

Department of Mental Health  
Appendix C: Routine Disclosures – Chart # 1  
Benefits/Entitlements Eligibility and Billing

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When this authority is a document, a copy of the authorizing document must be in the DMH record for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
<b>Allow contracted licensed clinicians to bill for services for contract offset</b>	Vendors' billing office or agents	Authorization by individual or Personal Representative, if any (DMH billing Authorization is sufficient), or best interest as provided in 104 CMR 27.17 or 28.09	Patient/client demographic, facility, diagnosis, physician, insurance, services (types and dates), charges and any other information required by the payor for payment	Reference Comp/Psych contracts
<b>Application for benefits</b>	Division of Medical Assistance, Social Security Administration, Veterans Administration, Department of Transitional Assistance, and CMS	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Only that information required for the application or as otherwise specified in the authorization	
<b>Billing audit</b>	CMS, State Auditor	42 CFR 412; G.L. c. 11, §12 (Auditor); Executive Order 195 (vendor records)	May view and/or receive copies as requested	
<b>Billing patient/Client/LAR for services</b>	Patient/client; Personal Representative; LAR; and or guarantor of payment	G.L. c.123, §32; 104 CMR 30.04; DMH Policy 98-1	Name, facility, admission date, services and charges	
<b>Billing third party payors (including Medicaid) for services provided</b>	Medicaid/CMS; other health insurance providers	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Patient/client demographic, facility, diagnosis, physician, insurance, services (types and dates), charges and any other information required by payor for payment	Use of UB92 (OTP, Medicare, Medicaid), HCFA 1500 Form (OTP, Medicare B) and Claim 9 Form (Medicaid) or other payor required forms.
<b>Collect outstanding balances</b>	Attorney General, Office of the Comptroller, and/or collection agencies	G.L. c.123, §32 (authorization to bill, Attorney General provides legal representation)	Name, other identifying information, facility, admission date, services (types and dates) and charges	

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

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<b>Determination of client's/patient's benefits</b>	Division of Medical Assistance, Social Security Administration, Veterans and CMS	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Name, date of birth, Social Security number and/or any other required information	
<b>Determination of patient/client insurance and financial information</b>	Insurance providers, Medicaid/CMS	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09; 104 CMR 30.04; DMH Policy 98-1	Name, facility, date of admission and/or discharge and any other information required by provider or Medicaid/CMS	
<b>Revenue refunds processing</b>	MMARS system	G.L. c.7A, §7; incidental disclosures	name and other identifying information	
<b>Unclaimed patient funds</b>	Nearest relative	G.L. c.123, §26	name of patient, facility location and description of unclaimed property	

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