
July 5 - July 15 MITS Provider Training FAQs

August 4, 2011

**Please Note: Responses are current as of 8/04/2011, and are subject to updates.*

JULY MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Attendee Questions/Comments	Answer
1	In the old system when putting in a SSN, if the client has more than one Medicaid Number we have to call Medicaid to obtain the correct ID#. Will this new system show all the clients' IDs effective and term dates so we won't have to make the call?	Yes, it will show all the links with current numbers and previous Medicaid Recipient numbers.
2	I run a transportation company. What code number will I use? Is there a code Sheet?	There is no change in billing for Transportation providers. Billing or procedure codes can be found on the Ohio Health Plans website in the Transportation provider section of the eManuals.

- 3 We have to contact Unison/United Healthcare to get pre-auth before admitting someone to the nursing home. Can we do this via MITS? No, the prior authorization (PA) process for admission to Nursing Homes will not change. You will continue to contact the appropriate Medicaid Managed Care plan in your region for prior authorization. This would be the same for Wellcare, Molina, Amerigroup, Care Source, Paramount and Buckeye Community Health Plan.
- 4 I can't find the EDI companion docs. Where are they on the website? The EDI companion documents can be found at <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>.
- 5 Since paper enrollment applications are being returned if submitted now, will the Web Portal be accessible prior to 8/2 to submit them or is it available now? If a provider submits a paper Provider Enrollment application prior to Go-Live, and it is returned to them, they will need to wait until August 2, 2011 to electronically submit the Provider Enrollment application via the MITS Web Portal.

- 6 What is the deadline for submitting claims in order for them to be paid and processed for the following weeks remit? For MITS, the deadlines are not changing from the current process; claims must be received by 5:00 p.m. Friday to be included in the next remittance advice (RA). The process for claims submitted by trading partners is also not changing. Remember that claims that suspend will not appear on your RA, but can be identified in the MITS Web Portal.
- 7 If Hospice bills for room and board and the patient has a liability payment, can this be billed as a paper claim? No, after August 2, 2011 the only paper claims that will be accepted are straight Medicaid claims. In the MITS Web Portal you may enter the patient liability amount you collect in the 'Patient Amount Paid' field of the claim.
- 8 If our office has a prior authorization that is needed today, how shall we submit the request to Medicaid? For PA requests prior to August 2, 2011, you will continue to use the current process. Beginning August 2, 2011, providers must submit PA requests through the MITS Web Portal, except for transplants and psychiatric precertifications.

- 9 Will a claim deny if the code on the PA is different from the code that was submitted on the claim? Yes, the code(s) billed on the claim must match the code(s) authorized on the PA. If there is a change to the code, you must cancel your current request before submitting a new PA request. The new request must be approved before the claim can process for payment.
- 10 With interim billing Medicare does not have the same rule of 30 day minimum. How will this affect interim crossover claims? Medicare crossover claims will not be affected by the 30 day minimum rule.
- 11 Will the Medicaid Managed Care programs and Bureau of Children with Medical Handicaps (BCMh) also be transitioning to this new program? No, the MITS system is specifically designed at this time for Ohio Medicaid's fee-for-service system. Processes for Managed Care and BCMh will remain the same.

- 12 BCMH is a part of Ohio Medicaid, why are they not transitioning to this program? BCMH is administered by the Ohio Department of Health, a separate state agency. BCMH has a different process for claims submission and adjudication.
- 13 Are remittance advice statements to be made once a week or more frequently? Your RA's will be available when the financial cycle runs once a week. There are no changes to this process with MITS.
- 14 I am a part of Premier Health Partners and each individual office gets their MDC payment thru EFT and we do not get the EOB? Will this continue or are we now going to get the paper EOB? For providers who partner with an entity that receives their payment information, all of your RA information will be online for you to access. The EOB information will be available within the MITS Web Portal, in a pdf format, under the reports option. Paper RAs will not be mailed to providers.

- 15 Will you be explaining how to download the old remittance advices? Once you log in to the MITS Web Portal on your provider home page under ‘quick links,’ you will have the option to access your pre-MITS RAs. We recommend that you talk to your IT person, because that person should be able to help you download/upload electronic files. For more detailed information on accessing RAs after Go-Live, you may go to the ODJFS MITS website and review Provider Readiness Release # 11 (under ‘Information Releases’), which is specific to accessing historical MMIS RAs and how to access MITS RAs.
- 16 On August 1st can we still access the MMIS system to do eligibility verification? No, the MMIS system will shut down and you will need to use IVR for eligibility verification until the MITS Web Portal is up on August 2, 2011. There are no changes regarding access to the IVR. However, the last day to check recipient eligibility via the portal is August 1, 2011.
- 17 Can we sign up for direct deposit? Yes, providers will continue to have the option to sign up for Direct Deposit. To request Direct Deposit, go to Forms Central and complete the form and submit to ODJFS. If you have questions regarding direct deposit, please contact Provider Enrollment.

- 18 Will claims auto-crossed over to Medicaid by Medicare still be processed during the "black out" period from 7/21/11 through 8/01/11? Yes.
- 19 Will the co pay amount show on the eligibility search; i.e. \$3.00 co-pay? Yes, if the recipient is eligible for a plan with dental and/or vision coverage, then the eligibility search will display the amount of dental co-pay and the vision co-pay, as applicable.
- 20 Can 8 1/2 X 14 films be scanned in and uploaded? If so, how? We recommend working with your IT person for assistance in determining if the 8 1/2 x 14 films can be scanned into an acceptable file format that could be uploaded. The acceptable file types are gif, tiff, bmp, jpg, ppt, doc, pdf, txt and mdi. If not, then you may mail the film with the EDMS coversheet.

- 21 How long will the new MITS RA stay on the Portal before they are dropped or archived? The new MITS RAs are scheduled to be available and viewable for seven years on the MITS Web Portal.
- 22 How often can you reuse a password? You cannot repeat any of your last 12 passwords. For more complete and detailed information on account user IDs and passwords, you can go the ODJFS MITS website and review Provider Readiness Release 12: MITS Account Maintenance. This release discusses User ID criteria, Password criteria, Email address criteria, what to do if you forget your User ID and/or password, and locked password and reset password information.

- 23 For Provider Enrollment, does the signature have to be an original or can it be scanned and uploaded? Is there an expiration date on a dated physician's signature?
- Provider Enrollment must have an original signature on file. Providers will need to print and mail the last few pages of the application which are the provider acknowledgement and signature pages. This will need to be mailed with the EDMS coversheet. There is not an expiration date on a dated physician's signature; however, providers are required to re-enroll as a Medicaid provider and will receive notification for that. Re-enrollment will also be done on the MITS Web Portal and at that time the same process will apply for printing, mailing, and acknowledgement and signature pages.
- 24 Is there any way to "wash out" information on the remit just to obtain paid info/a summary of paid claims?
- If you pull your RA from the MITS Web Portal, it is in a pdf format. To wash out information, you would need to work with the document to see if you can save it and format it to fit your needs. As for obtaining paid information and a summary of paid claims, that information is summarized for you on the Remittance Advice Summary page of the remit. It will show you the current number of paid claims and the current dollar amount of paid claims. Another option would be to receive an electronic 835 or use the portal claim search option by choosing your criteria for claims with a status of paid and sorting by date paid. You can also search by RA date within the claims search option on the portal.

- 25 Will spenddown show a "remaining" amount; i.e. a recipient has \$1001.99 spenddown and they use \$1.99. Will the eligibility section show a new effective date, along with \$1000.00 remaining as their spenddown amount?
- No, when checking eligibility for a recipient on the MITS Web Portal, the provider will only see what the total monthly amount of spenddown is. If the monthly amount changes, then a new segment would be added with the effective and end dates for that new spenddown amount. At this time, you will not see remaining amounts for the month and will need to call the OHP Provider Call Center at 1-866-686-1516 for more information.
- 26 How will "paper check" refunds to the state appear on the Remittance Advice? Will they appear as a line item?
- Overpayment refunds must now be submitted as electronic claim adjustments using EDI or the MITS Web Portal. These adjustments (refunds) will be indicated in the adjustment section and overall summary portion of the remittance advice.
- 27 How do you set up a new administrator if your current administrator leaves the organization?
- E-mail MIT_S_Access_Support@jfs.ohio.gov for assistance.
- 28 Do FQHC's have to enter the NDC code since we bill 0.00?
- Yes. Go to the MITS website and review [Provider Information Release #10](#) which is specific to NDC codes.