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Information Release
MITS Provider Portal Q&A
For BH Providers
Subject: Questions & Answers

Release Date: 07/02/2012

Questions and Answers From the
MITS Provider Portal Webinars for BH Providers

CATEGORY	QUESTION	ANSWER
CLAIMS	Are there any recommendations for who should use the Web Portal for claim submission versus the EDI format? If we typically submit more than 50 claims per day, is it recommended that we submit our files via the EDI format rather than using the Web Portal?	No, we do not make recommendations. This is totally your business decision. Later, possibly July 1, 2012, the portal will no longer have a limit of 50 claims per day. All providers will be notified of the change when it is made.
CLAIMS	If I use EDI to submit claims, can I use the web portal to make adjustments to those claims?	Yes, you can.
CLAIMS	Since adjudication is real time, is there a confirmation number that we will receive indicating the disposition and amount?	You will receive your ICN number once the claim has adjudicated.
CLAIMS	Are behavioral health agencies permitted to bill MITS now or are we required to wait until July 1, 2012?	You cannot begin billing MITS for behavioral health claims until 7/1/2012 and can only bill for services provided on or after July 1, 2012.
CLAIMS	How much is the fee to submit claims electronically thru EDI? Will a bill be created or taken from the claims? Is this published somewhere?	If you are submitting directly to MITS, there is no fee for submitting claims via EDI. If you are submitting via a clearinghouse/trading partner, they will have their own fee schedule.
CLAIMS	Should Mental Health claims and CD (chemical dependency) claims be submitted separately with separate NPIs?	Both Mental Health and Alcohol and Drug claims can be submitted within the same 837 file, but with separate NPIs.
CLAIMS	What is meant by 50 new claims per day?	Currently the MITS Web Portal limits the number of manually entered claims per day to 50. If you already submitted a claim and you do a correction this is not considered a new claim. A new claim is a claim that has been submitted for the first time in the web portal.

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CLAIMS	How do we submit an 837?	Please go to the MITS website and review the EDI information.
CLAIMS	Can we currently make claims corrections on the portal for claims submitted through MACSIS?	No, this is a completely different system. Claims submitted via MACSIS will continue to be corrected in the same way as they are now.
CLAIMS	Will claims created from October 2011 through June 30, 2012 be processed through MITS on or after July 1, 2012?	No, only claims with dates of service of July 1, 2012 and after will be processed through MITS. There will be no change in the way claims with dates of service prior to July 1, 2012 will be processed.
CLAIMS	I currently only use the portal to bill for Risperdal shots. I was told not to fill in the rendering provider field(s). I notice on the slides this field is filled in…will this change as of 7/1/12?	Do not enter the rendering provider information; it is automatically populated by MITS.
CLAIMS	What is the process for submitting a batch of claims? Current slide is showing manually entering one claim at a time and we have 3,000 clams a week.	You cannot do batch claims in the web portal. Batch claims submission is an EDI process and is done by submitting an 837-claim file. As stated before the system currently only allows 50 claims per day to be entered manually in the web portal. The 50-claim per day limit will eventually be lifted and providers will be notified when this occurs.
CLAIMS	If you are using EDI, is all this for claims submission still required?	Yes, all of the claim information that is being covered when submitting claims/adjusting claims via the Web Portal is required on the 837. The same information is submitted in various loops and segments on the 835.
CLAIMS	Are claim adjustments done the same way when submitting claims through EDI?	Claims submitted through EDI can be adjusted in the web portal or adjustments can be made within the 837 EDI file.

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CLAIMS	How are retro Medicaid claims going to be handled as of 7/1/2012 – especially when a claim was originally paid as non-Medicaid? Our agency will be submitting via EDI.	MITS does not adjudicate non-Medicaid claims. These non-Medicaid claims would have been paid in MACSIS. The MACSIS retro process will flag this claim as now being payable as Medicaid and it will be reversed in MACSIS with a reason code indicating the client's eligibility has changed. If the date of service on the claim is prior to 7/1/2012, the claim will be split, paid as Medicaid and submitted to ODJFS for FFP reimbursement; exactly as it is done today. Both the reversal (take back) and the split (Medicaid payment) will appear on the same MACSIS 835. If the date of service on the claim is 7/1/2012 or after, the reversal (take back), will appear on a macsis 835. The provider would then need to submit the claim to MITS for payment as Medicaid.
CLAIMS	Are batches limited to 999 claims and does that also apply to EDI claims?	Batch limits only apply to EDI since batches cannot be submitted via the MITS web portal. Any questions concerning batch limits should be directed to the EDI Department at 614-387-1212.
CLAIMS	If the claim limit is 50 per day, what if we have more? Do we submit the rest through MACSIS?	No, you do not submit the rest through MACSIS. Claims with dates of service of 7/1/2012 must be submitted to MITS either via EDI or via the web portal.
CLAIMS	Is there a "hold" option for a transaction?	No.
CLAIMS	Do you submit each line separately or can you have 5 transactions and 1 submission?	I think you are speaking of lines of service. You can enter the five lines of service for a claim and submit it to MITS. You can have up to 999 detail lines on a claim.
CLAIMS	Will you be showing us how to upload our 837 files to the MITS portal?	You cannot upload 837 files to the MITS portal. That is an EDI function.
CLAIMS	We are a provider that has been submitting claims for chemical dependency to our local board. Do I need to bill these claims as professional claims?	Professional. All behavioral health services that were previously billed to MACSIS are billed as professional claims.
CLAIMS	We are a trading partner; will we use the portal for claims corrections? Do we have another process?	You may make claims corrections in the web portal or you can submit adjustments via EDI on an 837.

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CLAIMS	We are a provider that bills claims for IOP. Do I need to bill claims as professional?	If you are currently billing those claims through MACSIS, you would bill them through MITS as a professional claim.
CLAIMS	As a mental health provider we have H0004 HE 99 and H0004 HQ 99. Where do these items get placed?	Modifiers are submitted when you are entering your line item detail in the modifier boxes.
CLAIMS	Can you use V for DX codes?	Yes, some V-codes are permitted, but it is dependent on the service being billed. The current diagnosis codes and their restrictions that are used in MACSIS will be used in MITS.
CLAIMS	I have normally billed claims to our alcohol board. We billed services with H0015 code. Do I need to bill as a professional claim or institutional claim?	Professional. All behavioral health services that were previously billed to MACSIS are billed as profession claims.
CLAIMS	What is the difference between an ICN number and a TCN number?	The ICN is an Internal Control Number and the TCN is a Transaction Control Number. The ICN is the claim number assigned by MITS. The TCN was the claim number assigned by MMIS (the system that was replaced by MITS).
CLAIMS	Where will we get the detail on denied claims and reasons?	Information regarding denied claims will be noted at the bottom of the claim.
CLAIMS	I am a trading partner, if I am submitting EDI files, where exactly do I upload them?	Please contact the EDI Help Desk. The telephone of the help desk is noted in the slide show.
CLAIMS	How do I find the claim to make an adjustment or void?	You need to search on ICN number.
CLAIMS	If we send by EDI will we be able to see the claims on this website after they process?	Yes.
CLAIMS	Can we submit claims today or do we have to be an approved trading partner first?	You cannot submit claims to MITS until 7/1/2012. They must be for dates of service of 7/1/2012 and after. Dates of service prior to 7/1/2012 should continue to be submitted to MACSIS for behavioral health claims.
CLAIMS	When billing AoD services where a service occurs multiple times on one date (e.g. group counseling), should the occurrences be entered individually or rolled-up into one claim?	They should be rolled up or they will deny as a duplicate.

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CLAIMS	When you are working in the Web Portal – we will have 1 NPI # for MH claims and 1 NPI # for AoD claims and different Medicaid Provider #'s – Will we have to switch providers to go from MH to AoD?	Yes.
CLAIMS	Traditional Medicaid is billed through MITS and Managed Care HMO's will be handled through the HMO's, is this correct?	Yes.
CLAIMS	We currently bill only traditional Medicaid. If I bill for services to traditional Medicaid for a patient that has managed care, will OH Medicaid deny the charge on the EOB stating that we need to bill the managed care organization?	Please clarify. Are you referring to Medicare Managed Care plans? **Response:** I'm sorry, NO we are referring to a Medicaid manage care such as Caresource, Molina, etc. I need clarification from Medicaid as to whether they are going to process claims for managed care patients. We are credentialed only with the ADAMHS board, not the Medicaid Managed Care organizations. Please contact the Medicaid MCP or the Managed Care Department at 614-466-4693.
CLAIMS	Can we submit Medicaid HMO claims through MITS?	No. Please contact the appropriate Medicaid MCP/HMO regarding claim submission.
CLAIMS	We have obtained a provider type 84 NPI and Medicaid ID, currently we bill ADAMHS for our resident service, how will we bill for our resident services through Medicaid/MITS?	You will only bill Medicaid reimbursable services through MITS. Non-Medicaid reimbursable services like residential, education, transportation, etc., should continue to be billed through MACSIS.
CLAIMS	What is MITS physical address? We need it for our billing software.	Are you asking for the ODJFS address? MITS is an ODJFS system.
CLAIMS	We have software which generates the claims in 837P 5010 format, How can we submit it to MITS?	Please go to the MITS website and review the EDI information or contact our EDI Department at 614-387-1212.

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CATEGORY	QUESTION	ANSWER
CLAIMS	**Which is more efficient - EDI or Web Portal for submitting claims?**	Web portal requires manual entry of all information needed to get a claim processed and is done one claim at a time. EDI is a batch process where you can submit large numbers of claims in one batch and is generated by software that meets the HIPAA v5010 EDI standards.
CLAIMS	**Do we use the Ohio Medicaid number or the HMO Medicaid number? What happens when the person is switched from Ohio to HMO or from HMO to another HMO?**	When billing traditional Medicaid, use the traditional Medicaid/legacy provider number or NPI. When billing a Medicaid MCP, contact the Medicaid MCP regarding billing.
CLAIMS	**How can I know whether my 837P 5010 file is MITS Compliant?**	Before you can submit via EDI you must go through MITS EDI testing.
CLAIMS	**If we are using EDI for claim submission and have to make a correction, do we do the correction through this portal.**	You can correct or adjust the claim via the web portal or you can submit the correction/adjustment via the 837.
CLAIMS	**The examples were for professional rather than institutional. We provide IOP services as an institution (facility) - how will that differ?**	Are you currently billing these services through MACSIS? What do you mean by institutional? **Response:** We bill IOP and other services thru MACSIS with HCPCS codes - Professional fees are thru physicians, all hospital services are facility billings. This training is to cover Medicaid services you currently bill through MACSIS and will transition to MITS on 7/1/2012. Anything you currently bill through MACSIS, for dates of service of 7/1/2012 will be billed through MITS beginning 7/1/2012.

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CATEGORY	QUESTION	ANSWER
CLAIMS	**Codes that can be billed such as, H0031, H0004, 90801, and 90862, is Medicaid going to accept multiple timed based units?**	Are you talking about rolling up services as you currently do in MACSIS? Example: multiple sessions of individual counseling on the same day. **Response**: Are you talking about rolling up services as you currently do in MACSIS? Example: multiple sessions of individual counseling on the same day. I am talking about we bill for example in 15 minute increments and on the bill for example 90862 .5 You will continue to bill the services in the same increments you do now.
CLAIMS	**How do providers bill for group therapy? Is there a specific modifier to add to indicate group therapy?**	You will use the same modifiers you currently use today. The modifier for group CPST and counseling is HQ.
CLAIMS	**How do we list the local county board as a secondary payer after Medicaid?**	The boards are no longer responsible for the match. For FY 12, the match was paid by the State (ODMH and ODADAS) and beginning 7/1/2012 dates of service and after, the match will be paid by ODJFS.
CLAIMS	**Do we bill Medicaid thru MITS for spend down, get denied, and then bill MACSIS for non-Medicaid payment thru the local county board?**	If you contract with your local board for non-Medicaid services, you would bill MACSIS until the client has met their spend down and their Medicaid eligibility is reinstated.
CLAIMS	**Yes- these are for BH claims paid prior to 7/1/2012. We sent paper correction forms in and they were returned to us with a note that we had to void or adjust through the portal so we did.**	Claims with dates of service prior to 7/1/2012 cannot be corrected in MITS. They have to be corrected in MACSIS and processed. Claims with dates of service prior to 7/1/2012 are processed differently than they will be once we transition to MITS.
CLAIMS	**If we need to rebill, can we rebill through EDI file or do we need to do a manual claim?**	Claims can be rebilled via the MITS portal.
CLAIMS	**When can we expect the denial code "5000" to be resolved in MITS-we have been told it's an internal problem?**	To avoid giving you incorrect information, please contact Provider Assistance regarding this problem.

CATEGORY	QUESTION	ANSWER
CLAIMS	Should I use the address for MITS or ODJFS so I can enter it in our XAKT Claim under the insurance panel?	Contact our EDI department to see what address should be used. - 614-387-1212
CLAIMS	When we resubmit the claims through EDI by making adjustments to the claims which were denied, will that claim have a new claim number?	Please clarify the question, because providers can't adjust a denied claim.
CLAIMS	What exactly qualifies as "non-Medicaid" and what do you mean "bill non-Medicaid to MACSIS"?	Behavioral health services to a client who is not currently Medicaid eligible or services like residential, transportation, education.
CLAIMS	If a client has Amerigroup do we have to enroll with them to bill for Medicaid services?	Please contact the MCP regarding this question.
CLAIMS	After 7/1/12 do we need UCI numbers?	UCI is only used in the MACSIS system. You will only need UCI numbers if you will be billing MACSIS for non-Medicaid reimbursable services.
CLAIMS	What is considered a non-Medicaid service?	A non-Medicaid service is a service that is not reimbursable via Ohio Medicaid. Transportation, Education, residential, any Medicaid service provided to a client who is not Medicaid eligible.
CLAIMS	When I adjust a claim, which is already submitted through EDI, do we need to give a new claim number for the adjusted claim?	A new claim number will be assigned by MITS to the adjustment and will have a region code of 50, 51, etc.
CLAIMS	Will services provided after 7/1/12 go thru MITS & services prior to 7/1/12 go thru MACSIS?	Yes.
CLAIMS	How do we know what services are paid for by "board dollars"?	You need to look at what services you contract for with your board. Currently in MACSIS, claims are adjudicated as non-Medicaid and Medicaid. If a claim is adjudicated as non-Medicaid, it would be paid with board dollars if you have a contract with your board for non-Medicaid services.
CLAIMS	How Many days prior to submitting the claims should we go for EDI Testing?	You will not be able to submit until you pass testing. So, if you want to be able to submit claims on 7//2012 you should begin testing as soon as possible.

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CATEGORY	QUESTION	ANSWER
CLAIMS	**Will there be training on EDI submission to the MITS system?**	No. You can contact our EDI Department for information concerning EDI/batch claim submission at 614-387-1212.
CLAIMS	**What is the advantage of being a trading partner over using the portal?**	In order to submit/receive EDI transactions (837/835, 270/271, etc.), you must be a trading partner or contract with a trading partner. Using EDI allows you to submit large number of claims in an 837 file versus manually entering each claim into the web portal.
CLAIMS	**What do we do about clients with spend-downs?**	If a client is not eligible for Medicaid because a spend-down has not been met, the claim will deny. If you contract with your local board for non-Medicaid services, you would bill the service through MACSIS to be reimbursed with non-Medicaid board dollars.
CLAIMS	**Medicaid HMO's don't pay for outpatient CD services - we billed thru MACSIS for them with a UCI - so what happens to those outpatient facility based IOP/individual/group therapy, etc.?**	If the client were Medicaid eligible, you would bill them through MITS. Many behavioral health services that are not covered by HMOs are still covered by Medicaid, just not the HMO. **Response**: Can you please elaborate? Does that mean if a client has a Medicaid HMO, receives a non-covered service through the Medicaid HMO, we can bill through MITS? It depends on the service. It depends if it is a Medicaid covered service and the client is eligible for the service.
CLAIMS	**Will ODADAS claims need to be submitted separately?**	You will have to be logged in under your AOD NPI to bill AOD services and under your MH NPI to bill MH services.
CLAIMS	**Will we make Claim Adjustments even though we submitted our claims through EDI?**	Yes, you can adjust a claim that was processed through EDI. You can submit adjustments to claims submitted via EDI on the web portal or via EDI on the 837.
CLAIMS	**Will the upi number still be required on all behavioral health claims/files?**	UPI is used in MACSIS but is not used in MITS.
CLAIMS	**If we submit through a vendor file to MITS if the file has an error will the file be rejected if only a few claims have issues or will all claims that were good get processed?**	It would depend on whether it was a file level error or a claim level error. You should contact the ODJFS EDI Dept. at 614-387-1212

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CATEGORY	QUESTION	ANSWER
CLAIMS	Do you know of any trading partners who have successfully submitted EDI claims through MITS?	Please contact EDI department for EDI questions at 614-387-1212
CLAIMS	Do we need to enter a location code for claims?	If you are talking about place of service, yes, you still need to code place of service.
CLAIMS	Will we still utilize the current HCPC codes for behavioral health claims for procedure code?	Yes. We will be providing lists of procedure codes, modifiers, place of service, etc. for billing BH claims to MITS.
CLAIMS	Will all alcohol drug claims still utilize the HF modifier?	HF is still a valid modifier for alcohol/drug claims but not all alcohol/drug claims require an HF modifier. A list of procedure codes and acceptable modifiers will be provided.
CLAIMS	On the claim submission screen, I did not see the modifiers numbered. How do we know which box is modifier 1, 2, 3 for MH claims?	You can enter modifiers in the boxes that are there. They do not need to be in any order.
CLAIMS	Does the 50 claims per day limit apply to re-submission of corrected claims?	No it does not apply to resubmission. Only new claims submitted.
CLAIMS	If a claim has been filed for a client in the past, will the system populate their information for subsequent claims?	The Medicaid Billing number of the receipient is what causes the system to populate their information
CLAIMS	Do you need to have professional services such as counseling submitted in minutes or units?	You would submit them the same as you do today to MACSIS.
CLAIMS	What is a suspended claim?	A claim that is on hold (for various reasons) for processing.
CLAIMS	Do you know when the anticipated 50 submission to unlimited will take place	7/1/2012
CLAIMS	Can you put any # in the account number spot?	This defaults with a 0
CLAIMS	HOW TO SPECIFY MEDICARE MANAGED VERSUS TRADITIONAL MEDICARE	Are you talking about when you submit a claim to Medicare? Are you talking about crossover claims?

CATEGORY	QUESTION	ANSWER
CLAIMS	IS THERE SPECIFIC INFO NEEDED IN ORDER TO SUBMIT SECONDARY MEDICAID CLAIMS WITH A MEDICARE MANAGEDS AS PRIMARY ELECTRONICALLY INSTEAD OF HAVING TO INPUT INFO THRU MITS?	These claims are not submitted dirctly to MITS. They are part of the crossover process. You bill Medicare and they crossover to MITS if the client has Medicaid as a secondary payer.
CLAIMS	Can I submit for 2 providers; 2 seperate offices with different medicaid and NPI numbers	Yes. You will have to use the Switch Provider panel to bill each provider (NPI) separately.
CLAIMS	I know we start billing MITS in July, but if I have a child who I am currently having trouble submitting through MACSIS, can I go ahead and bill current FY year services directly through MITS?	You can only bill services to MITS for dates of service of 7/1/2012 and after. MACSIS gets all of their eligibility information from ODJFS.
CLAIMS	I've been told by ODJFS that there is a problem with MITS consitantly up-dating MACSIS with correct eligibilty information, therefore making it impossible to get a UCI so I can bill. They told me to bill MITS directly.	If you bill MITS directly for claims with dates of service prior to 7/1/2012, the claim will deny.
CLAIMS	How will the cpst services be affected by the switch from macsis to medicaid	The annual service limits will be in place and reset as of 7/1/2012. Prior authorization will still be required for kids who need more than the annual benefit. CPST will be excluded from the TPL eidt.
CLAIMS	Will the new medicaid hmo's honor cpst services?	CPST is carved out of the HMO benefits. This means the HMO is not financially responsible for CPST. You would bill MITS directly for these services; not the HMO.
CLAIMS	How will the switch from Macsis to Medicaid affect a PHP/IOP program?	If currently billing MACSIS you will bill Medicaid
MBR	Are the 270 transactions submitted through MITS?	Yes, but not via the MITS Web Portal. The 270-batch eligibility transaction is an EDI function and will be submitted to MITS via EDI, not the MITS Web portal.
MBR	How is the client UCI assigned under the new system?	There is no UCI in MITS. UCI is specific to the MACSIS system. Medicaid ID is the client identifier used to bill MITS.

CATEGORY	QUESTION	ANSWER
MBR	**If MITS indicates the client has insurance, but the client denies they have insurance coverage, how do we bill MITS?**	You will need to have the TPL (third party liability) information for the client corrected in the MITS system. First, complete form 6614 and submit per the instructions. Once received the insurance information will be researched and removed from the MITS system, if applicable. Once the insurance information is removed you can submit another claim to for the service to MITS.
MBR	**Please explain the difference between "Managed Care" and "TPL" on the eligibility portal. Will Managed Care references cause TPL denials?**	This is claim specific and will need to be addressed at a later date .
MBR	**Currently on the MITS portal you can only go back 6 months to check Medicaid eligibility – why not 12 months?**	You can get 3 years' worth of eligibility information but you must do it in increments of 6 months at a time. Please refer to the section of the training document that explains how to get up to 3 years' eligibility.
MBR	**What is the process for batched eligibility?**	Batch eligibility is an EDI function – 270/271 transaction set. Batch eligibility cannot be done through the MITS web portal.
MBR	**When using eligibility search and using SS#, and it says "more than one subscriber use Medicaid #", how can we find the Medicaid #? We assist homeless people and they do not always have their card.**	Contact the county caseworker.
MBR	**Explain more in regard to spend down.**	This is MITS only training and spend down will not be discussed.
MBR	**How frequently is the Medicaid recipient eligibility file updated in terms of accuracy of content?**	Daily.
MBR	**Can an agency submit eligibility searches in a batch?**	Not via the web portal. Batch eligibility submissions are an EDI function using the 270/271 transaction set.
MBR	**How do you use the 270/271 transaction set?**	You can contact our EDI Department for information concerning EDI/batch eligibility submission at 614-387-1212.
MBR	**When a client is a "dual recipeint" why doesn't MITS give us the number that is active?**	What do you mean by dual recipient?

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CATEGORY	QUESTION	ANSWER
MBR	**In looking at eligibility for clients, this past week we found 5 of our clients who no longer have records on MITS. They had them last month and these clients should have Medicaid. What happened to the records? We checked 3 times to make sure we were not transposing numbers.**	If you are having problems accessing eligibility information in MITS, please contact a Provider Assistance representative at 1-800-686-1516. **Response:** We are not having problems accessing client eligibility. We have been able to check other clients just fine. A message came up for those 5 clients on the eligibility screen: "No medical records found". Where are the records? It could be that the eligibility was retro-actively taken away. I would recommend calling the MITS Help Desk. There have been eligibility issues that they may be able to address.
MBR	**Are all Medicaid recipients eligible for Mental Health Benefits?**	No, there are some clients who are not; an example would be QMB clients. The majority will be eligible for behavioral health services.
MBR	**So what number do we use for registering the patient if we aren't using the UCI and can't use the Medicaid HMO number?**	You use the client's Medicaid ID. You will not need to register these clients. Once they become Medicaid they will automatically be in MITS.
MBR	**When checking eligibility, if the Medicaid number is an inactive Medicaid number it does not give us the correct active number.**	Medicaid ID is the unique identifier in MITS. You need to know the client's Medicaid ID or you could do a search on criteria other than Medicaid ID.
MBR	**How will we be able to check eligibility etc while waiting to register the new medicaid # If there is a waiting time from when my medicaid # is terminated and a new one is issued?**	Call the IVR or the county to obtain this information
MBR	**Do we to re-enroll all current Medicaid clients in MACSIS into MITS?**	Medicaid clients are automatically enrolled in MITS once they become Medicaid eligible.
MBR	**How do we check for the Medicaid utilization (caps) for each client?**	MITS does have the capability of providing that information.
MBR	**Where do we check the utilization regarding the caps?**	Eligibility panel

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MBR	**Currently mits web portal for eligibility shows odadas and/or mental health medicaid as a separate medicaid eligibility line - does the provider need to do anything?**	No.
MBR	**When there is more than one Medicaid number for a client, why doesn't the Web Portal provide the currently vailid number? This happens quite frequently with children.**	It should, not sure why it does not.
MBR	**HOW OFTEN DOES MEDICAID UPDATE PT ELIGIBILITY? AND WHAT ARE PROVIDERS TO DO WHEN YOUR INFO IS NOT UPDATED TO MATCH PT INS FOR EXAMPLE MEDICAID SHOWS TRADITIONAL MEDICARE WHEN INFACT THEY HAVE A MEDICARE MANAGED PLAN.**	PT eligibility is updated daily. Medicare claims are not submitted directly to MITS, they are submitted to Medicare and crossover to MITS if the client has Medicaid as a secondary payer.
MBR	**How can I verify spenddown amounts if client has not met the SD for the month?**	Contact the county caseworker
MBR	**How handle if client has TPL due to father being court ordered to provide, but mother does not know father's whereabouts and cannot provide necessary information to be able to submit a claim to the TPL? You cannot get an adjudication from a TPL when you submit a claim with fields left blank as it keeps getting bounced before that point.**	Contact your caseworker for assistance handling these specific TPL issues.
MBR	**We have seen on the eligibility status that consumer is eligible for family planning servies, but we do not see any other authorizations for services such as treatment.**	Not understanding your question.

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MISC	Can you give an example of what an attachment would look like?	If you need to submit additional information to ODJFS for processing of a claim then you can save this as an attachment and submit it through the portal. There can be multiple reasons for attaching additional documentation. (Examples of attachments would be form 6653, form 6614, etc.)
MISC	Is the Power Point presentation (slides) going to be made available?	Yes, the Power Point/slides will be posted to the web. They are available here: http://www.mh.state.oh.us/assets/macsis/directormeetinginfo/ohio_medicaid_mits_bh_training_webinar.pdf
MISC	Will the questions and answers from the training be made available?	Yes, the questions and answers will be posted to the web at the conclusion of the training sessions.
MISC	What is the web address for the MITS portal?	Go to jfs.ohio.gov and click on MITS. You can obtain all MITS information from here.
MISC	Will 2010 Office attachments work for uploading, or must they be saved as an earlier version?	Currently the system does not accept .DOCX attachments; they must be saved as an earlier version with the .DOC extension.
MISC	How do you submit a 6614?	Look for the instructions on how to complete and submit a 6614. The instructions are here: http://www.odjfs.state.oh.us/forms/file.asp?id=1224&type=application/pdf
MISC	What is the source of the Diagnosis? Is it based on historical reference?	The patient's diagnosis is from a doctor for treatment that is needed.
MISC	Do we have to be credentialed with all the different types of Ohio Medicaid individually, or just with Ohio Medicaid? (Caresource, Molina, Amerigroup, Ohio Buckeye)	If your agency is billing traditional Medicaid, send the claims and prior authorization requests via the MITS portal or EDI. If your agency is billing a Medicaid Managed Care Plan (MCP), contact the MCP.
MISC	Can you show us an EDMS cover sheet for attachments being mailed in?	A copy of the EDMS cover sheet is available via the Medicaid Provider website (http://jfs.ohio.gov/ohp/provider.stm) under the "Other Resources" option. However, I recommend completing the EDMS cover sheet that is accessible when submitting attachments via the MITS portal.
MISC	What State address is used to mail in attachments?	A mailing address will be noted via MITS when you choose the "mail" option.

CATEGORY	QUESTION	ANSWER
MISC	It is very difficult to reach a live "Provider Assistance representative". Is there a direct number to be able to reach a live body?	No. The only telephone number available is 1-800-686-1516.
MISC	Is this all web based or do we need to install new software?	This is web based
PA	Please define inpatient psych needing prior authorization.	This is a specific policy question that will not be discussed at this time.
PA	Prior Authorizations: This is the first I've heard of any need to request prior authorizations. Does everyone need to submit a prior auth for services?	Prior authorizations are required for CPST services for children who need more than the annual benefit limit. This has been effective since 11/1/2011.
PA	Is prior authorization required for all inpatient and outpatient mental health services?	No, prior authorizations are not required for all outpatient services. **Response**: I'm referring to basic (for a lack of a better word) out patient MH services: Assessments, individual sessions, etc. Prior authorizations for behavioral health services are only required for CPST if and when a client who is a child needs more than what is provided in the annual benefit limit. Prior Authorizations are not needed for all behavioral health services.
PA	I was told that the prior authorizations approval was backlogged 6-8 weeks. Is this still the case? And will we have to get prior authorizations for all of our current clients or just the clients that start service after July 1?	Are you talking about prior authorization requests submitted to HCE (Health Care Excel)?

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CATEGORY	QUESTION	ANSWER
PA	P/A is only required for CPST services exceeding benefits limits. You are saying something that contradicts this - PA is not required for all CMH services!	No, prior authorizations are not required for all CMH services. You only need to get a prior authorization if the client (who is a child) will exceed the annual benefit limit for CPST, only.
PA	Do you need prior auth for drug and alcohol services?	No.
PA	There were 2 different answers for very similar questions: I asked about prior auth's and the answer was CSPST service if you require more than allowed. The next question asked do you require auth for outpatient MH services and the answer was yes. Please clarify.	(Dwayne's Response) According to OAC rules, pre-certification is required for inpatient and outpatient services. However, there's a difference between pre-certification and prior authorizations. I apologize for the confusion. Note: This response is addressing psych services.
PA	With AoD services will we need to get a prior authorization if the client exceeds the allotted amount services?	There are no prior authorizations at this time for AoD services. If a client exceeds an AoD service limit, the claim will deny.
PA	Could you please clarify pre-certification?	Clients do not need to be pre-certified to receive behavioral health services.
PA	What is the difference between pre-certification and prior authorization?	Pre-certification authorizes a psych inpatient and/or outpatient admission. Prior Authorization authorizes a service that requires prior authorization.
PA	This is getting confusing regarding prior authorizations and pre-certifications. Please clarify if a Medicaid client coming to us for outpatient MH services needs pre-authorization or pre-certification.	Currently, the only time you would need to get a prior-authortization for outpatient MH services is if the client is a child and they need more than the annual benefit of 104 hours of CPST.
PA	You had mentioned pre-authorization for Medicaid services. What services need pre-authorization?	CPST claims for children who require services beyond their annual service limits.

CATEGORY	QUESTION	ANSWER
PA	**When requesting a prior authorization will we use the UCI number or Medicaid number?**	UCI number is not used in MITS. The Medicaid ID is the client's identification number used in MITS.
PA	**With the changes in Medicaid, is prior authorization going to be required for inpatient substance abuse treatment as it is for inpatient behavioral health admissions? If so, is the process the same?**	This is for professional claim submission only.
PAY	**What is the turnaround time on the billing cycle?**	Claims received via the web portal by 5:00 PM on Friday and via EDI by 11:00 AM on Wednesday will be adjudicated over the weekend and you will receive payment the following Thursday.
PAY	**If an 837 is submitted after 11 AM on Wednesday, when will it be processed? Are claims only processed once a week?**	EDI claims are processed on Friday evenings. Claim files can be submitted daily.
PAY	**How do we get the 835 files to use them for posting instead of manually doing it from the remittance advice?**	To get an 835, you would need to submit your claims via EDI.
PAY	**If we receive our RA's on Thursday, will a check be mailed?**	Yes, please keep in mind you can set up for direct deposit by registering in OAKS.
PAY	**If we submit through EDI, will we still have access to a remittance and adjustments on the portal?**	Yes.
PAY	**To get an 835 you would need to submit your claims via EDI, but where would you get the 835?**	You will receive this information back once your claim has been submitted. Please contact our EDI department for further detail.
PAY	**Will the RAs only be for claims submitted on the portal or for all claims, including EDI submitted claims?**	No the RA will be available for all claims submitted to MITS.
PAY	**Will we receive an ERA or will we have to manually post all payments?**	The ERA (electronic remittance advice) file is a MACSIS legacy file and was an electronic file used prior to the implementation of HIPAA and the 835-payment file. The ERA file will be discontinued as of 6/30/2012. All payments from MACSIS will be reported on the 835.

CATEGORY	QUESTION	ANSWER
PAY	**Currently the counties have been submitting payments for MH services to our agency; if we use MITS will the payments come from the state?**	Yes. All claims submitted to MITS will be paid directly to the providers from the state.
PAY	**Are all payments electronic?**	If you have not signed up for direct deposit through OAKS, you will receive a check.
PAY	**Is there an electronic ERA for portal transactions?**	If you are talking about the 835 which is the electronic HIPAA compliant payment file, no. 835 files are only created for claims submitted via EDI. If you are talking about the ERA you currently receive from MACSIS, no, that is a MACSIS **ONLY** legacy file created by MACSIS that will go awayon 6/30/2012.
PAY	**How are remittance advices received?**	Remits are received from the State on the Wednesday after a claim has been processed the Friday before. You can find the RA on the MITS portal.
PAY	**How is the RA process or RJ process for EDI transactions different?**	The RJ report is a MACSIS legacy report that is going away 6/30/2012 and was only for rejected claims submitted through MACSIS.
PAY	**Will the 837 for EDI reflect portal transactions?**	No, 837 will reflect EDI only and the RA will reflect MITS processing.
PAY	**How do we know if our setup for direct deposit is correct? We always received checks in the past.**	You need to check with your accounting department.
PAY	**What do we do when the ODJFS Remittance Advice amount does not match the EFT deposit amount? We have spoken with the Claims Adjustment Unit and they do not want us to send a check back for the difference so we are holding it until it gets resolved. These issues go back to 2010 through current. They told us these are issues with the portal and the adjustment or void process.**	Are you talking about payments for behavioral health claims prior to 7/1/2012? **RESPONSE:** These are for BH Risperdal claims and MCR/Xover BH claims prior to 7/1/12 DOS.

CATEGORY	QUESTION	ANSWER
PAY	Is the weekly turn around the same if using EDI rather than web portal?	Yes. All claims submitted via the web portal by 5:00 PM on Friday or via EDI by 11:00 AM on Wednesday will be processed over the weekend and paid the following Thursday.
PAY	We voided a previously paid claim and then ODJFS only took back a portion of what they originally paid. How do we correct or pay back the difference?	Please contact a Provider Assistance representative regarding this "claim specific" problem.
PAY	Where can I find the "financial payment panel" amount on MITS if R.A. amount differs from payment?	There is no "financial payment panel" in the MITS portal. You'll have to access that information via the remit.
PAY	In which format do we get the Returns after submitting the claims through EDI?	You will receive and 835 and will also have access to an RA for claims submitted via EDI.
PAY	How did you explain how I receive my RA when using EDI?	You will access the RA for EDI claims the same way you would for claims submitted via the web portal.
PAY	WIll the processing of payments be the same for EDI trading partners.	Payments will still be direct deposit if you are set up for this or you will receive a check.
PAY	Is an electronic remittance advice (835) available?	Not for claims submitted through the webportal
REG	I have assigned agent roles; however, none of my agents has the access that I have granted. They are not able to view or function within the portal as I have assigned them.	Make sure you have followed all the instructions that were just covered. Make sure that on the Switch Provider Panel the default provider has been selected. This needs to be set even if there is only one provider listed. Also, review the informational release that covers the MITS Portal Registration with the revised date of 11/18/2011.
REG	If someone does forget his or her password, what is the process to have it reset?	Contact the MITS Help Desk at MITS_ACCESS_SUPPORT@jfs.ohio.gov.
REG	If the administrator leaves, how do you delete and select someone else for that function?	Make sure you get all the information from them before they leave so you can change the password to the administrator account.
REG	How do I link my second Medicaid provider number to my current MITS login?	Unfortunately, you can not do that at this time. You can use the "Switch provider Panel" to navigate between multiple ODJFS legacy IDs.

CATEGORY	QUESTION	ANSWER
REG	If you have two different provider numbers is the Switch Provider Panel where you would go?	Yes, if you have two providers, you go to the Switch provider Panel to change between providers.
REG	If we have two Medicaid numbers (one for ODADAS and one for ODMH) do we have to register twice?	Yes, you will need to register under your ODMH Medicaid number/NPI and under your ODADAS Medicaid number/NPI.
REG	Are we going to have to re-do the account setup information as of 7/1/2012 since we will now have trading partner numbers?	Your account setup is based off the User ID information you used when you registered.
REG	We do not have our Medicaid number yet. Can we still do tier testing without it?	No, EDI testing cannot be done until you have your Medicaid number, NPI number and your TPA (trading partner agreement) number.
REG	We are a provider; do we need to register as a trading partner?	You can process your claims in MITS or you can choose to be your own trading partner or sign up to use a trading partner. A trading partner agreement is not needed for the MITS portal. You only need to have a trading partner agreement if you will be submitting EDI transaction sets directly to MITS. You can also contract with an existing trading partner.
REG	If we are a provider and set ourselves up as a trading partner and we have a contract employee who we have granted access as an agent and they have EDI software, does the contract employee have to be a trading partner or can they just be an agent?	They would be your agent.
REG	On page 32 of the training you spoke about the Demographic maintenance, can you please further explain this? Are the demographics the provider or the client?	This is provider demographics. Client demographic information is "read only" and cannot be changed by providers or their agents.

CATEGORY	QUESTION	ANSWER
REG	Concerning NPI's: We provide both AoD and MH services and have to have 2 NPI's - but only 1 agency. Do I have to register the additional NPI that I had to get for AOD?	Yes.
REG	Password Resets--I have about 3 people who I want to be able to setup on Agent ID for them to use since their roles will all be the same and that is search only. I will be the admin, if one of this agent group is terminated, is there a way I can reset this agent ID's password?	If the agent is terminated you need to take all access away as soon as they leave.
REG	Do we need to register again as our medicaid # will be terminated June 30 2012 or could we use the same MITS password to access the MITS portal from previous registration once we are assigned a new medicaid number?	You will need to register your new Medicaid number
REG	What if there are a few people who are using the Admin ID and password and one of them leave, is there a way to reset the Admin password with out involving the ODJFS helpdesk?	Only one person should have access to the aministrator account. If you have answered your security questions you can change the password yourself.
REG	Trading partners have different MITS accounts and setup?	Trading partnes submit the transactions electronically in a different format. If you have EDI questions call 614-387-1212
TPL	Is there a list of the third party carrier codes somewhere to use in the other payer section?	No. You can Google this information.
TPL	Do you actually bill TPL, or just report what they will cover?	As shown in the slides, you are actually reporting the third party payments (TPL) you have received. You will also need to report third party information for services not covered, benefits exhausted, etc., just as you do now. MITS does not bill the third party payers; providers must continue to bill the third party payers.

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CATEGORY	QUESTION	ANSWER
TPL	What is TPA?	TPA stands for trading partner agreement and is only needed if you will be submitting electronic (EDI) files; 837, 270, etc.
TPL	If Medicaid is Primary, what is the purpose for putting in TPL/COB information into MITS?	You only enter TPL information or Medicare information if you have received payment from a third party payer or Medicare.

Medicaid is not the primary payer if the client has third party insurance coverage. Medicaid is the payer of last resort and all third party payers should be billed before billing MITS. |
| TPL | If your TPL is a Medicaid approved agency ("Care Source" HMO), do we have to submit to Care Source or will the State approve? | Yes. Please review The Answer Key #11 and 12 on the MITS website regarding Coordination of Benefits and Bypassing the TPP. |
| TPL | I have clients that MITS shows 3rd party coverage but it is outdated/inactive. I cannot bill because TPL denies payments. | Please submit form 6614 to have the TPL information corrected. |
| TPL | Do we need a COB indicator for CPST services provided to a client covered by Medicare? | CPST will be excluded from the TPL edit.

Excluded from the TPL edit means that when a claim is submitted for CPST, MITS will not check to see if the client has TPL coverage since CPST is not covered by third party payers. |
| TPL | Should we be getting a TPL sheet with our remittance when a claim is denied due to the patient having other insurance? We have received the denials but never a TPL page with the patient's other insurance information. How do we get those? | You can obtain TPL information via the Eligibility search option in MITS. |
| TPL | IS IT MY UNDERSTANDING THAT WE ONLY USE THE PR IN CLAIM DETAIL FOR OTHER PAYER PT BALANCE AFTER PRIMARY PYMT AND NOT TH CO ADJ ALSO | Plese review the website for TPL instructions and EDI specifications. |

CATEGORY	QUESTION	ANSWER
TPL	**WHEN SUBMITTING TO MITS WHAT SHOULD BE USED CLAIM FILING INDICATOR, WHEN PRIME IS REG MCR OR ADVANTAGE PLAN mED RISK?**	Please bill Medicare and the claim will crossover to Medicaid.
TPL	**We are not a medicare provider, and do not bill claims to medicare. Do we need to adjust anything in TPL boxes when submitting a claim for a person who has Medicare primary to MITS?**	Please review The Answer Key #12 on the MITS website regarding when you can or cannot bypass the TPP.

Category Key:	
CLAIMS	Claim Related
MBR	Member Related.
MISC	Miscellaneous.
PA	Prior Autorhization Related.
PAY	Payment Related.
REG	Provider Portal Registration Related.
TPL	Third Party Liability Related.