The Answer Key #2

Ohio Department of Medicaid Billing Guidelines

All information was current at the time of publication but is subject to change

Claims for Supplemental Payment ("Wraparound Claims") for Services Provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

MITS Portal submissions

Ohio's Medicaid Information Technology System (MITS) edits claims for proper coding in accordance with HIPAA standards. To submit a wraparound claim successfully, providers must include the following information on the claim:

1. The Medicaid provider ID number for the Medicaid Managed Care Plan (MCP) must be reported as the "Electronic Payer ID", and HMO must be selected as the "Claim Filing Indicator" in the Header-Other Payer panel.
2. The approved/allowed amount specified by the MCP must be reported in the "Paid Amount" field of the Header-Other Payer panel. MCPs pay the same amounts to FQHCs and RHCs as they pay to similar providers for the same services.
3. If the provider's total billed charge is greater than the payment made by the MCP, then an amount equal to the difference must be reported on the claim, along with Adjustment Reason Code ("ARC") 45 and CO (contractual obligation) selected as the "CAS Group Code". For example, if billed charges are $100, and the MCP paid $25, then the difference of $75 must be reported with CO 45.
4. All other required coordination-of-benefits (COB) information (such as the policy holder's name and relationship to the consumer) must also be reported in the Header-Other Payer panel.
5. It is only necessary to report COB payment information at the detail level if another payer, which paid at the detail level, is the primary payer while the MCP is the secondary payer. Information about every payer must be reported in the Header-Other Payer panel and each payer must be entered on a separate line.

EDI Submissions

1. In the AMT Coordination of Benefits (COB) Payer Paid Amount, 2320 loop the following information must be entered:
    a. AMT01 Amount Qualifier Code must be entered as "D"(payer amount paid)
    b. AMT02 Monetary Amount must be equal to the payment by the Medicaid managed care plan (MCP) for the service provided. This amount must always be greater than zero.

2. In the NM1 Other Payer Name 2330B loop, the following information must be entered:
    c. NM108 Identification Code Qualifier must be entered as PI (payer identification)
    d. NM109 Identification Code must be the Medicaid provider number for the Medicaid managed care plan (MCP)

Provider handbooks, billing instructions, and other provider communications are available on the Department's electronic manual site at:
http://medicaid.ohio.gov/PROVIDERS.aspx

The Department's 837 companion guides are available at:
http://medicaid.ohio.gov/PROVIDERS/MITS/HIPAA5010Implementation.aspx

EDI trading partner questions should be directed to:
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