



SALISH BHO

INPATIENT POLICIES AND PROCEDURES

Policy Name: NETWORK ASSIGNMENT OF INPATIENT COSTS, ITA AND VOLUNTARY

Policy Number: 12.03

Reference: State and Provider Contract

Effective Date: 9/2005

Revision Date(s): 8/2016; 5/2018

Reviewed Date: 8/2016; 7/2017; 5/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Attachment: Inpatient Bill Assignment- Frequently Asked Questions
- Policy: Fiscal Management

PURPOSE

The Salish Behavioral Health Organization (SBHO) network providers may occasionally coordinate inpatient services without SBHO authorization and incur the inpatient costs.

- The network providers are sub-capitated and responsible for inpatient psychiatric hospital claims for the population assigned to their catchment area.

PROCEDURE

There are two types of inpatient claims which contracted providers are financially responsible for:

- Evaluation and Treatment Center Bed Days
 - Community Hospital Paid Claims
1. Community hospital admissions may occasionally be coordinated by the network providers without prior inpatient authorization by the SBHO managed care contractor, responsible for inpatient authorization.
 - a. Individuals with dual eligibility for Medicare and Medicaid do not need prior authorization for inpatient hospital services.
 - b. Individuals with Involuntary Treatment Act (ITA) legal holds do not need prior authorization for inpatient hospital services.

2. When prior authorization is not required or provided by a third party, the SBHO will administratively assign costs for inpatient hospital services.
 - a. Inpatient bills are assigned first by area of residence.
 - b. SBHO network contracted providers have an opportunity to appeal the assignment of bills.

Calculating Costs of an Inpatient Stay

Evaluation and Treatment Center Bed Days

Costs for Evaluation and Treatment (E&T) bed days are computed by Kitsap Mental Health Services (KMHS) and faxed, along with backup material, to the SBHO Administrator each month. The SBHO uses the KMHS calculations to assign E&T costs to the responsible contracted provider.

Community Hospital Paid Claims

Community Hospital claims are emailed to the SBHO Administrator via secure email monthly by DBHR staff.

As part of assigning and calculating the monthly claim report, the SBHO Administrator:

1. Opens the file
2. Prints the first tab of the file, signs off on payment, and turns it in to accounting for payment to the state
3. Copies the detail page to a new tab
4. Sorts the detailed claims by patient zip code
5. Copies claims for each contracted provider to a new tab
6. Sorts each agency's claims for Medicaid and State funded claims
7. Assigns and "charges" each claim to a contracted provider at the next billing cycle
8. Sends each contracted provider their detailed billing report
9. If a contracted provider identifies a potential disputed claim, they must use the inpatient appeals form (12.03b), including as much pertinent information as possible supporting the dispute/reassignment
 - a. If a claim reassignment is within the network, SBHO staff evaluate the request and make a determination. A claim is reassigned in the next billing cycle.
 - b. If the claim is to send the bill to another Behavioral Health Organization, SBHO staff evaluate the merits, and if warranted forwards the requested dispute onto the other BHO.
 - Claim is only reassigned when it is accepted by another BHO and DBHR reassigns the costs, which then are included in the next billing cycle.

MONITORING

1. Policy Monitoring. This policy is monitored through:
 - Monthly SBHO Inpatient costs assignment and analysis
 - Annual SBHO Provider and Subcontractor Administrative Review
 - SBHO Grievance Tracking Reports
 - Semi-annual Provider Revenue and Expense Report
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations

2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy.