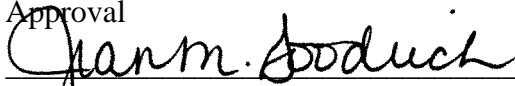


Chapter 4: Fiscal Policies & Procedures	Effective Date: 11/1/18
Section 4.1: External Claims	Replaces Policies Dated: 9/11/17, 12/15/16, 1/19/15, 2/14/13
Policy 4.1.2: Electronic Claim Submission	Board Policy Reference: No. 03-005, 03-007 (Oversight)
Approval  By: Jean M. Goodrich, CEO Date: 11/1/18	Responsibility: Finance Director

<p>PURPOSE: To articulate the standards and procedures of Summit Pointe regarding electronic claims submission.</p>
<p>POLICY: It is the policy of Summit Pointe to establish and maintain procedures for the timely submission and processing of claims for external contractors within its provider network that meet regulatory standards and encompass an avenue for claims appeal and dispute resolution.</p>
<p>DEFINITIONS: External Provider: Contracted provider of authorized services for Summit Pointe customers. Clean Claims: Clean claims are defined by Michigan Insurance Code, Chapter 500, Act 218 of 1956, Section 500.2006 (14) as claims that do all of the following:</p> <ul style="list-style-type: none"> • Identifies the health professional or health facility that provided service sufficiently to verify, if necessary, affiliation status and includes any identifying numbers. • Sufficiently identifies the patient and health plan subscriber. • Lists the date and place of service. • Is billing for covered services for an eligible individual. • If necessary, substantiates the medical necessity and appropriateness of the service provided. • If prior authorization is required for certain patient services, contains information sufficient to establish that prior authorization was obtained. • Identifies the service rendered using a generally accepted system of procedure or service coding. • Includes additional documentation based upon services rendered as reasonably required by the health plan.

PROCEDURES / REQUIREMENTS:

It is the policy of Summit Pointe that all claims shall be filed electronically in accordance with Health Insurance Portability and Accountability Act (HIPAA) transaction standards or via direct data entry (DDE) in the PCE software system unless the provider is granted a waiver to submit paper claims.

The following are considered acceptable standard billing formats:

- **HIPAA 837 File Format** – Providers who wish to utilize this format may do so by submitting claims directly to PCE. Providers will be required to successfully submit test claims batches before access to the production system will be granted.
- **PCE System** – Providers who do not utilize the 837 file format must utilize the DDE (direct data entry) functionality in PCE. Providers utilizing this system must have staff who have attended a Summit Pointe sponsored training before obtaining user names and passwords to the system.

REFERENCES:

None

ATTACHMENTS:

Electronic Claim Submission Process Map