

Application Checklist

First-time applicants

- Medical Application Form

Annual requirements

- Complete annual visit(s) with BCMH approved provider
- Financial Application

For Orthodontic Treatment

- Referred from Craniofacial team to Orthodontic Treatment Program.
- Diagnosis must be BCMH-eligible for consideration of orthodontic treatment.
- Complete initial visit with BCMH-approved orthodontist. Provider will decide if/when patient is ready to start orthodontic treatment.
- Active letter of approval for the Treatment Program under managing craniofacial provider.
- Add-on service request for orthodontic treatment submitted by BCMH-approved orthodontist and approved by BCMH.
- Maintain assistance under Treatment Program throughout orthodontic treatment.

Contacts:

Nationwide Children's Hospital

Department of Plastic and Reconstructive Surgery
700 Children's Drive, Columbus, OH 43205-2664

Phone: (614) 722-1829

Fax: (614) 722-5826

Email: PlasticsBCMh@NationwideChildrens.org

Hours: Monday-Friday 8 a.m. to 4:30 p.m.

BCMh

246 N. High Street, P.O. Box 1603
Columbus, OH 43216-1603

Phone: 1 (800) 755-4769

Fax: (614) 728-3616

FAQ

Notice: BCMH may also be referred to as CMH.

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

Yes, providers must bill other insurance before BCMH. BCMH is the payor of last resort. BCMH may deny the cost of services if claims are not submitted to primary payors first.

What happens if I already have BCMH for another medical condition?

Before BCMH will consider coverage of orthodontic treatment, a craniofacial provider must be listed as the managing physician on the Treatment Program letter of approval. Patients are still encouraged to see other specialties to manage other conditions they may have. BCMH is aware that a child may have more than one "managing" physician. However, if BCMH approves coverage of orthodontic treatment, the child must see a craniofacial provider annually to maintain coverage for the duration of their treatment. The provider can be a nurse practitioner or medical doctor.

Coordinating BCMH for Craniofacial Conditions

Informing potential applicants of assistance programs and enrollment requirements.



What is BCMH?

BCMh is a state funded program that provides assistance to children with special health care needs and their families who meet the medical and financial eligibility criteria. Many of these children have medical conditions that require ongoing treatments.

BCMh may be able to cover services that are not covered by insurance and/or Medicaid.

Although it covers a wide range of services, BCMh does not cover all services a child with special health care needs may require, nor are all services available for every diagnosis.

Basic Eligibility

1. Children ages 0-21
2. Permanent Ohio resident
3. Under the care of a BCMh-approved physician and who have or may have a chronic medical condition

How Can BCMh Help?

Diagnostic Program

Every child, regardless of income, qualifies for the Diagnostic Program as long as a work-up for an eligible diagnosis is completed. The Diagnostic Program can cover a five-day hospital admission, specialty clinic visits and testing/imaging (e.g., MRI and/or CT scan).

***Coverage ends once a diagnosis is discovered or after six months, whichever comes first.*

Treatment Program

Covers services based on diagnosis and treatment plan but can include up to 30 days of inpatient hospital days, specialty clinic visits, prescriptions and therapies (physical, speech and occupational).

***Coverage lasts for one year but may be renewed annually.*

To maintain assistance under the Treatment Program, a child must complete annual visits with their managing physician(s).

Application Process

A Medical Application Form (MAF) must be submitted by a BCMh-approved physician.

For treatment services, BCMh will send the parent or legal guardian a financial application packet, unless the child is active with the Medicaid program of the Ohio Department of Medicaid (ODM).

A form called the BCMh Financial Application must be filled out and mailed to BCMh along with three pay stubs from each parent/adult who is employed and a copy of their most recent federal income tax form (1040) and verification of child care expenses.

Families who meet the income standards for ODM will be required to apply to that program for coverage of medical services for their child. The Medicaid Guidelines are in the BCMh financial application packet, along with instructions on how to apply.

***A child receiving benefits through Medicaid, SSI or WIC is automatically financially eligible for BCMh treatment services, regardless of the parent's income.*

If denied by ODM, you may still be eligible for BCMh. BCMh will require the following information to complete your application:

- BCMh Financial Application
- Denial letter from Healthy Start
- Income verification

Pending Determination

After BCMh receives your application, a **determination may take three to four months.** If approved, BCMh will backdate assistance 60 days from the date BCMh received the application.

If you receive hospital bills related to your child's work-up/diagnosis, do not pay the bill until you have received an approval or denial letter from BCMh. Instead, sign the back of the bill **"BCMh pending"** and mail it back to Patient Accounts. Once you receive an approval letter from BCMh, contact Patient Accounts and give them your BCMh case number. This will allow Patient Accounts to submit claims to BCMh for payment.

Patient Accounts:

Phone: (614) 722-2055

Fax: (614) 355-2263

Annual Reapplication

A child must be seen by their managing BCMh-approved physician **ANNUALLY** to reapply for services through the Treatment Program.

If a child does not have an active letter of approval for the Treatment Program, services previously approved may be the patient's responsibility if they have not already been billed out or paid by BCMh.