



Network Notification

Date: December 21, 2011

Number: OH-P-2011-53

To: Ohio Providers

From: CareSource

Subject: ODJFS/CareSource Reimbursement Changes for 2012

Effective: January 1, 2012

Below outlines reimbursement changes from the Ohio Department of Jobs and Family Services (ODJFS) and CareSource for 2012. Please note, many of these reimbursement changes were instituted by ODJFS some time ago. CareSource will implement these changes effective January 1, 2012.

Non-Covered Revenue Codes

In accordance with OAC Rule HHTL 3352-07-03 5101:3-2-07.13 Utilization Control Section: C-3, CareSource will exclude the amount of the non-covered revenue code from the final outlier reimbursement calculation.

CareSource will apply this change in reimbursement methodology beginning January 1, 2012.

A list of the non-covered revenue codes can be found in [Appendix A](#) of the Hospital Handbook on the ODJFS website.

Interim Claims

A claim for inpatient services qualifies for interim payment on the 30th day of a consecutive inpatient stay and in 30-day intervals thereafter. Under interim payment, hospitals will be paid on a percentage basis of charges.

Interim payments are made as a credit against final payment of the final discharge bill. The difference amount between interim payment made and the prospective payment for the final discharge will be reconciled when the final discharge bill is processed.

Hospitals must submit a final claim for payment only upon a member's discharge. If CareSource has not received the final claim within 90 days of the last interim claim, CareSource will recoup all interim claim payments.

Hospitals will have the opportunity to submit a complete final claim if interims are recouped as long as they are submitted within the required timely filing period.

Note, CareSource will administer this change effective January 1, 2012. Visit our previous [network notification](#) for CareSource's timely filing requirements.

Exceptional Outlier

CareSource will no longer apply the contracted premium into the calculation. CareSource will use the State defined threshold divided by the State defined CC Ratio for each Facility to determine the final threshold to be met by each Facility.

Transfer and Outlier

CareSource will recognize and reimburse for patient transfers starting January 1, in accordance with OAC Rule HHTL 3352-04-05, 5101:3-2-07.11 Appendix A, Section E:

Any hospital that is involved in transferring a patient as defined in rule 5101:3-2-02 (D1 and D2) may qualify for additional payments in the form of outlier payments as described in rule 5101:3-2-07.9.