Ohio | Medicaid Information Technology System

Provider Information Release

Subject: Behavioral Health Provider Integration

Corrected copy

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One Year Anniversary of Community Behavioral Health Claim Processing in MITS – 365 Day Timely Filing Edit Reactivation

It's been almost one year since Community Behavioral Health providers began direct billing of Medicaid claims to Ohio's MITS. We know that the last year has meant many changes and adjustments for behavioral health providers but we believe that all things considered, the switch to directly billing Ohio Medicaid has been a positive experience for providers in terms of much faster turnaround of claims and payments. Congratulations to us all for successfully making it through the first year of this major change!

With this one year anniversary also comes the reactivation in MITS of the 365 day timely filing limit for billing Medicaid claims. If providers haven't already done so, you should **begin reviewing any outstanding claims that have not been submitted and SUBMIT THEM ASAP either using the MITS portal or your 837 EDI transmission process.**

This is also the time to review any claims that have been submitted and denied for reasons that providers believe are in error. Providers may contact the Ohio Medicaid provider call center at 800-686-1516 from 8 am – 4:30 pm for information about claims they believe have been denied in error. Wait through the recorded message (which will repeat two times) until you hear "Please hold while your call is being transferred." To expedite the research about your claims, be prepared to provide the ICNs for all claims about which you are calling.

What to do if you have an unpaid claim older than 365 days

Ohio Medicaid has a process whereby a provider may request a review of claims for dates of service older than one year **IF** the following is true:

1. The claim was submitted and denied within that 365 day period
2. The claim was kept active by submitting it at least every 180 days from the last date of denial.
3. A delay in eligibility determination by a county department of job and family services or due to a mismatch between MITS and MACSIS.
4. A delay due to an administrative hearing decision by the Department of Job and Family Services.
5. Coordination of benefits with Medicare and/or a third party payer.

To request this exceptional claims review providers must complete the JFS 06653 Claim Review Request Form and attach all required documentation. The JFS 06653 form can be downloaded from our web site at http://www.odjfs.state.oh.us/forms/results1.asp **.** BE SURE TO COMPLETE ALL SECTIONS**. NOTE:** In section 4, "Claim History Information" TCN is the old, pre –MITS name for ICN. So insert your ICNs into the blanks marked "TCN."

Attach to the completed form any information that documents your previous claim submission or the event which delayed your claim submission such as a letter from the CDJFS demonstrating a delay in eligibility and/or a third party payer or Medicare explanation of benefits. **After completing the Form 06653, the claim must be submitted via the MITS portal[1] WITH attachments.** When selecting the 'ATTACHMENTS' panel in the OH MITS portal, locate the 'TYPE OF DOCUMENT' field and choose 'REFERRAL FORM (OHIO 6653)' from the drop-down menu. This will connect the claim to the attachments and put all information into the queue for Ohio Medicaid staff to perform manual review of the claim.

Questions or more information can be obtained by calling the Ohio Medicaid provider call center at 1-800-686-1516.

[1] Recent changes to MITS allow submission of claims attachments via EDI, however this process is very complex. If providers or their trading partners wish to submit exceptional claims and attachments via EDI, they should contact the ODJFS EDI support desk for assistance at 614-387-1212 or via e-mail OIS-EDI-Support@jfs.ohio.gov