
June MITS Provider Training FAQs

July 22, 2011

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**Please Note: Responses are current as of 7/22/2011, and are subject to updates.*

Previous FAQs can be found at <http://jfs.ohio.gov/mits/MITS%20Provider%20Training.stm>

JUNE MITS TRAINING FREQUENTLY ASKED QUESTIONS (FAQS)

Question Number	Attendee Questions/Comments	Answer
<u>Technical</u>		
1	What are the technical components for the MITS Web Portal?	The MITS Web Portal only works with Internet Explorer versions 6.5-8.0 or Firefox versions 1.5-3.5. If you are using a Mac, MITS will not work with Safari and you will need to download Internet Explorer for Mac versions 6-5-8.0.
2	What versions of Adobe does MITS support when downloading the EDMS coversheet?	The EDMS coversheet will work with the following Adobe versions: Adobe 9 reader, Adobe 8.1.3 reader, and Adobe 9 Professional. MITS does not support Adobe 7 Professional or Adobe 7 reader.

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| 3 | How do we scan a document for viruses? | This will depend on the virus software that your organization utilizes. Please follow the directions of the software program utilized by your organization. |
| 4 | Do we order special scanners to scan the attachments? | This is a business decision that you will need to make. If you do not currently have a scanner, and do not plan on purchasing one, you still have the option of mailing in the attachments with the EDMS coversheet. |
| 5 | Will the error message for attachments not passing MITS anti viruses be available for live date? | You will not receive notification of failure at Go-Live. It will be available later, but we do not have an exact date. However, at 'go live,' you will be able to view attachments that you sent. so if you can't see the attachment, you can assume it failed the scan. |

Account Set up

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| 6 | When can a provider set up their MITS Web Portal accounts? | Early portal registration is available June 16th-July 25th. During this time, providers and agents can go in and set up their accounts. |
| 7 | Does the MITS Web Portal use the same logon ID and password as the current portal? | The MITS Web Portal is a completely separate system and technology than the current provider portal. The provider account will use the Medicaid ID number as the Login ID and the last four digits of the EIN or SSN to set up the provider account. |
| 8 | Do we use the NPI # as the provider ID # if the provider does not have a provider ID #? | Yes, the NPI number can be used. |
| 9 | Does the system create the username? | Each person has to create their own User ID. |

- 10 When an agent creates their user ID is there a format requirement? Yes, 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). Alphanumeric only for the User ID.
- 11 What are the password requirements? Passwords require a minimum of 6 characters and a maximum of 15 characters. There is a minimum of one numeric character. The maximum number of times a specific character can be used is six times. The password cannot be the same as the user ID for the same account. Passwords are case sensitive.
- 12 Will the Administrator of the account be able to access all of the roles for all NPI numbers? Each provider account is independently managed. The account administrator will need to log on and off each provider account to manage the access. If the account administrator also needs access to search or submit claims, check eligibility, submit or search prior authorizations or view remittance advices they can set themselves up as agents and assign themselves roles needed for the necessary NPIs. Setting themselves up as agents will allow them access and use of the switch provider feature available for agent roles. The switch provider feature is not available at the provider maintenance level.

- 13 When agents set up their account will they have to set up for each NPI separately? Agents only need to create one account. An agent does not have access to provider information until a provider account administrator assigns the agent at least one or more roles. One agent can be assigned to multiple NPIs if the account administrator of each provider number grants them access to multiple NPIs. If one agent ID has been granted access to multiple providers, then they can switch to and from the different providers by utilizing the switch provider feature available within the agent sign on features.
- 14 Can there be more than one administrator? A provider can only have one account administrator per billing NPI.
- 15 How do we find out who the administrator is? Your administrator is the person in your organization responsible for assigning agent roles and determining who has access to what. You will not be able to see in MITS who set up the administrator account.
- 16 Will the 30 character limit on e-mail addresses be changed to allow more characters? The email requirement has been adjusted to allow up to 50 characters.

17 As the administrator for our organization, we've had several associates complete their agent access. However, when attempting to re-sign into MITS, some have been unable to access. Some who have been able to access cannot be found; when searching for them to assign agent access, they cannot be found. How should these scenarios be handled?

We are aware of the issue. Currently, if a provider or agent indicates that they are unable to initialize their account after 10 minutes, they need to wait 30 minutes and then try again; they should then be able to initialize their account.

MITS Functionalities

18 Will the administrator have the switch provider option?

Each provider account is independently managed. The account administrator will need to log on and off each provider account to manage the access. If the account administrator also needs access to search or submit claims, check eligibility, submit or search prior authorizations, or view remittance advices they can set themselves up as agents and assign themselves roles needed for the necessary NPIs. Setting themselves up as an agent will allow them access to and use of the switch provider feature available for agent roles. The switch provider feature is not available at the provider maintenance level.

19 What are some of the changes for Professional Providers?

Home Health Services (State Plan): Modifier U5 will still be used for children receiving home health services. Modifier U6 will be discontinued.

Hospice: For claims submission, any professional physician services delivered to hospice recipients and billed by hospice providers must have the physician affiliated with the Hospice NPI. Please complete JFS Form 6777 for any physicians not currently affiliated with your hospice NPI.

Transportation: There is no change in billing; however, the term *ambulette* is being replaced with *wheelchair van*.

Physicians: (Modifiers) 30 additional modifiers will be adopted in MITS.

Diagnosis Codes: Diagnosis codes will be required on most professional claims.

Procedure Codes: Multiple surgery codes have a payment limit of one unit per line. If billed with multiple units the payment will deny. Procedure codes that are not identified as multiple surgery codes may be billed with multiple units.

For additional details/updates, go to the MITS Web Page.

20 What are some of the changes for Institutional Providers?

LTC-Providers can verify a recipient’s eligibility for LTC facility services in the Eligibility section of the MITS Web Portal.

NF-Claims will be paid up to the annual leave day limit (currently 30 days, per recipient per calendar year). Patient liability is billed in the “Patient Amount Paid” field. Lump sum is billed in the value panel with a value code of 31. Sequence and Amount fields must also be completed.

Short-term convalescent stays for ODJFS Waiver Consumers:

- Report NF admission on form JFS 9401
- Request a level of care (LOC) for the admission
- Bill with revenue center code 160

For additional details/updates, go to the MITS Web Page.

21 What are some of the changes for Dental Providers?

At Go-Live, dental providers can submit a paper claim using the ADA 2006 (no coordination of benefits [COB] or third party liability [TPL]), or they may use EDI 837 D transactions. New to dental providers is the option to submit claims via the MITS Web Portal. *For additional details/updates, go to the MITS Web Page.*

- 22 Can claims be adjusted in MITS? What about converted claims in MMIS?
- All claims will be available to providers in the MITS Web Portal regardless of how they were submitted; converted MMIS claims, 837 EDI transactions, paper claims and of course claims submitted via the MITS Web Portal. Not only can claims be adjusted in MITS, they can also be voided or copied. Pharmacy claims, however, must be adjusted through ACS, the pharmacy point-of-sale vendor, and cannot be adjusted through the MITS Web Portal or EDI.
- Paid claims** can be adjusted, voided and/or copied within the claims management section of the MITS Web Portal.
- Denied claims** can only be corrected and resubmitted.
- Converted claims** previously adjudicated through MMIS with a “paid” status must be voided in MITS first and then resubmitted. Converted claims that were previously adjudicated through MMIS with a “denied” status will need to be resubmitted as **new** claims utilizing the new MITS standards.

- 23 Will there be any process changes on the submission of claims to Ohio Medicaid via MITS with clearinghouses? There are new MITS companion documents at <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>. This is the link to where all the MITS companion documents are located.
- 24 Will claims for individual physician services be submitted on a group or an individual basis? If we bill as a group, but we have 85 individual NPIs, are we able to look at our claims with just having loaded the group information or do we have to load all of the individual NPIs? A provider group that has individuals that are affiliated with the billing NPI group only as rendering providers will need to set up the pay to provider number and associate applicable portal agents as the claims, prior authorizations, and remittance advices features of the portal will be based on the pay-to provider account. The individual rendering provider accounts will need to be accessed for provider re-enrollment purposes.

- 25 What are the advantages of submitting claims through the MITS Web Portal versus EDI? The MITS Web Portal only allows claims to be submitted one at a time. This includes voiding and adjusting claims. The EDI 837 transactions allow for multiple claims to be transmitted, adjusted or voided at the same time as a batch submission. Each provider will need to look at their business process to determine the advantages for their offices. One of the benefits of the MITS Web Portal is that a provider can search, void, adjust and copy claims submitted via the MITS Web Portal or EDI 837 transaction or paper claims.
- 26 With the new remittance format will there be a change in the 835? The 835 is a HIPAA transaction and there are new MITS companion documents available at: <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>.
- 27 How do I access my Remittance Advice? What about my RAs in MMIS? The provider remittance advices (RAs) can be obtained via the MITS Web Portal through the 1099 tab. An agent must have been granted access to the role of 1099 to be able to view the PDF version of the MITS RAs. Historical RAa will be available at the current Medicaid provider portal so you will need to keep your current log on and password information. The RAs function will be the only option available on the previous provider portal. The historical RAs will be limited to 18 months post Go-Live.

- 28 Where can we find the EDMS coversheet to attach documents? The EDMS cover sheet option will populate from the attachments panel when the option of mailing supporting document(s) to the Office of Ohio Health Plans (OHP) is chosen. The EDMS coversheet will work with Adobe versions: Adobe 9 reader, Adobe 8.1.3 reader, and Adobe 9 Professional. MITS does not support Adobe 7 Professional or Adobe 7 reader.
- 29 Our office uses NEA to submit attachments. Is this an acceptable file format? Electronic attachments uploaded to claim or prior authorizations must be submitted in one of the following formats: pdf, tiff, gif, bmp, jpg, ppt, doc, xls, txt, and mdi.
- 30 We get our consent forms hard copy from the surgeons. Do we just scan and attach to the claim in MITS? If a provider only has paper attachments, the provider can scan the paper documents and then transfer them to one of the following electronic formats: pdf, tiff, gif, bmp, jpg, ppt, doc, xls, txt, and mdi. If a provider does not have the equipment to scan paper to electronic formats, a provider can indicate that the paper attachment will be sent via the mail with an EDMS coversheet.

- 31 Can a provider only send claims with attachments through the MITS Web Portal?
- Providers have two options of submitting claims with attachments. An 837 EDI transaction can be submitted if the provider uses the attachment indicator during the initial claims transaction. Using the attachment indicator will cause the claim to suspend and receive an Internal Control Number (ICN) that begins with a 21 region code. The provider can then choose to send the attachments as paper utilizing the EDMS cover sheet or the provider can upload the documents through the MITS Web Portal. The second option is submitting the claim directly through the MITS Web Portal and choosing to either mail or upload the documents. Choosing the option of attachments in the portal will trigger the claim to receive an ICN with the region code 23.
- 32 What if a previous month spenddown is adjusted, will MITS be updated?
- Yes, spenddown will be available as it is updated by the county department of job and family services (CDJFS).

- 33 Will we still use Permedion to submit PAs and how do we obtain the status of the PA? With the implementation of MITS, providers will no longer access Permedion directly. You must enter all PA/Pre-Cert requests via the MITS Web Portal using either the 34 or 35-assignment code. A PA tracking number will be received after submission. You will use the PA tracking number to search for the status of your PA in the MITS Web Portal. Permedion will have access to MITS to review your PA requests.
- 34 For the service limitation feature, will this apply (real time) to the new CPST limit effective 07/01? So a client has 104 hours available or 90 minutes per day, if I put a beginning and end date and that service, will it tell me how much CPST the client has available? MITS will indicate the units and dollar amount available based on the prior authorization. This is also based on how the claim was submitted.

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| 35 | Do we need to complete the JFS06777 for individual providers working in a CMHC (Community Mental Health Center)? | If the rendering provider is different from the pay-to provider, the rendering provider needs to be affiliated with the group/pay-to provider. |
| 36 | If ODHS (ODJFS) is third party payer after Medicare can we now file online? | Yes, you can bill tertiary TPL through the new MITS Web Portal and EDI. |
| 37 | Do you expect that community mental health services will eventually be billed through MITS as opposed to the current system MACSIS? | No changes are expected at this time. |
| 38 | Will SNF claims continue to be paid even if there is no LOC in the system? | The department shouldn't pay a Nursing Facility (NF) provider if there's no NF span associated with that client. |
| 39 | DRG - Is ODJFS going to use the current MSDRGs or continue to use version 15 for claim reimbursement? | There will be no DRG changes at the time of implementation. However, we recommend accessing the MITS website for future changes, including (but not limited to) DRGs. |

- 40 Currently, if a primary payer pays zero, you cannot process a claim electronically. For MITS, you have indicated only straight Medicaid claims will be accepted on paper. Are we to assume this is no longer an issue and claims will pay electronically now?
- The zero payment issue regarding commercial and Medicare crossover claims will be resolved with MITS. These types of claims will no longer have to be submitted on paper. Claims with a zero prior payment from a primary payer must be submitted through the MITS Web Portal with the primary payer's EOB attached to substantiate the zero prior payment.
- If a paper claim has to be submitted, only when Medicaid is primary will OHP accept paper claims.
- 41 When will the 837 batch submitted claim show in MITS?
- The 837 EDI batches are run every 15 minutes. It is based upon the time that the trading partner submits the claims to Medicaid, not when the trading partner receives the file from the provider.
- 42 How long will it take for claims over 1 year old to process via MITS?
- At this point, there is no time frame established for processing of claims over 1 year old (6653 process). Claims submitted via the 6653 process will be reviewed as soon as possible.

- 43 I work for a behavioral health (BH) agency and I noticed that BH was not mentioned anywhere. Does this apply to BH? If this does apply to BH, am I submitting all of my Medicaid billing through MITS rather than the local community mental health board, or am I just submitting my Medicare Crossover claims through MITS? You submit the way you have in the past. That remains unchanged.
- 44 Will the recouped money be put towards another patient on the same EOB? Each claim status of paid or voided/adjusted stands alone and should be applied to the individual claims as such. However, the amount of the warrant should be the amount of paid claims minus any amount owed to the state, equaling the total paid amount of the warrant.
- 45 What is the turn-around time for prior authorizations submitted through the MITS Web Portal? OHP expects that the turnaround time will improve as MITS is fully implemented.

46 How do we handle Permedion review accounts?

Once it has been determined that the claim can be re-billed and the original payment has been recouped, providers can re-submit their claim through EDI or the MTIS Web Portal.

Note: Providers should not attempt to adjust the claim once it has been selected for retrospective review.

47 Can we correct/edit/resubmit claims even if they are submitted through a trading partner?

Yes, you can correct, edit and resubmit claims submitted through a trading partner via the MITS Web Portal.

48 Will MITS notify providers if attachments were successfully accepted?

You will not receive an additional notice regarding your attachments, but you should see an acknowledgement on the screen indicating the attachments were uploaded successfully.

- 49 What information does Sub Menu “MITS Days Report” provide? The MITS Days Report allows the user to search for paid and adjusted claims. The information will be grouped by month and sorted by service date. Based on the date range of the search, the user will see a total of each of the days and amount columns.
- 50 If recipient has a MCD Managed Care program, will you be able to see the managed care ID #? Managed Care Plan (MCP) member identification (ID) #s are not available on the MITS Web Portal. You need to check the member’s MCP ID card and/or contact the MCP for assistance. MCP information (e.g., MCP name, provider ID#, mailing address) can be viewed on the MITS Web Portal under recipient eligibility.
- 51 Can claims be adjusted via EDI? Claims can be submitted and adjusted via EDI. Claims submitted EDI can also now be adjusted via the MITS Web Portal. Additionally, you can contact the Managed Care Plan (MCP) regarding the client's MCP ID.

- 52 For the pop screen to show managed care, does it also show the ID # for that managed care plan? The pop up screen in recipient eligibility shows the MCP plan ID # (i.e., the provider ID#), listed as the carrier number. The MCP member ID# (i.e., the number assigned to the member by the MCP) is not available on the MITS Web Portal.
- 53 What will be the processing time for the 6653s when submitted via the new process? At this time, Medicaid cannot give providers an exact process time. Claims submitted via the 6653 process will be reviewed as soon as possible.
- 54 For claim status – How far back will claim information on prior submissions be pulled over to MITS? Example – claim denied on 1-15-11, will that be available in MITS? Yes, claim status will be available in MITS. There will be 7 years of claims history converted into MITS and the claim history will continue to grow as claims come in after Go-Live. As for the web portal, providers will be able to search for prior claims in 12 month increments.

- 55 Is there a different timeline for paid vs. denied vs. voided claims? All claims will adjudicate in real-time so you will know the status upon entering “Submit.”
- 56 When we go in and change the total charges, how does the system know what service the additional charges are for, and whether to pay for the additional charges or not? When you make an adjustment it would be at the detail level or line item. If the charges change for that particular line item, the system will then recalculate the total charges. Total charges is a system-calculated field that cannot be edited by the provider.
- 57 DME Hearing Aids – do we have to get a special provider number? No. However, providers need the appropriate COS today, and the appropriate contract after MITS. You wouldn't submit the claim if Medicare didn't pay. So, the client would have Medicare Parts A, B, or C. Therefore, Medicaid would process your claim.

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| 58 | COB Claims – Primary claims adjudicated at the line level require the same for Medicaid secondary submitted via MITS. Is this also a (new) requirement for EDI claims? In the past, EDI claims have not had to designate at the line level. | Please review the new EDI companion guides for any process changes to EDI claims.

If submitting via the MITS Web Portal, then yes, it would be required at the line level. <i>(Note: This will not apply to Institutional claims)</i> |
| 59 | How do we upload an attachment if our claims go through a clearinghouse? | You will be able to locate that claim via the portal and submit your attachments with that claim. |
| 60 | Should providers “void” previously submitted claims submitted through MMIS before submitting a replacement claim through an EDI partner? | You can now void previously submitted claims via the MITS Web Portal. The transition from MMIS to MITS will be invisible to providers; therefore the void and adjustment process will remain the same for providers. |
| 61 | Will Medicaid be sending standard ANSI codes back on 835s? | Nothing will change with your trading partner. However, Medicaid EOB codes will not the CAS and remark codes. They will be error codes that are more understandable. |
| 62 | Are the denial reasons going to be more specific? | Your EOB codes from OHP will be more specific. |

- 63 Will MITS take you right to the error on the claim for corrections? Yes, the error messages will tell you what items need to be corrected.
- 64 135 Bill types, will we still use duplicate claims? The process for bill type 135 hasn't changed. Bill type 135 is still used for outpatient late charges and only laboratory and radiology services may be submitted on this bill type. Additionally, we recommend accessing the MITS Information Releases on the MITS web page for updates.

Contact the Medicaid MCP (Medicaid HMOs) regarding the precertification process before and after MITS.
- 65 Do we use the MITS portal for precerts for Medicaid HMO recipients? No. The MITS Web Portal can only be used for Medicaid fee-for-service precertification requests. For consumers enrolled in Medicaid MCPs, requests for PAs/precertification must be submitted to MCPs pursuant to MCP guidelines.
- 66 Do PAs for DME or therapy requesting special devices/equipment need to go through MITS? Yes, all PAs MUST be submitted via the MITS Web Portal.

- 67 If we submit our Medicaid claim via our clearinghouse, at what point do we attach our appropriate sterilization form? You would need to check MITS, probably the next day, to make sure the claim has been received. Once the claim appears in MITS via the Web Portal, then you can upload the sterilization form and appropriate attachments. Or, at that time you could choose to mail the form with the EDMS cover sheet if unable to upload electronically
- 68 For providers who submit their secondary (COB) claims via electronic EDI, what rules are in place for the COB Data to identify who the primary payer is? (no indicator field like the portal – TPL vs. HMO MCR risk, etc.) You will need to refer to the instructions for any changes to submitting EDI claims based on the new EDI Companion guides. The new companion guides are located at:
<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>.
- 69 How many claims can an agent bill in one day? Example – 40 billers means 40 agents, how many claims each can be submitted? One Tax ID # but multiple providers. If you submit claims via the MITS Web Portal, 50 claims per day per pay-to NPI may be submitted. There are no limits for the provider submitting batch claims via EDI.

- 70 How will providers know what will require a prior auth or pre cert? Current policy is not changing. Services that require precertification or PA today will remain unchanged.. Services requiring precertification/prior authorization are based on current rules. Refer to the eManuals website for details.
- 71 Can we only use ICD-9 procedure codes, not CPT codes? When billing inpatient facility claims, ICD-9 procedure codes must be used when applicable.
- When requesting a prior authorization or precertification, providers must use the code applicable to the setting of the service requested (i.e., inpatient ICD-9 procedure code, outpatient CPT code).
- 72 When are providers going to have full access to MITS? When MITS goes live on August 2, 2011.

- 73 Is there going to be changes in the prior authorization/precertification program? No, the same services will require precertification and PA. Only how the precertification and PA is requested will change (must be requested through the MITS Web Portal).
- 74 Since affiliated physician will submit sterilization and hysterectomy forms through MITS, will the hospital need to attach a copy to the hospital claims? The hospital provider needs to attach the appropriate HAS form with claims.
- 75 What designates an Interim bill? If the patient is discharged before the end of the month, how do we bill to meet the 30 day requirement on slide #75? An interim bill is designated by the last digit of the bill type (xx2 and xx3). If the consumer has been discharged, do not submit an interim bill. For DRG providers, all previously submitted interim bills must be voided and replaced with a final bill for the entire stay (bill type xx1). For DRG exempt providers, a bill type xx4 must be submitted to indicate it is a final bill.
- 76 Does MITS use the condition code AN and C3 for Permedion? As of today, the AN condition code remains valid, and the C3 code hasn't changed. However, refer to the MITS Information Releases on the MITS web page for updates.

- 77 Does MITS allow Occurrence Code 56 for a non-cooperative patient? No. Providers must bill with valid HIPAA- compliant code sets. Non-cooperative patients should be reported using the appropriate code.
- 78 Will Medicare Crossover's still be automatic? Yes, there will be no change to the current process for your Medicare Crossover claims.
- 79 Is there a process in place for reporting spenddown? The process for reporting spenddown is the same. The CDJFS will still need to enter the information. Once entered, it will be available in MITS through the Eligibility verification process. Also, if the provider collects a spenddown, that amount can be entered in the MITS Web Portal under 'Claims Management' in the field labeled "Patient Amount Paid."
- 80 On the Provider Home Page on the Secure Portal, will the message blink as an alert if there is a message to be read? No, the message banner will not flash or blink. Providers will need to check on a regular basis.
- 81 How will recipient eligibility be updated? The process for updating recipient eligibility has not changed. The CDJFS will still determine eligibility and the information will be uploaded into MITS.

- 82 Are Form 6780 and Source Codes being replaced in MITS? Correct. In the portal, the "Other Payer" panel is where all Primary Payer information will be entered. This will include Medicare Crossover.
- 83 Will PA numbers now be 10 digits in length? Yes, at this time the PA number assigned through the MITS Web Portal will be 10 digits.
- 84 Will the generic 9111115 ID no longer be valid? Correct, this will no longer be a valid ID in MITS. You will need to enter either the Medicaid Provider ID number or NPI.
- 85 Will modifiers now be accepted? Yes, modifiers will be accepted. Depending on your provider type, refer to the OAC for a list of modifiers that apply. For professional claims, OHP will adopt 30 new modifiers.

- 86 How do Agents "Switch Providers?"
If an agent has been assigned roles for multiple NPIs, then the agent will go to the option of "switch providers." On this panel a list of the provider NPIs that they have been assigned roles to will be indicated and the agent then chooses the provider number. A step by step walk through of the process is available through the e-tutorials at <http://www.odjfs.state.oh.us/tutorials/MITS-External-Training/>
- 87 On the Other Payer Panel, will Medicare Part A be a choice?
Yes. Within the dropdown box there are options for Medicare Part A, Medicare Part B as well as HMO Risk which is the option for Medicare Part C.
- 88 What if the Medicare recipient is on Humana or Managed Care?
In this case, this would indicate Medicare Part C Managed Care. On the Other Payer Panel you would then choose HMO Medicare Risk.
- 89 Can I submit Medicare Part C through the MITS Web Portal?
Medicare Part C can be submitted through the MITS Web Portal. In the Other Payer section of the claims management portion of claim submission, the option of the HMO Medicare Risk within the Claims Management section must be selected. A drop-down menu of all Other Payer options is provided. An agent must be granted the role of Claims Submit to submit Medicare Part C claims through the MITS Web Portal.

90 Can you adjust a claim from the MMIS system?

No, claims that are migrated from MMIS are considered to be converted claims. Converted claims previously adjudicated through MMIS with a “paid” status must be voided in MITS first and then resubmitted. Converted claims that were previously adjudicated through MMIS with a “denied” status will need to be resubmitted as new claims utilizing the new MITS standards. Pharmacy claims, however, must be adjusted through ACS, the pharmacy point-of-sale vendor, and cannot be adjusted through the MITS Web Portal or EDI.

91 How can you correct a PA?

You may make changes on a PA up until the time it is either approved or denied. You can also use the External Notes Panel to communicate with the Reviewer. Once the PA is either approved or denied. The PA will need to be Voided and Resubmitted.

- 92 On the Remittance Advice, if an account receivable is going to carry over to the next Remit, will we be able to tell the claim/recipient where the money was applied?
- Yes. On the Financial Transactions page you will see an area titled "Accounts Receivable" Each account receivable set-up will show the ICN number of the claim where the receivable was created, the date the AR was set up, the total amount of the AR, the amount recouped from the current RA, the balance of the RA as well as the service dates from the claim, the recipient ID and recipient name.
- 93 If a non-institutional provider does not have multiple "contracts" and the claim has services from multiple contract areas, will the entire bill reject or just the line item(s) that represent "non-contract" services?
- Those services that are in the Provider Contract will pay. Those services that are in a different contract will deny.

94 Can we correct/edit/resubmit claims even if they are submitted through a trading partner?

All claims will be available to providers in the MITS Web Portal regardless of how they were submitted: converted MMIS claims, 837 EDI transactions, paper claims and of course claims submitted via the MITS Web Portal. Not only can claims be adjusted in MITS, they can also be voided or copied. Paid claims can be adjusted, voided and/or copied within the claims management section of the MITS Web Portal. Denied claims can only be corrected and resubmitted. Converted claims previously adjudicated through MMIS with a “paid” status must be voided in MITS first and then resubmitted. Converted claims that were previously adjudicated through MMIS with a “denied” status will need to be resubmitted as new claims utilizing the new MITS standards.

95 Will MITS notify a provider if attachments were successfully accepted?

You will not receive an additional notice regarding your attachments, but you should see an acknowledgement on the screen indicating the attachments were uploaded successfully.

96 If a group of providers use one tax ID number, do you have to set up the provider type for each and every provider? Example – we have over 200 physicians in our group, how do we set it up so that all physician billers have access to all providers?

A provider group that has individuals that are affiliated with the billing NPI group only as rendering providers will need to set up the pay-to provider number and associate applicable portal agents as the claims, prior authorizations, and remittance advice features of the portal will be based upon the pay-to provider account. The individual rendering provider accounts will need to be accessed for provider re-enrollment purposes.

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| 97 | Will hospitals have multiple provider contracts? How do we verify our current contracts? How do we set up contracts? | Yes. Hospital providers can have multiple contacts. If you need further information regarding your current Category of Service (COS), please contact Provider Enrollment for assistance. |
| 98 | Will CareSource and Molina respond via fax or e-mail for clinical reviews? | MCP processes are not impacted by the implementation of MITS. Providers must contact the MCPs for questions/information regarding their processes. |
| 99 | Where can we go to check our provider and group information to ensure it is correct so we don't have issues at "Go-Live"? | To check your current provider and group information you will need to contact Provider Enrollment. |
| 100 | Has Medicaid been able to successfully test crossovers? Are there still issues? If yes, what are the problems? | Testing in all areas has been ongoing. When MITS 'goes live' all major obstacles will have been resolved. |

101 How do we handle a claim when primary applies all to patient's deductible or coinsurance? In MMIS we change Medicaid to primary and drop off the other ins.

The zero payment issue regarding commercial and Medicare crossover claims will be resolved with MITS. These types of claims will no longer have to be submitted on paper. Claims with a zero prior payment from a primary payer must be submitted through the MITS Web Portal with the primary payer's EOB attached to substantiate the zero prior payment.

If a paper claim has to be submitted, only when Medicaid is primary will OHP accept paper claims.

- 102 For COB we currently file a 06614 form., I've seen other forms are no longer acceptable, but I haven't seen the 06614 mentioned anywhere. I, is it still going to be faxed of doffs? There are no changes to the current process for form 6614.
- 103 Are there any reports that can be created within MITS? The Provider Reports panel allows providers to view and/or download specific FileNet reports such as the Remittance Advice and Provider History Profile reports. The most recent two years of reports are available.
- 104 Will the EOBs still contain Medical, dental, chiro, and bBehavioral health all on the same EOB? The EOB isare divided into sections of Paid, Denied and Adjustments based on the "Pay- To" NPI. You will receive a RA for every "Pay- To" NPI.
- 105 The PApa request form currently shows "requested dollars" we need to submit usual charge, will we still do that or do we need to know the Medicaid allowable and put that on the form? If a "requested dollar" amount is required for your prior authorization request, you will use your usual and customary charge.
- 106 Will MITS transition to ICD 10 at the same time as all the other providers? Yes, MITS is designed for the enhancement of ICD 10. OHP will be implementing ICD-10 on 10/1/13 as required. , however we do not have a transition date of when the implementation of ICD 10 will occur for Ohio Medicaid.

- 107 For DME providers, which set of modifiers should we be using RR & NU or all Medicare's Modifiers? Ohio rule has not changed in this area.
- 108 Vaccine admin codes 90460/90461 for billing by vaccine component/antigen - only "qualified health care professionals" are allowed to use these codes. Are RNs included in that group of professionals by Ohio law? Ohio rule has not changed in this area.
- 109 Do you have to attach Medicare RA for Part A Crossover claims? No, providers do not need to attach the EOMB to their claims submission .
- 110 What is the time limit to see a claim in MITS after go-live? The MITS Web Portal is a "real time" system. As soon as you submit claims directly into the MITS Portal they will be immediately adjudicated and you will be able to see the status of your claim, whether it was paid, denied, or suspended. EDI claims are processed every 15 minutes once received from the trading partners.

Other MITS Questions

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| 111 | What will happen between 7/22/11 and 8/2/11 in regards to claims submission between MMIS and MITS? | Please refer to Provider Information Releases 13 via the MITS website for all the transition dates. |
| 112 | How do PAs end 6/27? The schedule shows no more after 6/27. | The release which contained those transition dates has been updated. Prior Authorizations will be accepted until 8/1/2011. Please refer back to http://www.jfs.ohio.gov/mits/Communications%20Release%2013%20revised.pdf to view the updated release that contains up-to-date transition dates. |
| 113 | What if the ordering physician is not an Ohio Medicaid provider? Their NPI number generally goes in block 17b on the CMS1500. What would we use or do? | You need to obtain their NPI number even if they are not a Medicaid provider. |
| 114 | In regards to the ordering physician, if they are not an Ohio Medicaid provider and we submit the claim with their NPI will our service be considered for payment? | At this point in time a non-Medicaid provider can be a referring physician with a valid NPI. |
| 115 | Are there any plans in the near future for a new billing handbook? The last update was in 2005. | OHP is working on billing guidelines for portal submissions. |

- 116 Will the HCE pre-admission form be on-line or do we submit it as a attachment? The process for psych claim pre-certifications will not change, providers will continue to contact Health Care Excel (HCE)_.
- 117 COB Line items – Medicare/Medicaid claims that do not crossover, do you need to enter payment info on each charge line instead of a lump sum when transmitting via EDI? Currently if there are changes for EDI claims they will be outlined in the new companion guides so you will want to review those. As to the MITS Web Portal, you would need to enter payment info for each charge or detail line.

Additional Resources

118 Can you please repeat the actions for _____ (this is for any section of the presentation)?

If we are still within our allotted time for the training at the end of the presentation and all questions have been answered, we would be happy to repeat any section of the presentation. Also, please remember that there are online tutorials available to you that will walk you through the different segments of the presentation. The tutorials are available for you at

<http://www.jfs.ohio.gov/mits/MITS%20Provider%20Training.stm>

119 What training materials are available for me to use on the ODJFS Website?

You can find the following on the ODJFS Website:

Online tutorials, FAQs, Training PPT, Training handouts:

<http://www.jfs.ohio.gov/mits/MITS%20Provider%20Training.stm>

Companion Documents:

<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>.

eManuals:

<http://emanuals.odjfs.state.oh.us/emanuals/GetTocDescendants.do?maxChildrenInLevel=10&level=2&group=ODJFS&username=public&password=public&publicationName=emanuals>

- 120 Where are the e-Tutorials located? The e-tutorials are located at the following website address: <http://www.odjfs.state.oh.us/tutorials/MITS-External-Training/>
- 121 Will there be a “play” environment available prior to 8/2? No, there will not be a play environment prior to Go-Live. However, all providers have access to the e-Tutorials at <http://www.odjfs.state.oh.us/tutorials/MITS-External-Training/>. These tutorials are great tools for you to see how the portal works and how easy it is to learn.
- 122 Will we get support for MITS by calling the Ohio Medicaid provider assistance line? Yes. You can dial 1-800-686-1516 to obtain provider assistance with MITS.
- 123 Will there be an option for MITS support on the 1-800-686-1516 number? Currently there is not an option and you will need to continue with the current process. However, at Go Live the prompt will be changing and there will be an option for Technical Support.

124 Are Trading Partners receiving their own training? It appears my Trading Partner was unaware of the changes. Yes. Trading partners are aware of the changes and there are new Companion Documents available for your Trading Partner. If they have questions, they can e-mail MMIS-EDI-SUPPORT@jfs.ohio.gov or call 614-387-1212.