

**DATE: 03.11.24**

**TO: ARTICLE 29-I VFCA HEALTH FACILITY PARTICIPATING PROVIDERS**

**RE: TEMPORARY WAIVER FOR TIMELY FILING REQUIREMENTS FOR ARTICLE 29-I HEALTH FACILITY BH CORE HEALTH RELATED SERVICES AND OTHER LIMITED HEALTH RELATED SERVICE CLAIMS**

**IMPACTED PLANS: MAINSTREAM MEDICAID PLANS, HIV - SNP PLANS, AND CHILD HEALTH PLUS PLANS**

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New York State has implemented a one-time, short-term waiver of timely filing requirements allowing 29-I Health Facility providers to resubmit claims that were denied due to untimely filing. Other claims for dates of service that were not previously submitted during the timely filing window may also be submitted as follows:

- **Providers may submit 29-I Health Facility BH Core Health Related Services & OTHER LIMITED HEALTH RELATED SERVICE (OLHRS) claims to MetroPlusHealth by March 31, 2024. Claims must be submitted within two years of the date of service provided on or after April 1, 2022.**
- **All claims submitted beyond the 90-day timely filing window must include Delay Reason Code 03.** Please note, while use of Delay Reason Code 03 would generally require submission of claims on paper, this requirement does not apply to 29-I Health Facility claims submitted under this guidance.

**Not included in this waiver:** This does not apply to 29-I Health Facility claims for Child and Family Treatment and Support Services (CFTSS) or Children's Home and Community-Based Services (HCBS).

Questions on this one-time allowance can be directed to our Provider Services Call Center at 800.303.9626, Monday to Friday, 8am-6pm.

Thank you for your cooperation.

Sincerely

MetroplusHealth