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**To:** [MCD MCProcurement](#)  
**Subject:** RFI Ohio Medicaid Managed Care Program  
**Date:** Wednesday, July 31, 2019 3:02:11 PM  
**Attachments:** [RFI for Ohio Medicaid Managed Care Program - Feedback 07 31 19.doc](#)

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Response attached.

Thanks,

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January 10, 2020

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## **Response to RFI Ohio Medicaid Managed Care Program-Feedback from Individuals and Providers-June 13, 2019**

13. The first 30 days at our residential facility are being denied for authorization even though a prior authorization is not required. We spend a considerable amount of time calling to have these paid. This issue needs to be addressed sooner than later. Could the MCO's possibly give a generic authorization number that tells their system an auth is not required? The date of intake is not part of the claim which would help if it was included.

14. Standardized remittance advice format (client name/DOS regardless of clinician or procedure) and standardized denial codes.

21. The MCO's need to train their customer service representatives more effectively to deal with denied claims. The answer received from one rep is not always the answer from another rep. Claim issues never seem to be able to be resolved when you call – even after spending 30 to 40 minutes on one call - a case always has to be opened adding another 30-60 days before issues are resolved.

38. The one thing I would change about the current Medicaid managed care program would be to have all the claims be submitted and paid through MITS. This would provide one point of contact and **more consistency**. Consistency is greatly lacking in this whole redesign.

39. The Medicaid managed care system needs to be more consistent. One claim will be denied from one MCO but the same type will be paid by another. Reports are not consistent. The credentialing process is very cumbersome between MITS and the MCO's. Eliminate the need for provider modifiers – system should know what the credentials are and shouldn't require another modifier. MITS needs a major system upgrade....not relying on an Excel spreadsheet to see what our clinicians' credentials are in the system. Clients in custody or services provided in a residential care setting should be exempt from TPL no matter what service. Most insurance will not cover a court ordered youth but we still have to spend the time billing and waiting for a denial from insurance company to be able to receive payment from MCO's. I would like to see all claims being submitted directly to MITS and the payments also coming directly from MITS – not the MCO's. I can see why many small offices are struggling due to the Medicaid Redesign. The time it is taking for us to process a file has grown immensely adding all the different levels of care and the authorization process. We have added employees due to Medicaid Redesign and I feel like we are still drowning.

**Julie Vogt**  
Business Manager