
July 17 - July 22 MITS Provider Training FAQs

September 12, 2011

**Please Note: Responses are current as of 9/12/2011, and are subject to updates.*

JULY MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Attendee Questions/Comments	Answer
1	What can we do if the MITS website has the incorrect taxonomy for our physicians?	Please contact the Ohio Department of Job and Family Services (ODJFS) enrollment department through the IVR number (1-800-686-1516).
2	For an anesthesia provider, do we still put total minutes in the unit area?	Yes, the process has not changed for EDI, MITS Web Portal or paper claims and you should report the minutes in the units field.

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| 3 | If a SNF presents a corrected room and board invoice that causes our hospice to bill for additional days previously not billed for, will we be able to "adjust" the previously paid claim for the additional days billed? Or should we void the claim and process a new claim for the additional days of room and board? | Both processes will result in the same outcome. However, we recommend only using the void option if the claim should never have been billed; i.e. billed for wrong recipient or wrong provider. If you are adjusting the claim, you should show the correct total number of days that need to be billed and the correct charges for the adjustment. |
| 4 | What is the current backlog on medical claim review requests? Will we be able to see those on line available in August? | At this time we are unsure of the backlog timeframe for medical claim review requests. We will know more once MITS is in full production; however, you will be able to see these requests on the Web Portal once they are processed in the MITS system. |
| 5 | If a claim is denied for needing an "updated living arrangement code," do we need to re-submit another claim? | Yes, you would need to submit a new claim based on the updated living arrangement code. You may search for the denied claim, make the corrections to that claim and re-submit it as your new claim. |

- 6 When submitting a claim, why would it be put in "suspended" status? A claim may be given a status of "suspended" if additional supporting documentation or additional information is needed in order to adjudicate the claim.
- 7 After Medicare pays my claim for a Licensed Independent Social Worker (LISW), how will I submit the balance to Medicaid since a LISW does not have a Medicaid provider number? LISWs are not eligible to become Medicaid providers unless they are employed by a provider who is enrolled in Ohio's Medicaid program. Ohio Administrative Code (OAC) rule 5101:3-4-29 describes how Medicaid-covered services may be billed by social workers in these circumstances.
- 8 What vision services require prior authorization (PA)? Vision services that require PA are listed in OAC rule 5101:3-6-04 "Vision Care Limitations." Other vision services being provided in amounts over program limits also require PA

- 9 When I bill Adult Day Care with the Codes of S5102 and S5101, what form will I use to bill? There is no change to the billing form you use for these codes. Providers should continue to use the same billing form currently used today.
- 10 We are a substance and alcohol outpatient agency. Do we have to submit the treatment plan for each of our consumers for services we will provide to them? At this time there are no changes to the process for submitting treatment plans.
- 11 We have a MCR advantage patient who also has Medicaid. She had a deductible on her MCR advantage plan. How do I bill MCD for the deductible? Please refer to the billing instructions and guidelines located on the ODJFS website for instructions on billing MCD for the patient's deductible.

12 We had a person register and log on as an Administrator for the MITS Portal. Then we had 2 people sign up as agents. When the administrator went in to the account, she could not see the agents in order to give them roles.

When an administrator needs to assign agent roles, they can find the agent in two ways. 1) If the agent has given the administrator their Agent's User Name (also known as User ID), they will click the "add" button on the Agent Maintenance Panel and then enter the Agents User name and click "enter". This will bring up the agent's information and show their first and last name. 2) If they do not have the Agent's User Name, then they can click on the "Search" function to the right of the User Name field and search for them by entering the agent's Last and First Names. If the Agent has registered their account, the information will populate for anyone by that name that is registered as an agent. The administrator will then click on the line for the correct agent and the information will populate into the Agent Maintenance Panel so they can proceed to assign available roles to the agent. We recommend Administrators ask their agents to give them their Agent User Name, which will make assignment easier, especially if there are agents with similar names.

13 Will the service limitation have tooth # with the codes searched?

No. You will only be able to check service limits on a code that is for the whole mouth.

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| 14 | We are a Federally Qualified Health Center (FQHC) facility and with the start of MITS, will we start to use the place of service 50 instead of 73? | Place of service 50 became available with the implementation of MITS. |
| 15 | Will the remittance show yearly amounts from January 1 or August 2? | MITS will only show remittance advice (RA) information beginning from the August 2, 2011 go-live date. You will have access to your pre-MITS RA for 18 months after go-live from the quick links on your provider log-in page. |
| 16 | Will MITS show the MMC plans MMIS region number? | No, you will not have a region number, but you will have the legacy number for that specific plan, just as you have currently. |

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| 17 | What services are available to a provider for a new Medicaid patient (initial exam, FMX, etc.) that are not restricted by services rendered by previous providers? | Please see the Dental OAC rules for clarification on any restrictions and the fee schedule. |
| 18 | If a Medicaid recipient had a dental cleaning while enrolled in a Managed Care Plan and then switched to fee for service (FFS) Medicaid a few months later, would the information from the Managed Care Plan be available when checking eligibility in MITS? | MITS has the Managed Care Plan claims information. If a provider checks eligibility and enters the procedure code for a cleaning, it will give limitation information showing the next available date of service (DOS) for a cleaning. |
| 19 | When voiding, will we be able to void line items or will we only be able to void the whole claim? | If you are using the void option you will only be able to void an entire claim. However, you can use the adjust option to delete a line from your claim. |

- 20 Where will the descriptions of the explanation of benefits (EOB) codes be found on the Remittance Advice? The section containing the EOB codes identified on claims and a complete description of the EOB code are on the back of the Remittance Advice.
- 21 Regarding Provider Enrollment Physician Contracts, will we need to select multiple contacts when enrolling? For example, I am an optometrist and I also provide some medical services. Do I need to select both the Physician and Vision selections? Yes, if a provider is licensed to provide services for multiple specialties, then they would need to identify them in the Provider Enrollment process so there is a valid and current contract on file for each type and specialty. Within the application, you will have the option to click the 'add' button, which will enable you to enter additional specialty and taxonomy information for the services you are licensed and/or authorized to provide.
- 22 Regarding Prior Authorization (PA) types, I did not see a type for Hospice Care (either Homecare or Inpatient) and I know that PA is required for Managed Care Plans - how does this work for Hospice? PAs for Managed Care are not submitted via the MITS Web Portal. There are no codes that require PA for hospice according to OAC rules.

23 How should the Permedion audits be done? And how do we submit corrected claims after the Permedion audits?

Please go to the Permedion website, <http://www.hmspermedion.com/index2.htm>, for information related to Permedion.