

Ohio

**Medicaid Information
Technology System**

**Professional Provider
Implementation Training**

MITS 2011

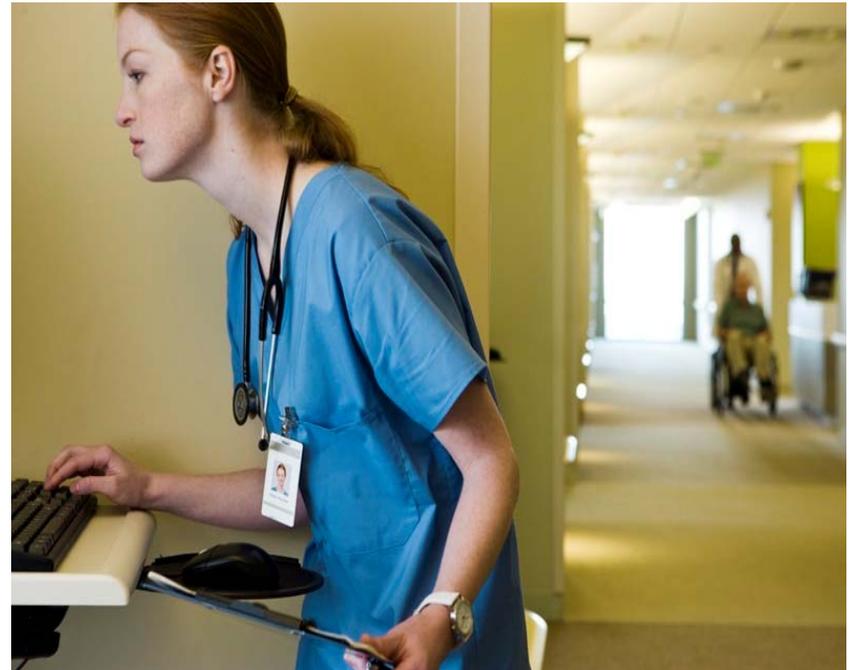
Welcome

- Introductions of training team
- Training material
- Evaluation form



Agenda

- Team Players
- Provider Preparation
- What is MITS
- What is MMIS
- MITS Enhancements
- General MITS Information
- MITS Web Portal



Agenda, continued

- Provider Type Specific Information
- Provider Resources
- Questions & Answers
 - Enter questions during and at the end via the Questions button at top
 - Co-Trainer will enter answers
 - Trainer will read all Q&As at the end of the session



Team Players



- Ohio Department of Job and Family Services (ODJFS)
 - Ohio Health Plans
- Hewlett-Packard (HP)
 - Vendor
- Medicaid Providers

Provider Preparation

- Discuss with office leadership and staff about the upcoming changes
- Notify trading partners and contractors of upcoming changes
- Begin to think about the MITS Portal roles and how agents will need to be assigned by billing NPI
- Mark August 2, 2011 on office calendars

What is MITS?

Medicaid Information Technology System

- MITS will become the new Web-based, Medicaid management system
- MITS design is based upon the Medicaid Information Technology Architecture (MITA)
- MITS is a .NET environment able to process transactions in “real time”

What is MMIS?

Medicaid Management Information System

- MMIS is the current claims processing system
- 20+ years old
- Mainframe based
- Portal limitations
- Clinical auditing constraints

MITIS Enhancements

MITIS Enhancements

- MITIS Web Portal
 - Provider Enrollment
 - Recipient Eligibility
 - Review Recipient Medicaid eligibility
 - Verify Fee for Service and Medicaid MCP eligibility
 - Claims Management
 - Submit, adjust, void or copy all claim types
 - Institutional
 - **Professional**
 - Dental
 - Submit claims with attachments

MITS Enhancements

- MITS Web Portal, continued
 - Prior Authorizations
 - Submit and upload attachments
 - Track and manage prior authorizations
 - Financial
 - PDF version of a remittance advice
 - PDF will have specific EOBs and not HIPAA Adjustment or Remark codes
 - 1099 Information

MITS Enhancements

- Additional benefits
 - Enforcing current policy via enhanced edits & audits
 - More information required at the detail level
 - New control numbers (examples: Claim numbers, PA numbers, application numbers, etc)
 - New enhanced remittance advices
 - Maps to Error Codes
 - HIPAA Adjustment and Remark Codes - Portal and EDI 835
 - OHP specific EOB - Remittance Advice and Portal

MIT S Enhancements

- Provider Contracts
 - In MMIS, category or categories of service (COS) were assigned to a qualifying provider of a specific service. For example, a qualified physician that enrolled received a physician category of service that was based on their provider type. This “category of service” would determine what services the physician was qualified to be reimbursed for providing
 - In MIT S, “category of service” is referred to as Provider Contracts or Contract

MIT S Enhancements

- Provider Contracts continued...
 - In MIT S, a single category of service (COS) may be the same as one provider contract. For example, a dentist received the dental COS in MMIS, and in MIT S will receive the dental contract
 - On the other hand, in MIT S, a single COS may be two separate provider contracts. For example, in MMIS, a physician received a single physician COS that included lab, but in MIT S, the physician will receive two contracts, a lab contract and a physician contract

MIT S Enhancements

- Provider Contracts continued...
 - Another example is the Durable Medical Equipment (DME) COS. In MMIS, this was a single COS assigned to a qualifying provider that dispensed DME supplies for use in the home. In MIT S, the qualifying provider will receive two contracts, the DME Basic Contract and a DME Orthotics and Prosthetics (O&P) Contract. At re-enrollment, if it is determined that the DME Supplier does not supply O&P devices, they would no longer need the O&P contract

General MITS Information

General MITS Information

Internal Control Number (ICN)

- The ICN will replace the transaction control number (TCN)

2010170357321

20	10	170	357	321
Region Code	Calendar Year	Julian Day	Claim Type/Batch Number	Number of Claim in Batch

All claims will be assigned an ICN

General MITS Information

- **Converted Claims**
 - Claims in MMIS are being converted for historical purposes and are denoted by the ICN region code 40
 - Changes that can be made to these claims are minimal and will be discussed later in this presentation

General MITS Information

Internal Control Number (ICN)

- Primary region codes new claim submission
 - 10 Paper Claim without attachment
 - 11 Paper Claim with attachment
 - 20 Electronic 837 without attachment
 - 21 Electronic 837 with attachment
 - 22 MITS Web Portal without attachment
 - 23 MITS Web Portal with attachment

General MITS Information

- Primary Region Codes, continued
 - 50 Adjustment – Non-check Related
 - 51 Adjustment – Check Related
 - 52 Mass Adjustment – Non-Check Related
 - 53 Mass Adjustment – Check Related
 - 54 Mass Adjustment – Void Transaction
 - 55 Mass Adjustment – Provider Retro Rates
 - 56 Adjustment – Void Non-Check Related
 - 57 Adjustment – Void Check Related
 - 58 Adjustment – Internet claims

MITIS Web Portal

Getting Started

Getting Started

- Technical Requirements
 - Internet Access (high speed works best)
 - Internet Explorer version 6.5 – 8.0 or Firefox 1.5 – 3.5
 - Turn off pop-up blocker functionality
- How do I Access the MITS Portal?
 - Go to <http://jfs.ohio.gov/OHP/index.stm>
 - The **ODJFS Medicaid Welcome Page** displays
 - Select the **Providers** link

Getting Started

Ohio.gov | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

Providers

Home Consumers **Providers** Trading Partners Public Information Publications Admin Host

enrollment enrollment tracking search provider links long-term care account setup

Job & Family Services Ohio Medicaid

Provider Home

Using the Provider Enrollment wizard, applicants are guided through the necessary steps to complete and submit an enrollment application to become a Medicaid provider. After logging in to the Secured Site, providers can use self-service tools to manage their account, access their mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

Search Provider Directory

Allow a user to perform searches for providers and community resources by different search criteria such as county, city, state, or zip code.

Fee Schedules

View schedules based on provider types in PDF/HTML/CSV

Login to secure site

- Click Here to Login

Provider Setup

If you are a provider and have received your Welcome Letter

- Click here to setup your account

Agent Setup

If you are a provider employee or doing work on behalf of a provider

- Click here to setup your agent

Getting Started

Search Publications

Allow a user to perform a search for a publication and view the document.

Provider Services

The provider services page contains links to HP contacts, ODJFS contacts, schedules, and provider training.

Managed Care

Ohio Medicaid contracts with Managed Care Plans (MCPs) to provide quality health care to many Ohio Medicaid consumers.

- [Click here to setup your agent account](#)

Note: Provider must approve.

Trading Partner Enrollment

- [Click here to setup your account](#)

Provider Enrollment

- [Provider Enrollment](#)
- [Check Provider Enrollment Status](#)

News

- [Enroll as a HOME Choice provider](#)
- [Rate increase for home and community-based service providers outlined](#)
- [Response to Medicaid Performance Audit](#)

[Home](#) | [Site Index](#) | [Food Assistance Non Discrimination Statement](#) | [Privacy Statement](#) | [Contact Us](#)

[AMA & ADA Copyright](#)

Getting Started

Ohio.gov | Department of Job and Family Services

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Getting Started

The screenshot shows the Ohio.gov website for the Department of Job and Family Services. The header includes the Ohio.gov logo and a search bar. The main navigation menu includes 'About JFS', 'Our Services', 'Info Center', and 'New & Events'. The 'Providers' link is highlighted in red. Below the navigation, there are links for 'Home', 'Consumers', 'Providers', 'Trading Partners', 'Public Information', and 'Public Enrollment'. The 'Providers' link is also highlighted in red. The 'Account Setup' link is highlighted in red. Below the navigation, there are links for 'enrollment', 'enrollment tracking search', 'provider links', and 'long-term care'. The 'Account Setup' link is also highlighted in red. The main content area is titled 'Job & Family Services Ohio Medicaid'. Below this, there is a blue header for 'Account Setup' with a help icon and an up arrow icon. The form contains two input fields: '*Login ID' and '*PIN'. The text next to the '*Login ID' field reads: 'For Providers, this will be your Medicaid Provider Number. For Trading Partners, this will be your Trading Partner ID.' The text next to the '*PIN' field reads: 'The Personal Identification Number is the last four digits of their EIN or SSN.' Below the input fields, there is a link: 'If you need assistance logging in please [click here](#)'. At the bottom of the form, there is a button labeled 'setup account'.

Ohio.gov | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

Providers

Home Consumers Providers Trading Partners Public Information Public Enrollment enrollment enrollment tracking search provider links long-term care account setup

Job & Family Services Ohio Medicaid

Account Setup ? ▲

*Login ID For Providers, this will be your Medicaid Provider Number. For Trading Partners, this will be your Trading Partner ID.

*PIN The Personal Identification Number is the last four digits of their EIN or SSN.

If you need assistance logging in please [click here](#)

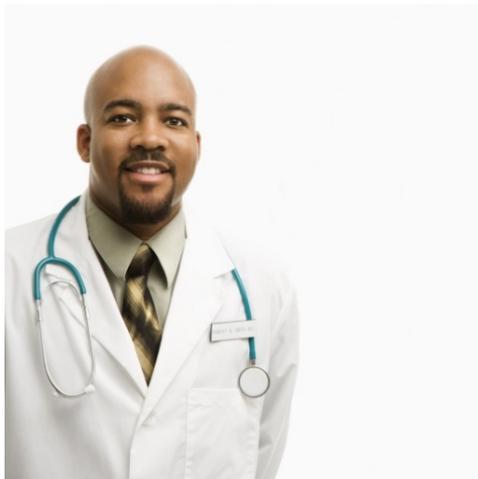
setup account

Getting Started

- Provider Account Set up – Administrator
 - One account administrator per Billing NPI
 - Access to all secure information
 - Responsible for assigning roles to agents
 - Responsible for maintaining the provider's MITS Portal account including demographic information

Getting Started

- Only ONE person needs access to the account
 - Provider Account/Administrator Set up Only



- TWO or more people need access to the account
 1. Provider Account/Administrator set up
 2. Agent Creation
 3. ...



Getting Started

Ohio.gov | Department of Job and Family Services

Search

About JFS | Our Services | Info Center | New & Events

Providers

Home Consumers **Providers** Trading Partners Public Information Publications Admin Host

enrollment enrollment tracking search provider links long-term care account setup

Job & Family Services Ohio Medicaid

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Getting Started

- Agent Account Information
 - Each agent account is role based
 - Search or submit (view and update)
 - Subject matter
 - Agent ID remains the same
 - Access to different NPIs can be granted
 - Agents access may be revoked by role and NPI

Getting Started

- Each agent is assigned one or more of the following roles
 - Eligibility
 - Prior Auth Search
 - Prior Auth Submit
 - Claim Search
 - Claim Submission
 - 1099 Information
(includes remittance advices)



Getting Started

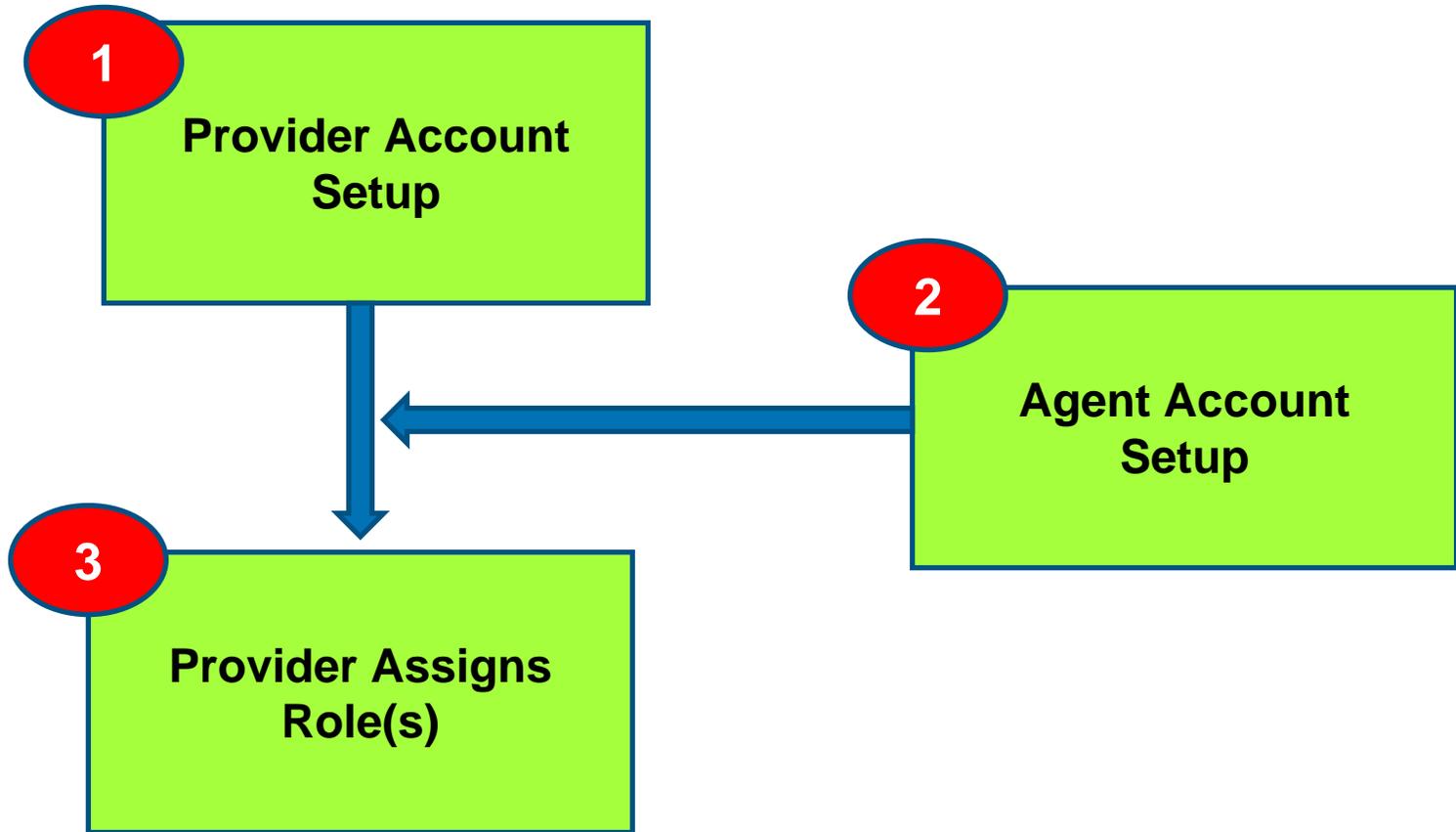
- Agent Maintenance Panel

The screenshot displays the 'Agent Maintenance' interface. At the top, there is a header bar with the title 'Agent Maintenance' and a filter 'A'. Below the header, there are three input fields for 'User Name', 'Contact First Name', and 'Contact Last Name'. The 'User Name' field contains 'Illuminating' and has a '[Search]' button next to it. The 'Contact First Name' field contains 'Thomas A' and the 'Contact Last Name' field contains 'Edison'. There are two buttons: 'remove agent' and 'add agent'. Below the input fields, there are two sections: 'Assigned Roles' and 'Available Roles'. The 'Assigned Roles' section contains a list with 'Claim Submission' and 'Prior Auth Search'. The 'Available Roles' section contains a list with 'Prior Auth Submit', 'Eligibility', 'Claim Search', and '1099 Information'. Between these two sections are four navigation buttons: '<', '<<', '>', and '>>'.

Agent Maintenance	
User Name Contact First Name ^ Contact Last Name	
A	
<input type="button" value="remove agent"/>	<input type="button" value="add agent"/>
*User Name	<input type="text" value="Illuminating"/> [Search]
Contact First Name	<input type="text" value="Thomas A"/>
Contact Last Name	<input type="text" value="Edison"/>
Assigned Roles	
Agent Roles	<input type="text" value="Claim Submission"/>
	<input type="text" value="Prior Auth Search"/>
Available Roles	
	<input type="text" value="Prior Auth Submit"/>
	<input type="text" value="Eligibility"/>
	<input type="text" value="Claim Search"/>
	<input type="text" value="1099 Information"/>

Getting Started

- MITS Web Portal Access Flowchart



Getting Started

Ohio.gov | Medicaid Information Technology System

Welcome, BOND007

Super User Providers **Account** Trading Partners Claims Eligibility

messages **switch provider** site settings agent maintenance

Getting Started

- Switch Provider Panel

Switch Provider

National Provider ID	Medicaid Provider ID	Address	City	State	Zip	Zip + 4	Tax	Provider Type	Default Provider ID
000123456	777	ANY ST N	ANYCITY	ST	55555	5555		DAYTON PHYSICIAN	<input type="checkbox"/>
000123456	999	ANY ST LN	ANYCITY	ST	55555	5555		COLUMBUS PHYSICIAN	<input checked="" type="checkbox"/>

Select row above to update

Current Provider 999999999

National Provider ID	999999999
Address	999 ANY ST LN
City	ANY CITY
State	ST
Zip	55555-5555
Medicaid Provider ID	999999999
Taxonomy	
Provider Type	COLUMBUS PHYSICIAN
Default Provider ID	<input checked="" type="checkbox"/>

Getting Started

- Reminder
 - MITS Portal is Web based and as long as access is still active, agents will be able to log into your account(s)
 - Add MITS Portal Agent Account functions to your employees new hire AND separation list

Getting Started

- Once logged in, you are taken to the Provider **Secure Home Page**

Sub Menu options below each header option

The screenshot displays the 'Welcome, OH SUPER USER' interface. At the top, a dark red banner contains the text 'Welcome, OH SUPER USER'. Below this, a navigation bar features several menu items: 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', and 'Prior Authorization'. The 'Providers' menu is expanded, showing a dropdown list with the following options: 'Demographic', 'Maintenance', '1099 Information', 'Provider FAQ', and 'MITS Days Report'. To the right of the dropdown, there is a table with the following data:

demogra	formation	provider faq	mits days report	cor
Na	900-12/31/2299	NPI	7777777777	

Below the table, there is a section titled 'Your R.A' and 'The Down' with the text 'Correspondence are being sent to: Files menu.' At the bottom of the page, a blue bar contains the word 'Messages', which is circled in red. In the bottom left corner, there is a message: '*** No rows found ***'.

Getting Started

Claim Activity Summary	
Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	0
Amount Paid in Past 12 Months	\$0.00
Number of Claims Denied in Past 12 Months	0
Number of Suspended Claims	0
Number of Claims in Final Disposition	0

- Summary of Claim Activity

- Quick links

Quick Links

- [Medicaid Remittance Advice \(Pre-MITS\)](#)
- [1099 Information](#)
- [Provider FAQ](#)
- [ODJFS Provider e-Manuals](#)
- [JFS Provider Forms Central](#)
- [Managed Care](#)
- [Fee Schedules](#)

Getting Started

- Updating Provider Demographics
 - Perform updates via the MITS Web Portal by selecting *Providers* and then *Demographic Maintenance* from the main menu
 - Reminder: Per Ohio State Law, Providers must notify the State within 30 days of any change to demographics



Getting Started

MITIS Web Portal Navigation

- “Copy,” “Paste,” and “Print” features will work in the MITIS Portal
- Help Features
 - Panel or Wizard Help
 - The “?” button in the upper right corner of a panel may be selected to reveal panel information
 - Field Help
 - Clicking a field title will open a box containing field information

Getting Started

- Selecting the “?” button

search search detail dental institutional professional

Online Help - Windows Internet Explorer

interChange
An HP Medicaid Solution

Online Panel Help

Claim Search-Search

The Claim Search-Search panel is used by the provider to search all claims associated with the provider's ID number. Search results can be narrowed by using the criteria fields.

Field Descriptions:

Field	Description
Clear	Clears all the search criteria.
Search	Displays the Search Results based on the criteria entered on the search panel.
Amount Billed	Dollar amount billed for the claim.
Claim Type	Type of claim.
Date of Service	Allows the user to filter the search by date of service. When Date of Service is selected as a search criteria field, the RA Date field is disabled.
From DOS	Beginning date of service for date range search. This field is enabled when Date Range is selected for Date of Service.
ICN/TCN	Contains either the internal control number (ICN) or the transaction control number (TCN) that cross references a converted claim from the old system.

search

clear

?

Getting Started

- Field Help (e.g. Rendering Provider ID)

The screenshot shows a web form titled "Claim Search" with several input fields: "ICN/TCN", "Medicaid Billing Number", "Rendering Provider ID", and "Amount Billed". A mouse cursor is hovering over the "Rendering Provider ID" field, which has a question mark icon next to it. A blue window titled "Online Field Help - Internet Explorer Provided By HP IT" is overlaid on the form. The window contains the following text:

Rendering Provider ID
ID number of the provider who performed the service. Click [Search] to search for and select a rendering provider ID.

Getting Started

MITIS Web Portal Navigation, continued

- “Back” feature will not work in the MITIS Portal
- MITIS Web Portal access will time-out after 15 minutes of inactivity

Getting Started

- Electronic Attachments
 - Accepted for Claims, Prior Authorizations, Enrollment and Re-enrollment processing
 - Acceptable file formats:
 - pdf, tiff, gif, bmp, jpg, ppt, doc, xls, txt and mdi
 - Size: each attachment must be < 50 MB
 - Each file must pass the MITS anti-virus scan
 - Number: a maximum of 10 attachments per submission

MITTS Web Portal

Provider Enrollment and Re-Enrollment

Provider Enrollment

- New Processes and Features
 - Existing Medicaid providers do not need to re-enroll for MITS
 - All new providers or current providers who are re-enrolling must use the MITS Web Portal
 - Paper applications will no longer be accepted after Go-Live on August 2, 2011
 - Check the status of new applications and re-enrollments via the MITS Web Portal

Provider Enrollment



- Application Tracking Number (ATN)
 - The 6 digit ATN will be assigned at the beginning of the enrollment process
 - Up to 3 days to complete the application
 - Check status of applications once completed

MITS Web Portal

Recipient Eligibility

Eligibility Verification

- Providers use the MITS Web Portal to search and verify recipients' eligibility for benefit programs
- Consumers are referred to as recipients

Ohio.gov | Medicaid Information Technology System

Search

Model Office Thursday 07/08/2010 9:27:19 AM

Super User Providers Account Trading Partners Claims **Eligibility** Prior Authorization Reports Trade Files Portal Admin Publications Security Admin Host

eligibility search

Eligibility Verification

- Verification for the following:
 - ✓ Medicare
 - ✓ Benefit Plan
 - ✓ Case Spenddown
 - ✓ Third Party
 - ✓ Managed Care
 - ✓ Service Limitation
 - ✓ Patient Liability
 - ✓ Long Term Care

Eligibility Verification

- Eligibility Verification Request panel

The screenshot displays a web-based form titled "Eligibility Verification Request". The form contains several input fields and buttons. On the left side, there are three input fields: "Medicaid Billing Number", "SSN", and "Procedure Code". On the right side, there are four input fields: "Birth Date", "DOS Date Format" (a dropdown menu currently showing "MM/DD/YYYY"), "From DOS" (containing the date "08/05/2010"), and "To DOS" (containing the date "08/05/2010"). At the bottom right of the form, there are two buttons: "search" and "clear". The form has a blue header bar with the title and a help icon (?) and a maximize icon (⬆).

Eligibility Verification

- Eligibility is verified using:
 - Recipient's Medicaid ID number, date of birth, and valid date of service (DOS) or
 - Recipient's SSN and date of birth, and valid DOS
 - Procedure code (optional)

Service Limitation

Procedure Code	Description	Service Limitation
D2385	RESIN ONE SURF POSTER PERMAN	NEXT POSSIBLE DATE OF SERVICE IS 01/01/2010

Eligibility Verification

- Third Party Liability
 - Clicking on the row opens a popup window with Carrier information

TPL						
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage
OHIO MANAGEMENT SOLUTIONS	99999	0				INPATIENT COVERAGE
OHIO MANAGEMENT SOLUTIONS	99999	0				RX PHARMACY COVERAGE
OHIO MANAGEMENT SOLUTIONS	99999	0				PHYSICIAN/OUTPATIENT COVERAGE
OHIO PRESCRIPTION SERVICE	77777	0				RX PHARMACY COVERAGE

Windows Internet Explorer	
	Carrier Number: 99999
	Mailing Address: PO Box 7777
	City: ANYCITY
	State: OH
	Zip: 22222
	Phone Number: (222)666-5555
<input type="button" value="OK"/>	

An arrow points from the first row of the TPL table to the popup window.

Eligibility Verification

- Managed Care
 - Clicking the row opens a popup window with MCD information

The screenshot shows a table titled "Managed Care" with the following columns: Plan Name, Active Date, and End Date. The row for "OHIO ADVANTAGE" is highlighted. A popup window titled "Windows Internet Explorer" is open over this row, displaying a warning icon and the following information:

Plan Name	Active Date	End Date
OHIO ADVANTAGE	05/2010	08/05/2010

Windows Internet Explorer

Provider ID: 7777777 MCD

Mailing Address: PO BOX 9999
Address 2:
City: ANYCITY
State: ST
Zip: 99999
Email:

OK

MITIS Web Portal

Claims Management

Claims Management

- **ClaimCheck** is a clinically oriented software tool that automatically identifies inappropriate code combinations and discrepancies in claims
- **ClaimCheck** will look at the coding accuracy of procedures, not their medical necessity, and will prevent inappropriate payment for certain services including:
 - Duplicate services (same individual, same provider, same date)
 - Individual services that should be grouped (bundled)
 - Mutually exclusive services
 - Services rendered incidental to other services
 - Services covered by a pre or post-operative period
 - Visits in conjunction with other services

Claims Management

- Within the Claims section of the MITS Web Portal, providers will:
 - Search for processed claims with or without attachments
 - Includes the ability to view suspended claims
 - Adjust, void or copy paid claims
 - Correct denied claims
 - Submit claims with or without attachments

Claims Management

Claims Search

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, there is a search bar and a 'Search' button. Below the header, the navigation menu includes 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', 'Reports', 'Trade Files', 'Portal Admin', 'Publications', and 'Security'. The 'Claims' menu is open, showing options: 'Search', 'Search Detail', 'Dental', 'Institutional', 'Professional', and 'Status'. A mouse cursor is pointing at the 'Search' option. On the left, there are search filters: 'User Type' (set to 'Provider'), 'County' (dropdown), 'Provider ID' (text input), 'Trading Partner ID' (text input), and 'Tax Id' (text input). At the bottom, there is a 'Records' dropdown set to '20' and 'search' and 'clear' buttons.

- From the main menu select “**Claims**”
- Select **Search** from the drop down menu

Claims Management

Claims Search (cont.)

Ohio.gov Medicaid Information Technology System

Model Office Thursday 07/08/2010 3:44:28 PM

Super User Providers Account Trading Partners **Claims** Eligibility Prior Authorization Reports Trade Files Portal Admin Publications Security Admin Host

search search detail dental institutional professional

Claim Search ? ^

ICN/TCN	<input type="text"/>	Claim Type	<input type="text"/>
Medicaid Billing Number	<input type="text"/>	Status	<input type="text"/>
Rendering Provider ID	<input type="text"/> [Search]	RA Date	<input type="text"/>
Amount Billed	<input type="text"/>	Date of Service	Last 30 days <input type="text"/>
Prescription Number	<input type="text"/>	From/Thru DOS	<input type="text"/> <input type="text"/>

Limited to 12 month range

Records

- Enter the information
- Hit the “Search” button

Claims Management

Claims Search Results

Claim Search
? ^

ICN/TCN	<input type="text"/>	Claim Type	<input type="text" value=""/>
Medicaid Billing Number	<input type="text"/>	Status	<input type="text" value="P - PAID"/>
Rendering Provider ID	<input type="text"/> [Search]	RA Date	<input type="text" value=""/>
Amount Billed	<input type="text"/>	Date of Service	<input type="text" value="Last 12 months"/>
Prescription Number	<input type="text"/>	From/Thru DOS	<input type="text" value=""/> <input type="text" value=""/>

Limited to 12 month range

Records

Search Results will only include non-finalized claims and claims with a finalized date >= 07/13/2007
The actual Check Issue Date will occur during the weekly remittance cycle

Search Results

ICN	TCN	Medicaid Billing Number	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
7777777777777		9999999999999	01/26/2010	01/26/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$88.92
7777777777777		9999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$44.46
7777777777777		9999999999999	04/24/2010	04/24/2010	CMS 1500 CLAIMS	PAID	06/08/2010	\$10.00	\$5.78
7777777777777		9999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	05/12/2010	\$50.00	\$31.71
7777777777777		9999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$44.46
7777777777777		9999999999999	01/01/2010	01/01/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$59.28
7777777777777		9999999999999	12/31/2009	12/31/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$200.00	\$154.47
7777777777777		9999999999999	12/28/2009	12/28/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
7777777777777		9999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
7777777777777		9999999999999	12/26/2009	12/26/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$45.84
7777777777777		9999999999999	12/20/2009	12/20/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$45.84

- Search results may be sorted

Claims Management

- Previously paid claims
 - Paid claims can be
 - Adjusted
 - Voided
 - Copied



cancel

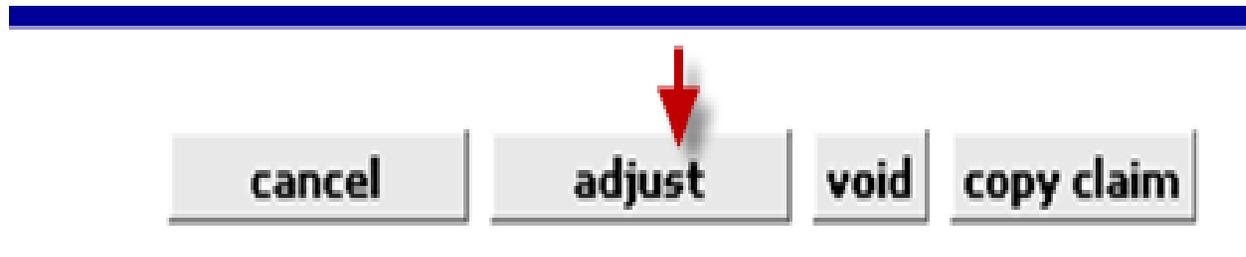
adjust

void

copy claim

Claims Management

- Adjusting paid claims
 - Select the claim to adjust
 - Change the necessary information within the header and detail, as applicable
 - Click the **adjust** button



Claims Management

- Adjusting paid claims, continued
 - Once you click the adjust button
 - A new claim is created and assigned its own adjustment ICN
 - Refer to the information in the “Claim Status Information” and “EOB Information” areas at the bottom of the page to see how your new claim processed
 - NOTE: Converted claims can only be adjusted by completely voiding the converted claim and completing a new submission

Claims Management

- Adjustment Terminology
 - The original or active claim is referred to as the “Mother Claim”
 - The adjusted or voided claim is referred to as the “Daughter Claim”
 - The amount owed to the provider is noted as an “Additional Payment”
 - The amount owed to the state is noted as an “Accounts Receivable “

Claims Management

- Additional Payment to the Provider
 - If the adjusted claim amount is more than the original claim amount, the provider will receive an “**ADDITIONAL PAYMENT**”
 - The remittance advice notice (remit) will reflect the amount owed to the provider

Claims Management

- Payment Owed the State
 - If the adjusted claim amount is less than the original claim amount, the state is owed an additional payment
 - The remittance advice notice will reflect the amount owed to the state in several sections of the remit as an “ACCOUNTS RECEIVABLE” and “NET AMOUNT OWED TO STATE”
 - The money owed the state will be subtracted from the payment noted on the remit

Claims Management

- Adjustment Example

2010220234001 Originally paid \$45.00

5010274127250 Now paid \$50.00

Additional Payment \$5.00

2010220234001 Originally paid \$50.00

5010274127250 Now paid \$45.00

Accounts Receivable
(\$5.00)

Claims Management

- Voiding paid claims
 - Select the claim you wish to Void
 - Click the **void** button at the bottom of the page
 - The status of the original claim does not change however, the claim is flagged as “non-adjustable” in the MITS Web Portal
 - An adjustment claim is automatically created and given a status of “Denied”
 - NOTE: Timely filing edits will no longer apply to paid claims being voided



Claims Management

- Void Example

2010220234001

Originally paid \$45.00

5610274127250

Reversal “Void”

Accounts Receivable (\$45.00)

Claims Management

- Copying Paid Claims
 - Search and open the claim you want to copy
 - At the bottom of the claim, select **Copy claim**
 - Make your changes to the fields
 - The **submit** and **cancel** buttons display at the bottom of the new page
 - Select **Submit** when changes are made
 - Claim is assigned a new ICN



Claims Management

Methods of Claim Submission

- HIPAA Transactions 837 and MITS Web Portal
 - Claims without attachments
 - Claims with attachments
 - Send completed EDMS cover sheet and attachments by mail, or
 - Upload attachments through the MITS Portal
- Paper Claims
 - Only CMS1500 claims will be accepted
 - Paper claims will only be accepted if they are “straight Medicaid claims”
 - No Other Payer, including TPL and Coordination of Benefits (COB) or Medicare Crossover information

Claims Management

Submitting a Claim

- From the main menu select **Claims**
- Select **Professional** from the drop down menu

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, there is a search bar and a navigation menu with options: Providers, Account, Trading Partners, Claims, Eligibility, Prior Authorization, Reports, Portal Admin, Publications, Security, Admin, and Host. The 'Claims' menu is open, showing a dropdown list with options: Search, Search Detail, Dental, Institutional, and Professional. The 'Professional' option is highlighted, and a mouse cursor is pointing at it. Below the dropdown, there are input fields for User Type (set to Provider), County, Provider ID, Trading Partner ID, and Tax Id. A 'Records' dropdown is set to 20. A 'search' button and a 'clear' button are visible at the bottom right of the form area. The page header includes 'Welcome,' and 'Model Office Wednesday 07/14/2010 11:27:11 AM'.

Claims Management

Submitting a Claim

- Claims Entry Format – will be divided into different sections called Panels
- Each Panel will have an * asterisk for a portal field that is required. There are some fields that are situational for claims adjudication that do not have an asterisk, but are required for adjudication. For example, TPL allowed amount in the Other Payer Panel
- Add/Delete/Edit
- Search
 - Description
 - Numeric



Claims Management

Submitting a Claim

- Blue Header
 - Identifies the Provider and NPI
- Billing Information
 - Medicaid Recipient
 - Medicaid Billing Number
 - Date of Birth

Professional Claim:		NPI -
BILLING INFORMATION		
ICN		
Claim Type	M - CMS 1500 CLAIMS	
Provider ID		
*Medicaid Billing Number	<input type="text"/>	
*Date of Birth	<input type="text"/>	
Last Name		
First Name, MI		
*Patient Account #	<input type="text" value="0"/>	
Medical Record #	<input type="text"/>	
Referring Provider #	<input type="text"/>	
*Medicare Assignment	<input type="text" value="NOT ASSIGNED"/>	▼
Patient Amount Paid	<input type="text" value="\$0.00"/>	

Claims Management

Submitting a Claim

- Using the generic Medicaid provider ID number “9111115” will cause your claim to deny
 - Not HIPAA-Compliant
 - Providers are required to use 10-digit NPI if the service requires a referral or prescription



Claims Management

Submitting a Claim

- Service Information
 - Same required information as the EDI 837P and the CMS 1500
 - Dates of Service
 - Prior Authorization Number
 - Total Charges
 - This field will populate based on the detail entry

SERVICE INFORMATION	
*Release of Information	NOT ALLOWED TO RELEASE DATA
From Date	
To Date	
Signature Source	<input type="text"/>
Accident Related To	<input type="text"/>
Accident State	<input type="text"/>
Accident Country	<input type="text"/> [Search]
Accident Date	<input type="text"/>
EPSDT Screening/ Family Planning	<input type="text"/>
Prior Authorization #	<input type="text"/>
Hospital Discharge Date	<input type="text"/>
Last Menstrual Period	<input type="text"/>
TOTAL CHARGES	
Total Charges	\$0.00
Medicaid Allowed Amount	\$0.00
TPL Paid Amount	\$0.00
Total Medicaid Paid Amount	\$0.00
Medicaid CoPay Amount	\$0.00

Claims Management

Submitting a Claim

- [Search] feature

The screenshot shows a web application interface for managing claims. At the top, there is a table titled 'Diagnosis' with columns for 'Sequence', 'Diagnosis Code', and 'Description'. Below the table, there are 'delete' and 'add' buttons. A search form is visible with fields for '*Sequence' (a dropdown menu), '*Diagnosis Code' (a text input), and a '[Search]' button. A modal window titled 'Diagnosis Code' is open, showing a search interface with a 'Diagnosis' field and a 'Description' field containing 'INSULIN'. Below the search fields are 'search' and 'clear' buttons. The modal also displays 'Search Results' in a table format.

Diagnosis	Description	CMS Add Date	CMS Termination Date
V4585	INSULIN PUMP STATUS	10/01/2003	12/31/2299
V6546	INSULIN PUMP TRAINING	10/01/2003	12/31/2299

Claims Management

Submitting a Claim

- Diagnosis panel – up to 5 digit ICD-9 codes

Diagnosis		
Sequence	Diagnosis Code	Description
A 1	4772	ALLERG RHINITIS-CAT/DOG

*Sequence *Diagnosis Code [Search]

Claims Management

Submitting a Claim

- Other Payer Panel (formerly called TPL)
 - Enter all Other Payer information including Medicare
 - Form 6780 will no longer be used
- **NOTE: Crossover Claims** are handled in MITS by treating Medicare as an “Other Payer” entity

Other Payer

*** No rows found ***

Select row above to update -or- click Add button below.

delete add

Other Payer Amounts and Adjustment Reason Codes

Claims Management

- Other Payer Information
 - TPL and/or Medicare claims must be submitted EDI or via web portal
 - HIPAA compliant adjustment reason codes and amounts are required
 - Other payer information can be reported at the claim level (header) or at the line level (detail). Medicare adjudicates claims at the line level, so all Medicare COB information must be submitted at the line level. This includes primary other payer payments or denials
 - Allowed amount is calculated for Medicare cost sharing, but is required for other payer TPL

Claims Management

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
ASDASD	WRERW		01/01/1977	STEPCHILD	UNKNOWN	ERET2424	\$33.29	04/02/2001	03134
TEST	LAST			FATHER	MALE	ABCDE2424	\$1.67	01/28/1999	01888
BRESNAHAN	AGNUS	J	4/9/1981 12:00:00 AM	SELF	FEMALE	12TRT32	\$12.00	11/11/2008	01009

Type changes below.

*Claim Filing Indicator: OTHER NON-FEDERAL PROGRAMS
 *Policy Holder Relationship to Insured: STEPCCHILD
 *Policy Holder Last Name: ASDASD
 *Policy Holder First Name, MI: WRERW
 Policy Holder Date of Birth: 01/01/1977
 Gender: UNKNOWN
 *Paid Amount: \$33.29
 *Paid Date: 04/02/2001
 Allowed Amount: \$0.00

*Insurance Carrier Name: ELITE BENEGITS
 *Carrier Code: 03134 [Search]
 *Insured's Policy ID: ERET2424
 *Payer Sequence: SECONDARY
 Medicare ICN:

Other Payer Amounts and Adjustment Reason Codes

Claims Management

Selecting the type of Other Payer

Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date
A								

Type data below for new

***Claim Filing Indicator** ***Insura**

***Policy Holder Relationship to Insured**
***Policy Holder Last Name**
***Policy Holder First Name, MI**
Policy Holder Date of Birth
Gender
***Paid Amount**
***Paid Date**
Allowed Amount

Other Payer Amounts and

Item	FDOS	Units	Charges
A	1	0	\$0.00

Item
***From DOS**
To DOS

AUTOMOBILE MEDICAL
BLUE CROSS/BLUE SHIELD
CENTRAL CERTIFICATION
CHAMPUS
COMMERCIAL INSURANCE CO.
DISABILITY
EXCLUSIVE PROVIDER ORGANIZATION (EPO)
HEALTH MAINTENANCE ORGANIZATION
HMO MEDICARE RISK
INDEMNITY INSURANCE
LIABILITY
LIABILITY MEDICAL
MEDICAID
MEDICARE PART B
OTHER FEDERAL PROGRAM
OTHER NON-FEDERAL PROGRAMS
POINT OF SERVICE (POS)
PREFERRED PROVIDER ORGANIZATION (PPO)
SELF-PAY
TITLE V
UNKNOWN
VETERAN ADMINISTRATION PLAN
WORKERS' COMPENSATION HEALTH CLAIM

detail
ure Code
for new
arch]
[Search]

Claims Management

Submitting a Claim

- Service Detail

Detail									
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code		
A	1	0	\$0.00	\$0.00					

Type data below for new record.

Item 1

***From DOS**

To DOS

***Units**

***Charges**

Medicaid Allowed Amount

Rendering Provider

Status

***Place Of Service** [Search]

***Procedure Code** [Search]

Emergency

**EPSDT Screening/
Family Planning**

**Diagnosis Code
Pointer**

Modifiers [Search] [Search]

[Search] [Search]

Claims Management

Submitting a Claim

- National Drug Code
 - Providers billing HCPCS codes in the J series, HCPCS codes in the Q or S series that represent drugs, Current Procedural Terminology (CPT) codes in the 90281-90399 series (immune globulins) must include the 11 digit NDC
 - If the NDC number is only 10 digits, then zeros will need to be added to one of the first two segments of the NDC without dashes or spaces
 - If the NDC number is missing or invalid the claim line will deny

Claims Management

Submitting a Claim

- NDC Panel

NDC (Detail Item 1)						
IIDC Sequence Number	IIDC	Drug Name	Unit of Measure	Prescription Number	Drug Unit Price	Unit Quantity Submitted
A	1				\$0.00	0.000

Type data below for new record.

*NDC [Search]

Drug Name

*Unit of Measure ▼

Prescription Number

*Drug Unit Price

*Unit Quantity Submitted

Claims Management

Submitting a Claim

- Attachments panel
 - Upload electronically with claim or mail with EDMS cover sheet
 - Please include a description of the attachments

The screenshot shows a web interface titled "Attachments". It features a table with columns for "Type of Document", "Transmission Type", and "Description". Below the table are "delete" and "add" buttons. At the bottom, there are three input fields: "*Type of Document" (a dropdown menu), "*Transmission Type" (a dropdown menu), and "Description" (a text input field).

Type of Document	Transmission Type	Description
A		

delete add

*Type of Document

*Transmission Type

Description

Claims Management

Submitting a Claim

- Timely Filing
 - To request an exception to the timely-filing limitation, providers should submit the claim with the JFS 06653 form and any appropriate documentation attached. Refer to OAC rule 5101:3-1-19.3, "General Claim Submission"
 - The 06653 process may not apply to all providers
 - With MITS the provider can submit a claim and upload the 06653 via the Web Portal
 - Providers will be notified if this process changes in the future

Claims Management

Submitting a Claim

- Timely Filing
 - The JFS 06653 process does not replace the provider's responsibility for submitting all required information on a claim
 - Providers must follow the billing instructions to include required information when filing for the following timely filing exceptions
 - Delayed eligibility determinations
 - State Hearing decisions resulting in retroactive eligibility
 - Coordination of Benefits (COB)

Claims Management

Submitting a Claim

- Supporting data panel for resubmission
- Enter the previously denied ICN or TCN
 - This is used for claims over 365 days that meet timely filing requirements
 - This information is required for the Audit Trail and Tracking purposes

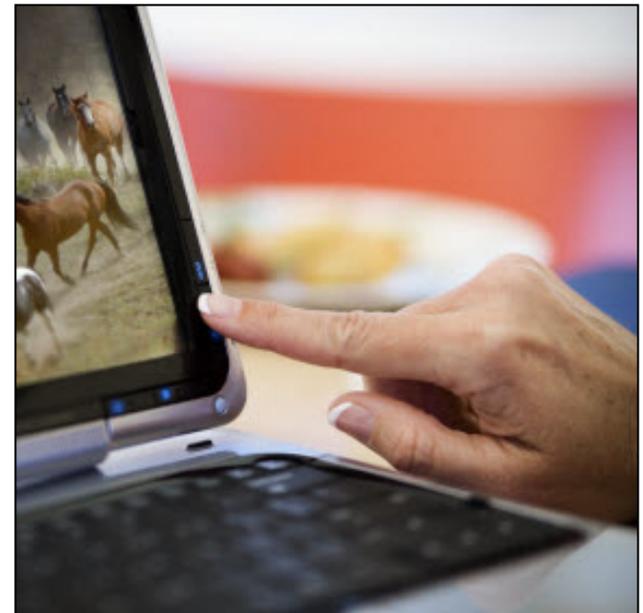
Supporting Data for Delayed Submission / Resubmission

Previously Denied ICN or TCN

Claims Management

Submitting a Claim

- Once all fields have been completed
 - Select the Submit button
 - You may Cancel the claim at anytime, but the information will not be retained



Claims Management

Submitting a Claim

- Portal Errors

- MITS will not accept a claim without all required fields being populated
- The errors will be listed at the top of the screen
- Each error is a “Link” directing you to the panel or field that needs to be completed or corrected

The following messages were generated:

From DOS is required.
Procedure is required.
A valid Place Of Service is required
A valid Procedure Code is required
Units must be greater than 0.
Charges must be greater than \$0.00.
A valid Medicaid Billing Number is required
A valid Medicaid Billing Number and Date of Birth combination is required.

Claims Management

Submitting a Claim

- Adjudication will happen in “real time.” If there are portal errors, the status return will be

Claim Status Information	
Claim Status	Not Submitted yet

- Status Return
 - Paid
 - Denied
 - Suspended

PROVIDER TYPE SPECIFIC

Professional

Home Health

- Policies for requiring PAs are not changing with the implementation of MITS
- For post-hospital home health services, a Certificate of Medical Necessity Home Care Certificate is required. Providers must complete a JFS 07137 form and retain a copy in the recipient's medical record
- Procedure codes and modifiers for home health services will remain the same

Home Health



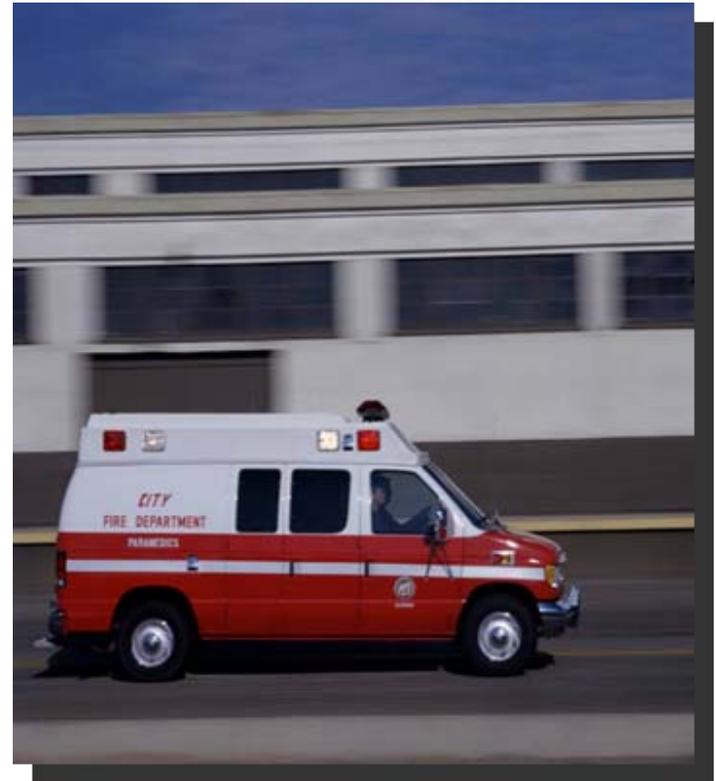
- Prior Authorizations
 - Modifiers will not be required when requesting for Prior Authorization
- Claims Submissions
 - Modifiers U5 and U6 will not need to be used
 - *Except for state plan home health services for children

Hospice

- At this time, there are no changes to hospice service span information. Providers will continue to use the IVR process. They will be notified of any changes to this process in the future
- For claims submission, any professional physician services delivered to hospice recipients and billed by hospice providers must have the physician affiliated with the hospice NPI. Please note that this is new. We urge hospice providers to make sure the physicians are affiliated prior to implementation. Please complete JFS 6777 form, “Group Practice Provider Information,” for any physicians currently not affiliated with your hospice NPI

Transportation

- There will be no change in billing for Transportation providers
- The term 'ambulette' is replaced by "Wheelchair Van"



DME

- Prior Authorization (PA)
 - A verification check of recipients residential location is automatically performed by the system
 - This verifies the DME is permissible in that location
 - All repair codes will need a prior authorization
 - This includes labor

Professionals

All Services Plan

- Providers will continue to use the My Ohio site, www.myohiohcp.org which is managed by CareStar for All Service Plans

Private Duty Nursing

- Will continue the current approval process with the case management entity – information will be entered into MITS for use in claims processing

Professionals

- With the implementation of MITS professional providers will need to change the way certain procedures are billed
- This section applies to all professional claim submission types
 - 837 P, CMS1500, and MITS Web Portal



Professionals



- Modifiers
 - MITS provides the ability to utilize additional surgery services modifiers in claims processing

Professionals

- Modifiers required in MITS when applicable
 - Modifier 25
 - Modifier 50
- Site modifiers for surgery codes 10000-69999
 - Fingers
 - Toes
 - Eyelids
 - Coronary Arteries
 - Left
 - Right



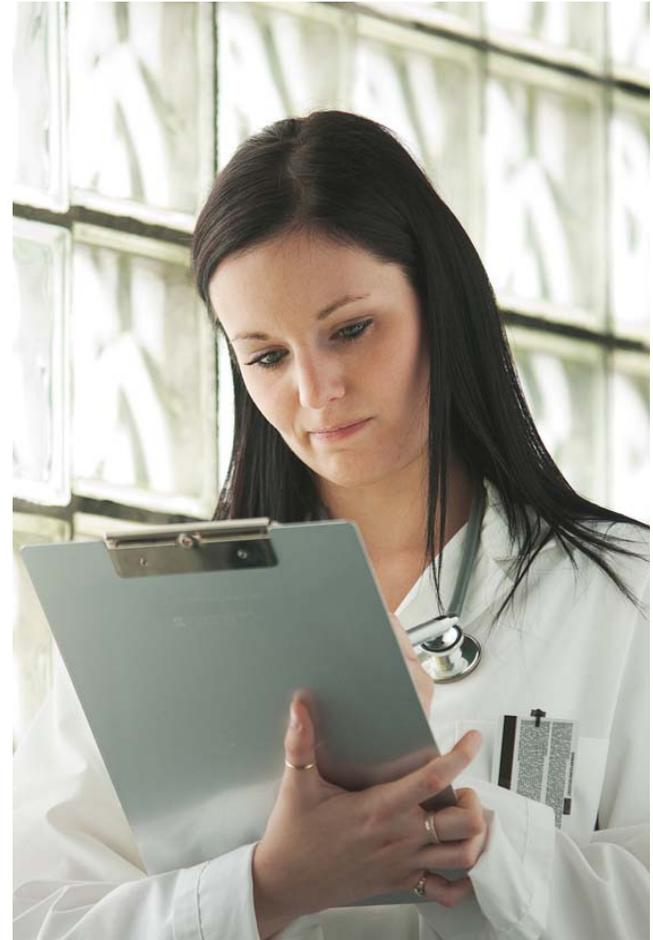
Professionals

- 30 additional modifiers to be adopted in MITS
- Left/right modifiers LT and RT
- Site Modifiers
 - E1-E4 (eyelids)
 - FA and F1-F9 (fingers)
 - TA and T1-T9 (toes)
 - LC, LD and RC (coronary arteries)
 - Modifier 50 (bilateral procedure)

Professionals

Diagnosis Codes

- Will be required on most professional claims
 - Must include the number of digits specified by ICD
 - System edits and audits will be applied to those codes



Professionals

Procedure Codes

- Multiple surgery codes have a payment limit of one unit per line
 - If billed with multiple units the payment will deny
- Procedure codes that are not identified as multiple surgery codes may be billed with multiple units



MITIS Web Portal

Financial Management

Financial Management

- Within the Financial section of the MITS Web Portal, providers will:
 - View 1099 information
 - View New Remittance Advices

Financial Management

- The 1099 Information panel displays the provider's year-to-date 1099 information for a specific calendar year
- The total line displays the sum of the amount columns
- The information on this panel is Read or View only



The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, the Ohio.gov logo is on the left, and the text "Medicaid Information Technology System" is on the right. Below the logo, a red banner says "Welcome,". A navigation bar contains several tabs: "Super User", "Providers", "Account", "Trading Partners", and "Claims". Underneath, there are links for "demographic maintenance", "1099 information" (which is highlighted in red), and "provider faq". A blue header bar reads "1099 Information". Below this, there is a "Year" field with a text input containing "2010" and a "Records" field with a dropdown menu set to "20".

Remittance Advice

- Remittance Advices for claims processed after August 2, 2011 will be available to provider on the MITS Web Portal



The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top left, the logo 'Ohio.gov' is shown next to the text 'Medicaid Information Technology System'. A red banner below the logo reads 'Welcome, OH SUPER USER'. A navigation menu contains links for 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', and 'Reports'. The 'Reports' link is highlighted in red. Below the navigation menu, a dropdown menu is open for the 'Report' field, showing 'REMITTANCE ADVICE' as the selected option.

- Select Reports on the right

Remittance Advice, continued

- Pages are titled by claim type and outcome
 - **CMS 1500**, Inpatient, Outpatient, Long Term Care, and Dental
 - Medicare Crossovers A, B and C
 - Paid, Denied, and Adjustments
- Adjustment Page
 - Identifies the original claim header information and the new adjusted claim

Remittance Advice, continued

- Financial Transactions
 - Non-claim specific payouts
 - Claim and non-claim refunds
 - Accounts receivable tracking
- Summary Page
 - Provides current payment information
 - Per month information
 - Year to date information

Remittance Advice, continued

- Informational pages
 - Banner Messages
 - Provides messaging to the provider community
 - EOB Code Descriptions
 - Provides a comparison of the codes to the description that appeared on claims on the paid, denied and adjustment pages
 - TPL Information
 - If a claim was not paid due to the recipient having another payer source (Third Party Liability) this section provides other insurance information

MMIS Remittance Advices

- Historical Remittance Advices created prior to MITS will continue to be available at the current Medicaid Provider Portal
 - Only the RA function will be active on the previous web portal, and limited to 18 months post Go-Live

MIT S Web Portal

Prior Authorization

Prior Authorization

- All Prior Authorizations (PA) must be submitted electronically via the MITS Web Portal beginning August 2, 2011
- The status of a PA will be obtained via the MITS Web Portal
 - Majority of providers will not receive letter notification

Prior Authorization

- Within the PA section of the MITS Web Portal, providers will:
 - Submit PAs and attachments
 - Add notes to a PA
 - Search for previously submitted PAs and view attachments (if any)
 - View Reviewer notes
 - View PA usage including units and dollars

Prior Authorization

Submitting a PA

- Select “**Prior Authorization**” menu option in the Main Menu and select the **New** option from the sub-menu

Ohio.gov | Medicaid Information Technology System

Search

Prior Authorization Model Office Thursday 07/08/2010 9:34:22 AM

Super User Providers Account Trading Partners Claims Eligibility **Prior Authorization** Reports Trade Files Portal Admin Publications Security

Admin Host

search **new**

Prior Authorization

Submitting a PA

- Enter information in the **Base Information** panel and select Next

Base Information

*Assignment

*Authorization Type

*Medicaid Billing Number

*Date of Birth

Last Name

First Name, MI

Diagnosis Codes- Primary Diagnosis is sequence number 1.

*** No rows found ***

Prior Authorization/Pre-certification

Assignment Field – type of PA being submitted

- 01 - COMPRESSION GARMENTS
- 02 - DECUBITUS CARE EQUIPMENT
- 03 - DENTAL
- 04 - DRESSINGS, SURGICAL
- 05 - ENTERAL NUTRITION AND SUPPLIES
- 24 - EPSDT
- 06 - HEARING AIDS
- 07 - HOSPITAL BEDS
- 34 - HOSPITAL INPATIENT
- 35 - HOSPITAL OUTPATIENT
- 08 - INCONTINENCE SUPPLIES
- 38 - INCREASED STATE PLAN HOME HLTH
- 40 - MEDICAID SCHOOL PROGRAM

- 09 - MISCELLANEOUS EQUIPMENT
- 20 - ORTHODONTICS
- 10 - ORTHOTICS (MTA)
- 11 - ORTHOTICS/PROSTHETICS (NURSES)
- 23 - PDN
- 39 - PHYSICIAN SERVICES
- 12 - REPAIRS
- 13 - RESPIRATORY (MTA)
- 14 - RESPIRATORY (NURSES)
- 15 - SPEECH GENERATING DEVICES
- 16 - SUPPLIES (MISCELLANEOUS)
- 17 - THERAPIES
- 21 - TRANSPORTATION
- 18 - VISION
- 19 - WHEELCHAIRS

Prior Authorization

Authorization Type field

- Allows you to select Prior Authorization

Base Information ?

*Assignment	04 - DRESSINGS, SURGICAL	*Service Provider	<input type="text"/> [Search]
*Authorization Type	Prior Authorization	*Contact Name	<input type="text"/>
*Medicaid Billing Number	Prior Authorization	*Contact Number/Ext	<input type="text"/> <input type="text"/>
*Date of Birth	<input type="text"/>	Special Indicator	<input type="text"/> ▼
Last Name	<input type="text"/>	LTCF Discharge Date	<input type="text"/>
First Name, MI	<input type="text"/>	Admission Date	<input type="text"/>

-Diagnosis Codes- Primary Diagnosis is sequence number 1.
*** No rows found ***

Click Add button below.

delete add next

Prior Authorization

Adding line items

- Select the Add button for each line item to be added
- Fill in all required fields

Provider

NPI -

Line Item								
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 01	1	\$0.00	0	\$0.00	ICD-9 Procedure Code			PENDING REVIEW

Select row above to update -or- click Add button below.

Line Item 01 Requested Eff Date

*Service Type Code ICD-9 Procedure Code Requested End Date

*ICD-9 Procedure [Search]

Associated PA Number

Prior Authorization

Adding Provider notes

- The Provider Notes panel is used to enter communications to the Reviewer for consideration
- Multiple notes may be added

Prior Authorization

Submitting Prior Authorization attachments

- Almost all attachments can be completed and submitted on the portal
- To save time, providers may copy and paste information from plans of care and other medical documentation into the notes field on the PA request

Prior Authorization

PA Attachment Panel

- Used to identify electronic and non-electronic PA attachments
- Multiple attachments may be uploaded by selecting the Add button
- Select a *Type of Document*
- Select the *Transmission Type*
- Enter a *Description*
(free form text field for providers to enter any helpful text as deemed appropriate)

Prior Authorization

- Select Type of Document

The screenshot displays the Ohio.gov web portal interface. At the top left, the logo "Ohio.gov" is visible. Below it, a navigation bar includes "Welcome, OH SUPER USER" and "Super User Providers". A search bar contains the text "search" and a red "new" button. The main content area is titled "Attachments" and features a "Type of Document" dropdown menu. The dropdown menu is open, showing a list of document types including "ABORTION FORM 3197", "ADJUSTMENT FORM 6766", "ADJUSTMENT FORM 6767", "ADJUSTMENT FORM 6768", "CERTIFICATE OF MEDICAL NECESSITY (CMS)", "CONSULTATIONS", "CONSULTATIONS FOR SURGICAL CLEARANCE", "DIAGNOSTIC TESTING", "DISCHARGE SUMMARY", "EXTENDED BED HOLD DAY(S) PRIOR AUTHORIZATION (9402)", "HISTORY AND PHYSICAL", "HYSTERECTOMY FORM 3199", "LABORATORY TESTS", "MEDICAL REVIEW FORM 6653", "MEDICATION LIST", "OPERATIVE REPORT", "OTHER", "OTHER RELATED PROGRESS NOTES", "PHOTOGRAPHS", "PHYSICIAN PROGRESS NOTES", "PRICE LIST", "PRODUCT INFORMATION", "PROGRESS NOTES", and "STERILIZATION FORM 3198". Below the dropdown menu, there are fields for "* Type of Document", "* Transmission Type", and "* Description". A "previous" button is located at the bottom right of the form area. On the right side of the page, there is a header image of a family and a navigation bar with "Reports" and "Portal Admin" links. Below the header, there is a section titled "button below." and some partially visible text.

Prior Authorization

- Select Transmission Type

Attachments	
Type of Document	
A	Select row at
<input type="button" value="delete"/>	<input type="button" value="add"/>
	For attachments submitted via mail, not and a button to view mailing address wi
	For documents transmitted via Upload, jpg, ppt, doc, xls, pdf, txt, and mdi can
*Type of Document	<input type="text"/>
*Transmission Type	<input type="text" value="v"/>
*Description	<input type="text"/>
	MAIL UPLOAD

Prior Authorization

- Upload the Attachments
- Only mail attachments that can not be uploaded
- All mailed attachments must include a completed EDMS cover sheet
- PA Confirmation
 - The PA Confirmation panel displays a confirmation message indicating that a PA request has been received
 - The system assigned PA number is displayed
 - Note the PA number for future reference

Prior Authorization

- PAs will auto deny if supporting documents are not received within 30 days
 - If documents are not able to be uploaded due to failing the anti-virus scans, or
 - If the paper attachments and EDMS cover sheet are not received
- When reviewers request additional documentation to support the request the 30 day clock is reset
 - Reminder: documents containing viruses will not enter the system

Prior Authorization

Searching for a PA

- Select “**Prior Authorization**” menu option in the Main Menu; select **Search** option from the sub-menu
- The **PA Search** panel displays



The screenshot displays the Ohio.gov Medicaid Information Technology System interface. The header includes the Ohio.gov logo and the text "Medicaid Information Technology System". A search bar is visible in the top right corner. The main navigation bar features the "Prior Authorization" menu item, which is highlighted in red. Other menu items include "Super User", "Providers", "Account", "Trading Partners", "Claims", "Eligibility", "Reports", "Trade Files", "Portal Admin", "Publications", and "Security". The date and time "Thursday 07/08/2010 9:34:22 AM" are displayed in the top right. The "search" link is circled in red, and the word "new" is visible next to it.

Prior Authorization

PA Search

- The PA Search panel allows the provider to search for PAs using a PA # OR Medicaid Billing #, and other criteria

The screenshot displays a web-based search interface for Prior Authorization (PA) requests. The interface is titled "Prior Authorization Search:" and includes a "NPI" field. The search criteria are organized into two columns. The left column includes fields for "Prior Authorization", "Submission Date", "ICD-9 Procedure" (with a "[Search]" button), "Procedure" (with a "[Search]" button), "Revenue Code" (with a "[Search]" button), "Status" (a dropdown menu), and "Assignment Code" (a dropdown menu). The right column includes fields for "Medicaid Billing Number", "Date Of Birth", "Name", "Procedure Code Thru" (with a "[Search]" button), "Revenue Code Thru" (with a "[Search]" button), and "Diagnosis" (with a "[Search]" button). At the bottom right, there are three buttons: "search", "clear", and "add". A "Records" dropdown menu is set to "20".

Prior Authorization Search:		NPI		
Prior Authorization	<input type="text"/>		Medicaid Billing Number	<input type="text"/>
Submission Date	<input type="text"/>		Date Of Birth	<input type="text"/>
ICD-9 Procedure	<input type="text"/> [Search]		Name	
Procedure	<input type="text"/> [Search]		Procedure Code Thru	<input type="text"/> [Search]
Revenue Code	<input type="text"/> [Search]		Revenue Code Thru	<input type="text"/> [Search]
Status	<input type="text"/>		Diagnosis	<input type="text"/> [Search]
Assignment Code	<input type="text"/>			
			Records	20
				<input type="button" value="search"/>
				<input type="button" value="clear"/>
				<input type="button" value="add"/>

Prior Authorization

PA Search Results Panel

- PA Search Results are displayed on the same page, and are formatted into a data list
- The data list contains summary information about the PA, with the PA number coded as a hyperlink

Search Results							
Prior Authorization	Medicaid Billing Number	Last Name	First Name	Status	PA Assignment	Service Type Code	Service Code
1010104003	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	0609
1010104003	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	3596

(Left side of Results panel)

Prior Authorization

PA Search Results Panel, continued

Search Results						
Service Code	Thru	Primary Diagnosis	Auth Eff	Auth End	Auth Units	Auth Dollars
		25000	04/15/2010	04/20/2010	1	0
		25000	04/15/2010	04/20/2010	1	0

(Right side of Results panel)

Prior Authorization

Viewing PA Information

- PA Base or Header information displays first

Base Information		
Prior Authorization	1010104003	
Assignment	HOSPITAL INPATIENT	Service Provider NPI
* Authorization Type	Prior Authorization - Hospital	* Contact Name SSS
Medicaid Billing Number	999999999999	* Contact Number/Ext
Date of Birth	MMDDYYYY	Special Indicator
Last Name	EDISON	LTCF Discharge Date
First Name, MI	THOMAS A	Admission Date
-Diagnosis Codes- Primary Diagnosis is sequence number 1.		
Sequence	Diagnosis	Description
1	25000	

Prior Authorization

Viewing PA Information, continued

Line Item								
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
01	3	\$2.00	1	\$0.00	ICD-9 Procedure Code	3596		APPROVED
02	3	\$2.00	1	\$0.00	ICD-9 Procedure Code	0609		APPROVED

Select row above to view complete description.

Line Item	Requested Eff Date	Requested Units
Service Type Code	Requested End Date	Requested Dollars
ICD-9 Procedure Code		
ICD-9 Procedure	[Search]	
Associated PA Number		
Authorized Units	Authorized Dollars	Authorized Eff Date
Quantity Used Units	Quantity Used Dollars	Authorized End Date
Balance Units	Balance Dollars	Status

Prior Authorization

Viewing PA Information, continued

- Other PA Information displays last

Provider Notes
None.
Attachments
None.
External Notes
None.

Prior Authorization

Reviewing External notes

- The External Notes panel is used by the PA Reviewer to communicate to the Provider
- Multiple notes may reside on this panel
- Panel is read-only for providers
- Verify status and outcome through the MITS Portal

Provider Resources

Don't Forget to Update...

- MITS Looks for the relationship – a link – between the billing provider and rendering provider. This link is important for Medicaid providers that may submit claims on behalf of their affiliated practitioners, such as hospitals, ambulatory surgery centers (ASCs), hospices, and group practices
- ASC facility charges and Hospice codes must be billed with only the facility ID

Don't Forget to Update...

Record or update practitioner affiliations with a hospital, ASC, hospice, professional medical or dental group for billing individual professional services

- Complete form JFS 06777 located at: www.odjfs.state.oh.us/forms/inter.asp.

Don't Forget to Update...

Provider Type and Specialty

- It is important to verify and update your provider information, if necessary, before MITS is implemented. Maintaining your provider profile will help claims process accurately and prevent claims from being denied

Critical Cut-offs

Medicare Crossover Claims

- JFS 06780 is being discontinued
 - No claims submitted on this form will be processed
 - After Go-Live these claims will be processed through the MITS Web portal or EDI
- JFS 06768 is being discontinued
 - No voided claims submitted on this form will be processed
 - After Go-Live voids will only be processed EDI or the MITS portal

Critical Cut-offs

- “HAS” claims, “By Report” claims and medical claim review requests must be submitted via the MITS Web portal
- Supporting documents with electronic claims may be uploaded via MITS or mailed in using the EDMS cover sheet

Resources

- Bookmark

<http://jfs.ohio.gov/mits/index.stm>

- Information and Readiness Releases
- Frequently Asked Questions (FAQ)
- MITS Online Tutorials
- User Manuals
- Training Handouts

<http://jfs.ohio.gov/ohp/index.stm>

- Billing instructions
- EDI Companion documents

Questions



Thank You

(please remember your survey!)



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