

Ohio Medicaid MCE External Medical Review Bulk Upload Instructions

Provider Instructions: Submit your request within 30 calendar days of the Health Plan's (MCE) Provider Internal Appeal or Provider Claim Dispute Resolution decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. External Medical Review may also be requested if the MCE has not met the required Provider Internal Appeal or Provider Claim Dispute resolution time frame for a denial based on medical necessity.

The following documentation must be submitted:

- **Completed EMR spreadsheet**
- **All denial letters (including final denial letter)**
- Optional: Any relevant documentation not previously submitted to the MCE.

Please list each individual case on a separate line on the spreadsheet. All fields in red on the spreadsheet must be filled in for cases to be accepted. If any fields are left blank, Permedion will email the provider asking for the spreadsheet to be completed prior to acceptance of the EMR case(s).

Submitting documentation:

Completed spreadsheets along with additional clinical documents should be sent to IMR@gainwelltechnologies.com

For questions about this process, Permedion can be contacted via 2 methods

1. Call Permedion at – 800-473-0802, option 2
2. Email Permedion at – IMR@gainwelltechnologies.com