

TP Forum Meeting Agenda/Notes

Forum was conducted in person at ODM and via online webinar from 10am-12pm Thursday May 8th 2014.

1. PCG Audits (Public Consulting Group, partners with ODM to provide provider oversight and incident management for Ohio's Home and Community Based Waiver programs).

- Presentation given by Heather Hire (ODM)
- Patient Case Management by County handout provided with main-line phone numbers to call.
- Rule 5160-45-04, is not in Law Writer, eManuals will be updated. Written findings of structural review do not have to be mailed via ordinary mail.
- If provider is not receiving notifications of upcoming reviews, it is the provider's responsibility to have the correct address in MITS and MyOhio HCP.
- There is online training available for providers.
<http://www.ohiohcp.org/ohcwaiver/player.html>
<http://ohiohcbcs.pcgus.com/TrainingMaterials/> It is the providers responsibility to educate themselves with the rules of ODM.
- If a provider disagrees with structural review findings, provider needs to reach out to PCG. The proper chain of command is the reviewer, the reviewer's supervisor, and as last resort Heather Hire. All names of people the provider has spoken to must be recorded with dates and time. This will be asked upon investigation. All providers have a right to a hearing.
- No verbal agreements between case managers and providers will be accepted. If any hours are worked outside the care plan, the case manager must update the care plan. If a provider is unable to reach their case manager the proper chain of command is case manager, case manager supervisor, then clinical manager. Provider must record names and dates of people spoken too.
- Signature are specific to the case plan. If the patient has special needs to use a mark, stamp, etc., this must be included in the case plan. If no specific guidelines are in the care plan, a full signature is required.
- If the provider is missing any documentation during their structural review, the provider has 24 hours to get the requested paperwork to the reviewer.

2. CARC/RARC (Claim Adjustment Reason Codes & Remittance Advice Remark Codes) usage on the 835 due to the ACA 1104.

- CORE Rule 360 directs usage of CARC/RARC code combinations if claim denial falls into one of the 4 identified business rules.
- Visit CORE website: <http://www.caqh.org/CORECodeCombinations.php>

- Changes may occur three times a year
- Questions can be directed to EDI support unit at DAS-EDI-SUPPORT@das.ohio.gov

3. My Care Ohio

- ODM website for more information: <http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>
- Questions should first be directed to the Managed Care plan that you are trying to contract with. If they are unable to answer your question, or the question is more general, questions may be directed to the Bureau of Managed Health Care bmch@medicaid.ohio.gov.
- For Behavioral Health Trading Partners Only-MyCare Ohio Plan Contacts
 - Aetna-Jeff Andres AndrewsJ@aetna.com
 - Buckeye Community Health Plan-Centene EDI EDIBA@centene.com
 - CareSource-Martha Johnson mjohnson@practiceinsight.net
 - Molina- Daniel Vickers Daniel.Vickers@MolinaHealthCare.com
 - United Health Care Community Plan-Mike Mesewicz Michael.mesewicz@optum.com
- Plan Payment Requirements for Existing Provider of Care <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/MyCareOhio/PlanPaymentReqs.pdf>

4. ICD-10

- The U.S. Department of Health & Human Services will soon release an interim final rule that includes a new ICD-10 compliance date of October 1, 2015. The rule will require HIPAA-covered entities to continue use of the ICD-9 code set through September 30, 2015.
- The ICD-10 core team will continue to monitor PAMA impacts to Ohio Medicaid and publish updates to the ICD-10 webpage (<http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>).
- Please direct ICD-10 questions to: ICD10questions@medicaid.ohio.gov
- Testing will continue to move forward. TPs can expect to hear from the EDI support team in the next few months.

5. Ordering, Rendering, Prescribing (ORP) information.

- Handout provided New Requirement for Providers who Order, Refer, or Prescribe Only
- No additional information was discussed and no questions were asked.