

Covering All the Bases for Gaining Third Party Coverage for Children’s Residential Treatment

| Lead County Agreements In Place | Considering Out-of-home Placement for Treatment | Screening for Residential Treatment | Placement Review Team | At Time of placement* | During Placement* | After Discharge* |
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| <ul style="list-style-type: none"> ▪ LEAD COUNTY – places standard language in Lead County Contract which outlines outcome expectations, mutual roles, payment provisions governing children’s residential care and third party liability. | <ul style="list-style-type: none"> ▪ COUNTY - Meet with parents to discuss out-of-home care and funding, insurance, fees. ▪ COUNTY - Obtain copies of insurance information, check on coverage by non-custodial parents too. ▪ COUNTY or PARENTS - Check health plan certificate of coverage to make sure this is a covered service. (ERISA plan -vs- MS § 62A.151) ▪ COUNTY – Determine if health plan has any network provider contracts with residential treatment programs | <ul style="list-style-type: none"> ▪ COUNTY – Perform screening required in MS § 245.4885 to meet admission criteria and MA medical necessity criteria. | <ul style="list-style-type: none"> ▪ COUNTY – Make decision regarding whether / where to place child for treatment. ▪ COUNTY – Is recommended placement in insurer’s provider network? If not, contact insurer to negotiate out-of-network authorization. ▪ COUNTY or PARENTS – secure prior authorization from insurer. ▪ COUNTY – Gain information from insurer regarding authorization, billing address, claiming forms, procedure codes, billing contact person. ▪ COUNTY – Inform county fiscal and income maintenance sections about placement decision. ▪ County – Draft and forward voluntary placement agreement. Agreement may address TPL issues. | <ul style="list-style-type: none"> ▪ COUNTY – Transfer all insurance related information to providing facility prior to placement ▪ PROVIDER – Contact insurer to confirm prior authorization and insurance claiming information. ▪ COUNTY & PROVIDER – Placement agreement specifies mutual payment and insurance claiming responsibilities. ▪ COUNTY – Complete MA eligibility determination, enter proper living arrangement codes in MAXIS. | <ul style="list-style-type: none"> ▪ PROVIDER – Maintain contact with insurer’s utilization review function. ▪ PROVIDER – Submits monthly invoices/claims to county/insurer per placement agreement. ▪ COUNTY – if billing insurer, submits monthly claims to insurer. ▪ COUNTY – Submits monthly claims to MMIS for any MA eligible costs. ▪ COUNTY – Pays facility and treats insurance payments as a recovery. | <ul style="list-style-type: none"> ▪ PROVIDER – Submits final claims to insurer. ▪ PROVIDER – Submits any final invoice to county. ▪ COUNTY – makes any final settle-up payment to provider. ▪ COUNTY submits any final claims to MMIS. ▪ PROVIDER/COUNTY – Follow-up on receivables. ▪ COUNTY/PROVIDER – Track performance related to obtaining TPL ▪ COUNTY – Contact insurer to confirm insurer’s payment / non-payment to provider. |
| Notes on district court involvement | | | | | | |
| | | <ul style="list-style-type: none"> ▪ COUNTY - If court involvement, make sure screening and recommendations are performed by PhD / MD to meet statutory medical necessity criteria. | <ul style="list-style-type: none"> ▪ COUNTY – Placement team makes recommendation to court – includes recommendation at left from PhD / MD. | | <ul style="list-style-type: none"> ▪ COUNTY – provides information to district court on child’s progress and need for continued treatment at 6 month review. | |

* NOTE: Most of the responsibilities in the last three columns could be assigned to either the county or the provider. Permanent assignment of roles could be accomplished through the lead county contract. The placement agreement for each child could also be used to assign roles, or any agreed changes from the terms of the lead county contract. (Though the lead county contract should specify the parameters or limits for the permitted changes.)