Ohio | Department of Medicaid

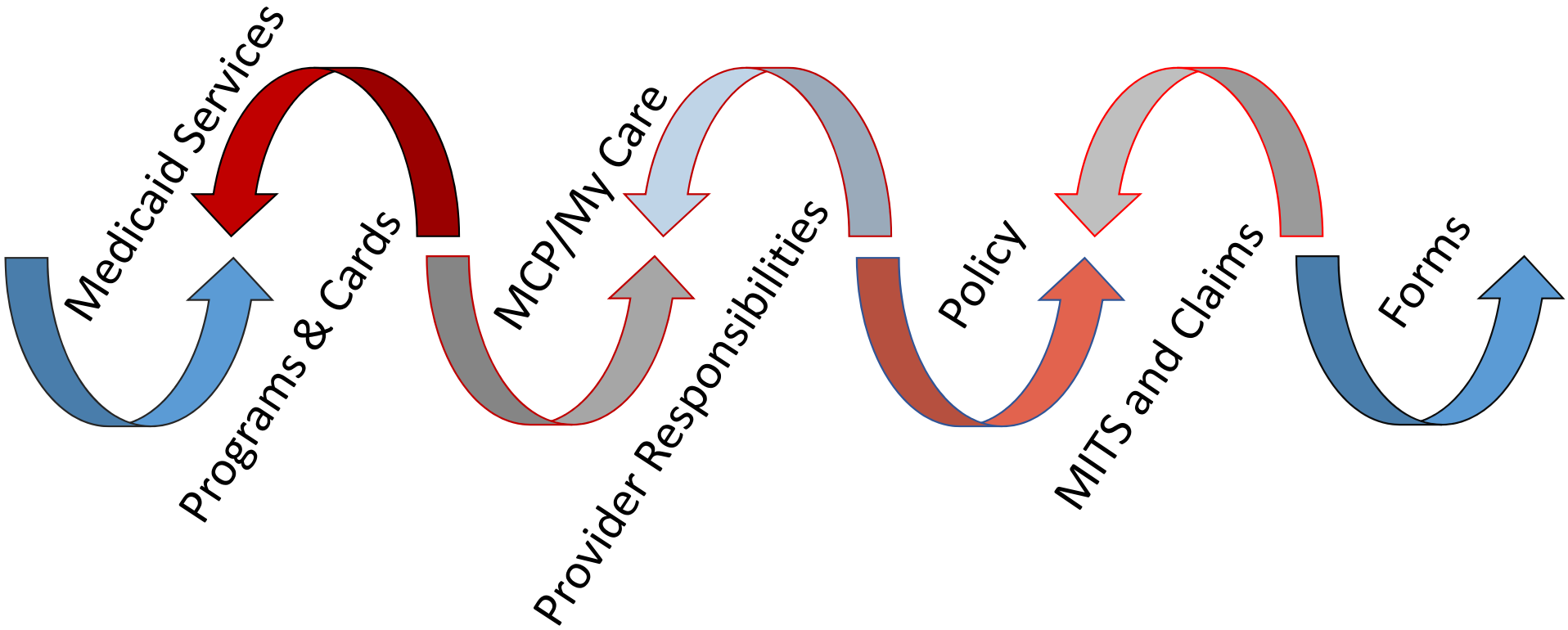
John R. Kasich, Governor
Barbara R. Sears, Director

Basic Billing for Ambulance & Wheelchair Van Transportation Providers

External Business Relations

2018

Agenda:


Medicaid Services
Programs & Cards
MCP/My Care
Provider Responsibilities
Policy
MITS and Claims
Forms

External Business Relations Team

Sarah Bivens
Ava Cottrell
Laura Gipson
Ed Ortopan
Janene Rowe
Chezré Willoughby

Manager - Meagan Grove

Medicaid Services

- Ohio Medicaid covers:
  - »Covered Families and Children
  - »Expansion Population
  - »Aged, Blind, or People with Disabilities
  - »Home and Community Based Waivers
  - »Medicare Premium Assistance
  - »Hospital Care Assurance Program
  - »Medicaid Managed Care

Medicaid Services

Medical Necessity: OAC 5160-1-01

Is the fundamental concept underlying the Medicaid Program

All services must meet accepted standards of medical practice

Medicaid Services

- IVR 1-800-686-1516

  »Calls directed through the IVR prior to accessing the customer call center staff

  »Staff are available weekdays from 8:00 a.m. to 4:30 p.m.

  »Providers will be required to enter two out of the following three pieces of data: tax ID, NPI, or 7 digit Ohio Medicaid provider number

Medicaid Services

- Helpful phone numbers

»Adjustments

- 614-466-5080

»OSHIP (Ohio Senior Health Insurance Information Program)

- 1-800-686-1578

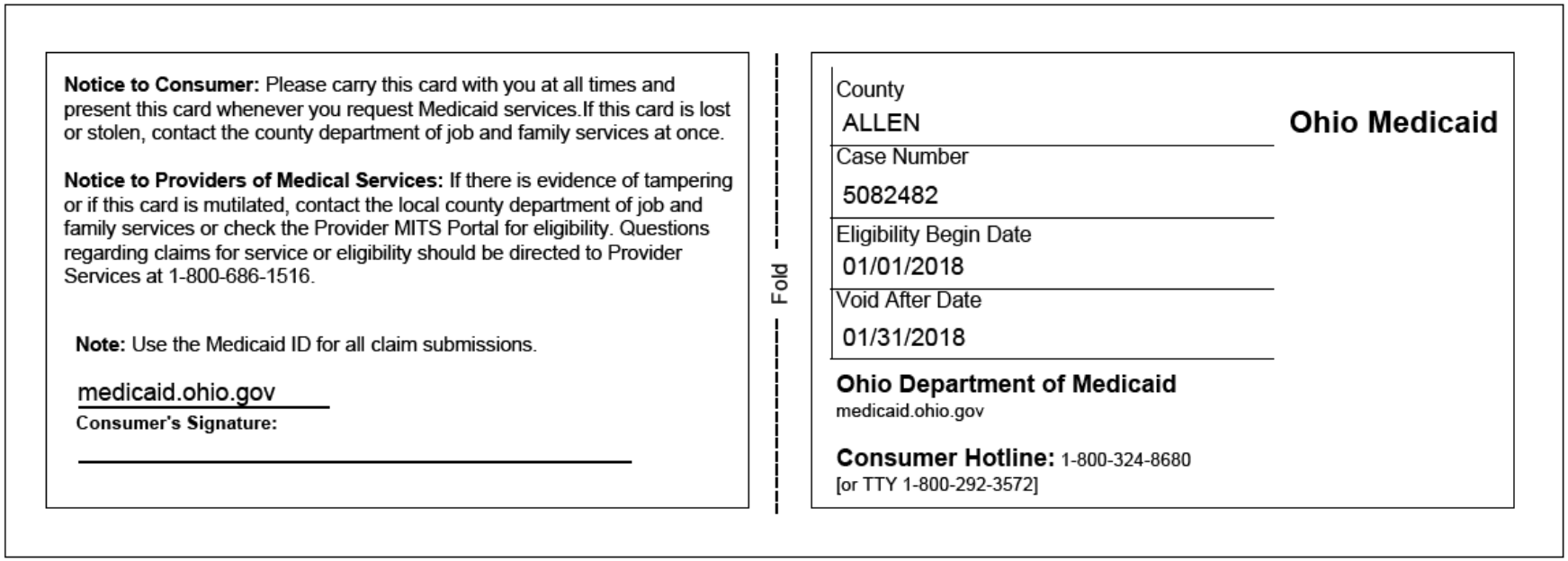
»Coordination of Benefits Section

- 614-752-5768
- 614-728-0757 (fax)

Programs & Cards

Programs & Cards

- Ohio Medicaid
  - »This card is the traditional fee-for-service Medicaid card
  - »Issued monthly



Notice to Consumer: Please carry this card with you at all times and present this card whenever you request Medicaid services.If this card is lost or stolen, contact the county department of job and family services at once.

Notice to Providers of Medical Services: If there is evidence of tampering or if this card is mutilated, contact the local county department of job and family services or check the Provider MITS Portal for eligibility. Questions regarding claims for service or eligibility should be directed to Provider Services at 1-800-686-1516.

Note: Use the Medicaid ID for all claim submissions.

medicaid.ohio.gov

Consumer's Signature:

Fold

County
ALLEN

Ohio Medicaid

Case Number
5082482

Eligibility Begin Date
01/01/2018

Void After Date
01/31/2018

Ohio Department of Medicaid
medicaid.ohio.gov

Consumer Hotline: 1-800-324-8680
[or TTY 1-800-292-3572]

Programs & Cards

Supplemental Security Income (SSI)

- Automatically Eligible for Medicaid as long as eligible for SSI

Modified Adjusted Gross Income (MAGI)

- Children, parents, caretakers, and expansion

Aged, Blind, Disabled (ABD)

- 65+, or blind/disabled with no SSI

Programs & Cards

- Conditions of Eligibility and Verifications: OAC 5160-1-2-10
  - »Consumers must cooperate with requests from third-party insurance companies to provide additional information needed in order to authorize coverage
  - »Consumers must cooperate with requests from a Medicaid provider; managed care plan; or a managed care plan's contracted provider for additional information which is needed in order to bill third party insurances appropriately

Programs & Cards

- Conditions of Eligibility and Verifications

»Providers may contact local CDJFS offices to report non-cooperative consumers

»CDJFS may terminate eligibility if an individual fails or refuses, without good cause, to cooperate by providing necessary verifications or by providing consent for the administrative agency to obtain verification

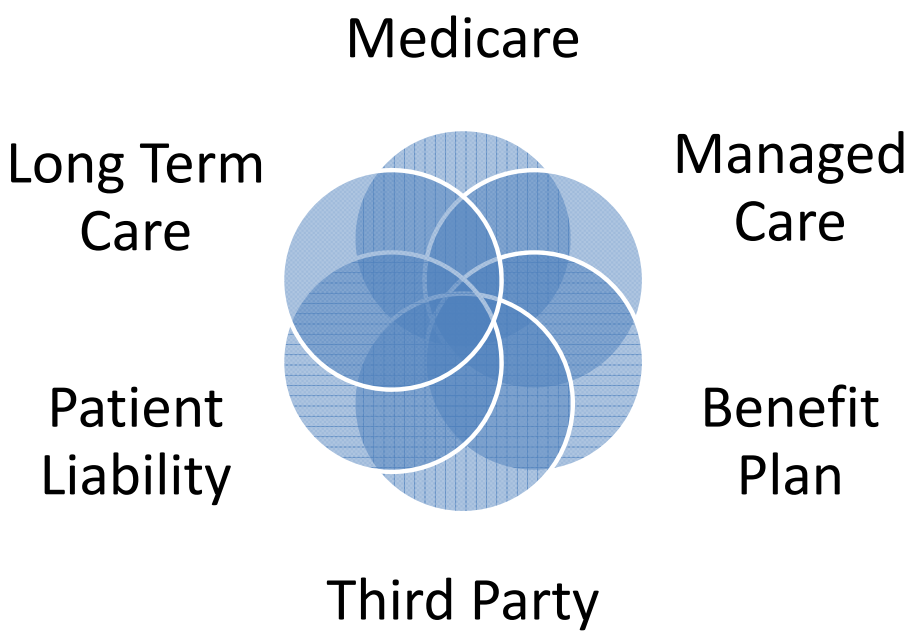
Programs & Cards

- Eligibility Search
  - »Full Medicaid eligibility on the MITS portal will show four (or more) benefit spans:
    - Medicaid
    - MRDD Targeted Case Management
    - Alcohol and Drug Addiction Services
    - Ohio Mental Health
  - »Additional spans when applicable:
    - Alternative Benefit Plan, for Extension adults
    - Medicaid School Program span, if applicable by age

Programs & Cards

- Eligibility Search, cont.

  »Verification of the following:

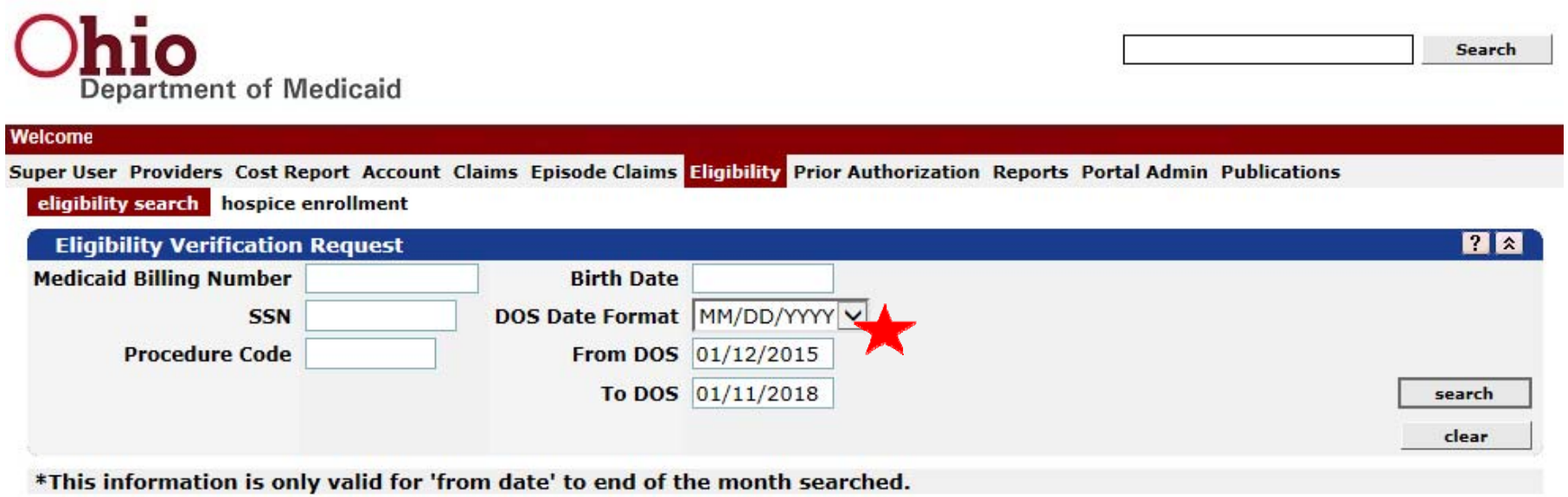


Programs & Cards

- Eligibility Search

Programs & Cards

- Eligibility Verification Request
  - »You can search up to 3 years at a time!!



Programs & Cards

- Eligibility Verification Request - results, cont.

Recipient Information

Medicaid Billing Number		SSN	
Last Name		County of Residence	CUYAHOGA
First Name		County of Eligibility	
Gender		County Office http://jfs.ohio.gov/County/County_Directory.pdf	
Date of Birth		Number Bed Hold Days Used Paid CY	
Date of Death			

Associated Child(ren) Search

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid Schools	01/01/2018	01/31/2018		$0.00	$0.00
MRDD Targeted Case Mgmt	01/01/2018	01/31/2018		$0.00	$0.00
Alcohol and Drug Addiction Services	01/01/2018	01/31/2018		$0.00	$0.00
Ohio Mental health	01/01/2018	01/31/2018		$0.00	$0.00
Medicaid	01/01/2018	01/31/2018		$0.00	$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

Programs & Cards

- Eligibility Verification Request - results, cont.

TPL

Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
AARP HEALTH CARE	00570		082029958-1		IND	INPATIENT COVERAGE	01/30/2018	01/31/2018	PLAN-NV
AARP HEALTH CARE	00570		082029958-1		IND	PHYSICIAN/OUTPATIENT COVERAGE	01/30/2018	01/31/2018	PLAN-NV
AETNA US HEALTH	00250		W116635166		IND	INPATIENT COVERAGE	01/30/2018	01/31/2018	724775
AETNA US HEALTH	00250		W116635166		IND	PHYSICIAN/OUTPATIENT COVERAGE	01/30/2018	01/31/2018	724775

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
CARESOURCE	HMO, CFC	01/01/2018	01/31/2018	

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	12/01/2017	12/08/2017			272012289D6
PART B	12/01/2017	12/08/2017			272012289D6

Service Limitation

*** No rows found ***

Enter a Procedure Code on the Eliqibility Verification Request panel to search for Service Limitations.

Programs & Cards

- Eligibility Verification Request - results, cont.

Level of Care Determinations

LOC Requested	Status	Determination Date	LOC Determination	Description	LOC Begin Date	LOC End Date
		09/01/2017	NF; NF WAIVER; RSS	INTERMEDIATE (ILOC)	12/01/2017	12/08/2017
		08/23/2017	NF; NF WAIVER; RSS	INTERMEDIATE (ILOC)	12/01/2017	12/08/2017
				UNKNOWN LEVEL OF CARE	12/01/2017	12/07/2017

Patient Liability

Financial Payer	Monthly Amount	Type	Effective Date	End Date
DEFAULT	$491.00	Pro-rated Nursing Home	12/01/2017	12/08/2017

Long Term Care Facility Placements

Facility Type	Date of Admission	Effective Begin Date of Medicaid Coverage	End Date of Medicaid Coverage	Date of Discharge
NURSING FACILITY	07/25/2017	12/01/2017	12/08/2017	

Recipient Restricted Coverage

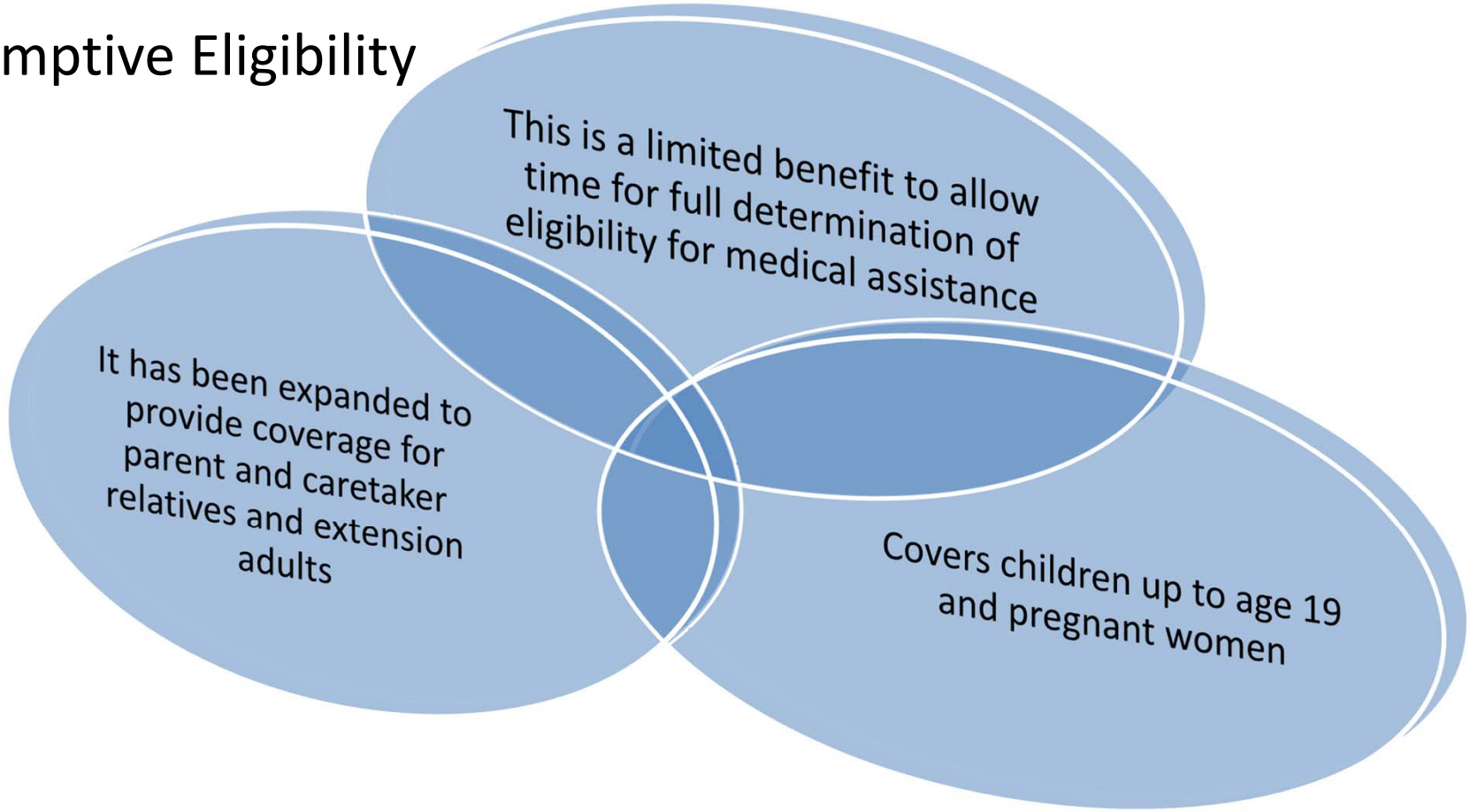
*** No rows found ***

Special Program

*** No rows found ***

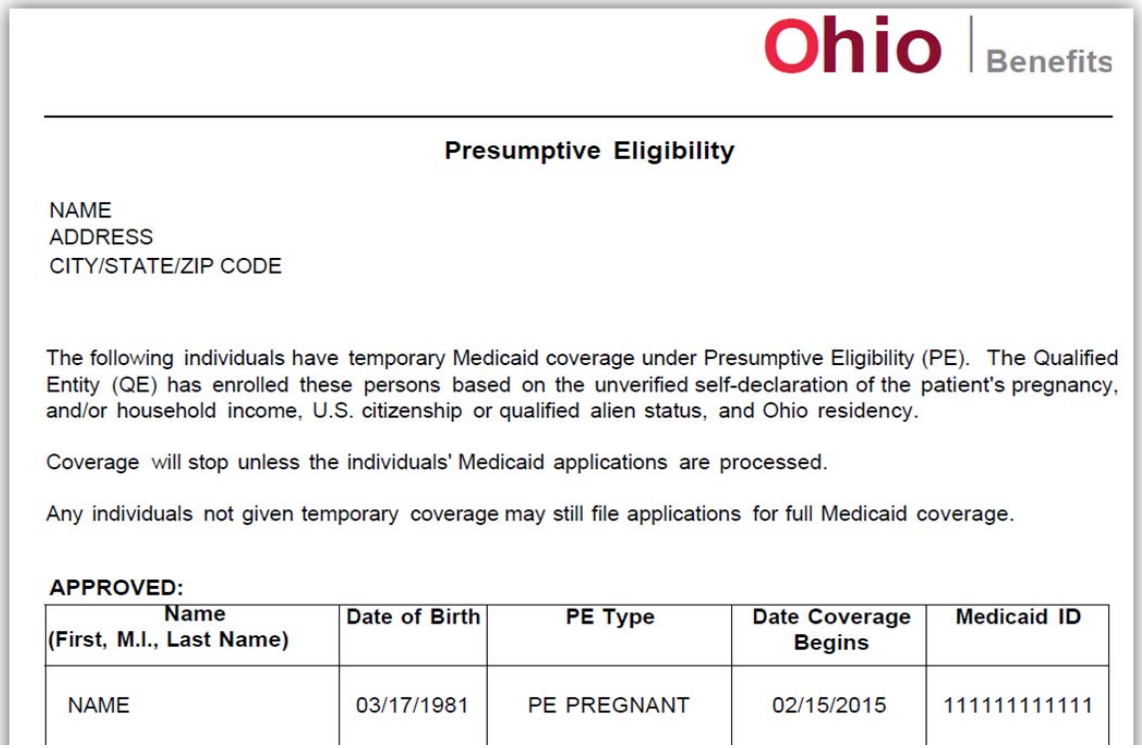
Programs & Cards

- Presumptive Eligibility



Programs & Cards

- Some members will receive a Presumptive Eligibility letter



Ohio | Benefits

Presumptive Eligibility

NAME
ADDRESS
CITY/STATE/ZIP CODE

The following individuals have temporary Medicaid coverage under Presumptive Eligibility (PE). The Qualified Entity (QE) has enrolled these persons based on the unverified self-declaration of the patient's pregnancy, and/or household income, U.S. citizenship or qualified alien status, and Ohio residency.

Coverage will stop unless the individuals' Medicaid applications are processed.

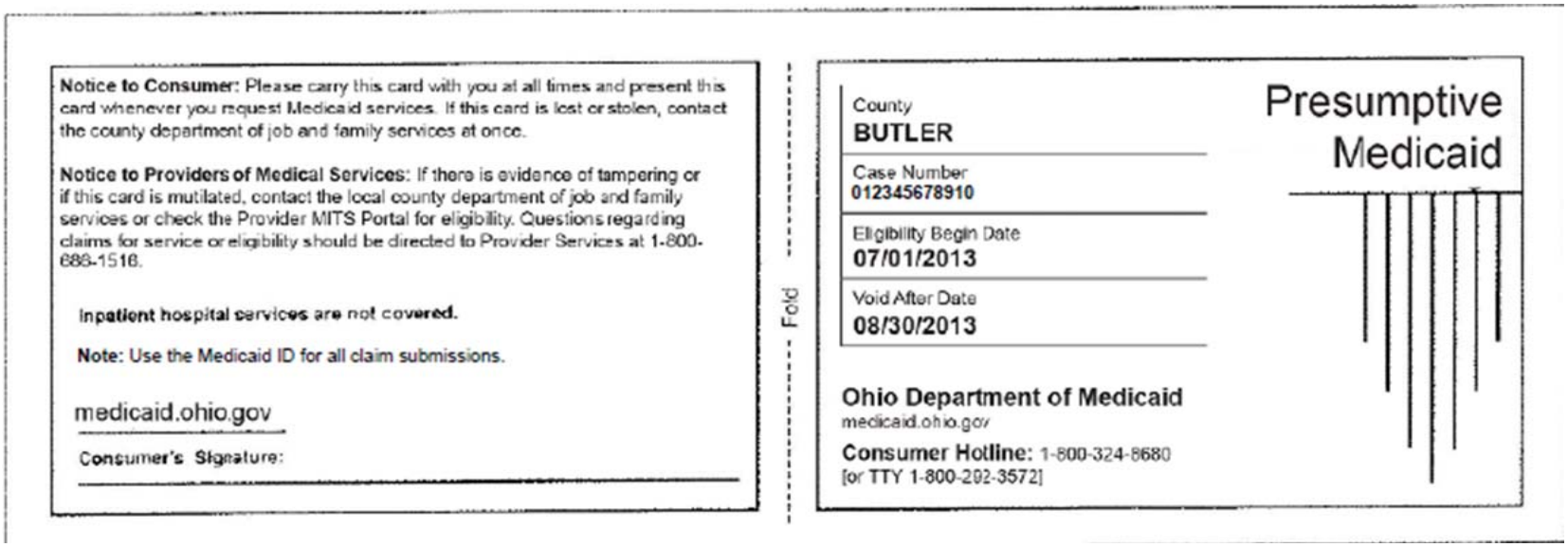
Any individuals not given temporary coverage may still file applications for full Medicaid coverage.

APPROVED:

Name (First, M.I., Last Name)	Date of Birth	PE Type	Date Coverage Begins	Medicaid ID
NAME	03/17/1981	PE PREGNANT	02/15/2015	111111111111

Programs & Cards

- Other members will receive a Presumptive Eligibility Card



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Notice to Providers of Medical Services: If there is evidence of tampering or if this card is mutilated, contact the local county department of job and family services or check the Provider MITS Portal for eligibility. Questions regarding claims for service or eligibility should be directed to Provider Services at 1-800-686-1516.

Inpatient hospital services are not covered.

Note: Use the Medicaid ID for all claim submissions.

medicaid.ohio.gov

Consumer's Signature:

Fold

County
BUTLER

Case Number
012345678910

Eligibility Begin Date
07/01/2013

Void After Date
08/30/2013

Ohio Department of Medicaid
medicaid.ohio.gov
Consumer Hotline: 1-800-324-8680
[or TTY 1-800-292-3572]

Presumptive Medicaid

Programs & Cards

Qualified Medicare Beneficiary (QMB)

- Issued to qualified consumers who receive Medicare
- Medicaid only covers their monthly Medicare premium, co-insurance and/or deductible after Medicare has paid
- Reimbursement policy is set under 5160-1 and can result in a payment of zero dollars

Programs & Cards

Specified Low-Income Medicare Beneficiary (SLMB) & Qualifying Individual (QI-1)

Medicaid **ONLY** pays the Part B premium to Medicare
This is **NOT** Medicaid eligibility
There is **NO** cost-sharing eligibility

Managed Care/MyCare

Managed Care Day One

- New recipients will be assigned to a Managed Care Plan the first day of the current month when a recipient is found eligible for Medicaid

	'The old way'	Day One
Recipient completes Application	5/3/2017	5/3/2017
Determined eligibility for Medicaid	5/17/2017	5/17/2017
Fee-For-Service	5/1/2017 → 5/31/2017	X
Managed Care Plan	6/1/2017 → 12/31/2299	5/1/2017 → 12/31/2299

Managed Care/MyCare

3 Population Groups Eligible for Managed Care

- Medicaid Managed Care MAGI (CFC)
- Medicaid Managed Care Non-MAGI (ABD)
- Medicaid Managed Care Adult MAGI
  - For the Adult Expansion Population

Managed Care/MyCare

- Managed Care Benefit Package
  - »Managed Care Plans must cover all medically necessary Medicaid covered services
  - »Some value-added services:
    - Care management to help members coordinate care and ensure they are getting the care that they need
    - Access to toll-free 24/7 hotline for medical advice, staffed by nurses
    - On-line searchable provider directory
    - Preventative care reminders
    - Expanded benefits including additional transportation options, and other incentives (varies among the MCPs)

Managed Care/MyCare

- Individuals with **optional enrollment** in Medicaid Managed Care Plan

  »Native Americans that are members of a federally recognized tribe

  »Home and Community Based waivers thru DODD effective 1/1/17

Managed Care/MyCare

- How do you know if someone is enrolled in Managed Care?

  »Providers need to check the MITS provider portal each time **BEFORE** providing services to a Medicaid recipient

  »The MITS provider portal will show if a recipient is enrolled in a Managed Care Plan based on the eligibility dates of service you enter

  »For recipients enrolled in a MyCare Ohio Managed Care plan it will show if they are enrolled for **Dual Benefits** or **Medicaid Only**

Managed Care/MyCare

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	12/01/2017	01/31/2018		$0.00	$0.00
Alcohol and Drug Addiction Services	12/01/2017	01/31/2018		$0.00	$0.00
Ohio Mental health	12/01/2017	01/31/2018		$0.00	$0.00
Medicaid	12/01/2017	01/31/2018		$0.00	$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

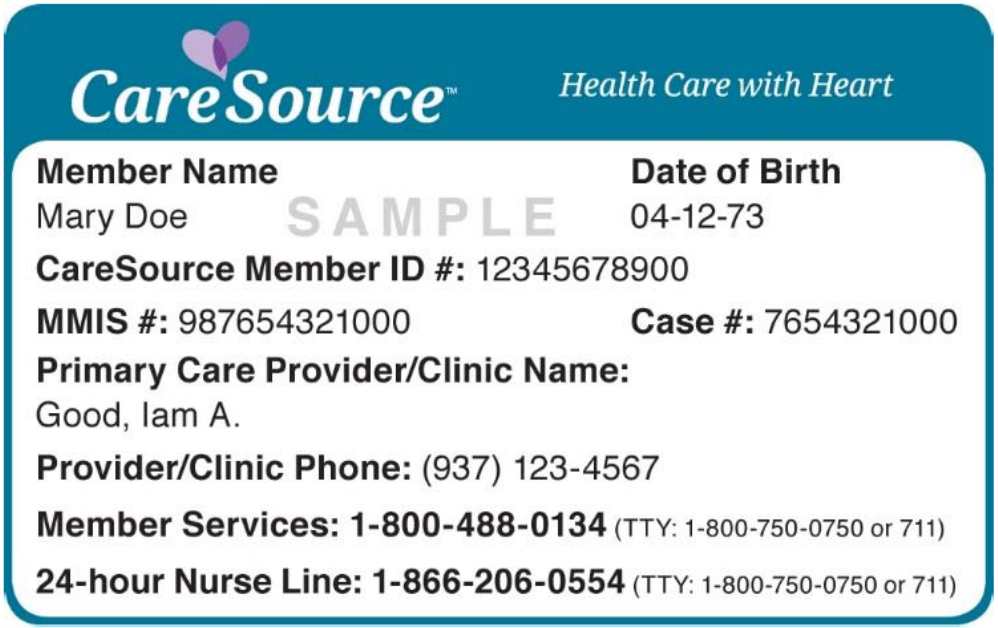
*** No rows found ***

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
PARAMOUNT ADVANTAGE	HMO, ABD	12/01/2017	12/31/2017	
CARESOURCE	HMO, ABD	01/01/2018	01/31/2018	

Managed Care/MyCare

Managed Care Sample Card



Managed Care/MyCare

- "Traditional" Managed Care Plans
  - »Buckeye (Centene)
    - 866-296-8731 http://www.buckeyehealthplan.com
  - »Caresource
    - 800-488-0134 http://www.CareSource.com/
  - »Molina
    - 855-322-4079 http://www.molinahealthcare.com
  - »United HealthCare
    - 800-600-9007 http://www.uhccommunityplan.com
  - »Paramount
    - 419-887-2564 mailto:advantagecompliance@promedica.org

Managed Care/MyCare

Integrated Care Delivery System (ICDS) “MyCare Ohio”

- MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program
- MyCare Ohio operates in seven geographic regions covering 29 counties
- Project was extended for 2 additional years (ending 12/31/2019)

Managed Care/MyCare

- MyCare Ohio Benefits
  - »Package includes all benefits available through the traditional Medicare and Medicaid programs
    - Including Long Term Social Services (LTSS) and Behavioral Health, which is new to Managed Care
  - »Plans may elect to include additional value-added benefits in their health care packages

Managed Care/MyCare

- MyCare Ohio Eligibility
  - » In order to be eligible for MyCare Ohio an individual must be:
    - Eligible for all parts of Medicare (Parts A, B, and D) and be fully eligible for Medicaid
    - Over the age of 18
    - Reside in one of the demonstration project regions

Managed Care/MyCare

- Individuals that are exempt from MyCare Ohio
  - » Individuals with an ICF-IID level-of-care served in a ICF-IID waiver
  - » Individuals who have third-party insurance, including retirement benefits
  - » Individuals enrolled in PACE program

Managed Care/MyCare

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	12/01/2017	01/31/2018		$0.00	$0.00
Alcohol and Drug Addiction Services	12/01/2017	01/31/2018		$0.00	$0.00
Ohio Mental health	12/01/2017	01/31/2018		$0.00	$0.00
Medicaid	12/01/2017	01/31/2018		$0.00	$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

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Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
CARESOURCE	HMO, MyCare Ohio	12/01/2017	01/31/2018	Dual Benefits

Lock-In

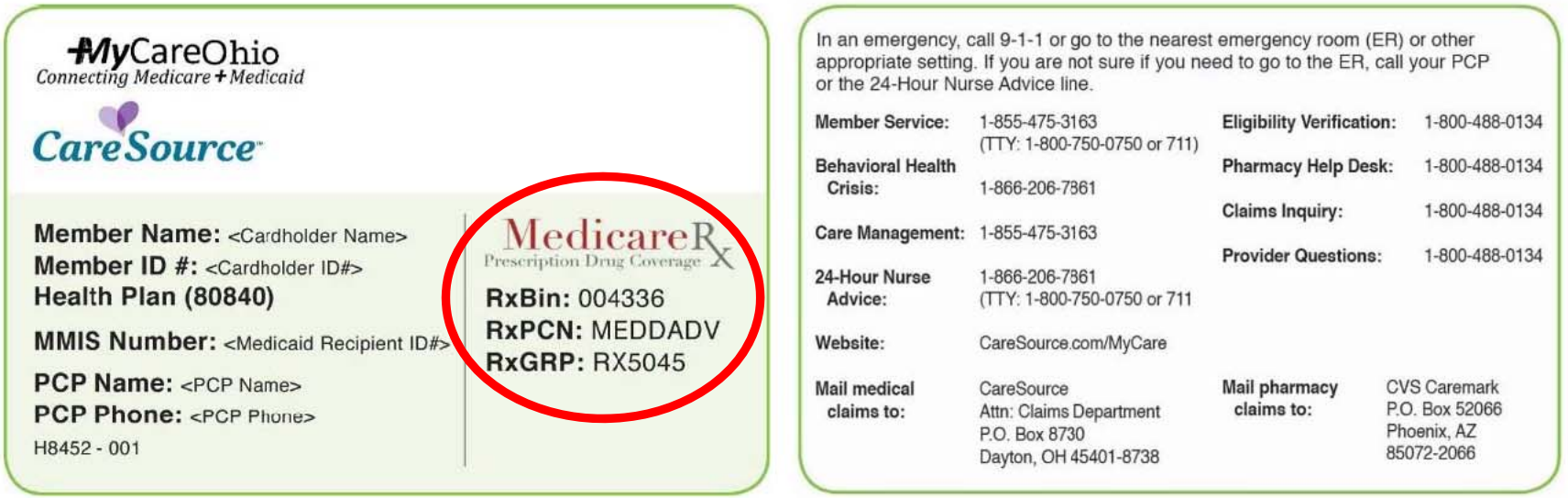
*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	12/01/2017	01/31/2018			018562948A
PART B	12/01/2017	01/31/2018			018562948A
PART C	12/01/2017	01/31/2018	CARESOURCE MYCARE OHIO	H8452	018562948A
PART D	01/01/2018	01/31/2018	*H8452/001	001	018562948A
PART D	12/01/2017	12/31/2017	*H8452/001	001	018562948A

Managed Care/MyCare

MyCare Ohio Opt-In Sample Card



MyCareOhio
Connecting Medicare + Medicaid

CareSource

Member Name: <Cardholder Name>
Member ID #: <Cardholder ID#>
Health Plan (80840)

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

H8452 - 001

MedicareRx
Prescription Drug Coverage

RxBin: 004336
RxPCN: MEDDADV
RxGRP: RX5045

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)	**Eligibility Verification:**	1-800-488-0134
Behavioral Health Crisis:	1-866-206-7361	**Pharmacy Help Desk:**	1-800-488-0134
Care Management:	1-855-475-3163	**Claims Inquiry:**	1-800-488-0134
24-Hour Nurse Advice:	1-866-206-7361 (TTY: 1-800-750-0750 or 711	**Provider Questions:**	1-800-488-0134
Website:	CareSource.com/MyCare		
Mail medical claims to:	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738	**Mail pharmacy claims to:**	CVS Caremark P.O. Box 52066 Phoenix, AZ 85072-2066

Managed Care/MyCare

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	10/01/2017	01/31/2018		$0.00	$0.00
Alcohol and Drug Addiction Services	10/01/2017	01/31/2018		$0.00	$0.00
Ohio Mental health	10/01/2017	01/31/2018		$0.00	$0.00
Medicaid	10/01/2017	01/31/2018		$0.00	$0.00

Case/Cat/Seq Spenddown

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TPL

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Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
BUCKEYE COMMUNITY HEALTH PLAN	HMO, MyCare Ohio	10/01/2017	01/31/2018	Medicaid Only

Lock-In

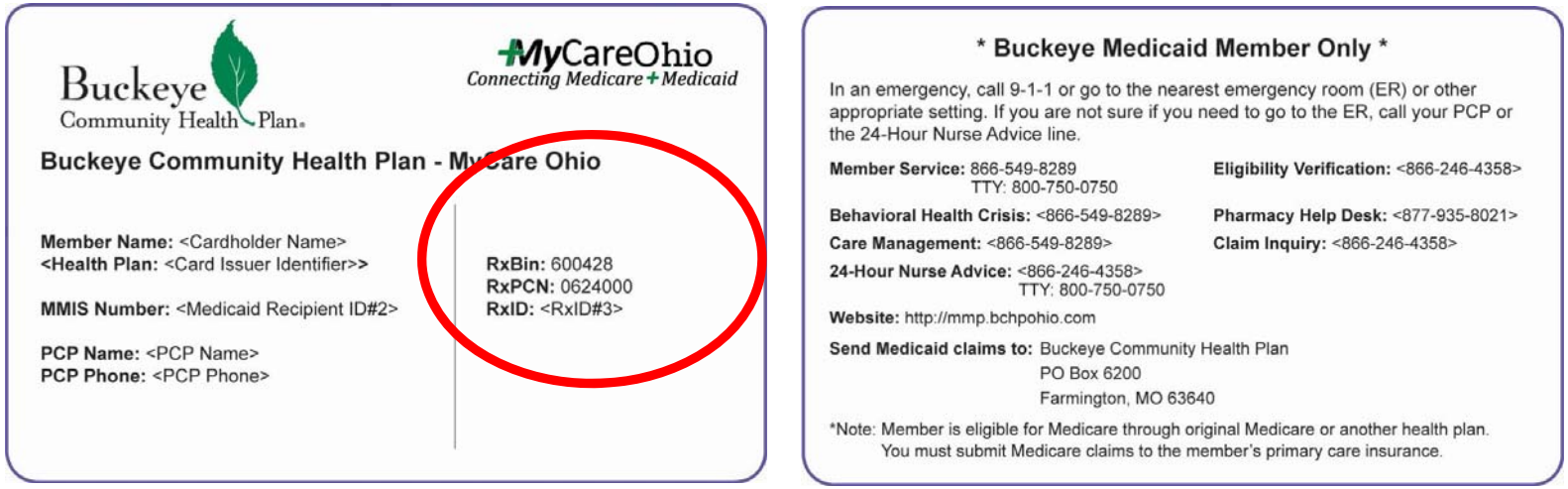
*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/01/2017	01/31/2018			300685983A
PART B	10/01/2017	01/31/2018			300685983A
PART C	11/01/2017	01/31/2018	ANTHEM SENIOR ADVANTAGE PLUS	H3655	300685983A

Managed Care/MyCare

MyCare Ohio Opt-Out Sample Card



Buckeye Community Health Plan

MyCareOhio
Connecting Medicare + Medicaid

Buckeye Community Health Plan - MyCare Ohio

Member Name: <Cardholder Name>
<Health Plan: <Card Issuer Identifier>>

MMIS Number: <Medicaid Recipient ID#2>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

RxBin: 600428
RxPCN: 0624000
RxID: <RxID#3>

*** Buckeye Medicaid Member Only ***

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service: 866-549-8289
TTY: 800-750-0750

Eligibility Verification: <866-246-4358>

Behavioral Health Crisis: <866-549-8289>

Pharmacy Help Desk: <877-935-8021>

Care Management: <866-549-8289>

Claim Inquiry: <866-246-4358>

24-Hour Nurse Advice: <866-246-4358>
TTY: 800-750-0750

Website: http://mmp.bchpohio.com

Send Medicaid claims to: Buckeye Community Health Plan
PO Box 6200
Farmington, MO 63640

*Note: Member is eligible for Medicare through original Medicare or another health plan. You must submit Medicare claims to the member's primary care insurance.

Managed Care/MyCare

MCPs providing "Traditional" Medicaid Managed Care	MCPs participating in MyCare Ohio (ICDs)
• Buckeye (Centene) • Caresource • Molina • United Healthcare • Paramount	• Buckeye (Centene) • Caresource • Molina • United Healthcare • Aetna

Managed Care/MyCare

Northwest	Southwest	West Central	Central	East Central	Northeast Central	Northeast
Aetna Buckeye	Aetna Molina	Buckeye Molina	Aetna Molina	Caresource United	Caresource United	Caresource Buckeye United
Fulton Lucas Ottawa Wood	Butler Warren Clinton Hamilton Clermont	Clark Green Montgomery	Union Delaware Franklin Pickaway Madison	Summit Portage Stark Wayne	Trumbull Mahoning Columbiana	Lorain Cuyahoga Lake Geauga Medina

Managed Care/MyCare

- MyCare Ohio Managed Care Plans
  - »Aetna
    - 855-364-0974 http://www.aetnabetterhealth.com/ohio
  - »Buckeye (Centene)
    - 866-296-8731 http://www.bchpohio.com
  - »Caresource
    - 800-488-0134 http://www.CareSource.com/MyCare
  - »Molina
    - 855-322-4079 http://www.molinahealthcare.com/duals
  - »United HealthCare
    - 800-600-9007 http://www.Uhcconnected.com/ohio

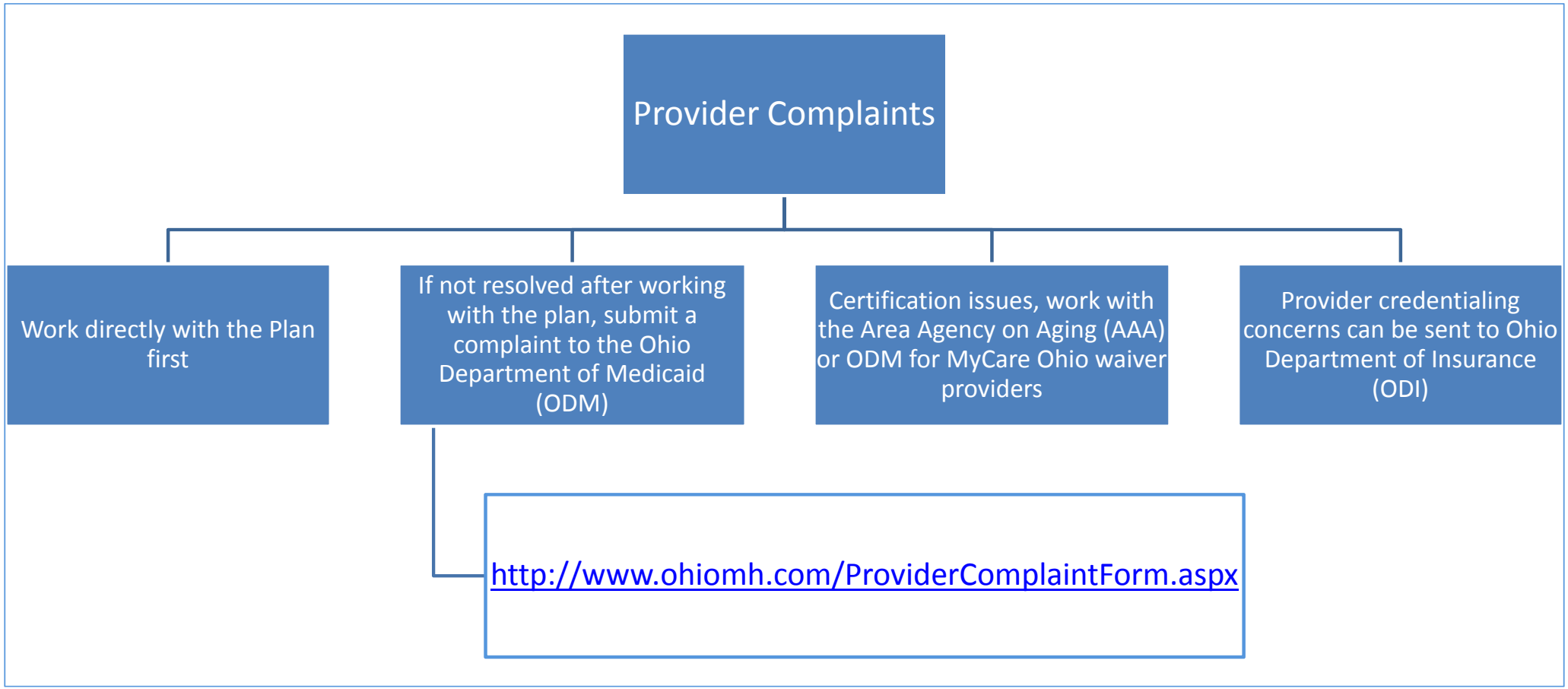
Managed Care/MyCare

- Contracting with a MCP
  - »If a provider is interested in delivering services to a Managed Care member, a contract or agreement with the plan is necessary
  - »Each plan has a list of services that require prior authorization
  - »Each plan will have their own billing requirements; therefore, contact the plan for the specific requirements
  - »MyCare Ohio contracts are **separate** from ABD/CFC Managed Care plan contracts

Managed Care/MyCare

- Oversight of Managed Care Plans
  - »Managed Care Plans sign a Provider Agreement
  - »OAC 5160-26: Traditional Medicaid
  - »OAC 5160-58: MyCare Ohio
  - »Each MCP has a Contract Administrator at the Ohio Department of Medicaid

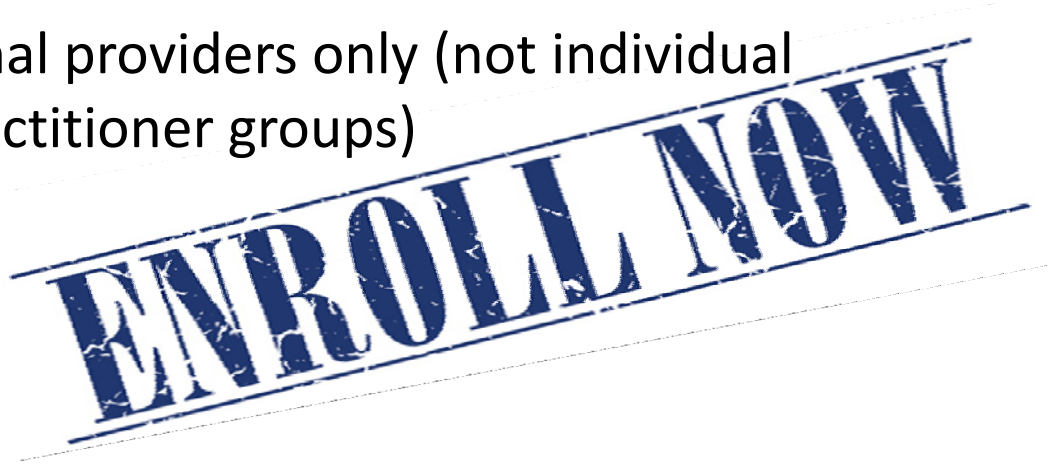
Managed Care/MyCare



Provider Responsibilities

Provider Responsibilities

- Provider Enrollment
  - »There is a non-refundable application fee when an application is submitted to become a Medicaid provider
    - This is a federal requirement
    - The 2018 fee is $569.00 per application
    - The fee applies to organizational providers only (not individual providers, practitioners, or practitioner groups)



Provider Responsibilities

- Provider Revalidation
  - »The 5 year revalidation is a federal requirement
  - »Make sure your mailing address is up to date in the Demographics panel in MITS
  - »Providers that do not revalidate will have their Medicaid agreement terminated
  - »The non-refundable application fee also applies to the revalidation of your provider agreement

Provider Enrollment
Revalidation

Provider Responsibilities

- Provider Agreement: OAC 5160-1-17.2

The provider agreement is a legal contract between the state and the provider

Accept the allowable reimbursements as payment-in-full

Maintain records for 6 years

Not seek reimbursement for service(s) from the patient, any member of the family, or any other person

Provider Responsibilities

- General Reimbursement Principles: OAC 5160-1-02 and Medicaid Payment: OAC 5160-1-60

  »The department's payment constitutes payment-in-full for any of our covered services

  »Providers are expected to bill the department their Usual and Customary Charges (UCC)

  »The department will reimburse the provider the lesser of the Medicaid maximum allowable rate (established fee schedule) or the UCC

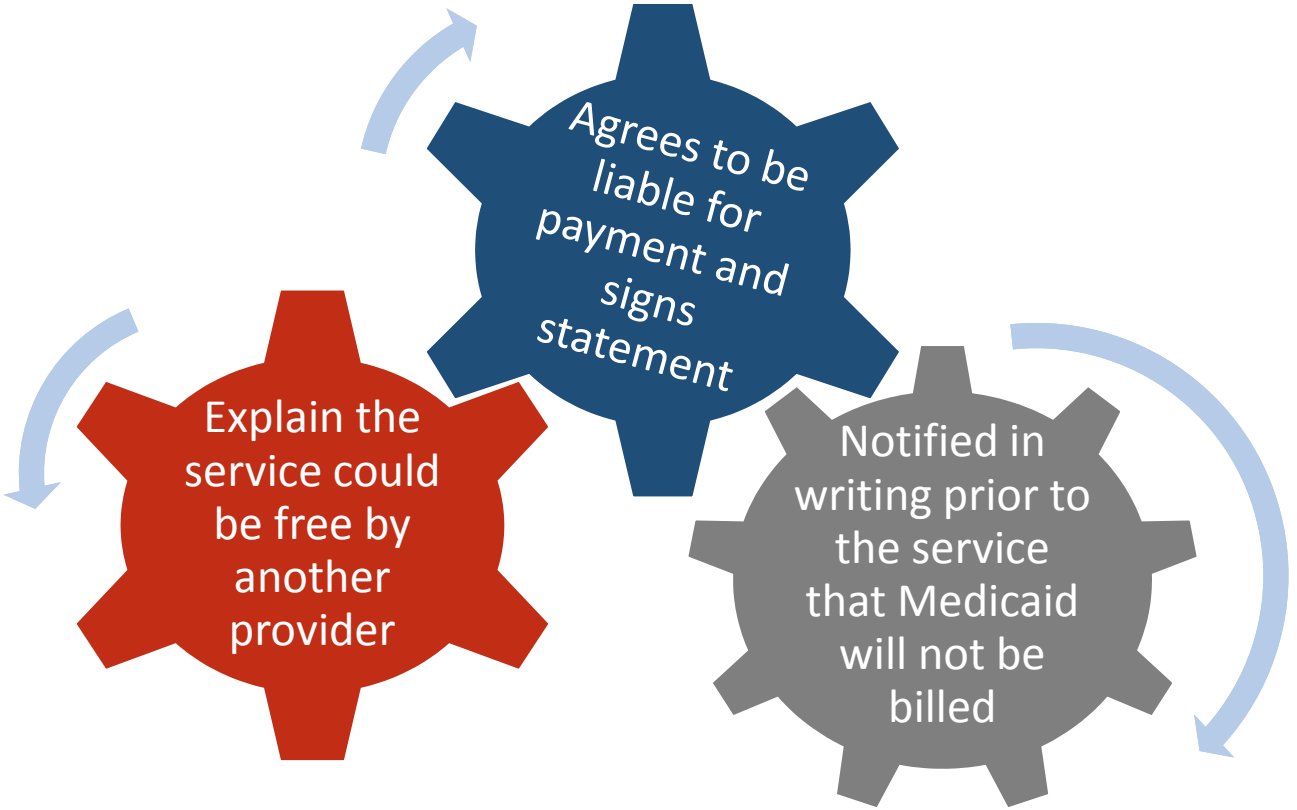
Provider Responsibilities

- Medicaid Consumer Liability: OAC 5160-1-13.1

  »A provider may **NOT** collect and/or bill for any difference between the Medicaid payment and the provider's charge, as well as the following:

Provider Responsibilities

- When can you bill an Individual?



Provider Responsibilities

- Coordination of Benefits: OAC 5160-1-08

  »The Ohio Revised Code requires that a Medicaid consumer provide notice to the department prior to initiating any action against a liable third party

  »The department will take steps to protect its subrogation rights if that notice is not provided

  »For questions, contact the Coordination of Benefits Section at 614-752-5768

Provider Responsibilities

- Electronic Funds Transfer
  - »ODM will start requiring Electronic Funds Transfer (EFT) for payment instead of paper warrants
  - »Benefits of direct deposit include:
    - Quicker funds-transferred directly to your account on the day paper warrants are normally mailed
    - No worry-no lost or stolen checks or postal holidays delaying receipt of your warrant
    - Address change-your payment will still be deposited into your banking account

      http://www.supplier.obm.ohio.gov/Update/Medicaid.aspx

Provider Responsibilities

- Wheelchair Van Services: OAC 5160-15-22
  - »Payment may be made for the following services:
    - Transport by wheelchair van
    - Mileage, wheelchair van
    - Attendant services

Provider Responsibilities

- Ground Ambulance Services: OAC 5160-15-23
  - »Payment may be made for the following services:
    - Basic life support, provided in both a non-emergency and emergency
    - Advanced life support, level 1, both emergency and non-emergency
    - Advanced life support, level 2
    - Specialty care transport
    - Mileage, ground ambulance
    - Attendant service, ground ambulance

Provider Responsibilities

- Air Ambulance Services: OAC 5160-15-24
  - »Payment may be made for the following services:
    - Ambulance transport, fixed-wing
    - Ambulance transport, rotary-wing
    - Mileage, fixed-wing ambulance
    - Mileage, rotary-wing ambulance

Provider Responsibilities

- Surveillance and Utilization Review Section (SURS)

»Top ten provider types reviewed by SURS:

1. Home Health Services
2. Durable Medical Equipment
3. Skilled Nursing Facilities
4. Physician Services
5. Private Duty Nursing
6. **Wheelchair Van Services**
7. Hospice Services
8. **Ambulance Services**
9. Prescribed Drugs
10. Labs

Provider Responsibilities

- SURS, cont.
  - »Review records and/or claims for compliance with ODM rules which include:
    - Unauthorized services
    - Up-coding
    - Unbundling
    - Documentation issues

Provider Responsibilities

- SURS, cont.
  - »Limited Scope Reviews can be accomplished by:

Provider Responsibilities

- SURS, cont.

  »Review details:

  - Up to 6 years can be reviewed by SURS

  »Potential outcomes of Limited Scope Reviews:

  - No identified overpayment
  - Overpayment identification or referral to the Ohio Attorney General (Medicaid Fraud Control Unit)

Provider Responsibilities

- SURS, cont.

SURS Interest Calculation Spreadsheet

	PROVIDER NAME:			
	PROVIDER #:			
Enter Findings Amount:	$4,068.31			
Interest Rate:	**3.50%**		As of 1/1/18 the interest rate has been increased to 4.50%!	
Enter last date of payment:	12/7/2011			
Enter Date of Letter/Memo:	10/12/2016			
Number of days:	1,771			
Interest to be paid:	**$690.89**		Per Diem Rate:	**$0.3901**

Policy

Policy

- Policy Updates

  »Policy updates from Ohio Medicaid announce the changes to the Ohio Administrative Code that may affect providers. There are two types of letters:

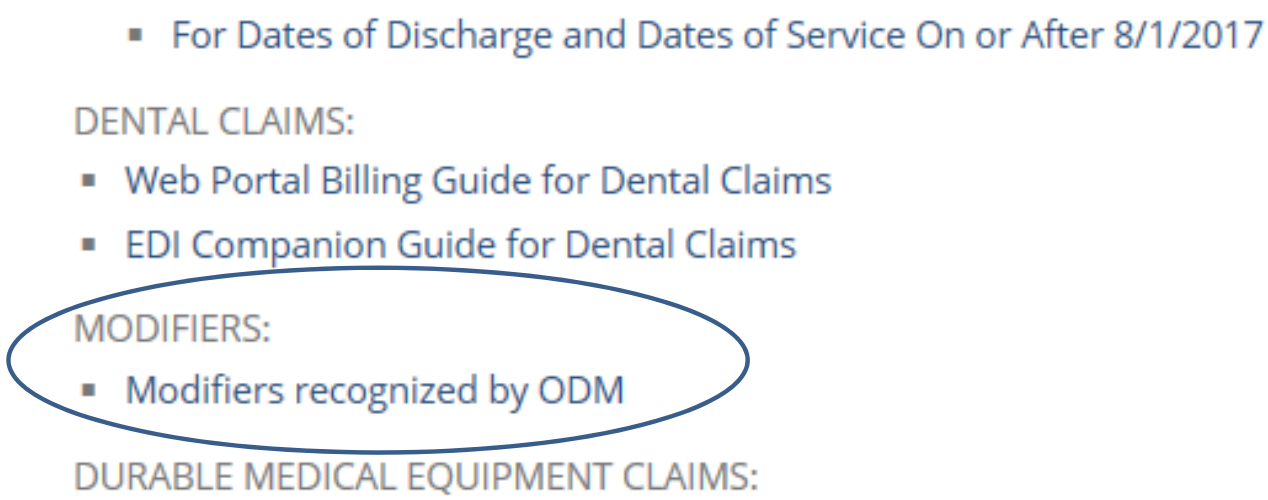
  - Medical Assistance Letter (MAL)
  - Medicaid Transmittal Letters (MTL)

  http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#161542-medicaid-policy

Policy

- Modifiers

»Providers - > Billing - > Billing Instructions



- For Dates of Discharge and Dates of Service On or After 8/1/2017

DENTAL CLAIMS:

- Web Portal Billing Guide for Dental Claims
- EDI Companion Guide for Dental Claims

MODIFIERS:

- Modifiers recognized by ODM

DURABLE MEDICAL EQUIPMENT CLAIMS:

Policy

- Ordering, Referring and Prescribing Providers (ORP) 5160-1-17.9

Providers should ensure that services are being ordered, referred, or prescribed by an eligible provider who is enrolled in Medicaid

Providers may enroll as an ORP-only provider or as a Medicaid billing provider. ORP-only providers have an expedited screening process

The ordering physician/non-physician practitioner must be actively enrolled and must be of a specialty type that is eligible to order in the Ohio Medicaid program

Policy

- Transportation service from an eligible provider: 5160-15-21

  »The following practitioners may certify the necessity of **either** a wheelchair van service **or** an ambulance service:

  - Advanced Practice Registered Nurse (APRN)
  - Doctor of medicine, osteopathy or podiatric medicine
  - Physician Assistant

Policy

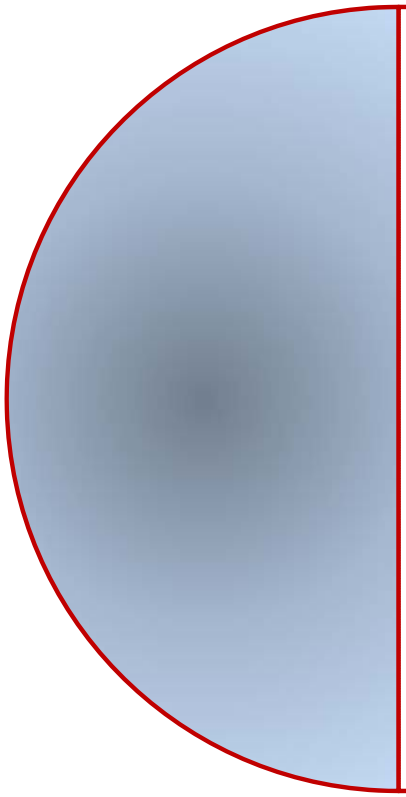
- Transportation service from an eligible provider: 5160-15-21

  »The following practitioners may certify the necessity of a wheelchair van service:

  - Chiropractor
  - Licensed Practical Nurse (LPN) or Registered Nurse (RN)
  - Occupational or Physical Therapist
  - Psychologist
  - Certified rehabilitation counselor
  - Any other professional recognized by ODM as having the qualifications necessary to determine the need for a mobility device.

MITS and Claims

MITS and Claims



Medicaid Information Technology System (MITS)

- MITS is a web-based application that is accessible via any modern browser
- MITS design is based upon the Medicaid Information Technology Architecture (MITA)
- MITS is able to process transactions in “real time”

MITS and Claims

- How do I access the MITS Portal?

  »Go to http://Medicaid.ohio.gov

  »Select the “Provider Tab” at the top

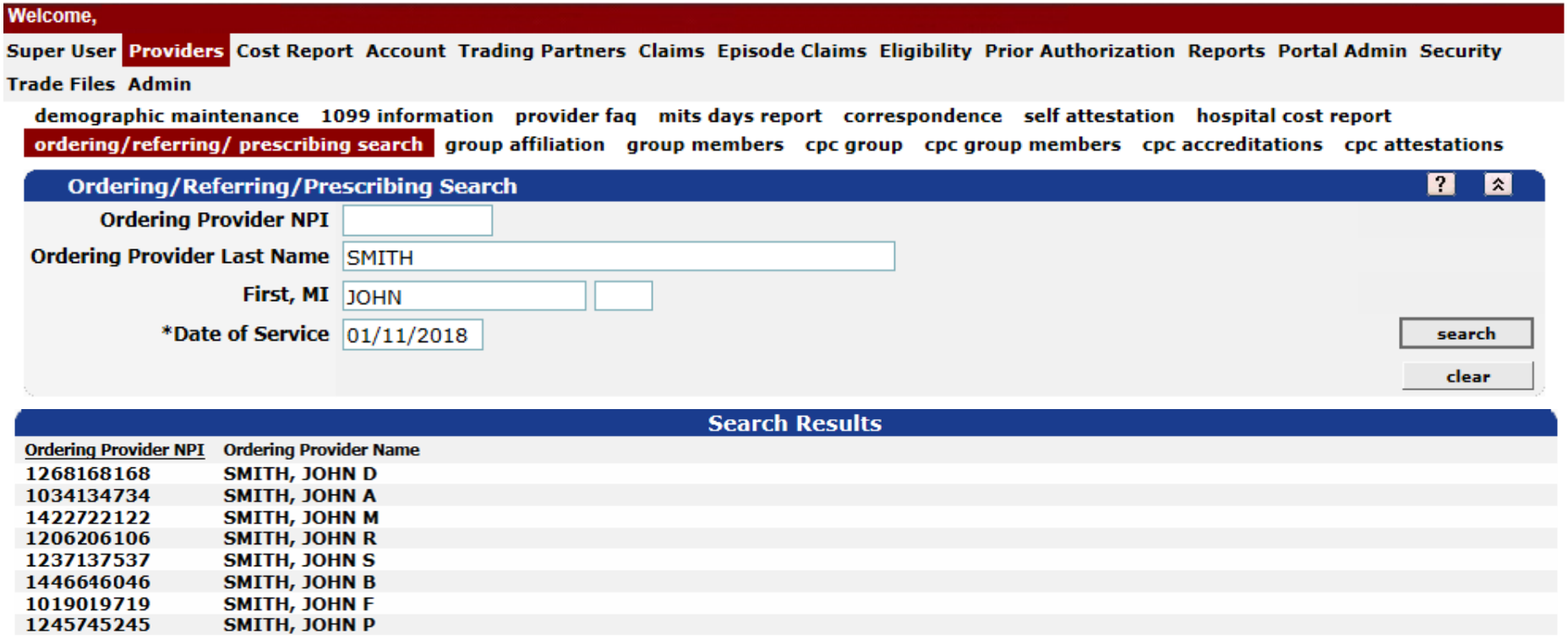
  »Click on the “MITS Portal” on the right

MITS and Claims

- MITS Web Portal Navigation
  - »The “Copy”, “Paste”, and “Print” features all work in the MITS Portal
  - »Do **NOT** use the previous page function (back arrow) in your browser
  - »Do **NOT** use the enter key on the keyboard (use the Tab key or the mouse to move between fields)
  - »MITS Web Portal access will time-out after 15 minutes of inactivity in the system

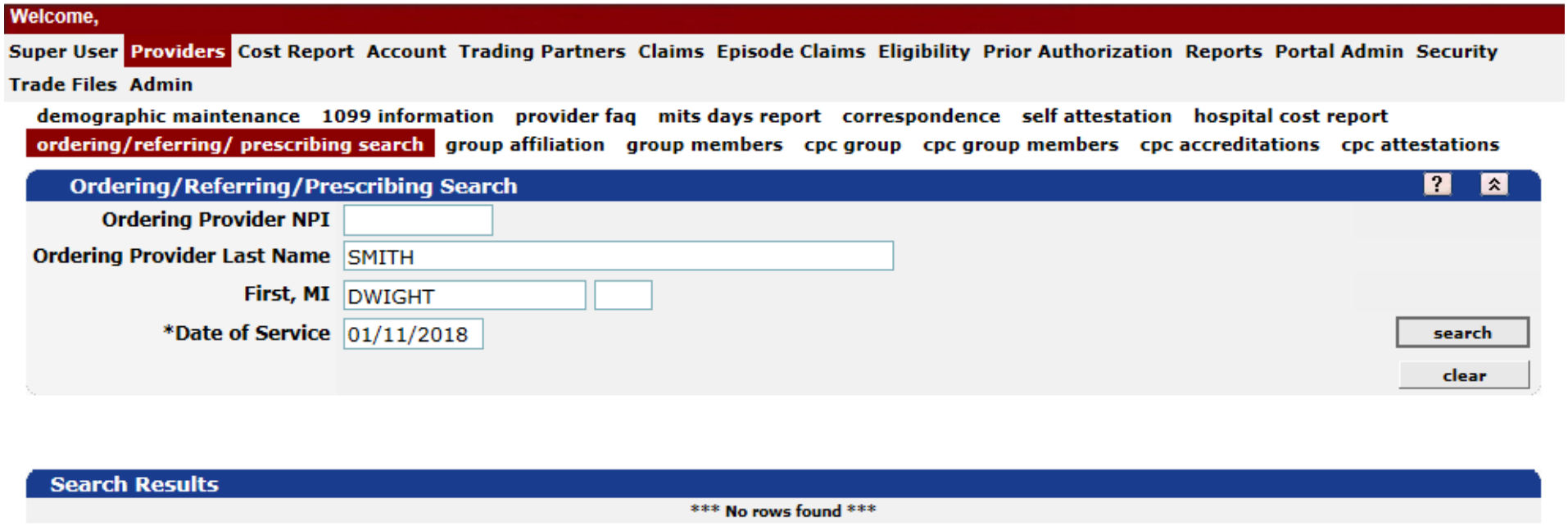
MITS and Claims

- ORP search in MITS



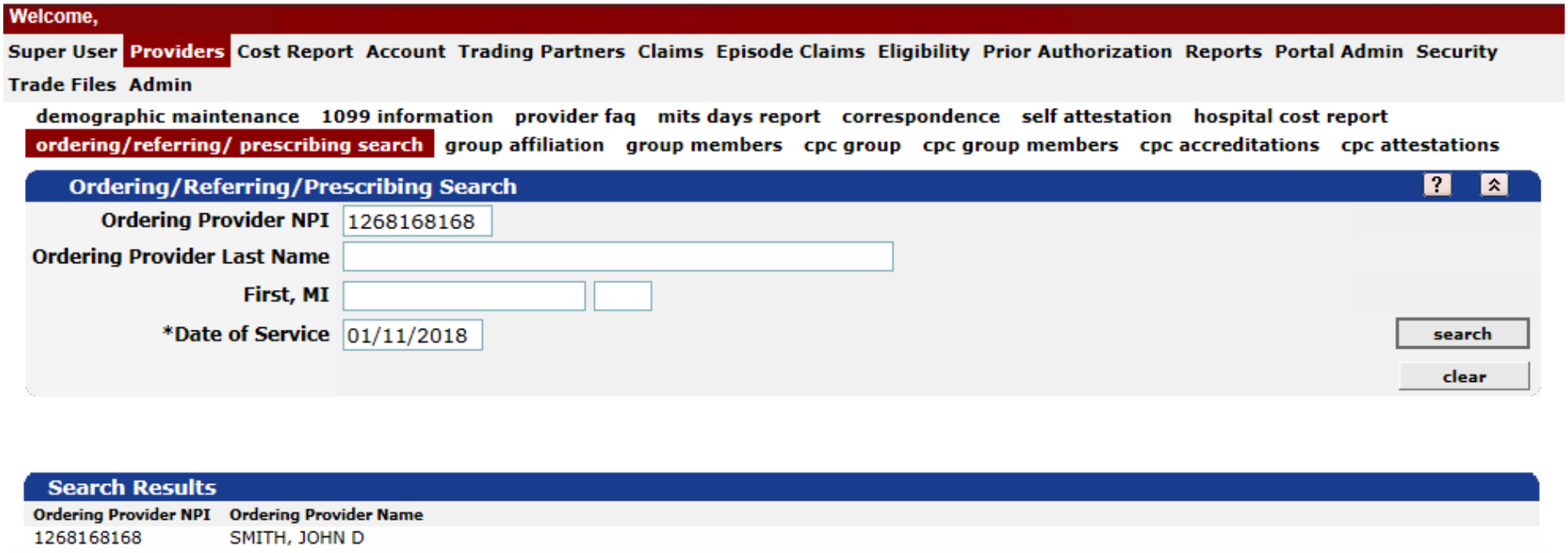
MITS and Claims

- ORP search in MITS, cont.



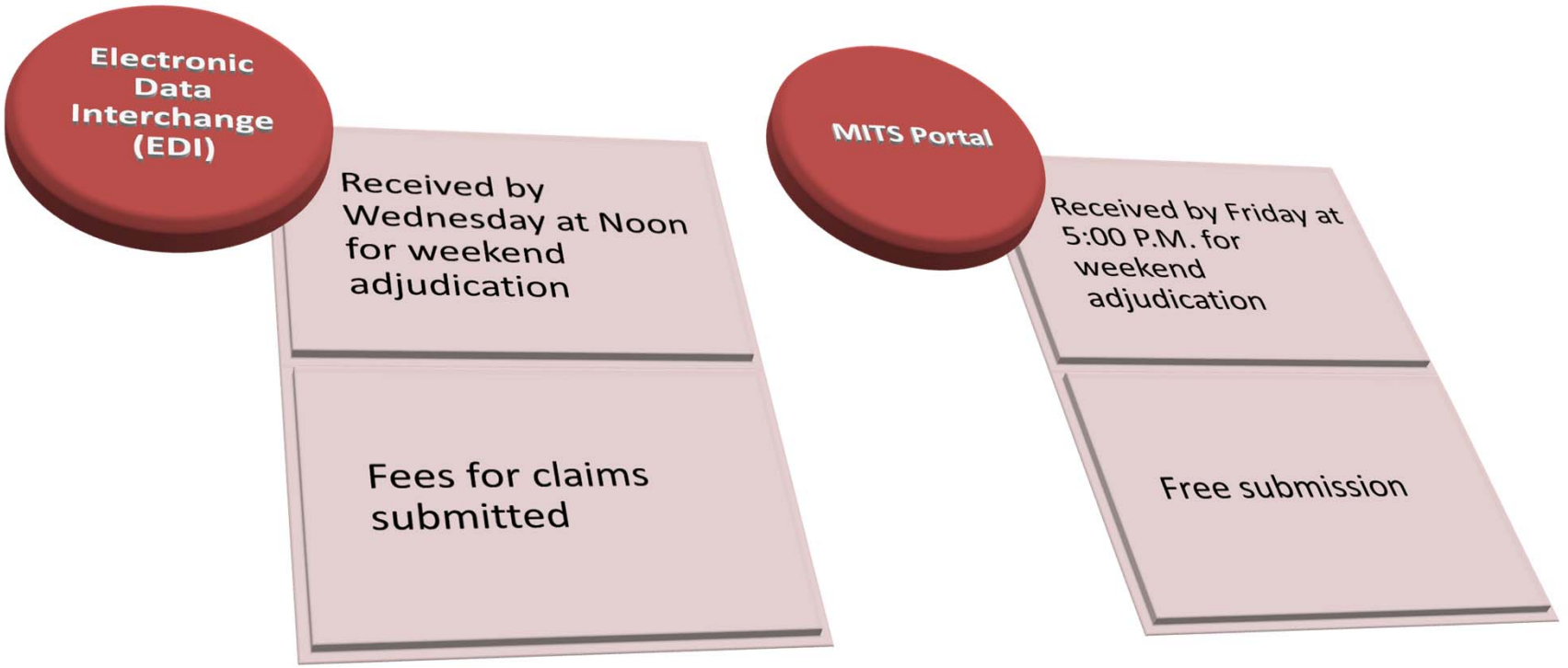
MITS and Claims

- ORP search in MITS, cont.



MITS and Claims

- Methods of Claim Submission

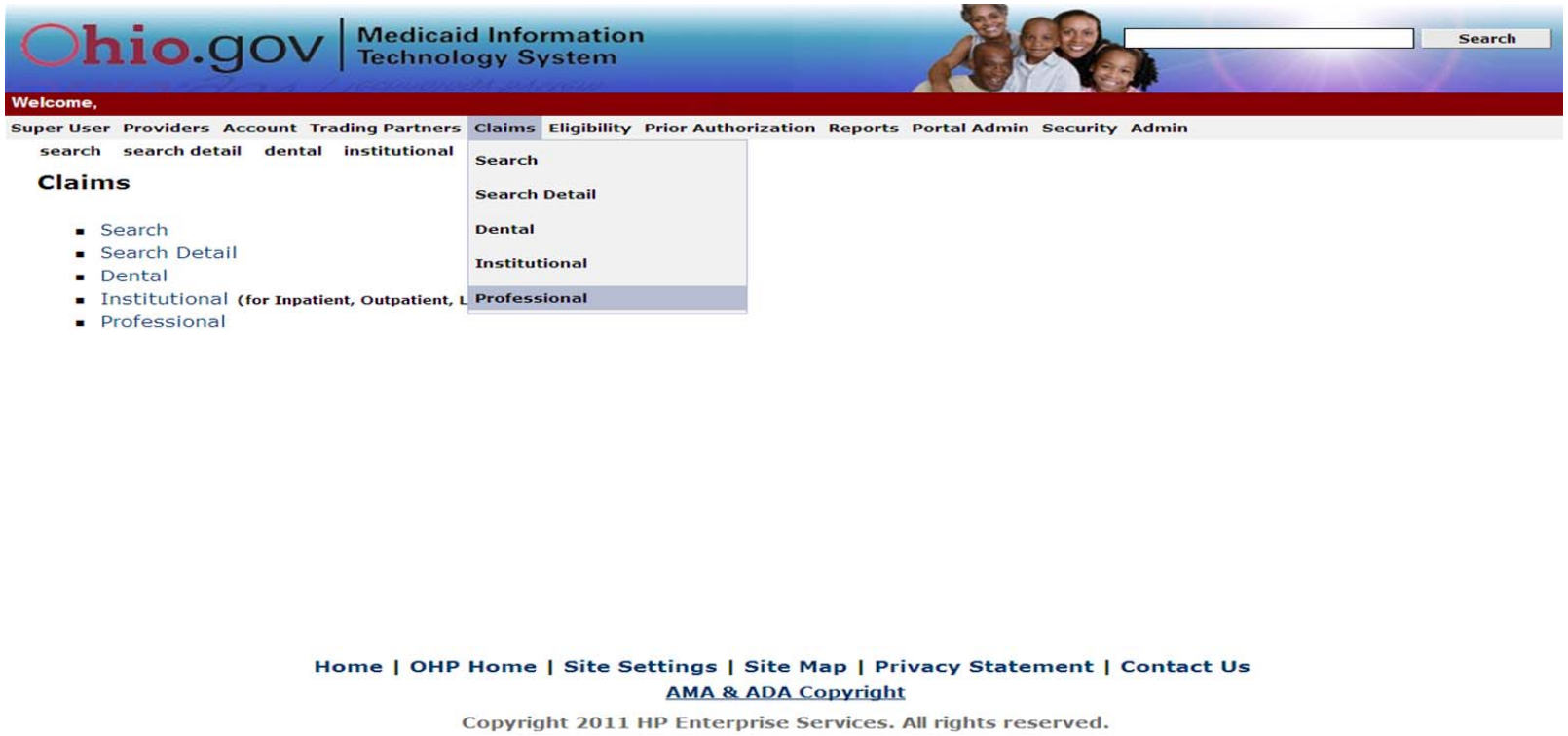


MITS and Claims

- Claim Submission
  - »Claim entry format is divided into sections or panels
  - »Each panel will have an asterisk (*) denoting that the fields are required
    - Some fields are situational for claims adjudication and do not have an asterisk

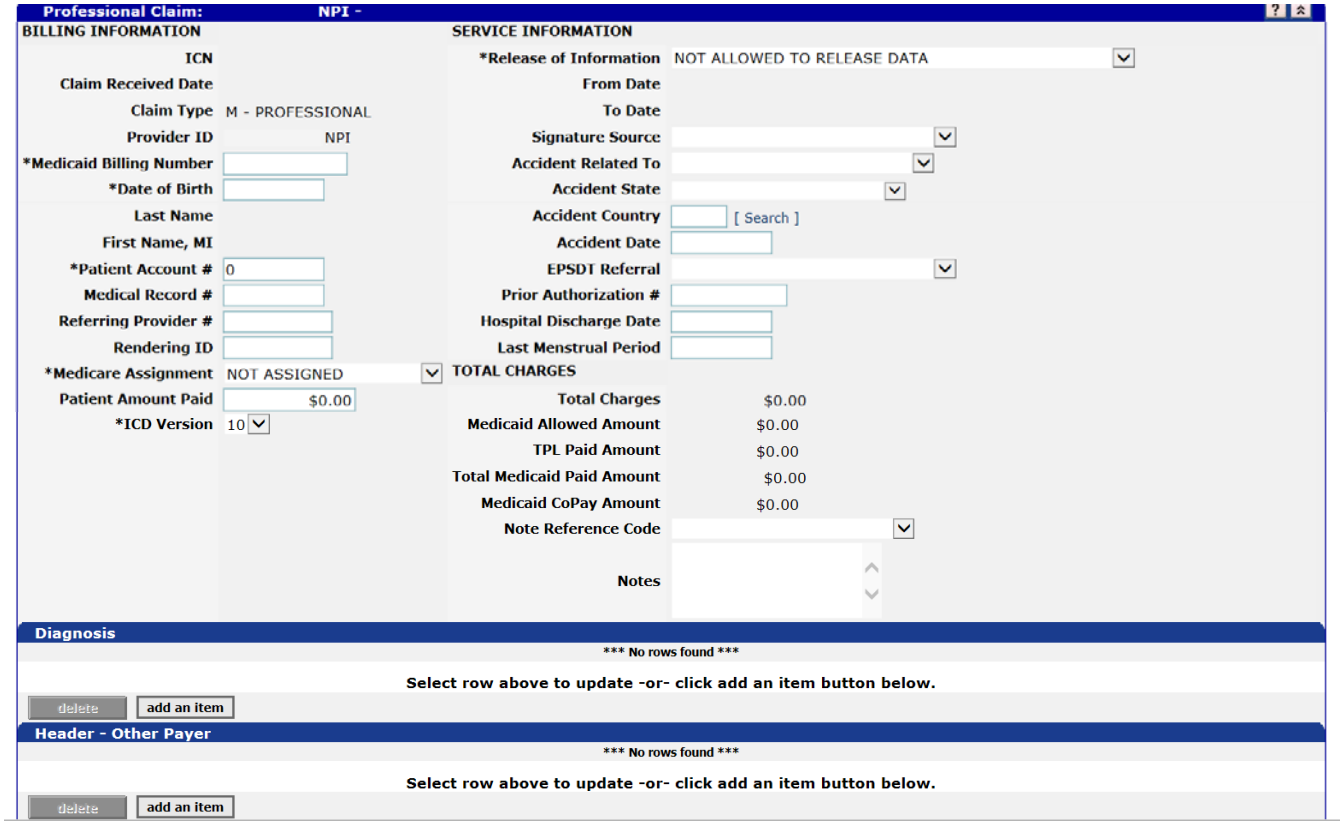
MITS and Claims

- Submission of a Professional Claim



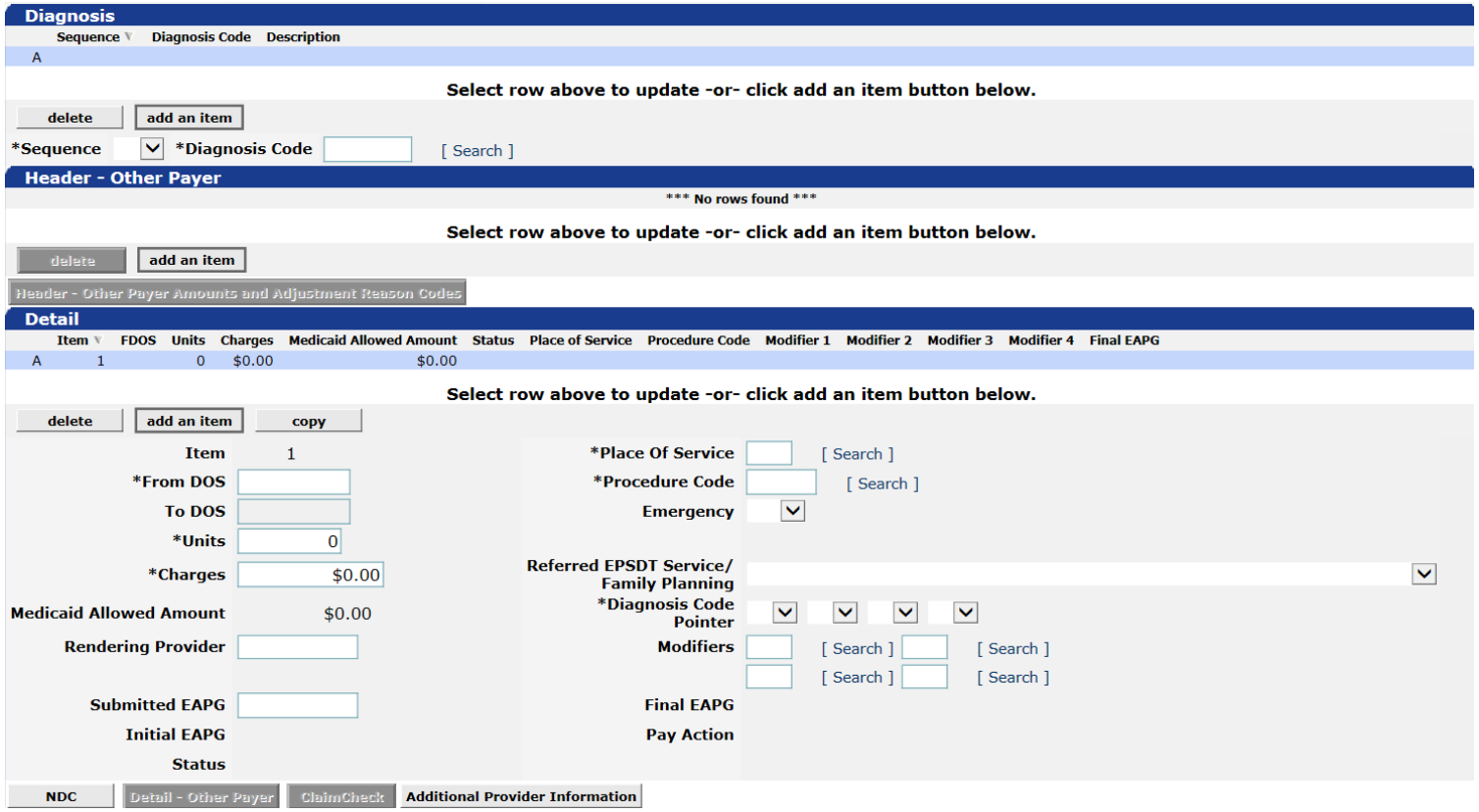
MITS and Claims

- Submission of a Professional Claim, cont.



MITS

- Submission of a Professional Claim, cont.



MITS and Claims

- Procedure Codes
  - »Wheelchair Van
    - A0130 – Base Rate
    - S0209 – Mileage
    - T2001 - Attendant

MITS and Claims

- Procedure Codes

  - »Ground Ambulance
    - A0424 – Ambulance Attendant
    - A0425 – Mileage
    - A0426 – Advanced Life Support, Level 1, Non-emergency
    - A0427 – Advanced Life Support, Level 1, Emergency
    - A0428 – Basic Life Support, Non-emergency
    - A0429 – Basic Life Support, Emergency
    - A0433 – Advanced Life Support, Level 2
    - A0434 – Specialty Care Transport

MITS and Claims

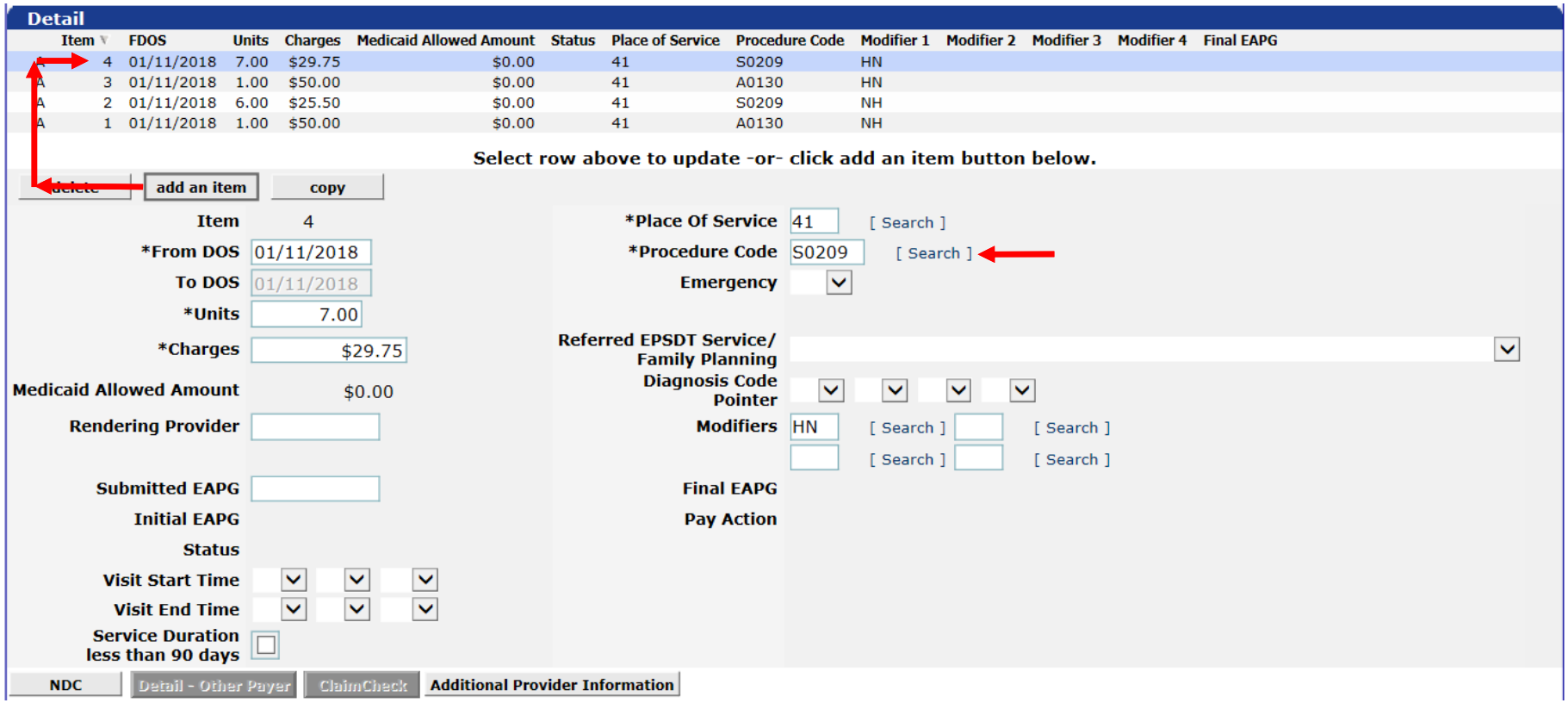
- Procedure Codes
  - »Air Ambulance
    - A0430 – Transportation by Fixed-wing Ambulance
    - A0431 – Transportation by Rotary-wing Ambulance
    - A0435 – Mileage, Fixed-wing ambulance 1st passenger only
    - A0436 – Mileage, Rotary-wing ambulance 1st passenger only

MITS and Claims

- Modifiers
  - »**U3** indicates a wheelchair van service provided in an ambulance
    - Used only with A0130, S0209 and T2001
  - »**U6** indicates a service that is unavailable when the vehicle arrives at destination
  - »**UA** indicates a ***second*** trip taken by same person on same day in same type of vehicle to or from the same type of location
  - »**UB** indicates a ***third*** trip taken by the same individual on the same day in the same type of vehicle to or from the same type of location

MITS and Claims

- Detail panel – Round Trip

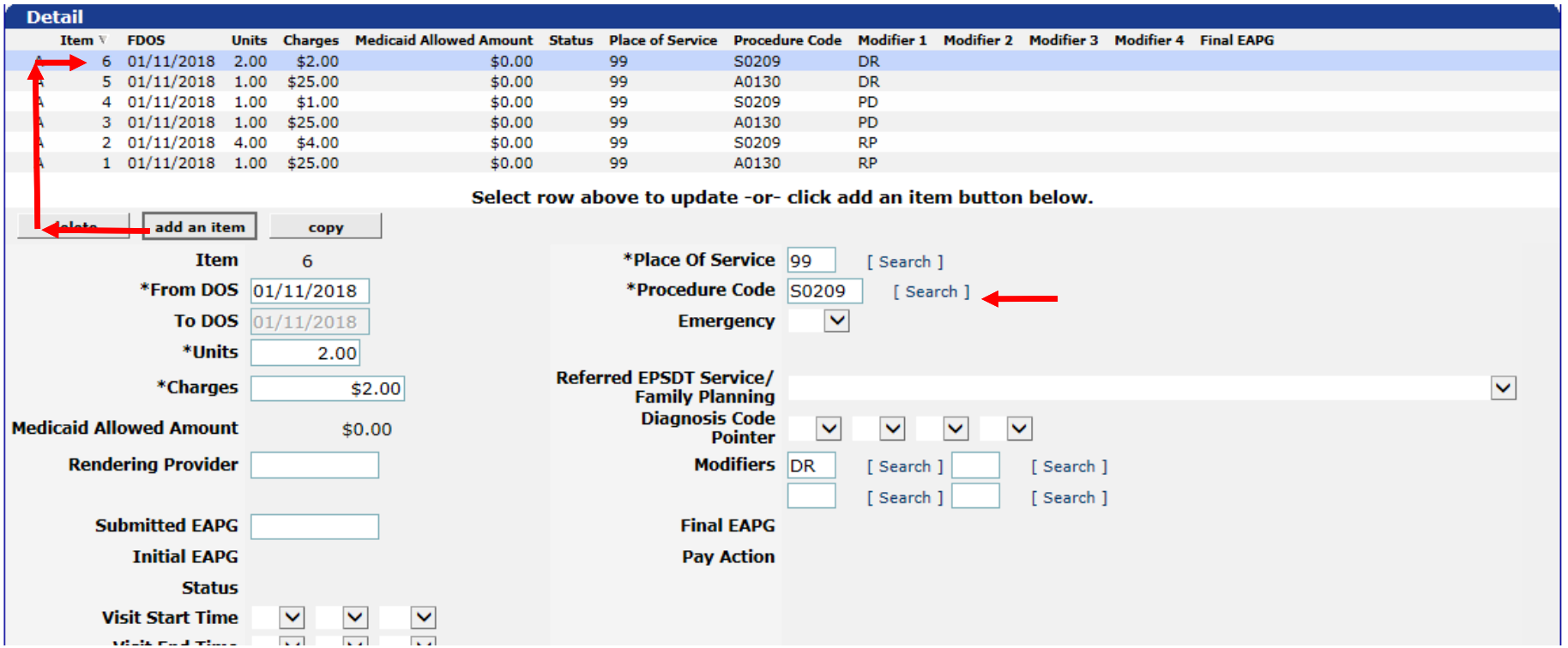


MITS and Claims

- Detail Panel – Multiple Trips
  - »If a provider is providing multiple trips on the same day, all of the visits must be noted on a single claim
    - Ensure proper modifier is used for each trip

MITS and Claims

- Detail panel – Multiple Trips



MITS and Claims

- Detail Panel – Additional Trip

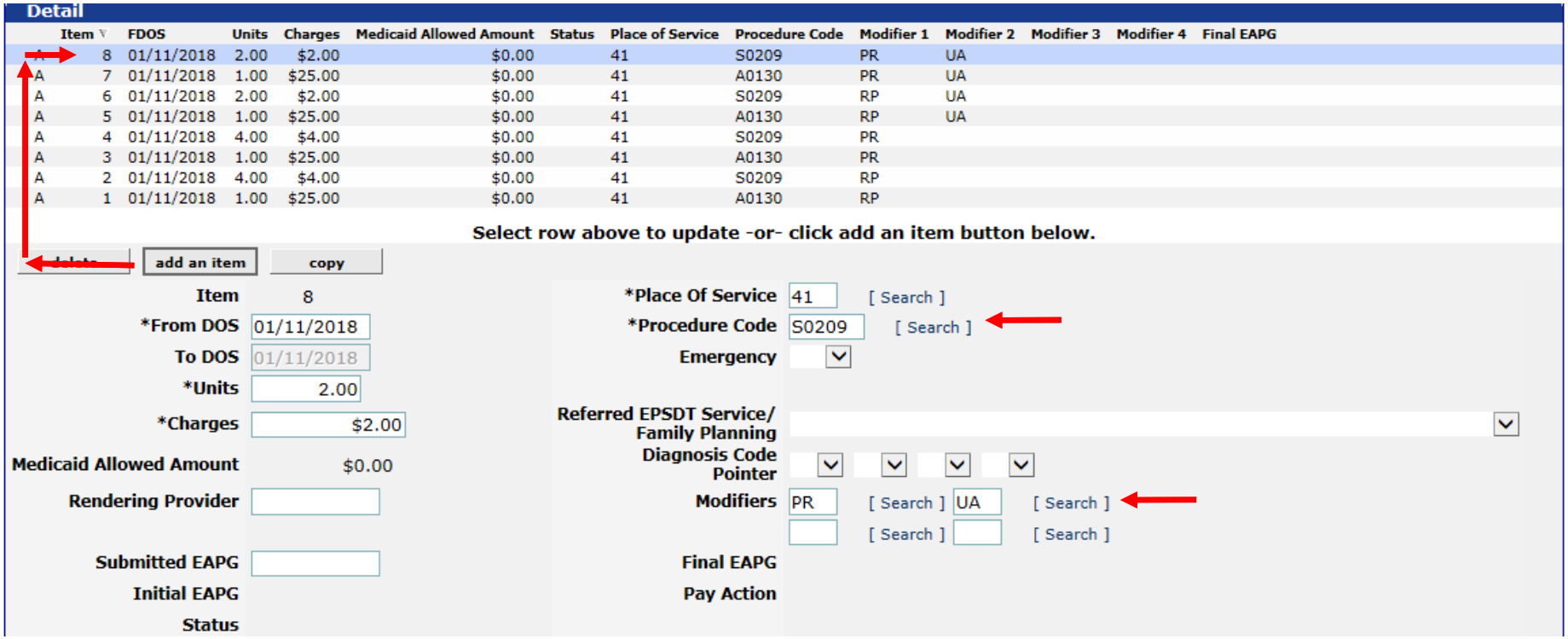
  »If provider provides an additional trip taken for the same person on the same day in the same type of vehicle to or from the same type of location

  »All of visits must be noted on a single claim

    - Ensure proper modifier is used for each trip

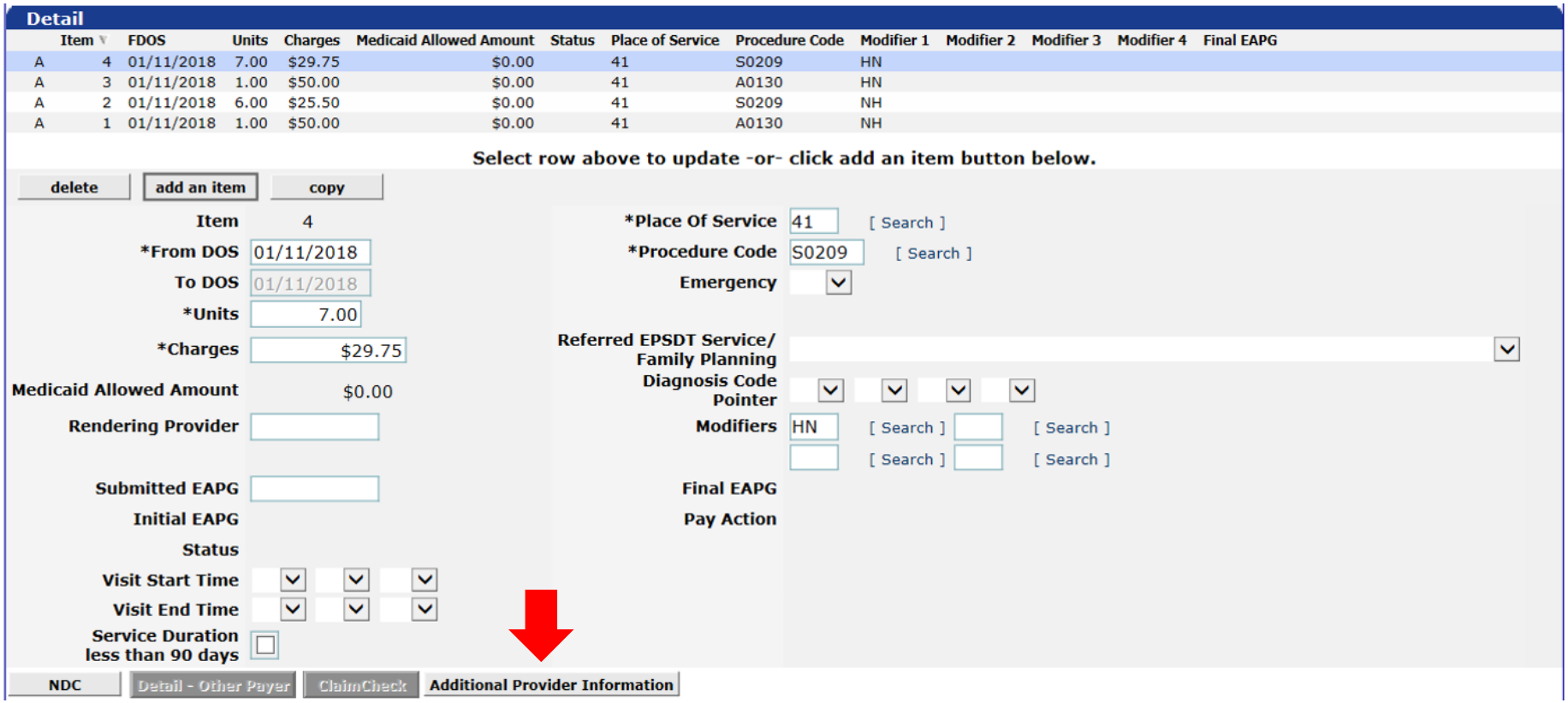
MITS and Claims

- Detail panel – Additional Trips



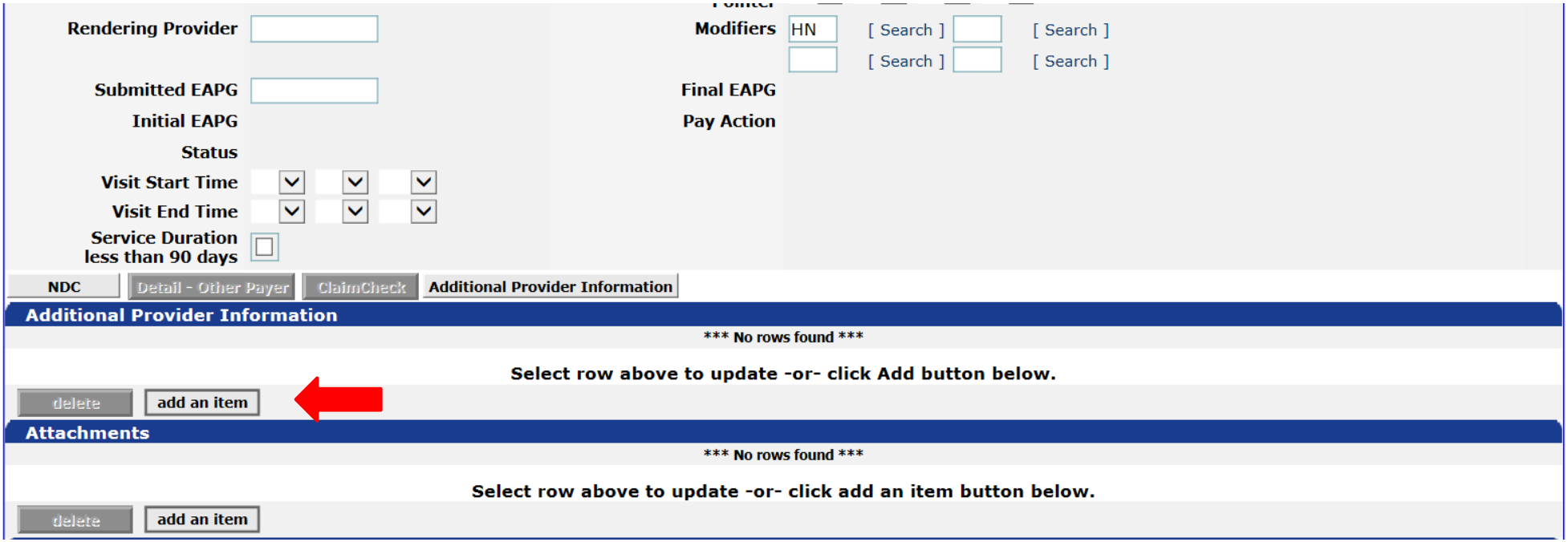
MITS and Claims

- Entering the Ordering Provider's information



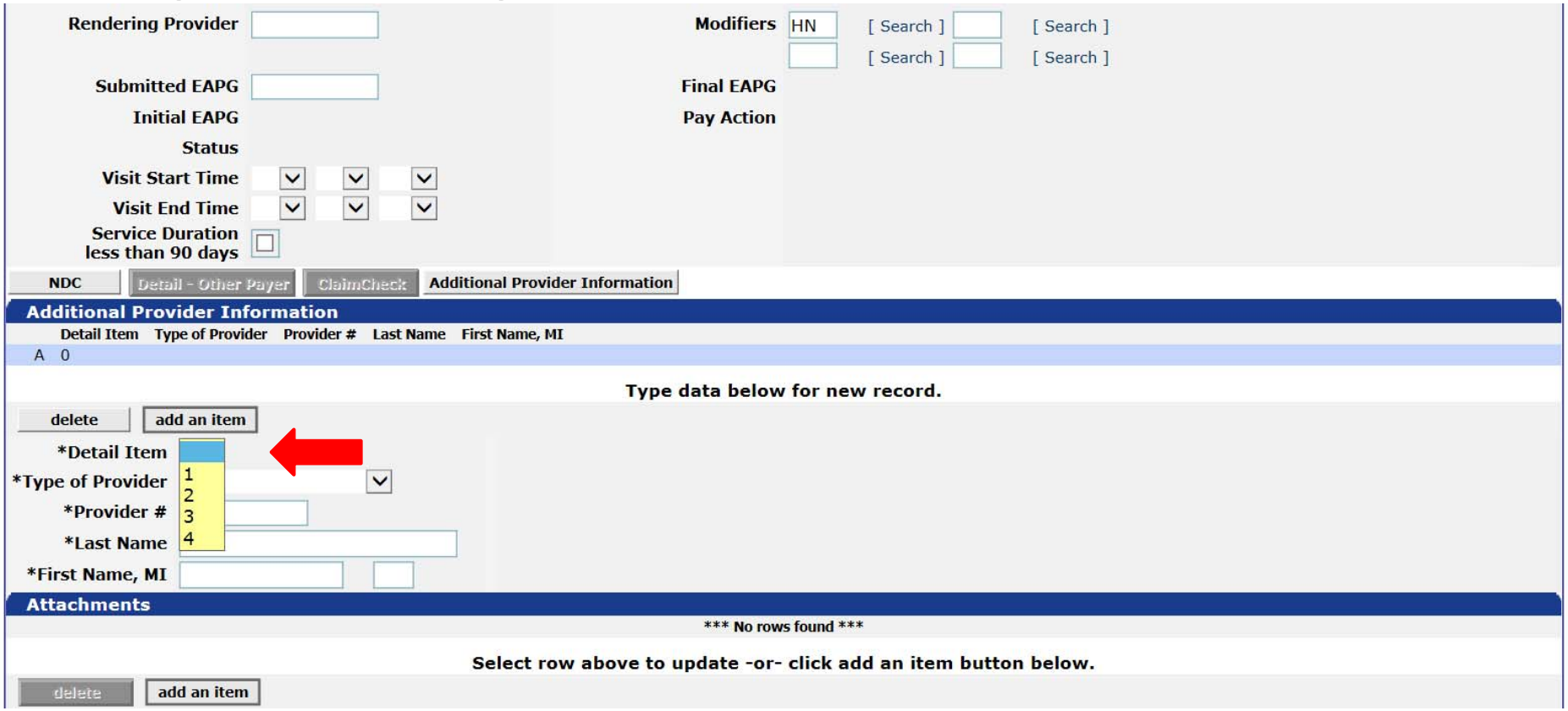
MITS and Claims

- Entering the Ordering Provider's information



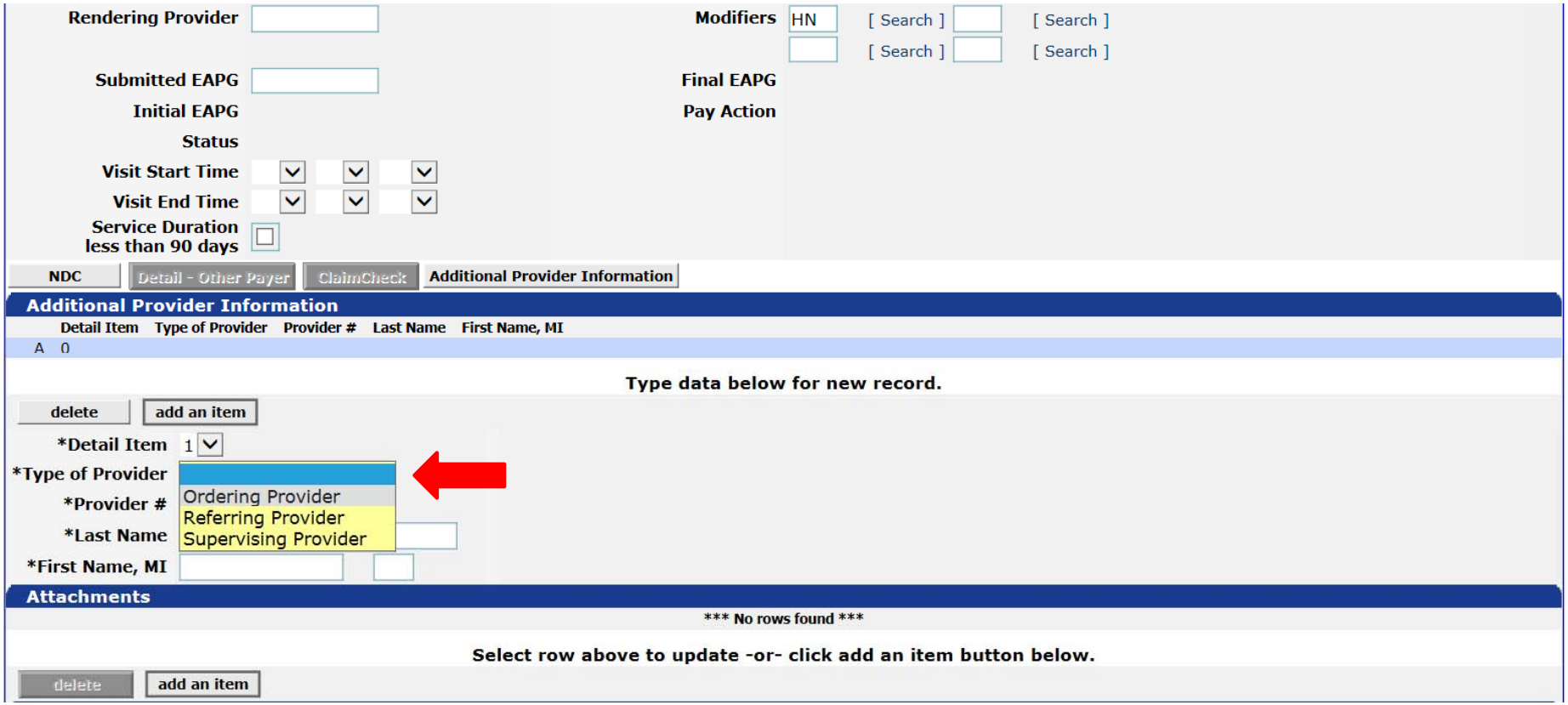
MITS and Claims

- Entering the Ordering Provider's information, cont.



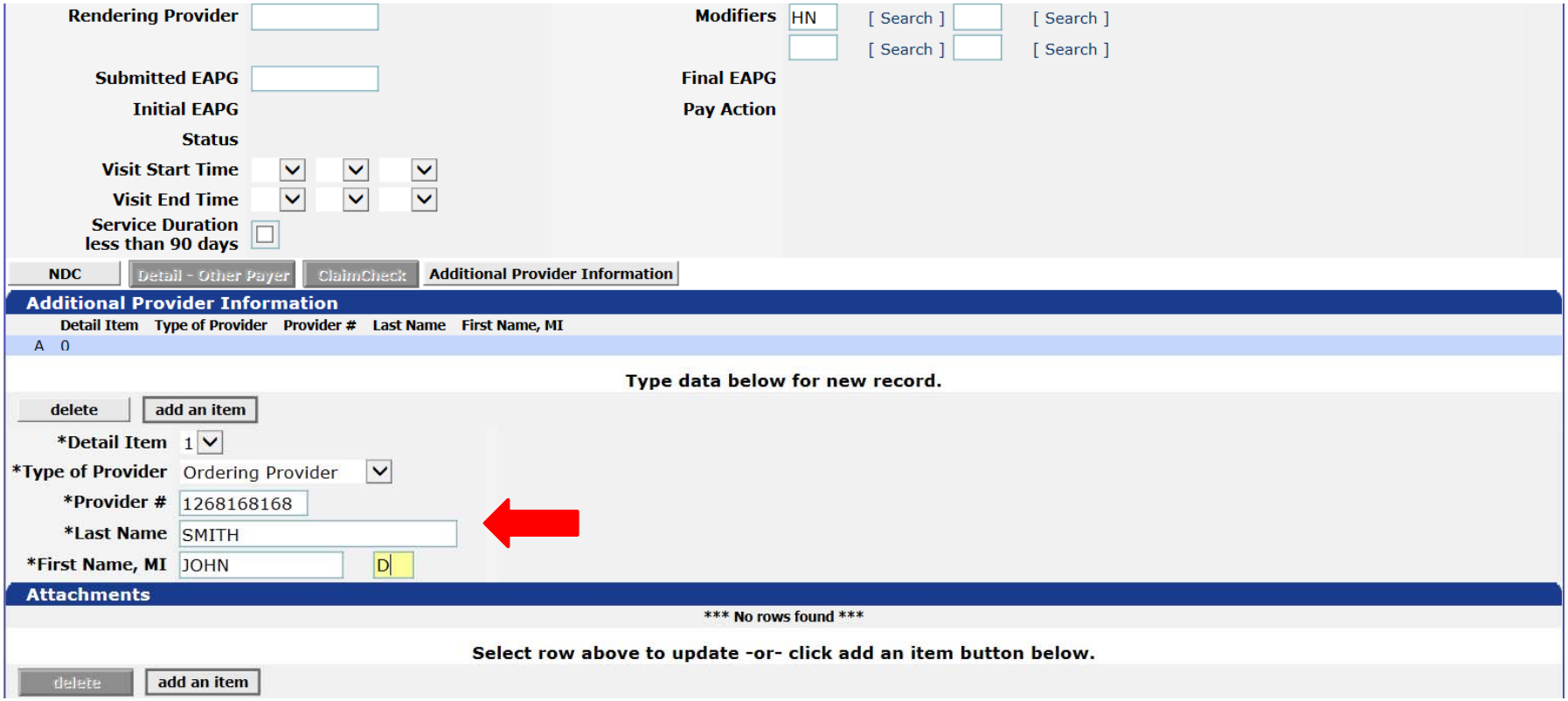
MITS and Claims

- Entering the Ordering Provider's information, cont.



MITS and Claims

- Entering the Ordering Provider's information, cont.



MITS and Claims

- Once all fields have been completed
  - »Click the “submit” button at the bottom right
  - »You may “cancel” the claim at anytime, but the information will not be saved in MITS

MITS and Claims

- Adjudication will happen in “real time”, the claim status will show:
  - »Paid
  - »Denied
  - »Suspended

MITS and Claims

- Internal Control Number (ICN)

  »The ICN replaced the Transaction Control Number (TCN)

  »Each claim will be assigned a separate ICN

2018170357321

20	18	170	357	321
Region Code	Calendar Year	Julian Date	Claim Type/Batch Number	Number of Claim in Batch

MITS and Claims

- Internal Control Number (ICN), cont.

  »Primary region codes on a new claim submission

  20 Electronic (EDI) 837 without attachment
  21 Electronic (EDI) 837 with an attachment
  22 Web Portal without attachment
  23 Web Portal with an attachment

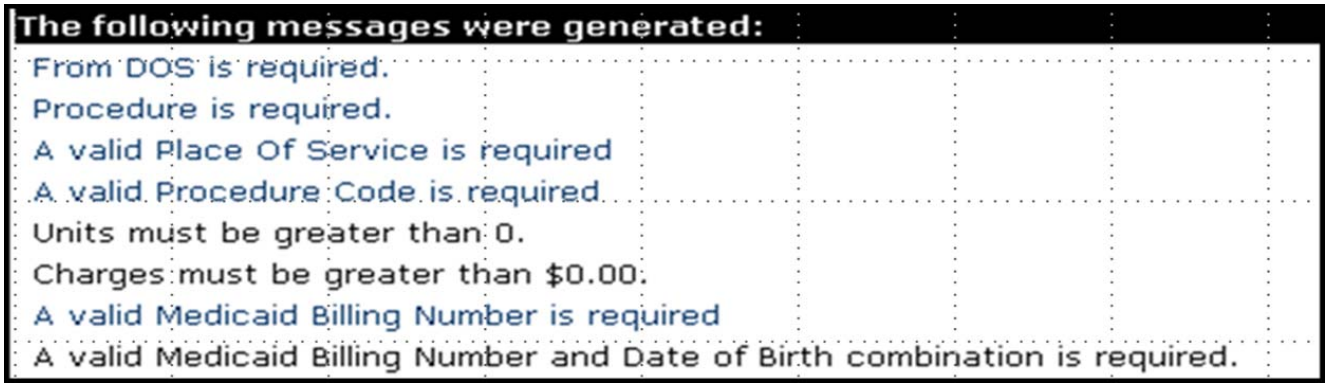
  *Region codes in 50's indicate an adjustment to your claim

MITS and Claims

- Portal Errors

  »If there are portal errors the claim status returned will be “NOT YET SUBMITTED” and the errors will be listed at the top of the claim submission screen

  »MITS will not accept a claim without all required fields completed



MITS and Claims

- Special Billing Instructions, cont.
  - »This panel is used for claims over 365 days that meet timely filing requirements
  - »Enter the previously denied ICN and select “DELAYED SUBMISSION/RESUBMISSION” in the Reason dropdown menu
  - »MITS will bypass timely filing edits when appropriate

MITS and Claims

- Special Billing Instructions – Eligibility Delay
  - »If you are submitting a claim that is more than 365 days after the date of service due to a hearing decision or delay in the individual's eligibility determination, you can submit the claim via the MITS Portal
    - The claim must be submitted within 180 days of the hearing decision or eligibility determination date

MITS and Claims

- Special Billing Instructions – Eligibility Delay, cont.
  - »In the Note Reference Code dropdown menu select “ADD”
  - »In the Notes box you will need to enter the hearing decision or eligibility determination information

MITS and Claims

- Special Billing Instructions – Eligibility Delay, cont.

  »Hearing Decision: APPEALS^########^CCYYMMDD

  - ######## is the hearing number and CCYYMMDD is the date on the hearing decision

  »Eligibility Determination: DECISION^CCYYMMDD

  - CCYYMMDD is the date on the eligibility determination notice from the CDJFS

MITS and Claims

- Medicare Denials

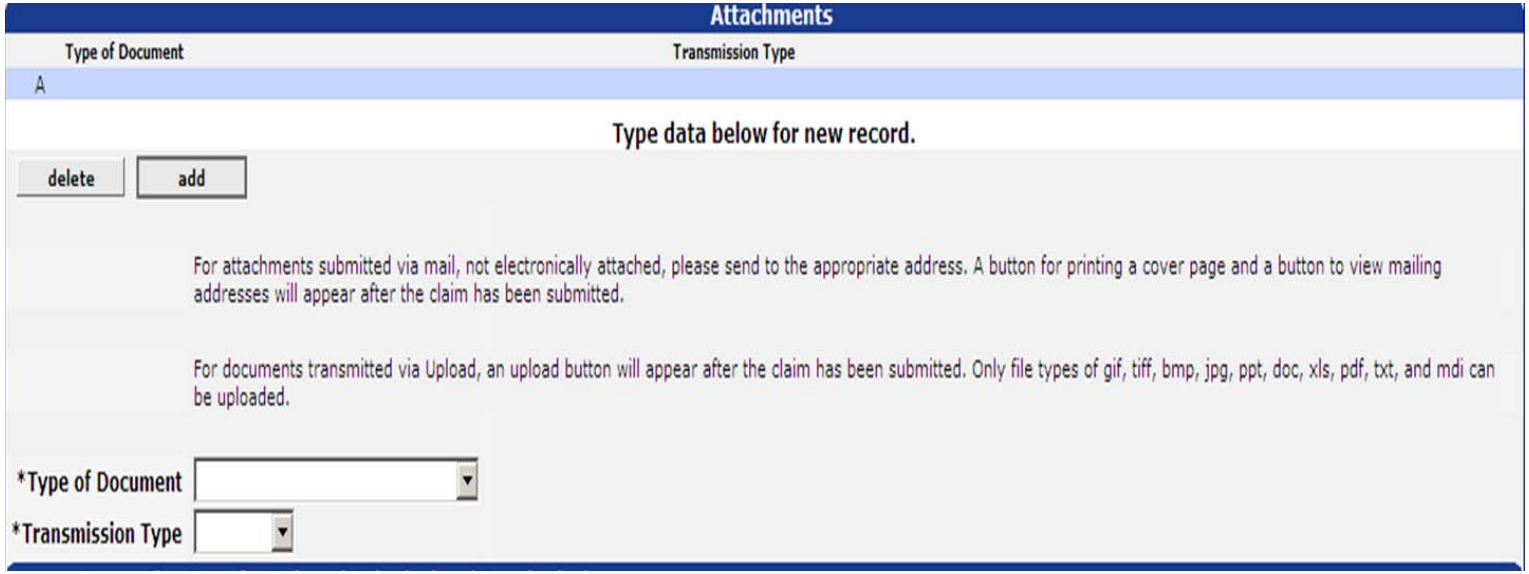
  »If Medicare issues a denial and indicates that the patient is responsible for the payment, submit the claim to ODM by following these steps:

  - Enter the claim in MITS
  - Do not enter any Medicare information on the claim
  - Complete and upload a ODM 6653 form and a copy of the Medicare EOB

MITS and Claims

- Attachment Panel

  »This panel allows you to electronically upload an attachment onto your claim in MITS



MITS and Claims

- Attachment Panel, cont.
  - »Electronic attachments are accepted for Claims, Prior Authorization, Enrollment, and Re-enrollment processing
  - »Acceptable file formats:
    - BMP, DOC, DOCX, GIF, JPG, PDF, PPT, PPTX, TIFF, TXT, XLS, and XLSX
  - »Each attachment must be <50 MB in size
  - »Each file must pass an anti-virus scan in MITS
  - »A maximum of 10 attachments may be uploaded

MITS and Claims

- Claim Adjustment

  »Claims with a status of ***Paid*** can be:

  - Adjusted
  - Voided
  - Copied

cancel | adjust | void | copy claim

MITS and Claims

- Claim Adjustment, cont.

»To ***ADJUST*** a ***Paid*** claim:

- Open the claim requiring an adjustment
- Change and save the necessary information
- Click the “adjust” button

MITS and Claims

- Claim Adjustment, cont.

  »Once you click the “adjust” button:

  - A new claim is created and assigned a new ICN
  - Refer to the information in the “Claim Status Information” and “EOB Information” area at the bottom of the page to see how your new claim has processed

MITS and Claims

- Claim Adjustment, Cont.

2218180234001	Originally paid	$45.00
5818185127250	Now paid	$50.00
	Additional payment	$5.00

2218172234001	Originally paid	$30.00
5818173127250	Now paid	$20.00
	Account Receivable	($10.00)

MITS and Claims

- Claim Adjustment, cont.
  - »To ***VOID*** a ***Paid*** claim:
    - Open the claim you wish to void
    - Click the “void” button at the bottom of the claim
    - The status is flagged as “non-adjustable” in MITS
    - An adjustment is automatically created and given a status of “denied”

Claim Submission

- Claim Adjustment, cont.

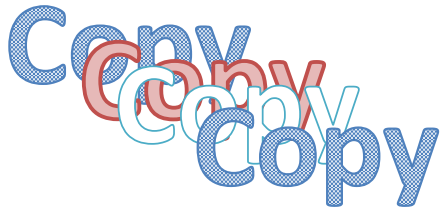
Voided Claim

2218180234001	Originally paid $45.00
5818185127250	Account receivable ($45.00)

* Make sure to wait until ***after*** the weekend's adjudication cycle to submit a new, corrected, claim if one is needed

MITS and Claims

- Claim Adjustment, cont.
  - »How to ***COPY*** a ***Paid*** claim:
    - Open the claim you wish to copy
    - Click the “copy claim” button at the bottom of the claim
    - A new will be created, make and save all necessary changes
    - The “submit” and “cancel” buttons will display at the bottom
    - Click the “submit” button
    - The claim will be assigned a new ICN



MITS and Claims

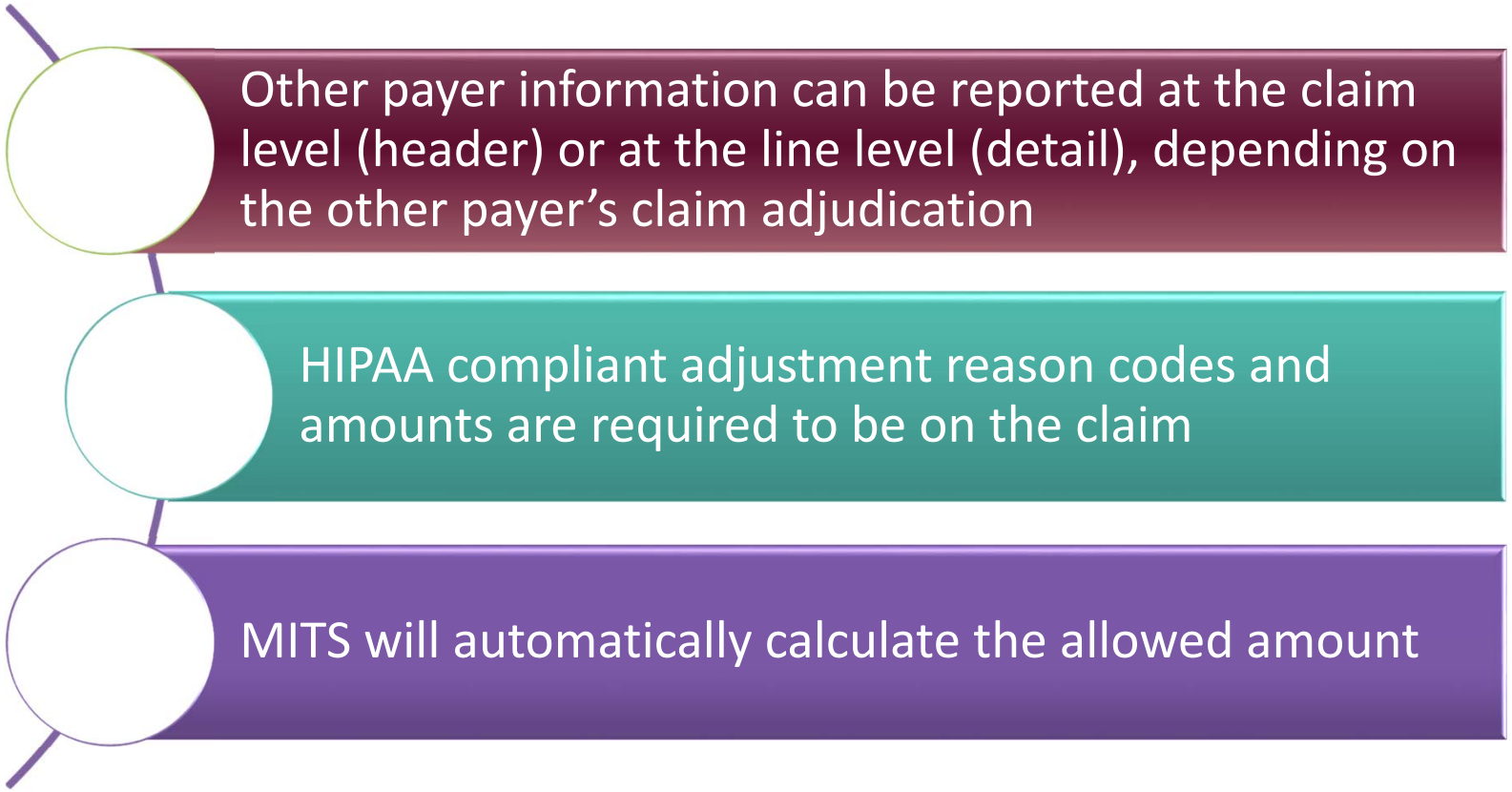
- Claimcheck Edits
  - »Clinically oriented software tool that automatically identifies inappropriate code combinations and discrepancies in claims
  - »Will look at the coding accuracy of procedures, not medical necessity, and will prevent inappropriate payment for certain services which include:
    - Duplicate services (same person, same provider, same date)
    - Individual services that should be grouped or bundled
    - Mutually exclusive services
    - Services rendered incidental to other services
    - Services covered by a pre or post-operative period
    - Visits in conjunction with other services

MITS and Claims

- The National Correct Coding Initiative (NCCI)
  - »Developed by the Centers for Medicare & Medicaid Services
    - To control inappropriate payment of claims from improper reporting of CPT and HCPCS codes
    - NCCI serves as a common model and standard for handling claims for procedures and services that are performed by one provider for one individual on a single date of service

MITS and Claims

- Coordination of Benefit Claims (COB)



MITS and Claims

- Coordination of Benefit Claims (COB), cont.

Header level

- A COB claim is considered to be adjudicated at the header/claim level if only one set of figures is reported for the entire claim

Detail level

- A COB claim is considered to be adjudicated at the line/detail level if figures are reported for individual line items

MITS and Claims

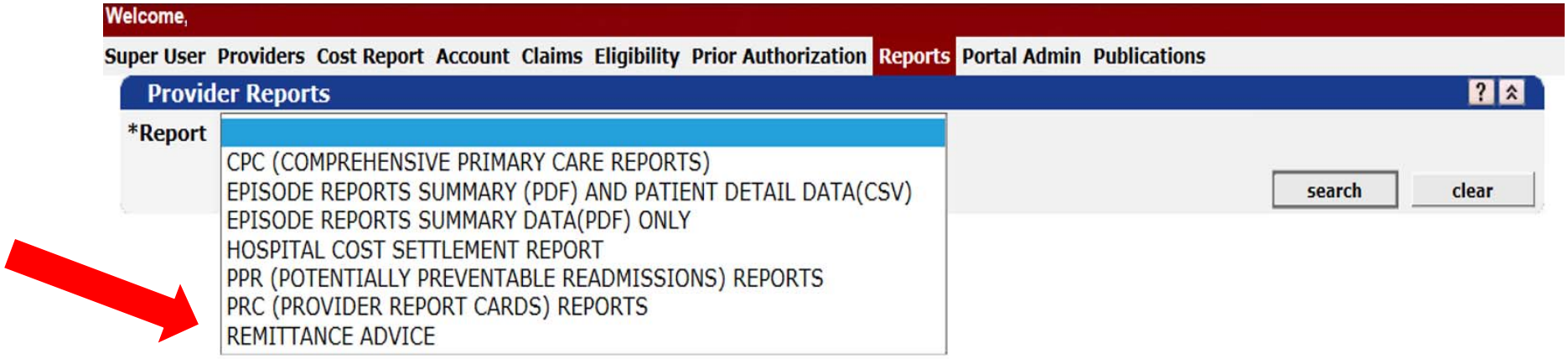
- X12 Website
  - »The X12 website provides adjustment reason codes (ARCs) that must be entered on claims that involve other payers
    - http://www.x12.org/codes/claim-adjustment-reason-codes/

Some of the most common ARCs are:

- **1** (Deductible)
- **2** (Coinsurance)
- **3** (Co-payment)
- **45** (Contractual Obligation/Write-Off)
- **96** (Non-covered services)

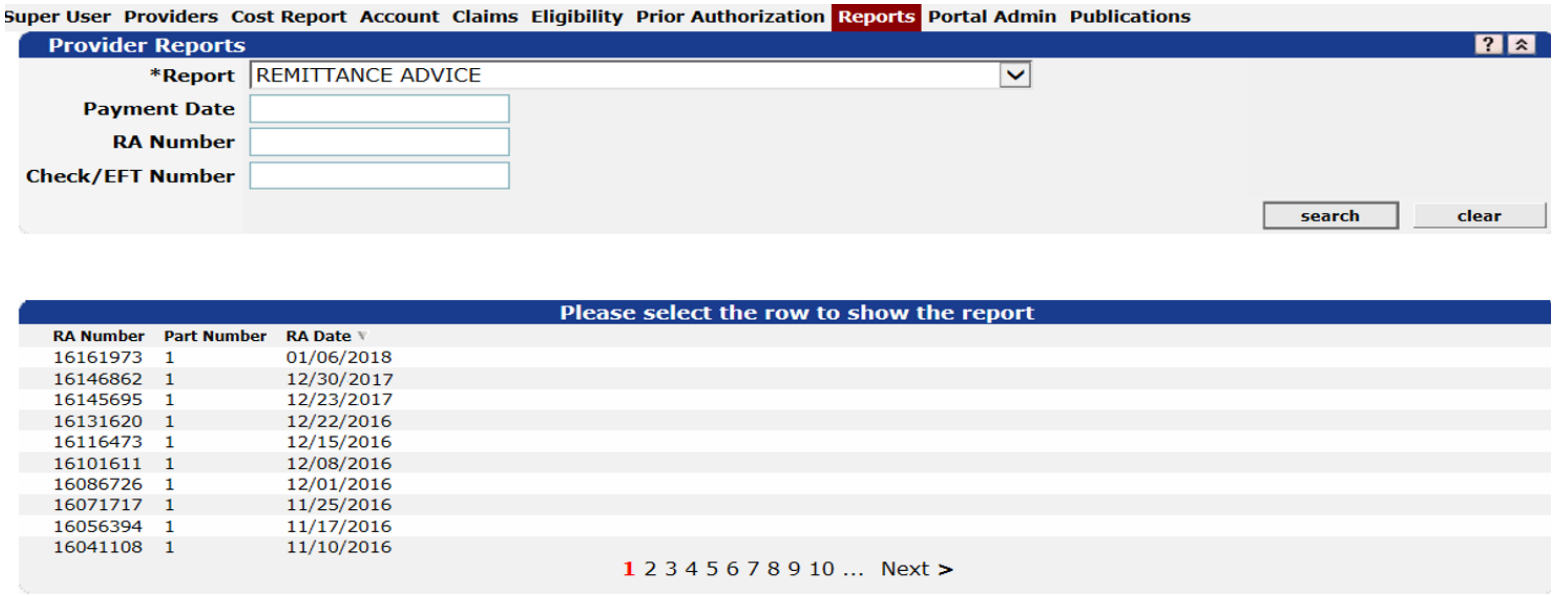
MITS and Claims

- Remittance Advice (RA)
  - »All claims processed are available on the MITS Portal
  - »Weekly reports become available on Wednesdays



MITS and Claims

- Remittance Advice (RA), cont.
  - »Select “Remittance Advice” and click search twice
  - »To see all remits to date, don’t enter any specific data



Websites

Websites

- Ohio Department of Medicaid home page

http://Medicaid.ohio.gov

- Ohio Department of Medicaid provider page

http://Medicaid.ohio.gov/providers.aspx

- MITS home page

https://portal.ohmits.com/Public/Providers/tabId/43/Default.aspx

- LAWriter

http://codes.ohio.gov/oac/5160

Websites

- Electronic Data Interchange (EDI)

  »Information for Trading Partners
  http://medicaid.ohio.gov/PROVIDERS/Billing/HIPAAandEDIInformation.aspx

  »Companion Guides
  http://medicaid.ohio.gov/PROVIDERS/MITS/HIPAA5010Implementation.aspx

  »Technical Questions/EDI Support Unit
  - Transitioned partners contact DXC EDI Support
    - 844-324-7089
    - OhioMCD-EDI-Support@dxc.com

Forms

Forms

- ODM 06614 – Health Insurance Fact Request
- ODM 06653 – Medical Claim Review Request
- ODM 10199 – Request for Approval of Claim Specialty Care Transport and Related Mileage

Questions