

# **OHIO MEDICAID MITS Behavioral Health Training 2012**

**Ohio**

Department of  
Job and Family Services

# Agenda

- General Information
- System Requirements
- Navigation
- Registration
- Eligibility



# Agenda

- Claim Submission
- Claim Adjustments
- Remittance Advice
- Prior Authorization



# MITIS Web Portal

MITIS General Information

# MITS General Information

## Medicaid Information Technology System

- MITS is 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”

# MITIS General Information

- Internal Control Number (ICN)
  - The ICN replaced the Transaction Control Number (TCN)
  - All claims will be assigned an ICN

2010170357321

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

# MITIS General 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 Web Portal without attachment
    - 23 Web Portal with attachment

# MITIS General 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

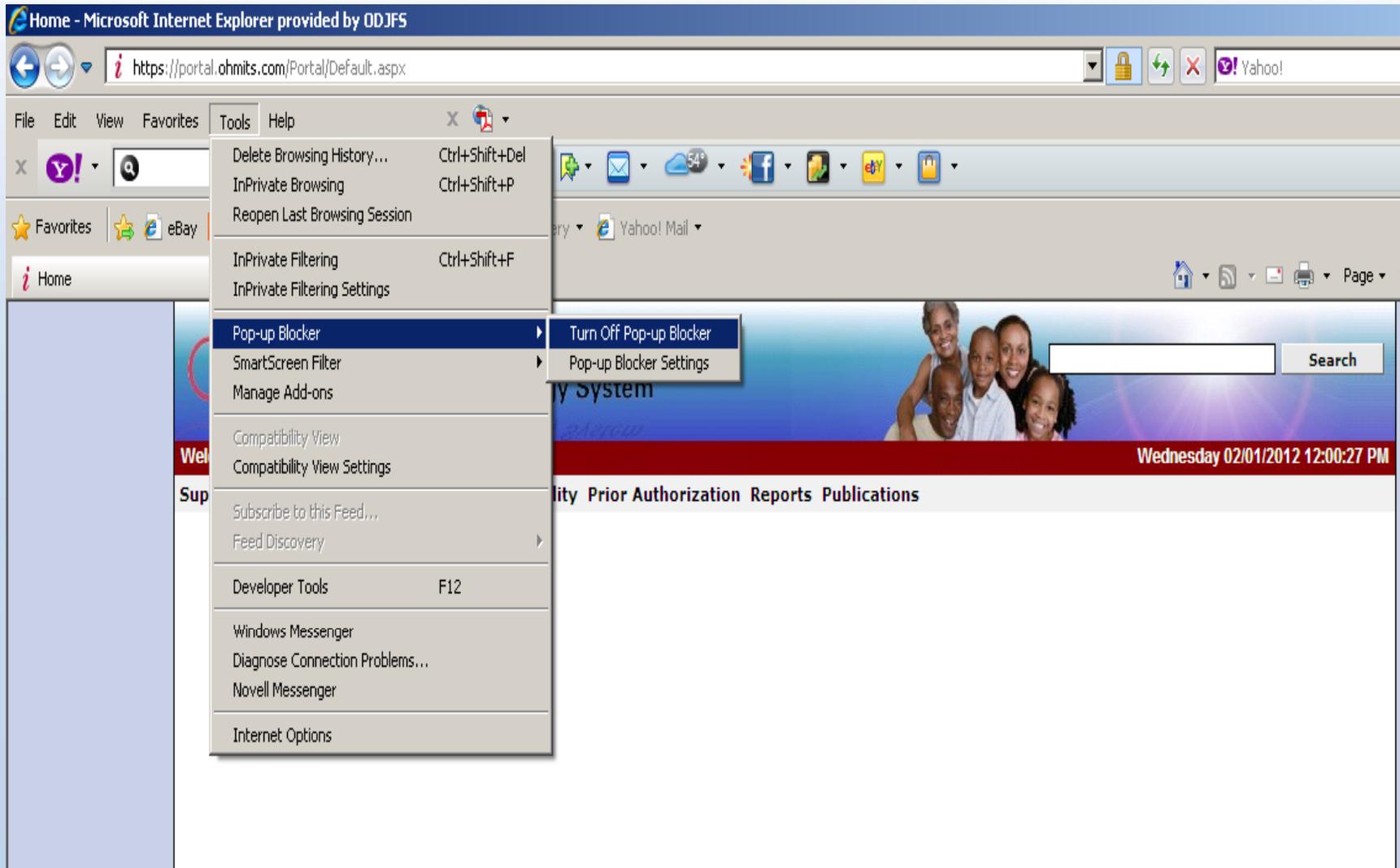
# MITIS Web Portal

## System Requirements

# System Requirements

- Technical Requirements
  - Internet Access (high speed works best)
  - Internet Explorer version 8.0 and above or Firefox 1.5 – 3.5
  - MAC Users-download Internet Explorer for MAC
  - Turn off pop-up blocker functionality
- How do I Access the MITS Portal?
  - Go to <http://jfs.ohio.gov>
  - The **ODJFS Welcome Page** displays
  - Select the **Medicaid Information Technology System (MITS)** link

# System Requirements



# System Requirements

- 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

# MITIS Web Portal

MITIS Navigation

# Navigation

- MITS Web Portal Navigation
  - “Copy,” “Paste,” and “Print” features will work in the MITS Portal
  - “Back” feature will not work in the MITS Portal
  - MITS Web Portal access will time-out after 15 minutes of inactivity

# Navigation

- **Panel Help**

The “?” button in the upper right corner of a panel may be selected to reveal panel information

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

# Navigation

- **Field Help**

Clicking a field title will open a box containing field information

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, the Ohio.gov logo and "Medicaid Information Technology System" are visible. A navigation bar includes "Welcome, OH SUPER USER" and "Training Tuesday 04/03". A menu bar contains "Super User", "Providers", "Account", "Trading Partners", "Claims", "Eligibility", "Prior Authorization", "Reports", "Portal Admin", and "Security Admin". The "Claims" menu is expanded, showing "search", "search detail", "dental", "institutional", and "professional".

The main content area is titled "Professional Claim: 7940089 MCD - OHIO ORTHOPEDIC SUPPLIES". It is divided into two columns: "BILLING INFORMATION" and "SERVICE INFORMATION".

**BILLING INFORMATION:**

- ICN: [Empty]
- Claim Type: M - PROFESSIONAL
- Provider ID: 7940089 MCD
- \*Medicaid Billing Number: [Empty]
- Rendering ID: [Empty]
- \*Medicare Assignment: NOT ASSIGNED
- Patient Amount Paid: \$0.00

**SERVICE INFORMATION:**

- \*Release of Information: NOT ALLOWED TO RELEASE DATA
- From Date: [Empty]
- To Date: [Empty]
- Signature Source: [Empty]
- Accident Related To: [Empty]
- Accident State: [Empty]
- Accident Country: [Empty] [ Search ]
- Accident Date: [Empty]
- EPSDT Screening/Family Planning: [Empty]
- Prior Authorization #: [Empty]
- Hospital Discharge Date: [Empty]
- Last Menstrual Period: [Empty]

**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

Note Reference Code: [Empty]

A "Field Help" popup window is open over the "\*Medicaid Billing Number" field. The popup title is "Online Field Help - Microsoft Internet Explorer provided by ODJFS". The content of the popup is:

**Medicaid Billing Number**  
Recipient's Medicaid identification number.

# MITIS Web Portal

MITIS Portal Registration

# Registration

- Ohio Medicaid Providers must create a MITS web portal account to access the system. Setting up the account can be a three step process.
  - The Administrator Account setup
  - Agent Account Setup
  - Assigning Agent Roles

# Registration

- Administrator Account Setup
  - One account per billing NPI
  - Only one person may set-up an Administrator Account
  - Access to all secure information
  - Responsible for assigning roles to agents
  - Responsible for maintaining the provider's MITS Portal account including demographic information

# Registration



## Job & Family Services MITS

- MITS Home
- MITS Information Releases
- MITS Provider Training
- MITS Publications
- MITS Implementation Notices
- MITS Non-Provider Communications
- Ohio Medicaid Home

- Acronyms
- ADA Compliance
- External Link Disclaimer
- Contact Us
- Feedback/  
Case-Specific Concerns

### Medicaid Information Technology System(MITS)

#### ATTENTION ALL MEDICAID PROVIDERS:

**IMPORTANT 6653 BILLING REMINDER:** When selecting the 'ATTACHMENTS' panel in the OH MITS portal, locate the 'TYPE OF DOCUMENT' field and choose 'REFERRAL FORM (OHIO 6653)' from the drop-down menu when needing to submit your claims and attachments with the 6653. This will allow the providers' attachments to connect to the claim record, and suspend as designed for manual review.

**Important MITS Information:** If you have questions about MITS or recently filed claims, please call 1-800-686-1516 between the hours of 8:00 a.m. - 4:30 p.m. Monday through Friday.

#### MITS Tips

HIPAA 5010 Implementation

Click here for the COB & TPL Training Handouts and FAQs from 8/29/2011 - 9/2/2011

Answer Keys: Problems while submitting claims in MITS

[Click here to access the MITS Portal](#)

#### MITS Support Phone Numbers:

If you are a Medicaid provider and need assistance with the MITS Web Portal please contact the Provider Call Center at 1-

# Registration

## 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

## Search Publications

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

## Managed Care

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

### Login to Secured Site

- [Click Here to Login](#)

### Provider Enrollment

To enroll as a new Medicaid Provider:

- [Provider Enrollment Application](#)
- [Check Enrollment Application](#)
- [Enrollment FAQ's](#)

### Provider Setup/Registration

If you have a 7 digit Ohio Medicaid Provider Number: Click here to register for MITS access.

- [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 account](#)

Note: Provider must approve.

### Quick Links

- [Enroll as a HOME Choice provider](#)
- [OHP Provider Page](#)

# Registration



The screenshot shows the Ohio.gov website header with a family photo on the left. The navigation menu includes 'About JFS', 'Our Services', 'Info Center', and 'News & Events'. A search bar is located in the top right. The main content area is titled 'Job & Family Services Ohio Medicaid' and features a sub-section for 'Account Setup'. This section contains two input fields: '\*Login ID' and '\*PIN', each with a corresponding instruction. The '\*Login ID' instruction states: 'For Providers, this will be your Medicaid Provider Number. For Trading Partners, this will be your Trading Partner ID.' The '\*PIN' instruction states: 'The Personal Identification Number is the last four digits of your EIN or SSN.' Below these fields is a contact number: 'If you need assistance logging in please call 1-800-686-1516'. A 'setup account' button is positioned at the bottom of the form area. The footer contains links for 'Home', 'Site Index', 'Food Assistance Non Discrimination Statement', 'Privacy Statement', and 'Contact Us', along with 'AMA & ADA Copyright' and a copyright notice for 2011 HP Enterprise Services.

Ohio.gov | Department of Job and Family Services

Search

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

Tuesday 04/03/2012 2:41:22 PM

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

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 your EIN or SSN.

If you need assistance logging in please call 1-800-686-1516

setup account

Home | Site Index | Food Assistance Non Discrimination Statement | Privacy Statement | Contact Us

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# Registration

- Agent Account Setup
  - Each Agent needs only one account
  - Agents set up their own accounts
  - Each Agent account is role based
  - Administrator account holder sets up Agent roles
  - Accounts are setup by Pay to NPI
  - Unlimited Agents
  - Agent User ID remains the same
    - Access to different NPIs can be granted
    - Agents access may be revoked by role and NPI

# Registration

## Search Provider Directory

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## Quick Links

- [Enroll as a HOME Choice provider](#)
- [OHP Provider Page](#)

# Registration

## Terms of Service

In order to complete the registration process, please read the Provider Web Portal User Agreement below, check the agreement box indicating that you have read the Terms of Service agreement and then click on the "I Agree" button if applicable. It may be necessary to scroll down on the outside of the gray window on the right (not within the white agreement box) to see the "I Agree" button.

### OHIO MEDICAID INFORMATION TECHNOLOGY SYSTEM: PROVIDER WEB PORTAL USER AGREEMENT

This User Account Agreement is made by and between the State of Ohio Department of Job and Family Services, ("ODJFS"), and a licensed health care provider, or an entity who acts on behalf of a licensed health care provider, who has signed up for an account on this website ("User").

This Agreement becomes effective today, and shall remain in effect until 01/01/2099, or until terminated with or without cause by either party.

Pursuant to the terms of this Agreement, User is authorized to access confidential Medicaid data through the use of computer-related media (system inquiry, on-line update, printed reports, ad hoc reporting, CD reports, etc.), commonly known as the Ohio Medicaid Information Technology System ("OH MITS").

User is responsible for complying with all applicable federal and state laws, rules, and regulations when creating, receiving, maintaining, or transmitting information within the OH MITS.

User agrees to use appropriate administrative, technical, and physical safeguards to prevent any use or disclosure of information retrieved from MMIS that is not permitted or provided for by this Agreement.

User shall only use and/or disclose information retrieved from the OH MITS to perform obligations and responsibilities as authorized by ODJFS and this Agreement.

User understands that in accordance with state and federal law information retrieved from the OH MITS may be used solely for the

**Yes, I have read the Terms of Service agreement**

I Agree

Disagree

Clicking "I Agree" constitutes a signature of this Agreement. By signing this Agreement, I acknowledge that I have read and understand this

# Registration

## Register as an Agent

Enter your personal information and press **Register** when finished.

\*First Name:

Middle Initial:

\*Last Name:

\*Email Address:

Telephone Number:

\*User ID:

\*Password:

\*Confirm Password:

\* required

[Privacy](#) | [Disclaimer](#)

### Your User ID must meet the following criteria:

- Minimum of 6 characters in length
- Maximum of 8 characters in length
- Mandatory 1 number (no more than or no less than, just 1 number)

### Your Password must meet the following criteria:

- Minimum of 8 characters in length
- Maximum of 15 characters in length
- Minimum of 1 alphabetic character
- Minimum of 1 numeric character
- Maximum number of sequential characters is 6
- Cannot be the same as your User ID
- Passwords are case sensitive

# Registration

- 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)



# Registration

## Agent Maintenance Panel

### Agent Maintenance

User Name   Contact First Name ^   Contact Last Name

A

**remove agent**   **add agent**

\*User Name  [ Search ]

Contact First Name

Contact Last Name

Assigned Roles		Available Roles	
Agent Roles	Claim Submission	<	Prior Auth Submit
	Prior Auth Search	<<	Eligibility
		>	Claim Search
		>>	1099 Information

# Registration

Ohio.gov

Medicaid Information  
Technology System

Welcome, BOND007

Super User Providers **Account** Trading Partners Claims Eligibility  
messages **switch provider** site settings agent maintenance

# Registration

## Switch Provider Panel

**Switch Provider** [?] [↑]

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

Select row above to update

**Current Provider** 999999999

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

# Registration

- **Reminder**

- MITS Portal is Web based and as long as access is still active, agents will be able to log into your account(s) so remove their access as soon as they leave the office.

# Registration

- 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



# MITS Web Portal

Recipient Eligibility

# Eligibility Verification

- Providers can use the MITS Web Portal to search and verify recipients' eligibility for benefit programs
- Eligibility information is found on the Eligibility Verification Request Panel

# Eligibility Verification

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". To the right of the logo is a search bar with a "Search" button and a small image of a diverse group of people. Below the logo, a red banner displays "Welcome, JAMIE SPEAKS" on the left and "Wednesday 02/01/2012 10:46:33 AM" on the right. A navigation menu below the banner includes links for "Super User", "Providers", "Account", "Claims", "Eligibility", "Prior Authorization", "Reports", and "Publications". The "Eligibility" link is highlighted, and a sub-menu is open showing "Eligibility Search". The main content area is mostly blank. At the bottom of the page, there is a footer with links: "Home | OHP Home | Site Settings | Site Map | Privacy Statement | Contact Us", followed by "AMA & ADA Copyright" and "Copyright 2011 HP Enterprise Services. All rights reserved."

# Eligibility Verification



## Eligibility Verification Request



Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY ▾
Procedure Code	<input type="text"/>	From DOS	02/01/2012
		To DOS	02/01/2012

# Eligibility Verification



Search

Welcome, JAMIE SPEAKS

Wednesday 02/01/2012 10:41:58 AM

[Super User](#) [Providers](#) [Account](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Publications](#)

**eligibility search**

## Eligibility Verification Request



Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/YYYY
Procedure Code	<input type="text"/>	From DOS	02/2012
		To DOS	02/2012

search

clear

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# Eligibility Verification

Ohio.gov

Medicaid Information  
Technology System



Search

Welcome, JAMIE SPEAKS

Wednesday 02/01/2012 10:47:34 AM

[Super User](#) [Providers](#) [Account](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Publications](#)

**eligibility search**

## Eligibility Verification Request

? ^

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY ▾
Procedure Code	<input type="text"/>	From DOS	09/01/2011
		To DOS	02/01/2012

search

clear

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# Eligibility Verification

Ohio.gov

Medicaid Information  
Technology System



Search

Welcome, JAMIE SPEAKS

Wednesday 02/01/2012 10:47:34 AM

[Super User](#) [Providers](#) [Account](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Publications](#)

**eligibility search**

## Eligibility Verification Request



Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY
Procedure Code	<input type="text"/>	From DOS	03/01/2011
		To DOS	09/01/2011

search

clear

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# Eligibility Verification

**Ohio.gov** | Medicaid Information Technology System 

Welcome, OH SUPER USER Training Wednesday 02/22/2012 11:10:40 AM

[Super User](#) [Providers](#) [Account](#) [Trading Partners](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security Admin](#)

**eligibility search**

**Eligibility Verification Request** ? ^

Medicaid Billing Number	<input type="text" value="853764457366"/>	Birth Date	<input type="text" value="10/27/2000"/>
SSN	<input type="text"/>	DOS Date Format	<input type="text" value="MM/DD/YYYY"/>
Procedure Code	<input type="text"/>	From DOS	<input type="text" value="08/31/2011"/>
		To DOS	<input type="text" value="02/22/2012"/>

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# Eligibility Verification



Medicaid Information  
Technology System



Search

Welcome, OH SUPER USER Training Wednesday 02/22/2012 11:13:11 AM

[Super User](#)
[Providers](#)
[Account](#)
[Trading Partners](#)
[Claims](#)
[Eligibility](#)
[Prior Authorization](#)
[Reports](#)
[Portal Admin](#)
[Security](#)
[Admin](#)

**eligibility search**

**Eligibility Verification Request**

Medicaid Billing Number	<input type="text" value="853764457366"/>	Birth Date	<input type="text" value="10/27/2000"/>
SSN	<input type="text"/>	DOS Date Format	<input type="text" value="MM/DD/YYYY"/>
Procedure Code	<input type="text"/>	From DOS	<input type="text" value="08/31/2011"/>
		To DOS	<input type="text" value="02/22/2012"/>

**Recipient Information**

Medicaid Billing Number	853764457366	SSN	
Last Name	NOLAND	County of Residence	OTHER
First Name	LICURGO	County of Eligibility	
Gender	MALE	County Office	<a href="http://jfs.ohio.gov/county/cntydir.stm">http://jfs.ohio.gov/county/cntydir.stm</a>
Date of Birth	10/27/2000	Number Bed Hold Days Used Paid CY	20110101: 2
Date of Death			

**Benefit / Assignment Plan**

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	08/31/2011	02/22/2012		\$0.00	\$0.00
Ohio Mental health	08/31/2011	02/22/2012		\$0.00	\$0.00
ODADAS - Ohio Dept of Alcohol/Drug Addiction Svcs	08/31/2011	02/22/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	08/31/2011	02/22/2012		\$0.00	\$0.00
Medicaid Schools	08/31/2011	02/22/2012		\$0.00	\$0.00

**Case/Cat/Seq Spenddown**

\*\*\* No rows found \*\*\*

**TPL**

\*\*\* No rows found \*\*\*

**Managed Care**

\*\*\* No rows found \*\*\*

**Lock-In**

\*\*\* No rows found \*\*\*

**Medicare**

# Eligibility Verification

**Medicaid Billing Number** 853764457366 **SSN**  
**Last Name** NOLAND **County of Residence** OTHER  
**First Name** LICURGO **County of Eligibility**  
**Gender** MALE **County Office** <http://jfs.ohio.gov/county/cntydir.stm>  
**Date of Birth** 10/27/2000 **Number Bed Hold Days Used Paid CY** 20110101: 2  
**Date of Death**

## Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid	08/31/2011	02/22/2012		\$0.00	\$0.00
Ohio Mental health	08/31/2011	02/22/2012		\$0.00	\$0.00
ODADAS - Ohio Dept of Alcohol/Drug Addiction Svcs	08/31/2011	02/22/2012		\$0.00	\$0.00
MRDD Targeted Case Mgmt	08/31/2011	02/22/2012		\$0.00	\$0.00
Medicaid Schools	08/31/2011	02/22/2012		\$0.00	\$0.00

## Case/Cat/Seq Spenddown

\*\*\* No rows found \*\*\*

## TPL

\*\*\* No rows found \*\*\*

## Managed Care

\*\*\* No rows found \*\*\*

## Lock-In

\*\*\* No rows found \*\*\*

## Medicare

\*\*\* No rows found \*\*\*

## Service Limitation

Procedure Code	Description	Service Limitation
----------------	-------------	--------------------

Enter a Procedure Code on the Eligibility Verification Request panel to search for Service Limitations.

## Level of Care Determinations

\*\*\* No rows found \*\*\*

## Patient Liability

\*\*\* No rows found \*\*\*

## Long Term Care Facility Placements

\*\*\* No rows found \*\*\*

## Special Program

\*\*\* No rows found \*\*\*

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# MITIS Web Portal

Claim Submission

# Claim Submission

- Methods of Claim Submission
  - Electronic Data Interchange
  - MITS Web Portal

# Claim Submission

## Comparison of EDI and Portal

### EDI

- Need to contract with a trading partner or create/or purchase own software.
- Fees for claims submitted
- Claims received electronically by Wednesday at 11:00 am will be processed for adjudication over the weekend.
- No limit to number of claims you can submit each day.

### Portal

- Free submissions
- Free software, just need access to the internet.
- Claims received by Friday at 5:00pm will be processed for adjudication over the weekend.
- Limit of 50 claims per day. Changing to unlimited in near future. Providers will be notified of the change.

# Claim Submission Electronic Data Interchange

- Information for Trading Partners
  - [jfs.ohio.gov/OHP/tradingpartners/info.stm](http://jfs.ohio.gov/OHP/tradingpartners/info.stm)
    - Companion Guides
    - 837 Health Care Claim Professional
    - EDI Information Guide
    - Technical Questions/EDI Support Unit  
614-387-1212  
[MMIS-EDI-Support@odjfs.state.oh.us](mailto:MMIS-EDI-Support@odjfs.state.oh.us)

# Claim Submission

- Claims Entry Format – are divided into different sections called panels
- Each Panel will have an \* asterisk for a portal required field. 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/Copy
- Search
  - Description
  - Numeric



# Claim Submission

- National Drug Code

- Providers billing HCPCS codes in the J series
  - Current J Codes: J2426, J2794 and J3490
  - Proposed J Codes (July 1, 2012) J1630, J1631, J2060, J2680, J3360, J2315 and J8499
- If the NDC number printed on a drug package consists of only 10 digits, then add a leading zero to the appropriate segment
- If the NDC number is missing or invalid the claim line will deny

# Claim Submission

- Rendering and pay to provider fields differ
  - Pay to provider information should be entered, **do not** enter rendering provider information. The rendering provider field will automatically populate by the system.

# Claim Submission

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top left is the Ohio.gov logo and the text "Medicaid Information Technology System". To the right is a search bar with a "Search" button. Below this is a navigation bar with the text "Welcome, OH SUPER USER" on the left and "Training Friday 03/23/2012 11:10:46 AM" on the right. The main navigation menu includes "Super User", "Providers", "Account", "Trading Partners", "Claims", "Eligibility", "Prior Authorization", "Reports", "Portal Admin", "Security", and "Admin". The "Claims" menu is expanded, showing sub-options: "Search", "Search Detail", "Dental", "Institutional", and "Professional". The "Professional" option is highlighted. On the left side of the page, under the heading "Claims", there is a list of sub-options: "Search", "Search Detail", "Dental", "Institutional (for Inpatient, Outpatient, L", and "Professional".

Ohio.gov | Medicaid Information Technology System

Welcome, OH SUPER USER Training Friday 03/23/2012 11:10:46 AM

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

search search detail dental institutional

**Claims**

- Search
- Search Detail
- Dental
- Institutional (for Inpatient, Outpatient, L
- Professional

Search

Search Detail

Dental

Institutional

**Professional**

Professional

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# Claim Submission

uper User Providers Account Trading Partners **Claims** Eligibility Prior Authorization Reports Portal Admin Security Admin  
search search detail dental institutional **professional**

Professional Claim: 7579097 MCD - I N EREN MD



## BILLING INFORMATION

ICN  
Claim Type M - PROFESSIONAL  
Provider ID 7579097 MCD  
\*Medicaid Billing Number 851847251466  
\*Date of Birth 01/18/1994  
Last Name NIEMI  
First Name, MI BIANCA Y  
\*Patient Account # 0  
Medical Record #  
Referring Provider #  
Rendering ID  
\*Medicare Assignment ASSIGNED  
Patient Amount Paid \$0.00

## SERVICE INFORMATION

\*Release of Information SIGNED STMT PERMITTING RELEASE  
From Date 01/27/2012  
To Date 01/28/2012  
\*Signature Source GENERATED BY PROVIDER  
Accident Related To  
Accident State  
Accident Country [ Search ]  
Accident Date  
EPSDT Screening/  
Family Planning  
Prior Authorization #  
Hospital Discharge Date  
Last Menstrual Period

## TOTAL CHARGES

Total Charges	\$130.00
Medicaid Allowed Amount	\$0.00
TPL Paid Amount	\$0.00
Total Medicaid Paid Amount	\$0.00
Medicaid CoPay Amount	\$0.00
Note Reference Code	

# Claim Submission

Diagnosis		
Sequence	Diagnosis Code	Description
A 01	38010	INFECTION OF THE EAR, NOS

Type data below for new record.

\*Sequence 
 \*Diagnosis Code

Other Payer	
*** No rows found ***	

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

### Other Payer Amounts and Adjustment Reason Codes

Detail							
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code
A	1	01/27/2012	1.00	\$90.00		32	99305

Type data below for new record.

<b>Item</b> 1 <b>*From DOS</b> <input type="text" value="01/27/2012"/> <b>To DOS</b> <input type="text" value="01/27/2012"/> <b>*Units</b> <input type="text" value="1.00"/> <b>*Charges</b> <input type="text" value="\$90.00"/> <b>Medicaid Allowed Amount</b> <input type="text" value="\$0.00"/> <b>Rendering Provider</b> <input type="text" value="125551469"/> <b>Status</b>	<b>*Place Of Service</b> <input type="text" value="32"/> <input type="button" value="[ Search ]"/> <b>*Procedure Code</b> <input type="text" value="99305"/> <input type="button" value="[ Search ]"/> <b>Emergency</b> <input type="checkbox"/> <b>EPSDT Screening/ Family Planning</b> <input type="checkbox"/> <b>*Diagnosis Code Pointer</b> <input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Modifiers</b> <input type="text"/> <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/> <input type="text"/> <input type="button" value="[ Search ]"/>
--	--

### NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)
*** No rows found ***

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

### Attachments

# Claim Submission

Diagnosis		
Sequence	Diagnosis Code	Description
A 01	38010	INFECTION OF THE EAR, EXTERNAL

Type data below for new record.

\*Sequence  \*Diagnosis Code  [ Search ]

Other Payer	
*** No rows found ***	

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

### Other Payer Amounts and Adjustment Reason Codes

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A 2	01/28/2012	1.00	\$40.00	\$0.00		32	69210	
A 1	01/27/2012	1.00	\$90.00	\$0.00		32	99305	

Type data below for new record.

Item	2	*Place Of Service	<input type="text" value="32"/> [ Search ]
*From DOS	<input type="text" value="01/28/2012"/>	*Procedure Code	<input type="text" value="69210"/> [ Search ]
To DOS	<input type="text" value="01/28/2012"/>	Emergency	<input type="text" value=""/>
*Units	<input type="text" value="1.00"/>	EPSDT Screening/ Family Planning	<input type="text" value=""/>
*Charges	<input type="text" value="\$40.00"/>	*Diagnosis Code Pointer	<input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Medicaid Allowed Amount	\$0.00	Modifiers	<input type="text" value=""/> [ Search ] <input type="text" value=""/> [ Search ]
Rendering Provider	<input type="text" value="125551469"/>		<input type="text" value=""/> [ Search ] <input type="text" value=""/> [ Search ]
Status			

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 2)	
*** No rows found ***	

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

# Claim Submission

Item	2	*Place Of Service	<input type="text" value="32"/> [ Search ]
*From DOS	<input type="text" value="01/28/2012"/>	*Procedure Code	<input type="text" value="69210"/> [ Search ]
To DOS	<input type="text" value="01/28/2012"/>	Emergency	<input type="text"/>
*Units	<input type="text" value="1.00"/>	EPSDT Screening/ Family Planning	<input type="text"/>
*Charges	<input type="text" value="\$40.00"/>	*Diagnosis Code Pointer	<input type="text" value="01"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medicaid Allowed Amount	\$0.00	Modifiers	<input type="text"/> [ Search ] <input type="text"/> [ Search ]
Rendering Provider	<input type="text" value="125551469"/>		<input type="text"/> [ Search ] <input type="text"/> [ Search ]
Status			

NDC Other Payer - Detail ClaimCheck

## NDC (Detail Item 2)

\*\*\* No rows found \*\*\*

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

## Attachments

\*\*\* No rows found \*\*\*

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

## Supporting Data for Delayed Submission / Resubmission

*DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.*

Previously Denied ICN or TCN

## Claim Status Information

Claim Status Not Submitted yet

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# MITIS Web Portal

TPL/COB Claim Submission

# TPL/COB Submission

- Other Payer Information
  - TPL 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). This includes primary other payer payments or denials
  - Allowed amount is required for other payer TPL. MITS will automatically calculate the allowed amount.

# TPL/COB Submission

[Home](#)
[User](#)
[Providers](#)
[Account](#)
[Trading Partners](#)
[Claims](#)
[Eligibility](#)
[Prior Authorization](#)
[Reports](#)
[Portal Admin](#)
[Security](#)
[Admin](#)

[search](#)
[search detail](#)
[dental](#)
[institutional](#)
[professional](#)

## Professional Claim: 7579097 MCD - I N EREN MD

### BILLING INFORMATION

**ICN**  
**Claim Type** M - PROFESSIONAL  
**Provider ID** 7579097 MCD  
**\*Medicaid Billing Number** 853214185666  
**\*Date of Birth** 03/17/1950  
**Last Name** SIMONSON  
**First Name, MI** JULIANNE L  
**\*Patient Account #** 0  
**Medical Record #**  
**Referring Provider #**  
**Rendering ID**  
**\*Medicare Assignment** ASSIGNED  
**Patient Amount Paid** \$0.00

### SERVICE INFORMATION

**\*Release of Information** SIGNED STMT PERMITTING RELEASE  
**From Date**  
**To Date**  
**\*Signature Source** GENERATED BY PROVIDER  
**Accident Related To**  
**Accident State**  
**Accident Country** [ Search ]  
**Accident Date**  
**EPSDT Screening/  
Family Planning**  
**Prior Authorization #**  
**Hospital Discharge Date**  
**Last Menstrual Period**

### TOTAL CHARGES

<b>Total Charges</b>	\$0.00
<b>Medicaid Allowed Amount</b>	\$0.00
<b>TPL Paid Amount</b>	\$0.00
<b>Total Medicaid Paid Amount</b>	\$0.00
<b>Medicaid CoPay Amount</b>	\$0.00
<b>Note Reference Code</b>	

Notes

### Diagnosis

\*\*\* No rows found \*\*\*

# TPL/COB Submission

Notes

Diagnosis		
Sequence	Diagnosis Code	Description
A 02	3804	IMPACTED CERUMEN
A 01	38010	INFEC OTITIS EXTERNA NOS

Type data below for new record.

delete add

\*Sequence  \*Diagnosis Code  [ Search ]

Other Payer	
*** No rows found ***	

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

delete add

### Other Payer Amounts and Adjustment Reason Codes

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.

delete add copy

Item

\*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 ]

NDC Other Payer - Detail ClaimCheck

NDC (Detail Item 1)
*** No rows found ***

# TPL/COB Submission

**Diagnosis**

Sequence	Diagnosis Code	Description
A 02	3804	IMPACTED CERUMEN
A 01	38010	INFEC OTITIS EXTERNA NOS

Type data below for new record.

\*Sequence  \*Diagnosis Code  [ Search ]

**Other Payer**

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

Type data below for new record.

*Claim Filing Indicator <input type="text"/>	*Insurance Carrier Name <input type="text"/>
*Policy Holder Relationship to Insured <input type="text"/>	*Carrier Code <input type="text"/>
*Policy Holder Last Name <input type="text"/>	Insured's Policy ID <input type="text"/>
*Policy Holder First Name, MI <input type="text"/>	*Payer Sequence <input type="text"/>
Policy Holder Date of Birth <input type="text"/>	Medicare ICN <input type="text"/>
Gender <input type="text"/>	
*Paid Amount <input type="text"/>	
*Paid Date <input type="text"/>	
Allowed Amount <input type="text"/>	

**Other Payer Amounts and Adjustment Reason Codes**

**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  \*Place Of Service  [ Search ]

# TPL/COB Submission

Diagnosis		
Sequence	Diagnosis Code	Description
A 02	3804	IMPACTED CERUMEN
A 01	38010	INFEC OTITIS EXTERNA NOS

Type data below for new record.

\*Sequence 
 \*Diagnosis Code

Other Payer									
Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Carrier Code
A SIMONSON	JULIANNE	L	03/17/1950	SELF	FEMALE		\$115.66	04/17/2012	17003

Type data below for new record.

*Claim Filing Indicator	<input type="text" value="MEDICARE PART B"/>	*Insurance Carrier Name	<input type="text" value="MEDICARE"/>
*Policy Holder Relationship to Insured	<input type="text" value="SELF"/>	*Carrier Code	<input type="text" value="17003"/>
*Policy Holder Last Name	<input type="text" value="SIMONSON"/>	Insured's Policy ID	<input type="text"/>
*Policy Holder First Name, MI	<input type="text" value="JULIANNE"/> <input type="text" value="L"/>	*Payer Sequence	<input type="text" value="PRIMARY"/>
Policy Holder Date of Birth	<input type="text" value="03/17/1950"/>	Medicare ICN	<input type="text" value="621500044000"/>
Gender	<input type="text" value="FEMALE"/>		
*Paid Amount	<input type="text" value="\$115.66"/>		
*Paid Date	<input type="text" value="04/17/2012"/>		
Allowed Amount	<input type="text" value="\$0.00"/>		

Other Payer Amounts and Adjustment Reason Codes

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	<input type="text" value="1"/>	*Place Of Service	<input type="text"/>	<input type="button" value="[ Search ]"/>
*From DOS	<input type="text"/>	*Procedure Code	<input type="text"/>	<input type="button" value="[ Search ]"/>
To DOS	<input type="text"/>	Emergency	<input type="text"/>	<input type="button" value=""/>

# TPL/COB Submission

Detail										
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code			
A	1	04/02/2012	1.00	\$100.00		\$0.00	11	99214		

Type data below for new record.

Item 
 \*Place Of Service  [ Search ]

\*From DOS 
 \*Procedure Code  [ Search ]

To DOS 
 Emergency

\*Units 
 EPSDT Screening/ Family Planning

\*Charges 
 \*Diagnosis Code Pointer

Medicaid Allowed Amount 
 Modifiers  [ Search ]  [ Search ]

Rendering Provider 
 Status  [ Search ]  [ Search ]

**NDC Other Payer - Detail**

**NDC (Detail Item 1)**

\*\*\* No rows found \*\*\*

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

**Other Payer Detail (Detail Item 1)**

Carrier Code	Paid Date	Paid Amount
A		\$0.00

Type data below for new record.

**LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES**

\*Carrier Code

\*Paid Date

\*Paid Amount

Allowed Amount

# TPL/COB Submission

Other Payer Detail (Detail Item 1)		
Carrier Code	Paid Date	Paid Amount
A 17003	04/17/2012	\$76.46

Type data below for new record.

**LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES**

\*Carrier Code

\*Paid Date

\*Paid Amount

Allowed Amount

**Other Payer Amounts and Adjustment Reason Codes - Detail**

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 17003)		
CAS Group Code	Amount	ARC
A PR-Patient Responsibility	\$19.11	2
A PR-Patient Responsibility	\$4.43	1

Type data below for new record.

\*CAS Group Code

Payer Line Level Amounts and Adjustment Reason Codes(ARC)
   
 \*Amount/ARC

**Attachments**

\*\*\* No rows found \*\*\*

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

**Supporting Data for Delayed Submission / Resubmission**

*DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.*

Previously Denied ICN or TCN

# TPL/COB Submission

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	2	04/02/2012	1.00	\$49.00		11	69210	
A	1	04/02/2012	1.00	\$100.00		11	00214	

Type data below for new record.

Item 
 \*Place Of Service  [ Search ]

\*From DOS 
 \*Procedure Code  [ Search ]

To DOS 
 Emergency

\*Units 
 EPSDT Screening/ Family Planning

\*Charges 
 \*Diagnosis Code Pointer

Medicaid Allowed Amount 
 Modifiers  [ Search ]  [ Search ]

Rendering Provider 
 Status  [ Search ]  [ Search ]

**NDC Other Payer - Detail**

**NDC (Detail Item 2)**

\*\*\* No rows found \*\*\*

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

**Other Payer Detail (Detail Item 2)**

\*\*\* No rows found \*\*\*

Type changes below.

**Other Payer Amounts and Adjustment Reason Codes - Detail**

**Attachments**

\*\*\* No rows found \*\*\*

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

**Supporting Data for Delayed Submission / Resubmission**

*DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.*

# TPL/COB Submission

Detail								
Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	
A	2	04/02/2012	1.00	\$49.00		11	69210	
^	1	04/02/2012	1.00	\$100.00		11	00214	

Type data below for new record.

**Item** 2  
**\*From DOS** 04/02/2012  
**To DOS** 04/02/2012  
**\*Units** 1.00  
**\*Charges** \$49.00  
**Medicaid Allowed Amount** \$0.00  
**Rendering Provider** 1254269521  
**Status**

**\*Place Of Service** 11 [ Search ]  
**\*Procedure Code** 69210 [ Search ]  
**Emergency**   
**EPSDT Screening/ Family Planning**   
**\*Diagnosis Code Pointer** 02     
**Modifiers**  [ Search ]  [ Search ]  
 [ Search ]  [ Search ]

## NDC Other Payer - Detail

### NDC (Detail Item 2)

\*\*\* No rows found \*\*\*

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

### Other Payer Detail (Detail Item 2)

Carrier Code	Paid Date	Paid Amount
A 17003	04/17/2012	\$39.20

Type data below for new record.

**LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES**  
**\*Carrier Code** 17003  
**\*Paid Date** 04/17/2012  
**\*Paid Amount** \$39.20  
**Allowed Amount** \$0.00

# TPL/COB Submission

Other Payer Detail (Detail Item 2)			
Carrier Code	Paid Date	Paid Amount	
A 17003	04/17/2012	\$39.20	

Type data below for new record.

**LINE LEVEL AMOUNTS AND ADJUSTMENT REASON CODES**

\*Carrier Code

\*Paid Date

\*Paid Amount

Allowed Amount

Other Payer Amounts and Adjustment Reason Codes - Detail

Other Payer Detail Amounts and Adjustment Reason Codes (Carrier Code 17003)			
CAS Group Code	Amount	ARC	
A PR-Patient Responsibility	\$9.80	2	

Type data below for new record.

\*CAS Group Code

**Payer Line Level Amounts and Adjustment Reason Codes(ARC)**

\*Amount/ARC

**Attachments**

\*\*\* No rows found \*\*\*

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

**Supporting Data for Delayed Submission / Resubmission**

*DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.*

Previously Denied ICN or TCN

**Claim Status Information**

**Claim Status** Not Submitted yet

# Claim Submission

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

Attachments	
Type of Document	Transmission Type
A	
Type data below for new record.	
<input type="button" value="delete"/>	<input type="button" value="add"/>
<p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing addresses will appear after the claim has been submitted.</p> <p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p>	
*Type of Document	<input type="text"/>
*Transmission Type	<input type="text"/>

# Claim Submission

## ● 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. Refer to OAC rule 5101:3-1-19.3, "General Claim Submission"
- With MITS the provider can submit a claim and upload the 06653 and attachments via the Web Portal
- Providers must follow the billing instructions to include required information when billing for the following timely filing exceptions:
  - Delayed eligibility determinations
  - State Hearing decisions resulting in retroactive eligibility
  - Coordination of Benefits (COB)

# Claim Submission

- Timely Filing
  - This panel is used for claims over 365 days that meet timely filing requirements
  - Enter the previously denied ICN or TCN for the Audit trail and Tracking purposes

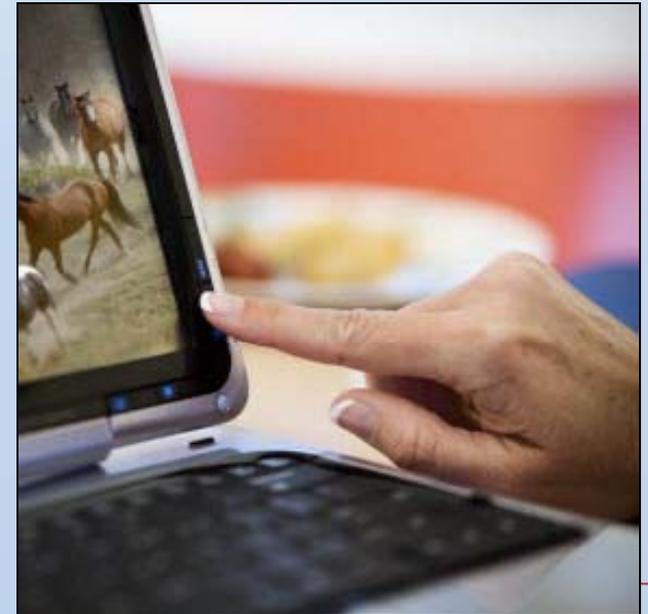
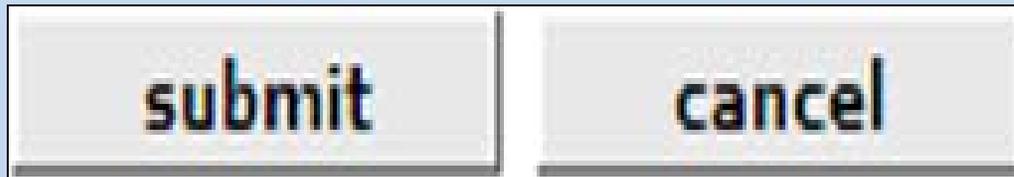
## Supporting Data for Delayed Submission / Resubmission

*DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.*

Previously Denied ICN or TCN

# Claim Submission

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



# Claim Submission

- Adjudication will happen in “real time.” If no errors the Status Return will show:
  - Paid
  - Denied
  - Suspended

# Claim Submission

- Portal Errors

- If there are portal errors, the Claim Status returned will be NOT SUBMITTED YET
- MITS will not accept a claim without all required fields being populated
- The errors will be listed at the top of the screen

**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.

# MITIS Web Portal

Claim Adjustment

# Claim Adjustment

- Paid claims can be
  - Adjusted
  - Voided
  - Copied

cancel

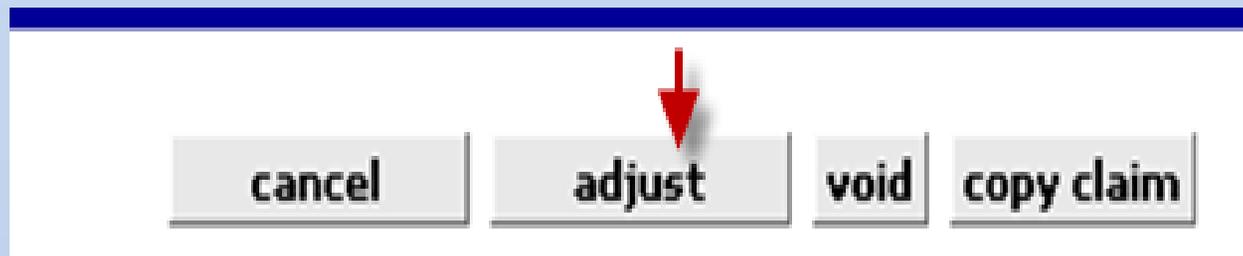
adjust

void

copy claim

# Claim Adjustment

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



# Claim Adjustment

- Adjusting paid claims
  - 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.

# Claim Adjustment

- Adjustment Terminology
  - Original or active claim referred to as “Mother Claim”
  - New adjusted or voided claim is referred to as the “Daughter Claim”
  - Credit Balance – If a claim adjusts more than the original amount an additional payment will be made if applicable
  - Account Receivable - If funds are due back to the state

# Claim Adjustment

## Adjustment Example

2010220234001

Originally paid \$45.00

5010274127250

Now paid \$50.00

Credit Balance \$5.00

2010220234001

Originally paid \$50.00

5010274127250

Now paid \$45.00

Account Receivable  
(\$5.00)

# Claim Adjustment

- 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 MITS
  - An adjustment claim is automatically created and given a status of “Denied”



# Claim Adjustment

## Void Example

2010220234001

Originally paid \$45.00

5610274127250

Reversal "Void"

Account Receivable (\$45.00)

# Claim Adjustment

- 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



# MITIS Web Portal

Remittance Advice

# Remittance Advice

- Remittance Advices for claims processed are available on the MITS Web Portal



Ohio.gov | Medicaid Information Technology System

Welcome, OH SUPER USER

Super User Providers Account Trading Partners Claims Eligibility Prior Authorization **Reports**

**Provider Reports**

Report

# Remittance Advice

- 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

- 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

- 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

# Remittance Advice

- Duplicate claims
  - A claim that has denied as a duplicate will provide the ICN of the claim it is duping against. A review of that claim should show a paid claim status.

# MITIS Web Portal

Prior Authorization

# Prior Authorization

- Prior Authorizations for Community Mental Health services are to be submitted through Healthcare Excel
  - Health Care Excel Link:  
<http://www.hce.org/medicaid>
- In patient psych prior authorizations are to be submitted through the MITS Web Portal

# Questions

