

## **Submitting Claims to BCMH When There is Other Third-party Coverage**

- BCMH providers are obligated to bill for all benefits available from other third parties (Ohio Administrative Code, Section 3701-43-09 (E)).
- BCMH providers cannot charge families for services authorized by BCMH (Ohio Revised Code, Section 3701.023 (C)). This means providers cannot bill families for balances on charges for services after BCMH or a third party has paid an amount equal to the BCMH scheduled fee. Also, providers must not charge BCMH families co-payments or deductibles for services authorized by BCMH.
- Providers must reimburse BCMH when they receive duplicate payments from BCMH and a third party. The amount reimbursed must equal the BCMH payment unless the third-party payment was less than the BCMH payment. If the third-party payment was less, the reimbursement should equal the amount of the third-party payment. If BCMH discovers that the child had Medicaid at the time services were rendered, the provider must reimburse BCMH the full amount that was paid by BCMH.

Reimbursement must be mailed to:

Ohio Department of Health  
Revenue Processing Unit  
P.O. Box 15278  
Columbus, OH 43215

Checks are to be made payable to "Treasurer State of Ohio." Please include the child's name and case number on the reimbursement check.