Ohio | Department of Alcohol & Drug Addiction Services

Ohio | Department of Mental Health

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

ODADAS and ODMH MITS Implementation Communication
Sent via the Medicaid Listservs on August 16, 2011

Staff of 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 on adapting the Medicaid claim processing IT interface between our agencies to the Medicaid Information Technology System (MITS). Through the collaborative efforts across the Departments, the majority of our systems claims are processing and paying through MITS. Unfortunately, ODADAS and ODMH are receiving MITS denied claims that, historically, had passed the Medicaid Management Information System (MMIS) edits. We are working on state level solutions to address as many of these as possible but some will require resubmission by providers.

The following is a list of denial situations that have been identified. This list is in order from most to least frequent in terms of occurrence. We have provided a brief description of the denial reason and the solution to address reprocessing or resubmission of claims.

1. Third Party Liability (TPL) rejection – The fields in the 837P that indicate other insurance coverage must be filled in and an amount reported in the appropriate field. Detailed information on reporting TPL on the 837P is located here: http://www.mh.state.oh.us/assets/macsis/claims/reporting-third-party-insurance-on-837p.pdf. While ODADAS and ODMH have provided guidance in relation to reporting TPL through MACSIS, ODJFS has enhanced access to third party payor information and has enhanced the editing in MITS. ODADAS and ODMH will be monitoring claims for this particular error and will make the necessary corrections and resubmit the claims. On October 1, 2011, ODADAS and ODMH will cease correcting and resubmitting these denials. Providers need to be sure they are asking clients about third party coverage and are using the MITS web portal to check Medicaid eligibility, including third party coverage. Information on using the MITS provider portal for eligibility verification, including TPL coverage is located in the "Eligibility Verification" MITS Portal Manual at: http://jfs.ohio.gov/mits/MITS%20Provider%20Training.stm.
2. Invalid Diagnosis Code – MITS is aligned with the American Medical Association (AMA) diagnosis coding standards. All claims denied in MITS for this reason must be corrected by the provider and resubmitted.

3. Dual Medicare/Medicaid Procedure Codes – ODJFS has updated MITS so it will appropriately adjudicate these claims as payable. ODADAS and ODMH will be resubmitting the claims that were denied for this reason; therefore, no action is necessary by boards or providers.
4. Client Ineligible – ODJFS has identified a situation where some client's Medicaid eligibility from SACWIS is not being updated correctly in MITS. The root cause of this issue has not been determined at this time however, ODJFS is working to identify and resolve it. ODJFS has directed us to instruct providers to contact the SACWIS help desk at 1-800-686-1580, option 3 then 5 to verify eligibility and to continue to provide services if eligibility is verified. ODADAS and ODMH will be tracking these errors and will not post them to MACSIS until a solution is identified.
5. Claims Over 365 Days Old – A very small number of claims were rejected due to the service date being over 365 days. ODJFS has temporarily lifted the 365-day edit to allow for adjudication of older claims due to the processing black out period during the MITS implementation. ODADAS and ODMH will be resubmitting the denied clams for re-adjudication in MITS. No action is necessary by boards or providers.
6. Waiver Services not Allowed for Dates of Service – A very small number of claims were rejected due to this issue. This situation is still under analysis. ODADAS and ODMH will be tracking these errors and will not post them to MACSIS until a solution is identified.
7. Unknown Cause(s) – A few claims have been rejected without identified cause. ODADAS, ODMH and ODJFS are working together to determine the causes and appropriate corrective action. ODADAS and ODMH will be tracking these errors and will not post them to MACSIS until a solution is identified.
8. The AoD claims with the ODJFS denial code of "898" are addressed separately as outlined in ODADAS' e-mail sent by Douglas L. Day on August 15, 2011 (see attached).

If you have any questions, please contact the MACSIS Support Desk at 877-462-2747 or MACSISSupport@mh.ohio.gov .

As a component of the implementation of the MITS system by the Ohio Department of Job and Family Services (ODJFS), Medicaid claims that were in suspense in the MMIS system were forced through and adjudicated. ODADAS received a total 3,151 denied claims due to this process and they were assigned an ODJFS denial code of "898", which is an old code they borrowed for this purpose.

If you have identified any of these claims, please do not take any action at the board or provider level to "correct" or "resubmit" them.

Subsequent to receiving and posting the denied claims to MACSIS, and in working with ODJFS on MITS implementation, ODADAS resubmitted all 3,151 claims for adjudication in MITS. At this time, we have received 2,868 of the 3,151 claims back as paid. Since the original claims are in MACSIS as paid and subsequently reversed (001 line and an automatically created 001 R line) and have been processed through the 835 process, we cannot immediately post the ODJFS paid claims as they would not be associated with a paid claim in MACSIS. To remedy this, ODADAS will be creating claims, preferably though the "splitting" process, for these 2,868 claims. The "new" claims will process through the 835 process and the mCPE certifying but will not be submitted to ODJFS since they are already processed in MITS as paid. Instead, once they are certified through the mCPE application, they will be held from submission to ODJFS but the current pay information will be posted and, as appropriate, the FFP reimbursement will be made.

36 of these claims were returned the second time as denied due to lack of third party liability (TPL) reporting. In order to address this, ODADAS will be splitting these claims and populating the third party carrier and amount fields. The split claims will then follow the normal processing procedure through 835s, mCPE and on to MITS for ODJFS' adjudication. Appropriate MITS adjudication information will then be posted to MACSIS.

247 of these claims were returned the second time as denied due to invalid diagnostic coding. With MITS implementation, enhanced comparison between submitted diagnosis and the American Medical Association (AMA) coding guidelines is occurring. This is similar to the changes ODADAS implemented on July 1. Therefore, these claims will be posted as denied and providers will be able to resubmit them with an appropriate diagnostic code.

In summary, ODADAS is taking steps to correctly reflect the ODJFS adjudication in MITS of 2,904 of the 3,151 claims and there is no action required of boards or providers related to these claims at this time other than to assure no corrective measures are being taken at the board or provider level. To assist in identifying these claims, ODADAS has placed reports in the following UNIX directory that identifies these claims: MHHUB/county/??B/ra, the same directory as the 835 appears. The paid and reversed claim lines are included. The file is "~" (Tilde) delimited, is named "Denied898Claims-??A.08152011.ENCRP.ZIP" and is passphrase protected. The following are the columns:

CLAIMNO~SUBNO~PROVNO~VEND~SUBLINE~SERVDATE~COMPANY~APTRANS~REVERSE~HSADJSTA~HSDTPAID~ERROR1~ERROR2~ERROR3.

Thank you.

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