LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 02/26/2008
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CHAPTER Fiscal Management	**CHAPTER** 06	**SECTION** 002	**SUBJECT** 55
SECTION Accounting	**DESCRIPTION** Invoice Payment Processing for Contract Providers		
WRITTEN BY Michael K. Vizena, M.B.A. Executive Director	**REVISED BY** Emma McQuillan, CFO; Tara Steele, B.S., Contract Manager	**AUTHORIZED BY** Brooke Sankiewicz, LMSW, CADC, CEO	

APPLICATION:

☒CMH Staff	☐Board Members	☒Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☐Volunteers	☐Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) processes invoices received from, and payments made to, residential and individual contract providers. This policy shall apply to all LCCMH billable contract services.

STANDARDS:

A. A claim must be considered a clean claim prior to submitting for payment.

B. Services billed are authorized in the Individual Plan of Service (IPOS) and entered into the Electronic Medical Record (EMR).

C. All contracts for mental health services set specific requirements for the timely submission of required documentation and billing of services.

D. When required by Michigan Medicaid and Michigan Department of Health and Human Services (MDHHS), the Provider utilizes HHAeXchange, an MDHHS-compliant Electronic Visit Verification (EVV) system, for Medicaid-funded Community Living Supports and Respite services, ensuring EVV data is accurately captured, maintained, and made available to the CMH, Prepaid Inpatient Health Plan (PIHP), or State upon request.

E. Each claim line must match clinical documentation with the following criteria included:

1. Person served name receiving services and case number
2. Name and code of the service billed and verification the service was a face-to-face contact
3. Date of service
4. Start and stop times for services are time specific
5. Name and signature (electronic or written, depending on the record) of the individual providing the service
6. Credentials of the individual providing the service which meet the requirements for the service as required by MDHHS
7. All elements of the documentation must be legible

PROCEDURES:

A. Contract providers enter claim data directly into the EMR. Multiple services can be entered creating a batch of claims for each submission per provider.

B. LCCMH Claims staff responsible for monitoring the contracted service reviews each claim batch for validity, accuracy, and completeness. Claims staff also match claims data to documentation submitted by the provider. Account mapping and funding source is reviewed in an adjudication report.

C. If errors are found, claim batch is returned to contract provider. If claim batch is found to be clean claims, batches are sent through for approval. Once claims are approved, accounts payable invoices are printed and submitted to Accounts Payable staff to be processed, reviewed, and paid. See LCCMH Policy 06.002.50 Accounts Payable Processing

D. The Provider ensures personal care services subject to EVV requirements are delivered in compliance with federal EVV mandates, the MDHHS EVV implementation timeline, and all applicable Medicaid and Medicare regulations. Personal care services impacted by this policy may include Community Living Supports (CLS) and Respite services provided in an individual's home or in non-

licensed settings when EVV is required. Compliance shall be achieved through the use of an EVV system which meets Michigan state requirements, as verified through PIHP review, or through participation in the MDHHS-sponsored statewide EVV system,(HHAeXchange), including completion of all required enrollment and onboarding activities such as obtaining a National Provider Identifier (NPI) and enrollment in Community Health Automated Medicaid Processing System (CHAMPS). The Provider maintains documentation demonstrating EVV compliance and furnishes such evidence to the CMH, PIHP, or State upon request. The Provider further ensures any EVV system utilized supports self-directed service arrangements and is implemented in a manner minimally burdensome and does not disrupt the delivery of care.

DEFINITIONS:

Account Mapping: the process of assigning specific general ledger numbers to the claims or invoices to ensure proper allocation and processing through the accounts payable system. This ensures accurate financial tracking and reporting.

Adjudication: claim adjudication is the process of reviewing and settling a claim, such as a medical or insurance claim. The goal is to determine if the claim is valid, accurate, and eligible for payment.

Clean Claim: a claim for mental health services is completed in the format specified by the contract and can be processed without obtaining additional information from the provider of service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

Electronic Visit Verification (EVV): a federally required system used to electronically document and verify the delivery of Medicaid-funded home health and personal care services. EVV confirms services were provided by recording specific visit information, including the type of service, individual receiving services, date, location, caregiver, and the start and end times of the visit.

REFERENCES:

Policy 06.002.50 Accounts Payable Processing

TS:lr

Supersedes: #07/11026, #02/08008 dated 2/26/2008