

## Behavioral Health Timely Filing Waiver Request Form

Claims are considered timely when they are received by PhTech within <u>120 days of the date of service</u>. 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.

Contact Name: Contact Phone:				Agency:	
Contact Phone:				Agency:	
	Contact Phone:			Contact Email:	
Date range of aff	ected clair	ns			
County breakdov	vn of affec	ted claims			
	of Claims	Total Dollars		Notes/Additional Information	
Clackamas					
Multnomah					
Washington					
Describe the ex	tenuating	circumstance(s)	that	prevented the claims from being received by PH	
Tech within the	120-day ti	mely filing dead	dline.	. Provide an explanation of the situation and how it	
impacted your	claims sub	mission.			

Last Revised: January 2019

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: <a href="mailto:billingsupport@multco.us">billingsupport@multco.us</a>.

Please include <u>all claims</u> 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: <a href="mailto:clackamasbillingsupport@multco.us">clackamasbillingsupport@multco.us</a>
- Multnomah County: <a href="mailto:billingsupport@multco.us">billingsupport@multco.us</a>
- Washington County: billingsupport@co.washington.or.us