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May 9, 2007

MEDICAID HANDBOOK TRANSMITTAL LETTER (MHTL) No. 3334-07-02

TO: All Eligible Atypical Medicaid Providers **Not** Required to Obtain an NPI
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

FROM: Helen E. Jones-Kelley, Director

SUBJECT: Claim submission OAC 5101:3-1-19, 5101:3-1-19.1, 5101:3-1-19.2, 5101:3-1-19.7, 5101:3-1-19.8, 5101:3-1-20, 5101:3-1-20.1, and 5101:3-1-20.2 and Ohio Medicaid provider eligibility OAC 5101:3-1-17 and 5101:3-1-17.3 regarding the transition to the national provider identifier (NPI).

The purpose of this Medicaid Handbook Transmittal Letter (MHTL) is to announce updates to general Medicaid OAC rules to be effective May 23, 2007.

The full text for each of these rule changes can be found on the Department's website at <http://emanuals.odjfs.state.oh.us/emanuals> in the ODJFS Ohio Administrative Code link under Legal Services.

OAC Rule 5101:3-1-17, entitled Eligible providers, has been amended to include new language concerning the national provider identifier (NPI) requirements. (See NPI update below)

OAC Rule 5101:3-1-17.3, entitled Provider disclosure requirements, has been amended to include national provider identifier (NPI) provider disclosure requirements.

OAC Rule 5101:3-1-19, entitled General principles regarding claim submission, is a new rule that combines general information from various rules, relevant to all claims submission, into this new general rule. This rule is not replacing any existing rules at this time but mainly complements rule 5101:3-1-19.3. New language is introduced concerning claims submission when attachments are required as well as new language concerning the resubmission of denied claims.

OAC Rule 5101:3-1-19.1, entitled Medicaid claim formats for paper claim submission, has been amended to transition to the new paper claim form versions to accommodate the national provider identifier (NPI). Language specific to paper claim submissions that has been removed from 5101:3-1-19.3 has been added to this rule.

OAC Rule 5101:3-1-19.2, entitled Medicaid claim formats for the submission of claims via electronic data interchange (EDI), has been amended to update provider type billing formats and to delete language housed in rule 5101:3-1-19.3.

OAC Rule 5101:3-1-19.7, entitled Prompt payment and interest provisions, has been amended to update language and rule references. New language has been added to support the transition to Ohio Administrative Knowledge System (OAKS).

OAC Rule 5101:3-1-19.8, entitled Resolution of payment errors and overpayments, has been amended to add new language concerning claim payment adjustment processes and methods for completing claim payment adjustments, including electronic adjustments and clarification concerning crediting adjustment amounts against future payments. In addition, revision dates for adjustment request forms have been updated. Language that is outdated or that is referenced in other rules has been deleted.

OAC Rule 5101:3-1-20, entitled Responsibilities related to the electronic submission of cartridge tapes (C-tapes), has been amended to codify that ODJFS will no longer accept cartridge tape as a method of provider claim submission. Cartridge tape will only be accepted from sister agencies or the ODJFS contracted data entry vendor. Provider claims must be submitted by either electronic data interchange or on a paper claim form. Old and outdated language is being deleted concerning cartridge tape.

OAC Rule 5101:3-1-20.1, entitled Electronic data interchange (EDI) trading partner definitions and criteria to enroll as an EDI trading partner, has been amended only to add a revision date to a code of federal regulation (C.F.R.) reference.

OAC Rule 5101:3-1-20.2, entitled Responsibilities related to the submission of claims via electronic data interchange (EDI), has been amended to delete old language and to add new language concerning EDI claim submission policies and procedures.

New Paper Form Announcement

ODJFS is pleased to announce that providers may begin submitting the new CMS 1500 (08/05) claim form on May 23, 2007. Providers may continue to submit the old CMS 1500 (12-90) claim form until ODJFS announces that it will no longer accept the old CMS 1500 (12-90) forms. Providers must follow the appropriate (old form/new form) billing instructions dated 5/2007 posted to the <http://emanuals.odjfs.state.oh.us/emanuals> website under the Ohio Health Plans-Providers, Billing Instructions link.

Note: Both NPI and the Medicaid legacy identifiers are required on the new forms (if NPI is applicable). Only the Medicaid legacy identifier may be submitted on the old forms.

National Provider Identifier (NPI) Update

If you have received this letter, ODJFS considers you an atypical provider. Atypical providers are not required to obtain an NPI. Atypical providers are expected to submit only a Medicaid legacy identifier on all claim formats. Atypical providers are not expected to submit an NPI on claims.* (See note on exception below)

* If an atypical provider obtains an NPI, the atypical provider must submit both their Medicaid legacy identifier and their NPI unless the provider is still submitting the old paper CMS 1500 (12-90) claim form. Only Medicaid legacy identifiers may be submitted on the old paper CMS 1500 claim form.

Note: If an atypical provider obtains an NPI, ODJFS must assume that the provider determined that some of the services it provides makes it a covered entity under the NPI provisions.

The Ohio Administrative Knowledge System (OAKS) & Remittance Advice (RA) Announcement

The State of Ohio has announced its release of certain phases of the OAKS project. Medicaid providers still receiving payment by state warrant (checks) will notice a newly designed check for all payments beginning July 1st. If you receive payment via electronic funds transfer (EFT), you will not be impacted by the check redesign.

Also beginning July 1st, Medicaid providers will be able to view their remittance advice via the internet. ODJFS is establishing a secure website for Medicaid providers to log on to view and download their RA. Paper remittance advices will no longer be mailed to providers. This change is part of the larger plan to make state operations more efficient through the implementation of OAKS. Please visit the Office of Budget and Management website at www.obm.ohio.gov to learn more about OAKS. Please look for future communications on how to access the website.

Questions pertaining to this MHTL should be addressed to:

Office of Ohio Health Plans

Provider Services Section

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