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.** |

|  |
| --- |
| **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:///\\healthshareoregon.org\files\Shared\Contract%20Department\Resources\Provider%20Resources\Provider%20Forms\billingsupport@multco.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](mailto:clackamasbillingsupport@multco.us) |
| * Multnomah County: [billingsupport@multco.us](mailto:billingsupport@multco.us) |
| * Washington County: [billingsupport@co.washington.or.us](mailto:billingsupport@co.washington.or.us) |