



September 19 - 30, 2011 MITS Provider Training FAQs

October 28, 2011

**Please Note: Responses are current as of 10/28/2011, and are subject to updates.*

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
1	Claims	Once you void a claim the new claim goes into suspense, how long does the claim stay in suspense?	At this time we are unaware of avoided claim going into suspense. We can however do some research on this and post any findings to the website, so please continue to check the ODJFS website for updates.
2	Eligibility	Why does MITS have TPL information still listed if TPL has been termed since 2008? Is this going to be updated or revived so other payer information does not have to be entered? I currently try to get the TPL term date and submit on 6614 rather than enter information.	We are currently in the process of getting all TPL information updated in MITS. However, please continue to submit the 6614 with the correct information so the TPL can be researched and updated if necessary.
3	Eligibility	We have had a large number of claims that have denied for primary insurance and the policies have been termed since 2003, 2008, etc. Is this going to be corrected in the MITS system instead of the providers submitting the 6614 form? Can't the upload be redone?	Please submit the 6614 so this can be corrected in the MITS system.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
4	TPL/COB	Is there going to be training specifically for TPL/Medicare crossover claims for Institutional providers? I know that there was one for professional providers.	At this time there are no plans for a separate training session on TPL/Medicare crossover claims for Institutional Providers. Please monitor the ODJFS website for future training opportunities.
5	Claims	Since the occurrence code 57 has been discontinued what occurrence code are you to use in replace for that?	You will need to find the best HIPPA Code Set to explain the Medicare paid date. You can find these on the Washington Publishing Website. Also please review all communications that have been published on the ODJFS website for providers regarding the use of code sets.
6	Billing Instructions	Where are the billing instructions for Part A claims when the patient only has Part B coverage?	Please refer to the billing manuals and Institutional Billing Instructions provided for you on the ODJFS website. The instructions include submission of claims for Medicare Part A and Part B.
8	System	When are all the system issues going to be posted on the Website?	We cannot say for sure when information on all system issues will be posted on the Website. The Answer Keys on the MITS web page address issues and once the research has been completed we are posting that information, along with any possible solutions or work around. Please continue to monitor the Website for updates.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
9	Hospice Claims	How is hospice supposed to get paid for Room and Board claim? The nursing facilities want to know when they will receive their payments	We are still working on this issue at this time. Please continue to monitor the website for updates as resolution is posted as soon as research is completed.
10	Claims	You stated earlier can submit a paper UB 04...but to what address? I have received all mail back with PO Box closed? You did not provide the correct address.	Please review the Supplemental Informational Release on the MITS website dated July 18, 2011 and is titled " ODJFS PO Box Updates ". The Release tells providers which addresses are no longer valid and provides you with the new correct address. Also please remember that if paper claims are mailed that have attachments, or are COB/TPL, these claims will be returned to the provider as they are to be submitted either through the EDI process or the MITS Web Portal.
11	TPL/COB	Is the Payer Code the same as what is used for electronic transmission?	The payer code information can be found under The Answer Key on the MITS website under MITS Tips. This link will take you directly to the Carrier code and Payer ID information. http://jfs.ohio.gov/OHP/providers/pdf/Answer_Key_07.pdf

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
12	Financial/RAs	What is the date of deposit into our bank?	You will need to contact your bank for the date of deposit because each bank has different timing for deposits. . Remittance Advices (RAs) are available to providers on Wednesdays via the MITS Web Portal.
13	Eligibility	When searching eligibility, if they have a Spenddown can you explain what Recurring and Delayed mean?	When a recipient had Spenddown, recurring means that spend down occurs every month. Delayed would mean that spend down does not occur monthly, but may be for various months and dates. Also, please note that if you see a Medicaid effective date the recipients spend down has been met for that DOS.
14	Claims	If you have more than one denial for a claim does it matter which previous ICN you use? Should it be the most current one?	Yes, when working on all claims, whether it is a denied claim or a claim you want to void or adjust, you always need to use the most current ICN for the claim.
15	TPL/COB	What is answer key 11 and how do we get to it?	Answer Key #11 had information for providers on Coordination of Benefits: Claim-level information, detail-Level Information, and adjustments. This is just one of many Answer Keys that are published for providers to assist them with specific problems they might be encountering. To access and review all Answer Keys please go to the ODJFS website at http://jfs.ohio.gov/mits/index.stm . Answer keys are available on the right hand side of the page. You may also access them by clicking on the MITS Provider Training Link, scroll towards the bottom of the page and click on the MITS Keys link.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
16	TPL/COB	I cannot find the Carrier code on insurance cards or on EOB's. They are never there. Where else can I find them?	Please refer to Answer Key #7 on the MITS web site. This has specific information with regards to locating payer identification codes (carrier code).
17	Prior Authorization	If you submit a claim with a prior auth that was received pre-MITS, will the claim deny since the prior authorization in MITS has different numbers?	All prior authorization approvals were converted over into MITS from the old MMIS system. If providers submit claims with the old PA #'s the claims will adjudicate. If a claim submitted with a PA from the old system denies, providers will need to call the IVR for assistance with that claim.
18	Eligibility	Are we going to be able to see a future end date for patient eligibility? The old website showed if coverage was set to term at the end of the month that way we could call the patient and ask them if they were aware of the coverage terming - if they were not aware then they can call and find out the status before coming in for their next appointment.	Eligibility for a recipient is reviewed and determined monthly and a recipient may not be eligible for a future month. There is no way to guarantee that a recipient will have coverage in the future as circumstances change for recipients. When checking eligibility in MITS providers are not allowed to check for "future dates". Please note that Providers should be checking eligibility each time they provide service to a recipient. If not they are at risk of not being paid if they assume a recipient will be eligible for future dates.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
19	Prior Authorization	If I have a denied PA stating Medicare coverage but I know it will be not covered by Medicare can I enter notes to the PA to have reviewed and overturned?	Yes, you would need to submit a new Prior Authorization request and then use the notes panel to enter any information you feel is necessary for the reviewer to know when reviewing your request.
20	Prior Authorization	How do I know if my prior auth requires an attachment?	There have not been any changes to the requirement for submitting supporting documentation for a Prior Authorization request. The only thing that has changed is that PA requests must be completed on the MITS Web Portal. If you have additional questions you may refer to the eManuals on the Website for further instruction.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
21	Training Information	How do we access the web portal fundamental e-tutorials?	On the ODJFS website, please click on the MITS Provider Training link. Towards the bottom of the page you will see a link to access “MITS Online Tutorials for Providers”. This is where you will be able to access the Web Portal Fundamental Section. The Web Portal Fundamental Section is just one of many sections within the Online E-Tutorials for MITS. The direct link is http://www.odjfs.state.oh.us/tutorials/MITS-External-Training/ . Feel free to copy and paste it and save it as a favorite to revisit the E-tutorials at your leisure.
22	Claims	If paper claims are accepted...why did we just have 50 claims returned to us? They were secondary claims and we sent them to P.O. Box 182243. Should they be sent somewhere else?	The reason they were returned is because they were secondary claims. If a provider is submitting paper claims please note that only straight Medicaid claims will be accepted. TPL, COB (or secondary) claims must be submitted via 837 transactions or through the Web Portal. Also, for more information and correct address please go to the MITS website http://jfs.ohio.gov/mits/index.stm click on Information Releases. Go down to the Supplemental Release ODJFS Post Office Box Changes dated 7/18/2011.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
23	Claims	You may have already answered this and if so I'm sorry, but when adjusting a claim, let's say June, 2011, I understand we have to VOID it and then submit a new claim. Do we have to wait to submit the new claim or can we do so immediately?	Once you have confirmation from MITS that the claim is voided, you can submit your new claim immediately.
24	Claims	What is the cutoff day to submit a claim electronically through the clearing house and on the MITS Portal, in order to receive payment on the next check run?	Friday is the cutoff for claims to be received by MITS. Any claims that are in MITS and have been adjudicated showing a "pay" status will process for payment to the provider during the weekend financial cycle. Remittance Advices will then be ready and available for providers on Wednesday of the next week and payment issued after that, depending on your payment method and financial institution. Also, please understand that if you submit EDI claims on Friday through your Clearinghouse, we cannot guarantee they will be pulled into MITS prior to the cutoff for the financial cycle. This will depend on the claims processing through your Clearinghouse.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
25	Prior Authorization	Is a diagnosis code required for Dental Prior Authorizations?	At this time Prior Authorization requests for Dental services does not require diagnosis codes. If this process were to change in the future providers will be notified.
26	Prior Authorization	Is the billing address for prior authorizations the same as regular claims?	Prior authorization requests may not be submitted via the paper process. All requests for Prior Authorization must be submitted via the MITS Web Portal. This applies to all providers; Dental, Professional and Institutional.
27	Prior Authorization	Is there somewhere the system will let you know if there are approvals or denials ready to be checked or do we have to remember all PA's sent in and ck them individually	Prior Authorization approval and denial letters are not being sent to the majority of providers. You will need to make note of the PA # that is assigned to your request and check the MITS Web Portal regularly to see the status of your Prior Authorization.
28	Prior Authorization	For Dental provider is there a place in the Prior Authorization process where we indicate missing teeth?	You would submit that information in the Notes section of your prior authorization request.
29	Web Portal Attachments	When uploading documents and choosing "type of Doc", radiographs are x-rays that I am capable of uploading and I have been identifying those under photographs. Is that correct?	Providers may upload digital x-rays through the attachment process in the MITS Web Portal. If you are identifying those as photographs that should be fine. If you are not able to upload them then the radiographs would need to be mailed in with the EDMS Cover sheet.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
30	Eligibility	You can't view patient past history for frequencies like exam, prophylaxis, bwx, panorex etc.	At this time the Service Limitation file is not currently working. Providers will be notified once it is working so please monitor the website daily for updates. Until then you will need to contact the IVR line for assistance with Service Limitation questions.
31	Hospice Claims	On hospice room and board claims. Why are they not paying the partial day for patient liability and are paying the full amount on that day?	There are currently Hospice issues that are being reviewed and researched. Please continue to monitor the website for updates.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
32	Eligibility	Being an ambulance provider we are not always able to see the insurance card. How can we obtain or find the carrier code for crossovers?	You can locate the Payer ID code in several ways: Look at the individual's Medicare or insurance card (not the Medicaid card). Check the Explanation of Benefits (EOB) issued by the other payer. Examine the Electronic Remittance Advice (ERA) issued by the other payer. Contact the other payer, either by phone or through the payer's provider services website.
33	Prior Authorization	What does the MTA stand for after ORTHOTIC in the assignment field for Prior Authorization?	There are a few assignments types that have the MTA after the assignment type. MTA stands for Medical Technician Assistant.
34	Eligibility	Will searching by patient, or recipient, name on the eligibility screen ever be an option?	At this time there are no plans for this to part of the search criteria for eligibility. If this process changes in the future providers will be notified so please continue to monitor the Website for updates.
35	Claims	When a claim is submitted it will state paid, but have denials on the lower part of the claim why?	If the claim status indicates the claim has been paid then the EOB codes providers are seeing are not specifically denials. The codes you see give providers information on how and why the claim was adjudicated and processed for payment.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
36	System	If we use the MITS Web Portal as a billing system for TPL, do we need 5010 software to bill on MITS? We currently have 4010 software.	Providers can use the EDI 837 transaction process or the Web Portal to submit any type of claim, including TPL. Please note that if you have internet access and can access the Secure Web Portal then you are fine and do not need to worry about the 5010/4010 software. However, if you are submitting claims via the EDI 837 transaction process then you need to need to work with your software vendor and, if necessary, contact the EDI help desk to verify you software meets standards. Any changes with regards to 5010 will be communicated to providers so please continue to regularly monitor the ODJFS website for future updates.
37	TPL/COB	We were told that if we did not have the Carrier Code then we could place all ones (1) in place of the carrier code. Is that correct?	No, providers must enter the correct carrier code (provider identification) on their claims. You can locate the Payer ID code in several ways: Look at the individual's Medicare or insurance card (not the Medicaid card), Check for the code on the Explanation of Benefits (EOB) issued by the other payer, Examine the Electronic Remittance Advice (ERA) issued by the other payer, Contact the other payer, either by phone or through the payer's provider services website.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
38	Claims	If a provider doesn't have the ICN # for a claim how can they adjust a claim that they have submitted that day?	The MITS Web Portal gives providers many ways to search for specific claims. In this instance you may enter claim search criteria such as the Recipient ID and the Date of Service for the claim you submitted for that day.
39	TPL/COB	It was mentioned that we have to put Medicare crossover claims in the MITS system, if Medicare already crosses them over why do we need to put them in the system again?	Providers only need to enter crossover claims into MITS for those claims that do not automatically crossover.
40	Financial/RAs	The Remittance Advice format, when printed, tends to use 2 pages for everyone on your website. A 100 page remittance, prints on 200 pages. This is actually doubling the paper needed to print out the remits. What can we do?	This may be due to the browser providers are using, however this is currently being researched. Please monitor the Website for any updates to be posted on this concern.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
41	Prior Authorization	How long does it take to get a Prior Authorization for a surgery?	We are not able to give you a specific time frame, or even an estimate of how long it will take to have a prior authorization reviewed for approval. This will be dependent on the number of requests a reviewer has assigned to them in their work queue. Please monitor the Web Portal daily as the reviewer may need additional information from the provider and will make a note of that in the notes section. This will also depend on if attachments are required for the review. If the attachments are send via mail with the EDMS coversheet then the review cannot be completed until the attachments are received and attached to the PA request.
42	Eligibility	When I check a patient's eligibility it says no TPL and the field is empty. But when I submit a claim for that patient the claim denies saying the patient has other insurance. Why?	We are currently in the process of getting all TPL information updated in MITS. If <i>necessary providers can</i> continue to submit the 6614 with the correct information, so the TPL can be researched and updated if necessary.
43	Claims	If we have to void a claim due to a wrong Medicaid ID, will we have to generate a whole new claim or will that be automatically done?	Once a claim is voided you cannot adjust that claim. You will need to submit a new claim with the correct Medicaid ID.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
44	Claims	When sending paper claims, that now go to the Akron address, what is the telephone number we would use to follow-up with any claim questions?	Call 1-800-686-1516 if you have claim questions? If you want to confirm that Medicaid received your claims, you do have the option to submit them via the MITS portal or EDI. However, if you do send claims in the paper format, and a sufficient amount of time has passed so that the claim has been received, you can search for your claim status via the MITS Web Portal. Please remember that you will not be able to see your claim in MITS until the claims are adjudicated.
45	Claims	If a patient has spend down type Medicaid. Does that effect dental offices, and if so how?	Yes. Spenddown does affect dental providers, because Medicaid will not pay your claims until the clients meet their Spenddown obligation and become eligible for Medicaid.
46	Claims	When filing a claim that requires a pre authorization we keep getting a message that the recipient is enrolled is in	If your Medicaid client is receiving services via a Medicaid Managed Care Plan (MCP), the MCP is responsible for the dental services that your client receives. Therefore, you must contact the MCP prior to providing the dental services and follow the MCP prior authorization process (if applicable). When you check eligibility on a recipient you will be able to see if they are enrolled in a Managed Care Plan and the plan information will be provided to you. If you do not see Managed Care information and continue to have this problem please contact IVR for assistance.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
47	Claims	When entering rendering provider is it the individual Medicaid provider number or the Billing Medicaid provider number for large group practices	The rendering provider is the provider that provided the service. The billing (group) provider is receiving payment for the service. Please note that for some provider type and specialties the rendering provider can be the group provider. However, the group provider cannot be the rendering provider.
48	Provider	When assigning provider contract(s), is it on an individual provider basis within the billing NPI, or does it apply to all the providers under the billing NPI?	Provider contracts apply to the rendering (individual) providers and the billing (group) providers, because the contract determines what service the rendering provider can provide and what payment the group provider can receive. If you have questions regarding provider contracts, please contact Provider Enrollment at 1-800-686-1516.
49	Claims	At this point, we have gone live with the MITS; do we resubmit the unpaid claims by the MITS portal or by our clearing house?	For claims that were received by Medicaid on/after 8/2/11, you can resubmit your claims via the MITS portal, your clearinghouse, or hard-copy. I don't recommend submitting claims via the hard-copy process, because the hard-copy process has a lot of restrictions (must be a "straight" claim), and you won't know that the claim is received until it's adjudicated
50	Claims	Can you appeal a claim using MITS? We are not resubmitting the claim because there was nothing wrong with the original submission but the denial reason is inaccurate	Ohio Medicaid has no "appeal" process for claims. If you have questions or concerns regarding your denied claims, contact a Provider Assistance representative at 1-800-686-1516. Also remember that many things have changed with MITS so please verify you are billing the correct codes and the recipient is eligible for the DOS.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
51	Claims	For the diagnosis codes, is there a menu online where we can see all the options in a list format? We have been having difficulty finding the code for partial dentures.	Dental providers are not required to have a diagnosis code on their claims. Please refer to the billing instructions for details.
52	TPL/COB	Is there going to be a Dental tutorial on TPL/COB information?	At this time there are no plans for separate Dental training session on TPL/COB. Please monitor the ODJFS website for future training opportunities and be sure to read all of the information posted to the website regarding TPL/COB.
53	MITS Account	How would you replace an Administrator and set up a new Administrator for the account.	In the case that the current Administrator is still present at your facility you may simply obtain the current information from them. Once you have obtained the User ID and password, you may then access the account. Once you have accessed the account you would then want to change the password as well as the email address that is on the account. However, if you are unable to obtain the current Administrators information then you will need to contact the IVR for assistance.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
54	Attachments	Why will MITS accept some attachments and not others when they are all PDF?	We are not sure why you would be having problems with uploading some attachments and not others. Please make sure you attachments are not over 50 Megabytes per each attachment. Also remember that you are able to mail attachments with the EDMS cover sheet if you are unable to upload them. Please remember you can contact our IVR staff for additional assistance if you continue to have problems.
55	EDI	It appears the 835 is not returning the client Medicaid identifier. Will this be changed?	This question is pertaining to our EDI process. Please contact our IVR line for assistance.
56	Eligibility	Why can't the QMB Status be found on the eligibility verification screen.	If a recipient has QMB the information is available to providers when checking eligibility on the MITS Web Portal. QMB information is listed under the Benefit/Assignment Plan panel on the eligibility screen. The information will also be available when checking eligibility through the IVR process.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
57	TPL/COB	Do we have to submit line item detail when billing Medicaid secondary for UB's?	This will depend on how the primary insurer paid their claim. If payment was made at the detail level then the primary payment information also needs to be at the detail level to Medicaid.
58	Claims	How would we request a refund on a claim that was originally sent to Medicaid and paid and then patient lets us know they have a primary insurance which also paid? Would we do an adjustment or void?	You have the option to either adjust or a void the claim. Adjusting the claim would require making changes in the system regarding the claim payment information and adding the TPL/COB information for that claim. Voiding the claim would cancel out the claim and then you would need resubmit the claim with the primary insurance information.
59	NDC	Where can we get the NDC Code for the J Code drugs?	Please review Informational Release #10 dated May 16, 2011 titled "National Drug Codes". NDCs are codes assigned to each drug package. They specifically identify the manufacturer, product and package size and providers need to obtain the NDC code from the original packaging of the drug.
60	Prior Authorization	When do Transportation services need a Prior Authorization?	Please review the Transportation provider manual in the emanuals section of the Ohio Health Plans website. If you still have questions after review the emanual please contact IVR for assistance.
61	Training Information	Can we have a hospice only billing webinar?	At this time there are no plans for provider specific training sessions. Pleases review your emanuals for specific billing instructions and continue to monitor the website for billing updates.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
62	TPL/COB	Do we need an ICN # from Medicare in order to submit a claim to MITS for Medicaid?	When you are submitting a crossover claim you will notice that there are asterisks (*) by fields that are required. The Medicare ICN is not a *required field on the Other Payer panel but providers may choose to enter the information for their records and specific claim information. Medicare paid date and paid amount are required.
63	ICD-10	When will the ICD-10's need to be used? Is there any time line Medicaid will require prior to implementation?	At this time we do not have any specific information for you. Please continue to monitor the ODJFS website as updates and information are routinely posted there for providers. The link for the website is http://jfs.ohio.gov/mits/index.stm
64	Eligibility	Is there a way to see when a member's eligibility began?	No, providers will not see specifically when a member's eligibility began. When checking eligibility for a recipient on the MITS Web Portal providers will only see eligibility for the specific Dates of Service (DOS) that they have entered as search criteria. Providers are able to see eligibility for date spans but would need to enter the date span criteria to receive back those eligibility results. Date spans must be entered in 6 month increments, i.e.; 01/01/2011 (from DOS) to 06/30/2011 (to DOS) and Providers may search for eligibility for 3 prior years.
65	TPL/COB	Do you have to input the carrier code every claim submission?	Yes, the Payer Id (Carrier Code field) is a required field for all TPL/COB claims.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
66	TPL/COB	What if the insurance doesn't have an carrier code	ODJFS is not aware of any health care plan the does not have a Payer ID. If you are unable to find the payer ID we recommend contacting the other payer, either by phone or through the payer's provider services website.
67	Claims	Are all Home Health claims considered "Professional" or are some "Institutional"?	Home Health claims are billed on a Professional claim format for EDI and Web Portal and the CMS 1500 for paper claims.
68	Training Information	Is this the same information being covered in the face to face training being held in Columbus?	Yes
69	Claims	In the face to face training, will they be able to answer claim specific questions?	No, The MITS training sessions, both face-to-face and webinars contains similar training content as the Pre Go Live MITS training and webinars that were offered prior to August 2, 2011. Although the current training sessions have been supplemented with new information, many providers still need the basic MITS information or need additional support with MITS web portal. For claim specific questions or if you are currently using MITS web portal and experiencing issues, please call the Provider Call Center for assistance at: 1-800-686-1516.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
70	Claims	As a home delivered meal provider would I submit claims under "Professional" or "Institutional"?	Providers that are Home Delivered Meal providers submit their claims on a Professional claim format for EDI and Web Portal and the CMS 1500 for paper claims.
71	Claims	Why is a claim being rejected now that was always paid prior to August 2nd? Nothing has changed with the customer and their insurance.	With the implementation of MITS, and the many changes that the new system has brought to Ohio Medicaid, there are many reasons that the claim may have denied. Please be sure to review the EOB codes for the claim which will give you the specific information and detail for the claim denial. If you still have questions please contact the IVR for assistance.
72	Attachments	When we mail attachments using the EDMS cover sheet are we allowed to fold the papers or do they need to be mailed unfolded?	As all attachments that are mailed in with the EDMS cover sheet need to be scanned please do not fold the attachments. This could cause problems with the scanning process.
73	Claims	What does denial code 4374 mean and what is needed to correct a claim to have the claim process and pay?	I am sorry but this is a claim specific question that will not be addressed during our Webinar. Please contact our IVR Representatives for assistance.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
74	Eligibility	Are you able to tell me what SLMB coverage means when it shows under the benefit/assignment field? I have not been able to find the definition of this coverage	This is not pertaining to MITS so this will not be answered in this session
75	Claims	Why are the bed holds days for clients that only have QMB coverage being denied while under skilled Medicare days.	This is a claim specific question and will not be addressed at this time.
76	Claims	I had a resident whose home sold and they wrote a check to office of fiscal services for over \$8000, so that the Medicaid case would not close. Are we still allowed to do this? How would be submit a lump sum that is over the cost of care?	This is a claim specific question that will not be addressed at this time.
77	IVR	I still can't get into MITS after my Administrator set me up and gave me access for checking benefits, and to print my Vendor payment. I have made 2 calls and even emailed.	Please contact our IVR staff with this concern. Thank you

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
78	Claims	How do we file CPT 92340 (glasses)? We used to file that directly to Medicaid but now it is asking for denials from primary insurance which we know will just deny it.	That is a claim specific question that will not be addressed at this time.
79	Claims	How do we submit a claim that has a PA when there are multiple same codes that were approved (i.e. K0108)? Do we submit the code once and add the # of units or list them all separate?	That is a claim specific question that will not be addressed at this time. Please contact our IVR staff to address your question.
80	Prior Authorization	I have received a PA with code E1340 (labor) that was approved for 16 units for \$0.00 and then I have another PA (another client) that code E1340 was approved for \$88.00 for 8 units---why?	That is a claim specific question that will not be addressed at this time. Please contact our IVR staff to address your question.
81	IVR	You advise to contact your IVR staff to address but our office has had no luck in returned calls like we are told.	Our Tier 2 staff currently has many calls to return. They will be returned your call in the order it was received.
82	TPL/COB	Medicare cross over claims having trouble getting them to go. States all Medicare fields need filled out. The only thing not filled is in the Allowed amount box in which it is not highlighted where u can enter amount	Please review the COB/TPL information on the MITS website

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
83	TPL/COB	What if a Medicare claim is not a TPL or crossover claim, but Medicare denied for benefit maximum being reached? How would this be submitted? Do we attach a 6653 form with EOB?	This is claim a claim specific question that will not be addressed at this time.
84	Claims	J1055 Depo-provera denies currently as an invalid NDC but when you call it's correct, will the portal tell you if the NDC is invalid for a code?	No there is no list or panel for you to determine if the code is invalid.
85	TPL/COB	COB-is Medicare going to start requiring a Medicare denial to process for payment. We have submitted several A4223 claims that are being denied as Medicare is involved but this is not a covered code by Medicare. Did not need this in the past.	This is claim specific and will not be discussed during this session.
86	IVR	We have left and spoke to several people recently and have not received any return phone calls. Can you tell us about how long it will take for someone to get back with us?	There are many calls at this time and they are returning them in the order they are received.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
87	IVR	I have set up an account according to the directions, but when I log on there are no options to add agents like the other accounts we have. How can I fix this? The IVR couldn't solve the problem.	Sounds like something was set up incorrectly. Your call should have been directed to TIER 2 so you will need to wait for them to return your call.
88	TPL/COB	When sending a COB claim, do we still have to attach a Medicare Bill for Denial?	Please review the COB/TPL information on the website. Please make sure you submit using the correct ARC codes
89	TPL/COB	What carrier code would you use for a MCR advantage plan such as united health care, would you use the MCR carrier code?	Each plan has its unique Payer ID number and that is what you should be using when submitting a claim.
90	Claims	When adjusting a claim and the header section has "other accident" marked with an accident date, the claim won't process and keeps asking for an accident date that's already been provided. How do I get the claim to process?	Please contact our IVR staff. This could be a problem in the system.
91	TPL/COB	I keep getting a denial code of 9993 (Medicare paid amount is missing, invalid or not > zero when there was no payment made by Medicare. How do I get this claim to pay?	Apparently something was entered in a field accidentally. Please review the COB/TPL information on the MITS website.

SEPTEMBER 19-30, 2011 MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Type of Question	Attendee Questions/Comments	Answer
92	Prior Authorization	What do you use in the Assignment Field -type of PA being submitted field for a TPN Pump?	This is claim specific and will not be addressed in this session.
93	TPL/COB	when Medicare is primary and anthem is secondary then Medicaid, I am having trouble getting the zero pay from anthem to take in the pay field	You should be able to enter the detail line information and submit the ARC codes with the payment amount. Please review the COB/TPL information on the MITS website. If you are still having problems then contact our IVR staff for assistance.
94	TPL/COB	How do we file tertiary claim?	Please review COB/TPL information on the website.