

# **Erie County Board of Mental Retardation and Developmental Disabilities**

Medicaid

rev. August 2004

## **POLICY ON FEES AND BILLING THIRD PARTY PAYERS FOR SERVICES TO ELIGIBLE INDIVIDUALS**

### **POLICY**

The Erie County Board of MR/DD (Board) shall annually adopt a rate structure for services provided to persons who are eligible for services from the Board. The purpose of this rate structure is to determine the fees that third party payers, for both Medicaid and non-Medicaid eligible adults and children, will be billed for Board services.

The Board will make reasonable efforts to:

- A. Identify third party payers, for both Medicaid and non-Medicaid eligible adults and children, who may be available to provide payment for services provided to individuals by the MR/DD Board, and
- B. Collect payment from such third party payers in accordance with the rate structure.

Procedures for implementing this Policy are set forth below.

### **PROCEDURES**

#### **I. Fees from third party payers for services provided by the MR/DD Board**

The Board will make reasonable efforts to identify third party payers who may be available to provide payment for services provided to eligible individuals by the Board and to collect payment from such third party payers in accordance with the rate structure.

#### **II. Rate Structure**

The Rate Structure shall be used for billing third party payers which provide coverage to individuals or families receiving services from the Board during a calendar year. This rate structure shall begin January 1, 2004 and shall be reviewed and updated at least annually.

#### **III. Determination of available Third Party Payers**

- A. When an individual is initially enrolled in Board services, the Board staff shall ask the individuals and/or families to identify any third party payers which may be available for coverage of services provided by the Board.
- B. At least once per year thereafter at the time of the ISP, the IEP, or the IFSP team meeting the Board staff (Service and Support Administrators) shall review and ask individuals and/or families to verify and/or update the third party payer information.
- C. All individuals or their families shall be instructed to notify the Board of any changes in such third party payers.
- D. The Board staff shall notify the Medicaid billing specialist of any changes in third party payers.

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## **IV. Reasonable Efforts to Seek Reimbursement**

The Board will be deemed to have made reasonable efforts to seek reimbursement if the Board submits claims to third party payers identified as available to the individual in accordance with the procedures adopted by such payers. If the claim is denied, an appeal is not required if the Board determines that there is no reasonable likelihood of success if an appeal were filed. If a third party payer has not responded within 90 days of submitting the claim, the claim will be considered to have been denied.

## **V. Rules by ODMR/DD**

These procedures are subject to rules promulgated by ODMR/DD pursuant to O.R.C. § 5126.045. In the event that ODMR/DD adopts rules under O.R.C. § 5126.045 and any part of this policy is inconsistent with such rules, the provisions of such rules shall apply.

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**Third party Billing Information Form**

Name of the Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Family Member or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Health Insurance Information**  
(A copy of the insurance card is sufficient)

Name of Insurance Company: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

I, My son or My daughter do(es) not have any health care coverage other than Medicaid.  
(If applicable, circle the appropriate response)

Signature: \_\_\_\_\_