



**Medicaid Information  
Technology System**

# **Institutional Provider Implementation Training**

**MITS 2011**

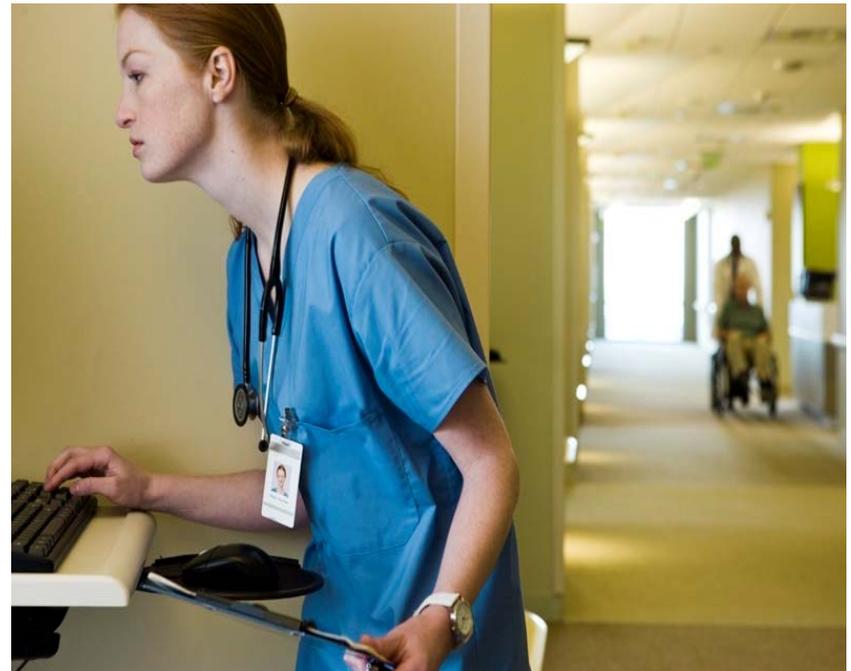
# Welcome

- Introductions of training team
- Training material
- Evaluation form



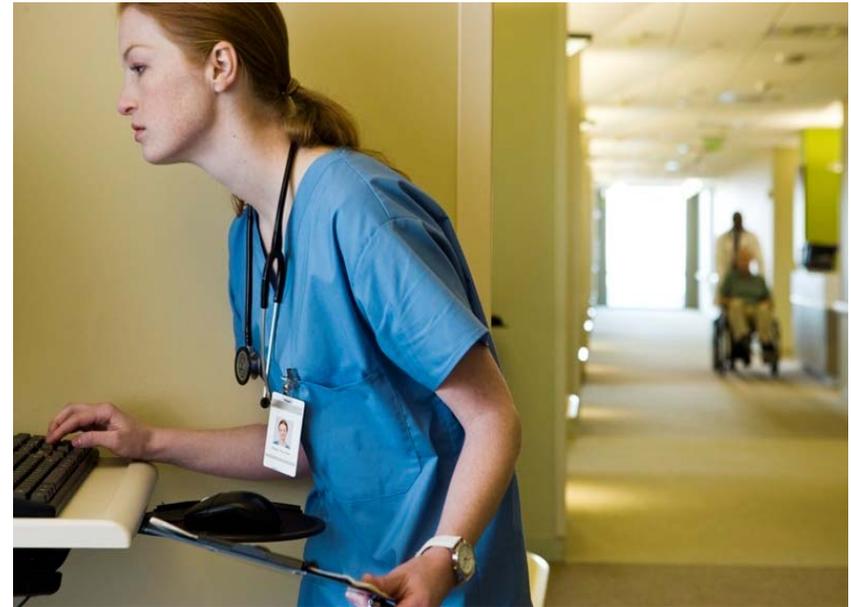
# Agenda

- 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

# MITS Enhancements

# MITS Enhancements

- MITS 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

# MITIS Enhancements

- MITIS Web Portal, continued
  - Prior Authorizations and Pre-certifications
    - Submit and upload attachments
    - Track and manage PA's and Pre-certifications
  - 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

# MITS 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 MITS, “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 Web Portal without attachment
  - 23 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

# **MITS 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

Search

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

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

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. A navigation menu lists 'About JFS', 'Our Services', 'Info Center', and 'New & Events'. The 'Providers' link is highlighted in red. Below the navigation, there are links for 'enrollment', 'enrollment tracking search', 'provider links', and 'long-term care', with 'account setup' also highlighted in red. The main content area is titled 'Job & Family Services Ohio Medicaid' and features an 'Account Setup' form. The form has two input fields: '\*Login ID' and '\*PIN'. The text next to the fields explains that the Login ID is the Medicaid Provider Number for Providers or the Trading Partner ID for Trading Partners, and the PIN is the last four digits of the EIN or SSN. A 'click here' link is provided for assistance, and a 'setup account' button is at the bottom of the form.

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 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](#)

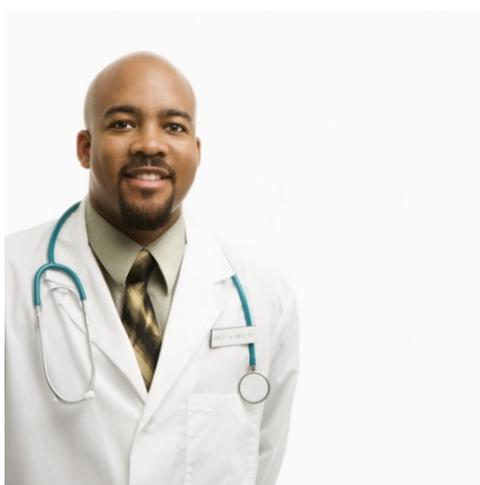
setup account

# 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. Provider Activation



# 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

- 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

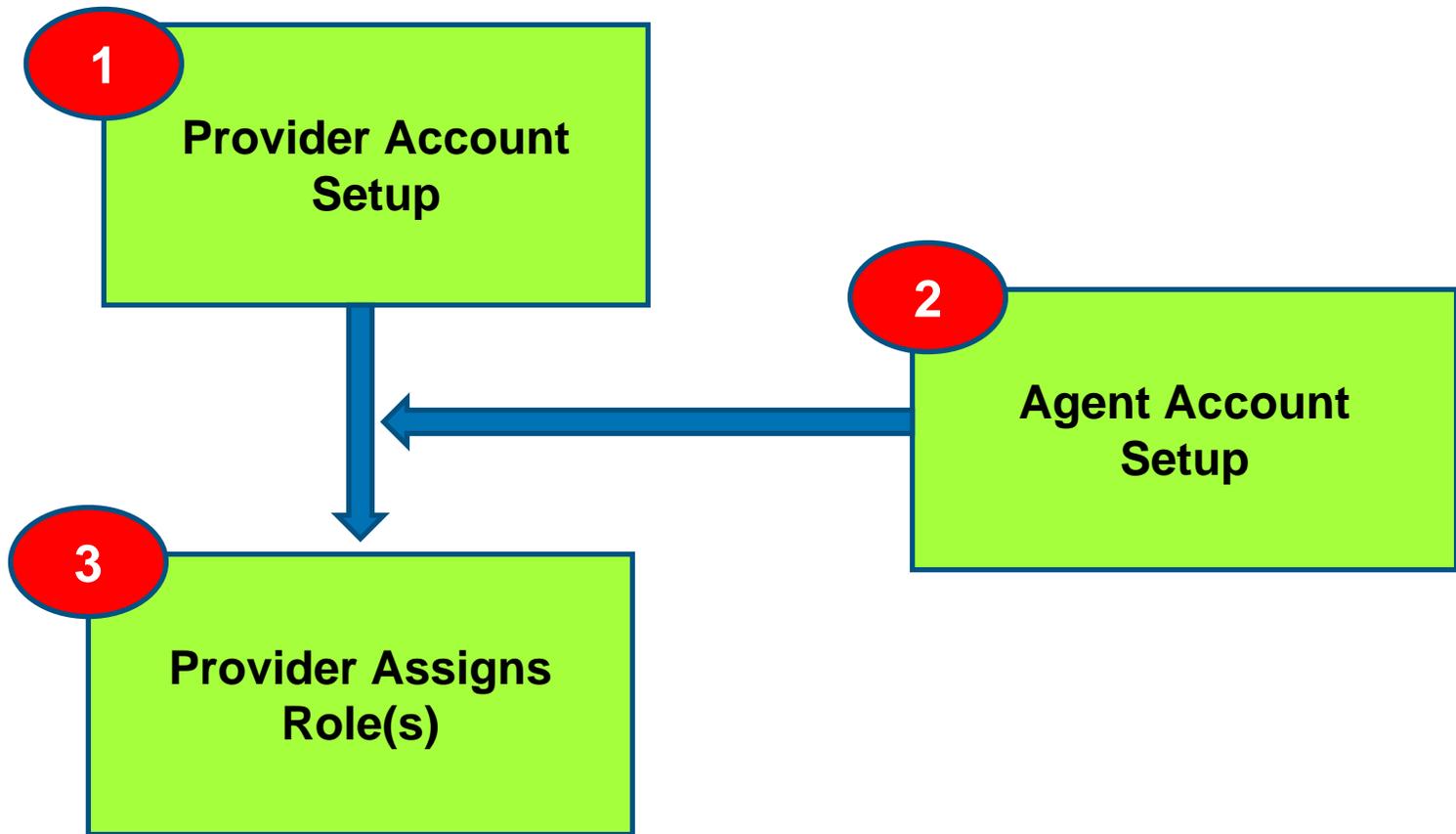
- Agent Maintenance Panel

The screenshot displays the 'Agent Maintenance' interface. At the top, there is a header bar with the title 'Agent Maintenance' and a search 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 has a list with 'Claim Submission' and 'Prior Auth Search'. The 'Available Roles' section has 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"/>	<input type="button" value="[ Search ]"/>
Contact First Name	<input type="text" value="Thomas A"/>	
Contact Last Name	<input type="text" value="Edison"/>	
<b>Assigned Roles</b>		
Agent Roles	<input type="text" value="Claim Submission"/>	<input type="button" value="&lt;"/> <input type="button" value="&lt;&lt;"/> <input type="button" value="&gt;"/> <input type="button" value="&gt;&gt;"/>
	<input type="text" value="Prior Auth Search"/>	
<b>Available Roles</b>		
<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

- 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	Taxor	Provider Type	Default Provider ID
000123456		777 ANY ST N	ANYCITY	ST	55555	5555		DAYTON HOSPITAL	<input type="checkbox"/>
000123456		999 ANY ST LN	ANYCITY	ST	55555	5555		COLUMBUS HOSPITAL	<input checked="" type="checkbox"/>

Select row above to update

Current Provider: 999999999

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

switch to      set as default

# 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 shows a web interface for a 'Super User'. At the top, a dark red banner reads 'Welcome, OH SUPER USER'. Below this is a navigation bar with several menu items: 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', and 'Prior Authorization'. The 'Providers' menu is expanded, showing a list of options: 'demogra', 'Maintenance', '1099 Information', 'Provider FAQ', 'Zip Co', 'MITS Days Report', and 'Correspondence'. To the right of the navigation bar, there is a table with columns for 'formation', 'provider faq', 'mits days report', and 'cor'. The table contains the following data: '900-12/31/2299' and 'NPI 7777777777'. Below the table, there is a section titled 'Your R.A' and 'The Down' with the text 'are being sent to: Files menu.' At the bottom of the page, there is a blue bar with the word 'Messages' 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 pop-up window titled "Online Field Help - Internet Explorer Provided By HP IT" is overlaid on the form. The pop-up 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

# **MITIS 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 "08/05/2010"), and "To DOS" (containing "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 an up arrow 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

OK

An arrow points from the first row of the 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, 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

# **MITS Web Portal**

## Claims Management

# 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 input fields for 'User Type' (set to 'Provider'), 'County', 'Provider ID', 'Trading Partner ID', and 'Tax Id'. 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
77777777777777		999999999999	01/26/2010	01/26/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$88.92
77777777777777		999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	07/07/2010	\$200.00	\$44.46
77777777777777		999999999999	04/24/2010	04/24/2010	CMS 1500 CLAIMS	PAID	06/08/2010	\$10.00	\$5.78
77777777777777		999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	05/12/2010	\$50.00	\$31.71
77777777777777		999999999999	01/05/2010	01/05/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$44.46
77777777777777		999999999999	01/01/2010	01/01/2010	CMS 1500 CLAIMS	PAID	04/20/2010	\$100.00	\$59.28
77777777777777		999999999999	12/31/2009	12/31/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$200.00	\$154.47
77777777777777		999999999999	12/28/2009	12/28/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
77777777777777		999999999999	12/27/2009	12/27/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$32.52
77777777777777		999999999999	12/26/2009	12/26/2009	CMS 1500 CLAIMS	PAID	04/20/2010	\$50.00	\$45.84
77777777777777		999999999999	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

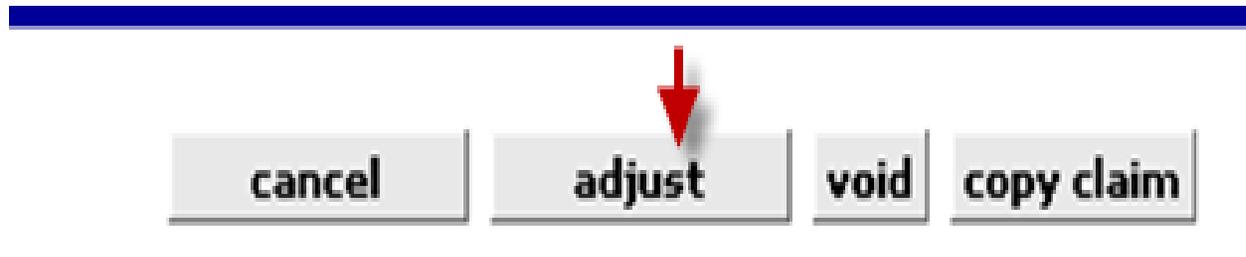
adjust

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 UB04 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 **Institutional** from the drop down menu

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 this is a navigation bar with tabs for "Providers", "Account", "Trading Partners", "Claims", "Eligibility", and "Prior Authorization". The "Claims" tab is selected. Underneath, there is a "Super User" section with several input fields: "User Type" (set to "Provider"), "County" (dropdown), "Provider ID", "Trading Partner ID", and "Tax Id". To the right of these fields is a dropdown menu for "Bu L Part" with options: "Search", "Search Detail", "Dental", "Institutional" (highlighted by a mouse cursor), and "Professional". At the bottom right of the menu is a "Records" dropdown set to "20".

# 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

## Changes in Billing Procedures

- Providers will be expected to use HIPAA compliant code sets
  - The Ohio-Specific E and F series of value codes for Medicare Part C hospital Claims will be discontinued
  - Occurrence code 57, which has been used to report the Medicare Paid Date, will be discontinued
  - Occurrence code 51 will take on the new CMS definition (date of last Kt/V reading)

# Claims Management

## Changes in Billing Procedures

- Outpatient claims: if a single line gets denied, the whole day will be denied
- The reporting of discharge status will be required on outpatient claims
- Bill type 121 will be allowed only for Medicare Part B crossover inpatient claims

# Claims Management

## Changes in Billing Procedures

- Enforcing current Policy
  - Interim Bill Time span must be 30 days or greater
  - Revenue Code 0636 will not be covered on Inpatient Claims
  - Organ acquisition charges reported in Revenue Code 810 will be excluded from total claim charges for the determination of charge outlier qualification

# Claims Management

## Submitting a Claim

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

Institutional Claim:		NPI -	
BILLING INFORMATION			
ICN			
Provider ID		NPI	
*Type Of Bill	<input type="text"/>		[ Search ]
Claim Type			
*Medicaid Billing Number	<input type="text"/>		
*Date of Birth	<input type="text"/>		
Last Name			
First Name, MI			
*Patient Account #	<input type="text"/>		
Medical Record #	<input type="text"/>		
*Attending Physician #	<input type="text"/>		

# 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 837I and UB 04
  - Dates of Service
  - Prior Authorization or Pre-certification
  - Total Charges
    - This field will populate based on the detail entry

SERVICE INFORMATION	
*Release of Information	NOT ALLOWED TO RELEASE DATA
*From Date	<input type="text"/>
*To Date	<input type="text"/>
Admission Date	<input type="text"/>
Admission Hour	<input type="text"/>
Admission Type	<input type="text" value="v"/>
Admit Source	<input type="text"/> [ Search ]
Discharge Hour	<input type="text"/>
Patient Status	<input type="text"/> [ Search ]
*Covered Days	<input type="text" value="0"/>
Non Covered Days	<input type="text" value="0"/>
Coinsurance Days	<input type="text" value="0"/>

# Claims Management

## Submitting a Claim

- [Search] feature

The screenshot displays a web application interface for 'Diagnosis' management. At the top, there is a table with columns 'Sequence', 'Diagnosis Code', and 'Description'. Below the table, there is a prompt 'Type data below for new record.' and two buttons: 'delete' and 'add'. A form below the buttons includes a dropdown for '\*Sequence', a text input for '\*Diagnosis Code', and a red-bordered button labeled '[ Search ]'. A modal window titled 'Diagnosis Code' is open, featuring a search bar with 'Diagnosis' and 'Description' fields. The 'Description' field contains the text 'INSULIN'. There are 'search' and 'clear' buttons in the modal. Below the search bar, the modal 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

- Condition Codes & ICD-9 Procedure Codes

Condition		
Sequence	Condition	Description
A	01	

Type data below for new records

\*Sequence  \*Condition  [ Search ]

ICD-9 Procedure			
Sequence	ICD-9 Procedure Code	Description	ICD-9 Procedure Date
A	Other		

Type data below for new records

\*Sequence

\*ICD-9 Procedure Code  [ Search ] ICD-9 Procedure Date

# Claims Management

- Occurrence/Span Value panels

Occurrence/Span				
Sequence	Occurrence Code	Description	From Date	To Date
	05	ACCIDENT/NO MEDICAL OR LIABILITY COVERAGE		

Type changes below

Sequence 
 \*From Date

Occurrence Code  [ Search ]
 \*To Date

Value				
Sequence	Value	Description	Amount	
A			0	

Type data below for new

\*Sequence

\*Value  [ Search ]
 \*Amount

# Claims Management

## Submitting a Claim

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

Condition ICD-9 Procedure Occurrence/Span Value			
Diagnosis			
Sequence	Diagnosis Code	Description	Present on Admission
A			
Type data below for new record.			
<input type="button" value="delete"/>		<input type="button" value="add"/>	
*Sequence	<input type="text"/>	*Diagnosis Code	<input type="text"/> [ Search ]
Present on Admission	<input type="text"/>		

# 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

The screenshot shows a software interface for managing 'Other Payer' information. At the top, there is a header with the title 'Other Payer' and a list of fields: Last Name, First Name, MI, Date of Birth, Relationship, Gender, Policy ID, Paid Amount, Paid Date, and Car. Below the header, there are 'delete' and 'add' buttons. A dropdown menu is open, displaying a list of insurance types. The 'Claim Filing Indicator' field is highlighted with a red box. Below the dropdown, there are several other fields: '\*Policy Holder Relationship to Insured', '\*Policy Holder Last Name', '\*Policy Holder First Name, MI', 'Policy Holder Date of Birth', 'Gender', '\*Paid Amount', '\*Paid Date', and 'Allowed Amount'. At the bottom, there is a table with columns for 'Item', 'Revenue Code', and 'HCPCS/Rate Co'. The table contains one row with 'A' in the 'Item' column and '1' in the 'Revenue Code' column. Below the table, there are 'delete' and 'add' buttons, and a 'Date of Service' field with a dropdown arrow. The 'To DOS' field is also visible.

Item	Revenue Code	HCPCS/Rate Co
A	1	

# Claims Management

## Submitting a Claim

- Service Detail
  - Revenue Codes, HCPCS/HIPPS, Modifiers
  - Units, Charges

Detail						
Item	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	Non Covered Charges	Status
A	1		0	\$0.00	\$0.00	

Type data below for new record.

Item	1	*Units	<input type="text" value="0"/>
Date of Service	<input type="text"/>	*Units Of Measurement	<input type="text"/>
To DOS		Per Diem Rate	<input type="text" value="\$0.00"/>
*Revenue Code	<input type="text"/> [ Search ]	*Total Charges	<input type="text" value="\$0.00"/>
HCPCS/HIPPS Rate Codes	<input type="text"/> [ Search ]	Non Covered Charges	<input type="text" value="\$0.00"/>
Modifiers	<input type="text"/> [ Search ]	Status	
	<input type="text"/> [ Search ]		

# Claims Management

## Submitting a Claim

- NDC Panel – Optional for Hospital Providers

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

- National Drug Code
  - Hospitals that are submitting NDC's are encouraged to continue this practice
  - End-Stage Renal Disease Clinic claims must include the NDC number. If the NDC is missing or invalid the claim line will deny
  - 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

# 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 input fields for "\*Type of Document", "\*Transmission Type", and "Description", each with a dropdown arrow.

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 billing 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

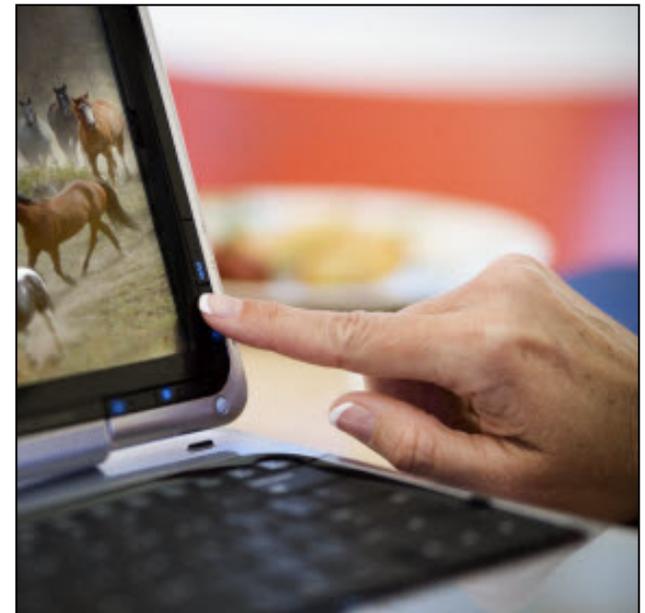
### Supporting Data for Delayed Submission / Resubmission

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

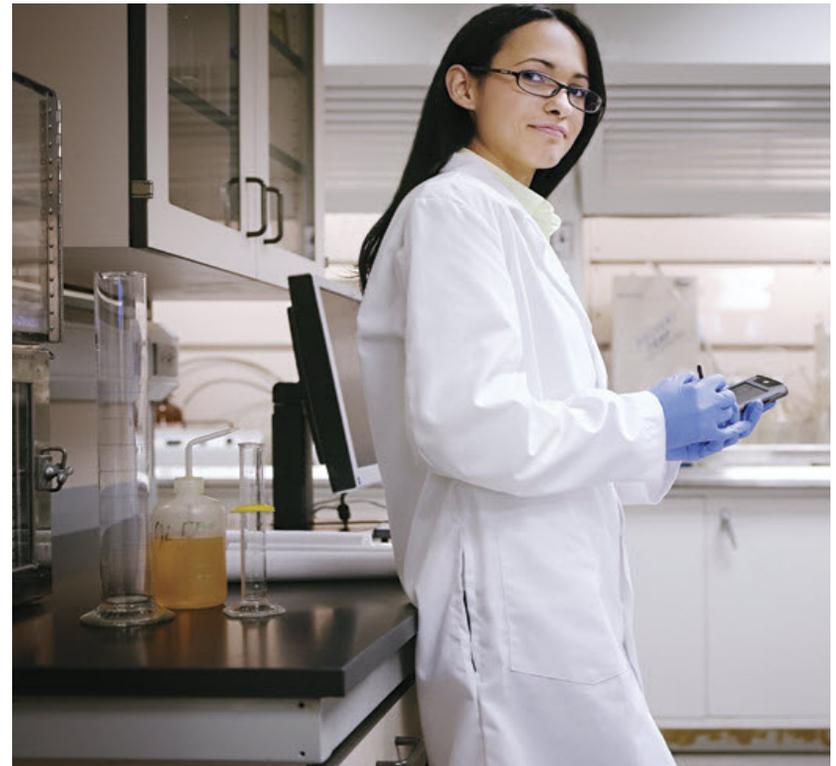
- Status Return
  - Paid
  - Denied
  - Suspended

# PROVIDER TYPE SPECIFIC

Institutional

# Institutional

- MITS enables reporting of additional Pharmaceutical information
  - National Drug Code
  - Drug Name
  - Prescription Number
  - Units of Measure
  - Drug Unit Price
  - Quantity of Units



# Institutional

## LTC Providers

- Providers can verify a recipient's eligibility for long term care facility services by accessing the Level of Care Determinations panel under Eligibility. You can verify the following
  - Status, LOC determination, Beginning Date and End Date

# Institutional

## LTC Providers

- Providers may view the LTC Facility Placements panel under Eligibility. You may verify the following
  - Facility Name, Admission date, Effective date, End date and Date of Discharge
- Both NFs and ICFs-MR will continue to submit the JFS 9401, per OAC rule 5101:3-3-39

# Institutional

## LTC Providers

- Providers have access to patient liability information through Eligibility
- The Recipient Eligibility Verification-Patient Liability Panel displays specific information about the recipient's patient liability
- Select a row in the Patient Liability Panel. The panel expands to show the plan information

Patient Liability							
Financial Payer	Monthly Amount	Type	Effective Date	End Date	Month	Monthly Patient Liability Withheld	Total Patient Liability Withheld
Default	\$0.00	Nursing Home	01/01/2007	01/31/2007	2007/01	\$498.27	\$498.27
Default	\$100.00	Pro-rated Wavier	01/01/2007	01/31/2007	2007/01	\$498.27	\$498.27

# Institutional

## NF Providers

- NF claims will be paid up to the annual leave day limit (currently 30 days per recipient, per calendar year)
- Providers will be able to view the “Number of Bed Hold Days Used Paid” per Calendar Year under the Recipient Information Panel under Eligibility

# Institutional

## NF Providers

- When submitting claims through the web portal:
  - Patient Liability is billed in the “Patient Amount Paid” field
  - Lump Sum is billed in the Value Panel with a “Value” code of 31. The “Sequence” and “Amount” fields must also be completed

# Institutional

## NF Providers

- NFs will bill for short-term convalescent stays for ODJFS waiver consumers by doing the following:
  - Reporting the NF admission to the ODJFS on JFS 9401
  - Requesting a level of care (LOC) for the admission
  - Billing with Revenue Center Code 160

# Institutional

## ICF-MR Providers

- The payment process for ICFs-MR will not change. ICF-MR providers will not submit claims to ODJFS. Per OAC rule 5101:3-3-39, facilities will continue to submit the following forms:
  - JFS 9401 for communicating with the County Department of Job and Family Services about facility residents
  - JFS 9400 for payment adjustments

# **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" (which is highlighted in red), "Account", "Trading Partners", and "Claims". Under the "Providers" tab, there are three sub-links: "demographic maintenance", "1099 information" (highlighted in red), and "provider faq". Below the navigation bar, a blue header reads "1099 Information". Under this header, there are two input fields: "Year" with a text box containing "2010", and "Records" with a dropdown menu showing "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 header reads 'Welcome, OH SUPER USER'. A navigation menu contains links for 'Super User', 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', and 'Reports', with 'Reports' being the active link. Below the navigation menu, a 'Report' dropdown menu is open, 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

# **MITS Web Portal**

## Prior Authorization and Pre-certification

# Prior Authorization/Pre-certification

- All Prior Authorizations and Pre-certifications must be submitted electronically via the MITS Web Portal beginning August 2, 2011
- The MITS Web Portal supports the submission of PAs for all services
  - Except for
    - **Transplants- Use Consortium**
    - **Inpatient Psychiatric- Healthcare Excel**
- The status of a PA may be obtained via the MITS Web Portal and letters will be mailed

# Prior Authorization/Pre-certification

- Within the PA section of the MITS Web Portal, providers will:
  - Submit PAs and Pre-certification request with or without attachments
  - Add notes to a PA or Pre-certification
  - Search for previously submitted PA's and Pre-certification's and view attachments (if any)
  - View Reviewer notes
  - View PA usage including units and dollars

# Prior Authorization/Pre-certification

## Submitting a PA or Pre-certification

- 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/Pre-certification

## Submitting a PA or Pre-certification

- 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

## Authorization Type field

- Allows you to select either Pre-certification or Prior Authorization (Hospital)

Base Information	
*Assignment	34 - HOSPITAL INPATIENT
*Authorization Type	
*Medicaid Billing Number	
*Date of Birth	
Last Name	JRECIPIENT

The image shows a screenshot of a software interface with a dropdown menu open for the '\*Authorization Type' field. The dropdown menu contains two options: 'Pre-certification - Hospital' and 'Prior Authorization - Hospital'. The 'Pre-certification - Hospital' option is currently selected and highlighted in blue. The other fields in the form are: '\*Assignment' (34 - HOSPITAL INPATIENT), '\*Medicaid Billing Number' (empty), '\*Date of Birth' (empty), and 'Last Name' (JRECIPIENT).

# Prior Authorization/Pre-certification

## Adding line items

- Select the Add button for each line item to be added
- Fill in all required fields
- Populate the Requested Eff Date field with the date of inpatient admission for precertification requests or the anticipated date of the requested procedure for PA requests

Provider NPI -

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  Requested End Date

\*ICD-9 Procedure  [ Search ]

Associated PA Number

# Prior Authorization/Pre-certification

## Adding Provider notes

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

# Prior Authorization/Pre-certification

## Submitting PA and Pre-certification 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/Pre-certification

## PA Attachment panel

- Used to identify electronic and non-electronic 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/Pre-certification

- Select Type of Document

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. A dropdown menu is open, listing various document types for selection. The background shows a user logged in as 'OH SUPER USER' with navigation links for 'Super User', 'Providers', 'Reports', and 'Portal Admin'. The 'Attachments' section is visible, showing a table with columns for 'Type of Document' and 'Description'. The dropdown menu lists the following options:

- 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
- STERILIZATION FORM 3198

Below the dropdown menu, there are input fields for '\*Type of Document', '\*Transmission Type', and '\*Description'. A 'previous' button is located at the bottom right of the form area.

# Prior Authorization/Pre-certification

## Select Transmission Type

Attachments	
Type of Document	
A	
<b>Select row at</b>	
<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/Pre-certification

- 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/Pre-certification

- PAs requests may be delayed if supporting documents are not sent in at the time of submission
- Submission of supporting documentation may fail due to the following:
  - Failing the MITS anti-virus scan
    - Recommend verifying your security settings
  - Missing or inaccurate information on the EDMS coversheet sent in with mailed items
    - The PA tracking number is essential for document identification

# Prior Authorization/Pre-certification

## Searching for a PA or Pre-certification

- 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 with a "Search" button is visible. 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 shown in the top right. The "search" link in the bottom left is circled in red.

# Prior Authorization/Pre-certification

## 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/Pre-certification

## 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	
<a href="#">1010104003</a>	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	0609	
<a href="#">1010104003</a>	999999999999	EDISON	THOMAS	A	34	ICD-9 Procedure Code	3596	

(Left side of Results panel)

# Prior Authorization/Pre-certification

## 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/Pre-certification

## 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	
<b>-Diagnosis Codes- Primary Diagnosis is sequence number 1.</b>			
Sequence	Diagnosis	Description	
1	25000		

# Prior Authorization/Pre-certification

## 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	[ 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/Pre-certification

## Viewing PA Information, continued

- Other PA Information displays last

<b>Provider Notes</b>
None.
<b>Attachments</b>
None.
<b>External Notes</b>
None.

# Prior Authorization/Pre-certification

## Reviewing External Notes

- The External Notes panel is used by the PA Consultant 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](http://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, Medicare crossover 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 MITS Web 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!)



**Created by:**  
HP Enterprise Services  
50 W. Town Street  
Suite 100  
Columbus, OH 43215

HP and the HP logo are registered trademarks of Hewlett-Packard Development Company, LP. HP is an equal opportunity employer and values the diversity of its people.  
©2010 Hewlett-Packard Development Company, LP.