Updates on Coordination of Benefits with Medicaid and Billing Agency Affiliations with their Practitioners

Updates to Coordination of Benefit Requirements

OAC 5160-1-08 sets forth the conditions under which Ohio Medicaid will reimburse for medically necessary covered services after a provider takes reasonable measures to obtain all third-party payment. Effective November 29, 2019, based on temporary permission from the Centers for Medicare and Medicaid Services (CMS), ODM amended OAC rule 5160-27-03 to add an exception to allow community behavioral health providers to submit a claim for Medicaid reimbursement when the provider had billed a third party, the third party had not paid the claim within 30 days, and the provider had concerns regarding the recipient’s access to care. Effective July 1, 2022 OAC 5160-27-03 will be amended to remove this provision. Beginning on July 1, 2022 community behavioral health providers are required to follow standard third-party payment requirements for Medicaid providers outlined in OAC rule 5160-1-08.

Reminder for BH Billing Agencies to Update Affiliations with their Practitioners

Medicaid enrolled Behavioral Health agencies are required to maintain an up-to-date roster of employees who are affiliated with the billing agency. This includes end dating affiliations with employees who have left the agency. Affiliating agency employees in MITS has always been a self-service function available to Agency MITS Administrators and Designees who have access to the agency’s secure MITS portal. (Training on how to affiliate an employee with a billing agency is available at BH.Medicaid.Ohio.gov under the “Provider > Training Opportunities” link.)

As part of the MITS system transition to the new Provider Network Management and Fiscal Intermediary systems, ODM is end dating agency affiliations in cases where a practitioner is no longer actively enrolled in Ohio Medicaid. Agency MITS administrators may notice this update. If a practitioner re-activates enrollment in Ohio Medicaid, previous agency affiliations will no longer be active. The agency affiliation will need to be completed after the practitioner enrollment has been reactivated.

To confirm the current affiliation of employees with an employing/billing agency, MITS administrators or designees can:

1. Check the “Group Member” panel in your agency’s secure MITS Portal (refer to Training Opportunities at BH.Medicaid.Ohio.Gov) or
2. View the Community Behavioral Health Center (CBHC) Practitioner Enrollment Files (one for provider type 84 and one for provider type 95) posted weekly at BH.Medicaid.Ohio.Gov.
   a. Search for active providers and active affiliations by referring to the “active” tab.
   b. To search for providers in “inactive status” with ODM by referring to the “inactive” tab.

If you have a change request regarding an existing Medicaid provider, please email that request to medicaid_provider_update@medicaid.ohio.gov If you have additional questions about practitioner enrollment, please contact the ODM Provider Enrollment Section by calling 800-686-1516, Option 3.