Medicaid Fee for Service Claims Testing for BH Redesign and Rapid Response Team Support

Behavioral health redesign fee-for-service testing resumes October 25, 2017. Trading partners should submit test files as early as they are ready in order to ensure successful implementation on January 1, 2018.

Fee for Service Testing

Medicaid trading partners submitting electronic claim files on behalf of behavioral health providers (MITS provider types 84 and 95) can send test files from October 25 - November 30, 2017. (This does not apply to hospital providers). After January 1, 2018, trading partners will be able to submit test files as they have done in the past.

Please review and follow the specific guidance below regarding the content and structure of test files. Test files that do not adhere to this format cannot be processed. Test files should be submitted as early as they are ready in order to ensure successful implementation on January 1, 2018.

- **Beta Testing**
  - In addition to the general fee for service testing, providers may volunteer to participate in the fee for service and My Care Ohio, if applicable, beta testing process. Instructions on how to volunteer can be found in this MITS BITS.

Testing and File Parameters:

Files must be sent to this site: https://mft-qa.oxi.arcaas.com/mailbox. For SFTP host names, use CERT **mft-qa.oxi.arcaas.com.**

- Test site is available 24 hours per day.
- Up to 5,000 claims may be submitted per file.
- Dates of service on claims must be anytime within the range of **September 1, 2017 – October 15, 2017**. MITS will then forward date those claims to dates of service of January 4, 2018 and beyond in order to invoke the new programming.
- DO NOT submit any claims for services that require prior authorization, for example: ACT, IHBT, SUD Partial Hospitalization, and SUD residential stays greater than 30 days.
- NCCI edits will be operational in the test environment.
- Rendering practitioners identified on claims MUST be actively enrolled in MITS and affiliated with their employing agency.
- Test files must comply with the coding and policy guidance on http://bh.medicaid.ohio.gov.

Trading Partner Technical Assistance and Support

The Ohio Department of Medicaid (ODM) in partnership with DXC technology (formerly known as Hewlett Packard Enterprises) will offer technical assistance and support to trading partners in submitting and reviewing their test files. Levels of support are as follows:

1. **For test files that fail EDI processing**:
   Trading partners should contact the DXC technology EDI Support Desk by calling the Medicaid Provider Hotline (1-800-686-1516) and selecting Option 4 for EDI related issues or by email at OhioMCD-EDI-Support@dxc.com.

   EDI Support Desk will be available during the following times*:
   Monday-Friday 7:30 am – 7:00 pm
   Saturday 9:00 am – 1:00 pm

2. **For test files with claims errors:**
   Trading partners can contact the ODM Policy "Rapid Response Team" by calling the Medicaid provider hotline 1-800-686-1516 and selecting Option 9 (behavioral health testing issues) OR send email to BH-Enroll@medicaid.ohio.gov.

   Rapid Response Team will be available during the following times*:
   Monday-Friday 7:30 am – 7:00 pm
   Saturday 9:00 am – 1:00 pm

*PLEASE NOTE: In observance of Thanksgiving, the ODM Rapid Response Team and DXC will not be available after 4pm on Wednesday, November 22nd through Thursday, November 23rd. The Rapid Response Team and DXC will be available again starting at 7:30am on Friday, November 24th.

Common Errors with Claims

The following are some of the common issues identified during the May and June 2017 fee for service testing that caused provider test claims to deny. As you prepare test claims, please ensure you consider the following:

- If a recipient is not Medicaid-eligible on the date of service during the test period of October 25th – November 30th the claim will deny. To illustrate this, consider the following:
  - Test claim is created on October 25th.
  - Date of service on this test claim is October 1st.
  - The forwarded date of service will be February 3, 2018.
  - However, on October 21st, this individual was determined to no longer be eligible for Medicaid. So this individual would not be eligible for Medicaid services on February 3, 2018.
- Incorrect practitioner modifiers for new codes – using a practitioner that cannot deliver the service.
- The same NPI was included in both rendering and supervising fields.
- If a recipient has third-party liability (TPL) and there is no indication on the claim that TPL was billed for codes that must be submitted to other payers including Medicare.
- The rendering or supervisor NPI is not valid.
- The rendering or supervisor NPI is not tied to a practitioner who is actively enrolled in Ohio Medicaid.
- The rendering or supervisor NPI is not affiliated with the billing provider agency.