



### New Medicaid Information Technology System (MITS) Coming in December 2010!

#### Ohio Medicaid

In December 2010, Ohio Medicaid will replace its 20+ year old Medicaid Management Information System (MMIS) for claims processing with the enhanced Ohio Medicaid Information Technology System (MITS). With state-of-the-art technology and business processes, claims will be processed in “real time” for providers and other stakeholders.

The new system will offer paperless provider enrollment features, enhanced claims functionality, and paperless prior authorization for fee-for-service providers.



#### MITS Provider Training Registration Now Open!

Training sessions are offered as classroom sessions and webinars. The classroom sessions and the webinars will be using the exact same presentation.

For registration information and training schedules, go to <http://www.seeuthere.com/rsvp/invitation/invitation.asp?id=/m1c9c3a7-46O2PHI1RK2GE>.

Source: MITS Home page at <http://jfs.ohio.gov/mits/index.stm>.

### CMS Reminder – January 2011 Target for Testing Transaction Standards

Beginning in January 2011, entities covered under the Health Insurance Portability and Accountability Act (HIPAA) should be ready to test with their trading partners the functionality of the entities’ practice management and/or other related software featuring Version 5010 standards.

Read the full article at [www.cms.gov](http://www.cms.gov) / Newsroom Center / Press Releases.

#### Who is PRC Medical?

PRC is a leading provider of technology-enabled business services to the healthcare industry. Successful medical practices rely on our service, technology and expertise to maximize revenue and profitability. To win in today’s challenging healthcare environment, you need PRC Medical on your team.

**We help doctors get paid for what they do.**

#### Services:

- ✓ Billing
- ✓ Coding
- ✓ EHR Software
- ✓ PM Software
- ✓ Advice

To learn more, visit us at [www.prcmedical.com](http://www.prcmedical.com) or call 800.589.9004.

## Provider Medicare Voluntary Refunds: Immediate Offset Requests Terminated by Palmetto GBA

### Ohio Part B Carrier

As of October 1, 2010, Palmetto GBA will no longer allow providers to request 'immediate offset' as a payment method relating to voluntary / self-disclosed Medicare overpayments. Providers must submit a check made payable to Palmetto GBA or Medicare with the overpayment refund form. If the check payee is addressed differently, the check will be returned to the provider.

Overpayment refund forms received without check payment will be processed under established collection procedures mandated by CMS.

As an alternative to this, providers may request an immediate offset once an overpayment has been established and a demand letter has been sent to the provider. Once this notification is received from Palmetto GBA requiring a Medicare refund, it is suggested to request an immediate offset versus mailing a check to Palmetto GBA. An immediate offset request will be processed as soon as possible; however, this request does not guarantee that interest will not accrue on the overpayment. To eliminate the risk of interest

accruing on a voluntary refund, attach a check to the overpayment refund form.

In addition, providers may request to be placed on permanent immediate offset status by notifying Palmetto GBA with a signed authorization to recoup all existing and any future overpayments through claim payment offset. If an option is made to recoup future overpayment(s), a formal demand letter will continue to be mailed to the provider even though recoupment will be made through system offset. The provider also has the option to have an individual demand letter overpayment placed in immediate offset as opposed to authorizing all overpayments recouped through system offset. If this option is chosen, the provider should return the demand letter with 'Immediate Offset Requested' written on the document.

For more information, refer to [http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Immediate\\_Offset\\_OHWV.pdf/\\$File/Immediate\\_Offset\\_OHWV.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/Immediate_Offset_OHWV.pdf/$File/Immediate_Offset_OHWV.pdf).

Source: Ohio Part B Carrier / Browse by Topic at [www.palmettogba.com](http://www.palmettogba.com).



### What is StreamlineMD?

StreamlineMD is PRC Medical's branded collection of services for office physicians.

Services include:

- ✓ StreamlineEHR
- ✓ StreamlinePM+
- ✓ Streamline Billing

StreamlineEHR, Version 10.8



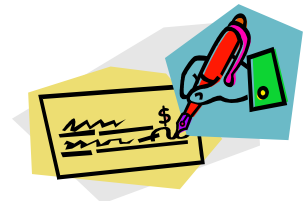
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<http://www.streamlinemd.com/hitech-act-incentives.aspx>

To learn more about StreamlineMD, visit us at:

[www.streamlinemd.com](http://www.streamlinemd.com) or call 866.406.2224.

StreamlineMD, LLC is a wholly owned subsidiary of PRC Medical, LLC.



## Anthem Claims with Expired Member ID Prefixes

This is to update you of a change in process regarding claim submissions for Walmart associates: Rejected claims notices will be sent for claims submitted with expired alpha prefixes WLA, WMR and MRT for dates of service after July 1, 2010. The notices will be sent through your normal remit process. For more information, go to [http://www.anthem.com/provider/noapplication/f1/s0/t0/pw\\_b146298.pdf?refer=ahpprovider&state=oh](http://www.anthem.com/provider/noapplication/f1/s0/t0/pw_b146298.pdf?refer=ahpprovider&state=oh). The new prefix for Walmart associates is WMW.

Source: Network Update, August 2010 at [www.anthem.com](http://www.anthem.com).

## CareSource Timely Filing Revisions

From the CareSource Network Notification:

“CareSource is revising its timely filing requirements for claims, now giving providers 365 days.

As a result of expanding the window to file claims, it impacts the timelines for filing claims, appeals, medical necessity and retrospective utilization determinations.

This Network Notification is intended to add clarity to terms normally used as they relate to claim and clinical appeals,

claim corrections and claim reconsiderations.



### Conditions of Timely Filing:

- The filing period will be counted from the date of service or discharge date, whichever is later.
- All appeals and retrospective utilization determination requests submitted and received by CareSource’s timely filing end date will be considered.

- Appeals having gone through the formal appeals process are deemed to be final.”

For the complete article, go to [http://www.caresource.com/en/media/oh/misc/ProviderDocuments/UpdatesAnnouncements/OH-P-304\\_Timely\\_Filing\\_Revisions.pdf](http://www.caresource.com/en/media/oh/misc/ProviderDocuments/UpdatesAnnouncements/OH-P-304_Timely_Filing_Revisions.pdf).

Source: CareSource Network Notification number OH-P-2010-21b, August 25, 2010, at [www.caresource.com](http://www.caresource.com).

## Committed Employees Make PRC a Winner!

In 2010, PRC Medical is a NorthCoast 99 winner for the third time since 2007. NorthCoast is an annual recognition program that honors 99 great workplaces for top talent in Northeast Ohio.

These organizations demonstrate excellence in attracting, motivating and retaining top performers.

At PRC Medical, we have a remarkably dedicated and

talented team of people committed to service execution on behalf of our clients. Their expertise and diverse backgrounds set us apart, making PRC Medical a winner everyday.

