

Basic Billing for Durable Medical Equipment Providers

Provider Relations

2021

AGENDA

- Medicaid Services
- Programs & Cards
- Managed Care/MyCare Ohio
- Provider Responsibilities
- Policy
- MITS & Claims
- Websites & Forms



Staff are available
weekdays from
8:00 a.m. to 4:30 p.m.

Providers will be
required to enter two
out of the following
three pieces of data: tax
ID (or SS#), NPI, or 7 digit
Ohio Medicaid provider
number

Calls directed through
the IVR prior to
accessing the customer
call center

1-800-
686-1516



Provider Assistance



If you call provider assistance you will be given your number in line upon entering the queue



Medicaid Services

- Helpful phone numbers
 - » Adjustments
 - LTCPaymentSection@medicaid.ohio.gov
 - » OSHIP (Ohio Senior Health Insurance Information Program)
 - 1-800-686-1578
 - » Coordination of Benefits Section
 - 614-752-5768
 - 614-728-0757 (fax)



Programs & Cards

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

- This is the traditional fee-for-service Medicaid card
- Issued annually as of October 1, 2018

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. <u>medicaid.ohio.gov</u> Consumer's Signature: _____	Fold <table><tr><td>County</td><td>ALLEN</td><td rowspan="5">Ohio Medicaid</td></tr><tr><td>Case Number</td><td>5082482</td></tr><tr><td>Eligibility Begin Date</td><td>01/01/2021</td></tr><tr><td>Void After Date</td><td>01/31/2021</td></tr><tr><td colspan="2">Ohio Department of Medicaid medicaid.ohio.gov</td></tr><tr><td colspan="3">Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]</td></tr></table>	County	ALLEN	Ohio Medicaid	Case Number	5082482	Eligibility Begin Date	01/01/2021	Void After Date	01/31/2021	Ohio Department of Medicaid medicaid.ohio.gov		Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]		
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Void After Date	01/31/2021														
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Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]															

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



❑ Ohio Medicaid

- This is the traditional fee-for-service Medicaid card
- Issued annually as of October 1, 2018

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. <u>medicaid.ohio.gov</u> Consumer's Signature: _____	Fold <table><tr><td>County</td><td>ALLEN</td><td rowspan="5">Ohio Medicaid</td></tr><tr><td>Case Number</td><td>5082482</td></tr><tr><td>Eligibility Begin Date</td><td>01/01/2021</td></tr><tr><td>Void After Date</td><td>01/31/2021</td></tr><tr><td colspan="2">Ohio Department of Medicaid medicaid.ohio.gov</td></tr><tr><td colspan="3">Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]</td></tr></table>	County	ALLEN	Ohio Medicaid	Case Number	5082482	Eligibility Begin Date	01/01/2021	Void After Date	01/31/2021	Ohio Department of Medicaid medicaid.ohio.gov		Consumer Hotline: 1-800-324-8680 [or TTY 1-800-292-3572]		
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Programs & Cards

- Conditions of Eligibility and Verifications: OAC 5160:1-2-10
 - » Consumers must cooperate with requests from third-party insurance companies to provide additional information needed in order to authorize coverage
 - » Consumers must cooperate with requests from a Medicaid provider; managed care plan; or a managed care plan's contracted provider for additional information which is needed in order to bill third party insurances appropriately





Eligibility Verification Request

Ohio Department of Medicaid

FAMILIES & INDIVIDUALSRESOURCES FOR PROVIDERSSTAKEHOLDERS & PARTNERSOUR STRUCTURE ABOUT US

HelpSearch

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is l...

Billing >	COVID-19 >	Enrollment & Support >	Managed Care >
Provider billing and data exchange related instructions, policies, and resources.	Ohio Department of Medicaid COVID-19 Resources and Guides for Providers	Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to	The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better
MITS >	Policies & Guidelines >	Programs & Initiatives >	
Medicaid Information Technology Information System (MITS) Resources	Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our	The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the	

How long do I have to submit a claim?

What is the recipient's name?

- As a Provider, am I allowed to bill the patient for missed appointments?
- What is National Provider Identifier (NPI)?

Fee Schedule & Rates
Disclaimer about fee schedule and rates available for providers.

Training
Training presentations, videos, and handouts.

TPL Carrier List
Click download to obtain the full listing of Third Party Carrier list and numbers

Direct Deposit
OBM Shared Services is a business processing center that processes common administrative

Training Videos

Ohio Medicaid has created a compilation of training videos that cover a variety of topics for providers. If questions remain after reviewing these videos, contact Ohio Medicaid Provider Assistance at 1-800-686-1516.

Check back frequently as training videos will be added as needed. If there are issues viewing these videos, make sure your pop-up blocker is turned off.

- [Presumptive Eligibility \(PE\) Portal Walk Through for Qualified Entities](#)
- [How to Setup a MITS Agent Account and Access Reports](#)
- [Eligibility Search](#)



Eligibility Verification Request

You can search up to 4 years back



Welcome,

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

eligibility search [deemed eligible newborn](#) [presumptively eligible child](#) [presumptively eligible pregnant woman](#) [psychiatric admission](#)
[hospice enrollment](#)

Eligibility Verification Request

Medicaid Billing Number		Birth Date	
SSN		DOS Date Format	MM/DD/YYYY v
Procedure Code		From DOS	07/16/2017
		To DOS	07/15/2021
search			
clear			

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

TIP: Always check eligibility prior to billing



Eligibility Verification Request

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
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	07/01/2017	07/31/2021		\$0.00	\$0.00
MRDD Targeted Case Mgmt	07/01/2017	07/31/2021		\$0.00	\$0.00
Alcohol and Drug Addiction Services	07/01/2017	07/31/2021		\$0.00	\$0.00
Ohio Mental health	07/01/2017	07/31/2021		\$0.00	\$0.00
Medicaid	07/01/2017	07/31/2021		\$0.00	\$0.00

Associated Child(ren)

Medicaid Billing Number	First Name	MI	Last Name	Gender	Date of Birth
910700745972	IMPERIAL		SMITH	MALE	09/07/2012
910700745973	CARTIER		JONES	MALE	01/15/2008

Inpatient Hospital Services Plan (IHSP)

Recipient Information

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

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
Inpatient Hospital Services Plan	07/01/2021	07/31/2021		\$0.00	\$0.00

Presumptive Eligibility

Recipient Information

Medicaid Billing Number

Last Name

First Name

Gender

Date of Birth

Date of Death

SSN

County of Residence

County of Eligibility

County Office <http://jfs.ohio.gov/county/cntydir.stm>

Number Bed Hold Days Used Paid CY

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
PRESUMPTIVE MRDD Targeted Case Mgmt	02/14/2019	09/30/2021		\$0.00	\$0.00
PRESUMPTIVE Alcohol and Drug Addiction Services	02/14/2019	09/30/2021		\$0.00	\$0.00
PRESUMPTIVE Medicaid	02/14/2019	09/30/2021		\$0.00	\$0.00
PRESUMPTIVE Ohio Mental health	02/14/2019	09/30/2021		\$0.00	\$0.00

QMB

Recipient Information

Medicaid Billing Number

Last Name

First Name

Gender

Date of Birth

Date of Death

0

SSN

County of Residence

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
Qualified Medicare Beneficiaries	10/24/2016	06/30/2021		\$0.00	\$0.00

Can I bill them?

**MLN Matters® Number: MM11230 Revised Release Date of Revised Article:
July 3, 2019**

Billing 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 for covered items and services (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 system updates are part of CMS' ongoing efforts to help providers comply with QMB billing prohibitions.



SLMB

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
Date of Death				

Benefit / Assignment Plan					
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
SLMB	05/01/2017	07/31/2021		\$0.00	\$0.00

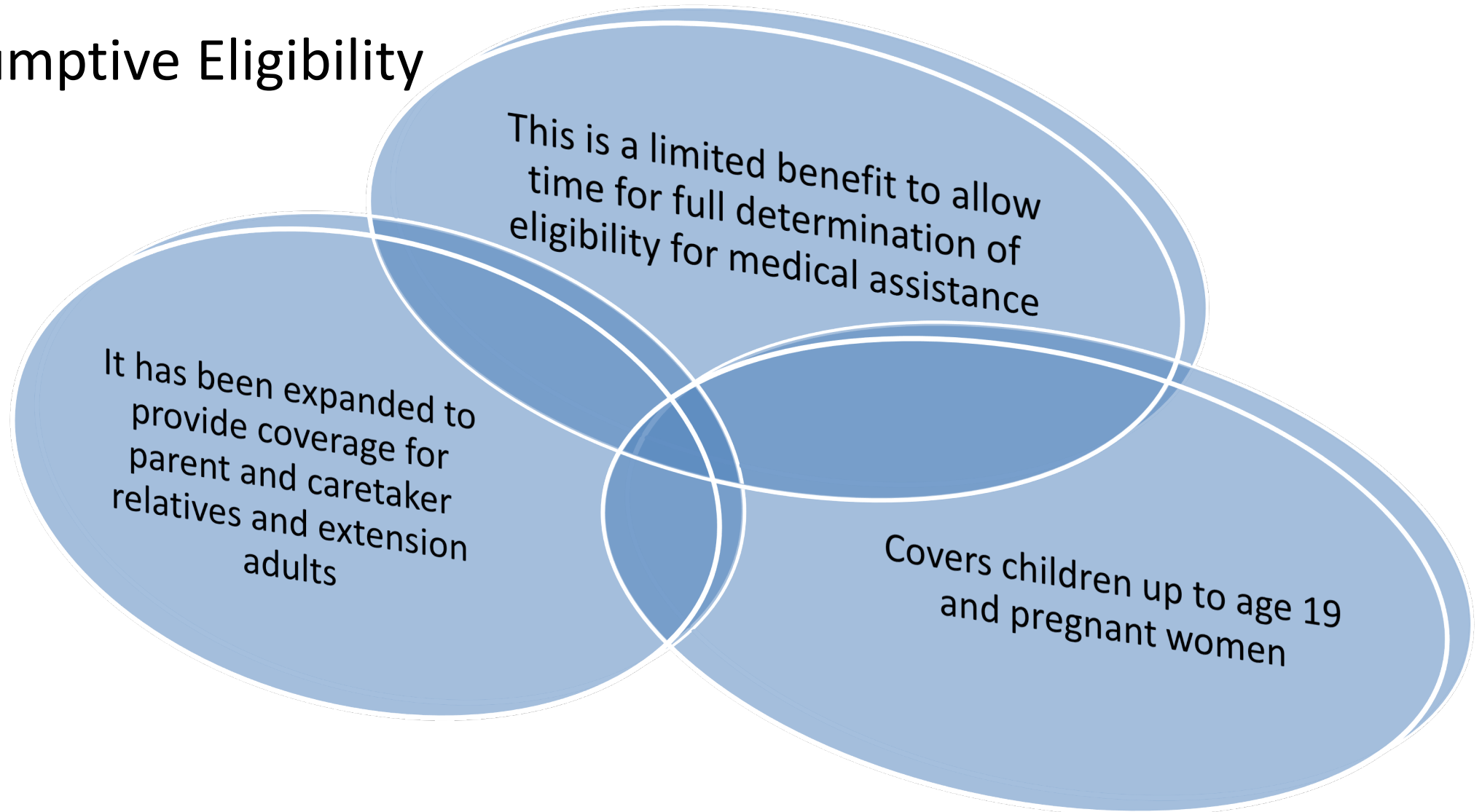
QI-1

Recipient Information						
Medicaid Billing Number					SSN	
Last Name					County of Residence	
First Name					County of Eligibility	
Gender		County Office http://jfs.ohio.gov/county/cntydir.stm				
Date of Birth		Number Bed Hold Days Used Paid CY				
Date of Death						

Benefit / Assignment Plan						
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount	
QI 1/QI 2	04/26/2017	07/31/2021		\$0.00	\$0.00	

Programs & Cards

- Presumptive Eligibility





Presumptive Eligibility



Members will receive a Presumptive Eligibility letter if a state qualified entity determines presumptive eligibility

Presumptive Eligibility

MISSISSIPPI RIVERS
21 S FRONT ST
COLUMBUS, OH 43215

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 household income, U.S. citizenship or qualified alien status, Ohio residency, and pregnancy (if applicable).

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
MISSISSIPPI RIVERS	01/01/1987	PE PREGNANT	05/09/2021	910001331813



Presumptive Eligibility



Other members will receive this Presumptive Eligibility letter

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	06/25/2021	910194194194

Managed Care & MyCare Ohio

aetna[®]

AETNA BETTER HEALTH[®] OF OHIO



buckeye
health plan.



CareSource[®]



PARAMOUNT
HEALTH
CARE



MOLINA[®]
HEALTHCARE



UnitedHealthcare[®]

Oversight of Managed Care Plans

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





MITs Managed Care Eligibility

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	01/01/2019	10/31/2021		\$0.00	\$0.00
Alcohol and Drug Addiction Services	01/01/2019	10/31/2021		\$0.00	\$0.00
Ohio Mental health	01/01/2019	10/31/2021		\$0.00	\$0.00
Medicaid	01/01/2019	10/31/2021		\$0.00	\$0.00
MRDD Targeted Case Mgmt	10/24/2018	12/31/2018		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/24/2018	12/31/2018		\$0.00	\$0.00
Ohio Mental health	10/24/2018	12/31/2018		\$0.00	\$0.00
Medicaid	10/24/2018	12/31/2018		\$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, CFC	10/24/2018	10/31/2021	

MyCare Ohio



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, 2022



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	10/24/2018	09/30/2021		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/24/2018	09/30/2021		\$0.00	\$0.00
Ohio Mental health	10/24/2018	09/30/2021		\$0.00	\$0.00
Medicaid	10/24/2018	09/30/2021		\$0.00	\$0.00
MyCare Ohio Waiver	10/24/2018	09/30/2021		\$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	10/24/2018	09/30/2021	Dual Benefits

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/24/2018	10/31/2019			2YU3Q39WU99
PART B	10/24/2018	10/31/2019			2YU3Q39WU99
PART C	10/24/2018	09/30/2021	BUCKEYE HEALTH PLAN - MYCARE OHIO	H0022	2YU3Q39WU99
PART D	10/24/2018	10/31/2019	*H0022/001	001	2YU3Q39WU99



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	10/24/2018	09/30/2021		\$0.00	\$0.00
Alcohol and Drug Addiction Services	10/24/2018	09/30/2021		\$0.00	\$0.00
Ohio Mental health	10/24/2018	09/30/2021		\$0.00	\$0.00
Medicaid	10/24/2018	09/30/2021		\$0.00	\$0.00
MyCare Ohio Waiver	10/24/2018	09/30/2021		\$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
MOLINA HEALTHCARE OF OHIO INC	HMO, MyCare Ohio	07/01/2018	09/30/2021	Medicaid Only

Lock-In

*** No rows found ***

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	Medicare ID
PART A	10/30/2016	10/31/2019			9RG7AP3AF00
PART B	10/30/2016	10/31/2019			9RG7AP3AF00
PART C	08/01/2017	09/30/2021	AARP MEDICARERX PREFERRED (PDP)	013	9RG7AP3AF00
PART D	06/01/2018	09/30/2021	CVS CAREMARK VALUE (PDP)	028	9RG7AP3AF00



Submitting a Managed Care Complaint

[FAMILIES & INDIVIDUALS](#)[RESOURCES FOR PROVIDERS](#)[STAKEHOLDERS & PARTNERS](#)[OUR STRUCTURE ABOUT US](#)

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is i...

Billing Provider billing and data exchange related instructions, policies, and resources.	> COVID-19 Ohio Department of Medicaid COVID-19 Resources and Guides for Providers	> Enrollment & Support Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to	> Managed Care The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better
MITS Medicaid Information Technology Information System (MITS) Resources	> Policies & Guidelines Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our	> Programs & Initiatives The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the	

Provider Inquiries

Providers should contact the associated managed care organization (MCO) for assistance before submitting a complaint (see hyperlink below) to the Ohio Department of Medicaid (ODM).

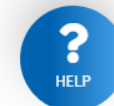
Providers should [contact](#) the MCO's provider services line and/or their regional provider relations representative. Providers are encouraged to use the appeals, grievance, or arbitration processes as outlined in their individual contract with that MCO. If the MCO or MCO's representative do not return a provider's call within five business days, the provider may complete the provider complaint form below.

All complaints submitted are sent immediately to the corresponding MCO for response. Please note the MCOs will have up to 15 business days to respond.

The provider inquiry guidance document and inquiry form are located [HERE](#). Ensure your pop-up blocker is turned off.

Need Technical Assistance?
Give us a call on our Provider Hotline 800-686-1516.

Access the MITS Portal
Medicaid Information Technology System



Submitting a Managed Care Complaint

Provider Complaint Form Guidance

The Ohio Department of Medicaid (ODM) maintains a managed care organization (MCO) complaint form. This can be used by any provider who has first attempted to work directly with the plan but has been unsuccessful in getting an appropriate response. Before submitting a complaint, providers should check the plan's Claims Payment Systemic Errors (CPSE) report for the issue in question.

MCO's receive these complaints directly, in real time, and have **15 business days to respond to the provider with a resolution**. Providers are encouraged to utilize the appeals, grievance, or arbitration processes as outlined in their individual contract with the plan. ODM staff review complaints to verify whether the plan has contacted the provider and given an answer to their question(s). ODM staff cannot arbitrate between the plan and providers.

Please note: ODM does not follow-up with all providers on complaints submitted. ODM reviews all complaints and tracks trends.

Submitting a Managed Care Complaint

Submission Tips:

Providers may add supporting documentation directly onto the provider complaint form.

If multiple individuals are affected by a single issue with a plan, the provider is to submit only one complaint for all individuals, however, up to 5 attachments may be uploaded on a single complaint.



NEW If the provider submits multiple complaints for the same issue (different individuals, dates of service, practitioners, or files affected), ODM will cancel all duplicate complaints, contact the provider, and request that a single new complaint be submitted for all files affected.



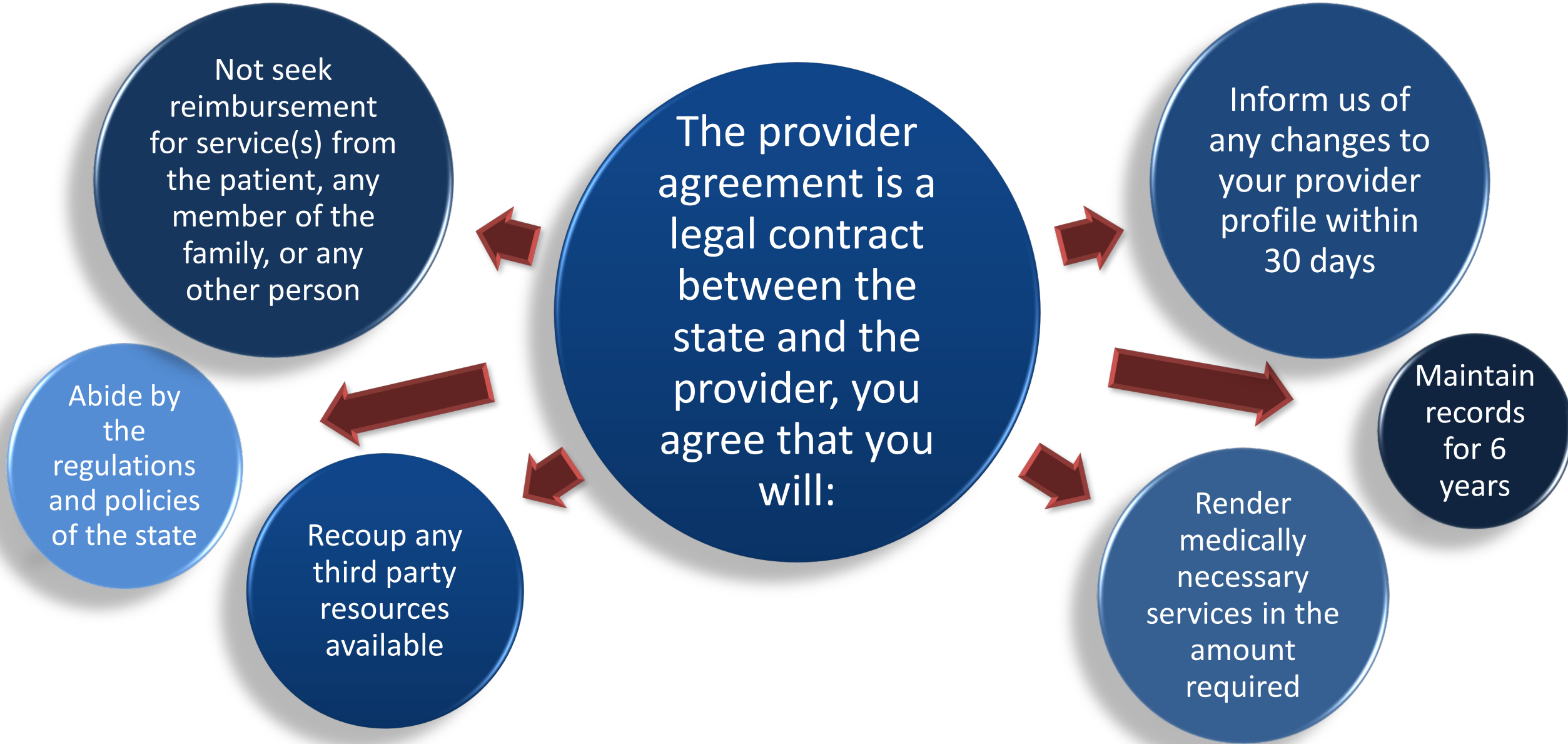
NEW If a group provider is submitting a complaint, the “Filing Party Name” on the complaint should list the group’s name and not the individual practitioner.



NEW Proper contact information for the person listed in the “Follow-up Name” field must be entered. The plans may attempt to contact the provider via telephone conversation, voicemail left, or email sent. If the plan is continuously unable to reach the listed contact, ODM may close the complaint without direct provider contact.

Provider Responsibilities

❑ Provider Agreement: OAC 5160-1-17.2





Provider Responsibilities

- Demographic Maintenance in MITS



Welcome,

Super User

Providers

Cost Report

Account

Trading Partners

Claims

Episode Claims

Eligibility

Prior Authorization

Reports

Portal Admin

Security

Trade Files

Demographic Maintenance

demogra

ordering

Na

Provider

Zip C

1099 Information

Provider FAQ

MITS Days Report

Correspondence

Self Attestation

Hospital Cost Report

Ordering/Referring/

information

provider faq

mits days report

correspondence

self attestation

hospital cost report

ch group affiliation

group members

cpc group

cpc group members

cpc accreditations

cpc attestations

NPI



Provider Responsibilities

- Demographic Maintenance in MITS, cont.

Welcome,

Super User **Providers** Cost Report Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files

Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report
ordering/referring/ prescribing search group affiliation group members cpc group cpc group members cpc accreditations cpc attestations

Service Location > **Location Name Address** > Service Language > 1099 Mailing Address

Provider Information

Medicaid Provider ID	MCD	Address Type	PRACTICE LOCATION
National Provider ID	NPI	Address	520 LINCOLN AVE
Practice Type	OTHER		
Provider Type	76 - DURABLE MEDICAL EQUIPMENT SUPPL	City	CINCINNATI
Ownership	NO	County	HAMILTON
Medicaid Effective Date	04/26/2007	State/Zip	OH 45206-1100
Medicaid End Date	08/27/2018	Phone	513-000-0000

Location Name Address



Address Type	Name	Address 1	City	State	Zip	Zip + 4	Phone 1
HOME OFFICE		520 LINCOLN AVE	CINCINNATI	OH	45206	1100	(513)000-0000
MAIL TO		2603 BURNET AVE	CINCINNATI	OH	45229	3026	(000)000-0000
PAY TO		PO BOX 526194	CINCINNATI	OH	45264	6194	(000)000-0000
SERVICE LOC		900 LINCOLN AVE	CINCINNATI	OH	45206	1100	(513)000-0000

ORP Search

Welcome

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports

Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report

ordering/referring/ prescribing search group affiliation group members cpc group cpc group members cpc accreditations

cpc attestations

Ordering/Referring/Prescribing Search

Ordering Provider NPI

Ordering Provider Last Name

SMITH

First, MI

DWIGHT

*Date of Service

01/11/2021

search

clear

Search Results

*** No rows found ***

ORP Search

Welcome

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports

Portal Admin Security Trade Files

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report

ordering/referring/ prescribing search group affiliation group members cpc group cpc group members cpc accreditations cpc attestations
attestations

Ordering/Referring/Prescribing Search

Ordering Provider NPI	
Ordering Provider Last Name	SMITH
First, MI	JOHN
*Date of Service	01/11/2021
search	
clear	

Search Results

Ordering Provider NPI	Ordering Provider Name
1268168168	SMITH, JOHN D
1034134734	SMITH, JOHN A
1422722122	SMITH, JOHN M
1206206106	SMITH, JOHN R
1237137537	SMITH, JOHN S
1446646046	SMITH, JOHN B
1019019719	SMITH, JOHN F
1245745245	SMITH, JOHN P

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

ORP Search

Welcome.

Super User **Providers** Cost Report CPC Performance Account Trading Partners Claims Episode Claims Eligibility Prior Authorization Reports
Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report correspondence self attestation hospital cost report
ordering/referring/ prescribing search group affiliation group members cpc group cpc group members cpc accreditations
cpc attestations

Ordering/Referring/Prescribing Search

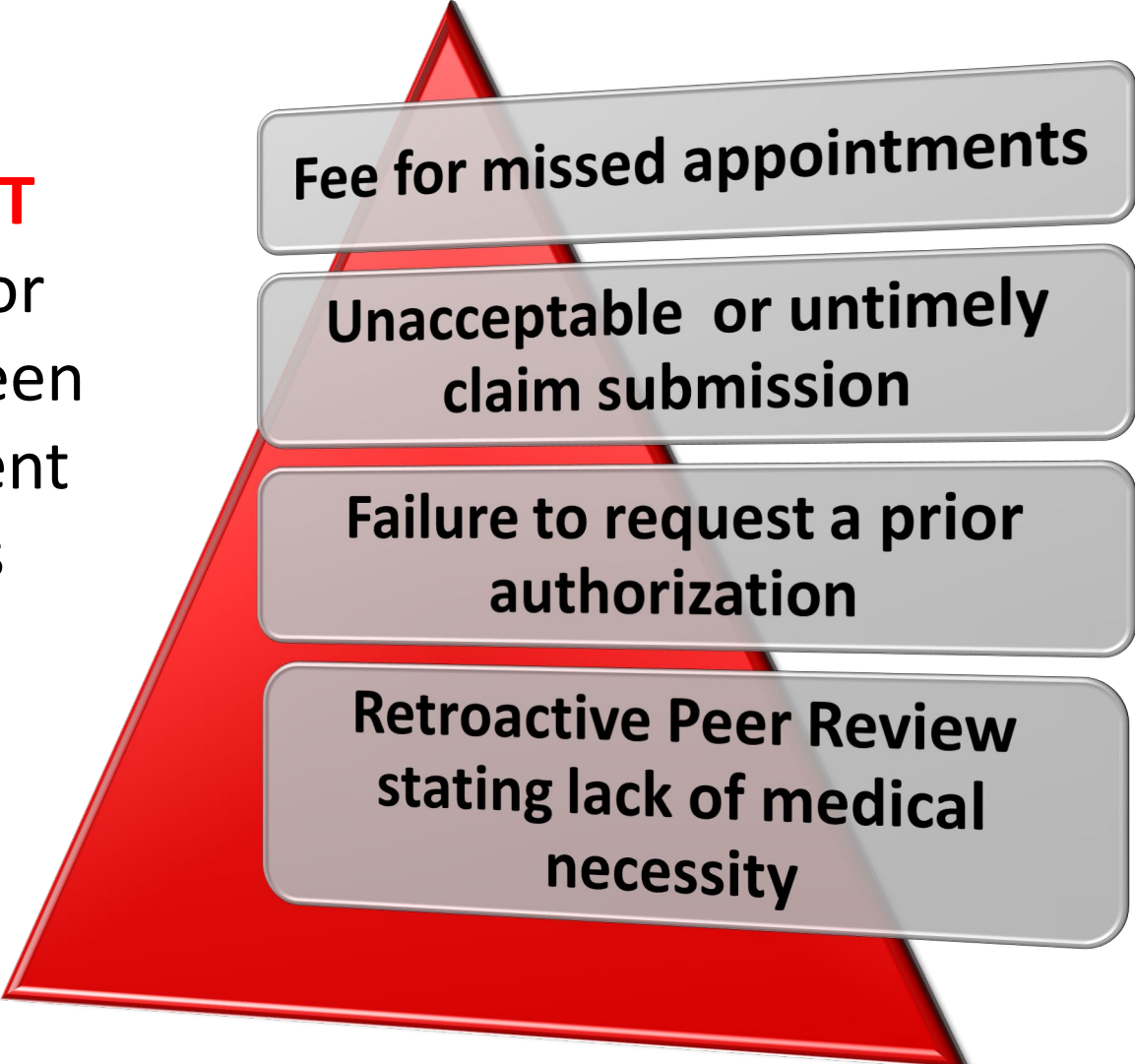
Ordering Provider NPI	1268168168
Ordering Provider Last Name	
First, MI	
* Date of Service	01/11/2021
search	
clear	

Search Results

Ordering Provider NPI	Ordering Provider Name
1268168168	SMITH, JOHN D

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, or for the following:



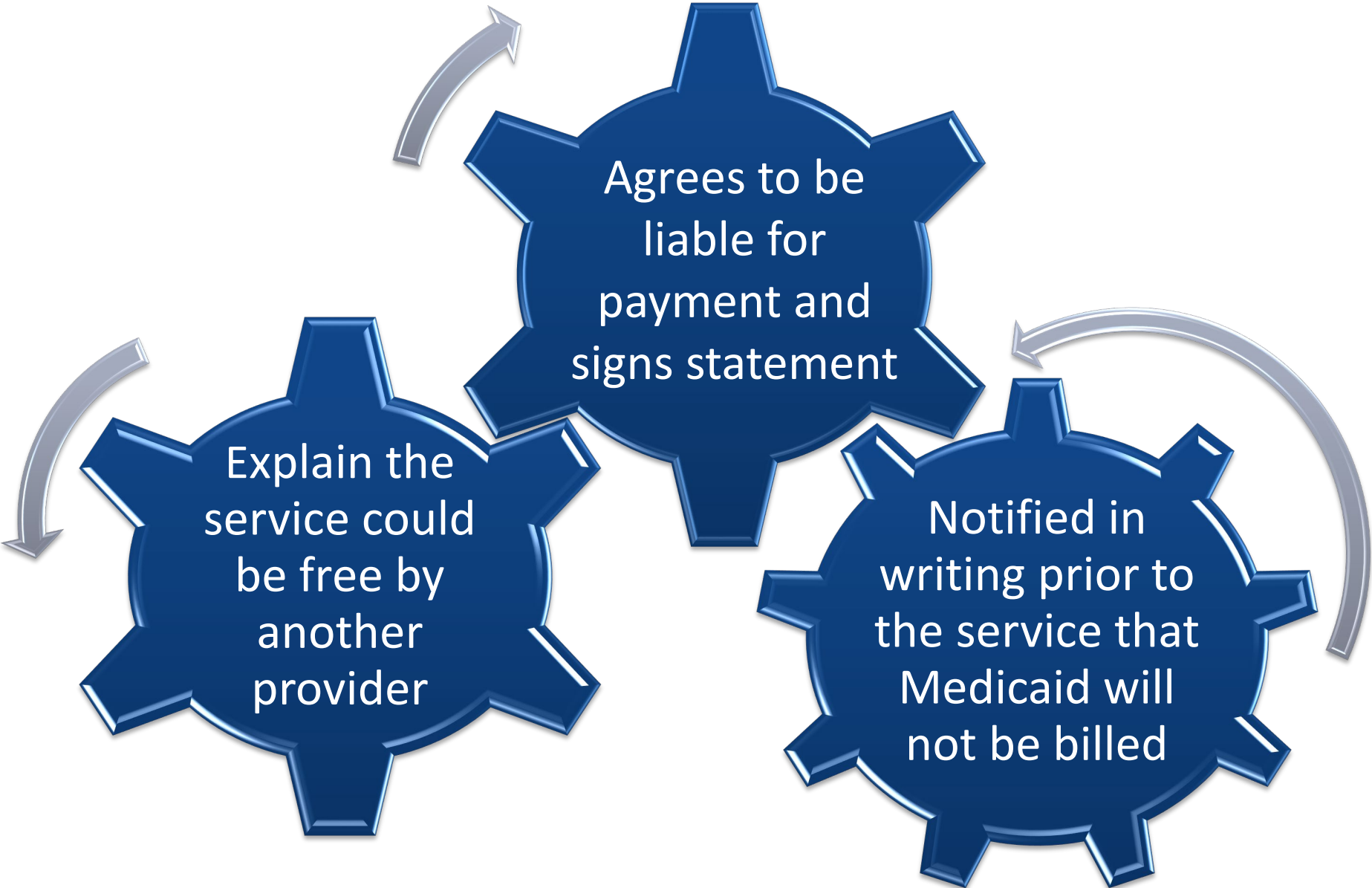
Fee for missed appointments

**Unacceptable or untimely
claim submission**

**Failure to request a prior
authorization**

**Retroactive Peer Review
stating lack of medical
necessity**

When Can you Bill an Individual?



5160-1-13.1 Medicaid recipient liability

Date of service: _____

Type of service: _____

Name & account number: _____

Billing number: _____

☐ (C) A provider may bill a Medicaid recipient for a Medicaid covered service in lieu of submitting a claim to the Ohio department of Medicaid (ODM) only if all of the following conditions are met:

- _____ (1) The provider explains to the Medicaid recipient that the service is a covered Medicaid service and other Medicaid providers may render the service at no cost to the individual;
- _____ (2) Prior to each date of service for the specific service rendered, the provider notifies the Medicaid recipient in writing that the provider will not submit a claim to ODM for the service;
- _____ (3) The Medicaid recipient agrees to be liable for payment of the service and signs a written statement to that effect before service is rendered; and
- _____ (4) The Medicaid covered service is not a prescription for a controlled substance as defined in section 3719.01 of the Revised Code.

☐ (D) Services that are not covered by the Medicaid program, including services requiring prior authorization that have been denied by ODM, may be billed to a Medicaid recipient when the condition in paragraphs (C)(2) through (C)(4) of this rule are met.

☐ (E) Any individual not covered by Medicaid on the date of service is financially responsible for those services unless the individual qualifies for the hospital care assurance program (HCAP) in accordant with section 5168.14 of the Ohio Revised Code.

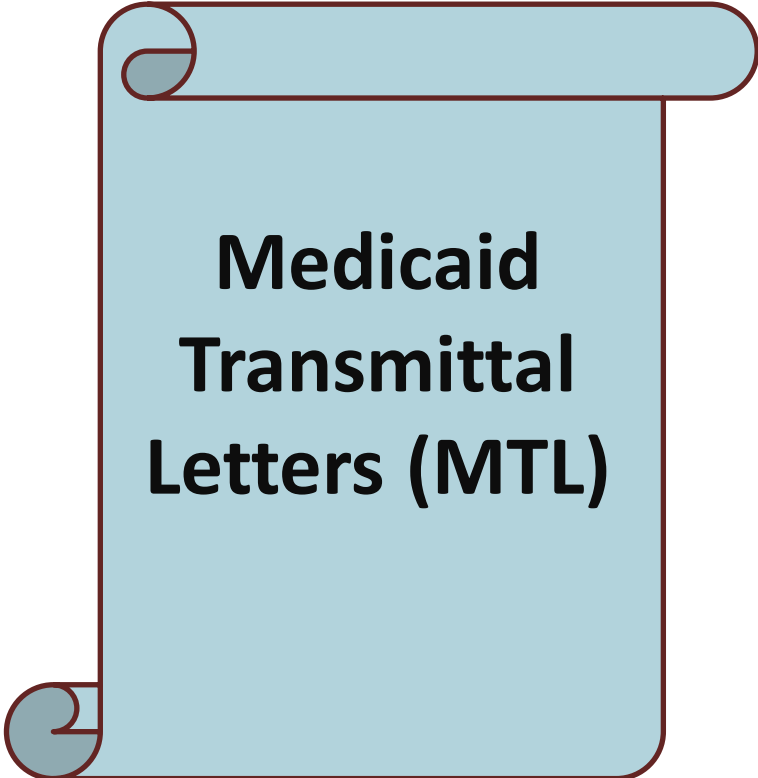
Signature _____

Date _____

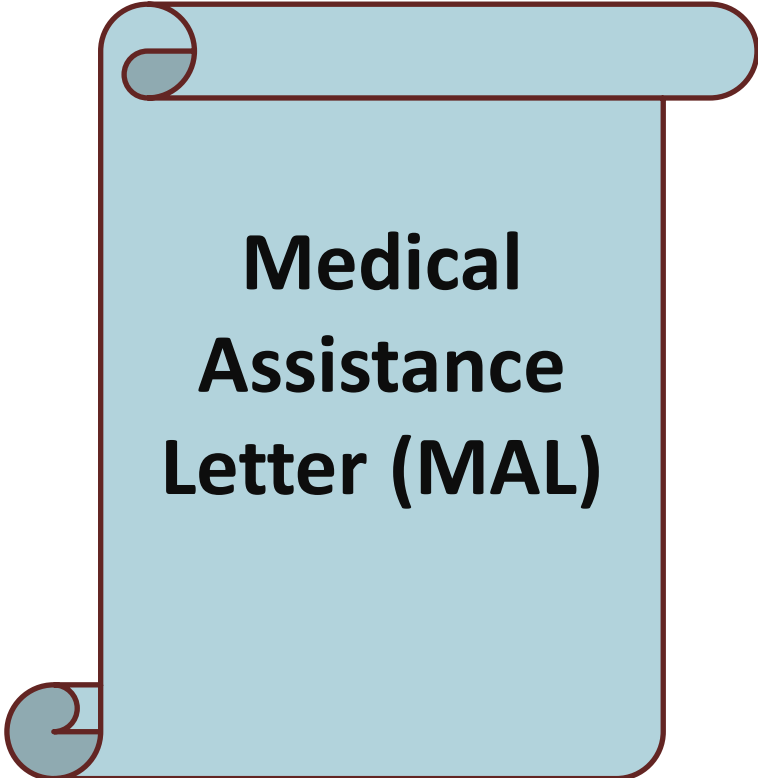
Policy



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

A light blue scroll graphic with a dark red border and rounded corners. The top and bottom edges are rolled up, with the top roll on the left and the bottom roll on the right. The text is centered in the middle of the scroll.

**Medicaid
Transmittal
Letters (MTL)**

A light blue scroll graphic with a dark red border and rounded corners. The top and bottom edges are rolled up, with the top roll on the left and the bottom roll on the right. The text is centered in the middle of the scroll.

**Medical
Assistance
Letter (MAL)**

Policy

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is i...

Billing >

Provider billing and data exchange related instructions, policies, and resources.

COVID-19 >

Ohio Department of Medicaid COVID-19 Resources and Guides for Providers

Enrollment & Support >

Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to

Managed Care >

The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better

MITS >

Medicaid Information Technology Information System (MITS) Resources

Policies & Guidelines >

Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our

Programs & Initiatives >

The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the

Prior Authorization Requirements

Prior Authorization Requirements

Medicaid Eligibility Procedure Letters (MEPLs)

Announcements of non-OAC policy changes that affect Medicaid eligibility

Medicaid Eligibility Manual Transmittal Letters (MEMTLs)

Summaries of OAC rule changes concerning Medicaid eligibility

Medicaid Transmittal Letters (MTLs), Medicaid Handbook

Summaries of OAC rule changes concerning non-institutional services

Medicaid Advisory Letters (MALs)

Clarifications of non-institutional services policy not related directly to OAC rule changes

Hospital Handbook Transmittal Letters (HHTLs)

Summaries of OAC rule changes concerning hospital services

eManuals (Pre-July 2015)

Archive of policy documents dating from a time when Medicaid was part of the Ohio

Managed Care Policy Guidance Letters

Clarifications of policy pertaining to Medicaid managed care

Policy

Stakeholders & Partners >

Ohio Medicaid achieves its health care mission with the strong support and collaboration of our stakeholder partners - state health and human services agencies, associations, advocacy groups, and individuals who help us administer the program today and modernize it for the next generation of ...

CMP Reinvestment Program >

Civil money penalties (CMPs) are fines imposed on nursing facilities that do not meet federal health and safety standards.

Reports & Research >

Ohio Medicaid values transparency and accountability in all we do. We are committed to providing our stakeholders and partners with

Helpful Links >

Not seeing what you are looking for? We want to help you find the information you need. Check out these links to federal and state

Initiatives >

The Ohio Department of Medicaid is dedicated to being a national leader in health care coverage innovation. In collaboration with our

Legal and Contracts >

We want to make it easier for you to do business with us. This page includes important information and links for vendors and others

Ohio Revised Code.

If you would like more information on the Ohio Department of Medicaid rule-making process, please contact Rules@medicaid.ohio.gov.

Rules in Effect

These are the rules that the Ohio Department of Medicaid has adopted and added to the Ohio Administrative Code.

- [Medicaid Program Rules, Section 5160](#)
- [Medicaid Program Rules, Section 5160:1](#)

In addition, you can view these rules from our on-line program manuals.

Draft Rules

These are rules that Ohio Medicaid staff are drafting and editing, but have not yet been formally proposed for adoption. As part of the public participation process, the Ohio Department of Medicaid solicits and encourages input from affected organizations and individuals.

Rules Statutes

- [ORC - Ohio Revised Code](#)
- [CFR - Code of Federal Regulations](#)
- [Title 19 - Compilation Of The Social Security Laws](#)
- [OAC - Ohio Administrative Code](#)

Rule Renumbering

- [Rules Renumbering](#)

Medicaid Regulatory Restriction Inventory

- [Medicaid Regulatory Restriction Inventory](#)

Rule Related Sites

- [Common Sense Initiative Office](#)



Policy

<https://codes.ohio.gov>



OHIO LAWS & ADMINISTRATIVE RULES

LEGISLATIVE SERVICE COMMISSION

[HOME](#) [LAWS](#) [ABOUT](#) [CONTACT](#) [RELATED SITES](#)

Welcome! Effective April 1, 2021, the Legislative Service Commission has assumed publication of the Ohio Revised Code and the Ohio Administrative Code at this site. The Lawriter site has expired.

Ohio's Official Online Publication of State Laws and Regulations

Ohio law consists of the [Ohio Constitution](#), the [Ohio Revised Code](#) and the [Ohio Administrative Code](#). The Constitution is the state's highest law superseding all others. The Revised Code is the codified law of the state while the Administrative Code is a compilation of administrative rules adopted by state agencies. Use the tools on this site to search or browse them all.

[Learn More](#)

Ohio Constitution | Browse

Ohio Revised Code | Browse

Ohio Administrative Code | Browse

Policy

The DME rules are in Chapter 5160-10 of the OAC



OHIO LAWS & ADMINISTRATIVE RULES
LEGISLATIVE SERVICE COMMISSION

HOME

LAWS

ABOUT

CONTACT

RELATED SITES

GO TO

101-1-01

Go

Keyword Search

This website publishes administrative rules on their effective dates, as designated by the adopting state agencies, colleges, and universities.

Chapter 5160-10 | Medical Supplies, Durable Medical Equipment, Orthoses, and Prosthesis Providers

Ohio Administrative Code / 5160

Expand All

Close All

Rule

Rule 5160-10-01 | Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions.

Rule 5160-10-02 | DMEPOS: repair.

Rule 5160-10-06 | DMEPOS: wearable cardioverter-defibrillators.

Rule 5160-10-07 | DMEPOS: bathing seats.

Rule 5160-10-08 | DMEPOS: high-frequency chest wall oscillation (HFCWO) devices.

Rule 5160-10-09 | DMEPOS: apnea monitors.

Rule 5160-10-11 | DMEPOS: hearing aids.

Rule 5160-10-17 | DMEPOS:

Billing Resources

 Department of Medicaid

FAMILIES & INDIVIDUALS

RESOURCES FOR PROVIDERS

STAKEHOLDERS & PARTNERS

OUR STRUCTURE ABOUT US

 Help Search

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is i...

Billing >

Provider billing and data exchange related instructions, policies, and resources.

COVID-19 >

Ohio Department of Medicaid COVID-19 Resources and Guides for Providers

Enrollment & Support >

Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to

Managed Care >

The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better

MITS >

Medicaid Information Technology Information System (MITS) Resources

Policies & Guidelines >

Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our

Programs & Initiatives >

The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the

 Fee Schedule & Rates

 Trading Partners

 How To Refund Payments



PHARMACY CLAIMS:

- [ODM Pharmacy Benefits](#)

 Need Technical Assistance?

Give us a call on our Provider Hotline 800-686-1516.

 HELP

How to Find Modifiers Recognized by Ohio Medicaid

[FAMILIES & INDIVIDUALS](#)
[RESOURCES FOR PROVIDERS](#)
[STAKEHOLDERS & PARTNERS](#)
[OUR STRUCTURE ABOUT US](#)

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is i...

Billing > Provider billing and data exchange related instructions, policies, and resources.	COVID-19 > Ohio Department of Medicaid COVID-19 Resources and Guides for Providers	Enrollment & Support > Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to	Managed Care > The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better
MITS > Medicaid Information Technology Information System (MITS) Resources	Policies & Guidelines > Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our	Programs & Initiatives > The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the	

- [Web Portal Billing Guide for Dental Claims](#)
- [EDI Companion Guide for Dental Claims](#)

MODIFIERS:

- [Modifiers recognized by ODM](#)

DURABLE MEDICAL EQUIPMENT CLAIMS:

- [Codes/Rates/Fee Schedules FAQs](#)
- [How to read the RA \(Remittance Advice\)](#)

Common Questions

- How long do I have to submit a claim?
- As a Provider, am I allowed to bill the patient for missed appointments?

- When is the Recipient liable?
- What is National Provider Identifier (NPI)?

HELP

MITTS & Claims

MITS Provider Portal



FAMILIES &
INDIVIDUALS

RESOURCES FOR
PROVIDERS

STAKEHOLDERS
& PARTNERS

OUR STRUCTURE
ABOUT US

Help

Search

Resources for Providers >

The relationship between Ohio Medicaid and its provider network is critical to ensuring the individuals we serve receive quality care when they need it. We are listening to your feedback and easing administrative burden to allow more time for you to spend with patients. After all, Ohio Medicaid is i...

Billing Provider billing and data exchange related instructions, policies, and resources.	COVID-19 Ohio Department of Medicaid COVID-19 Resources and Guides for Providers	Enrollment & Support Ohio Medicaid is changing the way we do business. We are streamlining provider enrollment and support services to make it easier for you to	Managed Care The next generation of Ohio Medicaid managed care is designed to improve wellness and health outcomes, support providers in better
MITS Medicaid Information Technology Information System (MITS) Resources	Policies & Guidelines Ohio Medicaid policy is developed at the federal and state level. It guides how we operate our programs and how we regulate our	Programs & Initiatives The Ohio Department of Medicaid has many programs and initiatives to enhance the quality of care for patients and support our providers in the	

Common Questions

- I forgot my password or how do I reset my password?
- What is my PIN?
- How do I register for a MITS web portal account?

- What do I do if my password has expired?
- How do I change the email address on my account?



Need Technical Assistance?
Give us a call on our Provider Hotline 800-686-1516.



Access the MITS Portal
Medicaid Information Technology System

MITS Online Tutorials for Providers

MITS Support

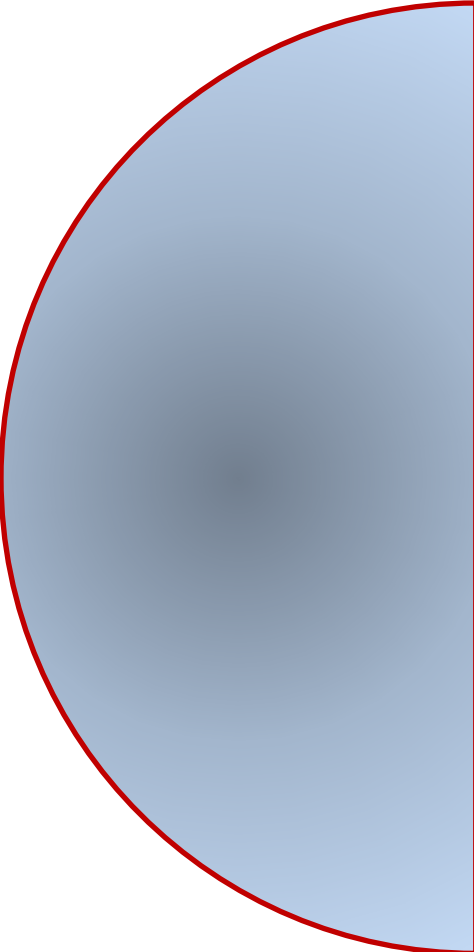
Non Provider Communications

MITS AidCode

?

HELP

MITS and Claims

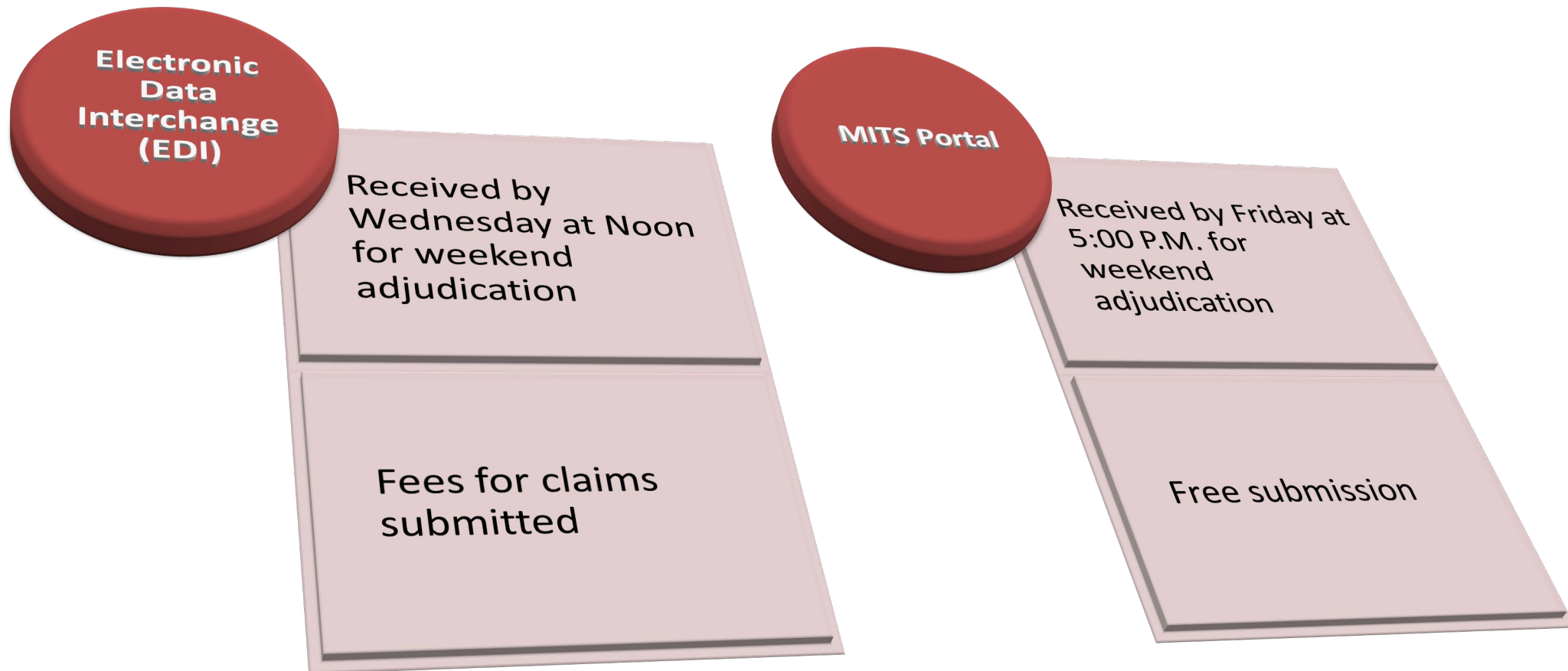


Medicaid Information Technology System (MITS)

- MITS is a web-based application that is accessible via any modern browser
- MITS design is based upon the Medicaid Information Technology Architecture (MITA)
- MITS is able to process transactions in “real time”

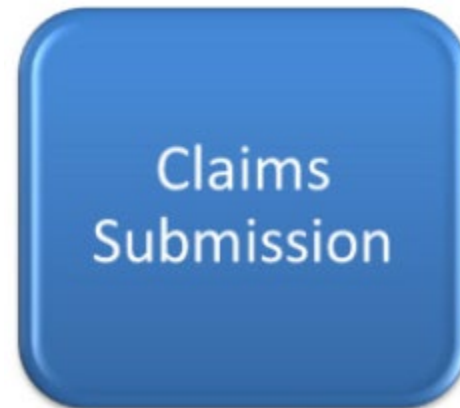
MITS and Claims

- Methods of Claim Submission



MITs and Claims

- 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



MITS and Claims

- Submission of a Professional Claim



MITS and Claims

- Submission of a Professional Claim, cont.

Professional Claim: NPI -

BILLING INFORMATION

ICN

Claim Received Date

Claim Type M - PROFESSIONAL

Provider ID NPI

*Medicaid Billing Number

*Date of Birth

Last Name

First Name, MI

*Patient Account # 0

Medical Record #

Referring Provider #

Rendering ID

*Medicare Assignment NOT ASSIGNED

Patient Amount Paid \$0.00

*ICD Version 10

SERVICE INFORMATION

*Release of Information NOT ALLOWED TO RELEASE DATA

From Date

To Date

Signature Source

Accident Related To

Accident State

Accident Country [Search]

Accident Date

EPSDT Referral

Prior Authorization #

Hospital Discharge Date

Last Menstrual Period

TOTAL CHARGES

Total Charges \$0.00

Medicaid Allowed Amount \$0.00

TPL Paid Amount \$0.00

Total Medicaid Paid Amount \$0.00

Medicaid CoPay Amount \$0.00

Note Reference Code

Notes

Diagnosis

*** No rows found ***

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

delete

add an item

Header - Other Payer

*** No rows found ***

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

delete

add an item

MITS

- Submission of a Professional Claim, cont.

Diagnosis

Sequence ▾	Diagnosis Code	Description
A		

delete

add an item

*Sequence ▾

*Diagnosis Code ▾

[Search]

Header - Other Payer

*** No rows found ***

delete

add an item

Header - Other Payer Amounts and Adjustment Reason Codes

Detail

Item ▾	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	0	\$0.00	\$0.00								

delete

add an item

copy

Item

1

*From DOS

To DOS

*Units

0

*Charges

\$0.00

Medicaid Allowed Amount

\$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

*Place Of Service

[Search]

*Procedure Code

[Search]

Emergency

▾

Referred EPSDT Service/
Family Planning

▾

*Diagnosis Code

▾

Pointer

▾

▾

▾

▾

Modifiers

[Search]

[Search]

[Search]

[Search]

Final EAPG

Pay Action

NDC

Detail - Other Payer

ClaimCheck

Additional Provider Information



Detail Panel

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	0	\$0.00	\$0.00								

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

delete

add an item

copy

Item

1

*From DOS

To DOS

*Units

0

*Charges

\$0.00

Medicaid Allowed Amount

\$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

*Place Of Service

[Search]

*Procedure Code

[Search]

Emergency

Referred EPSDT Service/
Family Planning

*Diagnosis Code
Pointer

Modifiers

[Search]

[Search]

[Search]

[Search]

Final EAPG

Pay Action

NDC

Detail - Other Payer

ClaimCheck

Additional Provider Information



Entering Ordering Provider Information

Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	0	\$0.00	\$0.00								

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

delete

add an item

copy

Item1

*From DOS

To DOS

*Units0

*Charges\$0.00

Medicaid Allowed Amount\$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

*Place Of Service[Search]

*Procedure Code[Search]

Emergency

Referred EPSDT Service/
Family Planning

*Diagnosis Code
Pointer

Modifiers

Final EAPG

Pay Action

NDC

Detail - Other Payer

ClaimCheck

Additional Provider Information



Entering Ordering Provider Information, cont.

Medicaid Allowed Amount

\$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

☐

Diagnosis Code Pointer

Modifiers

[Search]

[Search]

[Search]

[Search]

Final EAPG

Pay Action

- NDC
- Detail - Other Payer
- ClaimCheck
- Additional Provider Information

Additional Provider Information

*** No rows found ***

Select row above to update -or- click Add button below.

- delete
- add an item





Entering Ordering Provider Information, cont.

Medicaid Allowed Amount \$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration
less than 90 days ☐

Diagnosis Code
Pointer

Modifiers [Search] [Search]

[Search] [Search]

Final EAPG

Pay Action

NDC

Detail - Other Payer

ClaimCheck

Additional Provider Information

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
-------------	------------------	------------	-----------	----------------

A	0			
---	---	--	--	--

Type data below for new record.

delete

add an item

*Detail Item



*Type of Provider



*Provider #

*Last Name

*First Name, MI



Entering Ordering Provider Information, cont.

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration
less than 90 days

☐

Final EAPG

Pay Action

NDC

Detail - Other Payer

ClaimCheck

Additional Provider Information

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
-------------	------------------	------------	-----------	----------------

A	0			
---	---	--	--	--

Type data below for new record.

delete

add an item

*Detail Item

1

*Type of Provider

Ordering Provider

*Provider #

1234567890

*Last Name

SMITH

*First Name, MI

JOHN

A



MITS and Claims

- Attachment Panel

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

The screenshot shows the 'Attachments' panel in the MITS system. It features a table with two columns: 'Type of Document' and 'Transmission Type'. The first row contains the letter 'A'. Below the table, there is a section titled 'Type data below for new record.' with 'delete' and 'add' buttons. Two informational paragraphs follow: one about mail submissions and another about electronic uploads, listing supported file types (gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi). At the bottom, there are two dropdown menus labeled '*Type of Document' and '*Transmission Type'.

Type of Document	Transmission Type
A	

Type data below for new record.

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.

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.

*Type of Document

*Transmission Type

MITs and Claims

- Attachment Panel, cont.
 - » Electronic attachments are accepted for Claims, Prior Authorization, Enrollment, and Re-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



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



MITS and Claims

- Adjudication will happen in “real time”, the claim status will show:
 - » Paid
 - » Denied
 - » Suspended



MITS and Claims

- Internal Control Number (ICN)
 - » The ICN replaced the Transaction Control Number (TCN)
 - » Each claim will be assigned a separate ICN

2021170357321

20	21	170	357	321
Region Code	Calendar Year	Julian Date	Claim Type/Batch Number	Number of Claim in Batch

MITs and Claims

- Internal Control Number (ICN), cont.
 - » Primary region codes on a new claim submission

20 Electronic (EDI) 837 without attachment

21 Electronic (EDI) 837 with an attachment

22 Web Portal without attachment

23 Web Portal with an attachment

* Region codes in 50's indicate an adjustment to your claim



MITs and Claims

- Adjudication happens in “real time”
 - If there are no errors, the claim status will show:
 - Paid
 - Denied
 - Suspended





Claim Portal Errors



Select row above to update -or- click add

delete

add an item

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data ent

Previously Denied ICN or TCN

Reason

Claim Status Information

Claim Status Not Submitted yet



Claim Portal Errors, cont.



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

Scroll to the top of the claim

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.



Claim Portal Errors, cont.



Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	2	01/11/2021	0	\$0.00								
A	1	01/11/2021	1.00	\$100.00		11	99214					

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

Item 2

***From DOS** 01/11/2021

To DOS 01/11/2021

***Units** 0

***Charges** \$0.00

Medicaid Allowed Amount \$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

***Place Of Service** [Search]

***Procedure Code** [Search]

Emergency

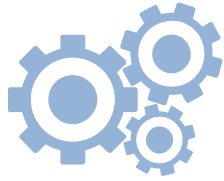
Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer

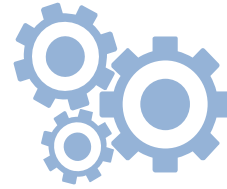
Modifiers [Search] [Search] [Search] [Search]

Final EAPG

Pay Action



Adjusting a Paid Claim



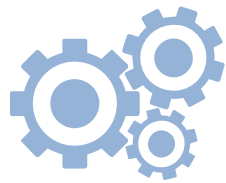
cancel

adjust

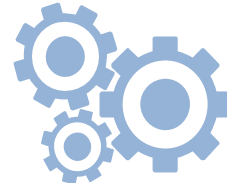
void

copy claim

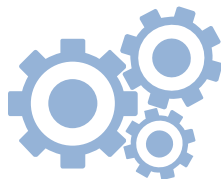
- Open the claim requiring an adjustment
- Change and save the necessary information
- Click the “adjust” button



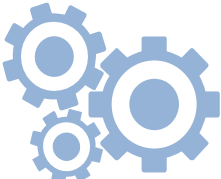
Adjusting a Paid Claim, cont.



- Once you click the “adjust” button a new claim is created and assigned a new ICN
- Refer to the information in the “Claim Status Information” and “EOB Information” area at the bottom of the page to see how your new claim has processed



Example, cont.



Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	01/11/2021	1.00	\$5.00		12	A4452					

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

delete

add an item

copy

Item

1

*From DOS

01/11/2021

To DOS

01/11/2021

*Units

1.00

*Charges

\$5.00

Medicaid Allowed Amount

\$0.00

Rendering Provider

1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service

12

[Search]

*Procedure Code

A4452

[Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer

01

Modifiers

[Search]

[Search]

[Search]

[Search]

Final EAPG

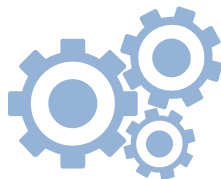
Pay Action

NDC

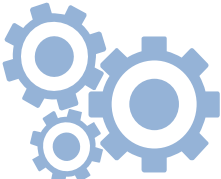
Detail - Other Payer

Claims/ten

Additional Provider Information



Example, cont.



Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	1	01/11/2021	1.00	\$5.00		12	A4452					

delete

add an item

copy

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

Item

1

*From DOS

01/11/2021

To DOS

01/11/2021

*Units

10

x

*Charges

\$50.00

Medicaid Allowed Amount

\$0.00

Rendering Provider

1234567890

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

*Place Of Service

12

[Search]

*Procedure Code

A4452

[Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code Pointer

01

Modifiers

[Search]

[Search]

Final EAPG

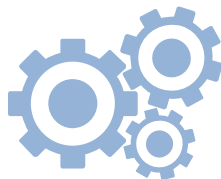
Pay Action

NDC

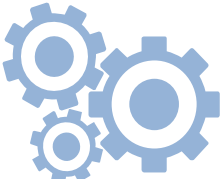
Detail - Other Payer

ClaimsXten

Additional Provider Information



Example, cont.



Claim Status Information								
Claim Status PAID								
Claim ICN 2221305000002								
Paid Date								
Paid Amount \$0.32								
EOB Information								
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$4.68	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or daim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.

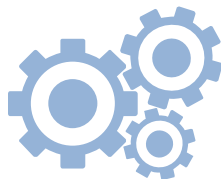
cancel

adjust

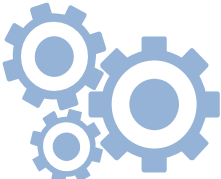
void

copy claim





Example, cont.



Claim Status Information

Claim Status

PAID

Claim ICN

5821305000001

Paid Date

Paid Amount

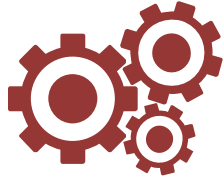
\$3.20

EOB Information

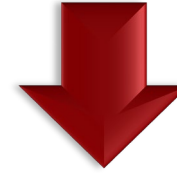
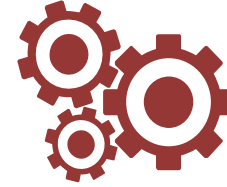
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$1.80	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or daim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.

Adjustment Information

ICN	Date Adjusted
5821305000001	01/11/2021
2221305000002	01/11/2021



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, cont.



Claim Status Information

Claim Status

PAID

Claim ICN

5821305000001

Paid Date

Paid Amount

\$3.20

EOB Information

Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC	RARC Description
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$1.80	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.

Adjustment Information

ICN	Date Adjusted
5821305000001	01/11/2021
2221305000002	01/11/2021

canceladjustvoidcopy claim





Example, cont.



Claim Status Information									
Claim Status	DENIED								
Claim ICN	58 21305000002								
Denied Date									
Paid Amount	\$0.00								

EOB Information									
Detail Number	Error Disposition	EOB Code	EOB Description	CARC Amount	CARC Description	RARC	RARC Description		
0		0566	ELECTRONIC ADJUSTMENT/VOID SET TO DENY		The related or qualifying claim/service was not identified on this claim . Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 10 Service Payment Information REF), if present.				

Adjustment Information	
ICN	Date Adjusted
5821305000002	01/11/2021
5821305000001	01/11/2021
2221305000002	01/11/2021

re-submit

cancel



Example, cont.



Detail

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
1	01/11/2021	10.00	\$5.00	\$0.00	DENIED	12	A4452					

delete

add an item

copy

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

Item

From DOS

To DOS

Units

Charges

Medicaid Allowed Amount

Rendering Provider

Submitted EAPG

Initial EAPG

Status

Visit Start Time

Visit End Time

Service Duration less than 90 days

Place Of Service

Procedure Code

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code

Pointer

Modifiers

Final EAPG

Pay Action

[Search]

[Search]

▼

▼ ▼ ▼ ▼

[Search] [Search]

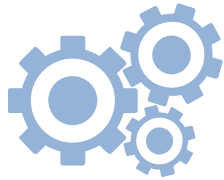
[Search] [Search]

NDC

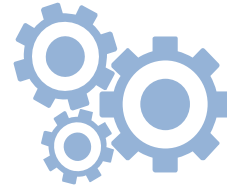
Details - Other Rows

Claim Check

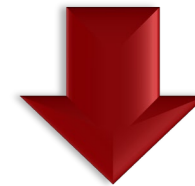
Additional Provider Information



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

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

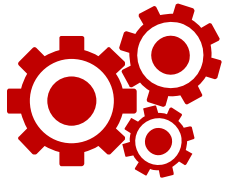
An additional 180 days from the resubmit date is given for attempts to correctly submit a denied claim prior to the end of the 365 days

Claims over 2 years old will be denied

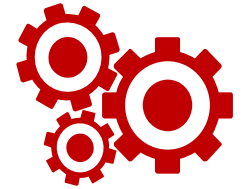
There are exceptions to the 365 day rule



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

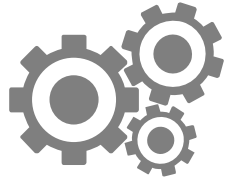
Supporting Data for Delayed Submission / Resubmission

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

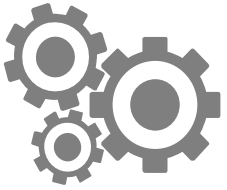
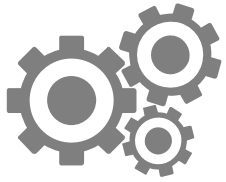




Special Billing Instructions – Eligibility Delay



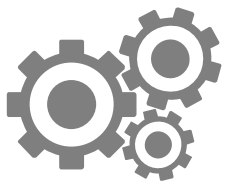
- If you are submitting a claim that is more than 365 days after the date of service due to a hearing decision or delay in the individual's eligibility determination
- The claim must be submitted within 180 days of the hearing decision or eligibility determination date



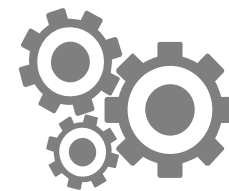
Special Billing Instructions – Eligibility Delay

- 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	 



Special Billing Instructions – Eligibility Delay



- 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

Must use
the
spacing
shown

Note Reference Code	ADD - Additional Information ☐
Notes	DECISION 20211025



Medicare Denials



- If Medicare issues a denial and indicates that the patient is responsible for the payment, submit the claim to ODM by following these steps:
 - Enter a claim in MITS
 - Do not enter any Medicare information on the claim
 - Complete and upload a ODM 06653 and a copy of the Medicare EOB



ClaimCheck Edits



- Clinically oriented software tool that automatically identifies inappropriate code combinations and discrepancies in claims
- Will look at the coding accuracy of procedures, not medical necessity, and will prevent inappropriate payment for certain services which include:
 - Duplicate services (same person, same provider, same date)
 - Individual services that should be grouped or bundled
 - Mutually exclusive services
 - Services rendered incidental to other services
 - Services covered by a pre or post-operative period
 - Visits in conjunction with other services

The National Correct Coding Initiative (NCCI)

- Developed by the Centers for Medicare & Medicaid Services
 - To control inappropriate payment of claims from improper reporting of CPT and HCPCS codes
 - NCCI serves as a common model and standard for handling claims for procedures and services that are performed by one provider for one individual on a single date of service



The National Correct Coding Initiative (NCCI)

- Procedure to procedure (PTP) “Incidental” edit which determines whether a pair of procedure codes should not be reported together because one procedure is incidental to (performed as a natural consequence or adjunct to) the other
- Medically unlikely edit (MUE) determines whether the units of service exceed maximum units that a provider would be likely to report under most circumstances





Third Party Liability (TPL) Claims



Other payer information can be reported at the claim level (header) or at the line level (detail), depending on the other payer's claim adjudication

HIPAA compliant adjustment reason codes and amounts are required to be on the claim

MITS will automatically calculate the allowed amount



Third Party Liability (TPL) Claims



Other payer information is entered in the Header – Other Payer panel

Header - Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID
A	JONES	DAVID	A	01/01/1950	FATHER	MALE	\$200.00	01/20/2021	01234

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

delete

add an item

*Claim Filing Indicator

COMMERCIAL INSURANCE

▼

*Policy Holder Relationship to Insured

FATHER

▼

*Policy Holder Last Name

JONES

*Policy Holder First Name, MI

DAVID

A

Policy Holder Date of Birth

01/01/1950

Gender

MALE

▼

*Paid Amount

\$200.00

*Paid Date

01/20/2021

Allowed Amount

\$0.00

*Insurance Carrier Name

BLUE CROSS BLUE SHIELD

*Electronic Payer ID

01234

Insured's Policy ID

987654

*Payer Sequence

PRIMARY

▼

Medicare ICN

Header - Other Payer Amounts and Adjustment Reason Codes



Third Party Liability (TPL) Claims



If the TPL is a Medicare HMO, select “HMO, Medicare Risk” in the Claim Filing Indicator drop down menu

Header - Other Payer

Last Name	First Name	MI	Date of Birth	Relationship	Gender	Policy ID	Paid Amount	Paid Date	Electronic Payer ID	
A	JONES	DAVID	A	01/01/1950	SELF	MALE	987654	\$200.00	01/20/2021	43210

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

delete

add an item

*Claim Filing Indicator

HMO, MEDICARE RISK

▼

*Policy Holder Relationship to Insured

SELF

▼

*Policy Holder Last Name

JONES

*Policy Holder First Name, MI

DAVID

A

Policy Holder Date of Birth

01/01/1950

Gender

MALE

▼

*Paid Amount

\$200.00

*Paid Date

01/20/2021

Allowed Amount

\$0.00

*Insurance Carrier Name

HUMANA MEDICARE

*Electronic Payer ID

43210

Insured's Policy ID

456789

*Payer Sequence

PRIMARY

▼

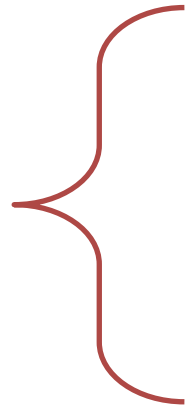
Medicare ICN

Header - Other Payer Amounts and Adjustment Reason Codes



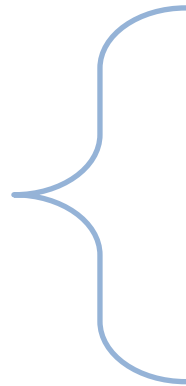
Header vs Detail

Header level



- A COB claim is considered to be adjudicated at the header/claim level if only one set of figures is reported for the entire claim

Detail level



- A COB claim is considered to be adjudicated at the line/detail level if figures are reported for individual line items



Third Party Liability (TPL) Claims

Adjustment reason codes (ARCs) for a header pay TPL are entered in the Header – Other Payer Amounts and Adjustment Reason Codes panel

Header - Other Payer Amounts and Adjustment Reason Codes				
	Electronic Payer ID	CAS Group Code	ARC	Amount
A	01234	PR-Patient Responsibility	1	\$50.00
A	01234	CO-Contractual Obligations	45	\$150.00

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

delete

add an item

Payer Header Level Adjustment Reason Codes (ARC) and Amounts

*Electronic Payer ID

01234

*CAS Group Code

PR-Patient Responsibility

*ARC

1

*Amount

\$50.00



Third Party Liability (TPL) Claims



ARCs for a detail pay TPL are entered in the Detail – Other Payer Amounts and Adjustment Reason Codes panel

Detail - Other Payer Amounts and Adjustment Reason Codes

Detail - Other Payer Amounts and Adjustment Reason Codes

Detail Item/Electronic Payer ID	CAS Group Code	ARC	Amount
A 1/43210	PR-Patient Responsibility	1	\$50.00
A 1/43210	CO-Contractual Obligations	45	\$150.00

delete

add an item

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

*Detail Item/Electronic Payer ID

1/43210

*CAS Group Code

CO-Contractual Obligations

*ARC

45

*Amount

\$150.00

Payer Line Level Adjustment Reason Codes(ARC) and Amounts

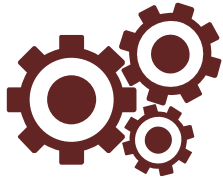
ARC Codes

The X12 website provides adjustment reason codes (ARCs)

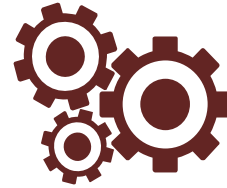
**COMMON
ARCs:**



1	• Deductible
2	• Coinsurance
3	• Co-payment
45	• Contractual Obligation/Write off
96	• Non-covered services



Remittance Advice (RA)



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

Welcome,

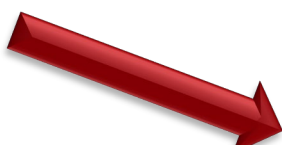
Super User Providers Cost Report Account Claims Eligibility Prior Authorization **Reports** Portal Admin Publications

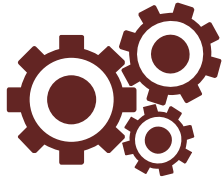
Provider Reports ? ^

*Report

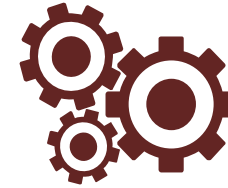
- CPC (COMPREHENSIVE PRIMARY CARE REPORTS)
- EPISODE REPORTS SUMMARY (PDF) AND PATIENT DETAIL DATA(CSV)
- EPISODE REPORTS SUMMARY DATA(PDF) ONLY
- HOSPITAL COST SETTLEMENT REPORT
- PPR (POTENTIALLY PREVENTABLE READMISSIONS) REPORTS
- PRC (PROVIDER REPORT CARDS) REPORTS
- REMITTANCE ADVICE

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 again

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

Provider Reports ? ^

*Report REMITTANCE ADVICE ▾

Payment Date

RA Number

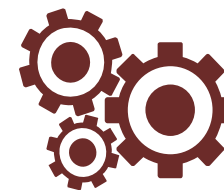
Check/EFT Number

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

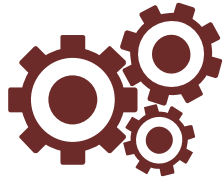
Expenditures - Non-claim payments

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

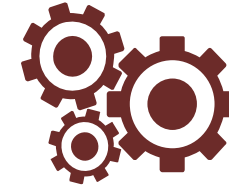


Summary

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

Prior Authorization (PA)

- All prior authorizations must be submitted via the MITS Portal
- PAs will not enter the queue for review until at least one attachment has been received
 - Medical notes should be uploaded
- Each panel will have an asterisk (*) denoting fields that are required
 - Some fields are situational and do not have an asterisk
- The “real time” status of a PA can be obtained in MITS



Prior Authorization (PA)

- Within the Prior Authorization subsystem providers can:
 - Submit a new Prior Authorization
 - Search for previously submitted Prior Authorizations
- Within the Prior Authorization panel providers can:
 - Attach documentation
 - Add comments to a Prior Authorization that is in a pending status
 - View reviewer comments
 - View Prior Authorization usage, including units and dollars used



Prior Authorization (PA)

- A PA will auto deny if supporting documentation is not received within 30 days (including EDMS coversheet and paper attachments)
- When reviewers request additional documentation to support the requested PA, the 30 day clock is reset



Prior Authorization (PA)

- External Notes Panel
 - Used by the PA reviewer to communicate to the provider
 - Multiple notes may reside on this panel
 - Panel is read-only for providers
- If a PA is marked approved with an authorized dollar amount of \$0.00, it will still pay at the Medicaid maximum allowable reimbursement rate



Websites & Forms

Websites

- Ohio Department of Medicaid home page

<http://Medicaid.ohio.gov>

- Ohio Department of Medicaid provider page

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/>

MITs home page

https://www.ohmits.com/prosecure/authtam/handler?TAM_OP=login&URL=%2FPortal%2FDesktopModules%2FiC_Authenticate%2FSignIn.aspx%3FReturnUrl%3D%252fPortal%252f

Ohio Laws & Administrative Rules

<http://codes.ohio.gov>



Websites

- Electronic Data Interchange (EDI)
 - » Information for Trading Partners
<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/trading-partners/trading-partners>
 - » Companion Guides
<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/trading-partners/companion-guides/companion-guides>
 - » Technical Questions/EDI Support Unit
 - Transitioned partners contact DXC EDI Support
 - ❖ 844-324-7089
 - ❖ OhioMCD-EDI-Support@dxc.com

Forms

Stakeholders & Partners >

Ohio Medicaid achieves its health care mission with the strong support and collaboration of our stakeholder partners - state health and human services agencies, associations, advocacy groups, and individuals who help us administer the program today and modernize it for the next generation of ...

CMP Reinvestment Program >

Civil money penalties (CMPs) are fines imposed on nursing facilities that do not meet federal health and safety standards.

Helpful Links >

Not seeing what you are looking for? We want to help you find the information you need. Check out these links to federal and state

Initiatives >

The Ohio Department of Medicaid is dedicated to being a national leader in health care coverage innovation. In collaboration with our

Legal and Contracts >

We want to make it easier for you to do business with us. This page includes important information and links for vendors and others

Reports & Research >

Ohio Medicaid values transparency and accountability in all we do. We are committed to providing our stakeholders and partners with

To receive notifications of Ohio Department of Medicaid rule changes, please subscribe via the Common Sense Initiative eNotifications Sign Up. The Department of Medicaid will use this list to notify subscribers when draft rules are posted for public comment.

<https://www.apps.das.ohio.gov/RegReform/enotify/subscription.aspx>

Medicaid Forms

Ohio Department of Medicaid Forms Library

For Medicaid Vendors

Provides information on invoices and computer use.

Request for Proposals

The Ohio Department of Medicaid is committed to using competitive procurement

Single Pharmacy Benefit Manager (SPBM) Request For Proposal

This page contains public responses to the Single Pharmacy Benefit Manager (SPBM)



Forms

Medicaid Forms

Ohio Department of Medicaid Forms Library

Order Forms/Email Requests

Form Number	Order Form	Form Name
ODM 07216	(ORDER FORM)	Application for Health Coverage & Help Paying Costs
ODM 03528	(ORDER FORM)	Healthcek & Pregnancy Related Services Information Sheet
ODM 10129	(ORDER FORM)	Long-Term Services and Supports Questionnaire (LTSSQ) - Email Request
ODM 02399	(ORDER FORM)	Request for Medicaid Home and Community Based Services (HCBS)

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File Name	Language	Form Name
ODM 06653	English	Medical Claim Review Request
ODM 06653i	English	Medical Claim Review Request - Instructions

Showing 1 to 2 of 2 entries (filtered from 199 total entries)