



# Department of Developmental Disabilities

John Kasich, Governor  
John L. Martin, Director

To: All DODD Medicaid Providers

From: Patrick Stephan, Deputy Director  
Division of Medicaid Development and Administration, DODD

Subject: Requirements for Adjustments to Paid Claims

Date: June 2, 2011

As you may be aware, the Ohio Department of Job and Family Services (ODJFS), Ohio's Single State Medicaid Agency, is planning to begin utilizing a new claims processing system (MITS) later this summer. The projected implementation date is August 2, 2011. At that time, DODD will be required to process adjustment transactions somewhat differently than it has in the past. Medicaid has very specific filing requirements related to the submission of adjustment transactions, and our interaction with MITS will ensure that those filing requirements are enforced.

Please review the attached document carefully as it details the specific filing requirements for various types of adjustment transactions. If you have questions, please contact Provider Support at 1-800-617-6733 and select Option 2.

Additionally, it is recommended that you reconcile your previously paid claims on a very regular basis to ensure that if adjustments are required, you are able to submit them within the required filing deadlines. If you have adjustment claims that you are planning to submit, please do so as soon as possible. We would like to process as many adjustments as possible through ODJFS' current claims processing system (MMIS) in an effort to help make the transition to the new system (MITS) as clean as possible.

Thank you for your attention to this matter.

## **Adjustment Processing Timelines**

Adjustments are corrections to previously paid claims. Medicaid has specific requirements related to the submission of adjustment transactions. Since the Individual Options Waiver, the Level One Waiver and Targeted Case Management are Medicaid covered programs, the Medicaid requirements for adjustments apply to claims for those programs. The nature of the adjustment and the date the claim was paid are key factors in determining whether or not an adjustment can be processed. Adjustments may be submitted for claims that were originally underpaid and will result in additional funds being paid to the provider or for claims that were originally overpaid and will result in funds being returned to Medicaid.

### **Claims That Were Underpaid**

1. Claims that are less than 365 days\* from the date of service.  
**\*Providers should submit claims to DODD within 345 days from the date of service to ensure that they are processed by MITS before the 365<sup>th</sup> day.**

If the date of service on the claim is less than 365 days old and the original claim was underpaid, the adjustment should be submitted to DODD as soon as the underpayment is identified.

2. Claims that are more than 365 days from the date of service.
  - a. If the date of service is more than 365 days old, Section 5101:3-1-19.8 (E) of the Ohio Administrative Code establishes the submission requirements. It states that providers submitting an adjustment for a claim that has been underpaid must submit the request within one hundred eighty (180) days from the date the claim was paid. In this context, “the date the claim was paid” references the date that the claim was approved for payment by ODJFS and not necessarily the date the provider actually received the funds. If you need to submit an adjustment to a claim that was underpaid and is now more than 365 days from the date of service, it is recommended that you submit the adjustment claim to DODD within one hundred sixty (160) days of the date the original claim was paid to avoid the adjustment being rejected for not being timely filed.
  - b. There is no capability to adjust a claim that was originally underpaid, is now more than 365 days from the date of service and is more than one hundred eighty (180) from the date the original claim was paid.

### **Claims That Were Overpaid**

Section 5101:3-1-19.8 (F) of the Ohio Administrative Code establishes the submission requirements for adjustments to claims that were overpaid and will result in funding being returned to Medicaid. It states that all overpayments must be refunded to ODJFS with no exceptions. If you need to submit an adjustment to a claim that was overpaid, you are required to do so regardless of the date on which the original claim was paid.