



**Department of
Medicaid**

John R. Kasich, Governor
Barbara R. Sears, Director

Basic Billing for Nursing Facility Providers

External Business Relations
2018

AGENDA

- Medicaid Services
 - Programs & Cards
 - Managed Care/MyCare Ohio
 - Provider Responsibilities
 - Policy
 - Nursing Facility Claim Examples
 - MITS & Claims
 - Web & Forms



External Business Relations Team

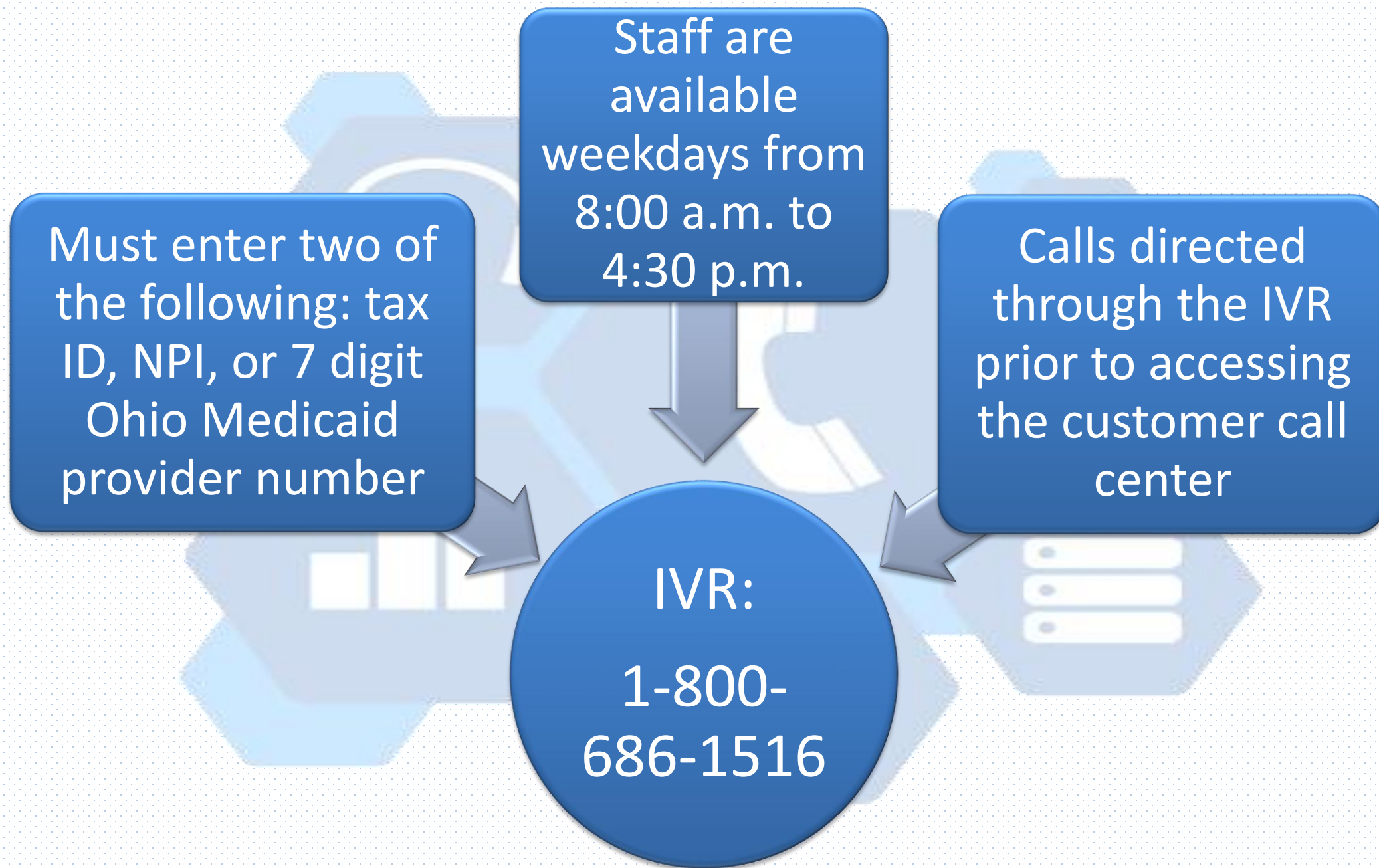
Sarah Bivens

Ava Cottrell

Ed Ortopan



Manager - Meagan Grove



☐ Helpful phone numbers

- Adjustments
614-466-5080
- OSHIP (Ohio Senior Health Insurance Information Program)
1-800-686-1578
- Coordination of Benefits Section
614-752-5768
614-728-0757 (fax)



Medicaid Medical Necessity: OAC 5160-1-01

Is the fundamental concept underlying the
Medicaid Program



All Services must meet accepted standards of
medical practice

Ohio Medicaid covers:

- Covered Families and Children
- Expansion Population
- Aged, Blind, or People with Disabilities
- Home and Community Based Waivers
- Medicare Premium Assistance
- Hospital Care Assurance Program
- Medicaid Managed Care



Covered Services (not limited to)

- Acupuncture
- Behavioral Health
- Dental
- Dialysis
- Dietitian
- Durable Medical Equipment
- Home Health
- Private Duty Nursing
- Hospice
- Hospital (Inpatient/Outpatient)
- ICF-IID Facility
- Nursing Facility
- Pharmacy
- Physician
- Transportation
- Vision



Programs & Cards

❑ Ohio Medicaid

- This card is the traditional fee-for-service Medicaid card
- **No longer issued monthly**

Notice to Consumer: Please carry this card with you at all times and present this card whenever you request Medicaid services. If this card is lost or stolen, contact the county department of job and family services at once.

Notice to Providers of Medical Services: If there is evidence of tampering or if this card is mutilated, contact the local county department of job and family services or check the Provider MITS Portal for eligibility. Questions regarding claims for service or eligibility should be directed to Provider Services at 1-800-686-1516.

Note: Use the Medicaid ID for all claim submissions.

medicaid.ohio.gov

Consumer's Signature:

Fold

County
ALLEN

Ohio Medicaid

Case Number
5082482

Eligibility Begin Date
01/01/2018

Void After Date
01/31/2018

Ohio Department of Medicaid
medicaid.ohio.gov

Consumer Hotline: 1-800-324-8680
[or TTY 1-800-292-3572]

Supplemental Security Income (SSI)

- Automatically Eligible for Medicaid as long as eligible for SSI

Modified Adjusted Gross Income (MAGI)

- Children, parents, caretakers, and expansion

Aged, Blind, Disabled (ABD)

- 65+, or blind/disabled with no SSI

Conditions of Eligibility and Verifications: OAC 5160-1-2-10

- Individuals must cooperate with requests from third-party insurance companies needing to authorize coverage
- Individuals must cooperate with request from a Medicaid provider for information which is needed in order to bill third party insurances
- Providers may contact the local CDJFS office to report non-cooperative individuals
- CDJFS may terminate eligibility

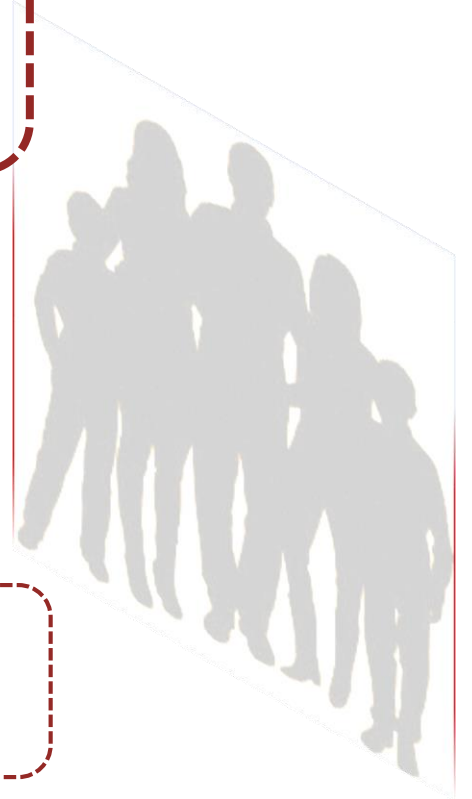


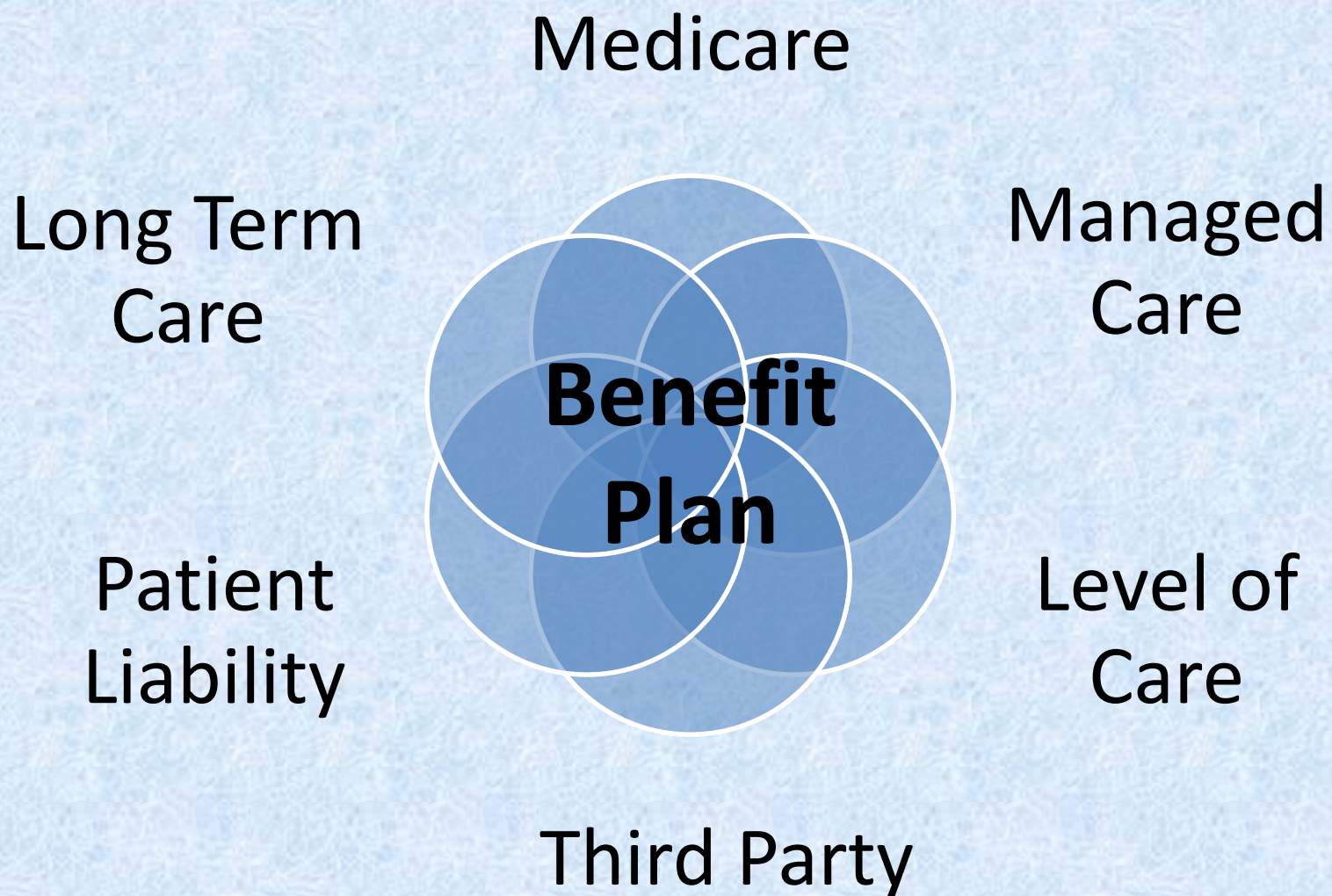
Full Medicaid eligibility on the MITS Portal will show **four** (or more) benefit spans:

1. Alcohol and Drug Addiction Services
2. MRDD Targeted Case Management
3. Ohio Mental Health
4. Medicaid

Additional spans when applicable:

- Alternative Benefit Plan - for extension adults
- Medicaid School Program - if applicable by age







Eligibility Verification Request

➤ You can search up to 3 years at a time!!



Welcome

[Super User](#) [Providers](#) [Cost Report](#) [Account](#) [Claims](#) [Episode Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Publications](#)

eligibility search [hospice enrollment](#)

Eligibility Verification Request

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY ▾
Procedure Code	<input type="text"/>	From DOS	01/12/2015
		To DOS	01/11/2018



*This information is only valid for 'from date' to end of the month searched.



Eligibility Verification Request

Recipient Information

Medicaid Billing Number

Last Name

First Name

Gender

Date of Birth

Date of Death

SSN

County of Residence CUYAHOGA

County of Eligibility

County Office http://jfs.ohio.gov/County/County_Directory.pdf

Number Bed Hold Days Used Paid CY

Associated Child(ren) Search

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid Schools	01/01/2018	01/31/2018		\$0.00	\$0.00
★ MRDD Targeted Case Mgmt	01/01/2018	01/31/2018		\$0.00	\$0.00
★ Alcohol and Drug Addiction Services	01/01/2018	01/31/2018		\$0.00	\$0.00
★ Ohio Mental health	01/01/2018	01/31/2018		\$0.00	\$0.00
★ Medicaid	01/01/2018	01/31/2018		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***



Eligibility Verification Request

Recipient Information

Medicaid Billing Number	SSN
Last Name	County of Residence CUYAHOGA
First Name	County of Eligibility
Gender	County Office http://jfs.ohio.gov/County/County_Directory.pdf
Date of Birth	Number Bed Hold Days Used Paid CY
Date of Death	

Associated Child(ren) Search

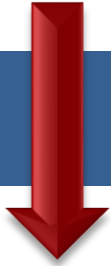


Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid Schools	01/01/2018	01/31/2018		\$0.00	\$0.00
MRDD Targeted Case Mgmt	01/01/2018	01/31/2018		\$0.00	\$0.00
Alcohol and Drug Addiction Services	01/01/2018	01/31/2018		\$0.00	\$0.00
Ohio Mental health	01/01/2018	01/31/2018		\$0.00	\$0.00
Medicaid	01/01/2018	01/31/2018		\$0.00	\$0.00

Associated Child(ren)

Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
123456789012	AUDREY		DOE	FEMALE	11/20/2004
987654321012	ALEX		DOE	MALE	09/14/2006



Eligibility Verification Request

TPL									
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
AARP HEALTH CARE	00570		082029958-1		IND	INPATIENT COVERAGE	01/30/2018	01/31/2018	PLAN-NV
AARP HEALTH CARE	00570		082029958-1		IND	PHYSICIAN/OUTPATIENT COVERAGE	01/30/2018	01/31/2018	PLAN-NV
AETNA US HEALTH	00250		W116635166		IND	INPATIENT COVERAGE	01/30/2018	01/31/2018	724775
AETNA US HEALTH	00250		W116635166		IND	PHYSICIAN/OUTPATIENT COVERAGE	01/30/2018	01/31/2018	724775

Managed Care				
Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
CARESOURCE	HMO, CFC	01/01/2018	01/31/2018	

Lock-In	
*** No rows found ***	

Medicare					
Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	12/01/2017	12/08/2017			272012289D6
PART B	12/01/2017	12/08/2017			272012289D6

Service Limitation	
*** No rows found ***	

Enter a Procedure Code on the Eligibility Verification Request panel to search for Service Limitations.



Eligibility Verification Request

Level of Care Determinations						
LOC Requested	Status	Determination Date	LOC Determination	Description	LOC Begin Date	LOC End Date
		09/29/2017	NF; NF WAIVER; RSS	INTERMEDIATE (ILOC)	01/01/2018	09/30/2018

Patient Liability				
Financial Payer	Monthly Amount	Type	Effective Date	End Date
DEFAULT	\$1,949.00	Nursing Home	08/01/2018	09/30/2018
DEFAULT	\$1,949.00	Nursing Home	07/01/2018	07/31/2018
DEFAULT	\$1,949.00	Nursing Home	06/01/2018	06/30/2018
DEFAULT	\$1,949.00	Nursing Home	05/01/2018	05/31/2018
DEFAULT	\$5,319.00	Nursing Home	04/01/2018	04/30/2018
DEFAULT	\$5,319.00	Nursing Home	03/01/2018	03/31/2018

Long Term Care Facility Placements				
Facility Type	Date of Admission	Effective Begin Date of Medicaid Coverage	End Date of Medicaid Coverage	Date of Discharge
NURSING FACILITY	09/29/2017	01/01/2018	09/30/2018	

Recipient Restricted Coverage	
Effective Date	End Date
01/01/2018	02/28/2018

Special Program	
*** No rows found ***	



Presumptive Eligibility



Covers children up to age 19 and pregnant women

It was expanded to provide coverage for parent and caretaker
relatives and extension adults

This is a limited time benefit to allow for full determination of
eligibility for medical assistance



Presumptive Eligibility



Individuals will receive a Presumptive Eligibility letter if a state qualified entity determines the eligibility

Ohio | Benefits

Presumptive Eligibility

NAME
ADDRESS
CITY/STATE/ZIP CODE

The following individuals have temporary Medicaid coverage under Presumptive Eligibility (PE). The Qualified Entity (QE) has enrolled these persons based on the unverified self-declaration of the patient's pregnancy, and/or household income, U.S. citizenship or qualified alien status, and Ohio residency.

Coverage will stop unless the individuals' Medicaid applications are processed.

Any individuals not given temporary coverage may still file applications for full Medicaid coverage.

APPROVED:

Name (First, M.I., Last Name)	Date of Birth	PE Type	Date Coverage Begins	Medicaid ID
NAME	03/17/1981	PE PREGNANT	02/15/2015	111111111111



Presumptive Eligibility



Individuals will receive a similar Presumptive Eligibility letter if a CDJFS worker determines the eligibility

CDJFS Presumptive Eligibility

John Doe
123 Main St.
Anytown, OH 43210

The following individuals have temporary Medicaid coverage under Presumptive Eligibility (PE). The County Department of Job and Family Services (CDJFS) enrolled these persons based on the unverified self-declaration of the patient's household income, U.S. citizenship or qualified alien status, Ohio residency, and pregnancy (if applicable).

Presumptive eligibility will stop when a decision is made on your full Medicaid application.

Any individuals not given temporary coverage may still file applications for full Medicaid coverage.

APPROVED:

Name (First, M.I., Last Name)	Date of Birth	PE Type	Date Coverage Begins	Medicaid ID
John Doe	11/19/1959	PE Adult	06/25/2018	910194194194



Presumptive Eligibility



Recipient Information



Medicaid Billing Number		SSN	
Last Name		County of Residence	
First Name		County of Eligibility	
Gender		County Office http://jfs.ohio.gov/County/County_Directory.pdf	
Date of Birth		Number Bed Hold Days Used Paid CY	20170101: 10
Date of Death			



Benefit / Assignment Plan					
Benefit Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
PRESUMPTIVE:Alternative Benefit Plan Medicaid Expansion	01/01/2017	06/30/2017		\$0.00	\$0.00
PRESUMPTIVE:MRDD Targeted Case Mgmt	01/01/2017	06/30/2017		\$0.00	\$0.00
PRESUMPTIVE:Alcohol and Drug Addiction Services	01/01/2017	06/30/2017		\$0.00	\$0.00
PRESUMPTIVE:Ohio Mental health	01/01/2017	06/30/2017		\$0.00	\$0.00
PRESUMPTIVE:Medicaid	01/01/2017	06/30/2017		\$0.00	\$0.00

Case/Cat/Seq Spenddown

**Qualified
Medicare
Beneficiary
(QMB)**

The diagram consists of a central red circle on the left connected by lines to three other circles on the right: a grey circle at the top, a blue circle at the bottom, and a gold circle on the right. Each circle contains a specific detail about the QMB status.

Issued to
qualified
individuals
who have
Medicare

Medicaid only
covers their
monthly Medicare
premium, co-
insurance and/or
deductible after
Medicare has paid

Reimbursement
policy is set under
5160-1 and can
result in a payment
of zero dollars

Can I Bill Them?

MLN Matters® Number: SE1128 **Revised** Release Date of Revised Article:
December 4, 2017

**The billing of individuals enrolled in the QMB program is
prohibited by federal law**

Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances (see Sections 1902(n)(3)(B), 1902(n)(3)(C), 1905(p)(3), 1866(a)(1)(A), and 1848(g)(3)(A) of the Social Security Act [the Act]). The QMB program is a State Medicaid benefit that assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copays.



**Specified Low-
Income
Medicare
Beneficiary
(SLMB) &
Qualifying
Individual (QI-1)**

**There is NO
cost-sharing
eligibility**

**We ONLY
pay their
Part B
premium to
Medicare**

**This is NOT
Medicaid
eligibility**

Managed Care/MyCare Ohio

Managed Care Day One - Effective January 1, 2018

- New individuals will be assigned a managed care plan the first day of the current month that MITS receives active Medicaid eligibility
- MITS must receive Medicaid eligibility before Managed Care Assignments can take place
- Medicaid eligibility established prior to the current month will be Fee-for-Service (FFS) for months prior to the current month
- Day one lowers the months of FFS and increases the MCP months
- MyCare Ohio enrollment process stays as-is

How Does it Work Now?

	'The old way'	Day One
Individual completes Application	4/3/2018	4/3/2018
Determined eligible for Medicaid	5/17/2017	5/17/2017
Fee-For-Service	4/1/2018 → 5/31/2018	4/1/2018 → 4/30/2018
Managed Care Plan	6/1/2018 → 12/31/2299	5/1/2018 → 12/31/2299

Application received
2/3/18



Medicaid approved
2/12/18



OLD WAY

FFS 2/1/18 - 2/28/18
MCP begins 3/1/18 - ongoing

Application received
2/3/18



Medicaid approved
2/12/18



NEW WAY

MCP begins 2/1/18

Day One MCP Assignments



MITS looks for previous MCP in last 90 days

Then MITS looks for anyone on a case with family members assigned to a MCP

Then individual is assigned by an assignment algorithm

The assigned plan can be changed as desired during first 3 months

3 Population Groups Eligible for Traditional Managed Care

Medicaid Managed Care MAGI (CFC)

Medicaid Managed Care Non-MAGI (ABD)

Medicaid Managed Care Adult MAGI (expansion population)

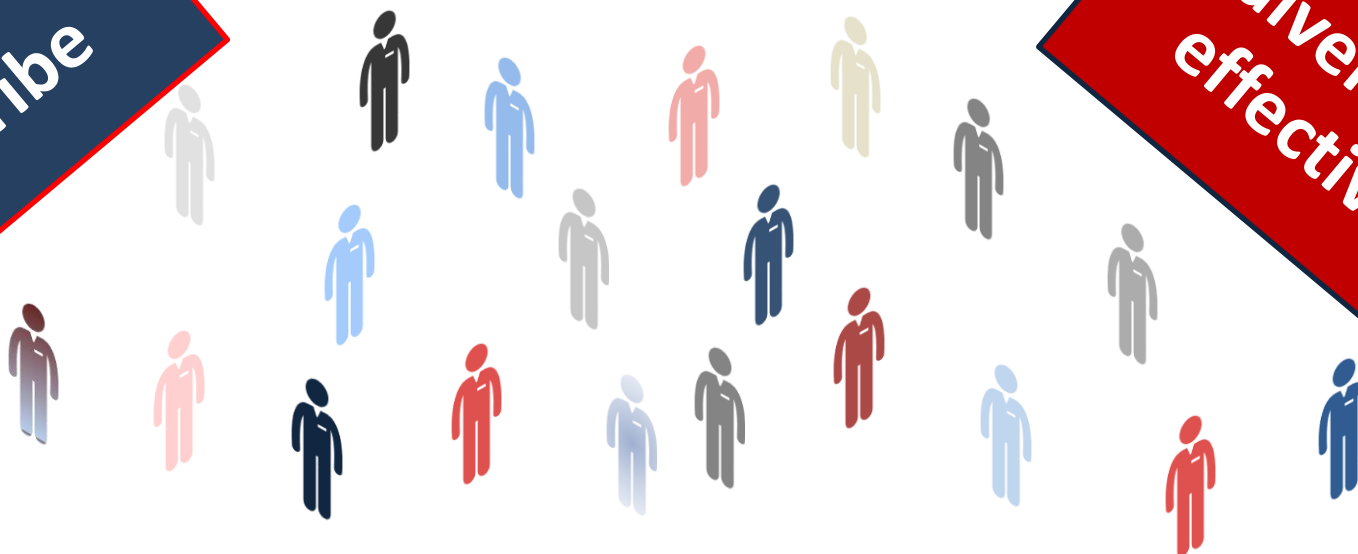
Population added for mandatory enrollment in 2017

- Adoption children, Breast and Cervical Cancer Patients (BCCP), Foster children, and Bureau of Children with Medical Handicaps (BCMH)

Individuals with
optional enrollment
in Traditional
Managed Care
Plans

Native Americans
that are members
of a federally
recognized tribe

Home and
Community Based
waivers thru DODD
effective 1/1/17





Managed Care Benefit Package



Managed Care Plans (MCPs) must cover all medically necessary
Medicaid covered services

Some value-added
services:



On-line searchable provider directory



Toll-free 24/7 hotline for medical advice



Expanded benefits including additional
transportation options plus other incentives



Care management to help members
coordinate care



HOW DO YOU KNOW IF SOMEONE IS
ENROLLED IN MANAGED CARE?

Providers need to check the MITS
provider portal each time before
providing services to a Medicaid
individual

The MITS provider portal will show if
an individual is enrolled in a
Managed Care plan based on the
eligibility dates of service you enter



MITs Managed Care Eligibility

Benefit / Assignment Plan					
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Medicaid Schools	12/01/2017	02/28/2018		\$0.00	\$0.00
MRDD Targeted Case Mgmt	12/01/2017	02/28/2018		\$0.00	\$0.00
Alcohol and Drug Addiction Services	12/01/2017	02/28/2018		\$0.00	\$0.00
Ohio Mental health	12/01/2017	02/28/2018		\$0.00	\$0.00
Medicaid	12/01/2017	02/28/2018		\$0.00	\$0.00
Case/Cat/Seq Spenddown					
*** No rows found ***					
TPL					
*** No rows found ***					
Managed Care					
Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits	
PARAMOUNT ADVANTAGE	HMO, CFC	12/01/2017	02/28/2018		

Managed Care Sample Card



PARAMOUNT
ADVANTAGE

www.paramountadvantage.org

HEALTH PLAN (80840)
7952304120

ID NUMBER
A9999999901

MEMBER NAME
Jane Doe

PRIMARY CARE PROVIDER
John Smith
(419) 5551212

PROVIDERS CALL FOR PRIOR AUTH
800-891-2500/419-887-2520

GROUP NUMBER
ADV0010011

EFF. DATE
01/01/2015

MMIS NUMBER
000000000000

CVS/CAREMARK
RXGRP RX6407
RXBIN 004336
RXPCN ADV



Managed Care Ohio Contracting



Providers who are interested in delivering services to a Managed Care individuals must have a contract or agreement with the plan

Things to know:



Each plan has a list of services that require prior authorization



Each plan will have their own billing requirements



MyCare Ohio contracts may be separate or an addendum to the ABD/CFC Managed Care contract

The Aetna logo, featuring the word "aetna" in a green, lowercase, sans-serif font with a registered trademark symbol.

AETNA BETTER HEALTH® OF OHIO

The Buckeye Health Plan logo, featuring a green leaf icon above the words "buckeye health plan." in a lowercase, sans-serif font.The CareSource logo, featuring a stylized heart icon made of two overlapping loops, one purple and one blue, above the word "CareSource" in a purple and blue, sans-serif font.The Paramount Health Care logo, featuring a green icon of three stylized human figures above the words "PARAMOUNT HEALTH CARE" in a green, sans-serif font.The Molina Healthcare logo, featuring a blue icon of three stylized human figures above the word "MOLINA" in a bold, blue, sans-serif font, with "HEALTHCARE" in a smaller, blue, sans-serif font below it.The UnitedHealthcare logo, featuring a blue icon of a stylized "U" above the word "UnitedHealthcare" in a blue, sans-serif font.

Oversight of Managed Care Plans

- Managed Care Plans sign a Provider Agreement
- OAC 5160-26: Traditional Managed Care
- OAC 5160-58: MyCare Ohio
- Each MCP has a Contract Administrator at the Ohio Department of Medicaid



Traditional Managed Care Plans



866-296-8731 <https://www.buckeyehealthplan.com>



800-488-0134 <https://www.CareSource.com/>



855-522-9076 <https://www.paramounthealthcare.com/>



855-322-4079 <https://www.molinahealthcare.com>



800-600-9007 <https://www.uhccommunityplan.com>

MyCare Ohio



EXTENDED

MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a Managed Care Plan

MyCare Ohio operates in seven geographic regions covering 29 counties and includes more than 100,000 beneficiaries

The project is currently slated to end on December 31, 2019

- Package includes *all* benefits available through the traditional **Medicare** and **Medicaid** programs for opt-in and opt-out
- This includes Long Term Services and Supports (LTSS) and Behavioral Health
- Plans may elect to include additional **value-added benefits** in their health care packages

MyCare Ohio Eligibility

In order to be eligible for MyCare Ohio an individual must be:

**Eligible for all parts of Medicare (Parts A, B, and D)
and be fully eligible for Medicaid**

Over the age of 18

**Residing in one of the demonstration project
regions**

Groups that are *NOT* eligible for enrollment in MyCare Ohio:

Individuals with an ICF-IID level-of-care served in an ICF-IID waiver

Individuals enrolled in the PACE program

Individuals who have third-party insurance, including retirement benefits

HOW DO YOU KNOW IF SOMEONE IS ENROLLED IN MYCARE?

Providers need to check the MITS provider portal each time before providing services to a Medicaid individual

For recipients enrolled in a MyCare Ohio Managed Care plan it will show if they are enrolled for ***Dual Benefits*** OR ***Medicaid Only***

The MITS provider portal will show if an individual is enrolled in a Managed Care Plan based on the eligibility dates of service you enter

MyCare Ohio Opt-In Sample Card

MyCareOhio
Connecting Medicare + Medicaid



Member Name: <Cardholder Name>

Member ID #: <Cardholder ID#>

Health Plan (80840)

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

H8452 - 001

MedicareRx
Prescription Drug Coverage

RxBin: 004336

RxPCN: MEDDADV

RxGRP: RX5045

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service: 1-855-475-3163
(TTY: 1-800-750-0750 or 711)

**Behavioral Health
Crisis:** 1-866-206-7361

Care Management: 1-855-475-3163

**24-Hour Nurse
Advice:** 1-866-206-7361
(TTY: 1-800-750-0750 or 711)

Website: CareSource.com/MyCare

**Mail medical
claims to:** CareSource
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8738

Eligibility Verification: 1-800-488-0134

Pharmacy Help Desk: 1-800-488-0134

Claims Inquiry: 1-800-488-0134

Provider Questions: 1-800-488-0134

**Mail pharmacy
claims to:** CVS Caremark
P.O. Box 52066
Phoenix, AZ
85072-2066



MITS Eligibility MyCare Opt-In

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	12/01/2017	01/31/2018		\$0.00	\$0.00
Alcohol and Drug Addiction Services	12/01/2017	01/31/2018		\$0.00	\$0.00
Ohio Mental health	12/01/2017	01/31/2018		\$0.00	\$0.00
Medicaid	12/01/2017	01/31/2018		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

*** No rows found ***

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
CARESOURCE	HMO, MyCare Ohio	12/01/2017	01/31/2018	Dual Benefits

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	12/01/2017	01/31/2018			018562948A
PART B	12/01/2017	01/31/2018			018562948A
PART C	12/01/2017	01/31/2018	CARESOURCE MYCARE OHIO	H8452	018562948A
PART D	01/01/2018	01/31/2018	*H8452/001	001	018562948A
PART D	12/01/2017	12/31/2017	*H8452/001	001	018562948A

MyCare Ohio Opt-Out Sample Card

MyCareOhio
Connecting Medicare + Medicaid



Member Name: <Cardholder Name>

Member ID #: <Cardholder ID#>

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

RxBin: 004336

RxPCN: ADV

RxGRP: RX3292

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service: 1-855-475-3163 (TTY: 1-800-750-0750 or 711)

Behavioral Health Crisis: 1-866-206-7861 (TTY: 1-800-750-0750 or 711)

Care Management: 1-855-475-3163 (TTY: 1-800-750-0750 or 711)

24-Hour Nurse Advice: 1-866-206-7861 (TTY: 1-800-750-0750 or 711)

Provider/Pharmacy Questions: 1-800-488-0134

Website: [CareSource.com/MyCare](https://www.caresource.com/MyCare)

Mail medical claims to:
CareSource
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8738

Mail pharmacy claims to:
CVS Caremark
P.O. Box 52066
Phoenix, AZ 85072-2066



MITS Eligibility MyCare Opt-Out

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	10/01/2017	01/31/2018		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/01/2017	01/31/2018		\$0.00	\$0.00
Ohio Mental health	10/01/2017	01/31/2018		\$0.00	\$0.00
Medicaid	10/01/2017	01/31/2018		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

*** No rows found ***

Managed Care

Plan Name	Plan Description	Effective Date	End Date	Managed Care Benefits
BUCKEYE COMMUNITY HEALTH PLAN	HMO, MyCare Ohio	10/01/2017	01/31/2018	Medicaid Only

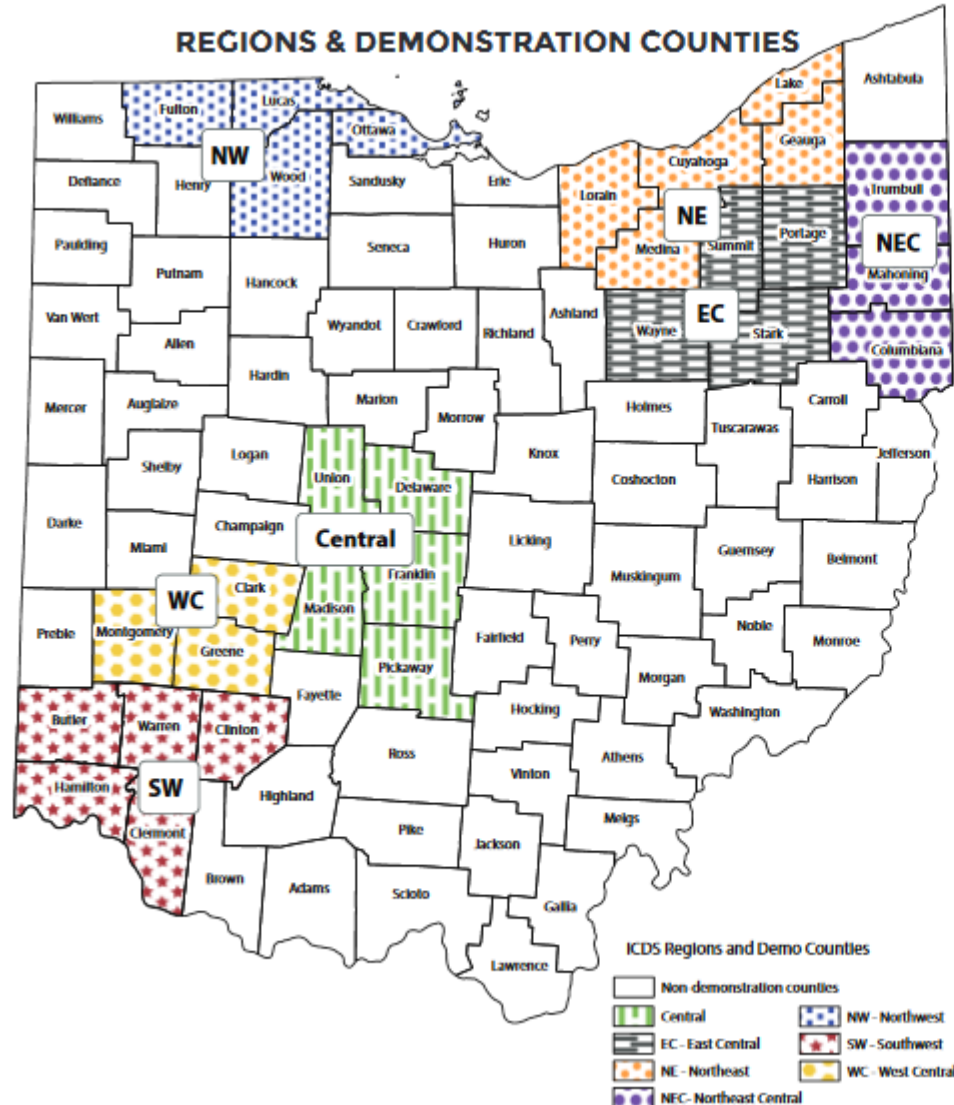
Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/01/2017	01/31/2018			300685983A
PART B	10/01/2017	01/31/2018			300685983A
PART C	11/01/2017	01/31/2018	ANTHEM SENIOR ADVANTAGE PLUS	H3655	300685983A

MyCare Ohio Region Breakdown



- Individuals will have the ability to enroll by phone, online, or by mail.

DEMONSTRATION REGION & POPULATION	MANAGED CARE PLANS AVAILABLE
Northwest: 9,884 Fulton, Lucas, Ottawa, Wood	- Aetna - Buckeye
Southwest: 19,456 Butler, Clermont, Clinton, Hamilton, Warren	- Aetna - Molina
West Central: 12,381 Clark, Greene, Montgomery	- Buckeye - Molina
Central: 16,029 Delaware, Franklin, Madison, Pickaway, Union	- Aetna - Molina
East Central: 16,225 Portage, Stark, Summit, Wayne	- CareSource - United
Northeast Central: 9,284 Columbiana, Mahoning, Trumbull	- CareSource - United
Northeast: 31,712 Cuyahoga, Geauga, Lake, Lorain, Medina	- Buckeye - Caresource - United



MyCare Ohio Managed Care Contracting



Providers who are interested in delivering services to MyCare Ohio individuals must have a contract or agreement with the plan

Things to know:



Each plan has a list of services that require prior authorization



Each plan will have their own billing requirements



MyCare Ohio contracts may be separate or an addendum to the ABD/CFC Managed Care contract

MyCare Ohio Managed Care Plans



866-296-8731 <https://www.buckeyehealthplan.com/>



800-488-0134 <https://www.CareSource.com/MyCare>



AETNA BETTER HEALTH® OF OHIO

855-364-0974 <https://www.aetnabetterhealth.com/ohio>



855-322-4079 <https://www.molinahealthcare.com/duals>

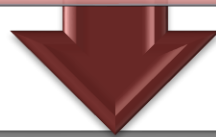


800-600-9007 <https://www.uhccommunityplan.com/>

PROVIDER COMPLAINTS

Work directly with the Plan first

If not resolved, submit a complaint to Ohio Department of Medicaid (ODM)
at <https://www.ohiomh.com/ProviderComplaintForm.aspx>



Certification issues

Work with the Area Agency on Aging (AAA) or ODM for MyCare Ohio waiver providers



Provider credentialing concerns

Please send to Ohio Department of Insurance (ODI)

OH Medicaid *Managed Care* Provider Complaint Form

Instructions

This form is for Managed Care providers only. Providers must appeal denied claims to the MCP before the Ohio Department of Medicaid will process a complaint. If your complaint involves multiple Managed Care Plans (MCPs), please complete one form per MCP. The resolution timeframes for Managed Care complaints are 2 business days for complaints involving access to care, and 15 business days for all other issues. If you have a complaint regarding Medicaid Fee For Service please call 1-800-686-1516.

Complaint Details

MCP Name: *Complaint Reason: ** Are you contracted with this Health Plan? ☐ Yes ☐ No* Is this complaint related to the MyCare Program? ☐ Yes ☐ No* Have you already contacted the MCP about this issue? ☐ Yes ☐ No* Is this complaint related to any previously submitted complaints? ☐ Yes ☐ No* Is this complaint related to children with special health care needs? ☐ Yes ☐ No* Is the patient receiving or seeking mental health or substance abuse services? ☐ Yes ☐ NoPlease summarize your complaint in the text box below: **required**

If related to denied claims, Providers must appeal denied claims to MCP before ODM will process a complaint.

Date Appeal was denied. Does complaint involve specific patients/consumers? ☐ If yes, click here, then 'save' after each patient entered.

Provider/Follow-up Details

Provider Name: *Follow-up Name: *Follow-up Type: ☒ Phone/Email ☐ MailPhone: * Ext: Email: *Fax: Medicaid Provider Grp #: MCP Provider #: Indiv Medicaid Provider (MPN) #: Tax ID #: *County: ▼ *Provider Category: ▼ *Enter the number shown in the image above. * Indicates a required field

Submit form

Click button once to submit complaint. Do not submit multiple copies of same complaint. We will send a confirmation message with tracking# to your email (if supplied on this form).

Provider Responsibilities

Provider Enrollment and Revalidation



Providers are required to submit an application to become a Medicaid provider



There is also a federally required 5 year revalidation



Providers may enroll as an ORP-only provider or as a Medicaid billing provider



Online applications can be found on our website

Provider Enrollment and Revalidation



There is a federally required, non-refundable application fee when a provider submits a new or revalidation application

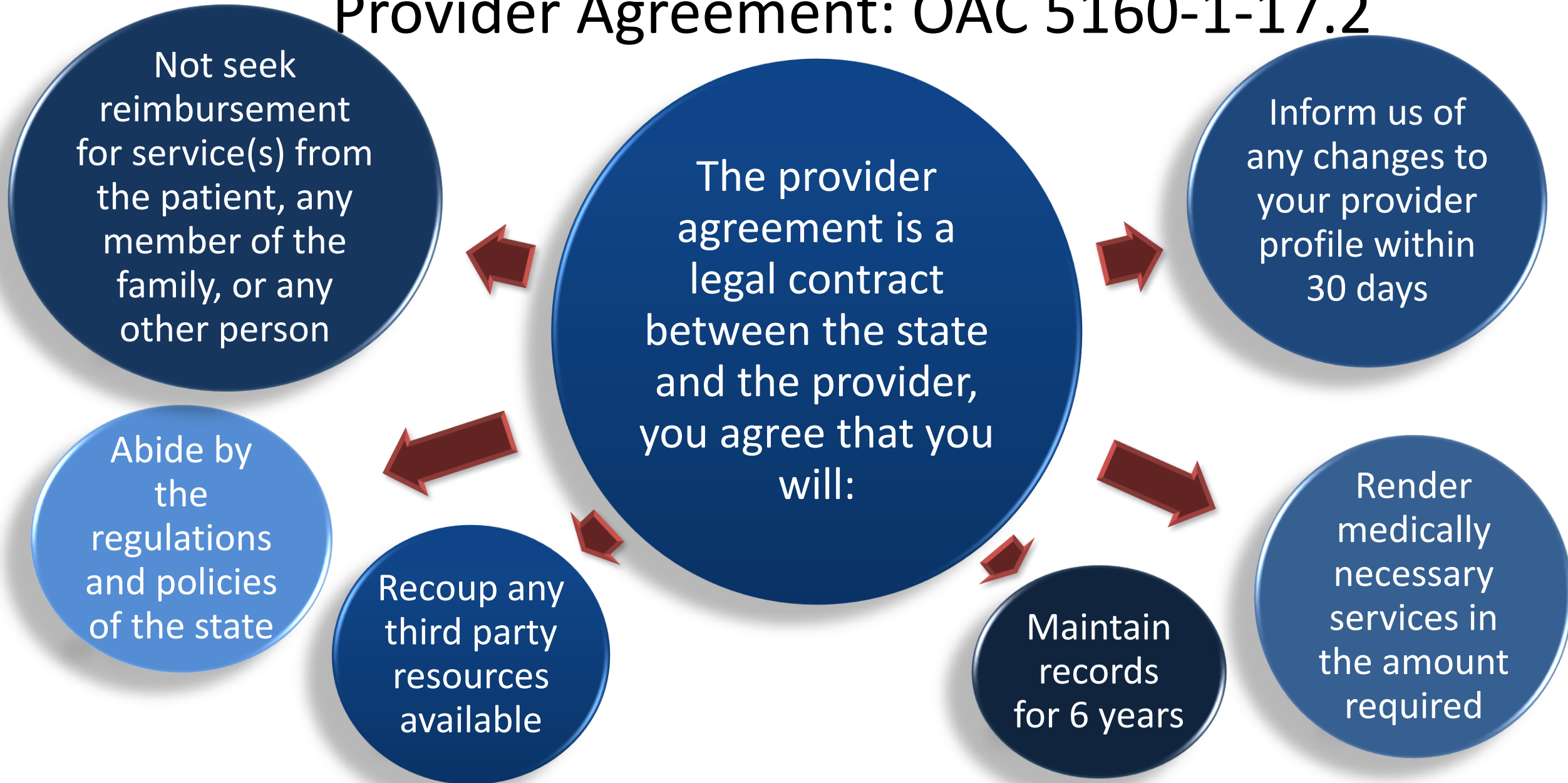


The 2018 fee is \$569.00 per application



This fee applies to organizational providers only (not individual providers, practitioners, or practitioner groups)

Provider Agreement: OAC 5160-1-17.2



Coordination of Benefits: OAC 5160-1-08

- The Ohio Administrative Code requires that a Medicaid consumer provide notice to the department prior to initiating any action against a liable third party
- The department will take steps to protect its subrogation rights if that notice is not provided
- For questions, contact the Coordination of Benefits Section at 614-752-5768



Medicaid Consumer Liability 5160-1-13.1

A provider may **NOT** collect and/or bill for any difference between the Medicaid payment and the provider's charge, as well as for the following:



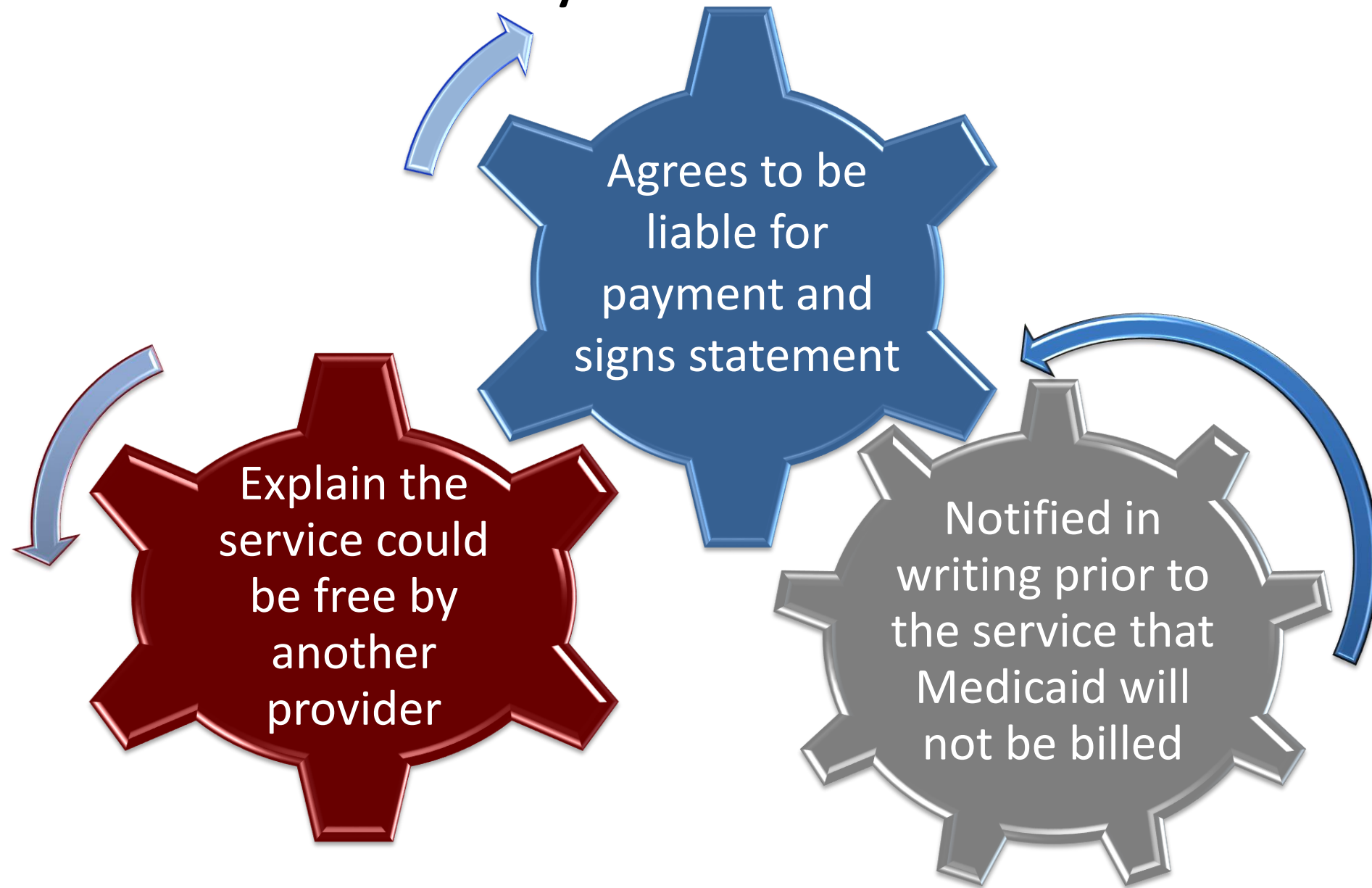
Medicaid claim denial

Unacceptable claim submission

Failure to request a prior authorization

Retroactive Peer Review stating lack of medical necessity

When Can you Bill an Individual?



If not an ABN, then What?

5160-1-13.1 Medicaid Consumer Liability

Date of service: _____

Type of Service: _____

Name/account number: _____

Billing number: _____

☐ (C) Providers may not bill consumers in lieu of ODJFS unless:

_____ (1) The consumer is notified in writing prior to the service being rendered that the provider will not bill ODJFS for the covered service; and

_____ (2) The consumer agrees to be liable for payment of the service and signs a written statement to that effect prior to the service being rendered; and

_____ (3) The provider explains to the consumer that the service is a covered medicaid service and other medicaid providers may render the service at no cost to the consumer.

Signature: _____

☐ (D) Services that are not covered by the medicaid program, including services requiring prior authorization that have been denied by ODJFS, may be billed to the consumer when the provisions in paragraphs (C)(1) and (C)(2) of this rule are met.

The Ohio Department of Medicaid (ODM) Website

The screenshot shows the Ohio Department of Medicaid website. At the top left is the "Ohio Department of Medicaid" logo. To the right are links for "Text Size: +A -A", a "Select Language" dropdown, and a "Powered by Google Translate" notice with a "Translation Disclaimer" link. A dark blue navigation bar contains links: HOME, MEDICAID 101, FOR OHIOANS, PROVIDERS, INITIATIVES, NEWS, RESOURCES, CAREERS, and CONTACT. The main banner features the Ohio Medicaid seal on the left and the "Ohio Department of Medicaid" logo on the right, with the text "Learn more about the state's first executive-level Medicaid agency." below. To the right of the banner is a "Director's Welcome" section with a video thumbnail of Director Barbara Sears. Below the banner are two promotional boxes: "Are you uninsured? Ohio Benefits" and "Are you unemployed? Ohio MEANS Jobs." At the bottom are three blue boxes with icons and text: "Managed Care Plans 2016 Report Card", "Information for Independent Providers", and "Payment Innovation Ohio's SIM Grant". On the right side, there is a "Tweets by @OH_Medicaid" section showing a tweet from John Kasich about disposing of unused prescriptions, with "Embed" and "View on Twitter" links. At the bottom right is a "Testimony & Presentations" section with the Ohio Medicaid seal.

Ohio | Department of Medicaid

Text Size: +A -A | Select Language | Powered by Google Translate | Translation Disclaimer

HOME | MEDICAID 101 | FOR OHIOANS | PROVIDERS | INITIATIVES | NEWS | RESOURCES | CAREERS | CONTACT

Ohio Department of Medicaid

Learn more about the state's first executive-level Medicaid agency.

Director's Welcome

Director Barbara Sears
Ohio Department of Medicaid

Tweets by @OH_Medicaid

Ohio Medicaid Retweeted
John Kasich (@JohnKasich)
Dispose of unused prescriptions TODAY.
Find a nearby collection site:
drugs.com/article/medica...
Getting rid of old Rx drugs can save

Embed | View on Twitter

Testimony & Presentations

Are you uninsured?
Ohio | Benefits


Are you unemployed?
Ohio MEANS Jobs.

Managed Care Plans
2016 Report Card


Information for Independent Providers


Payment Innovation
Ohio's SIM Grant


Provider News

 **Department of
Medicaid**

Text Size: +A -A



Select Language 

Powered by  Google Translate

Translation Disclaimer

HOME MEDICAID 101 ▼ FOR OHIOANS ▼ PROVIDERS ▼ INITIATIVES ▼ NEWS ▼ RESOURCES ▼ CAREERS CONTACT

PROVIDERS

Welcome Providers

Ohio is home to more than 83,000 active Medicaid providers. The partnership between Ohio Medicaid and its provider network is critical in ensuring reliable and timely care for beneficiaries across the state. In the months ahead, this page will become a go-to resource for learning more about training, billing, rate-setting and additional areas interest concerning the provider community.

Provider News

Please listen carefully when calling the IVR as the options have changed as of 6/17/2016.

ICF-IID 9400 Provider Notice

Managed Long-Term Services and Supports Stakeholder Meeting

Managed Long-Term Services and Supports Stakeholder Meeting Invitation (3/31/2017)

Notice Regarding Pregnancy Risk Assessment and Notification System (4/14/2017)


Timely Filing Reminder for ICF-IID Providers (6/29/2016)

Notice Regarding Provision of Progesterone (6/13/16)

Independent Provider Overtime Rates - Effective January 1, 2016 (Rev. 4/1/16)

Related Content

- Benefit Coordination & Recovery
- Fee Schedules/Rates
- Medicaid Forms
- ODJFS Forms
- MITS EDMS Cover Page
 - Instructions
- Healthcek Screening Forms
- e-Manuals
- Helpful Links
- Get a National Provider Identifier (NPI)
- Transmittal Letter Notification
- Medicaid Provider Incentive Program (MPIP)
- ICD-10


 Access the
MITS Portal

Policy

Policy updates from Ohio Medicaid announce the changes to the Ohio Administrative Code that may affect providers.

A blue scroll icon with a dark brown border. The top and bottom edges are rolled up, with the top roll visible on the left and the bottom roll visible on the right.

**Nursing Facility
Provider
Associations and
ODM website**


A pink scroll icon with a dark brown border. The top and bottom edges are rolled up, with the top roll visible on the left and the bottom roll visible on the right.

**Medicaid
Advisory
Letter (MAL)**


A gray scroll icon with a dark gray border. The top and bottom edges are rolled up, with the top roll visible on the left and the bottom roll visible on the right.

**Medical
Transmittal
Letter (MTL)**

Billing Resources

 **Department of
Medicaid**

Search... **GO**



HOME

MEDICAID 101

FOR OHIOANS

PROVIDERS

INITIATIVES

NEWS

RESOURCES

CAREERS

CONTACT

PROVIDERS

Welcome Providers

Ohio is home to more than 83,000 active Medicaid providers. The provider network is critical in ensuring reliable and timely care for Ohioans. This website will become a go-to resource for learning more about training, billing, rate-setting and other issues affecting the provider community.

Provider News

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[Notice Regarding Pregnancy Risk Assessment and Notification System \(1/19/2017\)](#)

[Timely Filing Reminder for ICF-IID Providers \(6/29/2016\)](#)

[Notice Regarding Provision of Progesterone \(6/13/16\)](#)

[Independent Provider Overtime Rates - Effective January 1, 2016 \(Rev. 4/1/16\)](#)

Enrollment and Support >

Fee Schedule and Rates

Billing >

Training >

Managed Care

Provider Types

MITS >

Payment Innovation

DRA Attestation

Direct Deposit

Billing Instructions

HIPAA and EDI Information

Trading Partners

How to Refund Overpayments


Remittance Advice


Answers for MITS Problems

HIPAA 5010 Implementation

Behavioral Health Integration Project

ICD-10

**Need technical assistance?**
Provider Hotline:
(800) 686-1516

**Access the MITS Portal**

Related Content

- [Benefit Coordination & Recovery](#)
- [Fee Schedules/Rates](#)
- [Medicaid Forms](#)
- [ODJFS Forms](#)
- [MITS EDMS Cover Page](#)

Long-Term Care Facilities Information

HOME MEDICAID 101▼ FOR OHIOANS▼ PROVIDERS▼ INITIATIVES▼ RESOURCES▼ CAREERS CONTACT

RESOURCES > Publications > ODM Guidance

ODM Guidance

eManuals (Pre-July 2015)

Provider Billing Instructions

Medicaid Policy

MITS Resources

- Advanced
- Ambulatory
- Billing Instructions
- Buy-in
- Chiropractic
- Clinic
- Community
- Dental Services
- Durable Medical Equipment
- Federally Qualified Health Centers
- Free Standing Ambulatory Surgical Centers
- General Inpatient
- Home Health
- Hospice (More Information)
- Hospital Handbook (More Information)
- Laboratory Services
- Long Term Care (More Information)
- Managed Health Care (More Information)

Enrollment and Support ▶

Fee Schedule and Rates

Billing ▶

Training ▶

Managed Care

Provider Types

MITS Resources

Payment Innovation

DRA Attestation

Prior Authorization Requirements

SRS Diagnosed Chronic Conditions

Nursing Facility Documents

- Nursing Facility Provider Payment Changes FAQ – Published October 2017
- Nursing Facility Cost Reporting FAQ – Published March 2018
- MDS 3.0 Case Mix Report – Published April 2018
- Case Mix Questions and Answers – Published April 2018
- Nursing Facility Rates and High Occupancy Rates – Effective July 2018



Emergency and Disaster Planning 5160-3-02.7

“Emergencies and disasters” are unexpected situations or sudden occurrences of a serious or urgent nature that create a substantial likelihood that one or more resident may be harmed and/or need to be relocated

Each facility shall have a detailed written plan of procedures to be followed in the event of an emergency or disaster

Preparedness - to reduce the loss & damage to human lives, property

Prevention - completely avoid potential adverse impacts through action taken in advance

Mitigation - limitation of the adverse impacts of hazards and related disasters

Response: provision of emergency services and public assistance during or immediately after a disaster

Recovery - to return life to normal levels after a disaster

How to reduce the risk of Disaster?



NF Level of Care (LOC) 5160-3-14

- ❑ LOC may occur face-to-face or by a desk review in order to:
 - Authorize Medicaid payment to a NF
 - Approve Medicaid payment of a NF-based home and community-based services (HCBS) waiver or other NF-based level of care program



Desk Review LOC Determination 5160-3-14(E)

☐ Is required within **one business day**:

- An individual is seeking admission or re-admission to a NF from an acute care hospital or hospital emergency room
- ODJFS requests a LOC determination for an individual receiving adult protective services and CDJFS **submits** a form at time of LOC request

☐ Is required within **five calendar days**:

- A current NF individual is seeking Medicaid payment for continued stay
- An individual is changing payment from Medicaid managed care to Medicaid fee-for-service for a continued NF stay
- An individual is transferring from one NF to another NF

Face-to-Face LOC Determinations 5160-3-14(F)

☐ Is required within **ten calendar days**:

- An individual or auth rep requests one
- A ODJFS makes an adverse LOC decision during a desk review
- A ODJFS decides the information needed through the desk review is inconsistent
- An individual resides in the community and ODJFS verifies there is no current NF-based LOC
- ODJFS determines an individual has a pending disenrollment from a NF-based HCBS waiver due to no longer having a NF-based LOC

☐ Is required within **two business days**:

- An individual receiving adult protective services when CDJFS does **not** submit the form at the time of LOC request

Covered Days and Bed-hold Days 5160-3-16.4(C)

☐ **Occupied Day**

- A day of admission or readmission
- Medicaid individual stay in NF is eight hours or more, including individuals on bed-hold status
- NF admission and discharge occur on the same day even if less than eight hours



Covered Days and Bed-hold Days 5160-3-16.4

❑ **Eight-hour Rule**

- A day begins at twelve a.m. and ends at eleven fifty-nine p.m.
- A day during which an individual's stay in a NF is eight hours or more, the facility receives the full day payment
- The day the individual leaves on bed-hold status if the individual is in the NF for eight hours or more
- Does not apply to the date of discharge

Limits and payment for NF Bed-Hold Days 5160-3-16.4(D)

❑ **Bed Hold Days**

➤ Covered Days

- A day in which the individual is temporarily absent from the NF for hospitalization, therapeutic leave days or visitation with family or friends
- Limited to 30 calendar days per resident, per year
- Payment is considered payment in full



Covered Days and Bed-hold Days 5160-3-16.4 (K)

☐ **Bed Hold Days**

➤ Exclusions

- Hospice
- Institutions for mental diseases (IMDs)
- HCBS waiver individual using NF for short-term respite care
- Restricted Medicaid Coverage
- Facility closure and resident relocation

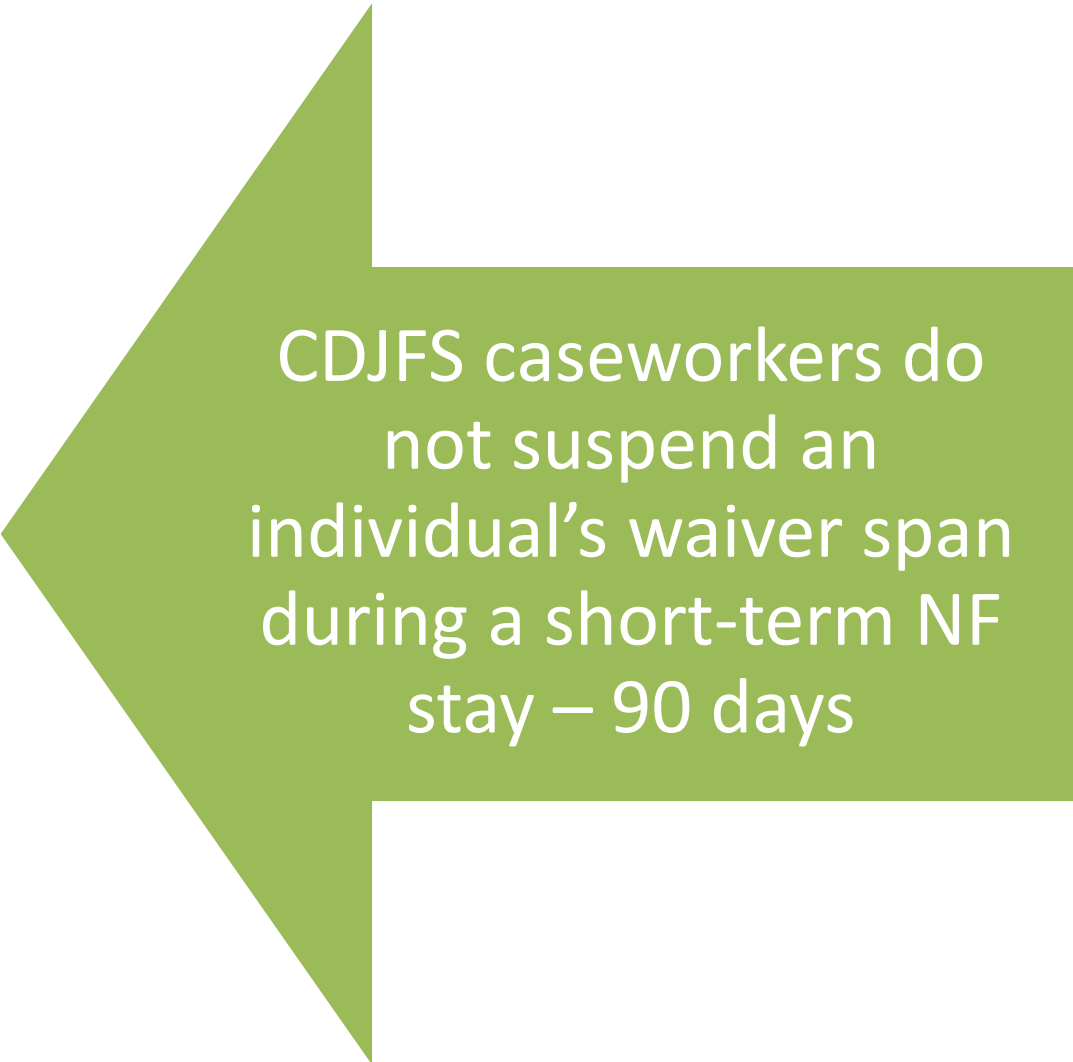


Covered Days and Bed-hold Days 5160-3-16.4(J)(2)

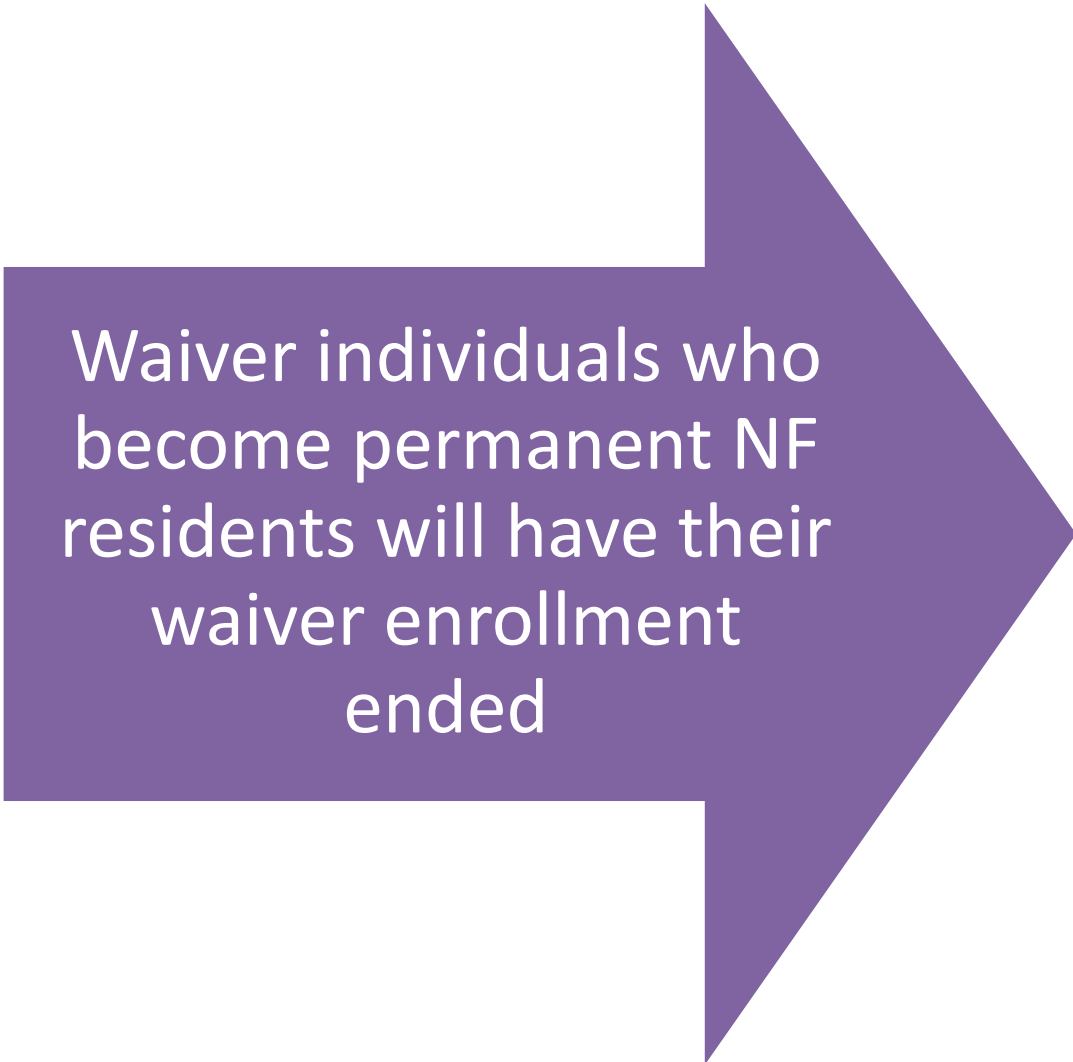
Dual-eligible

- If Medicare part A and Medicaid eligible- qualify for NF bed-hold days up to 30
- Level of Care evaluation not necessary if:
 - Receives Medicare part A skilled nursing facility (SNF) benefits in the NF
 - A Part A SNF resident in a NF is transferred to the hospital, and the NF bills the hospital bed-hold days to Medicaid

Waiver Individuals



CDJFS caseworkers do not suspend an individual's waiver span during a short-term NF stay – 90 days



Waiver individuals who become permanent NF residents will have their waiver enrollment ended



Waiver Individuals

- ✓ NF therapeutic leave days are not payable for NF residents who are on a HCBS waiver and do not count towards the annual leave day limit, per OAC 5160-3-16.4(D)(4)(b)(iii)
- ✓ When admitting someone who is on a waiver it is best to notify the waiver case manager
- ✓ Need to bill using revenue center code 160 for days during the waiver enrollment

Patient Liability OAC 5160-3-39.1(B)(7)

The monthly amount of patient liability shall be reported by the NF on the individuals monthly claim

- If the individual is admitted, discharged or transferred the entire monthly amount shall still be reported on the claim for that month
- If the individual is switched from Medicare to Medicaid mid-month the entire amount shall still be reported on the claim for that month
- If the patient liability exceeds the amount Medicaid would cover, the claim shall be processed with a payment of zero

Patient Liability Discrepancy



ALWAYS

First step (should be the only step) – contact the CDJFS to verify the patient liability amount and dates



MAYBE

If you have made documented multiple attempts to contact the county and there is still a discrepancy you may contact provider assistance through the IVR

ODM Form 10203

- Individuals are required to report a change of income, one time gifts or payments, changes in health insurance coverage, etc.
 - Found in OAC 5160:1-2-08 (B)(1)(d)
- This form can be used to report any of those changes to the CDJFS
 - A Medicaid individual or an designated authorized representative may complete this form



Form 10203

[Clear Form](#)

Ohio Department of Medicaid
REPORT A CHANGE FOR MEDICAL ASSISTANCE

Use this form to report any changes for individuals receiving medical assistance and/or their household members. Check the box for each type of change, provide the requested information for that section, and provide the effective date of the change. The **Individual Information** and **Submitter Information** sections on the form **must be completed**. Required fields are marked with an asterisk (*).

You should submit current supporting documents along with this report a change form.

INDIVIDUAL INFORMATION Complete this section for the individual receiving medical assistance. *Indicates required field				
*First Name		*Last Name		MI
*Date of Birth (mm/dd/yyyy)	Medicaid Case Number		*Social Security Number	
Has this person been in an accident in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain details in the comment section on page two of this form and provide supporting documentation or verification.)				
CHANGE NOTIFICATIONS Check the box if there has been a change in information and enter the effective date. Only complete the sections below where information has changed.				
<input type="checkbox"/> Phone Number Change		Effective Date of Change		
<input type="checkbox"/> Address Change (attach verification of change such as a rent/mortgage receipt, lease, or utility receipts) Effective Date of Change (mm/dd/yyyy)				
New Street Address				Apartment/Unit Number
City	State	Zip Code	Phone	County

Lump Sums OAC 5160-3-39.1(B)(8)

- If a resident receives a lump sum, report it to the CDJFS and then report it on all appropriate claims
 - Submit adjustments to as many prior months as necessary to offset the amount assigned to the facility
 - Apply any remaining money to current and future claims if needed
 - Reported on the claim using **value code 31**



Condition	Inpatient Procedure	Occurrence/Span	Value
Value			
Sequence	Value	Description	Amount
A	1 31	PATIENT LIABILITY AMOUNT	4621.00

Select row above to update -or- click add an item button below.

*Sequence

*Value [Search] *Amount

Adjustments to a Paid Claim 5160-3-39.1(B)(9)(c)

-  Underpaid claim – must submit an adjustment within **180** days of the date the underpaid claim was paid by ODM
-  Overpaid Claim – must submit an adjustment within **60** days of discovering the overpayment
 - ODM may notify a provider an adjustment is needed
 - Failure to make the adjustment may result in ODM making the adjustment or voiding the claim



Part A NF Crossover Claims

- OAC 5160-3-64 Nursing Facilities (NFs): payment for cost-sharing other than Medicare part A

Medicaid pays the cost-sharing portion

- Claim should auto-cross from Medicare to Medicaid on an institutional part A claim form

If payment is not received from Medicaid in an appropriate timeframe, submit the claim on your own to Medicaid

- Provider has 180 days from Medicare's paid date to submit to ODM

ODM 9401 Process

Nursing facilities shall submit data related to **admissions**, **discharges**, and **deaths** via the ODM 9401 for individuals:

- ✓ Applying for Medicaid
- ✓ Who have a pending Medicaid application
- ✓ Who are receiving Medicaid, including:
 - Dually Eligible
 - Individuals on Medicaid fee-for-service (FFS)
 - Individuals on Medicaid managed care plans



Where Does the 9401 Go?

- Provider will submit to the **Passport Administrative Agency (PAA)** when:
 - An individual applying for Medicaid is being **admitted** to or already residing in their facility
 - An individual on FFS Medicaid has been **admitted** to their facility
- Provider will submit to **ODM** when:
 - A managed care individual has been **admitted** to their facility
 - A managed care or FFS individual has been **discharged** from their facility

The ODM 9401 should be submitted within 10 business days to the entities listed above

Most Common Revenue Center Codes

0101 - Full covered day

0183 - Therapeutic leave day

0185 - Hospital leave day

0160 - Full day for short-term stay for waiver individual

PA1/PA2 Revenue Center Codes

0220 – Flat fee full covered day

0189 – Flat fee leave day

0169 – Flat fee full day for short-term waiver individual

PA1/PA2 Revenue Center Codes, cont.

0229 – Flat fee full covered day (reduced rate)

0180 – Flat fee leave day (reduced rate)

0769 – Flat fee full day for short-term waiver individual
(reduced rate)

MITTS and Claims

Medicaid Information Technology System (MITS)

MITS is a web-based application that is accessible via any modern browser

MITS is available to all Ohio Medicaid providers who have been registered and have created an account

MITS is able to process transactions in “real time”



Technical Requirements



Internet Access (high speed works best)

Internet Explorer version 10 or higher and current versions of Firefox or Chrome

Mac users use current version of Safari, Firefox, or Chrome

Turn **OFF** pop up blocker functionality

Go to <http://Medicaid.ohio.gov>

Select the “Provider Tab” at the top

Click on the “Access the MITS Portal” image on the right of the page



Ohio
Department of Medicaid

About ODM | Our Services | Resources | News & Events

Tuesday 06/16/2015 11:34:38 AM

Home Consumers **Providers** Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Provider Home

Using the Provider Enrollment wizard, applicants are guided through the necessary steps to complete and submit an enrollment application to become a Medicaid provider. After logging in to the Secured Site, providers can use self-service tools to manage their account, access their mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

Login to secure site

Click Here to Login

Once directed to this page, click the link to “Login”

You will then be directed to another page where you will need to enter your “User ID” and “Password”

Ohio.gov | Medicaid Information Technology System

Sign In
Medicaid Information Technology System

To sign in, please enter your User ID and Password

User ID:

Password:

Whoever knowingly, or intentionally accesses a computer or a computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately notify the site administrator

☐ Yes, I have read the agreement

Login

[Help FAQ](#)
[Help Reset Password?](#)
[Forgot Your User ID?](#)

MITTS Navigation

“COPY”, “PASTE”, and “PRINT” features all work in the MITTS Portal

Do **NOT use the previous page function (back arrow) in your browser**

Do **NOT use the “enter” key on the keyboard, use the “tab” key or mouse to move between fields**

MITTS access will time-out after 15 minutes of system inactivity



Electronic Funds Transfer



ODM will start requiring Electronic Funds Transfer (EFT) for payment instead of paper warrants

Benefits of direct deposit include:

- ☐ **Quicker funds-** transferred directly to your account on the day paper warrants are normally mailed
- ☐ **No worry-** no lost or stolen checks or postal holidays delaying receipt of your warrant
- ☐ **Address change-** your payment will still be deposited into your banking account

**Electronic
Data
Interchange
(EDI)**

**Fees for claims
submitted**

**Claims must be received
by Wednesday at Noon
for the next payment
cycle**

MITS Portal

Free submission

**Claims must be received
by Friday at 5:00 P.M. for
the next payment cycle**

**We can help with
you claim issues**

Technical Questions/EDI Support Unit

Trading
partners
contact DXC
for EDI
Support



844-324-7089
or

[OhioMCD-EDI-
Support@dxccom](mailto:OhioMCD-EDI-Support@dxccom)

MITTS Web Portal Claim Submission

Claim entry format is divided into sections or panels

Each panel will have an asterisk (*) denoting that the fields are required

- Some fields are situational for claims adjudication and do not have an asterisk



Submission of an Institutional Claim



Welcome,

[Super User](#) [Providers](#) [Account](#) [Trading Partners](#) **Claims** [Episode Claims](#) [Eligibility](#) [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security](#) [Trade Files](#)

Admin

[search](#) [search detail](#) [dental](#) [institutional](#) [professional](#)

Claims

- [Search](#)
- [Search Detail](#)
- [Dental](#)
- [Institutional](#) (for Inpatient, Outpatient, Long Term Care)
- [Professional](#)

[Search](#)
[Search Detail](#)
[Dental](#)
[Institutional](#)
[Professional](#)



Diagnosis Codes: required on most claims



Must include all characters specified by ICD

Do **NOT** enter the decimal points

There are system edits and audits against those codes



Diagnosis Codes

Diagnosis			
Sequence	Diagnosis Code	Description	Present on Admission
Other	D509	IRON DEFICIENCY ANEMIA, UNSPECIFIED	
Other	E039	HYPOTHYROIDISM, UNSPECIFIED	
Other	E559	VITAMIN D DEFICIENCY, UNSPECIFIED	
Other	E785	HYPERLIPIDEMIA, UNSPECIFIED	
Principal	F0390	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	
Admitting	F0390	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	
Other	F419	ANXIETY DISORDER, UNSPECIFIED	
Other	H269	UNSPECIFIED CATARACT	
Other	H40039	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE	
Other	I159	SECONDARY HYPERTENSION, UNSPECIFIED	
1 2 Next >			

Select row above to update -or- click add an item button below.

delete

add an item

Sequence

Diagnosis Code

Present on Admission



Detail Panel

Detail

Item	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1			0	\$0.00	\$0.00	\$0.00						

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

1

Date of Service

To DOS

*Revenue Code

[Search]

HCPCS/HIPPS Rate Codes

[Search]

Modifiers

[Search]

[Search]

[Search]

Submitted EAPG

Initial EAPG

*Units

0

*Units Of Measurement

Per Diem Rate

\$0.00

*Total Charges

\$0.00

Non Covered Charges

\$0.00

Medicaid Allowed Amount

\$0.00

Status

Final EAPG

Pay Action

NDC

Detail - Other Payer

Per OAC 5160-3-39.1(6) a claim is to include all the days of the given month



Submission of an Institutional Claim

- Claim with no discharges or leave days

Detail													
Item ▾	Date of Service	Revenue Code	HCPDS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	04/01/2018	101		30.00	\$6,150.00	\$0.00	\$5,658.00	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

1

*Date of Service

04/01/2018

To DOS

04/30/2018

Revenue Code

101

HCPCHIPPS

▼

Rate Codes

Modifiers

Submitted EAPG

Initial EAPG

Units

30.00

Units Of Measurement

Days ▼

*Per Diem Rate

\$0.00

Total Charges

\$6,150.00

Non Covered

\$0.00

Charges

Medicaid Allowed Amount

\$5,658.00

Status

PAID

Final EAPG

Pay Action



Submission of an Institutional Claim

➤ Claim with a leave day

Detail													
Item ▼	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
2	07/31/2018	185		1.00	\$185.00	\$0.00	\$31.33	PAID					
1	07/01/2018	101		30.00	\$5,550.00	\$0.00	\$5,221.20	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

2

*Date of Service

07/31/2018

To DOS

07/31/2018

Revenue Code

185

HCPCS/HIPPS
Rate Codes

▼

Modifiers

Submitted EAPG

Initial EAPG

Units

1.00

Units Of Measurement

Days ▼

Per Diem Rate

\$0.00

Total Charges

\$185.00

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$31.33

Status

PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer



- Click the “submit” button at the bottom right
- You may “cancel” the claim at anytime, but the information will not be saved in MITS



Claim Portal Errors



MITIS will not accept a claim without all required fields being populated

Portal errors return the claim with a “fix” needed

Claim shows a ‘NOT SUBMITTED YET’ status still

The following messages were generated:					
From DOS is required.					
Procedure is required.					
A valid Place Of Service is required					
A valid Procedure Code is required					
Units must be greater than 0.					
Charges must be greater than \$0.00.					
A valid Medicaid Billing Number is required					
A valid Medicaid Billing Number and Date of Birth combination is required.					

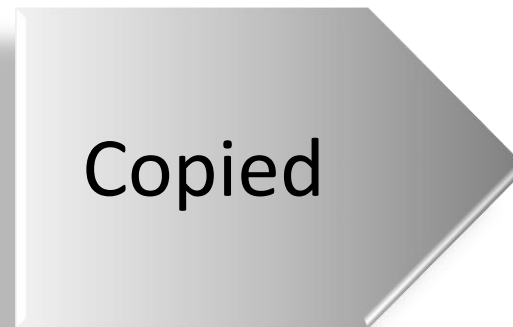
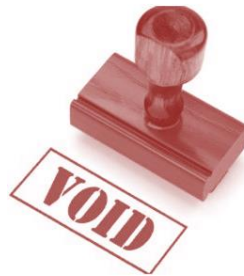
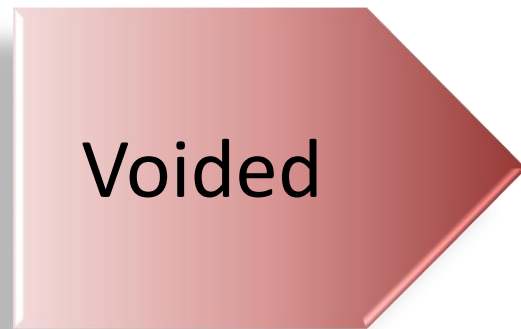
All submitted claims are assigned an ICN



2218170357321

Region Code	Calendar Year	Julian Day	Claim Type/ Batch Number	Claim Number in Batch
22	18	170	357	321

Paid claims can be:





Adjusting a Paid Claim



cancel

adjust

void

copy claim

- Open the claim requiring an adjustment
- Change and save the necessary information
- Click the “adjust” button

Example



2218180234001
5818185127250

Originally paid \$45.00

Now paid \$50.00

Additional payment of \$5.00



2018172234001
5018173127250

Originally paid \$50.00

Now paid \$45.00

Account receivable (\$5.00)

Voiding a Paid Claim

**cancel****adjust****void****copy claim**

- Open the claim you wish to void
- Click the “void” button at the bottom of the claim
- The status is flagged as “non-adjustable” in MITS
- An adjustment is automatically created and given a status of “denied”

Example



2218180234001
5818185127250

Originally paid \$45.00
Account receivable (\$45.00)

* Make sure to wait until *after* the adjudication cycle to submit a new, corrected claim if one is needed

Copying a Paid Claim



- Open the claim you wish to copy
- Click the “copy claim” button at the bottom of the claim
- A new duplicate claim will be created, make and save all necessary changes
- The “submit” and “cancel” buttons will display at the bottom
- Click the “submit” button
- The claim will be assigned a new ICN

**cancel****adjust****void****copy claim**

Nursing Facility Claim Examples

Short-term Waiver Stay - Entire Month Waiver

Detail

Item ▾	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	01/01/2018	160		31.00	\$8,060.00	\$0.00	\$6,249.91	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item1

*Date of Service01/01/2018

To DOS01/31/2018

Revenue Code160

HCPCS/HIPPSRate Codes

Modifiers

Submitted EAPG

Initial EAPG

Units31.00

Units Of MeasurementDays ▾

*Per Diem Rate\$0.00

Total Charges\$8,060.00

Non CoveredCharges\$0.00

Medicaid Allowed Amount\$6,249.91

StatusPAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Short-term Waiver Stay - Partial Month Waiver

Detail

Item	Date of Service ▲	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	08/01/2018	160		20.00	\$5,127.46	\$0.00	\$3,394.80	PAID					
2	08/21/2018	101		11.00	\$1,972.10	\$0.00	\$1,867.14	PAID					

Select row above to update -or- click add an item button below.

Item

1

*Date of Service

08/01/2018

To DOS

08/20/2018

*Revenue Code

160

[Search]

HCPCS/HIPPS
Rate Codes

▼

[Search]

Modifiers

[Search]

[Search]

[Search]

[Search]

Submitted EAPG

Initial EAPG

*Units

20.00

*Units Of Measurement

Days ▼

*Per Diem Rate

\$197.21

*Total Charges

\$5,127.46

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$3,394.80

Status

PAID

Final EAPG

Pay Action

Short-term Waiver Stay - Partial Month, cont.

MITS TRICK: Click the black headers and you re-organize your detail lines, such as date of service order!!

Detail													
Item	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	08/01/2018	160		20.00	\$5,127.46	\$0.00	\$3,394.80	PAID					
2	08/21/2018	101		11.00	\$1,972.10	\$0.00	\$1,867.14	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item2

*Date of Service08/21/2018

To DOS08/31/2018

*Revenue Code101

[Search]

HCPCS/HIPPSRate Codes

▼

[Search]

Modifiers

[Search]

[Search]

Submitted EAPG

Initial EAPG

*Units11.00

*Units Of MeasurementDays▼

*Per Diem Rate\$197.21

*Total Charges\$1,972.10

Non Covered Charges\$0.00

Medicaid Allowed Amount\$1,867.14

StatusPAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Two Day Hospital Leave Stay

Detail													
Item ▼	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/28/2018	101		3.00	\$555.00	\$0.00	\$509.22	PAID					
2	06/26/2018	185		2.00	\$370.00	\$0.00	\$61.11	PAID					
1	06/01/2018	101		25.00	\$4,625.00	\$0.00	\$4,243.50	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

1

*Date of Service

06/01/2018

To DOS

06/25/2018

Revenue Code

101

HCPCS/HIPPS
Rate Codes

▼

Modifiers

Submitted EAPG

Initial EAPG

Units

25.00

Units Of Measurement

Days ▼

*Per Diem Rate

\$0.00

Total Charges

\$4,625.00

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$4,243.50

Status

PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Two Day Hospital Leave Stay, cont.

Detail													
Item ▼	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/28/2018	101		3.00	\$555.00	\$0.00	\$509.22	PAID					
2	06/26/2018	185		2.00	\$370.00	\$0.00	\$61.11	PAID					
1	06/01/2018	101		25.00	\$4,625.00	\$0.00	\$4,243.50	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

2

*Date of Service

06/26/2018

To DOS

06/27/2018

Revenue Code

185

HCPCS/HIPPS
Rate Codes

▼

Modifiers

Submitted EAPG

Initial EAPG

Units

2.00

Units Of Measurement

Days ▼

Per Diem Rate

\$0.00

Total Charges

\$370.00

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$61.11

Status

PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Two Day Hospital Leave Stay, cont.

Detail													
Item ▼	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/28/2018	101		3.00	\$555.00	\$0.00	\$509.22	PAID					
2	06/26/2018	185		2.00	\$370.00	\$0.00	\$61.11	PAID					
1	06/01/2018	101		25.00	\$4,625.00	\$0.00	\$4,243.50	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 3

*Date of Service 06/28/2018

To DOS 06/30/2018

Revenue Code 101

HCPSC/HIPPS
Rate Codes

Modifiers

Submitted EAPG

Initial EAPG

Units 3.00

Units Of Measurement Days ▼

*Per Diem Rate \$0.00

Total Charges \$555.00

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$509.22

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Overnight Hospital Stay After 8 hours in NF

Detail													
Item ▾	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
2	02/18/2018	101		11.00	\$3,013.56	\$0.00	\$2,784.21	PAID					
1	02/01/2018	101		17.00	\$4,657.32	\$0.00	\$4,302.87	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

1

*Date of Service

02/01/2018

To DOS

02/17/2018

Revenue Code

101

HCPSCS/HIPPS
Rate Codes

▼

Modifiers

Submitted EAPG

Initial EAPG

Units

17.00

Units Of Measurement

Days ▼

*Per Diem Rate

\$273.96

Total Charges

\$4,657.32

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$4,302.87

Status

PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Overnight Hospital Stay After 8 hours in NF, cont.

Detail													
Item ▾	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
2	02/18/2018	101		11.00	\$3,013.56	\$0.00	\$2,784.21	PAID					
1	02/01/2018	101		17.00	\$4,657.32	\$0.00	\$4,302.87	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item

2

*Date of Service

02/18/2018

To DOS

02/28/2018

Revenue Code

101

HCPSC/HIPPS
Rate Codes

Modifiers

Submitted EAPG

Initial EAPG

Units

11.00

Units Of Measurement

Days ▼

*Per Diem Rate

\$273.96

Total Charges

\$3,013.56

Non Covered
Charges

\$0.00

Medicaid Allowed Amount

\$2,784.21

Status

PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Overnight Hospital Stay Under 8 hours in NF

Detail

Item	Date of Service ▾	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/18/2018	101		13.00	\$3,561.48	\$0.00	\$2,206.62	PAID					
2	06/17/2018	185		1.00	\$273.96	\$0.00	\$30.55	PAID					
1	06/01/2018	101		16.00	\$4,383.36	\$0.00	\$2,715.84	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 1

*Date of Service 06/01/2018
To DOS 06/16/2018
*Revenue Code 101 [Search]

HCPCS/HIPPS
Rate Codes ▾ [Search]

Modifiers [Search] [Search]
[Search] [Search]

Submitted EAPG

Initial EAPG

*Units 16.00

*Units Of Measurement Days ▾

*Per Diem Rate \$273.96

*Total Charges \$4,383.36

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$2,715.84

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Overnight Hospital Stay Under 8 hours in NF, cont.

Detail

Item	Date of Service ▼	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/18/2018	101		13.00	\$3,561.48	\$0.00	\$2,206.62	PAID					
2	06/17/2018	185		1.00	\$273.96	\$0.00	\$30.55	PAID					
1	06/01/2018	101		16.00	\$4,383.36	\$0.00	\$2,715.84	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 2

*Date of Service 06/17/2018

To DOS 06/17/2018

*Revenue Code 185 [Search]

HCPCS/HIPPS
Rate Codes [Search]

Modifiers [Search] [Search]

Submitted EAPG

Initial EAPG

*Units 1.00

*Units Of Measurement Days ▼

Per Diem Rate \$273.96

*Total Charges \$273.96

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$30.55

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Overnight Hospital Stay Under 8 hours in NF, cont.

Detail

Item	Date of Service ▼	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	06/18/2018	101		13.00	\$3,561.48	\$0.00	\$2,206.62	PAID					
2	06/17/2018	185		1.00	\$273.96	\$0.00	\$30.55	PAID					
1	06/01/2018	101		16.00	\$4,383.36	\$0.00	\$2,715.84	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 3

*Date of Service 06/18/2018

To DOS 06/30/2018

*Revenue Code 101 [Search]

HCPCS/HIPPS
Rate Codes [Search]

Modifiers [Search] [Search]
[Search] [Search]

Submitted EAPG

Initial EAPG

*Units 13.00

*Units Of Measurement Days ▼

*Per Diem Rate \$273.96

*Total Charges \$3,561.48

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$2,206.62

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Low Acuity PA1/PA2 Individual

Detail

Item ▼	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	04/11/2018	220		20.00	\$130.00	\$0.00	\$130.00	PAID					
2	04/06/2018	189		5.00	\$130.00	\$0.00	\$103.50	PAID					
1	04/01/2018	220		5.00	\$130.00	\$0.00	\$130.00	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 1

*Date of Service 04/01/2018

To DOS 04/05/2018

*Revenue Code 220 [Search]

HCPCS/HIPPS
Rate Codes [Search]

Modifiers [Search] [Search]

Submitted EAPG

Initial EAPG

*Units 5.00

*Units Of Measurement Days ▼

Per Diem Rate \$130.00

*Total Charges \$130.00

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$130.00

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Low Acuity PA1/PA2 Individual, cont.

Detail

Item	Date of Service	Revenue Code	HCPCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	04/11/2018	220		20.00	\$130.00	\$0.00	\$130.00	PAID					
2	04/06/2018	189		5.00	\$130.00	\$0.00	\$103.50	PAID					
1	04/01/2018	220		5.00	\$130.00	\$0.00	\$130.00	PAID					

Select row above to update -or- click add an item button below.

delete

add an item

copy

Item 2

*Date of Service 04/06/2018

To DOS 04/10/2018

*Revenue Code 189 [Search]

HCPCS/HIPPS Rate Codes [Search]

Modifiers [Search] [Search]

Submitted EAPG

Initial EAPG

*Units 5.00

*Units Of Measurement Days [v]

Per Diem Rate \$130.00

*Total Charges \$130.00

Non Covered Charges \$0.00

Medicaid Allowed Amount \$103.50

Status PAID

Final EAPG

Pay Action

NDC

Detail - Other Payer

Low Acuity PA1/PA2 Individual, cont.

Detail

Item ▼	Date of Service	Revenue Code	HCPSCS/HIPPS Rate Codes	Units	Total Charges	NonCovered Charges	Medicaid Allowed Amount	Status	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
3	04/11/2018	220		20.00	\$130.00	\$0.00	\$130.00	PAID					
2	04/06/2018	189		5.00	\$130.00	\$0.00	\$103.50	PAID					
1	04/01/2018	220		5.00	\$130.00	\$0.00	\$130.00	PAID					

Select row above to update -or- click add an item button below.

[delete](#)[add an item](#)[copy](#)

Item 3

*Date of Service 04/11/2018

To DOS 04/30/2018

*Revenue Code 220 [Search]

HCPSCS/HIPPS
Rate Codes [Search]

Modifiers [Search] [Search]

[Search] [Search]

Submitted EAPG

Initial EAPG

*Units 20.00

*Units Of Measurement Days ▼

Per Diem Rate \$130.00

*Total Charges \$130.00

Non Covered
Charges \$0.00

Medicaid Allowed Amount \$130.00

Status PAID

Final EAPG

Pay Action

[NDC](#)[Detail - Other Payer](#)

Providers have 365 days to submit FFS claims

During that 365 days they can attempt to submit the claim for payment (if receiving a denial) or adjust it as many times as they need to

An additional 180 days from the resubmit date is given for attempts to correctly submit a denied claim prior to the end of the 365 days

Claims over 2 years old will be denied

There are exceptions to the 365 day rule



Timely Filing

Submitting a Claim Over 365 Days Old

- Use this panel on the claim for billing claims over 365 days, when timely filing criteria has been met
- Enter the previously denied ICN and select “DELAYED SUBMISSION/RESUBMISSION” in the Reason drop down menu
- When done correctly, MITS will bypass timely filing edits

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future audit purposes.

Previously Denied ICN or TCN

Reason






Timely Filing Exceptions OAC 5160-3-39.1(B)(10)

- If you are submitting a claim that is more than 365 days after the date of service due to a hearing decision or delay in the individual's eligibility determination
- The claim must be submitted within 180 days of the hearing decision or eligibility determination date



How to Bill After a Delay

- In the Notes box you will need to enter the hearing decision or eligibility determination information
- In the Note Reference Code dropdown menu select “ADD”

Total Medicaid Paid Amount	\$0.00
Medicaid CoPay Amount	\$0.00
Note Reference Code	ADD - Additional Information 
Notes	<div> </div>

How to Bill After a Delay, cont.


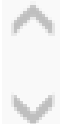
Hearing Decision: APPEALS **#####** **CCYYMMDD**

- ##### is the hearing number and CCYYMMDD is the date on the hearing decision

Eligibility Determination: DECISION **CCYYMMDD**

- CCYYMMDD is the date on the eligibility determination notice from the CDJFS



Note Reference Code	ADD - Additional Information 
Notes	DECISION 20171225 



Uploading an Attachment



- This panel allows you to electronically upload an attachment to your claim in MITS

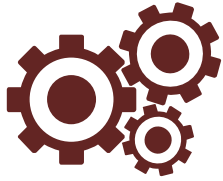
Attachments	
Type of Document	Transmission Type
A	
Type data below for new record.	
<div>delete</div> <div>add</div>	
<p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing addresses will appear after the claim has been submitted.</p>	
<p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p>	
*Type of Document	<input type="text"/>
*Transmission Type	<input type="text"/>



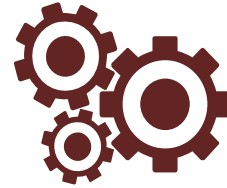
Uploading an Attachment



- Electronic attachments are accepted for Claims, Prior Authorization, and Enrollment Processing
- Acceptable file formats:
BMP, DOC, DOCX, GIF, JPG, PDF, PPT, PPTX, TIFF, TXT, XLS, and XLSX
- Each attachment must be <50 MB in size
- Each file must pass an anti-virus scan in MITS
- A maximum of 10 attachments may be uploaded



Remittance Advice (RA)



- All claims processed are available on the MITS Portal
- Weekly reports become available on Wednesdays

Welcome,

[Super User](#) [Providers](#) [Cost Report](#) [Account](#) [Claims](#) [Eligibility](#) [Prior Authorization](#) **Reports** [Portal Admin](#) [Publications](#)

Provider Reports



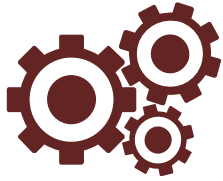
*Report

CPC (COMPREHENSIVE PRIMARY CARE REPORTS)
EPISODE REPORTS SUMMARY (PDF) AND PATIENT DETAIL DATA(CSV)
EPISODE REPORTS SUMMARY DATA(PDF) ONLY
HOSPITAL COST SETTLEMENT REPORT
PPR (POTENTIALLY PREVENTABLE READMISSIONS) REPORTS
PRC (PROVIDER REPORT CARDS) REPORTS
REMITTANCE ADVICE

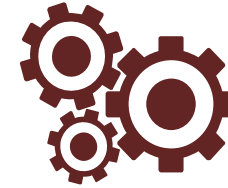
search

clear





Remittance Advice (RA)



➤ Select “Remittance Advice” and click “Search”

➤ To see all remits to date, do not enter any data, and click search twice

Super User Providers Cost Report Account Claims Eligibility Prior Authorization **Reports** Portal Admin Publications

Provider Reports ? ^

*Report REMITTANCE ADVICE ▾

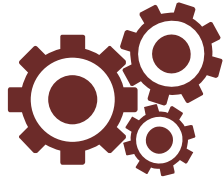
Payment Date

RA Number

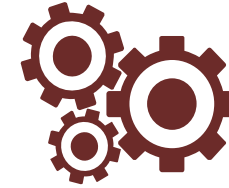
Check/EFT Number

Please select the row to show the report		
RA Number	Part Number	RA Date ▾
16161973	1	01/06/2018
16146862	1	12/30/2017
16145695	1	12/23/2017
16131620	1	12/22/2016
16116473	1	12/15/2016
16101611	1	12/08/2016
16086726	1	12/01/2016
16071717	1	11/25/2016
16056394	1	11/17/2016
16041108	1	11/10/2016

1 2 3 4 5 6 7 8 9 10 ... Next >



Remittance Advice (RA)



Paid, denied, and adjusted claims



Financial transactions

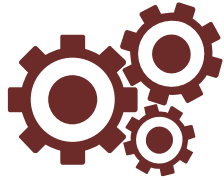
Expenditures - Non-claim payments

Accounts receivable - Balance of claim and
non-claim amounts due to Medicaid

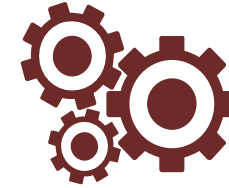


Summary

Current, month, and year to date information



Remittance Advice (RA)



Information pages

Banner messages to the provider community



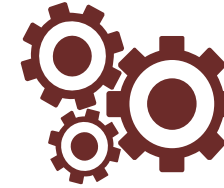
EOB code explanations

Provides a comparison of codes to the description



TPL claim denial information

Provides other insurance information for any TPL claim denials



Remittance Advice (RA)

You may use a RA to see how much patient liability was deducted from a claim

ICN	SERVICE DATES COVERED NON-COVERED				BILLED	ALLOWED	TPL	PATIENT RESPONSIBILITY	LUMP	PAID
PATIENT NUMBER	FROM	THRU	DAYS	DAYS	AMOUNT	AMOUNT	AMOUNT		SUM	AMOUNT
RECIPIENT ID: RECIPIENT NAME:					COUNTY: 38 HOLMES MED REC NUM:					
CHARGE SOURCE: LTCLOC										
2018213060229	070118	073118	31	0	5,735.00	5,395.24	0.00	1,949.00	0.00	3,446.24
REV	SERVICE DATES		COV	NON-COVERED	DAILY	BILLED	ALLOWED	TPL	PAID	
CODE	FROM	THRU	DAYS	DAYS	RATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
0101	070118	073118	31	0	174.04	5,735.00	5,395.24	0.00	3,446.24	
DETAIL EOB# 9919 9922										

Resources, Websites, and Forms

Mailboxes

NFStay mailbox - NFStay@Medicaid.ohio.gov

- The purpose of this mailbox is to process ODM 09401s and to answer questions related to nursing facility admissions and discharges
- **Inquiries not directly related to ODM 09401s or nursing facility admissions or discharges will not be answered**



Mailboxes

➤ Please follow the guidance below regarding inquiries not directly related to the 9401 process:

- » For managed care information, see the ODM website at:
<http://www.medicaid.ohio.gov/PROVIDERS/ManagedCare.aspx>
- » For managed care issues, contact the managed care plan. If not resolved, provider complaints can be filed through the managed care link listed above.
- » For questions about HCBS waivers and other long-term services and supports:
BHCP@medicaid.ohio.gov
- » Billing and claims - Provider Assistance at 1-800-686-1516
- » Nursing facility rules and policy questions: NFPolicy@medicaid.ohio.gov
- » For other Medicaid information, contact ODM's website at
<http://www.medicaid.ohio.gov/HOME.aspx>

Mailboxes

NF Policy mailbox - NFPolicy@medicaid.ohio.gov

- The purpose of this mailbox is to respond to inquiries regarding Nursing Facility (NF) Policy Rules and requirements
- Only these types of inquiries will be addressed through this mailbox
- **Your inquiry will not be addressed if it does not directly relate to Nursing Facility Policy Rules**

Mailboxes

➤ Please follow the guidance below regarding inquiries that are not directly addressed by the NF Policy Mailbox:

- » **Submit ODM 9401s for Managed Care admissions and all NF discharges to ODM via NFStay@medicaid.ohio.gov**
- » For NF billing and claims issues: call Provider Assistance at 1-800-686-1516
- » For EDI issues: contact EDI Support via Email: OhioMCD-EDI-Support@dx.com or phone: 844-324-7089.
- » For Medicaid eligibility and patient liability issues: contact the local county department of job and family services (CDJFS) that is handling the Medicaid case
- » For managed care information, see the ODM website at:
<http://www.medicaid.ohio.gov/PROVIDERS/ManagedCare.aspx>
- » For managed care issues, contact the managed care plan. Provider complaints can be filed through the managed care link listed above.
- » For questions about HCBS waivers and other long-term services and supports: email BHCP@medicaid.ohio.gov
- » For other Medicaid information, contact ODM's website at <http://www.medicaid.ohio.gov/HOME.aspx>

Websites

Ohio Department of Medicaid home page

<http://Medicaid.ohio.gov>

Ohio Department of Medicaid provider page

<http://Medicaid.Ohio.Gov/Providers.aspx>

Long Term Care provider page

<http://medicaid.ohio.gov/Provider/ProviderTypes/LongTermCareFacilities>

LAWriter

<http://codes.ohio.gov/oac/5160>

Websites

MITS home page

<https://portal.ohmits.com/Public/Providers/tabId/43/Default.aspx>

Electronic Funds Transfer (click on Medicaid providers)

<http://www.ohiosharedservices.ohio.gov/>

Information for Trading Partners (EDI)

<http://medicaid.ohio.gov/Provider/Billing/TradingPartners>

Companion Guides (EDI)

<http://medicaid.ohio.gov/PROVIDERS/MITS/HIPAA5010Implementation.aspx>



Forms



- ODM 03623 – Provider Agreement for LTC Facilities
- ODM 10203 – Report a Change for Medical Assistance
 - ODM 09401 – Facility Communication
 - ODM 06614 – Health Insurance Fact Request
 - ODM 06653 – Medical Claim Review Request





ANY
QUESTIONS?