



Department of Alcohol &
Drug Addiction Services



Department of
Mental Health

Orman Hall, ODADAS Director • **John R. Kasich**, Governor • **Tracy J. Plouck**, ODMH Director

**TO: All ADAMH/ADAS/CMH Boards
All Community AoD and MH Medicaid Providers**

**FROM: Orman Hall, Director, ODADAS
Tracy Plouck, Director, ODMH**

DATE: November 21, 2011, Sent via e-mail

SUBJECT: RELEASE OF HELD CLAIMS RELATED TO MITS

The Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Job and Family Services (ODJFS) have been collaborating to find state level solutions to address issues that resulted in Medicaid Information Technology System (MITS) denying claims that historically had been paid in the Medicaid Management Information System (MMIS).

On August 16, 2011, a communication was sent to boards and providers (<http://mentalhealth.ohio.gov/assets/medicaid/memo-joint-mits-update-8-16-11.pdf>) outlining the types of errors encountered and how they would be handled. Many of the claims were resubmitted to MITS for payment. The remaining denials were held and not processed in MACSIS in the hopes that a solution would be identified. The majority of the remaining denials involved various types of eligibility issues within MITS. These eligibility issues are not exclusive to ODMH and ODADAS.

In late October, ODMH and ODADAS began posting the remaining denied claims into MACSIS. This process was completed on October 31, 2011. Holding these denials any longer would have risked interfering with the provider's ability to appeal and/or rebill in a timely manner for these denied claims.

Once the denied claims were posted and finalized in MACSIS, they appeared on the provider 835 payment files. The posting of these denials caused a large number of reversals for some providers -- in some cases resulting in a negative total amount.

Due to the financing changes implemented for SFY 12 dates of service claims (i.e., Medicaid elevation),

- **Boards should not be off-setting negative amounts associated with SFY 12 claims due to the denials associated with MITS with SFY 11 payments.**
- **Boards should not use the summary amounts from the 835s, but rather need to make payments based on the amounts indicated in the mCPE systems for each fiscal year.**
- **For example, if a provider has a payment due for SFY 2011 claims in the amount of \$1,500 and a payment of -\$150 for SFY 12 claim these amounts should not be netted. Rather, the provider needs paid the \$1,500 from SFY 2011 funding and the -\$150 for SFY 12 booked as provider debt in the mCPE 2 application.**

Providers should resubmit claims that were denied with a 308-error code (Recipient is enrolled in an HMO and this service should be covered by the HMO). A fix has been implemented by ODJFS and these claims will process as payable, provided this was the only reason they were denied. For all other error codes related to eligibility, we are still working with ODJFS on a resolution and anticipate this will occur shortly after the Thanksgiving holiday.

The current approach was chosen in an effort to limit provider impact. Please know that the departments did explore whether or not it was feasible to mitigate financial impact to providers by altering the claim payment process. Unfortunately, there are a number of factors which indicate that this type of an approach would result in stopping payments to all providers rather than limiting impact to only providers and claims affected by the eligibility issues.

We will continue to keep you updated as we work through these issues with ODJFS.

CC: John McCarthy, State Medicaid Director, ODJFS