

Frequently Asked Questions and Helpful Hints

Information Regarding Response Files from Claim Transactions:

The following outlines the sequence of events in how MITS processes inbound claims (837 transactions), and specifies the resulting response files that are sent back to the trading partner based on the results from each step.

- A. Inbound 837 Claims file reaches the Claim Preprocessor (Translator), and initial Compliance Edits are performed:
 1. If at least one claim fails Compliance Edits: a “Rejection” 999 is sent to Trading Partner (AK901 shows ‘R’ for Rejected), and the entire 837 transaction file is Rejected, for all claims.
 2. If all claims pass Compliance Edits: a “Successful” 999 is sent to TP (AK901 shows ‘A’ for Accepted), and all Claims continue to the next series of Edits.
 3. A third 999 response value in element AK901 is ‘P’. This indicates Partially accepted files, for when there are multiple ST/SE groupings within a single batch.
- B. Each individual Claim undergoes more Edits:
 1. For each claim that fails edits: information pertaining to that claim is written to the 824 response record, and that claim is rejected from further processing. All other claims continue through these edits.
 2. For each Claim that passes Edits: the claim will continue to the Adjudication process.
 3. Once the entire 837 has undergone this series of edits, the 824 that contains information regarding failed claims (if one was created) is sent to the Trading Partner, while the successful claims will continue on to the Adjudication process.
- C. Adjudication Process Runs:
 1. Each claim is Paid, Denied, or Partially Paid.
 2. A transaction record 277U (unsolicited 277) is formatted with the result of each claims processing, and is sent to the Trading Partner.
- D. 835 Response File Processing:
 1. The third business day of the week, which is Wednesday unless a holiday occurs on or before Wednesday, the MITS Financial process runs and generates the 835 transactions for trading partners that elected to receive the 835. This record contains information for each claim that adjudicated since the last Financial process was run. Those 835s are then sent out to the respective Trading Partner, that evening or on the next business day.

Issue Resolution

- A. Under 5010, MITS is sending out the 277U (as in Unsolicited) as a standard response file for every claim submission that passes compliance. Ohio does not send out the 277CA (Claim Acknowledgement), as some trading partners have been expecting.

To research the 277U Response File information:

- 1) The Companion Guide is the primary resource for researching the expected content of the 277U transaction file – that Guide can be found here:
http://jfs.ohio.gov/OHP/tradingpartners/pdfs/5010_277U_CG%20_FINAL_DRAFT.pdf
 - 2) The Implementation Guide for 276/277 is the next suggested resource for understanding the 277U content, as the 277U is a modified version of the 277
 - 3) The Washington Publishing Company website is the best resource for interpreting status codes: <http://www.wpc-edi.com/>
- B. If you have issues relative to logging into the Web File Transfer System, or with FTP if you are using that method for transmission of files, please contact EDI Support at:
E-mail: OIS-EDI-SUPPORT@jfs.ohio.gov
Phone: 614-387-1212, M-F 8am-5pm
- C. Information regarding use and navigation within the Web File Transfer System can be found in the following documentation:
http://jfs.ohio.gov/OHP/tradingpartners/pdfs/Web_File_Transfer_System.pdf

Nursing Facility (NF) Claim Submission

The following is in response to inquiries regarding claims submitted by Nursing Facilities (NF):

1. ODJFS will accept claims submitted using the 5010 format with or without service dates at the line level.
2. Patient liability should be reported in an AMT segment in the 2300 Loop, but with qualifier **F3** instead of F5.
3. A defect impacting all NF coinsurance claims submitted using the 5010 format has been identified. These claims are currently being denied because MITS is unable to identify coinsurance days in the claims submission. Work to correct this defect is a priority and is underway. We will provide additional information as work progresses.

Claims for Ambulance and Non-Emergency Transportation

Claims for ambulance and non-emergency transportation services provided by the clients of trading partners must include the loops that are required for these services, as directed by the 837 Implementation Guide.

Pharmacy Claims

Under 5010, FFS Pharmacy claims will continue to be processed by ACS. Information about D.0 will be posted on the Ohio Medicaid pharmacy website at: <http://jfs.ohio.gov/ohp/bhpp/omdp/POS.stm>.

Keep informed and stay up to date with the ODJFS 5010 implementation by visiting:
<http://jfs.ohio.gov/OHP/5010.stm>.

Read more about 5010 and ICD-10 on the CMS website at:

<https://www.cms.gov/ICD10/>
https://www.cms.gov/ICD10/11a_Version_5010.asp