

Attachment 3**SFY23 REPORTING REQUIREMENTS**

The Board reserves the right to pass on additional reporting requirements that may be imposed by the Ohio Department of Mental Health and Addiction Services.

The Board intends to cooperate with the state and HIPAA by reporting requested information via non-Medicaid Board billing system. By submitting a proposal, the Proposer consents to complying with the evolving reporting requirements of the Board's non-Medicaid billing system and HIPAA (including, but not limited to Enrollments, Claims, Outcomes, Behavioral Healthcare Module and Privacy Regulations) as a condition of continued contracting.

<u>REPORT NAME</u>	<u>FORMAT</u>	<u>HOW MANY</u>	<u>DUE DATE</u>
Enrollment Form	Electronic	1 per member	daily
Claims	Electronic		at least monthly
OBHIS (OH BH Info System)	Electronic		at least monthly
Purchase of Service Billing/Statistical Form	Electronic/ Paper	1 for each service	10th of each month
Quarterly Financial Report	Paper/ Electronic	1 set	10/30, 1/30, 4/30 & 7/30
Continuous Quality Improvement Report	Electronic	1	8/30
Grievance Report	Electronic	1 copy	2 nd Tuesday of each month
Pink Slip Report	Electronic	1 copy	2 nd Tuesday of each month
Major Unusual Incident Report	Electronic	1 copy	within 24 hours of incident

Providers participating in Title XX, Indigent Drivers reimbursements, and any program contracted for within the fiscal year but not identified above will have additional reporting requirements.

The Board reserves the right to withhold payments due a Provider if the Provider is not in compliance with the above reporting requirements.

Forms, policies and instructions are available upon request from the Board office.