



Days Until July 1, 2012 Go-Live: 41

Subject: Behavioral Health Provider Integration

Release Date: May 21, 2012

## MITS PROVIDER WEB PORTAL TRAINING

Remember to register for MITS Web Portal Training at this web link: [http://www.seeuthere.com/MITS\\_BH\\_Registration](http://www.seeuthere.com/MITS_BH_Registration) Class sizes are limited. NOTE: You should participate in a system “sound check” on May 23 at 9 am, 11 am or 1 pm to be sure you can join the webinar training. You will receive information directly from Hewlett-Packard (HP) regarding the “sound check” if you are registered for a training.

**\*\* Training dates of May 30 and 31 along with June 5, 6, and 7 are full and closed to registration. Remaining dates are June 12, 13, 14, 19, 20, and 21. \*\***

**Before registering for the training, please work with your system administrator to determine if your computer system will allow you to participate in the Webinar:**

- The system requirements for this tool are located at [www.rooms.hp.com](http://www.rooms.hp.com)
- Click ‘System requirements’ on the left side of the page
- On the ‘Minimum requirements’ page, verify the requirements for both:
  - HP Virtual Meeting Room and HP Virtual Training Room
  - Audio and Video Over the Web

## MEDICARE & THIRD PARTY LIABILITY

### Billing Medicare Crossover Claims for Ohio Medicaid Enrollees

Many behavioral health agencies already have experience billing service claims directly to Medicare for individuals with Medicare coverage. If the service recipient is also enrolled in Ohio Medicaid – a so-called “dual eligible” person - claims submitted first to Medicare should automatically “cross over” from Medicare to Ohio Medicaid to pay the allowable portion of the claim not paid by Medicare. These claims are processed in MITS today and will continue to be processed in MITS from July 1, 2012 forward. Here are some helpful hints about how to bill Medicare crossover claims for dual eligibles:

1. **Claims submitted to Medicare should follow whatever business arrangements your agency has already established with Medicare.** The NPI listed in the “pay to” and “rendering” fields should be completed consistent with Medicare requirements. Ohio Medicaid / MITS will accept these claims as automatic crossovers and process the co-payment / deductibles as the secondary payer.
2. Although the vast majority of Medicare claims automatically “cross over” to MITS, **your agency may also bill for Medicaid co-payment directly to MITS if the claim does not automatically cross over.** If you submit claims this way, you should follow the business rules for MITS. Specifically, these claims should list **the agency’s NPI** on the claim. **DO NOT** list a different NPI in the “rendering field.” This will cause your claim to deny.

## **Behavioral Health Services and Medicare / Third Party Insurance Coverage**

Staff of ODMH, ODADAS and ODJFS have heard concerns raised by providers about behavioral health claims and third party liability via Medicare or commercial insurance coverage. After researching this issue, state staff have recommended that MITS be programmed to NOT “cost avoid” ODADAS and ODMH services other than 90801 and 90862 and J codes for injectable medications rendered in the office. The rationale for this decision is that most of the ODADAS and ODMH services are not covered by commercial insurance or Medicare. However, this does not free providers from their responsibility to report a recipient’s third party coverage and seek third party insurance payment if the recipient is covered for the services rendered. If approved, this change will take effect on July 1, 2012. We will provide more specific information once the policy is finalized and the business requirements are tested in MITS.