

Provider Responsibilities, Programs, and Managed Care for Federally Qualified Health Centers & Rural Health Centers

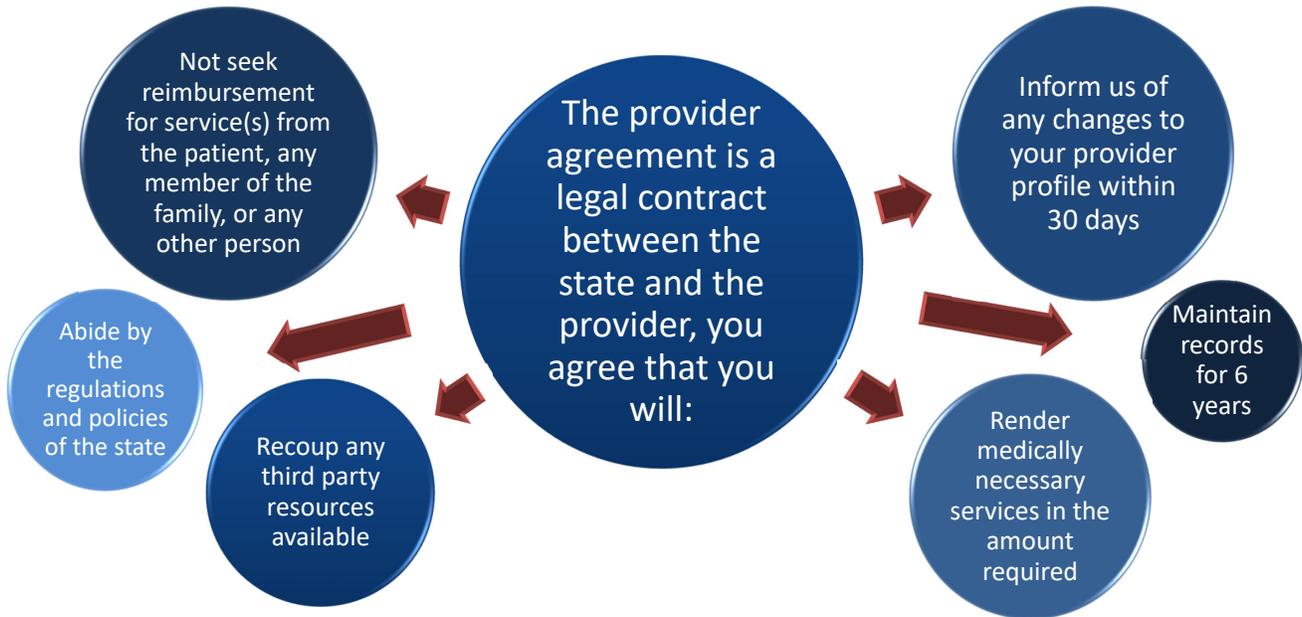
External Business Relations
2020



Provider Responsibilities



Provider Agreement: OAC 5160-1-17.2



Medicaid Medical Necessity: OAC 5160-1-01

Is the fundamental concept underlying the Medicaid Program



All services must meet accepted standards of medical practice

Demographic Maintenance in MITS

 Search

Welcome,

Super User [Providers](#) [Cost Report](#) [Account](#) [Trading Partners](#) [Claims](#) [Episode Claims](#) [Eligibility](#) [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security](#)

Trade Files [Demographic Maintenance](#)

demographic maintenance [1099 Information](#) [information provider faq](#) [mits days report](#) [correspondence](#) [self attestation](#) [hospital cost report](#)

ordering [Provider FAQ](#) [ch group affiliation](#) [group members](#) [cpc group](#) [cpc group members](#) [cpc accreditations](#) [cpc attestations](#)

[NPI](#)

Provider [Self Attestation](#)

Zip Code [Hospital Cost Report](#)

[Ordering/Referring/](#)

Demographic Maintenance in MITS, cont.

Welcome,

Super User [Providers](#) [Cost Report](#) [Account](#) [Trading Partners](#) [Claims](#) [Episode Claims](#) [Eligibility](#) [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security](#) [Trade Files](#)

Admin [demographic maintenance](#) [1099 information](#) [provider faq](#) [mits days report](#) [correspondence](#) [self attestation](#) [hospital cost report](#)

[ordering/referring/ prescribing search](#) [group affiliation](#) [group members](#) [cpc group](#) [cpc group members](#) [cpc accreditations](#) [cpc attestations](#)

[Service Location](#) > [Location Name Address](#) > [Service Language](#) > [1099 Mailing Address](#)

Medicaid Provider ID	MCD	Address Type	PRACTICE LOCATION
National Provider ID	NPI	Address	520 LINCOLN AVE
Practice Type	OTHER	City	CINCINNATI
Provider Type	76 - DURABLE MEDICAL EQUIPMENT SUPPL	County	HAMILTON
Ownership	NO	State/Zip	OH 45206-1100
Medicaid Effective Date	04/26/2007	Phone	513-000-0000
Medicaid End Date	08/27/2018		

Address Type	Name	Address 1	City	State	Zip	Zip + 4	Phone 1
HOME OFFICE		520 LINCOLN AVE	CINCINNATI	OH	45206	1100	(513)000-0000
MAIL TO		2603 BURNET AVE	CINCINNATI	OH	45229	3026	(000)000-0000
PAY TO		PO BOX 526194	CINCINNATI	OH	45264	6194	(000)000-0000
SERVICE LOC		900 LINCOLN AVE	CINCINNATI	OH	45206	1100	(513)000-0000

Demographic Maintenance in MITS, cont.

Welcome,

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports

Portal Admin Demographic Maintenance Information provider faq mits days report correspondence self attestation hospital cost report
 ordering 1099 Information rch group affiliation group members cpc group cpc group members cpc accreditations
 cpc attes Provider FAQ
 Na MITS Days Report
 Provider Correspondence
 Self Attestation
 Zip Co Hospital Cost Report
 Ordering/Referring/
 You can Prescribing Search Services, your 835 transactions, by clicking Reports on the menu bar.
 Group Affiliation

Message Group Members

CPC Group	Count	Amount
*** No rows found ***		
CPC Group Members		
CPC Accreditations	Count Month	0
CPC Attestations	Count Month	\$0.00
Attestations	Count Month	0

Quick Links

- ODM Provider Page
- Provider Enrollment

Demographic Maintenance in MITS, cont.

Welcome,

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports

Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report
 ordering/referring/ prescribing search group affiliation **group members** cpc group cpc group members cpc accreditations
 cpc attestations attestations

Group Member ID	Group Member NPI	Group Member Name	Effective Date	End Date	Revalidation Date
0770026	1818167700	MICHAELS, DONALD K	07/09/2006	12/31/2299	10/14/2018
0944443	1707006650	GRECO, JOHN S	07/09/2006	12/31/2299	11/21/2023
0229902	1444457768	DIAZ, DAVID C	07/09/2006	12/31/2299	01/05/2024
0395560	1161633360	RUSS, CHRISTOPHER	10/01/2005	12/31/2299	02/12/2021

Select row above to update -or- click Add button below.

delete add

Group Member ID/NPI [Search] Effective Date
 Group Member Name End Date

save cancel

Ordering, Referring, and Prescribing Providers (ORP): 5160-1-17.9

- Federal regulation was implemented under Section 6401 of the Patient Protection and Affordable Care Act of 2010
 - Went into effect 1/12/2015
 - At this time FQHCs only need to report the ORP for physical, occupational, and speech therapy services

Ordering, Referring, Prescribing (ORP) search in MITS

Welcome

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports

Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report **ordering/referring/ prescribing search** group affiliation group members cpc group cpc group members cpc accreditations cpc attestations

Ordering/Referring/Prescribing Search

Ordering Provider NPI

Ordering Provider Last Name SMITH

First, MI DWIGHT

*Date of Service 10/01/2019

Search Results

*** No rows found ***



ORP search in MITS, cont.

Welcome,

Super User **Providers** Cost Report Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report **ordering/referring/prescribing search** group affiliation group members cpc group cpc group members cpc accreditations cpc attestations

Ordering/Referring/Prescribing Search

Ordering Provider NPI

Ordering Provider Last Name

First, MI

*Date of Service

Search Results

Ordering Provider NPI	Ordering Provider Name
1268168168	SMITH, JOHN D
1034134734	SMITH, JOHN A
1422722122	SMITH, JOHN M
1206206106	SMITH, JOHN R
1237137537	SMITH, JOHN S
1446646046	SMITH, JOHN B
1019019719	SMITH, JOHN F
1245745245	SMITH, JOHN P

1 2 3 4 5 6 7 8 9 10 ... Next >

ORP search in MITS, cont.

Welcome

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report **ordering/referring/prescribing search** group affiliation group members cpc group cpc group members cpc accreditations cpc attestations

Ordering/Referring/Prescribing Search

Ordering Provider NPI

Ordering Provider Last Name

First, MI

*Date of Service

Search Results

Ordering Provider NPI	Ordering Provider Name
1268168168	SMITH, JOHN D

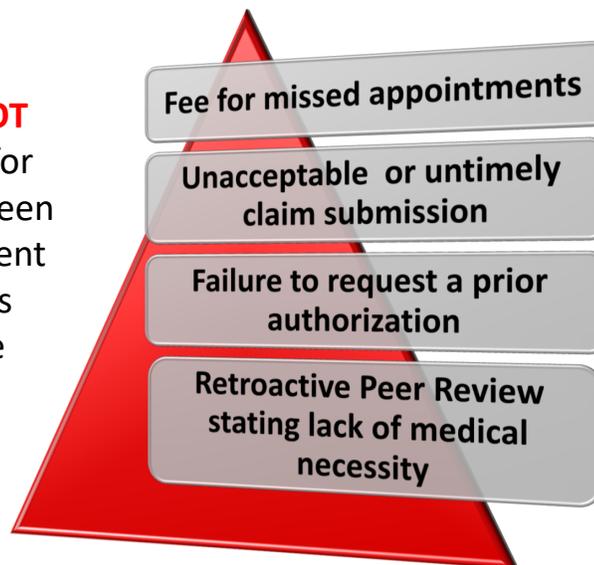
Medicaid Consumer Liability 5160-1-13.1

Can you bill a Medicaid eligible individual directly?

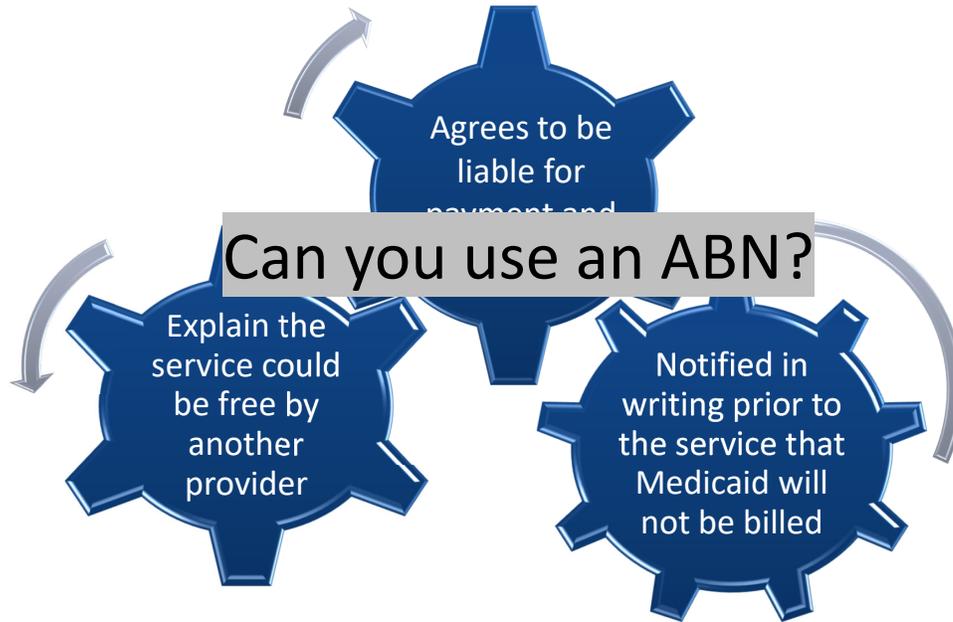


Medicaid Consumer Liability 5160-1-13.1

A provider may **NOT** collect and/or bill for any difference between the Medicaid payment and the provider's charge, or for the following:



When Can you Bill an Individual?



If not an ABN, then What?

5160-1-13.1 Medicaid recipient liability

Date of service: _____
Type of service: _____
Name & account number: _____
Billing number: _____

(C) A provider may bill a Medicaid recipient for a Medicaid covered service in lieu of submitting a claim to the Ohio department of Medicaid (ODM) only if all of the following conditions are met:

- _____ (1) The provider explains to the Medicaid recipient that the service is a covered Medicaid service and other Medicaid providers may render the service at no cost to the individual;
- _____ (2) Prior to each date of service for the specific service rendered, the provider notifies the Medicaid recipient in writing that the provider will not submit a claim to ODM for the service;
- _____ (3) The Medicaid recipient agrees to be liable for payment of the service and signs a written statement to that effect before service is rendered; and
- _____ (4) The Medicaid covered service is not a prescription for a controlled substance as defined in section 3719.01 of the Revised Code.

(D) Services that are not covered by the Medicaid program, including services requiring prior authorization that have been denied by ODM, may be billed to a Medicaid recipient when the condition in paragraphs (C)(2) through (C)(4) of this rule are met.

(E) Any individual not covered by Medicaid on the date of service is financially responsible for those services unless the individual qualifies for the hospital care assurance program (HCAP) in accordance with section 5168.14 of the Ohio Revised Code.

Signature _____ Date _____

Programs & Cards

Ohio Medicaid

- This is the traditional fee-for-service Medicaid card
- Issued annually as of October 1, 2018

Can you go by the card alone?

<p>Notice to Consumer: Please carry this card whenever you receive services. If the card is lost, damaged, or stolen, contact the county department of job and family services at once.</p> <p>Notice to Providers of Medical Services: If there is evidence of tampering or if this card is mutilated, contact the local county department of job and family services or check the Provider MITS Portal for eligibility. Questions regarding claims for service or eligibility should be directed to Provider Services at 1-800-686-1516.</p> <p>Note: Use the Medicaid ID for all claim submissions.</p> <p>medicaid.ohio.gov Consumer's Signature: _____</p>	Fold	<p>ALLEN Ohio Medicaid</p> <p>Case Number 5082482</p> <p>Eligibility Begin Date 01/01/2020</p> <p>Void After Date 01/31/2020</p> <p>Ohio Department of Medicaid medicaid.ohio.gov</p> <p>Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]</p>
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Eligibility Verification Request

Medicaid.ohio.gov -> Providers -> Training -> Training Videos

The screenshot shows the Ohio Department of Medicaid website. The navigation menu includes: HOME, MEDICAID 101, FOR OHIOANS, PROVIDERS, MANAGED CARE, INITIATIVES, RESOURCES, CAREERS, CONTACT. The 'PROVIDERS' dropdown menu is open, showing options: Enrollment and Support, Billing, Training, Fee Schedule and Rates, Managed Care, Provider Types, MITS Resources, Payment Innovation, Prior Authorization Requirements, and Specialized Recovery Services. The 'Eligibility Search' link is highlighted with a red box. The page content includes 'PROVIDERS > Training > Training Videos' and 'Ohio Medicaid has created a compilation of training videos...'. A 'COMMENTS' section is visible at the bottom.



Eligibility Verification Request

➤ You can search up to 3 years at a time

The screenshot shows the 'Eligibility Verification Request' form on the Ohio Department of Medicaid website. The form includes fields for: Medicaid Billing Number, SSN, Procedure Code, Date, DOS Date Format (MM/DD/YYYY), From DOS (10/24/2016), and To DOS (10/24/2019). Red arrows point to the 'From DOS' and 'To DOS' date fields. A magnifying glass icon is over the 'To DOS' field. A 'search' button and a 'clear' button are at the bottom right. A note at the bottom states: '*This information is only valid for 'from date' to end of the month searched.'

▪ TIP: Always check eligibility prior to billing



Eligibility Verification Request

Recipient Information	
Medicaid Billing Number	SSN
Last Name	County of Residence
First Name	County of Eligibility
Gender	County Office http://jfs.ohio.gov/County/County_Directory.pdf
Date of Birth	Number Bed Hold Days Used Paid CY
Date of Death	

Associated Child(ren) Search

Benefit / Assignment Plan						
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount	
Medicaid Schools	10/01/2017	10/31/2019		\$0.00	\$0.00	
★ MRDD Targeted Case Mgmt	10/01/2017	10/31/2019		\$0.00	\$0.00	
★ Alcohol and Drug Addiction Services	10/01/2017	10/31/2019		\$0.00	\$0.00	
★ Ohio Mental health	10/01/2017	10/31/2019		\$0.00	\$0.00	
★ Medicaid	10/01/2017	10/31/2019		\$0.00	\$0.00	

Associated Child(ren)					
Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
910000745972	IMPERIAL		SMITH	MALE	09/07/2011
910000745973	CARTIER		JONES	MALE	02/15/2008



Eligibility Verification Request

TPL									
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
ANTHEM BLUE CROSS/BLUE SHIELD	92405		UTXAN4977127		IND	PHYSICIAN/OUTPATIENT COVERAGE	10/24/2016	10/31/2019	003326401
ANTHEM BLUE CROSS/BLUE SHIELD	92405		UTXAN4977127		IND	INPATIENT COVERAGE	10/24/2016	10/31/2019	003326401

Managed Care					
Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits	
CARESOURCE	HMO, CFC	10/24/2016	02/28/2018		
MOLINA HEALTHCARE OF OHIO INC	HMO, CFC	12/01/2016	12/31/2018		
MOLINA HEALTHCARE OF OHIO INC	HMO, CFC	01/01/2019	10/31/2019		

Lock-In
*** No rows found ***

Medicare					
Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/24/2016	10/31/2019			7XH1UW7DK23
PART B	10/24/2016	10/31/2019			7XH1UW7DK23
PART D	08/01/2017	10/31/2019	HUMANA WALMART-PREFERRED RX PLAN (PDP)	137	7XH1UW7DK23
PART D	10/24/2016	07/31/2017	HUMANA WALMART-PREFERRED RX PLAN (PDP)	105	7XH1UW7DK23

Service Limitation
*** No rows found ***



Eligibility Verification Request

TPL									
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
ANTHEM BLUE CROSS/BLUE SHIELD	92405		UTXAN4977127		IND	PHYSICIAN/OUTPATIENT COVERAGE	10/24/2016	10/31/2019	003326401
ANTHEM BLUE CROSS/BLUE SHIELD	92405		UTXAN4977127		IND	INPATIENT_COVERAGE	10/24/2016	10/31/2019	003326401

Managed Care		Managed Care Benefits	
Plan Name	Plan Description	Benefit Code	Benefit Description
CARESOURCE	HMO, C...		
MOLINA HEALTHCARE OF OHIO INC	HMO, C...		
MOLINA HEALTHCARE OF OHIO INC	HMO, C...		

Lock-In	

Medicare		Medicare ID	
Coverage	Effective Date	End Date	Plan Number
PART A	10/24/2016	10/31/2019	
PART B	10/24/2016	10/31/2019	
PART D	08/01/2017	10/31/2019	HUMANA WALMART-PREFERRED RX PLAN (PDP) 137
PART D	10/24/2016	07/31/2017	HUMANA WALMART-PREFERRED RX PLAN (PDP) 105

Service Limitation	
*** No rows found ***	

Message from webpage

Provider ID: 0077186 MCD

Mailing Address: 3000 CORPORATE EXCHANGE DRIVE
 City: COLUMBUS
 State: OH
 Zip: 43231-7689
 Email:



Inpatient Hospital Services Plan (IHSP)

Recipient Information	
Medicaid Billing Number	SSN
Last Name	County of Residence
First Name	County of Eligibility
Gender	County Office http://jfs.ohio.gov/county/cntydir.stm
Date of Birth	Number Bed Hold Days Used Paid CY
Date of Death	

Benefit / Assignment Plan		Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Inpatient Hospital Services Plan		10/01/2017	05/31/2018		\$0.00	\$0.00



Presumptive Eligibility



Covers children up to age 19 and pregnant women

Was expanded to provide coverage for parent and caretaker relatives
and extension adults

This is a limited benefit to allow time for full determination of eligibility
for medical assistance



Presumptive Eligibility



Hospitals and FQHCs are eligible to participate in Ohio's presumptive
eligibility initiative

To become a Qualified Entity complete the steps described here:

<http://www.medicaid.ohio.gov/Provider/Training/PresumptiveEligibility>

Presumptive Eligibility

Members will receive a Presumptive Eligibility letter if a state qualified entity determines presumptive eligibility

Presumptive Eligibility

MISSISSIPPI RIVERS
21 S FRONT ST
COLUMBUS, OH 43215

The following individuals have temporary Medicaid coverage under Presumptive Eligibility (PE). The Qualified Entity (QE) has enrolled these persons based on the unverified self-declaration of the patient's household income, U.S. citizenship or qualified alien status, Ohio residency, and pregnancy (if applicable).

Coverage will stop unless the individuals' Medicaid applications are processed.

Any individuals not given temporary coverage may still file applications for full Medicaid coverage.

APPROVED:

Name (First, M.I., Last Name)	Date of Birth	PE Type	Date Coverage Begins	Medicaid ID
MISSISSIPPI RIVERS	01/01/1987	PE PREGNANT	05/09/2019	910001331813

Presumptive Eligibility

NOTE TO MEDICAID PROVIDERS:

Non-pharmacy Medicaid Providers- You must verify eligibility in the MITS system.

Pharmacy Medicaid Providers- This letter is proof of Medicaid eligibility on the date this form is issued. After date of issuance, you must verify eligibility in the Pharmacy system.

Call this number if you are having difficulty processing a pharmacy claim: 1-877-518-1545 (24 hours a day, 7 days a week). Pharmacy staff should use the following billing information: BIN: 015863 PCN: OHPOP Group: not needed.

Qualified Entity Name: REGENCY HOSP OF COLUMBUS LLC
PE Determination Site: PO BOX 644219 PITTSBURGH, PA 15264
Qualified Entity Staff Name: DYAGENT DYAGENT
Contact Number: (222)333-1234

Signature of Qualified Entity Designee : _____ Date: _____

Presumptive Eligibility

Other members will receive this Presumptive Eligibility letter

CDJFS Presumptive Eligibility

John Doe
123 Main St.
Anytown, OH 43210

The following individuals have temporary Medicaid coverage under Presumptive Eligibility (PE). The County Department of Job and Family Services (CDJFS) enrolled these persons based on the unverified self-declaration of the patient's household income, U.S. citizenship or qualified alien status, Ohio residency, and pregnancy (if applicable).

Presumptive eligibility will stop when a decision is made on your full Medicaid application.

Any individuals not given temporary coverage may still file applications for full Medicaid coverage.

APPROVED:

Name (First, M.I., Last Name)	Date of Birth	PE Type	Date Coverage Begins	Medicaid ID
John Doe	11/19/1959	PE Adult	06/25/2019	910194194194

Presumptive Eligibility

Recipient Information

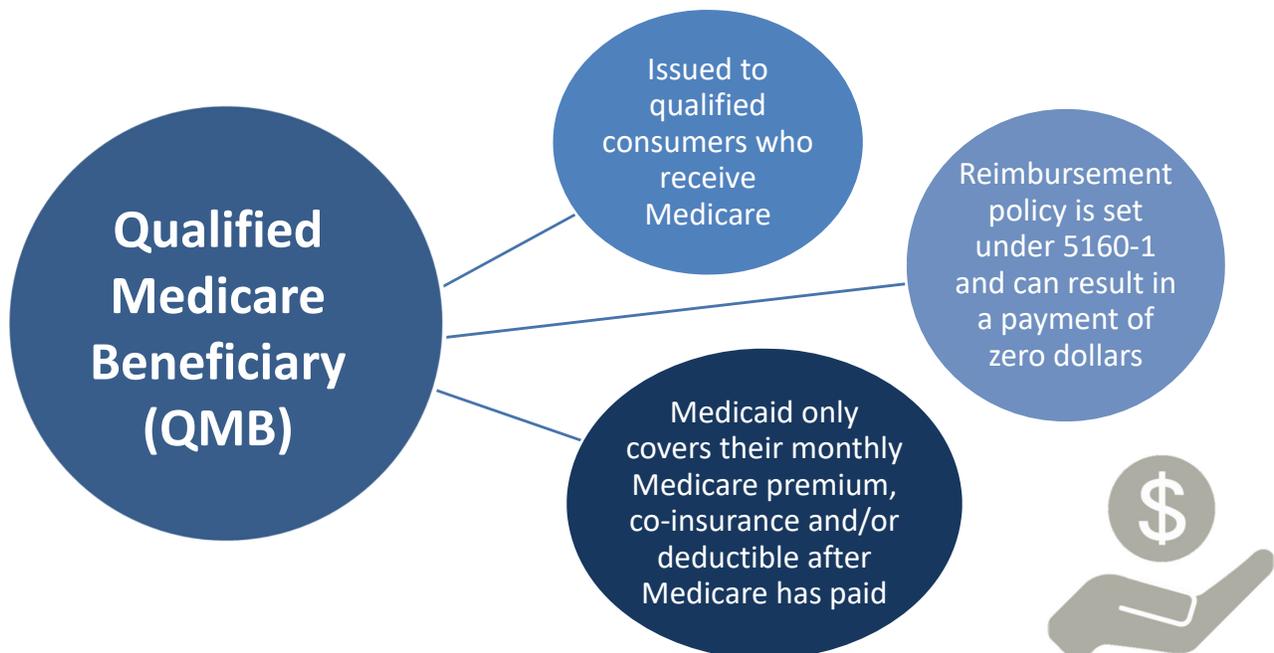
Medicaid Billing Number	SSN
Last Name	County of Residence
First Name	County of Eligibility
Gender	County Office http://jfs.ohio.gov/county/cntydir.stm
Date of Birth	Number Bed Hold Days Used Paid CY
Date of Death	

Beneficiary Assignment Plan

Beneficiary / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
PRESUMPTIVE:MRDD Targeted Case Mgmt	02/14/2019	10/31/2019		\$0.00	\$0.00
PRESUMPTIVE:Alcohol and Drug Addiction Services	02/14/2019	10/31/2019		\$0.00	\$0.00
PRESUMPTIVE:Medicaid	02/14/2019	10/31/2019		\$0.00	\$0.00
PRESUMPTIVE:Ohio Mental health	02/14/2019	10/31/2019		\$0.00	\$0.00

❑ Conditions of Eligibility and Verifications: OAC 5160:1-2-10

- Individuals must cooperate with requests from third-party insurance companies needing to authorize coverage
- Individuals must cooperate with request from a Medicaid provider for information which is needed in order to bill third party insurances
- Providers may contact the local CDJFS office to report non-cooperative individuals
- CDJFS may terminate eligibility



Can I bill them?

MLN Matters® Number: MM11230 **Revised** Release Date of Revised Article:
July 3, 2019

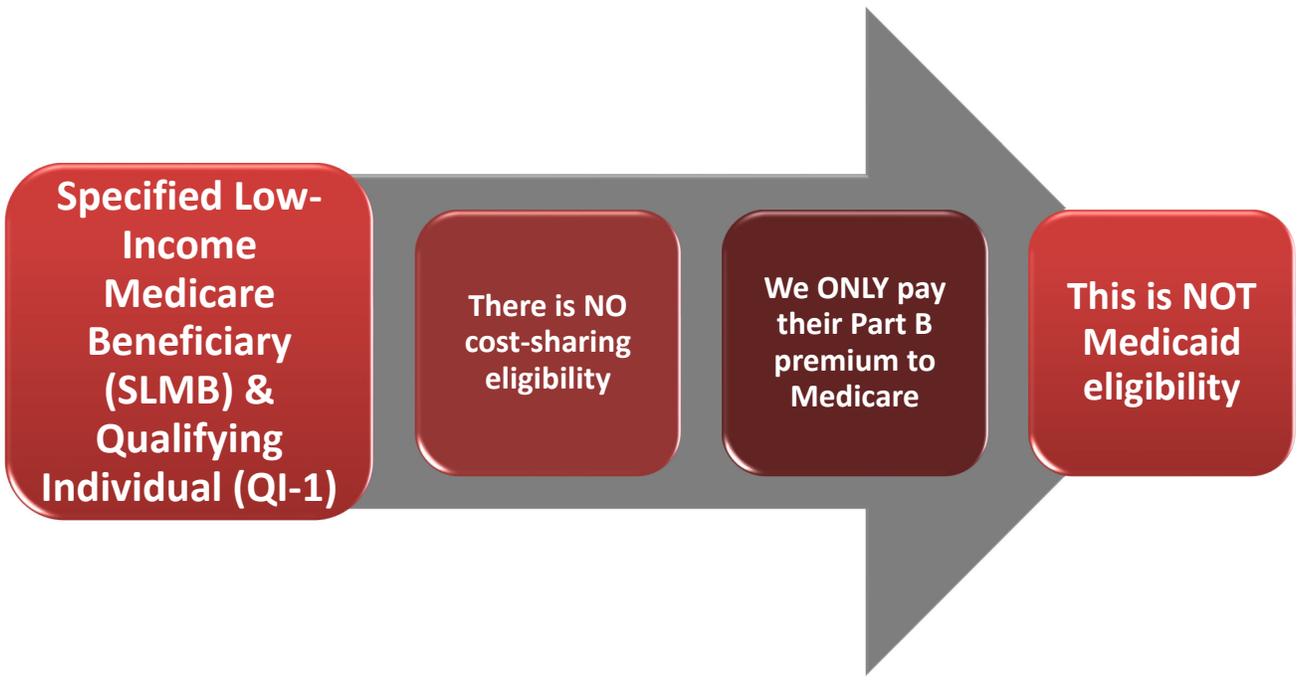
Billing individuals enrolled in the QMB program is Prohibited by Federal Law

Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost sharing for covered items and services (see Sections 1902(n)(3)(B), 1902(n)(3)(C), 1905(p)(3), 1866(a)(1)(A), and 1848(g)(3)(A) of the Social Security Act [the Act]). The QMB system updates are part of CMS' ongoing efforts to help providers comply with QMB billing prohibitions.



QMB

Recipient Information			
Medicaid Billing Number		SSN	
Last Name		County of Residence	
First Name		County of Eligibility	
Gender	County Office http://jfs.ohio.gov/County/County_Directory.pdf	Number Bed Hold Days Used	Paid CY
Date of Birth			
Date of Death			
<input type="button" value="Associated Child(ren) Search"/>			
Benefit / Assignment Plan			
Benefit / Assignment Plan	Effective Date	End Date	Provider Name
Qualified Medicare Beneficiaries	10/24/2016	10/31/2019	
			Dental Co-Pay Amount
			\$0.00
			Vision Co-Pay Amount
			\$0.00



SLMB

Recipient Information						
Medicaid Billing Number						SSN
Last Name						County of Residence
First Name						County of Eligibility
Gender						County Office http://jfs.ohio.gov/County/County_Directory.pdf
Date of Birth						Number Bed Hold Days Used Paid CY
Date of Death						
Benefit / Assignment Plan						
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount	
SLMB	05/01/2017	10/31/2019		\$0.00	\$0.00	

QI-1

Recipient Information						
Medicaid Billing Number					SSN	
Last Name					County of Residence	
First Name					County of Eligibility	
Gender			County Office	http://jfs.ohio.gov/county/cntydir.stm		
Date of Birth			Number Bed Hold Days Used	Paid	CY	
Date of Death						
Benefit / Assignment Plan						
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount	
QI 1/QI 2	04/26/2017	10/31/2019		\$0.00	\$0.00	

Managed Care/MyCare Ohio

Managed Care Procurement
RFI #2 is now open

*Focus on the **INDIVIDUAL** rather than the business of managed care*

We want to do better for the people we serve

Ohio Medicaid is seeking input from potential vendors and providers through a second request for information.

Videos by @OhioMedicaid



RFI #1 Feedback from Individuals

What we heard from individuals, caregivers and advocates



Access to Services

- Access to specialty, vision, and dental services
- Community organization partnerships
- Discrepancy between prior authorization processes
- Transportation availability and cost
- Enhanced access to care coordination



Member Experience

- Plan comparison
- Personalized care
- Up-to-date provider rosters
- Targeted and clearer communications
- Robust care coordination for individuals with complex needs
- Appreciation for conducting meetings outside Columbus



Benefits Administration

- Benefits are viewed as a lifeline
- Denials cause fear and uncertainty
- Perceptions about benefit limits
- Resources for understanding benefits
- Differences between managed care plan benefits administration
- Confusion around Medicaid vs. Medicare coverage



Providers & Treatment

- FQHCs are a critical source of health care
- Access to out-of-state providers

RFI #2 Overview

Outlining our vision to implement some of the most innovative health care reforms in the country

Goals for a Reimagined Medicaid System in Ohio



HOME MEDICAID 101 FOR OHIOANS PROVIDERS MANAGED CARE INITIATIVES COVID RESOURCES CAREERS CONTACT

For Managed Care Plans
For Individuals
For Providers
Dashboards
Managed Care Procurement

OHIO Department of Health VISIT CORONAVIRUS ASK-ODH FOR ANSWERS. Coronavirus Information

Focus on the **INDIVIDUAL** rather than the business of managed care
We want to do better for the people we serve
Learn more by visiting the Managed Care Procurement Website.

Ohio Medicaid is reimagining its managed care program.

Videos by @OhioMedicaid

Managed Care > For Managed Care Plans

QUESTIONS ABOUT COVID-19?
VISIT CORONAVIRUS.OHIO.GOV OR CALL 1-833-4-ASK-ODH FOR ANSWERS.



Managed Care Policy

Managed Care Agreements	<ul style="list-style-type: none"> July 1, 2019 - June 30, 2020 Managed Care Provider Agreement (Amended effective 3/27/20) July 1, 2019 - June 30, 2020 Managed Care Provider Agreement (Amended effective 1/1/20) July 1, 2019 - June 30, 2020 Managed Care Provider Agreement (Effective 7/1/19) July 1, 2018 - June 30, 2019 Managed Care Provider Agreement (Amended effective 2/1/19) July 1, 2018 - June 30, 2019 Managed Care Provider Agreement (Amended effective 1/1/19) July 1, 2018 - June 30, 2019 Managed Care Provider Agreement (Effective 7/1/18) July 1, 2017 - June 30, 2018 Managed Care Provider Agreement (Amended Effective 4/1/18) July 1, 2017 - June 30, 2018 Managed Care Provider Agreement (Amended Effective 1/1/18) July 1, 2017 - June 30, 2018 Managed Care Provider Agreement (Effective 7/1/17) July 1, 2016 - June 30, 2017 Managed Care Provider Agreement (Amended Effective 1/1/17) July 1, 2016 - June 30, 2017 Managed Care Provider Agreement (Effective 7/1/16) July 1, 2015 - June 30, 2016 Managed Care Provider Agreement (Amended Effective 1/1/16) July 1, 2015 - June 30, 2016 Managed Care Provider Agreement (Effective 7/1/15) July 1, 2014 - June 30, 2015 Managed Care Provider Agreement (Amended Effective 7/1/15)
MyCare Ohio Agreements	
Medicaid Addendum	
Guidance	
Forms	
Frequently Asked Questions	
Data Quality Methodology	

Managed Care > For Managed Care Plans

QUESTIONS ABOUT COVID-19?
VISIT CORONAVIRUS.OHIO.GOV OR CALL 1-833-4-ASK-ODH FOR ANSWERS.



Managed Care Policy

Managed Care Agreements	<ul style="list-style-type: none"> Third Party Liability (TPL) Change Only File-FAQs for MCOs Mar 2020 <ul style="list-style-type: none"> New Coverage and Carrier Types Mar 2020 Waiver Provider Signature Requirement
MyCare Ohio Agreements	<ul style="list-style-type: none"> Medicaid Managed Care Plan Behavioral Health Provider Enrollment and Credentialing
Medicaid Addendum	<ul style="list-style-type: none"> Nursing Facility Definitions and Common Terminology Managed Care and Nursing Facility-Based Levels of Care
Guidance	<ul style="list-style-type: none"> Medicaid Managed Care Prior Authorization and Level of Care for NF Stays MyCare Ohio Prior Authorization and Level of Care for NF Stays
Forms	<ul style="list-style-type: none"> Children in Custody and Adopted Children Optional managed care enrollment for individuals enrolled in a home and community-based services (HCBS) waiver administered through the Ohio Department of Developmental Disabilities (DODD)
Frequently Asked Questions	<ul style="list-style-type: none"> Managed care enrollment for children receiving services through the Bureau for Children with Medical Handicaps (BCMh)
Data Quality Methodology	
COVID-19 Info	



Managed Care Policy

Managed Care Agreements	<ul style="list-style-type: none">Appendix S Pharmacy Guidelines for Managed Care PlansProvider Emergency Protocol
MyCare Ohio Agreements	<ul style="list-style-type: none">Care/Case Management Emergency ProtocolTelehealth and Applied Behavioral Health (ABA) Providers
Medicaid Addendum	<ul style="list-style-type: none">Telehealth Rules and FAQ DocumentsGrievance Extension due to COVID-19 Pandemic
Guidance	<ul style="list-style-type: none">COVID-19 Encounter Measure MemoMember Case Management COVID Notice
Forms	
Frequently Asked Questions	
Data Quality Methodology	
COVID-19 Info	



AETNA BETTER HEALTH® OF OHIO



Oversight of Managed Care Organizations

- Managed Care Plans sign a Provider Agreement
- OAC 5160-26: Traditional Medicaid
- OAC 5160-58: MyCare Ohio
- Each MCP has a Contract Administrator at the Ohio Department of Medicaid



Traditional Managed Care Plans

- 
866-296-8731 <https://www.buckeyehealthplan.com>
- 
800-488-0134 <https://www.CareSource.com>
- 
800-891-2542 <https://www.paramounthealthcare.com>
- 
855-322-4079 <https://www.molinahealthcare.com>
- 
UnitedHealthcare® 800-600-9007 <https://www.uhccommunityplan.com>

Traditional Managed Care Day One

	'The old way'	Day One
Individual completes Application	4/3/2019	4/3/2019
Determined eligible for Medicaid	6/21/2019	6/21/2019
Fee-For-Service	4/1/2019 → 6/30/2019	4/1/2019 → 5/31/2019
Managed Care Plan	7/1/2019 → 12/31/2299	6/1/2019 → 12/31/2299



MITS Eligibility screen

Benefit / Assignment Plan						
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount	
MRDD Targeted Case Mgmt	01/01/2019	10/31/2019		\$0.00	\$0.00	
Alcohol and Drug Addiction Services	01/01/2019	10/31/2019		\$0.00	\$0.00	
Ohio Mental health	01/01/2019	10/31/2019		\$0.00	\$0.00	
Medicaid	01/01/2019	10/31/2019		\$0.00	\$0.00	
MRDD Targeted Case Mgmt	10/24/2018	12/31/2018		\$0.00	\$0.00	
Alcohol and Drug Addiction Services	10/24/2018	12/31/2018		\$0.00	\$0.00	
Ohio Mental health	10/24/2018	12/31/2018		\$0.00	\$0.00	
Medicaid	10/24/2018	12/31/2018		\$0.00	\$0.00	

Case/Cat/Seq Spnddown	
*** No rows found ***	

TPL	
*** No rows found ***	

Managed Care				
Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
CARESOURCE	HMO, CFC	10/24/2018	10/31/2019	



MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a Managed Care Plan

MyCare Ohio operates in seven geographic regions covering 29 counties and includes more than 100,000 beneficiaries

The project is currently slated to end on December 31, 2022



MITS Eligibility screen

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	10/24/2018	10/31/2019		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/24/2018	10/31/2019		\$0.00	\$0.00
Ohio Mental health	10/24/2018	10/31/2019		\$0.00	\$0.00
Medicaid	10/24/2018	10/31/2019		\$0.00	\$0.00
MyCare Ohio Waiver	10/24/2018	10/31/2019		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

*** No rows found ***

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
BUCKEYE COMMUNITY HEALTH PLAN	HMO, MyCare Ohio	10/24/2018	10/31/2019	Dual Benefits

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/24/2018	10/31/2019			2YU3Q39WU09
PART B	10/24/2018	10/31/2019			2YU3Q39WU09
PART C	10/24/2018	10/31/2019	BUCKEYE HEALTH PLAN - MYCARE OHIO	H0022	2YU3Q39WU09
PART D	10/24/2018	10/31/2019	*H0022/001	001	2YU3Q39WU09



MITS Eligibility screen

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	10/24/2018	10/31/2019		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/24/2018	10/31/2019		\$0.00	\$0.00
Ohio Mental health	10/24/2018	10/31/2019		\$0.00	\$0.00
Medicaid	10/24/2018	10/31/2019		\$0.00	\$0.00
MyCare Ohio Waiver	10/24/2018	10/31/2019		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

*** No rows found ***

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
MOLINA HEALTHCARE OF OHIO INC	HMO, MyCare Ohio	07/01/2018	10/31/2019	Medicaid Only

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/30/2016	10/31/2019			9RG7AP3AF50
PART B	10/30/2016	10/31/2019			9RG7AP3AF50
PART C	08/01/2017	03/31/2018	MOLINA DUAL OPTIONS - MYCAREOHIO	H5280	9RG7AP3AF50
PART D	06/01/2018	10/31/2019	CVS CAREMARK VALUE (PDP)	028	9RG7AP3AF50
PART D	04/01/2018	05/31/2018	*X0001/008	008	9RG7AP3AF50
PART D	08/01/2017	03/31/2018	*H5280/001	001	9RG7AP3AF50
PART D	10/30/2016	07/31/2017	AARP MEDICARERX PREFERRED (PDP)	013	9RG7AP3AF50

MyCare Ohio Managed Care Plans



866-296-8731 <https://www.buckeyehealthplan.com>



800-488-0134 <https://www.CareSource.com/MyCare>



AETNA BETTER HEALTH[®] OF OHIO

855-364-0974 <https://www.aetnabetterhealth.com/ohio>



855-322-4079 <https://www.molinahealthcare.com/duals>



800-600-9007 <https://www.Uhcommunityplan.com>

Third-party duties; Medicaid managed care organizations: Ohio Revised Code 5160.40

- The department, or Medicaid managed care organization, has right of recovery under section 5160.37
- The claim must be submitted not later than six years after the date of service
- The third party must respond to the department's request for payment not later than 90 business days after the receipt of written proof of claim

❑ Recoupment of overpayment: Ohio Revised Code 5167.22

- Effective 10/17/2019
- When a managed care organization seeks to recoup an overpayment made to a provider, it shall provide all of the details of the recoupment including the following:
 - Name, address, and Medicaid identification number of the individual
 - Date(s) that the services were provided
 - Reason for the recoupment
 - Method by which the provider may contest the proposed recoupment

Some ways the MCOs are allowed to differ from Fee for Service

- Whether an item or service requires Prior Authorization
- What modifiers should be used with a specific code
- What fee will be paid to providers **
- How long a provider has to submit their claims timely **

** Check your agreement with the plan for specifics

Some ways the MCOs are *not* allowed to differ from Fee for Service

- The plans should not request the use of improper place of service codes
- The plans cannot refuse to cover an item/service that Fee for Service covers (a different code may be used, but the service itself cannot be denied if ODM covers it)

PROVIDER COMPLAINTS

Provider licensure issues

Please send to Ohio Department of Insurance (ODI)

Certification issues

Work with the Area Agency on Aging (AAA) or ODM for MyCare Ohio waiver providers

Work directly with the Plan first

If not resolved, submit a complaint to Ohio Department of Medicaid (ODM)

Medicaid.ohio.gov -> Managed Care -> For Providers

Submitting a managed care complaint

PROVIDERS

Welcome Providers

Ohio is home to more than 130,000 active Medicaid providers. The partnership between providers and its provider network is critical in ensuring reliable and timely care for beneficiaries across the state. Please use this page as a go-to resource for learning more about training, billing, rate-setting and additional areas interest concerning the provider community.

- For Managed Care Plans
- For Individuals
- For Providers

Related Content

- Benefit Coordination & Recovery
- Fee Schedules/Rates
- Medicaid Forms
- ODJFS Forms
- MITS EDMS Cover Page
 - Instructions
- Healthchek Screening Forms
- e-Manuals

Provider News

Submitting a managed care complaint, cont.

Provider Complaints

Providers should contact the associated managed care organization (MCO) for assistance before submitting a complaint (see hyperlink below) to the Ohio Department of Medicaid (ODM).

Providers should contact the MCO's provider services line and or their regional provider relations representative. Providers are encouraged to utilize the appeals, grievance, or arbitration processes as outlined in their individual contract with that plan. If the plan or plan's representative do not return a provider's call within 5 business days, providers may complete the provider complaint form below.

All complaints submitted are immediately sent to the corresponding MCO for response. Please note the plans will have up to 15 business days to respond.

The provider complaint guidance document and complaint form are located [HERE](#).

Please ensure your pop-up blocker is turned off.

Submitting a managed care complaint, cont.

Provider Complaint Form Guidance

The Ohio Department of Medicaid (ODM) maintains a managed care organization (MCO) complaint form. This can be used by any provider who has first attempted to work directly with the plan but has been unsuccessful in getting an appropriate response. Before submitting a complaint, providers should check the plan's Claims Payment Systemic Errors (CPSE) report for the issue in question.

MCO's receive these complaints directly, in real time, and have **15 business days to respond to the provider with a resolution**. Providers are encouraged to utilize the appeals, grievance, or arbitration processes as outlined in their individual contract with the plan. ODM staff review complaints to verify whether the plan has contacted the provider and given an answer to their question(s). ODM staff cannot arbitrate between the plan and providers.

Please note: ODM does not follow-up with all providers on complaints submitted. ODM reviews all complaints and tracks trends.

Submitting a managed care complaint, cont.

Submission Tips:

Providers may add supporting documentation directly onto the provider complaint form.

If multiple individuals are affected by a single issue with a plan, the provider is to submit only one complaint for all individuals, however, up to 5 attachments may be uploaded on a single complaint.

-  ***NEW*** If the provider submits multiple complaints for the same issue (different individuals, dates of service, practitioners, or files affected), ODM will cancel all duplicate complaints, contact the provider, and request that a single new complaint be submitted for all files affected.
-  ***NEW*** If a group provider is submitting a complaint, the "Filing Party Name" on the complaint should list the group's name and not the individual practitioner.
-  ***NEW*** Proper contact information for the person listed in the "Follow-up Name" field must be entered. The plans may attempt to contact the provider via telephone conversation, voicemail left, or email sent. If the plan is continuously unable to reach the listed contact, ODM may close the complaint without direct provider contact.

OH Medicaid Managed Care Provider Complaint Form

Instructions

This form is for Managed Care providers only. Providers must appeal denied claims to the MCP before the Ohio Department of Medicaid will process a complaint. If your complaint involves multiple Managed Care Plans (MCPs), please complete one form per MCP. The resolution timeframes for Managed Care complaints are 2 business days for complaints involving access to care, and 15 business days for all other issues. If you have a complaint regarding Medicaid Fee For Service please call 1-800-686-1516.

Complaint Details

15 business days to respond to provider and ODM

Yes No

Yes No

Yes No

* Is this complaint related to children with special health care needs? Yes No

* Is the patient receiving or seeking mental health or substance abuse services? Yes No

HIPAA Guidelines for Provider Complaint Attachments

Your submission must only include information for Medicaid members. Including personal information for non-Medicaid members is a HIPAA violation. If your attachment includes information for non-Medicaid members, your complaint may be summarily rejected, and you may be asked to resubmit.

If your complaint pertains to multiple Managed Care Plans, you must upload attachments for each Plan. Each attachment must include only Medicaid enrollment information.

- Click "Choose" to select a document.
Click "Add" to upload a document.
To remove the document, click "Remove".
Each file must be less than 10 MB.
Files Limit

You can upload attachments directly onto your complaints

Browse... No file

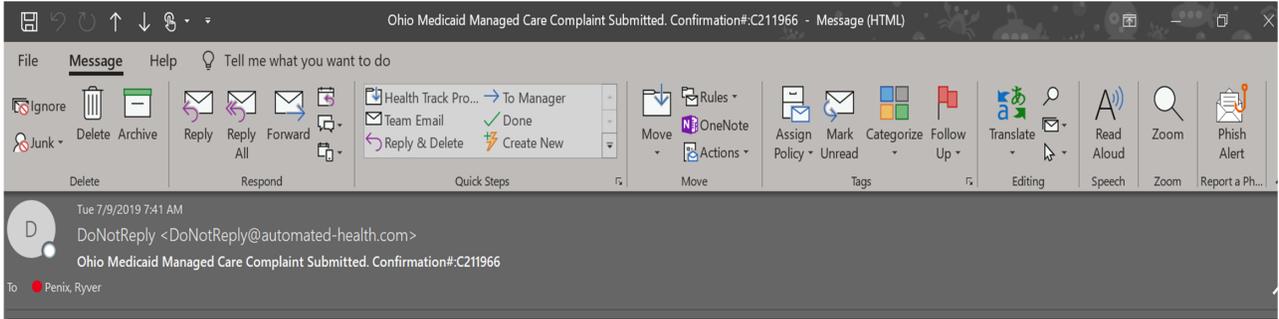
Add

Remove

If related to denied claims, Providers must appeal denied claims to MCP before ODM will process a complaint.

Date Appeal was denied. [calendar icon]

Does complaint involve specific patients/consumers? [checkbox] If yes, click here, then 'save' after each patient entered.



Your complaint has been submitted. You can refer to this complaint in the future using the confirmation number below.

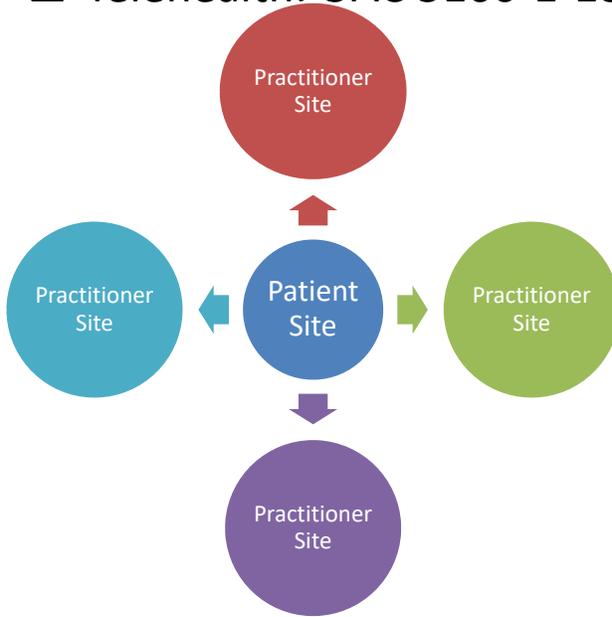
Confirmation #: C211966



Policy



☐ Telehealth: OAC 5160-1-18



- Terminology changed from Telemedicine to Telehealth
- Patient location is flexible (includes home or school)
- No Distance Requirement between patient and practitioner site
- Practitioner location is flexible (includes home under certain circumstances)
- No originating site or patient site fee can be billed

Policy

5160-1-18 Telehealth.

(A) For the purposes of this rule, the following definitions apply:

(1) "Active patient" means that within the previous twelve months at least one in-person physical exam or assessment of the patient has been conducted by the telehealth practice or practitioner acting within the scope of their professional license or by the patient's usual source of medical care that is not an emergency department.

(2) "Patient site" is the physical location of the patient at the time a health care service is provided through the use of telehealth. The patient site shall be one of the following locations:

- (a) The office or service location of a provider type specified in paragraph (B) (1) of this rule;
- (b) The patient's home (including but not limited to homeless shelter, assisted living facility, group home, or temporary lodging);
- (c) School;
- (d) Inpatient hospital;
- (e) Outpatient hospital;
- (f) Nursing facility; or
- (g) Intermediate care facility for individuals with an intellectual disability (ICF/ IID).

(3) "Practitioner site" is the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth. The practitioner site shall not be the same location as the patient site.

(4) "Telehealth" is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements. The following activities are not considered telehealth:

- (a) The delivery of health care service by electronic mail, telephone call, or facsimile transmission;
- (b) Conversations between practitioners regarding a patient without the patient present either physically or via secure, synchronous, interactive, real-time electronic communication.

(B) Eligible providers and service locations

(1) The following practitioners are eligible to render services through the use of telehealth:

- (a) Physician as defined in Chapter 4731. of the Revised Code;
- (b) Psychologist as defined in Chapter 4732. of the Revised Code;
- (c) Physician assistant as defined in Chapter 4730. of the Revised Code;
- (d) Clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as defined in Chapter 4723. of the Revised Code;
- (e) Licensed independent social worker, licensed independent chemical dependency counselor, licensed independent marriage and family therapist, or licensed professional clinical counselor as defined in Chapter 4757. of the Revised Code.

Policy, cont.

THE REGISTER OF OHIO
PUBLIC NOTICE OF STATE AGENCY RULE MAKING

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- Agency Rule-Making Guides
- How to Read a Rule
- Ohio Administrative Code

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[\[Advanced Search\]](#)

Rule Number

Rule #

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- [Agricultural Commodity Marketing Programs](#)
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- [Liability Insurance Certifications](#)
- [Ohio Judicial Conference RC 2329.66 Memorandum](#)

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Department of Commerce
 05/07/2020 10:00 AM
 77 S. High St. 22nd FL

VIEW NOTICE
ADD TO CALENDAR

Department of Job and Family Services -
Unemployment Compensation

<http://www.registerofohio.state.oh.us/>

Policy, cont.

THE REGISTER OF OHIO
PUBLIC NOTICE OF STATE AGENCY RULE MAKING

ABOUT
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Filings for Rule Number 5160-1-18 Print Rule Detail

Title	Telehealth.
Agency	Ohio Department of Medicaid
Division	
Contact	
Phone	

Actions

Active	Historical	Title	File Date	Action	Type	Class	Hearing	Eff Date	Exp Date	FYR	Public Notice	REGA Analysis	Rule	Proposals	Hearing Summary Reports	CD Business Interest Analysis	CSI Recommendations	CD Agency Memorandum of Response
		Telemedicine.	06/24/2019	Final File	Rescission	119.03		07/04/2019		Y								
		Telehealth.	06/24/2019	Final File	New	119.03		07/04/2019		N								
		Telehealth.	05/23/2019	Revise	New	119.03				N								
		Telemedicine.	04/19/2019	Original File	Rescission	119.03	05/20/2019			Y								

Policy, cont.

Actions

									Public Notice	RSSFA Analysis	Rule	Appendices	Hearing Summary Reports	CSI Business Impact Analysis	CSI Recommendation	CSI Agency Memorandum of Response
Active	Historical								PN	EA	R	A	HSP	CB	CR	CA
Title	File Date	Action	Type	Class	Hearing	Eff Date	Exp Date	FYR								
Telemedicine.	06/24/2019	Final File	Rescission	119.03		07/04/2019		Y								
Telehealth.	06/24/2019	Final File	New	119.03		07/04/2019		N								
Telehealth.	05/23/2019	Revise	New	119.03				N								
Telemedicine.	04/19/2019	Original File	Rescission	119.03	05/20/2019			Y								
Telehealth.	04/19/2019	Original File	New	119.03	05/20/2019			N								
Telemedicine.	12/23/2014	Final File	New	119.03		01/02/2015		N								
Telemedicine.	10/21/2014	Revise	New	119.03				N								
Telemedicine.	10/17/2014	Original File	New	119.03	11/17/2014			N								

Policy, cont.

ACTION: Final

ENACTED
Appendix
5160-1-18

DATE: 06/24/2019 9:49 AM

Appendix to rule 5160-1-18

Services reimbursed through Telehealth

Procedure Code	Code Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
99201	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 10 minutes.
99202	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 20 minutes.
99203	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of low complexity. Typically, 30 minutes.
99204	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of moderate complexity. Typically, 45 minutes.
	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes.

Forms

Forms

PROVIDERS

QUESTIONS ABOUT COVID-19?
VISIT [CORONAVIRUS.OHIO.GOV](https://www.coronavirus.ohio.gov) OR CALL **1-833-4-ASK-ODH** FOR ANSWERS.



Welcome Providers

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Provider News

- UPDATED State Fiscal Year-End Provider Payments (6/7/19)
- New Utilization Review Vendor for Ohio Department of Medicaid (11/29/18)
- Waiver Provider Signature Requirement - Effective December 31, 2018
- Qualified Entity Technical Help Desk Changes
- Qualified Entity Policy Email Template
- Qualified Entity Technical Email Template
- Proton Pump Inhibitor (PPI) Coverage (6/8/18)

Related Content

- Benefit Coordination & Recovery
- Fee Schedules/Rates
- Medicaid Forms
- ODJFS Forms
- MITS EDMS Cover Page
 - Instructions
- Healthckek Screening Forms
- e-Manuals
- Helpful Links
- Get a National Provider Identifier (NPI)
- Transmittal Letter Notification
- Medicaid Provider Incentive Program (MPIP)
- ICD-10



Forms, cont.

RESOURCES > Publications > Medicaid Forms

QUESTIONS ABOUT COVID-19?
VISIT CORONAVIRUS.OHIO.GOV OR CALL 1-833-4-ASK-ODH FOR ANSWERS.



Medicaid Forms Listing

Search 

Form Number	Form Name
ODM 06613	Accident/Injury Insurance Information
ODM 06613I	Accident/Injury Insurance Information - Instructions
ODM 10252	Acknowledgement of Terms and Conditions Governing the Presumptive Eligibility Determinations
ODM 03199	Acknowledgment of Hysterectomy Information
ODM 03199I	Acknowledgment of Hysterectomy Information - Instructions

Forms Information

- Cannot find a form?
- You Have The Right

Forms, cont.

RESOURCES > Publications > Medicaid Forms

QUESTIONS ABOUT COVID-19?
VISIT CORONAVIRUS.OHIO.GOV OR CALL 1-833-4-ASK-ODH FOR ANSWERS.



Medicaid Forms Listing

Search [Reset Search](#)



Form Number	Form Name
ODM 06653	Medical Claim Review Request
ODM 06653I	Medical Claim Review Request - Instructions

Forms Information

- Cannot find a form?
- You Have The Right

Forms, cont.

Reset Form

Ohio Department of Medicaid MEDICAL CLAIM REVIEW REQUEST

1. PROVIDER INFORMATION

Provider Name _____
 Address _____
 City _____
 State _____ Zip _____
 Contact Person _____

2. SUBMISSION DATE OF THIS FORM

____/____/____

Individual Provider # _____
 Group Provider # _____ (When appropriate)
 Telephone # (____) _____

3. CLAIM INQUIRY INFORMATION

Recipient Name _____
 Billing # (12 digits) _____
 Service Date _____
 or
 Discharge Date _____

4. CLAIM HISTORY INFORMATION

Transaction Control Numbers
 TCN _____
 TCN _____
 TCN _____
Please note: All transaction control #s are 17 digits

5. Please enter all applicable Medicaid E.O.B. denial codes, which apply to the attached claim.
 EOB _____ EOB _____ EOB _____ EOB _____
(Please include all necessary documentation, e.g. remittance advices, Medicare and/or Insurance EOBs)

6. Explanation of request:

Internal Use Only

Forms, cont.

- ODM 06614 – Health Insurance Fact Request
- ODM 6653 – Medical Claim Review Request

<http://medicaid.ohio.gov/RESOURCES/Publications/Medicaid-Forms.aspx>

ANY
QUESTIONS
?