

May 20, 2020

UPDATED: Technical Assistance Opportunity to Resolve Outstanding Accounts Receivables

To date, 18 behavioral health providers have submitted Accounts Receivable complaints. Based on these submissions, the Ohio Department of Medicaid (ODM) wanted to provide further clarifications for this technical assistance process:

- This technical assistance is only available for community behavioral health centers (provider types 84 and 95).
- To facilitate ODM monitoring, please put A/R (Accounts Receivable) before the agency's name on the complaint submission form.
- In order to initiate an efficient review, please include all the elements listed below. Complaints that are incomplete may result in additional time needed to resolve claims issues.
- If you are currently working with a Managed Care Organization (MCO) on claims issues, please do not submit those same claims through this complaint process as it results in duplicative efforts. If efforts with the MCO have completed and you believe there is additional information to be considered, this process can certainly be utilized.
- This targeted ODM technical assistance opportunity is available until June 30, 2020.

ODM is offering technical assistance to facilitate claims review between providers and 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](#).

