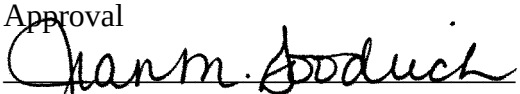
Chapter 4: Fiscal Policies & Procedures	Effective Date: 11/1/18
Section 4.1: External Claims	Replaces Policies Dated: 9/11/17
Policy 4.1.8: Plan Coverage and Eligibility Determination	Board Policy Reference: No. 03-005, 03-007 (Oversight)
Approval  By: Jean M. Goodrich, CEO Date: 11/1/18	Responsibility: Finance Director

PURPOSE:
To articulate the standards and procedures of Summit Pointe related to customer plan eligibility and verification of coverage.

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.

DEFINITIONS:
External Provider – Contracted providers of authorized services for Summit Pointe customers.

PROCEDURES / REQUIREMENTS:

Summit Pointe will verify customer insurance information to assure assignment of the correct benefit plan in the claims processing system. Summit Pointe will not deny covered services to eligible customers if their eligibility ended prior to the last day of the month, as services are eligible through the end of the month.

Summit Pointe will utilize the following to verify benefit information:

- Medicaid eligibility information
- Individual registration and demographic information
- Provider enrollment information
- Third-party liability information

Summit Pointe will determine if the customer is eligible by reviewing the Health Care Eligibility/Benefit Inquiry (270) and Health Care Eligibility/Benefit Response (271) files or the Michigan Department of Health and Human Services Community Health Automated Medicaid Processing System (CHAMPS) for eligibility determination. The following information will be verified:

- Customer coverage type
- Date the customer's coverage begins

• Date the customer's coverage ends
REFERENCES: None
ATTACHMENTS: None