



Department of Developmental Disabilities

John Kasich, Governor
John L. Martin, Director

To: Ohio Provider Resource Association

From: On Behalf of Ohio Department of Jobs and Family Service
And the Ohio Department of Developmental Disabilities

Date: September 7, 2012

Re: Accounts Receivable Survey Response

The purpose of this communication is to respond to OPRA's recent survey on accounts receivable issues. We recognize that OPRA members have voiced concerns about claims adjudication and payment – both through DODD administered waiver programs and the ICF/IID program.

We found the comments helpful and largely legitimate and are working to correct many of the problems you've indicated. In fact, DODD and ODJFS Medicaid have taken the time to collaborate with our respective IT divisions on several of your concerns which relate to MITS implementation issues. Through this letter, we hope to provide you some context on the problems and plan of correction timelines, where a system fix is necessary. For those concerns not directly pertaining to MITS implementation, we have provided some guidance and contact information which we hope will help.

The following attachment responds to each of your comments and outlines our plans moving forward. We do not find it useful to provide feedback on the provider rating percentages you supplied. We hope you find this information useful. You'll note that in large part the issues fall into a handful of different buckets.

Sincerely,

Patrick Stephan, Deputy Director
Ohio Department of Developmental Disabilities

CC:

John McCarthy, State Medicaid Director
John Martin, Director, Ohio Department of Developmental Disabilities
Patrick Beatty, Deputy Director, Ohio Medicaid

Please describe any routine payment challenges you are experiencing for ICF or waiver claims

Waivers – Adjustments:

- No back adjustments are being paid on waiver claims
- Although I do not have billing adjustments often, the last one I did on 12/7/11 still has not been paid. I resubmitted the file and was told this was a duplicate. So where's the payment? Delay in adjustments
- Non-payment of adjustments has been holding up legitimate claims from payment.
- Waiver adjustments not being processed is a huge issue still
- Adjustments are still not being processed. There is no communication between the DODD and providers regarding this issue. We have no idea where we stand in regards to adjustments.
- Our adjustments (since Oct, when Medicaid started up their new system) have been processed by the State (meaning we received reports saying they were accepted and adjusted), but not paid out. We have a significant amount of funds due us on account of these adjustments.
- We are not having many issues with getting our routine payments however, we are having issues with getting the payments for the claims that went into the adjustments. I understand they were put on hold for a while however, I've been told that some providers have been getting them paid. We have yet to receive our payments
- Adjustments not being processed for waiver claims.
- When you say 3 months ago, there is no change. However, we are still waiting on adjudication of adjustment billings from Jun, Jul, Aug, Sep, Oct, Nov, and Dec of last year. All toll we have around \$140,000 that we have not been able to bill for or been processed.
- We have numerous adjustments that have not been paid yet. Waiver (IO/Level One) - adjustments taking a long time to process.
- Waiver - Adjustments!!!!!! Some have been outstanding for 8 months. State has indicated they have the files and are waiting on the files to be processed. They could not tell me when they would be processed.

Since the implementation of MITS by ODJFS in August 2011, the processing of waiver claims adjustments has been problematic. With MITS came a fundamental shift in the way that waiver claims adjustment information is transmitted between DODD and ODJFS. Prior to August 2011, while providers submitted claims adjustments to DODD at the claim line level, DODD was permitted to submit that information to ODJFS at the State Agency level. This allowed for approval at the "gross" level and allowed for a relatively reasonable turnaround time for payment. While this process was useful at times, it was deemed inexact and problematic on multiple levels with MITS implementation, and was eliminated. DODD is now required to submit adjustment claims at the claim line level. This shift in requirements is partly responsible for the delays that we are now experiencing; both DODD and ODJFS are working through claim line errors and experiencing a learning curve with this new process.

Another contributing factor, and the one that has caused the greatest length of time in the delay, is the difficulty in moving waiver recipient eligibility information from CRIS-e successfully into

MITs. The problem surfaced last fall and resulted in many legitimate waiver claims being denied erroneously by the MITs application. While the CRIS-e to MITs eligibility problems did not directly impact adjustments, due to the nature of our processes, adjustment activity had to be suspended. In basic terms, while DODD could recognize a claim as an adjustment to a previously paid claim, ODJFS would have viewed it as an adjustment to a denied claim and would have rejected it.

In the intervening period where ODJFS and sister agencies worked with MITs contract representatives to correct the problem, DODD worked closely with ODJFS to establish a mechanism to pay providers for these claims even though MITs was denying them. This process was largely “invisible” to Providers.

The solution was ultimately identified and involved series of steps to correct the problem. The last of which just occurred in early August, 2012. DODD is submitting the remaining affected claims this month and the results should be received and reconciled in mid-September, 2012.

DODD is confident that the processing of adjustment claims is nearing completion. There are still several steps that must be taken and a bit of time will be devoted to testing the processes, but all indications are that adjustments which have been held in suspense will be processed and cleared from the system, which then allows for routine adjustment processing to be running regularly by late October 2012. While there may be a few outliers, the vast majority should flow successfully.

Waivers – Adjustments – Timeliness Concerns:

- We do not know whether or not the 180/365 day rule is going to be adhered to or not since the processing of adjustments has been such a problem
- Waiver adjustments are still not being processed. Claims are reaching the 365 day limitation and we can't get an answer as to when they will be processed. The length of time to get adjustments processed is not consistent and can be as long as 12 months.

DODD claims will not be subjected to the timely filing edits until we have successfully addressed the issues related to the processing of adjustment transactions.

Waivers – Patient Liability:

- Waiver - difficult finding out who has patient liability and how much it should be. No one seems to know.

DODD is currently working with ODJFS to establish a process by which patient liability information is received regularly through an electronic interface. Currently this information is shared manually and has been very difficult to track and monitor. Additional information will be shared as it becomes available. We recognize this as problematic; please contact Roxanne Richardson at DODD with Patient Liability concerns. She can be reached at Roxanne.Richardson@dodd.ohio.gov.

Waivers – Denial Code 999:

- Waiver – Been getting denial code 999 on a few clients. Upon calling state they say the issue should be fixed and we should just rebill the claim. Upon rebilling we again get denial code 999. This has gone on for just a few clients for a few months now.

Denial code 999 is new with the implementation of MITS. It represents a denial for reasons other than any that were generated in MMIS. Unfortunately, because it has the potential to represent multiple reasons, a claim could be denied with this code for one reason, which is then addressed, and upon resubmission be denied with the same code for an entirely different reason. Please continue to work with the DODD Support Center as these situations occur. The number is 1-800-617-6733. Please reference Denial Code 999 when you speak to representatives.

Waivers – Community Inclusion Add-On:

- When we receive someone with a Down Sizing DC add on, there is no place to add it on the PAWS or CPT, which delays PAWS processing and billing for the individual. The state also has to be contacted so that the differing higher rate won't get rejected. All billing has to be billed in 15 min. units rather than DRA, which takes more time and staff hours to complete.

The needed changes to CPT to allow the Community Inclusion Add-on to be properly calculated are currently in the user-acceptance phase of development. The likely release date is 9/24/2012. We had hoped to have this new development completed much sooner, but as with any new IT development work, it is often more time consuming than originally anticipated. Please stay tuned for communication when this new feature is available.

Waivers – PAWS/DRA/CPT:

- Being unable to bill because CPT/DRA/PAWS not complete is getting worse -ADL rates changing retroactively in the DRA is also a problem (just adds extra complexity to the adjustment issues).
- Changes in services causing recalculations and subsequent re-bills for previously billed spans. Should be able to make a hard break and only affect going forward. This is something that NEEDS to be looked at. Or perhaps there is a way and the County Boards are not processing correctly.
- Difficulty in getting PAWS in a timely manner. Often long delays in getting corrected numbers on PAWS so we can bill. Usually this is in Athens County. They send their info to SOCOG who then send it to the state. Not sure where the problem lies.

We continue to stress to county boards and PAWS Specialists with DODD the importance of timely and accurate submission of PAWS plans. Additionally, DODD has been working with representatives from OACB and OPRA to generate guidance to the field regarding the benefits of structuring CPT data in a way that creates the least disruption in DRA settings when changes are necessary. There are very real mathematical implications that result from changes to CPT/DRA spans and efforts to illustrate those implications in a clear and concise manner is important.

In addition, we have recently developed a PAWS submission timeliness report – by county. OACB has agreed to provide technical assistance to those counties where timely submission of PAWS documents is problematic.

ICF – Patient Liability:

- We are having patient liability issues with ICF billing (like then dropping off from one month to the next) and hospital days being taken off when we should be getting paid for them.

- Resource amounts that should be applied for care are being dropped from vendor. Over payments received in November have not been corrected and now hospice is requesting reimbursement from the facility for these overpayments.
- ICF. issues with patient liability. Some randomly are going to zero with no explanation. Upon making call to the state they have indicated that patient liability is correct and i must read the remittance incorrectly. I did not read the remittance incorrectly. Patient liability for random clients has gone to zero and then for some it is self-correcting in a month or two while it has happened to more. ICF. Most of the issues from the state payment mess has been cleared up. The ones that were not I sent in 9400s and am awaiting correction.
- The ICF program continues to have difficulties processing claims correctly. Patient Liability for ICF consumers are not being deducted from payments, causing overpayments. 9400 adjustments are not being processed timely.

Both DODD and ODJFS are aware of issues where patient liability spans are not populating correctly, which have caused patient liability to not be deducted for some individuals. We've been working diligently to correct the problem. While we don't have a MITS system fix date, we will communicate that as soon as we do. Sorry for the inconvenience.

ICF – Eligibility Issues

- Patients fall off vendor with no reason
- ICF - not paying for some individuals, not paying for any days individuals are in the hospital, differences in insurance information.

The same issue that is causing patient liability spans to not populate correctly has also, in some cases caused eligibility spans to not populate correctly. We will communicate the MITS system fix as it becomes available.

ICF – Other

- Adjustments for admits and discharges often take a long time and do not match admit/discharge dates (ICF)
- Individuals moving out of the ICF and going to waiver - the delay has been 4 months up to a year.
ICFs receivables can be 6 months waiver can be over 75 days- we have an average of \$250,000 delay in waiver and \$300,000 average delay in ICF creating hardships

Discharges and admissions are processed by the local county departments of job and family services. The provider should submit the 9401 form to the CDJFS as soon as the discharge or admission occurs to minimize the delay. If the provider experiences a long delay in the processing of the 9401, they can contact DODD for assistance to get a status on the form submission. We will work with ODJFS to ensure that form is processed as quickly as possible.

- We are still awaiting the December payment reconciliation.

Adjustments were completed in May and June for the December and January payments. If problems persist on case specific ICF situation, please contact the ODJFS help desk at 1-800-686-1516

- Level of care entry into CRIS-e for payment of MRDD facility.

The processing of Level of Care applications for residents of ICF's was transitioned from ODJFS to DODD in March, 2012. DODD is *current* in those requests and typically processes within a couple of days. DODD has received numerous compliments on its Level of Care turn-around time. If you have case specific concerns, please contact Matt Turner at Matt.Turner@dodd.ohio.gov

- Still waiting on payment from the ICFMR MITS systems from last June/July & August for one client. Numerous phone calls, letters, from both us and the ODJFS since last summer, with no response from MITS. Finally received phone call two weeks ago that we should get all monies owed from last summer with our next vendor payment.
- Some ICF/MR payment issues resolved but still have a lot of residents not being paid.

Adjustments were completed in May and June for the December and January payments. If problems persist on case specific ICF situation, please contact the ODJFS help desk at 1-800-686-1516

General Concerns

- We keep running into certification issues which should not exist

If this is a waiver issue, it can be directed to Angel Morgan, Certification Manager at DODD. 614-995-4844 or Angel.Morgan@dodd.ohio.gov

- Nothing has been routine since the implementation of the MITS system.

You can imagine with a system as large and far reaching as MITS, there are going to be many challenges. We apologize for these issues and are working diligently to resolve problems.

Ohio Home Care Waiver

- OHC - MITS program causing difficulties billing for respite services. Insurance information is causing billing issues.

3rd party liability has caused some billing errors since MITS went live. However, we believe those problems are now resolved. We suggest you contact the ODJFS Help Desk at 1-800-686-1516 if problems persist.