

**April 13, 2020**

## **Technical Assistance Opportunity to Resolve Outstanding Accounts Receivables**

The Ohio Department of Medicaid (ODM) is offering technical assistance to facilitate claims review between providers and Managed Care Organizations (MCOs) for claims dating back as far as July 2018 to resolve outstanding claim denials. If a provider is interested in seeking technical assistance, ODM is requesting the following format for claims information for each MCO:

- One spreadsheet per MCO and per billing agency. If a provider is certified for both mental health and substance use disorder services (PT 84 and 95), they would create separate spreadsheets for each provider type for each MCO.
- The following columns with information specific to the respective MCO:
  - Claim number
  - Date of service
  - Procedure code
  - Rendering NPI
  - Claim status – denied or underpaid
  - Reason given by MCO for denial
  - Comments – any additional information that would facilitate claims review

Please submit this documentation through the [ODM Provider Complaint Form](#). You must submit a separate complaint for each MCO. Please add “A/R -” at the beginning of your agency’s name, for example “A/R - BH Agency’s Name”. Entering a complaint through this link and with the “A/R” will allow ODM to better track and review the status of payment issues. ODM will then request the MCOs complete their claim review within 10 business days to determine if any claims need to be reprocessed.

- If the MCO indicates any claim was incorrectly denied or underpaid, the MCO will have to report to ODM
  - When the claim(s) will be reprocessed;
  - How many other claims also were impacted; and
  - When the provider can expect payment. ODM will work with the MCO to prioritize adjudication of these claims.

- If the claim(s) was appropriately denied and can be corrected (e.g., wrong modifier), ODM may request the MCO to allow the provider to correct and resubmit the claim(s), **even if outside of timely filing limits.**
- ODM will consult with the provider to determine if all issues have been resolved with each MCO prior to closing the respective complaint(s).

**This targeted ODM technical assistance opportunity is available until June 30, 2020.**

**For more information on Behavioral Health Medicaid Redesign, visit <http://bh.medicaid.ohio.gov>. We value your feedback and questions. Submit inquiries [HERE](#).**

