



Letter from the Director

Ohio's new Medicaid Information Technology System (MITS) will deliver important new tools to enhance program integrity activities, such as uncovering Medicaid fraud, identifying improper use of Medicaid resources and preventing waste. As the largest health care insurer in Ohio, ODJFS processes more than one million Medicaid claims every week. The sheer volume of these transactions requires sophisticated and extensive technology capable of quickly and efficiently reviewing complex medical claims, paying

those that are legitimate and, for those that are questionable, rejecting them or holding them for further review. MITS will also put Ohio in a good position to participate in national program integrity initiatives being led by the federal Centers for Medicare and Medicaid Services (CMS). The following article offers more detail on how MITS will help to maximize the proper and efficient use of Medicaid resources at this time of growing demand and challenging resources.

-John Corlett, Ohio Medicaid Director

MIT'S and Expanded Support for Medicaid Program Integrity

"Program integrity" is the term used to describe a range of activities supporting accurate, appropriate and timely payments for health care services within the Ohio Medicaid program. Simply put, the goal of program integrity is to pay the right amount to the right provider for the right service to the right consumer. Maximizing accurate and appropriate payments is a cornerstone of MITS. The system will use specially designed software, including "clinical rules," to review claims submitted for medical procedures and to determine which of them are appropriate. The software will also help verify the clinical accuracy of professional claims so that the appropriate fee schedule is used for payment. MITS will perform other program integrity functions, as well, including:

- Analyzing the billing history for a provider and consumer to assure that similar procedures are not billed on the same date or in the recent past.

- Identifying conflicts such as age, gender, cosmetic procedures or special pricing when multiple procedures are performed.
- Identifying and flagging claims that are suspect and need further review before they are denied or paid.
- Helping prepare Ohio for future conversion to "ICD-10"¹ coding requirements.
- Reducing coding errors and erroneously paid claims that are subject to retrospective review and recoupment.

MITS will also contain enhanced Surveillance and Utilization Review (SUR) functionality to help identify suspected overutilization or underutilization of services, which could indicate potential fraud and/or abuse. The MITS statistical screening tool is designed to identify providers and consumers who are using Medicaid resources

¹ "ICD" stands for the "International Classification of Diseases," a set of medical procedure and diagnosis codes used commonly in the health care marketplace. The current version, ICD-9 will be replaced in 2013 with a much more complex version, titled "ICD-10."

in ways that are substantially different from their peers. If an aberrant practice is identified, further research can be performed to determine whether the variance is appropriate or not. New MITS software will automate many processes that are currently manual, including assignment of case reviews, updating case documentation, and capturing and linking correspondence and photocopied medical records from on-site audits as part of electronic case file records.

Finally, MITS will further improve upon the current Medicaid Decision Support System through the creation of a Business Intelligence Analytical Reporting tool, which will link Medicaid data to

various external sources and provide fast and efficient data retrieval. Windows-like features, such as drag and drop, will allow users to quickly develop their own customized queries and to perform targeted research to identify specific questionable practice patterns. Because this new software tool will be easy to use, abnormal patterns can be identified and investigated expeditiously to determine if additional review is warranted.

These are just a few of the benefits and features of MITS that will expand Medicaid program integrity activities and help ensure that Medicaid resources are used effectively and efficiently.

MITS Frequently Asked Questions:

Q: What are examples of MITS clinical rules that will be used to review medical procedures?

A: Clinical rules will dictate the circumstances when a Medicaid claim should be paid, denied or suspended for further review. The MITS claims processing system will contain hundreds of rules reflective of Medicaid policy.

Examples include:

- Restricting certain procedures to only males or females.
- Disallowing payment for cosmetic procedures not covered by Medicaid.
- Disallowing separate billing for procedures that should have been billed as “bundled.”
- Prohibiting payment for procedures that may not be paid more than once, such as a hysterectomy or gall bladder removal.

Q: How will MITS help reduce fraud, waste or abuse in the Ohio Medicaid program?

A: MITS will contain software and business processes to help identify unusual billing patterns so that in-depth reviews can be performed to document the presence of billing errors or misutilization. Additionally, claims processing in MITS will contain clinically oriented programs that will identify “appropriate sets” of procedures to prevent payment of claims that are billed inappropriately and ensure that Ohio-specific Medicaid policies are being followed.

Looking for more?

For past newsletter issues, FAQs, and more information about the Medicaid Information Technology System, log on to the ODJFS Web site: <http://jfs.ohio.gov/mits/info.stm>