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Review Date: 8/28/2018

## **North Sound Behavioral Health Organization**

### **Section: Fiscal – Eligibility Verification**

Authorizing Source: North Sound BHO

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Fiscal Officer

Approved by: Executive Director

Signature:

Date: 8/28/2018

## **POLICY #3045.00**

### **SUBJECT: ELIGIBILITY VERIFICATION**

#### **POLICY**

The North Sound Behavioral Health Organization (North Sound BHO) requires some North Sound BHO providers and some North Sound BHO designees to conduct eligibility verification processes for individuals of the public behavioral health system and to establish the procedures for conducting the verification process.

#### **PROCEDURE**

Individuals who contact North Sound Behavioral Health Organization shall be given referral to information through the customer service line.

All North Sound BHO providers shall conduct eligibility verification for individuals who may be eligible to be enrolled in services, to determine financial eligibility.

First, the provider must determine whether the individual has a Medicaid eligibility status. Washington State Health Care Authority (HCA) determines Medicaid eligibility and updates that information in the provider one system. HCA also has programs for individuals eligible for some state funded programs. The provider must verify the eligibility status. Providers must have an established relationship with a vendor or the Provider One system to verify the individual's eligibility information. If the individual's status has been verified and they do have a behavioral health benefit, they are financially eligible for an intake to determine clinical eligibility. For individuals not currently enrolled in Medicaid, the provider shall refer individuals to the designated in-person assistor agency in their area.

If the individual does not have the financial resources to pay, insurance, or coupons, the individual is asked for their family income. If the individual has an income of 220% or less of the Federal Poverty Level, they may be financially eligible for state funded services depending on the availability of funds. Clinical eligibility is determined by the North Sound BHO's current priorities services (see current list of priority services) for state funded services and block grant programs.

State-funded and block grant program individuals are authorized for ongoing services based on priority criteria and the availability of state funds and block grant funds. If an individual needs services but there are not sufficient funds to admit them into public behavioral health services, they are referred to other community resources.

Providers requesting services for non-Medicaid individuals will fill out the manual income verification form and send it in. They will verify the persons income monthly. They will send in the information when requesting extensions of the authorization period. This process will be incorporated into the Consumer Information System (CIS) process and be an electronic transaction in the future.

Verification of individuals changing regions or Managed Care Organizations (MCO). If an individual changes regions, North Sound BHO will cancel their current authorization. If this is a planned change, inter-BHO change protocols can be followed. If the individual changes MCO and stays within the region, North Sound BHO will update our records.

**NOTE:** This process cannot be completed until HCA decides what access they will give the Administrative Service Organizations (ASO) to Provider One after 12/31/18. This issue was brought up with HCA in October 2017 and has not been resolved. If the ASO does not have access to this information, the ASO will need to get it from the MCOs. This will also need to be negotiated with the MCOs. There have been two (2) proposed processes. The first is to come up with an individual eligible database that would be updated based on the 834 forms and the 270 and 271 transactions. The second process would involve looking up every transaction when North Sound BHO receives the information from the providers. North Sound BHO has been told the ASO will still have access to the 270/271 process. North Sound BHO is preparing our electronic system to process data using the 270/271 process. This means North Sound BHO will look up the persons eligibility and determine the appropriate MCO to send the data to. If a person changes their MCO mid-month, the 270/271 process will send the data to the MCO that is listed when the data is sent. If the MCO no longer has the individual in their insurance pool, the MCO will reject the data. If an MCO accepts the data and the person has switched MCOs, the state will reject the data from the MCO because the data system at the state level will only accept data from the MCO of record. This rejected data will be sent back to the BHO for reprocessing and can be rerouted to the new MCO.

## **ATTACHMENTS**

None