant funding to meet the deductible obligation, if the client meets the sliding fee scale guidelines.
- 5.2. A Waiver of Full Client Fee Authorization Form (F110 on website) should be completed following the process stated in the Standardized Sliding Fee Scale Policy and Procedures. Retain this form in the client record.
- 5.3. The provider will be responsible to ensure that all charges for treatment are provided to the client and subsequently to the DHS case worker to assure accurate accounting of deductible obligations and eligibility for Medicaid benefits.
- 5.4. Mid-South will verify this practice utilizing desk audits, site visits, and the 270/271 CareNet system. The provider is responsible for making the correct entries on the insurance page, and applying the appropriate payer each time this change is made.

## 6. VETERAN'S BENEFITS

Once Veteran's benefits have been ruled out as an option (geographically inappropriate, level of care not covered, length of care not covered) Community Grant funding may be utilized if the individual meets the sliding fee scale guidelines and the service is determined medically necessary.

## 7. MEDICARE BENEFITS

- 7.1. For individuals who have Medicare benefits, these benefits must be accessed.
- 7.2. If a provider is not a Medicare provider, the client must be referred to a provider who is a qualified Medicare provider.
- 7.3. If no such provider is available within a 60 mile radius, Medicaid or Community Grant funding may be utilized to pay for medically necessary services.
- 7.4. It is the provider's responsibility to produce documentation that verifies Medicare benefits have been attempted to be accessed. If you are not a Medicare provider, a denial showing you do not have Medicare provider status and written confirmation stating there are no other local Medicare providers will be sufficient. If you are a Medicare provider, documentation of service denial on a case-by-case basis will be necessary. Mid-South will review for Medicare providers in the region on a routine basis.

## 8. NON-COVERED SERVICES

- 8.1. If an insurance company or Medicare does not cover a particular level of care (e.g., methadone dosing), Community Grant funding may be utilized as a last resort if the client meets the sliding fee scale guidelines and the service is determined to be medically necessary.
- 8.2. Clients will be responsible for their Mid-South sliding fee scale co-pays, unless a waiver is granted.
- 8.3. When appropriate, the provider will attempt to provide a level of care that the insurance company will pay for. If this service is found to be inadequate, Community Grant funding may then be

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utilized. Example: If the client requires a level of care according to ASAM criteria, but their insurance does not pay for this level of care, the provider should attempt other appropriate alternatives.

- 8.4. For Medicaid non-covered services refer to the Medicaid section #4.
- 8.5. If an insurance company will not cover a particular service because they do not believe the requested service is medically necessary, Community Grant dollars may not be accessed to pay for these non-medically necessary services.
- 8.6. If an insurance company will not cover a particular service because of unacceptable credentialing of staff, or a program does not participate with that particular insurance company, Community Grant funding may not be utilized. The client must be referred to an approved provider or clinician.
- 8.7. If a client is court ordered for care and the insurance company will not cover the service due to the court ordered status and because no medical necessity has been determined, Community Grant funding may not be utilized to pay for services. If at any point, medical necessity is determined by the provider, the insurance company should be notified and benefits negotiated.
- 8.8. Situations falling out of the aforementioned defined parameters will be handled on a case-by-case basis. For these cases please contact the Mid-South Finance Department at 517.337.4406 extension 116.

**References:**

Form F102 Delayed Billing Log  
Form F110 Waiver of Full Client Fee Authorization Form  
F004 Sliding Fee Scale Policy