

# INSTRUCTIONS FOR COMPLETING THE EDMS COVER SHEET

The EDMS (Electronic Document Management System) cover sheet is required when a provider mails documentation to the Ohio Department of Medicaid (ODM), because the provider could not upload attachments via MITS (Medicaid Information Technology System). These mailed attachments include (but aren't limited to) documentation to support: the medical necessity of a service, the payment of a claim, a prior authorization approval, or a provider enrollment application approval. **Attachments will be returned if the cover sheet isn't completed correctly.**

## THE FOLLOWING FIELDS CAN BE HANDWRITTEN:

**Name:** Denote the name of a contact person.

**Date:** Denote the date the EDMS Cover Sheet was completed.

**No. of Pages:** Denote the number of pages mailed, including the cover sheet.

**Phone:** Denote the telephone number (with area code and extension) of the contact person.

## THE FOLLOWING FIELDS CANNOT BE HANDWRITTEN:

**Document Type:** Click only one document type. Common document types are noted below. If the wrong document type is selected, attachments may go to the wrong area.

- Click "Supporting documents for claim" for documents that support the medical necessity of a service (hysterectomy, etc.) or the payment of a claim (e.g. proof of timely filing, etc.).
- Click "Prior Authorization" for documents supporting the approval of a prior authorization request. Providers may also click one of the subcategories to further clarify prior authorization requests. If x-rays are submitted as attachments, denote a legible address on the x-rays so they can be returned.
- Click "Provider" for documents included with a provider enrollment application.

**Index Field & Values:** Type the appropriate information in the appropriate fields.

If the cover sheet is produced by MITS, the appropriate fields in this section of the cover sheet will be automatically completed.

If providers cannot complete the cover sheet via MITS, providers can access the "MITS EDMS Cover Sheet" via the "Welcome Providers" web page (<http://jfs.ohio.gov/OHP/provider.stm>). When completing the cover sheet via the web page, type the appropriate information (in this section of the cover sheet) in the appropriate fields. Please note that the information in these fields will be inserted in the cover sheet's bar code. Therefore, click on any part of the cover sheet (after all the appropriate information is keyed) to ensure that all the information is inserted in the bar code.

### Noted below are mandatory fields when "Supporting document for claim" is selected:

- Recipient ID (Recipient Identification Number), NPI (National Provider Identifier) **or** Medicaid Provider ID (denote a Medicaid Provider Number when the provider doesn't have a National Provider Identifier), and the ICN (Internal Control Number) of the claim

### Noted below are mandatory fields when "prior authorization" is selected:

- Recipient ID, NPI **or** Medicaid Provider ID (denote a Medicaid Provider Number when the provider doesn't have a National Provider Identifier), and Prior Authorization Number

### Noted below is a mandatory field when "Provider" is selected:

- ATN (Application Tracking Number)

If providers have questions regarding the completion of the cover sheet, contact:

- Provider Assistance for claims-related questions (1-800-686-1516)
- Prior Authorization for prior authorization questions (614-466-6734)
- Provider Enrollment for provider enrollment and re-enrollment questions (1-800-922-3042)