



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Ohio Tort Recovery Unit
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December 31, 2018

Subject: Commercial Recoupment Cycle #38

The Ohio Department of Medicaid (ODM) has contracted with Health Management Systems, Inc. (HMS) to supplement its Medicaid Third Party Liability recovery activities. As part of this initiative, HMS is providing the attached reports identifying Medicaid expenditures for claims on behalf of recipients who have since been identified as having third party coverage with a commercial carrier.

To complete the attached report, HMS matched various commercial carrier claims data with claims paid by Medicaid. Thus, the matching process identified third-party coverage for Medicaid recipients for whom your facility received Medicaid reimbursement. Since by Federal regulation Medicaid is the payer of last resort, Medicaid must recover funds when it identifies a liable third party.

Your facility has ninety days from the date of this notice to: (1) review its records; (2) bill the respective commercial carrier, if it has not already done so; and (3) forward documentation to HMS to refute the impending recoupment action for every claim the commercial carrier denies.

In all correspondence, use the claim Internal Control Number (ICN) from the attached report to identify the claim in question.

If you receive a denial for the billed claim, you should mail a copy of the Explanation of Medical Benefits (ECMB) to the address shown below. Medicaid will only accept the denial if it was because of a non-covered service, no eligibility on the date of service, or the commercial carrier did not accept provider credentials. *Division (A)(2) of section 3101.373 of the Ohio Revised Code requires carriers to respond to inquiries regarding claims for medical items or services within three years; therefore a commercial carrier should only deny a claim for non-timely filing if it is more than three years old.* ODM also expects a provider to comply with any requirements from the commercial carrier concerning accepting assignment or supplying additional information.

With regard to Medical Mutual of Ohio (MMO) please continue to use standard billing practices when submitting claims. Remember that you should submit MMO claims electronically and that at least one Value Code must equal 9Z; an associated Value Code is not required.

Failure to respond to or provide proper justification for removing a claim from this initiative will result in the payment being recouped via the claims down adjustment process. Thus, it is important that you read this notice carefully, review the attached report thoroughly and take the steps outlined above to prevent a recoupment action. Recoupment is ODM's preferred method of recovery for any claim for which another liable party has been identified. You should not send a refund check or a void claim transaction to HMS or the ODM. **Please do not contact any unit of the Office of Medical Assistance regarding this notice. ODM will initiate recoupment procedures automatically on or about March 01, 2019.**

Please direct correspondence or any questions you have about this notice to the following address and phone number:

**Health Management Systems
Attn: Provider Recoupment Team
350 Worthington Road, Suite G
Westerville, Ohio 43082
P: 666-845-1115
F: (877) 266-1226**

Please Note: The phone number has changed to (666) 845-1115. The fax number remains the same. Please include your name, title and phone number on all correspondence. We appreciate your cooperation in this effort to maximize Medicaid coordination with liable third parties. Also, see attached notice regarding refunds.

Sincerely,

Patrick A. Tighe

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TPL Contract Manager

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