



Subject: Behavioral Health Provider Integration

Release Date: February 8, 2013

****IMPORTANT UPDATE****

**Billing Guidance on “rolling up” claims and the
MITS Denial Edit on Place of Service (POS) 09
(a prison or correctional facility/jail)**

On Friday, January 18, 2013 a clarification memo (attached) from the Ohio Office of Medical Assistance (OMA) was distributed to behavioral health stakeholders addressing Medicaid payment of services to youth being held in detention centers. One of the main points of this communication is that due to opinions issued by the Federal Centers for Medicare and Medicaid Services, state Medicaid programs may not receive federal funding for services delivered in place of service “09 – prison or correctional facility”. This policy is operationalized in MITS by denying any service claims submitted listing the place of service as 09. The OMA memo went on to suggest that providers who believe they have rendered services that ARE eligible for Medicaid payment (as outlined by example in the memo) may use alternate places of service of either outpatient office (POS code 11) or temporary lodging (POS code 16) depending on the circumstances.

Since then, providers have asked for clarification about what POS should be used when a “rolled” claim includes services provided in multiple locations and one of the locations is a jail and the other or others is/are not. **Medicaid services with POS 09 ARE NOT ELIGIBLE for Medicaid payment. Therefore, they SHOULD NOT be rolled up with other services provided to the same client on the same day by the same provider. Note that this is different than MACSIS.** Following are some examples.

Scenario: Provider A&D Behavioral Health has two clinicians who provide MH individual counseling to the same client on the same day. In the morning, the client is seen at their home for 30 minutes. At 9:00 that night, the second counselor sees the client in the county jail where s/he is being held pending trial for a parole violation. That service is 30 minutes in length. The POS for home is 12 and the POS for the county jail is 09.

Claim scenario 1: – Not acceptable

Claims are rolled together into a single 1 hour service claim and POS 12 is used. The claim will pay and the provider will be overpaid for the half hour of MH individual counseling provided in the jail.

Claim scenario 2 – Not acceptable

Claims are rolled together into a single 1 hour service claim and POS 09 is used. The claim will deny and the provider will not be paid for the half hour of MH individual counseling provided in the client’s home.

Claim scenario 3 – Acceptable but not preferred

Two half hour claims are submitted that look identical, with the exception of the POS; one being 12 and the other being 09. The claim with POS 12 will be paid and the claim with POS 09 will be denied. Both claims are correctly adjudicated per MITS edit logic.

Claim Scenario 4 - Preferred

While correct adjudication will occur under scenario 3, the preferred procedure for submitting these types of claims is to only submit the claim and/or roll claims where the POS is **NOT** 09.

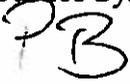
Questions may be directed to Mary Haller, OMA Senior Policy Liaison at 614-752-3787 or Mary.Haller@jfs.ohio.gov.



Office of
Medical Assistance

John R. Kasich, Governor
John B. McCarthy, Director

Memorandum

To: Stakeholders of Youth involved with the Juvenile Justice System
From: Patrick Beatty, Esq., Deputy Director & CPO 
Date: January 2, 2013
Subject: Medicaid payment for services to youth in detention facilities

A question was raised to the Ohio Office of Medical Assistance (OMA) by the Department of Youth Services (DYS) and the Ohio Interagency Task Force on Mental Health and Juvenile Justice regarding the circumstances when Ohio Medicaid may pay for treatment services to youth residing in detention facilities. Additionally, a request was made that in the event present policies did not allow for Medicaid payment, would OMA approach the Centers for Medicare and Medicaid with a recommendation for a change in policy.

Ohio Medicaid is funded jointly with federal and state dollars. Medicaid only pays for services when federal financial participation (FFP) is allowed.

Under the existing federal law, there are restrictions on certain situations when federal Medicaid funds may be claimed. These regulations provide that if the individual is an inmate or confined person in a public institution, Medicaid is not available.

In 1997, the Federal Department of Health and Human Services issues guidance and clarification of Medicaid coverage for inmates in public institutions. This guidance has remained unchanged since 1997.

Non-claimable activity

That guidance identifies the following are examples of circumstances in which Medicaid is not available to pay for medical care:

1. Individuals (adults or youth) being held involuntarily in a detention center or jail awaiting trial.
2. Inmates receiving medical care as an outpatient from a hospital, clinic, physician practice, or behavioral health clinic.
3. Inmates receiving medical care on the premises of the detention center, jail, or other penal setting.

Claimable activity

That guidance identifies the following are examples of circumstances in which Medicaid is available to pay for medical care:

1. Individuals living voluntarily in a detention center, county jail or other penal institution after their case has been adjudicated and they are awaiting other living arrangements appropriate to their needs (e.g. transfer to a community residence, group home, or a residential treatment facility)
2. Individuals on parole or probation.
3. Infants living with a parent who is an inmate of a public institution.
4. Inmates who become inpatients of a hospital, nursing facility of Intermediate care facility for persons with mental retardation.

Submitting Claims for Claimable Activity

If a Medicaid provider delivers services in a situation that falls within the “Claimable activity” described above, then Medicaid providers will need to pay particular attention to the “place of service” code on Medicaid claims. Ohio Medicaid’s Information Technology System (MITS) is programmed by default to deny all claims provided in the location of a prison or correctional facility (Code 09).¹ The Medicaid provider should use either outpatient office (Code 11) or temporary lodging (Code 16), depending on the circumstances.

By submitting claims for health care services rendered to youth residing in detention centers, Medicaid providers are attesting they are in compliance Federal and Ohio Law and the policy guidance described in this memorandum.

As is true with all Medicaid claims, post payment review of claims is possible. If billing errors are found, rendering providers will be required to make repayment to the State of Ohio.

Ongoing Efforts between OMA and DYS

OMA continues to work with DYS to maximize the availability of Medicaid funded healthcare services to youth in the juvenile justice system. OMA has implemented a process to suspend (rather than terminate) Medicaid eligibility for youth in the custody of DYS. An eligibility determination process is also being developed by OMA staff to enroll eligible youth in DYS custody who are not already Medicaid enrolled. OMA is also partnering with DYS and the Ohio Department of Mental Health to explore the development of a Psychiatric Residential Treatment Facility to provide intensive behavioral health treatment for youth in the custody of DYS who have serious emotional disorders and require intensive treatment.

In all of these projects, OMA’s goal is to provide Medicaid funded services to DYS youth, while still remaining compliant with Federal Medicaid requirements, policy and guidelines. We hope this guidance is valuable to stakeholders of youth involved with the Juvenile Justice system.

Please feel free to direct any questions to Mary Haller, Senior Policy Liaison @ 614/752-3787 or Mary.Haller@jfs.ohio.gov

¹ The full description of the HIPAA compliant place of service code “09” is: “A prison, jail, reformatory, work farm, detention center, or other similar facility maintained by either Federal, state or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.”