

**SECTION 6.1****SFY25 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.

<b>REPORT NAME</b>	<b>FORMAT</b>	<b>HOW MANY</b>	<b>DUE DATE</b>	<b>RATIONALE</b>
Enrollment Form	Electronic	1 per member	daily	Local requirement
Claims	Electronic		at least monthly	Local requirement
Purchase of Service Billing	Electronic/ Paper	1 for each service	10th of each month	Local requirement
Quarterly Financial Report	Paper/ Electronic	1 set	10/30, 1/30, 4/30 & 7/30	Local requirement
Agency Audit	Paper/ Electronic	1 copy	5 months after end of agency fiscal year	State requirement
Program Summaries	Paper/ Electronic	1 copy	4/29 RFP, 1/31, & 8/31	Local requirement
Risk Management Questionnaire	Paper/ Electronic	1 copy	1/31	Federal requirement
Quality Assurance Report	Electronic	1 copy	8/31	Local & State requirement
Grievance Report	Electronic	1 copy	Quarterly (instead of monthly)	Local requirement
Pink Slip Report	Electronic	1 copy	2 <sup>nd</sup> Tuesday of each month	Local requirement
Major Unusual Incident Report	Electronic	1 copy	within 24 hours of incident	State requirement

PATH	Electronic	1 copy	11/29, 1/17, 4/17, & 7/17	Federal requirement
Problem Gambling	Electronic	1 copy	1/23 & 7/23	State requirement
Forensic	Electronic	1 copy	9/2	State requirement
AUD Allocation	Electronic	1 copy	10/23, 1/23, 4/7, & 7/23	State requirement
ATP	Electronic	1 copy	10/23, 1/23, 4/23, & 7/23	State requirement
Mental Health Court Program	Electronic	1 copy	1/23 & 7/23	State requirement
BH/CJ Linkage	Electronic	1 copy	2/4 & 8/12	State requirement
CTP	Electronic	1 copy	1/26 & 6/23	State requirement
Recovery Housing Initiative	Electronic	1 copy	12/23 & 6/23	State requirement
SOS	Electronic	1 copy	3/31 & 10/5	Federal requirement
BH Drug Reimbursement	Electronic	1 copy	2/15 & 8/15	State requirement
Hospital Access	Electronic	1 copy	weekly & quarterly	State requirement
Access to Wellness	Electronic	1 copy	2/1 & 8/1	State requirement
90% SUD Tx. Capacity	Electronic	1 copy	10/24, 1/24, 4/23, & 7/24	State requirement
Tuberculosis MOE	Electronic	1 copy	7/24	State requirement

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.**