

<b>CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	5.11
Title:	Inpatient Management	Page:	1 of 2
		Date Effective:	May 31, 2006
Subject:	Community Inpatient Claims Re-assignment Process	Date Revised:	
		Authorizing Signature:	

**AUTHORITY:**

Chelan-Douglas Contract, Basic Agreement

**PURPOSE:**

This policy applies to the reassignment of community hospital inpatient claims to other RSN's as necessary

**DEFINITIONS:**

N/A

**Policy:**

The Chelan/Douglas RSN/PIHP routinely reviews statewide inpatient claims for community hospitals to ensure that responsible RSN's have agreed to payment for psychiatric services in community hospital for consumer of whom they are financial responsible and to work to reassign or accept claims that have been errantly assigned to the wrong RSN.

**Procedure:**

A. The CDRSN information services personnel access the MHD data base on the internet and print copies of the community hospital billings report. This is completed on or about the 25<sup>th</sup> of the month when the report is updated by MHD Along with the billings report, reports for claims redirected by our RSN, claims accepted by our RSN and claims redirected to our RSN. These reports are also printed and sent to the RSN clinical director.

B. The clinical director checks all billings on the monthly billing report. Any billings which do not have CDRSN/PIHP authorization numbers are checked to see that they have coupons from the Wenatchee CSO or have "D" TXIX coupons. Information regarding history of services in the CDRSN provider network is also compiled. The billings are also checked to determine for hospitalizations which were initiated by CDRSN catchments area DMHP's whose CSO of origin is other than the Wenatchee CSO or whose residence is in another RSN. Billings that fall into these categories receive special review to ensure that the RSN of origin is not responsible for community inpatient costs.

C. The clinical director initiates contact with the other RSN to negotiate changes in billings and then redirects the errant claim to the responsible RSN Via the claims redirected report on the MHD data base.

D. The clinical director also monitors the MHD data base for the redirected claims report to ensure that claims which have been redirected by the CDRSN have been accepted by the responsible RSN

E. The clinical director also checks the reports for claims redirected to the CDRSN and accepts them on the MHD data base through the claims accepted report, if the CDRSN is found to be the responsible RSN.