

Document Type:¹

☒ Policy & Procedure ☐ Process Guideline
☐ Plan ☐ System Description

Adopted: 8/31/2020
Last Reviewed: 4/10/2023
Retired: _____

Revisions: 3/25/2022

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- ☒ The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: The process for GCBH BH-ASO payments associated with for court ordered services to GCBH BH-ASO RSA individuals.

POLICY

Greater Columbia Behavioral Health (GCBH BH-ASO) provides Designation of Designated Crisis Responders (DCR) for implementation of the Involuntary Treatment Act in accordance with RCW 71.05, RCW 71.34, RCW 10.77, WAC 182-538. Crisis Services become Involuntary Treatment Act Services when a DCR determines an individual must be evaluated for involuntary treatment. ITA Services continue until the end of the Involuntary Commitment and may be outpatient or inpatient. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation.

PROCEDURE

1. Notification of initial ITA admission and corresponding court documents shall be directed to BH-ASO Authorization Staff, the BH-Authorization Staff will issue an authorization number.
2. BH-ASO Authorization Staff record ITA Admission into Authorization Tracking Worksheet and Raintree IS System.
3. During detention, the Facility shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
4. Ensure that Individuals with other Third Party Resources are billed and explanations of benefits are supplied as backup materials when billings are submitted to the BH-ASO with the UB004 Health Claim Form. As the BH-ASO State/Federal Block Grant and Medicaid are consider payer of last resort.
5. Detaining Facility will submit UB04 Health Claim Form and all applicable documents via the following options:
 - a. UB04 Health Claim Form via mail, fax or secure email.
 - i. By mail: Greater Columbia Behavioral Health, BH-ASO

Attn: Finance Department
101 N. Edison Street
Kennewick, WA 99336

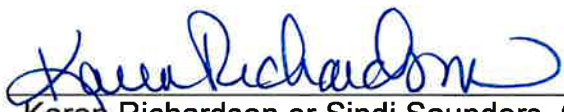
ii. Secure fax: 509-460-5238

iii. Via secure email: Karenr@gcbh.org and Jenniferd@gcbh.org

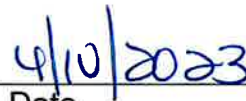
b. Input claim encounter directly into the Raintree IS System under the Facilities designated access login.

6. BH-ASO Finance Staff will verify billings against BH-ASO Authorization and issue payment within 30 days of receipt of valid billings.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date