

May 3, 2006**NPI RA for Provider types 20, 22, 27, 301, 35, 36, 37, 38, 39, 42, 71, 72, 73 & 75**

ACCORDING TO FEDERAL REGULATIONS (45 CFR § 162.410), AND EFFECTIVE MAY 23, 2007, HEALTH CARE PROVIDERS WILL BE REQUIRED TO USE A NATIONAL PROVIDER IDENTIFIER (NPI) IN THE FILING AND PROCESSING OF ELECTRONIC AND PAPER HEALTH CARE CLAIMS AND OTHER EDI TRANSACTIONS. THIS APPLIES TO ALL INDIVIDUALS AND ORGANIZATIONS THAT MEET THE HIPAA DEFINITION OF A HEALTH CARE PROVIDER (45 CFR § 160.103). IN MAY 2005, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) BEGAN ACCEPTING APPLICATIONS FROM PROVIDERS FOR THEIR NPI THROUGH THE NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM (NPPES). THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES WILL CONTINUE TO REQUIRE PROVIDERS TO USE THEIR SEVEN-DIGIT MEDICAID ID NUMBER FOR CLAIMS ADJUDICATION UNTIL THE MAY 23, 2007 DEADLINE DATE. HOWEVER, ELIGIBLE HEALTH CARE PROVIDERS ARE STRONGLY ENCOURAGED TO OBTAIN THEIR NPI AS SOON AS POSSIBLE. APPLICATION FOR THE NATIONAL PROVIDER IDENTIFIER CAN BE MADE ONLINE THROUGH THE NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM AT <https://NPPES.CMS.HHS.GOV>., OR CONTACT NPPES BY PHONE AT 1-800-465-3203 (1-800-692-2326 (TTY)).

May 10, 2006**RA for Provider Types 20, 21, 22 & 23**

"The Department wishes to announce a mass adjustment that will be made regarding CPT code 90761(intravenous infusion, hydration, each additional hour up to eight hours). Providers who have had claims with the CPT code 90761 denied between the dates of 1/1/06 and 3/29/06 for 90761 will be seeing two adjusted claims with TCN numbers beginning with a 4, on May 10, 2006. One adjustment will take back the amount in the original claim, and the other will repay the full amount, including reimbursement for 90761."

May 10, 2006**RA for Provider Type 59**

The Department wishes to announce a mass adjustment that will be made regarding CPT code J0886 (epoetin) on claims submitted by dialysis clinics (provider type 59). Dialysis Clinic providers who have had code J0886 denied beginning 1/1/06 will be seeing two adjusted claims beginning with a 4 on May 10, 2006. One adjustment will take back the amount in the original claim, the other will repay the full amount, including reimbursement for Code J0886, if originally denied .

May 17, 2006**RA for Provider Type 70**

BEGINNING JUNE 1 ,2006 CLAIM REVERSALS OR ADJUSTMENTS MUST BE COMPLETED WITHIN 14 DAYS OF ORIGINAL CLAIM SUBMISSION OR MUST BE HELD UNTIL AFTER JULY 1, 2006. THIS IS NECESSARY BECAUSE ODJFS WILL TRANSITION TO NEW POINT OF SALE VENDOR ON JULY 1, 2006. WATCH OUR WEB SITE AND YOUR MAIL FOR MORE INFORMATION ABOUT THE TRANSITION FROM FIRST HEALTH TO ACS STATE HEALTHCARE.

May 24, 2006

RA to All Provider Types Regarding the Sale of MediPlan Corp

THE OHIO DEPARTMENT OF INSURANCE (ODI) APPROVED THE ACQUISITION OF CONTROL AND MERGER OF MEDIPLAN CORPORATION (MIP) WITH BUCKEYE COMMUNITY HEALTH PLAN (BCHP). THEREFORE, THE PROVIDER AGREEMENT BETWEEN MIP AND THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (ODJFS) WILL BE ASSIGNED TO BCHP AND MIP MEMBERS WILL BE TRANSFERRED TO BCHP EFFECTIVE JUNE 1, 2006. BY NO LATER THAN JUNE 1, 2006, MIP MEMBERS THAT ARE TRANSFERRING TO BCHP WILL RECEIVE A BCHP MEMBER IDENTIFICATION (ID) CARD. EFFECTIVE JUNE 1, 2006, MEMBERS SHOULD SHOW THEIR NEW BCHP MEMBER ID CARD TO RECEIVE HEALTH CARE SERVICES. PROVIDERS CAN CONTACT BCHP AT 1-866-296-8731 OR VISIT BCHP'S WEBSITE AT www.BCHPOHIO.COM.

CLAIMS FOR DATES OF SERVICE PRIOR TO JUNE 1,2006, MUST BE SUBMITTED TO:
MEDIPLAN

P.O. BOX 6907

CANTON, OHIO 44706

CLAIMS FOR DATES OF SERVICE JUNE 1,2006, AND AFTER MUST BE SUBMITTED TO:

BUCKEYE COMMUNITY HEALTH PLAN

P.O. BOX 6200

FARMINGTON, MO 63640-3805

ATTN: CLAIMS DEPARTMENT