

## OHIP Submission Process

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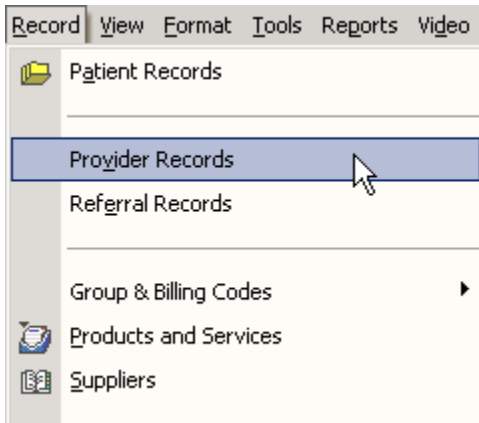
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### How to Submit Claims to the Ontario Health Insurance Plan:

In this training piece, you will learn how to submit to OHIP in four easy steps:

#### Part 1. Setup

1. Login to ODPro (choose version 5.0, then server connection: Local TCP, and Namespace: DIPPEL)
2. From the Records menu (top menu bar), select Provider Records,



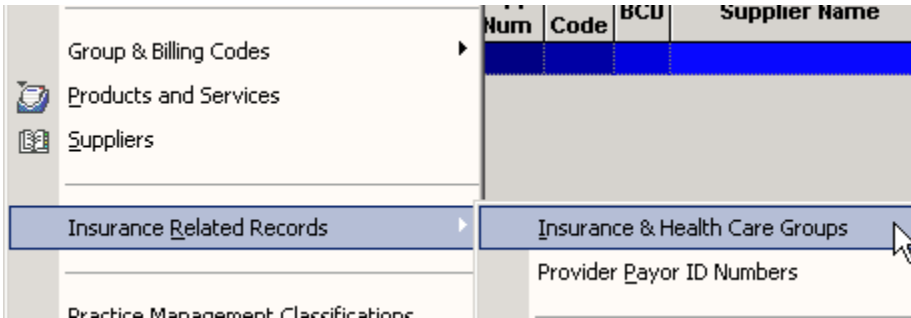
then scroll right to the Other Information column.

CMSName	Rank	Other Information
		0000-8156545
		0000-8130895

- You must ensure that the account number entered in the “Other Information” column begins with four zeros, then a dash, the account number, and then ends with three zeros

(What about the Step, Records >> Suppliers? I wasn't sure what is supposed to happen in this step.)

- Next, select Insurance Related Records from the Records menu, and then Insurance & Health Care Groups.



You will see the Insurance Plans View window appear:

Insurance Plans View							
Payor Num	GRP Code	BCD	Payor Group	A S	P/U	Inc Tax	Payor/Plan Name
FEESC	THP	FSA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assigned Fee Schedules
00002	THP	DVA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department of Veterans
00006	THP	FAS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAS
NEVMF	THP	FSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee Schedule New
00008	THP	GRH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grand River Hospital
00010	THP	GS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green Shield

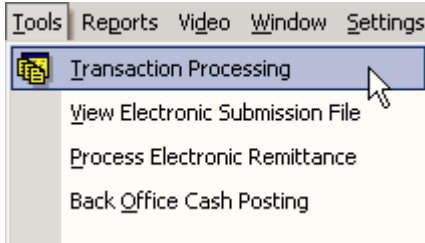
- The GRP Code column will show the Group Code as THP (third party), and the billing code will show as HCP in the BCD column.
- There must be an x in the E column (electronic column). This column might be hidden between the Payor Group and AS columns. To unhide this column, simply place your cursor in between these two columns until it changes shape, then double left click. You will now see the E column.

	Payor Num	GRP Code	BCD	Payor Group	E	A S	P/U	Inc Tax	Payor/Plan Name
	00012	THP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	00013	THP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FEESC	THP	FSA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assigned Fee Schedules
	00002	THP	DVA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department of Veterans
	00006	THP	FAS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAS
	NEWF	THP	FSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee Schedule New
	00008	THP	GRH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grand River Hospital
	00010	THP	GS1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green Shield
	00009	THP	IA1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indian Affairs
	00005	THP	ODS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ODSP
▶	00001	THP	HCP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ontario Health Insurance
	00004	THP	RCM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R.C.M.P.

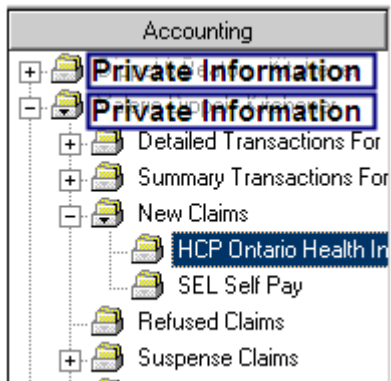
- Next, you must set up the Provider and Insurance (as usual) for the patient, being sure to select Ontario Health Plan as the Insurance plan.

**Part 2. Submission**

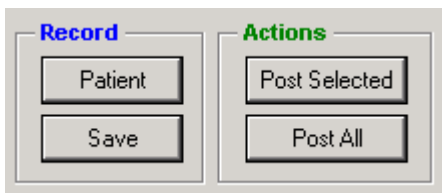
1. To submit an invoice(s) go to Tools (top menu bar), then select Transaction Processing.



2. Select the doctor (provider) from the list on the left. Click on the + sign to the left of the folder beside the provider's name.
3. Click on the + sign beside the New Claims folder, and then select HCP Ontario Health Insurance



4. The Current Transactions View window appears, which is a list of all patients to be sent to OHIP (Ontario Health Insurance Plan).
  - a. Notice the Ontario Health (HCP) billing codes in the BCD column
  - b. Scan through the list to ensure that valid procedure codes and diagnosis codes have been entered.
  - c. Be sure to never delete any of the patients on this list
5. Highlight the patients that you wish to send, then click on the Post Selected button or Post All button (bottom right).



6. If you wish to see the account of a particular patient, select the patient, and then click on the Patient button. The patient will then appear in the Workspace

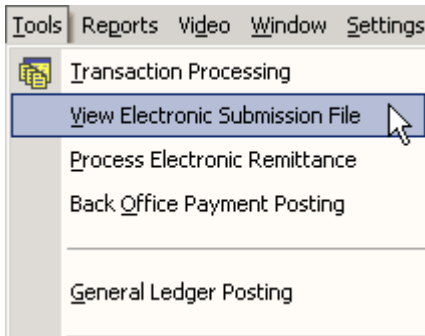
Manager on the left side of your screen.

7. After submitting the patients, the Billing Error window will appear. You must go back to the Current Transactions View window and fix the errors.

Error Checking will check for the following:

- if the ID number is a valid number
- if the provider information is correct
- if the procedure codes and diagnosis codes are correct

8. In the steps above, you have created a file, which will usually be saved in H:\EMB files. You must now go to Tools, and select View Electronic Submission File in order to view the contents of this file. Be sure to print a copy of the contents of this file for your records.



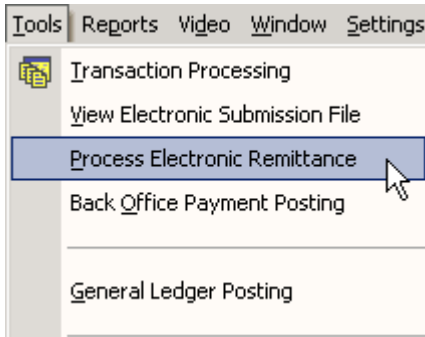
9. You must now save this file to a disk and send a copy to **Ontario Health**.

Note: there are currently two ways to send this file:

- Send a copy of the disk to Ontario Health. In this case, you can only submit your claims twice per month.
- Submit an electronic copy of the file directly to Ontario Health using the GoNet (Government of Ontario Network) website. (I could not find a website address for GoNet).

### Part 3. Remittance

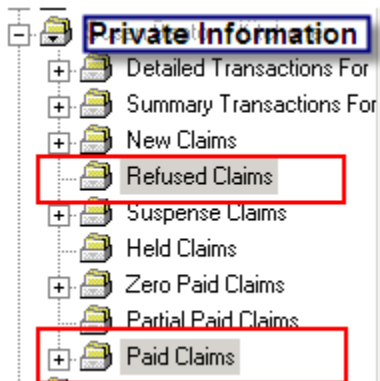
1. Ontario Health will send you back a Remittance File when they have completed processing your claims.
2. You must copy the file to H:\EMB files (or wherever your EMB files are stored). You may also want to print a copy of the contents of this file for you records.
3. Next, go to Tools, then Process Electronic Remittance.



The STAT column will now list 443 instead of NEW for all of the patients.

**Part 4. How to handle Rejections**

1. The STAT column will now change to PAD (for Paid), and any rejections will also show in the STAT column as **REJ**. If there are more than one rejection, then they will show in the BS1, 2 and 3 columns
2. You can now access the Refused Claims folder to check the rejected claims, and the Paid Claims folder to see details on which claims were accepted.



3. Once you have gone in and fixed the claims that were rejected, you must manually change the STAT column from HCP to NEW. The STAT column is case sensitive, so please be sure to type in NEW in ALL CAPS.
4. You must refresh the Current Transactions View window to see New patients that were returned back.
5. Resubmit these claims, and follow the procedures again, starting from Part 2, Step 7.

## Recent updates to the system:

1. P<month letter><doctor ohip#>.001 will be renamed to current date and current time in the format of YYYYMMDD\_HHMMSS\_P<month letter><doctor ohip#>.001
2. A report is generated into the file YYYYMMDD\_HHMMSS\_P<month letter><doctor ohip#>.rtf and will be the same date and time as in item 1
3. The system has been modified to be more intelligent and instead of reporting “invoice not found” in red, it will state “has been previously processed” in green.
4. A File Summary has been added to the top of the report which will show the following information:
  - a. Check # - This is usually **999999999**
  - b. Payee Name – This will be **MCMURTER DR TL**
  - c. Payment Date – This is the date the check was issued or direct deposited

Total – The amount being paid