
# Ohio Department of Medicaid

# Managed Care Entity
# Claims Denial Resource Grid

Ohio Department of Medicaid

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Drafted 8/2023. The information provided is subject to change. Providers should check their contracts or contact the managed care entity (MCE) for the most up to date information.

# Aetna OhioRISE

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied claim whether clinical or non-clinical.<br><br>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component. | Materials, Forms and Helpful Links for Providers\| OhioRISE – Aetna Better Health (Click link to the provider manual and search) | Phone:<br>1-833-711-0773<br><br>Mail:<br>Aetna Better Health of Ohio<br>PO Box 81040<br>5801 Postal Road<br>Cleveland, OH 44181<br><br>Online:<br>https://apps.availity.com/availity/Demos/Registration/index.htm | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes.<br><br>Within 15 business days for all other claims disputes. | Provider Services<br>Phone:<br>1-833-711-0773 | https://www.aetnabetterhealth.com/ohiorise/providers/index.html |

# AmeriHealth Caritas Ohio

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied claim whether clinical or non-clinical.<br><br>Must be exhausted prior to requesting external medical review (EMR). | https://www.amerihealthcaritasoh.com/provider/forms/index.aspx. (Click link to the provider manual and search) | Phone:<br>1-833-644-6001<br><br>Mail:<br>AmeriHealth Caritas Ohio<br>Attn: Claims Processing Department<br>PO Box 7104<br>London, KY 40742<br><br>Online:<br>NaviNet: With the claims adjustment inquiry function. https://navinet.navimedix.com/plan-central/acoh<br><br>Fax:<br>1- 833-216-2272 | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes.<br><br>Within 15 business days for all other claims disputes. | Provider Services Phone:<br>1-833-644-6001<br><br>Provider Services Fax:<br>1-833-643-2901 | N/A |

# Anthem Blue Cross and Blue Shield

Clinical Claim Only
Non-Clinical Claim Only
Applicable to Both

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied clinical claim.<br><br>Must be exhausted prior to requesting external medical review (EMR). | Home \| Anthem Blue Cross and Blue Shield (Click link to the provider manual and search) | Phone:<br>1-844-912-1226<br><br>Mail:<br>Anthem Blue Cross and Blue Shield<br>Payment Dispute Unit<br>P.O. Box 62500<br>Virginia Beach, VA 23466-1599<br><br>Online:<br>www.Availity.com | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes. | Provider Services phone:<br>1-844-912-1226<br><br>Status of the case can be found provider portal (Availity) by searching case number. | Providers must submit their supporting medical documentation and the extenuating circumstance explaining why the authorization was not attached prior to services being rendered. |
| You are disputing a denied or partially denied non-clinical claim. | | Fax (Clinical Claims):<br>1-866-587-3316 | | Within 15 business days. | | |

# Buckeye Community Health Plan

Clinical Claim Only
Non-Clinical Claim Only
Applicable to Both

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied clinical claim.<br><br>Must be exhausted prior to requesting external medical review (EMR). | Manuals, Forms and Reference Tools \| Buckeye Health Plan (Click link to the provider manual and search) | Phone:<br>1-888-296-8731<br><br>Mail:<br>Medicaid<br>Buckeye Health Plan<br>Attn: Dispute Department<br>P.O. Box 6200<br>Farmington, MO 63640-3800<br><br>Behavioral Health Medicaid<br>Buckeye Health Plan<br>Attn: BH Dispute Department<br>P.O. Box 6150<br>Farmington, MO 63640-3800<br><br>Online:<br>Provider Web Portal<br>(Quickest option) | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes. | Provider services phone:<br>1-888-296-8731 | Complete a Medical Necessity Dispute Review Form located on Buckeye Health Plans Website |
| You are disputing a denied or partially denied non-clinical claim. | | | | Within 15 business days. | | Ensure that any associated documentation is attached if needed for the review using one of the supported document types: .jpg, tif, PDF, and tif. For quicker turnaround times, submit the dispute through the Provider Web Portal. |

# CareSource Ohio

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied claim whether clinical or non-clinical.<br><br>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component. | Provider Manual \| Ohio – Medicaid \| CareSource (Click link to the provider manual and search) | Phone: 1-800-488-0134<br><br>Online: CareSource.com > Login > Provider Portal. From the Claims menu, select Claim Disputes or<br><br>Fax: 1-937-531-2398 | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes.<br><br>Within 15 business days for all other claims disputes. | Provider services phone: 1-800-488-0134 | N/A |

# Humana Healthy Horizons in Ohio

Clinical Claim Only
Non-Clinical Claim Only
Applicable to Both

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied clinical claim.<br><br>Must be exhausted prior to requesting external medical review (EMR). | Medical Record Review Dispute Policy - Humana | Phone:<br>1-800-438-7885<br><br>Mail:<br>Humana Provider Payment Integrity Disputes<br>P.O. Box 14279<br>Lexington, KY 40512-4279<br><br>Fax: 1-888-815-8912<br><br>Online: Humana's provider portal | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes. | Provider services phone:<br>1-800-438-7885<br><br>Fax:<br>1-888-815-8912<br><br>Mail:<br>Humana Provider Payment Integrity Disputes P.O. Box 14279 Lexington, KY 40512 | N/A |
| You are disputing a denied or partially denied non-clinical claim. | Provider Documents and Resources \| Ohio Medicaid for Providers \| Humana (Click link to the provider manual and search) | Phone:<br>1-877-856-5707<br>Mail:<br>Humana Healthy Horizons in Ohio Provider Claims Dispute<br>P.O. Box 14601<br>Lexington, KY 40512-4601 | | Within 15 business days. | Provider services phone:<br>1-877-856-5707 or your provider contracting representative. | |

# Molina Healthcare of Ohio

Clinical Claim Only
Non-Clinical Claim Only
Applicable to Both

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied clinical claim.<br><br>Must be exhausted prior to requesting external medical review (EMR). | Medical Authorization Appeal and Claim Dispute Reference Guide | Online:<br>Submitting a clinical claim dispute and supporting clinical documentation through the Availity Essentials Portal<br>Fax:<br>Authorization Reconsideration Form and supporting clinical documentation to fax number 1-800-499-3406. | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes. | Provider services phone:<br>1-855-322-4079 (7 a.m.- 8 p.m. ET Monday to Friday). | A denied authorization (prior authorization or retro-authorization for extenuating circumstances) must be on file to qualify for a Clinical Claim Dispute. If a Clinical Claim Dispute results in an adverse determination, the provider qualifies for external medical review (EMR).<br>If the provider calls Molina's provider services, the provider will be advised it's advantageous to submit via Portal or Fax, or to send their clinical documentation in follow-up via fax or portal. |
| You are disputing a denied or partially denied non-clinical claim. | Claim Dispute Reference Guide | Phone:<br>1-855-322-4079 (7 a.m - 8 p.m. ET Mon-Fri)<br><br>Online:<br>www.availity.com<br>Fax:<br>Completing and faxing the Claim Reconsideration Form to fax number 1-800-499-3406 | | Within 15 business days. | | |

# Molina Healthcare of Ohio (Retro-Authorization for Extenuating Circumstances)

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| If a Retro-Authorization request for Extenuating Circumstances results in an adverse determination, the provider qualifies to request a Clinical Claim Dispute. | Medical Authorization Appeal and Claim Dispute Reference Guide | Phone: 1-855-322-4079 (7 a.m.- 8 p.m. ET Monday to Friday)<br><br>Online: Submitting a clinical claim dispute and supporting clinical documentation through the Availity Essentials Portal at provider.molinahealthcare.com.<br><br>Fax: Authorization Reconsideration Form and supporting clinical documentation to fax number 1-800-499-3406. | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes. | Provider services phone: 1-855-322-4079 (7 a.m. - 8 p.m. ET Monday to Friday). | N/A |

# UnitedHealthcare Community Plan of Ohio

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing a denied or partially denied claim whether clinical or non-clinical.<br><br>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component. | Community Plan Care Provider Manuals for Medicaid Plans By State \| UHCprovider.com (Click link to the provider manual and search.) | Phone: 1-800-600-9007<br><br>Online: UHCprovider.com, then Sign In using your One Healthcare ID or go to Provider Portal Self Service: UnitedHealthcare Provider Portal Resources \| UHCprovider.com New users: UHCprovider.com > New User and User Access.<br><br>Mail: UnitedHealthcare Community Plan P.O. Box 8207 Kingston, NY 12402 | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes.<br><br>Within 15 business days for all other claims disputes. | Provider services phone: 1-800-600-9007 | N/A |

# UnitedHealthcare Community Plan of Ohio (First Claim Reconsideration)

| Provider Claim Dispute (PCDR) Process | Where can this information be found? | How is this process requested? | Timeframe for requesting | Timeframe for resolution | Who to contact with questions | Additional Information |
|---|---|---|---|---|---|---|
| You are disputing the denial of the first claim reconsideration above whether clinical or non-clinical.. | https://www.uhcprovider.com/en/claims-payments-billing.html?cid=none<br><br>Community Plan Care Provider Manuals for Medicaid Plans By State \| UHCprovider.com (Click link to the provider manual and search.) | Phone:<br>1-800-600-9007<br><br>Online:<br>Use the Claims tool in the Provider Portal. To access the portal, go to UHCprovider.com, then Sign In or go to UHCprovider.com/claims<br><br>Mail:<br>UnitedHealthcare Community Plan Grievance/Appeal Coordinator P.O. Box 31364 Salt Lake City, UT 84131 | Within 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later. | Within 30 business days for medical-necessity related claims disputes.<br><br>Within 15 business days for all other claims disputes. | Provider services phone:<br>1-800-600-9007 | N/A |