



# Department of Medicaid

Mike DeWine, Governor  
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**TO:** Contracted Medicaid Managed Care Plans

**FROM:** Roxanne Richardson, Acting Director  
Office of Managed Care

**DATE:** May 22, 2019

**SUBJECT:** Updated Prompt Pay Requirements for Behavioral Health Claims

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As the Ohio Department of Medicaid (ODM) begins the recoupment process for the cash advances provided by managed care plans to behavioral health providers, the Department is updating the behavioral health (BH) claims prompt pay standards. For Medicaid managed care plans, effective July 1, 2019, the BH prompt pay standards will be updated as follows:

- Clean behavioral health claims:
  - The managed care plan shall pay 90% of all clean behavioral health claims within 15 calendar days of the date of receipt.
  - The managed care plan shall pay 99% of all clean behavioral health claims within 60 calendar days of the date of receipt.

The updated requirements listed above will be reflected in the final provider agreement to be effective July 1, 2019 and are applicable to provider types 84 and 95, as well as provider types 01 and 02 that provide Outpatient Hospital Behavioral Health (OPHBH) services and bill with a HE modifier. These revised prompt pay standards are only applicable to Medicaid managed care plans at this time.

ODM will provide a template for a monthly ad hoc report to gather data on prompt pay statistics. Additional information about this template and due dates will be shared at a later date. The prompt pay template will also be updated and released later in 2019.

Questions or comments regarding this guidance should be sent to [ManagedCarePolicy@medicaid.ohio.gov](mailto:ManagedCarePolicy@medicaid.ohio.gov).