MCCCA Insurance Task Force

These "best practice" recommendations were developed by a task force comprised of county representatives, providers and representatives of three major health plans to support the mutual goal of facilitating appropriate payment for residential treatment services provided to youth who are covered by private insurance and placed by the county.

The following assumptions underlie the attached best practice recommendations:

>It is in the best interests of children that all parties involved act in concert to ensure appropriate funding for residential treatment services.

>Providers will diligently pursue all available insurance funding.

>Providers will provide counties with copies of denials of coverage or documentation of three attempts to obtain the denial.

>Providers will keep counties informed of the status of insurance support for placements.

>Counties will continue case management activities on county-initiated placements regardless of the funding source.

>Counties and providers may agree to continue treatment placements post insurance coverage or denial for medical necessity.

>Counties will work collaboratively with providers on any insurance funding delays or problems.

>Health plans will provide documentation of coverage and eligibility decisions.

>Private placements that do not occur with county involvement are the responsibility of the provider, parent or legal guardian and health plan. The county will not assume any financial responsibility for the placement without county determination of eligibility and need for the placement.

County Responsibilities for County-initiated placements

1. Placement screening (including determination of all insurance coverage).
2. Obtain copies of all insurance information (e.g. multiple policies may apply in cases of divorced or unmarried parents).
3. Obtain signed releases of information (so worker can communicate with insurance company).
4. Verify benefits for residential treatment and whether there is a provider network
5. Coordinate referral to a specific provider with the health plan.
6. If the youth is court ordered to treatment based on an approved evaluation, forward the court order and evaluation to the provider.
7. Include insurance information in referral information to the provider.
8. Complete a placement agreement - inclusive of services requested and the source of payment for services.
9. Maintain active case management of the placement.
10. Reimburse the provider for approved services not covered by the health plan.
11. Clearly communicate to the provider expectations regarding information exchange including timelines.

Provider Responsibilities

1. Negotiate contracts with appropriate health plans.
2. Complete an admission screening.
3. Verify benefits and obtain prior authorization for admission from the health plan.
4. If the admission is denied for lack of benefits, obtain a written denial and forward it to the placing county or, provide documentation of three attempts to obtain the denial.
5. Complete a placement agreement – inclusive of the services to be provided and the billing plan for services.
6. Obtain signed releases of information.
7. Obtain assignment of benefits from the insured (and authorization to appeal denials if necessary).
8. Participate in utilization review (including telephone contacts, record review and case summaries) with the health plan.
9. Actively communicate with the county case manager including the status of the insurance coverage for placement.
10. Bill the health plan.
11. Make reasonable efforts to appeal denials in accordance with the requirements in the Minnesota MA manual.
12. Bill the county for county approved services not covered by the health plan.
13. Submit bills for service to counties or health plans within 12 months of service.

Health Plan Responsibilities

1. Contract with residential treatment providers sufficient to meet the needs of subscribers within proximity to the subscriber's home, when possible.
2. Communicate with counties and providers within limits of release of information
3. Engage in coordination of care efforts with county staff and providers
4. Facilitate resolution of payment issues/questions
5. Resolve contested payments within 12 months of billing

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