The Answer Key #2

Ohio Department of Medicaid Billing Guidelines

All information was current at the time of publication but is subject to change

Claims for Wraparound Payments for Services Provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

MITS Portal submissions

Ohio's Medicaid Information Technology System (MITS) edits claims for proper coding in accordance with HIPAA standards. To submit a wraparound claim successfully, providers must include the following information on the claim:

1. The Medicaid provider ID number for the Medicaid Managed Care Plan (MCP) must be reported as the "Electronic Payer ID", and HMO must be selected as the "Claim Filing Indicator" in the Header-Other Payer panel. *(See chart on page 2)*
2. The approved/allowed amount specified by the MCP must be reported in the "Paid Amount" field of the Header-Other Payer panel. MCPs pay the same amounts to FQHCs and RHCs as they pay to similar providers for the same services.
3. If the provider's total billed charge is greater than the payment made by the MCP, then an amount equal to the difference must be reported on the claim, along with Adjustment Reason Code ("ARC") 45 and CO (contractual obligation) selected as the "CAS Group Code". For example, if billed charges are $100, and the MCP paid $25, then the difference of $75 must be reported with CO 45.
4. All other required coordination-of-benefits (COB) information (such as the policy holder's name and relationship to the consumer) must also be reported in the Header-Other Payer panel.
5. It is only necessary to report COB payment information at the detail level if another payer, which paid at the detail level, is the primary payer while the MCP is the secondary payer. Information about every payer must be reported in the Header-Other Payer panel and each payer must be entered on a separate line.

EDI Submissions

1. In the AMT Coordination of Benefits (COB) Payer Paid Amount, 2320 loop the following information must be entered:
    a. AMT01 Amount Qualifier Code must be entered as "D"(payer amount paid)
    b. AMT02 Monetary Amount must be equal to the payment by the Medicaid managed care plan (MCP) for the service provided. This amount must always be greater than zero.

2. In the NM1 Other Payer Name 2330B loop, the following information must be entered:
    c. NM108 Identification Code Qualifier must be entered as PI (payer identification)
    d. NM109 Identification Code must be the Medicaid provider number for the Medicaid managed care plan (MCP)

Provider handbooks, billing instructions, and other provider communications are available on the Department's electronic manual site at:
http://medicaid.ohio.gov/PROVIDERS.aspx

The Department's 837 companion guides are available at:
Companion Guides (ohio.gov)

EDI trading partner questions should be directed to:
OMES EDI Support OMESEDISupport@medicaid.ohio.gov or by phone 1-800-686-1516

Managed Care Entity	ABD Electronic Provider ID	CFC Electronic Provider ID	OhioRISE Electronic Provider ID
Comm. Ins. Co. DBA Anthem Blue Cross Blue Shield	0464227	0464229	N/A
Buckeye Community Health Plan	0077145	0077148	N/A
CareSource	0077191	0077193	N/A
Molina Healthcare of Ohio Inc.	0077182	0077186	N/A
Paramount Advantage	0077188	0077190	N/A
United Healthcare Community Plan of Ohio, Inc.	0077110	0077115	N/A
Aetna Better Health OhioRISE	N/A	N/A	0445886
Humana Health Plan of Ohio, Inc.	0461038	0462285	N/A
Amerihealth Caritas	0461036	0462293	N/A