

Reminder About Timely Claim Submission

Community behavioral health providers began billing Medicaid managed care plans (MCPs) July 1, 2018. We are now approaching 365 days of claims being submitted to the MCPs so timely filing requirements may impact claims beginning July 1, 2019. Below are some reminders regarding these claims.

Claims Submitted to Medicaid Managed Care Plans

The Ohio Department of Medicaid (ODM) encourages community behavioral health providers to submit previously unsubmitted claims for dates of service in July 2018 to the Medicaid MCPs before July 1, 2019, within the 365-day window. Providers should also correct and resubmit previously denied claims for dates of service in July 2018. This is critically important so that the claim(s) may be paid. ODM is currently working with the Medicaid MCPs to provide additional guidance.

“Fee-for-Service” Claims Submitted to MITS

As an additional reminder, the 365-day timely claim submission requirement also applies to fee-for-service claims. ODM encourages community behavioral health providers to submit previously unsubmitted fee-for-service claims for July 2018 dates of service before July 1, 2019. Again, this is critically important so that the claim(s) may be paid.

Providers are reminded that, per Ohio Administrative Code [5160-1-19\(C\)\(2\)\(ii\)](#), a denied fee-for-service claim may be resubmitted within one-hundred and eighty days (180) from the date it was denied (as long as the original claim submission was received timely), even if the resubmission date is beyond the original 365-day timely claim submission requirement.

Providers with questions regarding claims submission may contact the rapid response teams for each Medicaid MCP (see list posted [here](#)) or contact ODM Provider Assistance for fee-for-service questions at 1-800-686-1516, Option 5.