Claims are considered timely when they are received by PhTech within **120 days of the date of service**. Timely filing waivers will only be considered for claims with dates of service that fall within **365 days of receipt of the completed waiver request** and in the event of extenuating circumstances which caused the 120 day deadline to be missed.

**Requestor Contact Information**

|  |
| --- |
| Date of Request:       |
| Contact Name:       | Agency:      |
| Contact Phone:       | Contact Email:       |

**Date range of affected claims**

|  |
| --- |
|       |

**County breakdown of affected claims**

|  |  |  |  |
| --- | --- | --- | --- |
|  | # of Claims | Total Dollars | Notes/Additional Information |
| Clackamas |       |       |       |
| Multnomah  |       |       |       |
| Washington |       |       |       |

|  |
| --- |
| **Describe the extenuating circumstance(s) that prevented the claims from being received by PH Tech within the 120-day timely filing deadline. Provide an explanation of the situation and how it impacted your claims submission.**        |

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| --- |
| **Describe the steps that have been taken to correct this issue for claims submissions moving forward and the date of implementation.**       |

Please submit this completed form along with an electronic spreadsheet of denied claims for which a waiver is being requested to: [**billingsupport@multco.us**](file:///%5C%5Chealthshareoregon.org%5Cfiles%5CShared%5CContract%20Department%5CResources%5CProvider%20Resources%5CProvider%20Forms%5Cbillingsupport%40multco.us).

**Please include all claims which were affected by the specific extenuating circumsance which adversely affected your claims processing and prompted you to submit this timely filing waiver request.**

Please specify (preferably within the subject line) that the request is for a **timely filing waiver**. Do not refer to the request as an appeal or grievance, doing so will cause a delay in resolution of the request as grievances and appeals are handled through a different process.

**An electronic claims spreadsheet must be attached with (at minimum) the following claim information: CIM claim number, date of service, billed amount for each claim line.**

If technical assistance is needed to prepare your request, please contact any of the three Health Share Behavioral Health Plan Partner billing support teams at:

|  |
| --- |
| * Clackamas County: clackamasbillingsupport@multco.us
 |
| * Multnomah County: billingsupport@multco.us
 |
| * Washington County: billingsupport@co.washington.or.us
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