

Instructions for adding/editing Hospital Contact Information

Please note: Hospital Administrators are automatically setup with access to update hospital contact information in MITS. If you are not the Hospital Administrator, please contact your Hospital Administrator to grant you access to be able to update hospital contacts in MITS.

Log into the MITS Portal.

NOTE: If an Agent is adding a contact, click the “Switch Provider” link.

The screenshot shows the 'Switch Provider' panel in the MITS portal. At the top, there is a search bar and a 'Search' button. Below that, the user is logged in as 'Welcome, HITENDRA AGENT' with a session ID of 'UAT A (R22.0)' and a timestamp of 'Monday 03/16/2015 11:06:28 AM'. The main navigation bar includes 'Account', 'messages', 'switch provider', and 'site settings'. The 'switch provider' panel contains a table with columns for National Provider ID, Medicaid Provider ID, Address, City, State, Zip, Zip + 4, Taxonomy, Provider Type, and Default Provider ID. A row is selected with the following details: National Provider ID: 1730179714, Medicaid Provider ID: 2573353, Address: 8330 LAKEWOOD RANCH BLVD, City: LAKEWOOD RANCH, State: FL, Zip: 34202, Zip + 4: 5174, Taxonomy: Hospital, and Default Provider ID: [blank]. Below the table, there is a 'switch to' button and a 'set as default' button. The 'Current Provider' section displays the details for the selected provider: National Provider ID: 1730179714, Medicaid provider ID: 2573353, Address: 8330 LAKEWOOD RANCH BLVD, City: LAKEWOOD RANCH, State: FL, Zip: 34202, Zip + 4: 5174, Taxonomy: Hospital, Provider Type: Hospital, and Default Provider ID: [checkbox].

Navigate to Account – Hospital Contact

This brings up the Hospital Contact panel to add/edit contact information.

The screenshot shows the 'Hospital Contact' panel in the MITS portal. At the top, there is a search bar and a 'Search' button. Below that, the user is logged in as 'Welcome, HITENDRA AGENT' with a session ID of 'UAT A (R22.0)' and a timestamp of 'Monday 03/16/2015 11:06:59 AM'. The main navigation bar includes 'Providers', 'Account', 'Claims', 'Eligibility', 'Prior Authorization', 'Reports', and 'Publications'. The 'Hospital Contact' panel contains a table with columns for Contact Type, Hospital Contact, Effective Date, End Date, Address 1, Address 2, City, State, Zip, Zip4, Phone, Phone Ext, and Email. A row is selected with the following details: Contact Type: HOSPITAL COST REPORT, Hospital Contact: HITENDRA TEST, Effective Date: 01/01/1900, End Date: 12/31/2299, Address 1: 1 STREET, Address 2: [blank], City: COLUMBUS, State: OH, Zip: 43227, Zip4: 1111, Phone: (641)641-6411, Phone Ext: 111111, and Email: HTST@PA.COM. Below the table, there is a 'delete' button and an 'add' button. The 'Add' form includes fields for Hospital Contact Type, Hospital Contact, Address 1, Address 2, City, State, Zip, Zip4, Phone, Phone Ext, Email, Effective Date, and End Date.

To add a new contact:

- Click the Add button
- This opens up the panel for data entry
- All fields are required

NOTE: Effective date defaults to 1/1/1900. Please update this field to reflect the effective date of the contact information.

The screenshot shows the 'Hospital Contact' panel in the MITS portal. At the top, there is a search bar and a 'Search' button. Below that, the user is logged in as 'Welcome, HITENDRA PROVIDOR' with a session ID of 'UAT A (R22.0)' and a timestamp of 'Monday 03/16/2015 11:17:03 AM'. The main navigation bar includes 'Providers', 'Account', 'Claims', 'Eligibility', 'Prior Authorization', 'Reports', 'Publications', and 'Trade Files'. The 'Hospital Contact' panel contains a table with columns for Contact Type, Hospital Contact, Effective Date, End Date, Address 1, Address 2, City, State, Zip, Zip4, Phone, Phone Ext, and Email. A row is selected with the following details: Contact Type: HOSPITAL COST REPORT, Hospital Contact: HITENDRA TEST HCR, Effective Date: 01/01/1900, End Date: 12/31/2299, Address 1: 2 STREET, Address 2: [blank], City: COLUMBUS, State: OH, Zip: 43230, Zip4: 2222, Phone: (641)641-6411, Phone Ext: 222222, and Email: HTST@PE.COM. Below the table, there is a 'delete' button and an 'add' button. The 'Add' form includes fields for Hospital Contact Type, Hospital Contact, Address 1, Address 2, City, State, Zip, Zip4, Phone, Phone Ext, Email, Effective Date, and End Date. The 'Effective Date' field is highlighted with a red box and contains the value '01/01/1900'. The 'End Date' field contains the value '12/31/2299'.

Once the contact information is entered, click the save button.

If all information is entered correctly, a “Save was Successful” message will be displayed.

The screenshot shows the 'Hospital Contact' form in the Ohio Department of Medicaid system. A red-bordered message box at the top states: "The following messages were generated: Save was successful." Below this, a table lists existing contacts. The form fields are populated with the following information:

Contact Type	Hospital Contact	Effective Date	End Date	Address 1	Address 2	City	State	Zip	Zip4	Phone	Phone Ext	Email
HOSPITAL COST REPORT	HITENDRA TEST HCR	01/01/1900	12/31/2299	2 STREET		COLUMBUS	OH	43230	2222	(641)641-6411	222222	HTST@PE.COM

Form fields include: *Hospital Contact Type: HOSPITAL COST REPORT; *Hospital Contact: HITENDRA TEST HCR; *Effective Date: 01/01/1900; *End Date: 12/31/2299; *Address 1: 2 STREET; *Address 2: ; *City: COLUMBUS; *State: OH; *Zip: 43230; *Zip4: 2222; *Phone: (641)641-6411; *E-mail Address: HTST@PE.COM.

If information is missing or incomplete, a message will display indicating the field(s) to be completed.

NOTE: The “A” displayed next to the Contact Type (i.e. HCAP, Cost report) will display until the entry has been saved.

The screenshot shows the 'Hospital Contact' form with an error message: "The following messages were generated: Phone is required. Zip is required." The table below shows three contacts, with the first one highlighted in red and marked with an 'A' in the Contact Type column:

Contact Type	Hospital Contact	Effective Date	End Date	Address 1	Address 2	City	State	Zip	Zip4	Phone	Phone Ext	Email
A UPPER PAYMENT LIMIT (UPL) PROGRAM	TEST	01/01/1900	12/31/2299	111111RD		COLUMBUS	OH					HCP@PE.COM
HOSPITAL COST REPORT	HITENDRA TEST HCR	01/01/1900	12/31/2299	2 STREET		COLUMBUS	OH	43230	2222	(641)641-6411	222222	HTST@PE.COM
HOSPITAL CARE ASSURANCE PROGRAM (HCAP)	HITEN TEST123	01/01/1900	12/31/2299	3RD STREET		COLUMBUS	OH	46323	3333	(614)614-6146	333333	HCP@PE.COM

Form fields for the new record: *Hospital Contact Type: UPPER PAYMENT LIMIT (UPL) PROGRAM; *Hospital Contact: TEST; *Effective Date: 01/01/1900; *End Date: 12/31/2299; *Address 1: 111111RD; *Address 2: ; *City: COLUMBUS; *State: OH; *Zip: ; *Zip4: ; *Phone: ; *E-mail Address: HCP@PE.COM.

Existing contact information can be edited in one of two ways:

1. Current contact information can be overwritten by highlighting the row and editing the individual fields. Once the contact information is saved, the updated information will display. No history or audit trail will be maintained using this option.
- OR–
2. If a history or audit trail is desired, highlight the row with the contact information that is no longer needed and enter an End Date. Click the Save button. Follow instructions above for adding a new contact. NOTE: Effective Date of the new contact must be after the End Date of the previous contact with the same Contact Type.



Hospital Cost Report Contact Type is REQUIRED!