

QuestionMgr

Please enter questions below

ID	Submitted By	Question / Response	Status	Me Too
1	Sharon Scuggs	How do we handle Permedion review accounts?	Text	2
1.1	Karen Washington	Providers will no longer acces Permedion. You must enter all requests via the Portal using either the 34 or 35 assignment codes.		
1.2	Janice Curtis	Permedion will have access to MITS for their review process		
2	Sharon Scuggs	From slides 14 & 15 - If a non-institutional provider does not have multiple "contracts" and it's bill has services from multiple contract areas, will the entire bill reject or just the line item that represent "non-contract" services?	Text	2
3	Melissa Wiseman	can we correct/edit resubmit claims even if they are submitted through a trading partner?	Text	2
3.1	Karen Washington	Yes you can correct, edit and resubmit claims claims submitted through a trading partner via the MITS Web portal.		
4	Sharon Scuggs	Will MITS notify provider if attachments were successfully accepted? (slide 44)	Text	2
4.1	Karen Washington	You will not receive an additional notice regarding your attachments but you should see an acknowledgement on the screen indicating the attachments were uploaded successfully.		
5	Sharon Scuggs	What information does Sub Menu "MITS Days Report" provide?	Text	2
5.1	Ellen Kiester	Thank you for your question. The MITS Days Report allows the user to search for paid and adjusted claims. The information will be grouped by month and sorted by service date. Based on the date range of the search, the user will see a total of each of the days and amount columns.		
6	Sharon Scuggs	As the administrator for our organization, we've had several associates complete their agent access however when attempting to re-sign into MITS, some have been unable to access. Some who have been able to access cannot be found when searching for them to assign agent access, they cannot be found. How should these scenarios should be handled?	Text	2
6.1	Janice Curtis	Thank you for the question. We are aware of the issue. Currently if a provider or agent indicates that they are unable to initialize their account after 10 minutes they need to wait 30 minutes and then try again and they should now be able to initialize their account.		
6.2	Karen Washington	Yes we are aware of that and you will need to wait 30 minutes and then log in again.		
7	Sharon Scuggs	If a group of providers use one tax ID number, do you have to set up the provider type for each and every provider? Example – we have over 200 physicians in our group, how do we set it up so that all physician billers have access to all providers?	Text	2
7.1	Karen Washington	Each billing NPI has to be registered by an administrator account. Then the agents need to be granted the appropriate access to the billing NPIs they need to work with.		

8	Sharon Scruggs	If recipient has a MCD Managed Care program will you be able to see the managed care ID #?	Text	2
8.1	Karen Washington	Yes you can verify this information in eligibility.		
8.2	Dwayne Knowles	If you have the appropriate COS today to receive payment, your entire claims should pay. Unfortunately, every situation is different. So, if your claim partially pays or denies, that problem has to be resolved via Provider Assistance.		
9	Sharon Scruggs	Can claims be adjusted via EDI?	Text	2
9.1	Karen Washington	Claims submitted via EDI can now be adjusted via the MITS Web portal.		
9.2	Dwayne Knowles	Additionally, I recommend contact the MCP regarding the client's MCP ID.		
10	Sharon Scruggs	Do we order special scanners to scan the attachments?	Text	2
10.1	Karen Washington	You can purchase a scanner or you can mail in the attachments with a cover sheet.		
11	Sharon Scruggs	Will the 30 character limit on e-mail addresses be changed to allow more characters?	Text	2
11.1	Karen Washington	The email requirement has been adjusted to allow up to 50 characters.		
12	Tracy	For the pop screen to show manage care... does it also show the id# for that manage care plan	Text	2
12.1	Karen Washington	Yes on the pop up screen in eligibility the MCP plan ID # is listed as the carrier number.		
13	Helen Harker	Are there any plans in the near future for a new billing handbook? Last update 2005.	Text	2
13.1	Karen Washington	The presenter will address that for you.		
13.2	Dwayne Knowles	Medicaid Policy is working on billing guidelines for portal submissions.		
14	Tracey Little	What will be the processing time for the 6653s when submitted via the new process?	Text	2
14.1	Ellen Kiester	Thank you. The presenter will address at the end of the presentation.		
14.2	Dwayne Knowles	At this time, Medicaid can't give providers an exact process time. However, 6653s submitted via the portal will be reviewed much faster.		
15	Sharon Scruggs	For claim status – How far back will claim information on prior submissions be pulled over to MITS? Example – claim denied on 1-15-11, will that be available in MITS?	Text	2
15.1	Janice Curtis	Thanks for your question. Yes, that claim will be available in MITS. There will be 7 years of claims history converted into MITS and the claim history will continue to grow as claims come in after Go-Live. As for the web portal providers will be able to search for prior claims in 12 month increments.		
16	Sharon Scruggs	How long do claims remain on MITS?	Text	2

16.1	Janice Curtis	Thanks for the question and the previous response hopefully answered your question.		
17	Sharon Scruggs	Is there a different timeline for paid vs. denied vs. voided claims?	Text	2
17.1	Karen Washington	All claims will adjudicate in real-time so you will know the status upon entering submit.		
18	Sharon Scruggs	When we go in and change the total charges, how does the system know what service the additional charges are for? And whether to pay for the additional charges or not?	Text	2
18.1	Janice Curtis	Thanks for the question. When you make an adjustment it would be in the detail, or line item. If the change was due to the dollar amount charged for that line item then it would change the total charges. The system will look at the line item adjustment to see if it should pay. Hopefully this answers your question.		
19	Sharon Scruggs	How do we find out who the administrator is?	Text	2
19.1	Karen Washington	Your administrator is the person in your organization responsible for assigning agent roles and determining who has access to what. You will not be able to see in MITS who set up the administrator account.		
20	Sharon Scruggs	Page 28 – How do you set up a new administrator if your current administrator leaves the organization?	Text	2
20.1	Karen Washington	The new administrator would go to the Provider set up page from the main menu and set up their administrator account. This would have to happen after the other administrator account has been terminated.		
21	Sharon Scruggs	Page 14 – will hospitals have multiple provider contracts? How do we verify our current contracts? How do we set up contracts?	Text	2
21.1	Raina Turner	Dwayne Knowles : Yes. Hospital providers can have multiple contacts. If you want to know about the current COS, please contact Provider Enrollment.		
22	Sharon Scruggs	Will the HCE pre-admission form be on-line or do we submit it as an attachment?	Text	2
22.1	Dwayne Knowles	The process for psych claim pre-certifications will not change.		
23	Sharon Scruggs	Will Caresource and Molina respond via fax or e-mail for clinical reviews?	Text	2
23.1	Dwayne Knowles	The current process has and will not change regarding communication with MCPs.		
24	Sharon Scruggs	COB Line items – Medicare/Medicaid claims that do not crossover, do you need to enter payment info on each charge line instead of a lump sum when transmitting via EDI?	Text	2
24.1	Janice Curtis	Thanks for the question. Currently if there are changes for EDI claims they will be outlined in the new companion guides so you will want to review those. As to the MITS Web Portal you would need to enter payment info for each charge or detail line.		
25	Sharon Scruggs	Where can we go to check our provider and group information to ensure it is correct so we don't have issues at "Go-Live"?	Text	2
25.1	Karen Washington	Early registration for accessing the portal is taking place now. You can set up your information now through July 25.		

25.2	Dwayne Knowles	To check your provider and group information, contact Provider		
25.3	Dwayne Knowles	To check your provider and group information, contact Provider Enrollment.		
26	Sharon Scruggs	Has Medicaid been able to successfully test crossovers? Are there still issues? If yes, what are the problems?	Text	2
26.1	Dwayne Knowles	MITs testing is ongoing, and problems are being resolved on case-by-case basis.		
27	Sharon Scruggs	DME Hearing Aids – do we have to get a special provider #?	Text	2
27.1	Dwayne Knowles	No. However, provider need the appropriate COS today, and the appropriate contract after MITs.		
27.2	Dwayne Knowles	Dwayne Knowles : You wouldn't submit the claim if Medicare didn't pay. So, the client would have Medicare Parts A, B, or C. Therefore, Medicaid would process your claim.		
28	Sharon Scruggs	How do we do prior auths > 6/27? The schedule show no more > 6/27.	Text	2
28.1	Erica Baker	The release which contained those transition dates have been updated. Prior Authorizations will be accepted until 8/1/2011. Please refer back to http://www.jfs.ohio.gov/mits/Communications%20Release%2013%20revised.pdf to view the updated release that contains up-to-date transition dates.		
29	Sharon Scruggs	COB Claims – Primary claims adjudicated at the line level require the same for Medicaid secondary submitted via MITs. Is this also a (new) requirement for EDI claims? In the past, EDI claims have not had to designate at the line level.	Text	2
29.1	Janice Curtis	Thanks, Please review the new companion guides for any process changes to EDI claims. If submitting via Web Portal then yes, it would be required at the line leve.		
30	Sharon Scruggs	How do we upload an attachment if our claims go through a clearing house?	Text	2
30.1	Karen Washington	You will be able to locate that claim via the portal and submit your attachments with that claim.		
31	Sharon Scruggs	Should providers “void” previously submitted claims submitted through MMIS, before submitting a replacement claim through an EDI partner?	Text	2
31.1	Karen Washington	You can now void previously submitted claims via the Web portal.		
32	Sharon Scruggs	Will Medicaid be sending standard ANSI codes back on 835's?	Text	2
32.1	Dwayne Knowles	Nothing will change with your trading partner. However, Medicaid EOB codes will not the the CAS and remark codes. They will be error codes that are more understandable.		
33	Sharon Scruggs	NPI – what do we enter if provider does not have an NPI #?	Text	2
33.1	Janice Curtis	Thanks for the question. If the provider is providing medical services they would need an NPI. Can you clarify please?		
34	Sharon	Do we use the NPI # as the provider ID # if the provider does not have a	Text	2

	Scruggs	provider ID #?		
34.1	Karen Washington	Yes the NPI number can be used.		
35	Sharon Scruggs	Are the denial reasons going to be more specific?	Text	2
35.1	Dwayne Knowles	Refer to slide 12. Your EOB codes from OHP will be more specific.		
36	Sharon Scruggs	Will the MITS take you right to the error on the claim for corrections?	Text	2
36.1	Karen Washington	Yes the error messages will tell you what items need to be corrected.		
37	Sharon Scruggs	135 Bill type's, will we still use duplicate claims?	Text	2
37.1	Dwayne Knowles	The process for bill type 135 hasn't changed. However, I recommend accessing the MITS releases for updates.		
37.2	Dwayne Knowles	Contact the Medicaid MCP (Medicaid HMOs) regarding the precert process before and after MITS.		
38	Gina Gaskins	Do we use the MITS portal for precerts for Medicaid HMO recipients?	Text	2
38.1	Karen Washington	Yes you will be able to use the portal for precerts for Medicaid HMO recipients.		
39	Melissa Wiseman	Do PA's for dme or therapy requesting special devices/equipment need to go thru MITS?	Text	2
39.1	Karen Washington	Yes all PA MUST be submitted via the Web portal.		
40	Michele Veltre	If we submit our Medicaid claim via our clearinghouse - at what point do we attach our appropriate sterilization form?	Text	2
40.1	Janice Curtis	Thanks for the question. You would need to check MITS, probably the next day, to make sure the claim has been received. Once the claim appears in MITS via the Web Portal then you can upload the sterilization form and appropriate attachments. Or at that time you could choose to mail the form with the EDMS cover sheet if unable to upload electronically		
41	Lisa	How do we handle claim when primary applies all to patient's deductible or coins mmis we changed medicaid to primary and drop off the other ins.	Text	2
41.1	Dwayne Knowles	Medicaid Policy indicates that this problem will be resolved in MITS. Therefore, submit your claim and indicate that the entire amount of the primary payer's payment applied to the recipient's coinsurance/deductible.		
42	Linda Anderson	Where do you get the EDMS sheet?	Text	2
42.1	Ellen Kiester	Thank you. When you choose the option to mail attachments with in the portal, you will then be directed to the EDMS cover sheet.		
43	Sharon Scruggs	For providers who submit their secondary (COB) claims via electronic EDI, what rules are in place for the COB Data to identify who the primary payer is? (no indicator field like the portal – TPL vs. HMO MCR risk, etc.)	Text	2
43.1	Janice Curtis	Thanks. You will need to refer to the instructions for any changesto submitting edi claims based on the new Companion guides.		

43.2	Karen Washington	The new companion guides can be located at: http://jfs.ohio.gov/OHP/tradingpartners/info.stm .		
44	Sharon Scruggs	How many claims can an agent bill in one day? Example – 40 billers means 40 agents, how many claims each can be submitted? One Tax ID # but multiple providers.	Text	2
44.1	Ellen Kiester	Thank you for your question. If you submit claims via the web portal, 50 claims per day per pay to NPI may be submitted. There are no limits to the provider submitting batch claims via EDI.		
45	Sharon Scruggs	How will providers know what will require a prior auth or pre cert?	Text	2
45.1	Dwayne Knowles	Services requiring pre-certification/prior authorization are based on current rules. Refer to the eManuals website for details.		
46	Sharon Scruggs	When are providers going to have full access to MITS?	Text	2
46.1	Ellen Kiester	Thank you for your question. MITS goes live on August 2, 2011.		
47	Sharon Scruggs	Will there be a “play” environment available prior to 8/2?	Text	2
47.1	Ellen Kiester	Thank you. All providers have access to the etutorials on the MITS website at http://jfs.ohio.gov/mits/index.stm . These tutorials are great tools for you to see how the portal works and how easy it is to learn.		
48	Sharon Scruggs	Do inpatient claims need to be precerted?	Text	2
48.1	Ellen Kiester	Thank you. The presenter will address at the end of the presentation.		
48.2	Dwayne Knowles	Refer to the response for question 45.		
49	Sharon Scruggs	Is there going to be changes in the prior auth/precertification program?	Text	2
49.1	Ellen Kiester	Thank you. The presenter will address at the end of the presentation.		
49.2	Dwayne Knowles	No.		
50	Sharon Scruggs	We can only use ICD-9 procedure codes not CPT codes?	Text	2
50.1	Dwayne Knowles	There are field available to denote ICD-9 codes. Refer to the MITS releases for any updates.		
51	Sharon Scruggs	Since affiliated physician will submit sterilization and hysterectomy form thru MITS, will the hospital need to attach a copy to the hospital claim?	Text	2
51.1	Ellen Kiester	Thank you. The presenter will address at the end of the presentation.		
51.2	Dwayne Knowles	The hospital provider needs to attached the appropriate HAS form with claims.		
52	Linda Anderson	What designates an Interim bill and if the patient is discharged before the end of the month how do we bill to meet the 30 day requirement on slide #75	Text	2
52.1	Ellen Kiester	Thank you. The presenter will address at the end of the presentation.		
52.2	Dwayne Knowles	This is a question that Medicaid Policy has to clarify.		

53	Lisa	DOES THE MITS USE THE CONDITION CODE AN AND C3 FOR PERMEDION	Text	2
53.1	Dwayne Knowles	As of today, the AN condition code remains valid, and the CE code hasn't changed. However, refer to the MITS releases for updates.		
54	Lisa	DOES THE MITS SYSTEM ALLOW OCCURRENCE CODE 56 FOR NON COOPERATIVE PATIENT	Text	2
54.1	Dwayne Knowles	As of today, occurrence code 56 remains valid. Please refer to the MITS releases for updates.		
55	Shepherd of the Valley	Can their be more than one administrator?	Text	2
55.1	Karen Washington	A provider can have one account administrator per billing NPI.		