



Medicaid Information
Technology System

November/December MITS Training FAQs

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NOVEMBER/DECEMBER MITS TRAINING FREQUENTLY ASKED QUESTIONS

Question Number	Attendee Questions/Comments	Answer
1	Can you please clarify if all the injectables as well as the Vaccine for Children (VFC) vaccine will require the National Drug Code (NDC) numbers? It only mentions J codes in the training. I know that the VFC is mainly distributed by health departments.	Ohio Medicaid does require the NDC number to be included for all provider-administered drugs, including VFC vaccines.
2	Does this portal work for all types of Medicaid (i.e., Buckeye Community Health, CareSource)? We send them hard copy 1500s and electronic versions.	Claim information submitted to managed care plans is not available on the MITS Web Portal. Providers will need to contact the recipient's managed care plan for specific claim information.
3	Your presentation states that inpatient psychiatric prior authorizations need to continue to go through Healthcare Excel. Why not MITS?	At this time, Ohio Medicaid will not be accepting portal prior authorizations for transplants and inpatient psychiatric services.
4	Is there a notification system that lets us know when a prior authorization has been approved, or should we be logging in daily to look those up?	There is no automatic notification process when the status of a prior authorization (PA) changes. Providers can monitor PA statuses through the MITS Web Portal and can sort by categories to make PA searches easier.

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5	Will 1099 forms still be submitted via mail, or can we go online and print them?	Summary 1099 information will be available on the Web Portal, but the detailed 1099 information will be included in mailings to providers in January.
6	Regarding provider enrollment and re-enrollment, if we are just linking a provider to a group, are the signature and the OHP agreement required from the provider?	The MITS Web Portal will be used only for provider enrollment and re-enrollment processes. The process for adding or deleting group members will remain the same as it is today, except for during the enrollment or re-enrollment periods. Outside the enrollment or re-enrollment periods, providers will be able to update their addresses only through the secure MITS Web Portal.
7	Is there a time limit from when the enrollment application is electronically submitted and when the signature pages must be received at Medicaid?	There is no system-generated time limit between the date an enrollment application is completed online and the date the signature pages are required.
8	If a provider mails in attachments, how long will it take to match the attachments and process them?	The scanning of paper attachments is a manual process, so the length of time will depend on the workload at the time the documents are received.

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9	Will denial codes be included on new remittance advice?	The Ohio specific EOBs will only be seen on the PDF version of the remittance advice viewable through the MITS Web Portal. All other methods including the 835 HIPAA transactions will continue to use the HIPAA adjustment and reason codes.
10	Does the system limit the number of times you can enter your password incorrectly before it locks you out?	If a provider/agent has three invalid attempts to log on to the portal, then the account/agent will be locked. The provider/agent will have to contact the help desk for a password reset.
11	How do we update the incorrect crossover to Ohio Medicaid from Medicare? How do we prevent Medicare from incorrectly crossing claims to Ohio Medicaid?	Ohio Medicaid cannot prevent Medicare claims from automatically crossing over.
12	Are we now able to submit appeals via MITS?	After MITS Go-Live, the appeal process will continue as it is today.
13	What is the status of the 51 occurrence code denial being sent via Medicare crossover? Is it being addressed?	A request to the ODJFS Office of Information Systems is being developed to modify the payment logic in order to address this problem.
14	Is the hospital billing manual available on the portal?	Before the MITS Web Portal is implemented, ODJFS/OHP will make billing guidance available on the portal for all services billable through it.

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15	Will we see the crossover claims right away?	The crossover claims can be received continuously throughout the business day and are processed during batch cycles. If the claims are received overnight, they will be batched and processed the following morning. Once the crossover batch is processed, then providers can view the claims through the MITS Web Portal.
16	Is a physician ID required when submitting long-term care claims on the UB04 form?	Long-term care providers can submit claims only using the 837I or the “Institutional” section of the MITS Web Portal. For these two types of submissions, only the National Provider Identifier (NPI) is necessary.
17	How will pharmacists submit prior authorization information in the MITS system?	With the implementation of MITS, there will be no changes to the process for submitting prior authorization requests or claims transactions to ACS. If a PA is needed for durable medical equipment, then the pharmacist should submit the PA request through the MITS Web Portal. Prior to that, the pharmacist should have registered as an agent, and the provider account administrator should have assigned the role for PA Update by the provider account administrator to be able to submit a PA.
18	Can I check the status of the 6653 and 6767?	The MITS Web Portal provides status checks for provider enrollment, claims and prior authorizations only. There is not a feature to verify the status of a form.

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19	What are Ohio-specific Explanation of Benefit (EOB) codes?	The Ohio-specific EOB codes are used for Ohio Medicaid only. They were designed to provide providers with more information about claim errors. The Ohio-specific EOBs will be seen only on the PDF versions of remittance advice. All other business processes, including the 835 HIPAA transactions, will continue to use the HIPAA adjustment and reason codes.
20	If we have an account receivable, do we cut the state a check or will it be withheld from the next payment?	OHP prefers to automatically recoup receivable amounts from provider payments. Providers can track accounts receivable on the new enhanced “Remittance Advice Financial Transactions” page, which will be implemented with MITS. An example of the new remittance advice, including the Financial Transaction page, can be found at http://jfs.ohio.gov/mits/MITS%20Provider%20Training.stm .

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21	For 6780 claims that have dates of service more than a year old, will we be required to send the Medicare EOB as an attachment?	You will submit the same information that you currently do, but in MITS the attachments will be scanned and uploaded. MITS allows both Web Portal and EDI claims to come in with attachments that have been scanned and uploaded during the claim submission process. To request an exception to the timely filing limitation, you would submit the claim with the JFS 06653 and any appropriate documentation attached. Refer to Ohio Administrative Code (OAC) rule 5101:3-1-19.3, "General claim submission [except for services provided to consumers who are members of a Medicaid managed care program]."
22	If a patient is receiving Medicaid services in the community, will long-term care facilities still have to contact the county to have the living arrangement corrected?	After MITS is implemented, providers will follow the current process to have living arrangements corrected.
23	For long-term care patients who are participating in waiver programs, will we still have to contact the waiver provider to have the span updated?	After MITS is implemented, providers will follow the current process to update the span for waiver providers.
24	In the future, can the claims show total nursing home bed hold days used per recipient?	When providers are verifying eligibility in the MITS Web Portal, the eligibility panel will show the number of bed hold days used (as determined by paid claims) by the recipient for the long-term care period.

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27	When a patient is admitted to a long-term care facility for a short-term stay and is receiving Medicaid services in the community, will the span cross over to MITS? This is currently a problem with MMIS.	When verifying a recipient's eligibility through the MITS Web Portal, a “Long Term Care Facility Placement” panel will show the facility type, date of admission, effective begin and end dates, and date of discharge.
28	Will this system reflect past and current available income?	When providers are verifying a recipient's eligibility in the MITS Web Portal, monthly patient liability amounts and totals withheld will be shown on the “Patient Liability” panel. Note: The information shown will be based upon the eligibility search date. For example, if a provider checks a recipient's eligibility in December for the month of October, information from September and November will not be included in the search results.
29	Provider training indicated that procedure codes must be billed as authorized on the All Service Plan. Are they going to start listing the procedure codes on the All Service Plans?	When MITS is implemented, there will be no changes in the way All Service Plans are conducted. Prior authorizations for the All Service Plan will not be managed in MITS.
30	Our home health waiver clients belong to the Ohio Home Care Program. Will the prior authorization process change?	No.

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31	Will the PA process change for home care providers, personal care, nurse and therapy visits?	When MITS is implemented, PA policies will not change. Please reference your companion documents on the ODJFS Web site for a description of services requiring PAs. Medical necessity for post-hospital home health services, not PA, is required for Medicaid home health services above 14 hours a week. Complete the JFS 07137 Certificate of Medical Necessity Home Care Certificate and retain it in the recipient's medical record.
32	Do home health providers need prior authorization for home care state plan patients?	No, state plan home health services do not need to be prior authorized.
33	Will MITS begin to bundle occupational, physical and speech therapy Current Procedural Terminology (CPT) codes (97110, 97530, and 92507) per the new Medicare guidelines? If so, how do we indicate that two procedures provided on the same day are distinct procedural services provided by separate providers during different time periods? Will modifier 59 be recognized and allowed?	No, MITS will not bundle occupational, physical and speech therapy CPT codes at this time. However, as part of the Correct Coding Initiative (CCI), ODJFS may be required to comply with that initiative, which may then necessitate the bundling of these codes. Modifier 59 will not be used when MITS is implemented.

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34	You stated we do not have to re-enroll if we are current Ohio Medicaid providers. But earlier you said we would have to enroll to use the new Web Portal. Can you clarify whether we do or do not need to re-enroll?	If you are currently an active Ohio Medicaid provider, you will not need to re-enroll as a provider at this time. All of your current contract information will be transferred over to the new MITS system. When it is time for you to re-enroll, you will be sent a reminder letter approximately 120 days before you are due to re-enroll. However, in order for you to have access to the MITS Web Portal, you will need to set up your provider administrator and agent accounts. This is called account setup.