

Next Steps for Accounts Receivable

The Ohio Department of Medicaid (ODM) and Ohio Department of Mental Health and Addiction Services (OhioMHAS) continue to work with the managed care plans to determine outstanding accounts receivable to behavioral health providers due to underpayments or incorrect denials.

Earlier this month, the managed care plans made payments for outstanding accounts receivable for July 2018 dates of service (DOS). More information on the departments’ initial efforts to address payment and policy challenges can be found in the [February 15th MITS Bits](#).

Payments for outstanding accounts receivable from August and September 2018 DOS will be paid by managed care plans by Friday, March 22nd. Payments may be made to providers via claims adjustments or a separate payment. Questions about the accounts receivable process should be directed to the managed care plan contact listed below.

Managed Care Plan Contact Information for Questions Related to Accounts Receivable	
Buckeye	Email: MJClark@centene.com Phone: 866-246-4356 ext. 24291
CareSource	Email: OhioBHinfo@caresource.com Phone: 614-255-4613
Molina	Email: BHProviderServices@MolinaHealthcare.com Phone: 614-212-2336
Paramount	Email: Jami.Nachtrab@ProMedica.org Phone: 419-887-2935
UnitedHealthcare	Email: tim_binkley@uhc.com Phone: 740-972-2105

Providers may continue to email BH-Enroll@medicaid.ohio.gov to inquire about the amounts to expect. Please include your agency tax identification number, Medicaid provider ID, and NPI in the request. A response will be sent within two business days indicating your August and September 2018 amounts by MCP.

It is important to understand that not all claims may have been captured by this process. The departments were only able to analyze claims that are known to the system. Unclean claims, for example, were not included. Assumptions were needed in order to complete this analysis quickly and efficiently. When calculating denials, data identified as having third party liability, Medicaid ineligibility, or a duplicate was excluded. When calculating underpayments, ODM determined the appropriate payment based on the code,

modifier(s), and rendering provider type/specialty. This amount was then compared to the amount paid by the managed care plan.

The departments recognize there may be the need for reconciliation or additional scrutiny for some claims. The departments are working with the managed care plans to develop a streamlined process for reconciliation of the accounts receivable. Information on this process will be communicated soon.