

Frequently Asked Questions

1. My child isn't "handicapped." Why should I apply to BCMH?

BCMh provides services for children with special health care needs. Many of these children have medical conditions that require ongoing treatments. Some examples of these conditions are diabetes, heart defects, chronic lung disease, cancer and hearing loss. BCMh may be able to cover services that are not covered by insurance and/or Medicaid.

2. How do I apply to BCMH?

A BCMh-approved physician must submit a Medical Application Form (MAF) to BCMh on behalf of the child to start the enrollment process.

3. I don't live in Ohio. Is my child eligible for BCMH?

No. Families must be permanent residents of Ohio and the United States to be eligible for the BCMh program. To locate a program in your state, visit: <http://www.mchb.hrsa.gov> and click on "programs."

4. Do I have to have a very low income to be eligible for BCMH?

For diagnostic services, there is no income eligibility required. For treatment services, families must meet BCMh income guidelines.

5. How do I find a BCMH provider?

The BCMh providers, listed by county, are available. Open [link](#) and then click on the county you are interested in locating a provider. A "Select Category" scroll down box should appear. Pull down the box and pick one of the following: BCMh-Equipment, BCMh-Facilities, BCMh-Pharmacies or BCMh-Practitioners.

Note: Each category is listed alphabetically, first by specialty, then by last name.

6. Should I tell my doctor about my Medicaid coverage or other health insurance?

Yes. Providers must bill other insurance before BCMh. Medicaid pays for services such as medical care not related to the eligible diagnosis. You will need to show your insurance card or give the provider these details:

- Policy & Group Numbers
- Name of Employer
- Social Security Number of Policyholder

7. What is the CPA and who should complete it?

The CPA is the Combined Programs Application, the financial application form for BCMh. It is included in the financial application packet sent to you when your child's doctor applies for BCMh treatment services for your child. The parent/guardian with legal custody should complete the CPA.

8. Will I lose my BCMH coverage if approved for SSI or Medicaid?

No. You should notify BCMh if you are approved for Supplemental Security Income (SSI) or Medicaid.

9. Does BCMH cover in-home nursing care for my child?

No. BCMH does not pay for in-home nursing services.

10. What if I paid the provider for a service that was listed on my Letter of Approval, can BCMH reimburse me?

No. Providers, including pharmacies, should bill the appropriate payer resource (Medicaid/Insurance/BCMh) first. The Ohio Revised Code section 3701.023 prohibits providers from billing or charging BCMH families for co-pays or deductibles. You should contact the BCMH third-party unit for assistance at 1-800-755-4769 or 1-644-466-1700.

11. Does BCMH cover emergency room services?

Emergency room services are only covered if they are related to the eligible medical conditions, are provided at a BCMH designated hospital, and are listed on the Letter of Approval.

12. Does BCMH cover treatment services for autism?

No. BCMH will cover a diagnostic workup for children to determine a diagnosis of autism. However, BCMH does not pay for any treatment services.

13. Does BCMH cover primary care, mental health, or experimental care?

BCMh does not cover:

- primary care, this means BCMH will not pay for well child visits or for short term conditions like the common cold, or
- mental health conditions such as obsessive-compulsive disorder or behavioral conditions, or
- experimental treatments or procedures.

14. Will BCMH pay for BCMH approved services if I go out of my insurance network?

If the insurance network allows you to use non-network providers and will reimburse at a lesser rate, BCMH can be billed for the balance of the provider bill. If the insurance plan does not allow you to use non-network providers, and you choose to do so, BCMH may not authorize payment for those charges.

15. My child is excluded from our insurance because of a pre-existing clause. Will BCMH become the primary payor?

Yes. However, BCMH will request a copy of the pre-existing clause.

16. My insurance plan rejected a provider claim. Will BCMH cover the charges?

In some cases, yes. If the claim was rejected for reasons such as: deductible not met, non covered benefit, policy not in effect, terminated or benefits exhausted, or is pre-existing, BCMH will process the claim. There are also some reasons BCMH will not process claims for payment.

17. What will happen when my child's insurance terminates?

BCMh will become the primary payer for services. You may want to elect COBRA benefits. COBRA must be elected within 60 days after written notice of termination is received. BCMH can assist with the cost of the premiums.