

10/08/2008
HOSPICE RATE FOR FFY 2009

Provider type 44

THE ANNUAL HOSPICE MEDICAID MAXIMUM RATES FOR FEDERAL FISCAL YEAR 2009 WERE UPDATED ON OCTOBER 1, 2008. A COPY OF THESE RATES, LISTED BY CBSA, CAN BE FOUND ON THE WEB AT <http://JFS.OHIO.GOV/OHP/BHPP/HOSPICERATES.PDF>.

10/08/2008
Follow up RA newsletter regarding edits spanning multiple months (DME)

Provider types 20, 22, 30, 31, 36, 56, 62, 70 and 99

REMITTANCE ADVICE NEWSLETTER REGARDING UR EDIT ISSUES IN JUNE A RA INFORMED PROVIDERS OF A SYSTEM ERROR INCORRECTLY PAYING CERTAIN LINES AT ZERO FOR SERVICES WITH LIMITS OVER MULTIPLE MONTHS SUCH AS 300 UNITS EVERY 2 MONTHS. THIS ERROR WAS CORRECTED EXCEPT FOR DATES OF SERVICE INCLUDING MARCH 2008.

LINES ARE CORRECTLY PAYING TO PROGRAM LIMITS BY PAYING ZERO OR REDUCING UNITS PAID WITH THE EXCEPTION OF THE CLAIMS WITH MARCH 2008 DATES OF SERVICE.

MANY ADJUSTMENTS HAVE BEEN SUBMITTED FOR LINES THAT PAID CORRECTLY. THESE ADJUSTMENTS WILL BE PROCESSED TO CONFIRM THAT THE ORIGINAL PAYMENT WAS CORRECT.

PROVIDERS SHOULD NOT SUBMIT ADJUSTMENTS UNLESS THEY HAVE ASCERTAINED THAT THE CONSUMER HAS NOT ALREADY RECEIVED THE PROGRAM LIMITS. OAC 5101:3-10-03 MEDICAID SUPPLY LIST APPENDIX A CONTAINS SPECIFIC HME/DME COVERAGE INFORMATION AND CAN BE ACCESSED AT:

<http://JFS.OHIO.GOV/OHP/PROVIDER.STM>

DME PROVIDERS WITH QUESTIONS MAY CALL THE DME HELPLINE AT 614-466-1503 OR PROVIDER ASSISTANCE AT 1-800-686-1516.