

## DBH eMemo *important news for you*

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The Division of Behavioral Health (DBH) recognizes providers are experiencing delays in claims processing, leading to concerns about timely filing requirements. DBH continues to actively engage with Optum to resolve existing claims issues and prevent new issues.

Alaska Medicaid must adhere to 42 C.F.R. 447.45 and require providers to submit all claims no later than 12 months from the date of service. While we are unable to issue a blanket override of timely filing requirements, DBH is committed to working with providers.

DBH is issuing this memo to provide specific information about how we will address timely filing limits to ease provider concerns, make providers whole with the least amount of administrative burden possible.

What providers can do:

- Submit all claims for services provided within 12 months of the date of service.
- Ensure each submitted claim has an Optum claim number.
- If the claim is not clean (i.e., missing information needed to adjudicate, invalid information) or rejects at the clearinghouse, resubmit a clean claim within 12 months of the date of service, and obtain an Optum claim number for the clean claim.
- If you have concerns about clean claims nearing the 12-month timely filing limit:
  - Send a single email with the subject line “Timely Filing Review” to the following email addresses:
    - MPASS Unit [dbh.mpassunit@alaska.gov](mailto:dbh.mpassunit@alaska.gov)
    - Optum [akmedicaid@optum.com](mailto:akmedicaid@optum.com)
    - Shauna Credit [shauna.credit@alaska.gov](mailto:shauna.credit@alaska.gov)
  - In your email, please include the following information:
    - Oldest date of service on impacted claims
    - Estimated number of claims
    - Estimated dollar amount
    - Agency contact person (name, email, phone)

DBH continues to work with Optum to stem the number of claims processing issues and administrative burden to providers. Steps DBH is taking on a daily basis:

- Monitoring claims reprocessing projects for proactive outreach to providers to notify of potential impact and process for submitting corrected claims, if applicable.
- Directing Optum in appropriate claims reprocessing rework.
- Monitoring denials for trends and initiating appropriate remediation.