Ohio | Department of Developmental Disabilities

Division of Medicaid Development & Administration

John R. Kasich, Governor
John L. Martin, Director

**To:** **County Board Superintendents, SSA Directors, Business Managers, Waiver Managers, OACB, OPRA**

**From:** **Jaimey Karhoff**

**Date:** **May 20, 2013**

**Subject:** **Adjustment Timelines**

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ADJUSTMENT TIMELINES

Section 5101:3-1-19 (F) of the Ohio Administrative Code establishes the submission requirements for adjustments to payments made to providers of waiver services. This memo is to assist providers in determining whether they can or should enter an adjustment. Due to difficulties in processing adjustments through the Medicaid Information Technology System [MITS], the Ohio Department of Job and Family Services (ODJFS) has allowed a grace period where these requirements were suspended. *These requirements will go into effect July 1, 2013. Adjustments entered after this date will be processed accordingly.*

An adjustment claim is any claim that is submitted to make a correction to a previously paid claim. This is usually due to a change in the number of units, or the overall dollar amount submitted on the original claim. The ODJFS must receive an adjustment within 365 days of the service date, or within 180 days of the adjudication date of the previously submitted claim, whichever is greater.

Most adjustments can be accomplished by the submission of a single claim that correctly reflects what should have been originally submitted. It is important to note, however, that some adjustments can only be accomplished by the submission of two new claims – one that completely cancels out what was originally paid and one that represents what should have been submitted. If a provider needs to make these types of corrections, both claims must be submitted within 365 dates of the date of service, as the replacement claim is treated as a new claim, and not as an adjustment, so there is no additional 180 days beyond the date of original submission for these claims. An example of a replacement claim being treated as a new claim and not as an adjustment would be if a provider backed out a daily unit (such as ADL) and replaced it with 15-minute units (such as APC). Another example would be if a provider billed for Transportation services using a service code for mileage, but the services should have been billed using the service code for per trip reimbursement.

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Claims that were underpaid (positive adjustments)

If the adjustment can be received by ODJFS within 365 days of the service date, an adjustment can be submitted. Providers are advised to submit adjustments to the Ohio Department of Developmental Disabilities (DODD) within 345 days of the service date to allow sufficient time for the adjustments to be processed by DODD and received by ODJFS within the required filing deadline. Positive adjustments that are not submitted within the required submission timelines will be denied.

If the date of service is more than 365 days from the time an adjustment is being submitted, it can still be processed if the adjustment is received by ODJFS within 180 days of the adjudication of the previously paid claim. For example, if a service was delivered on June 1, 2012 and the original claim was approved by ODJFS on April 25, 2013, then the provider has 180 days from April 25, 2013 (or until October 22, 2013) to submit any necessary adjustments to that claim. It is important to understand that this additional time is only permissible since the original claim was paid very late in the 365 day cycle. If this same claim for service delivered on June 1, 2012 was originally paid by ODJFS on August 1, 2012, any adjustments to that claim would have to be received by ODFJS by May 31, 2013.

The adjudication date is the date that payment was approved by ODJFS, and not the date the provider received payment. Typically, the adjudication date is two days after the claim is on the reimbursed report, which is available in the Medicaid Billing System (MBS) under 'Provider Weekly Reports'. Providers are advised to submit adjustment claims to DODD within 160 days of the adjudication date to allow sufficient time for the adjustments to be processed by DODD and received by ODJFS within the required filing deadline. Again, positive adjustments that are not submitted within the required submission timelines will be denied.

If a claim was underpaid, an adjustment should be submitted as soon as the underpayment is identified. This means that providers are responsible for reconciling their claims on a regular basis, to ensure that what they are being paid matches what services they provided, as reflected in their service documentation. Providers should check their reports on a weekly basis and ensure that they are being paid correctly.

There is no capability to adjust a claim that was originally underpaid, is now more than 365 days from the date of service, and/or is more than one hundred eighty (180) from the date the original claim was adjudicated.

Claims that were overpaid (negative adjustments)

Claims that were overpaid and that will result in funding being returned by the provider to Medicaid are recoverable at the time of discovery.

There is no stated limit to how long an overpayment can be recovered. All recoverable amounts are subject to the application of interest in accordance with OAC 5101:3-1-25.