



**Ohio Department  
of Medicaid**

# Managed Care Entity Claims Denial Resource Grid

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Drafted 2/2024. 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.

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# 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
<p>You are disputing a denied or partially denied claim whether clinical or non-clinical.</p> <p>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component.</p>	<p><a href="#">Materials, Forms and Helpful Links for Providers</a>  <a href="#">OhioRISE – Aetna Better Health</a>            (Click link to the provider manual and search)</p>	<p>Phone: 1-833-711-0773</p> <p>Mail: Aetna Better Health of Ohio PO Box 81040 5801 Postal Road Cleveland, OH 44181</p> <p>Online: <a href="https://apps.availity.com/availability/Demos/Registration/index.htm">https://apps.availity.com/availability/Demos/Registration/index.htm</a></p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p> <p>Within 15 business days for all other claims disputes.</p>	<p>Provider Services Phone: 1-833-711-0773</p>	<p><a href="https://www.aetnabetterhealth.com/ohiorise/providers/index.html">https://www.aetnabetterhealth.com/ohiorise/providers/index.html</a></p>

# 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
<p>You are disputing a denied or partially denied claim whether clinical or non-clinical.</p> <p>Must be exhausted prior to requesting external medical review (EMR).</p>	<p><a href="https://www.amerihhealthcaritasoh.com/provider/forms/index.aspx">https://www.amerihhealthcaritasoh.com/provider/forms/index.aspx</a>. (Click link to the provider manual and search)</p>	<p>Phone: 1-833-644-6001</p> <p>Mail: AmeriHealth Caritas Ohio Attn: Claims Processing Department PO Box 7104 London, KY 40742</p> <p>Online: NaviNet: With the claims adjustment inquiry function. <a href="https://navinet.navidemix.com/plan-central/aco">https://navinet.navidemix.com/plan-central/aco</a></p> <p>Fax: 1- 833-216-2272</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p> <p>Within 15 business days for all other claims disputes.</p>	<p>Provider Services Phone: 1-833-644-6001</p> <p>Provider Services Fax: 1-833-643-2901</p>	<p>N/A</p>

# 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
<p>You are disputing a denied or partially denied clinical claim.</p> <p>Must be exhausted prior to requesting external medical review (EMR).</p>	<p><a href="#">Home   Anthem Blue Cross and Blue Shield</a> (Click link to the <a href="#">provider manual and search</a>)</p>	<p>Phone: 1-844-912-1226</p> <p>Mail: Anthem Blue Cross and Blue Shield Payment Dispute Unit P.O. Box 62500 Virginia Beach, VA 23466-1599</p> <p>Online: <a href="http://www.Availity.com">www.Availity.com</a></p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p>	<p>Provider Services phone: 1-844-912-1226</p> <p>Status of the case can be found provider portal (Availity) by searching case number.</p>	<p>Providers must submit their supporting medical documentation and the extenuating circumstance explaining why the authorization was not attached prior to services being rendered.</p>
<p>You are disputing a denied or partially denied non-clinical claim.</p>		<p>Fax (Clinical Claims): 1-866-587-3316</p>		<p>Within 15 business days.</p>		

# 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
<p>You are disputing a denied or partially denied clinical claim.</p> <p>Must be exhausted prior to requesting external medical review (EMR).</p>	<p><a href="#">Manuals, Forms and Reference Tools   Buckeye Health Plan</a> (Click link to the provider manual and search)</p>	<p>Phone: 1-888-296-8731</p> <p>Mail: <u>Medicaid</u> Buckeye Health Plan Attn: Dispute Department P.O. Box 6200 Farmington, MO 63640-3800</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p>	<p>Provider services phone: 1-888-296-8731</p>	<p>Complete a Medical Necessity Dispute Review Form located on Buckeye Health Plans <a href="#">Website</a></p>
<p>You are disputing a denied or partially denied non-clinical claim.</p>		<p><u>Behavioral Health Medicaid</u> Buckeye Health Plan Attn: BH Dispute Department P.O. Box 6150 Farmington, MO 63640-3800</p> <p>Online: <a href="#">Provider Web Portal</a> (Quickest option)</p>		<p>Within 15 business days.</p>		<p>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 <a href="#">Provider Web Portal</a>.</p>

## 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
<p>You are disputing a denied or partially denied claim whether clinical or non-clinical.</p> <p>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component.</p>	<p><a href="#">Provider Manual   Ohio – Medicaid   CareSource</a> (Click link to the <a href="#">provider manual</a> and search)</p>	<p>Phone: 1-800-488-0134</p> <p>Online: CareSource.com &gt; Login &gt; Provider Portal. From the Claims menu, select Claim Disputes or</p> <p>Fax: 1-937-531-2398</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p> <p>Within 15 business days for all other claims disputes.</p>	<p>Provider services phone: 1-800-488-0134</p>	<p>N/A</p>



# 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
<p>You are disputing a denied or partially denied clinical claim.</p> <p>Must be exhausted prior to requesting external medical review (EMR).</p>	<p><a href="#">Medical Record Review Dispute Policy - Humana</a></p>	<p>Phone: 1-800-438-7885</p> <p>Mail: Humana Provider Payment Integrity Disputes P.O. Box 14279 Lexington, KY 40512-4279</p> <p>Fax: 1-888-815-8912</p> <p>Online: <a href="#">Humana's provider portal</a></p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p>	<p>Provider services phone: 1-800-438-7885</p> <p>Fax: 1-888-815-8912</p> <p>Mail: Humana Provider Payment Integrity Disputes P.O. Box 14279 Lexington, KY 40512</p>	<p>N/A</p>
<p>You are disputing a denied or partially denied non-clinical claim.</p>	<p><a href="#">Provider Documents and Resources   Ohio Medicaid for Providers   Humana</a> (Click link to the provider manual and search)</p>	<p>Phone: 1-877-856-5707</p> <p>Mail: Humana Healthy Horizons in Ohio Provider Claims Dispute P.O. Box 14601 Lexington, KY 40512-4601</p>			<p>Within 15 business days.</p>	

# 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
<p>You are disputing a denied or partially denied clinical claim.</p> <p>Must be exhausted prior to requesting external medical review (EMR).</p>	<p><a href="#">Medical Authorization Appeal and Claim Dispute Reference Guide</a></p>	<p>Online: Submitting a clinical claim dispute and supporting clinical documentation through the <a href="#">Availity Essentials Portal</a></p> <p>Fax: <a href="#">Authorization Reconsideration Form</a> and supporting clinical documentation to fax number 1-800-499-3406.</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p>	<p>Provider services phone: 1-855-322-4079 (7 a.m.- 8 p.m. ET Monday to Friday).</p>	<p>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). 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.</p>
<p>You are disputing a denied or partially denied non-clinical claim.</p>	<p><a href="#">Claim Dispute Reference Guide</a></p>	<p>Phone: 1-855-322-4079 (7 a.m - 8 p.m. ET Mon-Fri)</p> <p>Online:<a href="#">Availity Essentials Portal</a></p> <p>Fax: Completing and faxing the <a href="#">Claim Reconsideration Form</a> to fax number 1-800-499-3406</p>		<p>Within 15 business days.</p>		

## 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
<p>If a Retro-Authorization request for Extenuating Circumstances results in an adverse determination, the provider qualifies to request a Clinical Claim Dispute.</p>	<p><a href="#">Medical Authorization Appeal and Claim Dispute Reference Guide</a></p>	<p>Phone: 1-855-322-4079 (7 a.m.- 8 p.m. ET Monday to Friday)</p> <p>Online: Submitting a clinical claim dispute and supporting clinical documentation through the Availity Essentials Portal at <a href="http://provider.molinahealthcare.com">provider.molinahealthcare.com</a>.</p> <p>Fax: <a href="#">Authorization Reconsideration Form</a> and supporting clinical documentation to fax number 1-800-499-3406.</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p>	<p>Provider services phone: 1-855-322-4079 (7 a.m. - 8 p.m. ET Monday to Friday).</p>	<p>N/A</p>

# 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
<p>You are disputing a denied or partially denied claim whether clinical or non-clinical.</p> <p>This process must be exhausted prior to requesting external medical review (EMR) for claims with a clinical component.</p>	<p><a href="#">Community Plan Care Provider Manuals for Medicaid Plans By State   UHCprovider.com</a> (Click link to the provider manual and search.)</p>	<p>Phone: 1-800-600-9007</p> <p>Online: UHCprovider.com, then Sign In using your One Healthcare ID or go to Provider Portal Self Service: <a href="#">UnitedHealthcare Provider Portal Resources   UHCprovider.com</a></p> <p>New users: UHCprovider.com &gt; New User and User Access.</p> <p>Mail: UnitedHealthcare Community Plan P.O. Box 8207 Kingston, NY 12402</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p> <p>Within 15 business days for all other claims disputes.</p>	<p>Provider services phone: 1-800-600-9007</p>	<p>N/A</p>

# 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
<p>You are disputing the denial of the first claim reconsideration above whether clinical or non-clinical..</p>	<p><a href="https://www.uhcprovider.com/en/claims-payments-billing.html?cid=none">https://www.uhcprovider.com/en/claims-payments-billing.html?cid=none</a></p> <p><a href="#">Community Plan Care Provider Manuals for Medicaid Plans By State   UHCprovider.com</a> (Click link to the provider manual and search.)</p>	<p>Phone: 1-800-600-9007</p> <p>Online: Use the Claims tool in the Provider Portal. To access the portal, go to <a href="https://UHCprovider.com">UHCprovider.com</a>, then Sign In or go to <a href="https://UHCprovider.com/claims">UHCprovider.com/claims</a></p> <p>Mail: UnitedHealthcare Community Plan Grievance/Appeal Coordinator P.O. Box 31364 Salt Lake City, UT 84131</p>	<p>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.</p>	<p>Within 30 business days for medical-necessity related claims disputes.</p> <p>Within 15 business days for all other claims disputes.</p>	<p>Provider services phone: 1-800-600-9007</p>	<p>N/A</p>