

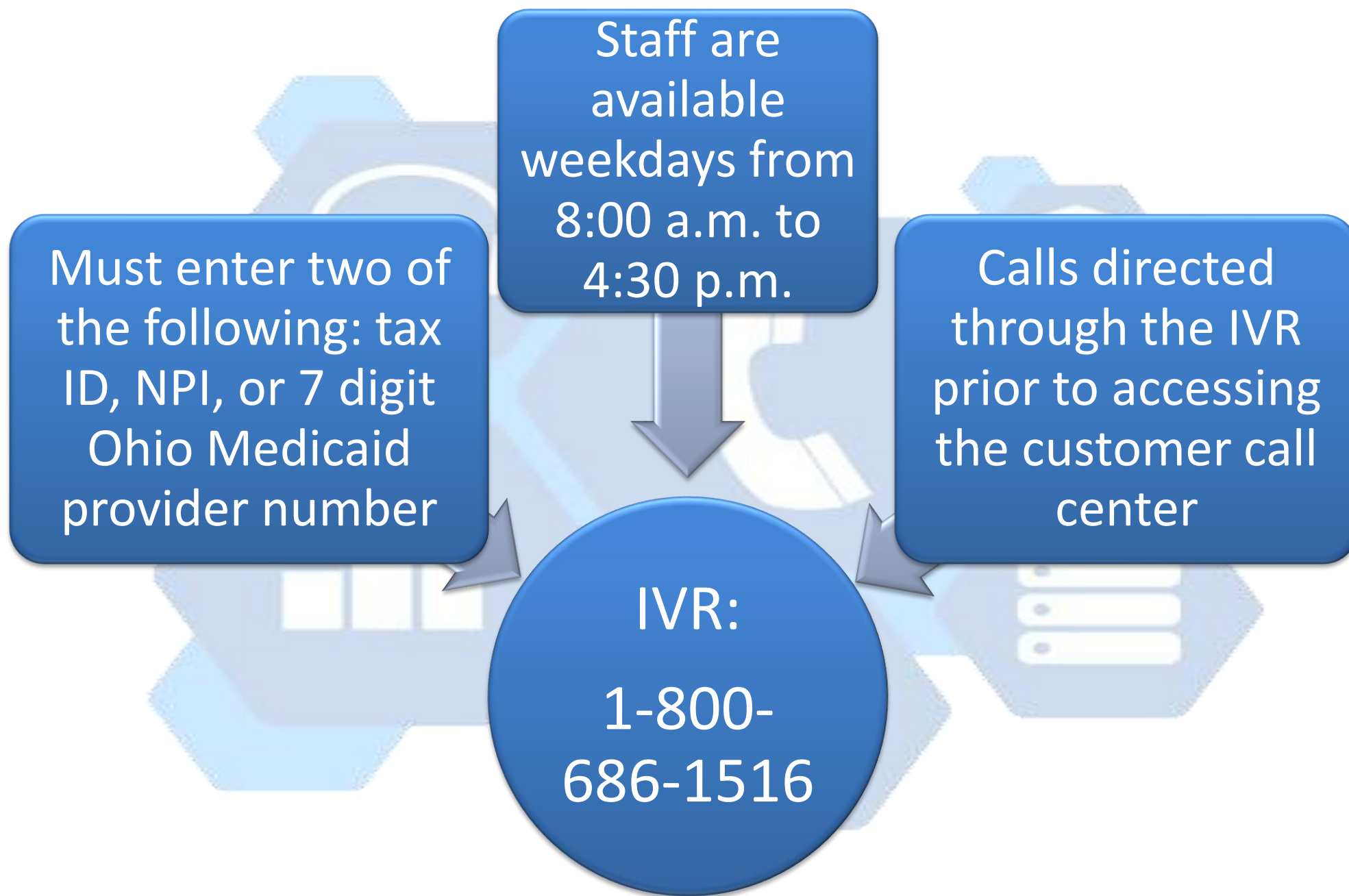
Basic Billing for Dental Providers

Provider Relations

2021

AGENDA

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



☐ Helpful phone numbers

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



Medicaid Medical Necessity: OAC 5160-1-01

Is the fundamental concept underlying the Medicaid
Program



All Services must meet accepted standards of
medical practice



Ohio Medicaid covers:

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

Covered Services (not limited to)

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



Programs & Cards

❑ Ohio Medicaid

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

<p>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.</p> <p>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.</p> <p>Note: Use the Medicaid ID for all claim submissions.</p> <p><u>medicaid.ohio.gov</u></p> <p>Consumer's Signature: _____</p>	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="2">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]	
County	ALLEN	Ohio Medicaid													
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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]															

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 > 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
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	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY <input type="button" value="v"/>
Procedure Code	<input type="text"/>	From DOS	<input type="text" value="07/16/2017"/>
		To DOS	<input type="text" value="07/15/2021"/>
			<input type="button" value="search"/>
			<input type="button" value="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		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
PRESUMPTIVE	MRDD Targeted Case Mgmt	02/14/2019	09/30/2021		\$0.00	\$0.00
PRESUMPTIVE	Alcohol and Drug Addiction	02/14/2019	09/30/2021		\$0.00	\$0.00
Services						
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

SSN

Last Name

County of Residence

First Name

County of Eligibility

Gender

0

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
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

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>

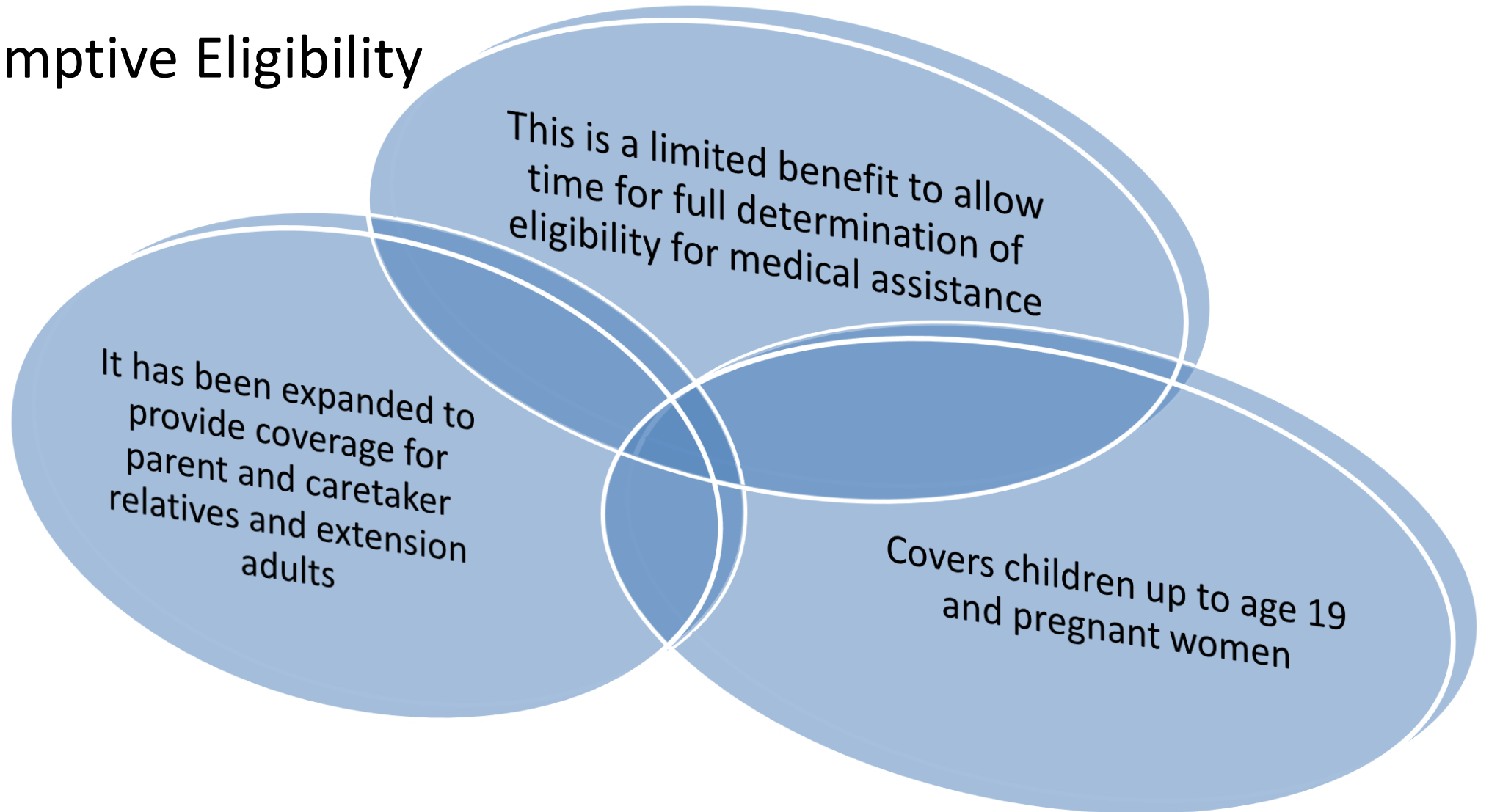
Number Bed Hold Days Used Paid CY

Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
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





MITTS 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



MITTS 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

Ohio 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

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

?

HELP

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.



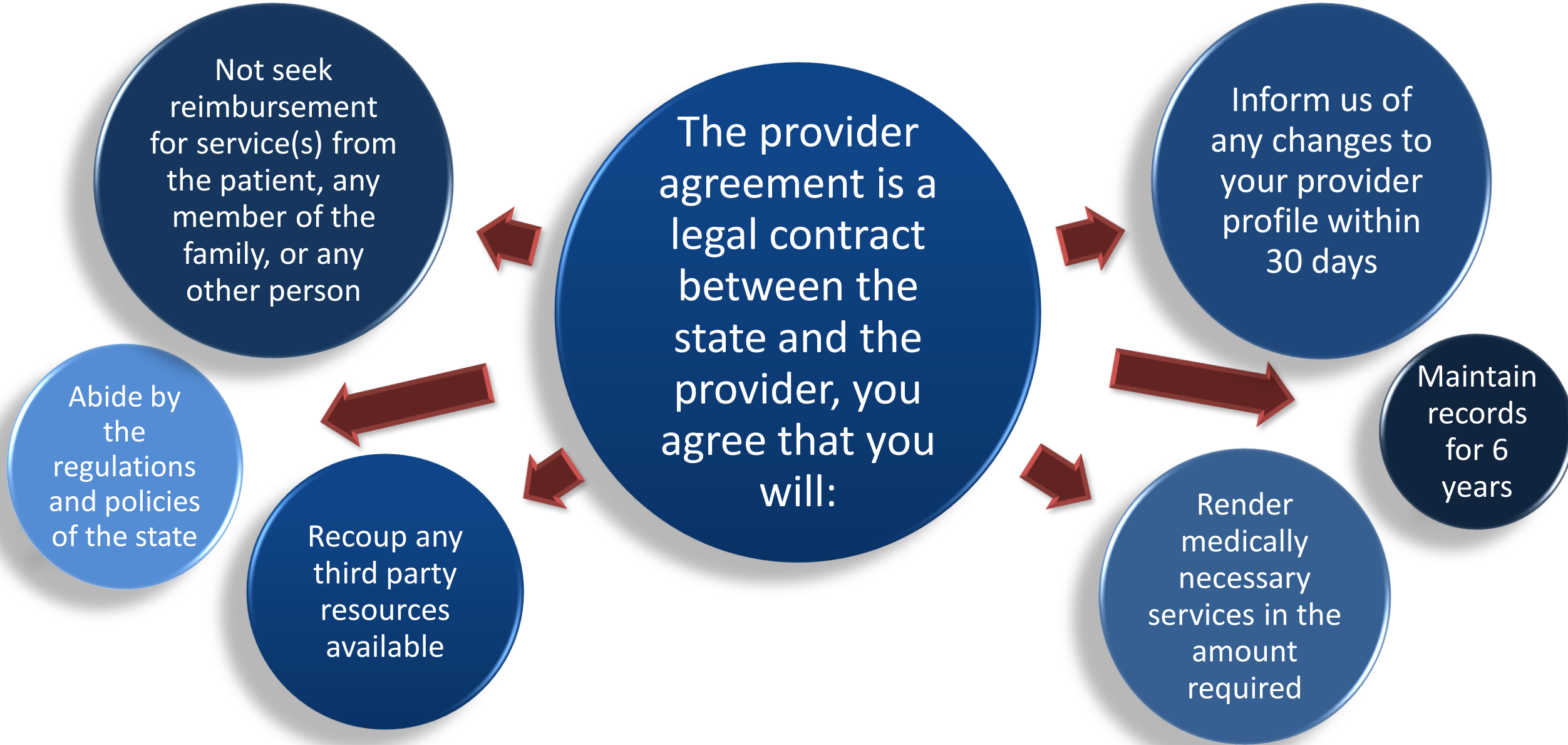
NEW If a group provider is submitting a complaint, the “Filing Party Name” on the complaint should list the group’s name and not the individual practitioner.



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

Ohio

Department of Medicaid

Search

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.

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 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

First, MI

*Date of Service

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	<input type="text" value="1268168168"/>
Ordering Provider Last Name	<input type="text"/>
First, MI	<input type="text"/> <input type="text"/>
* Date of Service	<input type="text" value="01/11/2021"/>
<input type="button" value="search"/>	
<input type="button" value="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:



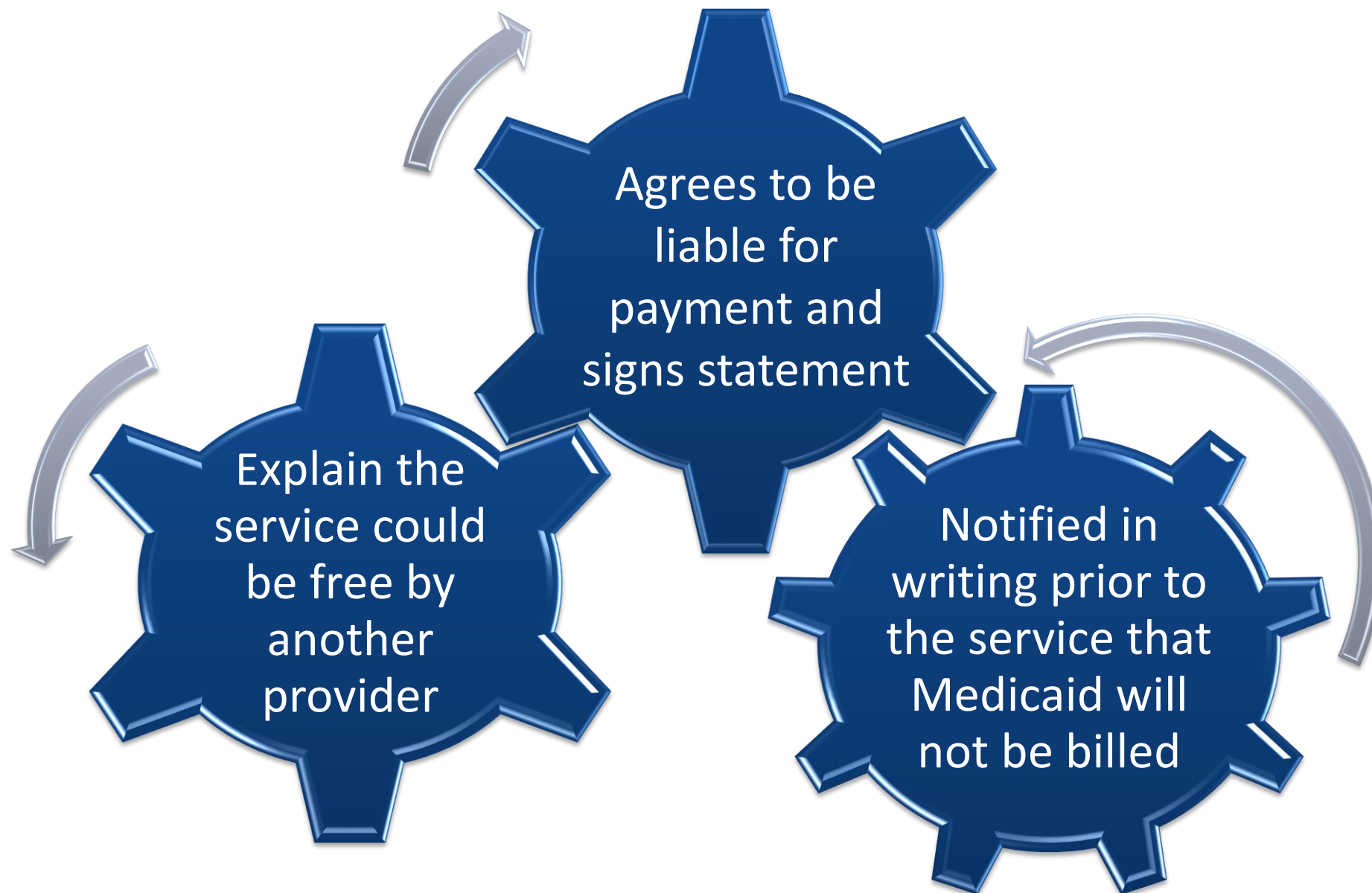
Fee for missed appointments

**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.

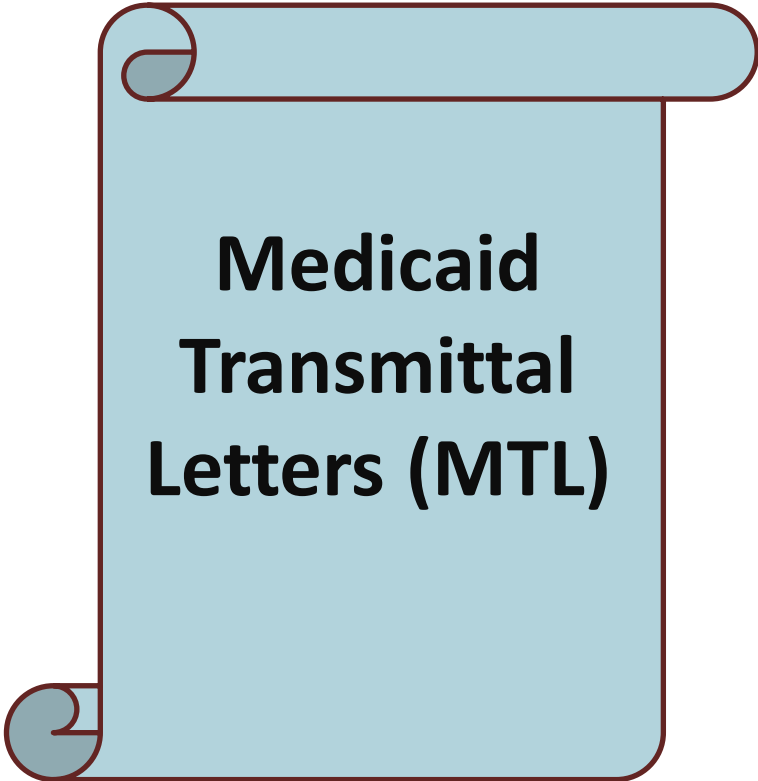
☐ (E) Any individual not covered by Medicaid on the date of service is financially responsible for those services unless the individual qualifies for the hospital care assurance program (HCAP) in accordant with section 5168.14 of the Ohio Revised Code.

Signature _____

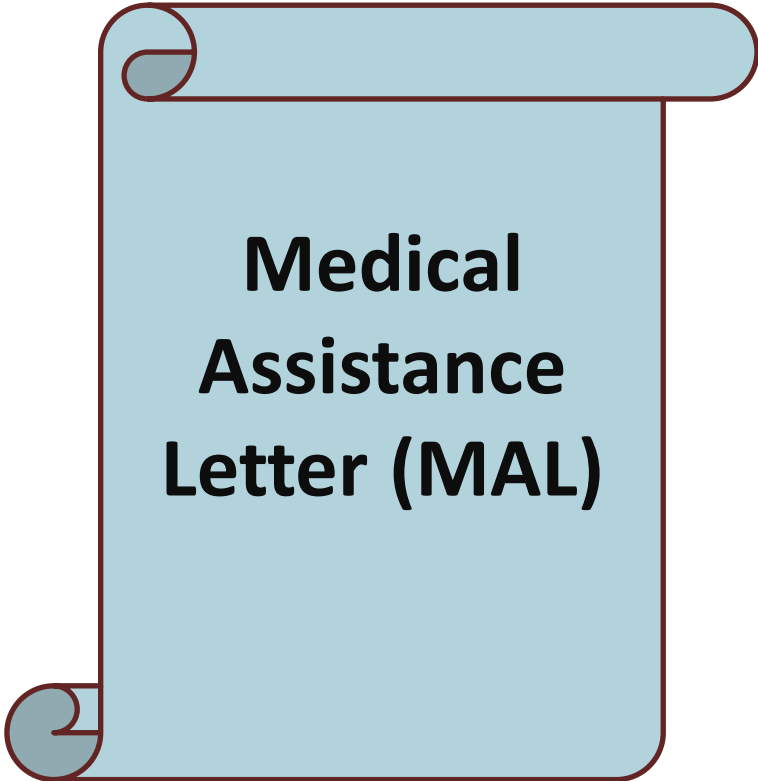
Date _____

Policy

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

A light blue rectangular icon with rounded corners and a dark red border, designed to look like a rolled-up document. It has a small circular tab at the top left and a larger circular tab at the bottom left.

**Medicaid
Transmittal
Letters (MTL)**

A light blue rectangular icon with rounded corners and a dark red border, designed to look like a rolled-up document. It has a small circular tab at the top left and a larger circular tab at the bottom left.

**Medical
Assistance
Letter (MAL)**

Billing Resources

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.



How to Find Modifiers Recognized by Ohio Medicaid

Ohio | Department of
Medicaid

FAMILIES &
INDIVIDUALS

RESOURCES FOR
PROVIDERS

STAKEHOLDERS
& PARTNERS

OUR 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 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?

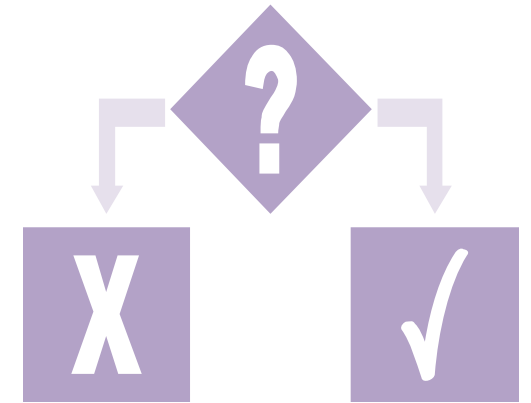
When is the Recipient liable?

What is National Provider Identifier (NPI)?

HELP

Co-Payments and Exclusions: OAC 5160-1-09

- ✳️ There is a co-payment requirement for dental services
 - This may apply to individuals enrolled in managed care
- ✳️ Co-Payment exclusions:
 - Under age 21
 - Pregnant or in the post partum period
 - Nursing facility and ICF-IID residents
 - Individuals receiving emergency services
 - Individuals receiving hospice care
 - Individuals received Medicaid under the breast and cervical cancer option



Ohio Medicaid Dental Program - Resources

OAC 5160-5-01 - Dental services

sets forth Medicaid coverage and payment policies for dental services. It includes one appendix that lays out coverage of dental services by category.

<http://codes.ohio.gov/oac/5160-5>

Appendix DD of 5160-1-60 Medicaid payment

The list of CDT procedure codes, maximum fees and effective dates of coverage is contained here and is posted on the Fees Schedules and Rates page of the Ohio Medicaid web site.

<http://medicaid.ohio.gov/providers/FeeScheduleAndRates.aspx>

Ohio Medicaid Dental Program - Changes

Changes effective January 1, 2021:

- Two **new frenectomy procedure codes**, D7961 buccal/ labial and D7962 lingual, replaced a single non-specific procedure code (D7960) which was deleted by ADA. The maximum fee for D7961 and D7962 is \$119.13.
- A new procedure code for **counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use** (D1321) is covered. The maximum fee for D1321 is \$15.00. The coverage limit is two times per 365 days without prior authorization.

Ohio Medicaid Dental Program – Changes, cont.

- New procedure code for prefabricated porcelain - ceramic crown – permanent tooth (D2928) is covered. This allows coverage of these crowns for both anterior and posterior permanent teeth equivalent to stainless steel crowns and at the same fees. The maximum fee for D2928 “prefab porcelain/ceramic crown - **posterior permanent tooth**” is \$101.92. The maximum fee for D2928 “prefab porcelain/ceramic crown - **anterior permanent tooth**” is \$153.00.
- Coverage of new **COVID-19 testing** procedure (D0604, D0605) is added. These test fall under the Clinical Laboratory Improvements Act (CLIA) and require a Certificate of Waiver from CMS prior to administering the tests. The maximum fee for D0604 is \$35.92. The maximum fee for D0605 is \$45.23.

Ohio Medicaid Dental Program – Changes, cont.

- A dated reference has been updated and reference to OAC 5160-1-18 “Telehealth” has been added in the rule body of OAC 5160-5-01 “Dental services.” Dental residents have also been delineated as rendering providers.
- Annual procedure code maintenance - Procedure code terminology is updated based on Code on Dental Procedures and Nomenclature (CDT) changes for 2021. The descriptors for a number of services have been revised in Appendix A of OAC 5160-5-01.
- HB 11 required ODM to cover two dental cleanings per year for pregnant women and several special groups such as foster children and employed individuals with disabilities regardless of their age. Coverage of two exams for these individuals ages 21 and older are covered in conjunction with two cleanings per year.

Ohio Medicaid Dental Program – Changes, cont.

- Coverage of **dental sealants** has been updated to 1 per 5 years per first and second molar per provider per patient (D1351).
- Coverage of **cone beam CT with view of both jaws** (D0367) has been added. The maximum fee for D0367 is \$106.32.
- Coverage of **interim therapeutic restorations** (ITR) for primary and permanent teeth (D2940, D2941) has been added. D2940 “protective restoration” is covered for primary and permanent teeth with a limit of 1 per 180 days per tooth and a lifetime limit of 5 per tooth. D2941 “interim therapeutic restoration - primary dentition” is covered for primary teeth with a limit of 1 per 180 days per tooth and a lifetime limit of 5 per tooth. The maximum fee for D2940 and D2941 is \$18.00.
- Coverage of **alveoloplasty in conjunction with extractions** – one to three teeth (D7311) has been added. The maximum fee for D7311 is \$49.53

Ohio Medicaid Dental Program – Changes, cont.

- Coverage of **recementation of crowns** (D2920) has been added. The maximum fee for D2920 is \$45.00.
- Coverage of **unspecified orthodontic procedure** (D8999) has been added. The fee for D8999 is determined during prior authorization review.
- Certain dental services will be covered through **teledentistry** coverage of which is specified in OAC 5160-1-18 “Telehealth.” D9995 “**teledentistry-synchronous; real-time encounter**” is to be reported in addition to other procedures (e.g. diagnostic) delivered to the patient through teledentistry on the date of service. Teledentistry services are to be provided in accordance with Chapter 4715. of the Revised Code and Chapter 4715-23 of the Administrative Code.

Ohio Medicaid Dental Program – Changes, cont.

Dentists are authorized to administer **COVID-19 vaccines** as of March 16, 2021. The following CDT codes for vaccine administration should be used when billing these services on a dental claim:

- D1701 Pfizer BioNTech Covid-19 Vaccine Administration - first dose ADM SARSCOV2 30MCG/0.3ML
- D1702 Pfizer BioNTech Covid-19 Vaccine Administration - scnd dose ADM SARSCOV2 30MG/0.3ML
- D1703 Moderna Covid-19 Vaccine Administration - first dose ADM SARSCOV2 100MCG/0.5ML
- D1704 Moderna Covid-19 Vaccine Administration - scnd dose ADM SARSCOV2 100MCG/0.5ML
- D1707 Janssen Covid-19 Vaccine Administration - single dose ADM SARSCOV2 VAC AD26 .5ML

Maximum vaccine fees are \$37.98

MITTS & Claims

Medicaid Information Technology System (MITS)

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

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

MITS is able to process transactions in “real time”



Technical Requirements



Internet Access (high speed works best)

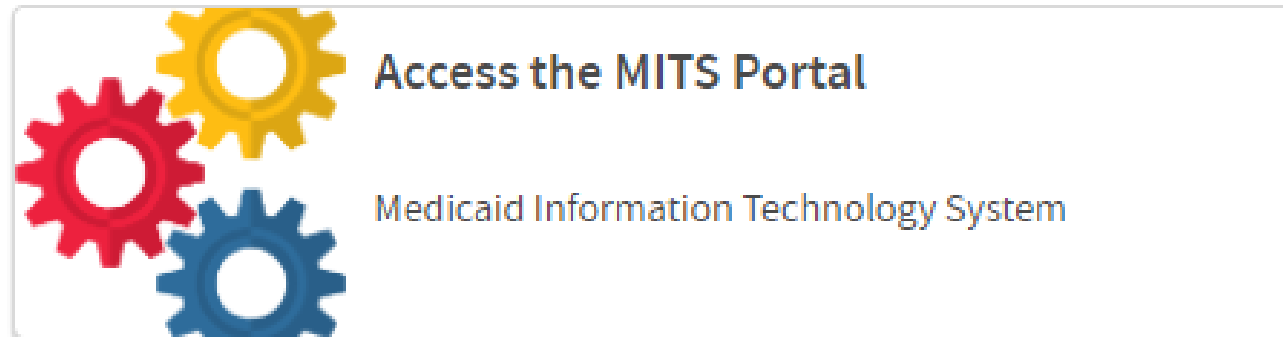
Internet Explorer version 10 or higher and current versions of Firefox or Chrome

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

Turn **OFF** pop up blocker functionality

MITs

- How do I access the MITs Portal?
 - » Go to <https://Medicaid.ohio.gov>
 - » Select the “Resources for Providers” tab at the top
 - » Click on “MITs”
 - » Scroll down and click “Access the MITs Portal on the right



Ohio
Department of Medicaid

About ODM | Our Services | Resources | News & Events

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

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

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Provider Home

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

Login to secure site

Click Here to Login

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

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

Ohio.gov | Medicaid Information Technology System

Sign In
Medicaid Information Technology System

To sign in, please enter your User ID and Password

User ID:

Password:

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

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

☐ Yes, I have read the agreement

Login

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

MITTS Navigation

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

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

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

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



Electronic Funds Transfer



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

Benefits of direct deposit include:

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

**Electronic
Data
Interchange
(EDI)**

**Fees for claims
submitted**

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

**MITs
Portal**

**Free
submission**

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

**Easier for us to help
you with your claim
submission issues!**

Technical Questions/EDI Support Unit

Trading
partners
contact DXC
for EDI
Support



844-324-7089
or

[OhioMCD-EDI-
Support@dxc.c
om](mailto:OhioMCD-EDI-Support@dxc.com)



MITTS Web Portal Claim Submission



Claim entry format is divided into sections or panels

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

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



Submission of a Dental Claim



Welcome,

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

Admin

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

Claims

- [Search](#)
- [Search Detail](#)

- Search
- Search Detail
- Dental**
- Institutional
- Professional



Submission of a Dental Claim

Dental Claim: NPI -

BILLING INFORMATION

ICN

Claim Received Date

Provider ID NPI

*Medicaid Billing Number

*Date of Birth

Last Name

First Name, MI

*Patient Account # 0

Referring Provider #

Rendering ID

Patient Amount Paid \$0.00

SERVICE INFORMATION

*Release of Information NO

From Date

To Date

Emergency

Accident Related To

Accident State

Accident Country [Search]

Accident Date

EPSDT

*Place of Service [Search]

Prior Authorization #

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

Header - Other Payer

*** No rows found ***

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

delete

add an item

Header - Other Payer Amounts and Adjustment Reason Codes



Detail Panel

Detail

Item ▾	DOS	Procedure Code	Units	Tooth Number	Quadrant	Charges	Status	Medicaid Allowed Amount
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

*DOS

*Procedure Code

[Search]

*Units

0

Tooth Number

[Search]

*Charges

\$0.00

Quadrant

[Search]

Medicaid Allowed Amount

\$0.00

Rendering Provider

Status

Detail - Other Payer

Surfaces (Detail Item 1)

*** No rows found ***

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

delete

add an item



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



Claim Portal Errors



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

Portal errors return the claim with a “fix” needed

Claim shows a ‘NOT SUBMITTED YET’ status still

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



Claim Example

Dental Claim: NPI -

BILLING INFORMATION

ICN

Claim Received Date

Provider ID NPI

Medicaid Billing Number

Date of Birth

Last Name

First Name, MI

Patient Account #

Referring Provider #

Rendering ID

Patient Amount Paid \$0.00

SERVICE INFORMATION

Release of Information NO

From Date

To Date

Emergency

Accident Related To

Accident State

Accident Country

Accident Date

EPSDT

Place of Service 11

Prior Authorization #

TOTAL CHARGES

Total Charges \$750.00

Medicaid Allowed Amount \$0.00

TPL Paid Amount \$0.00

Total Medicaid Paid Amount \$285.45

Medicaid CoPay Amount \$3.00

Note Reference Code

Notes



Claim Example, cont.

Header - Other Payer

*** No rows found ***

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

delete

add an item

Header - Other Payer Amounts and Adjustment Reason Codes

Detail

Item ▼	DOS	Procedure Code	Units	Tooth Number	Quadrant	Charges	Status	Medicaid Allowed Amount
5	05/11/2021	D7140	1.00	09		\$150.00	PAID	\$57.69
4	05/11/2021	D7140	1.00	08		\$150.00	PAID	\$57.69
3	05/11/2021	D7140	1.00	05		\$150.00	PAID	\$57.69
2	05/11/2021	D7140	1.00	04		\$150.00	PAID	\$57.69
1	05/11/2021	D7140	1.00	03		\$150.00	PAID	\$57.69

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

delete

add an item

copy

Item

5

Procedure Code

D7140

Tooth Number

09

Quadrant

Rendering Provider

456123789

Status

PAID

DOS

05/11/2021

Units

1.00

Charges

\$150.00

Medicaid Allowed Amount

\$57.69

Detail - Other Payer



Claim Example, cont.

Surfaces (Detail Item 5)

*** No rows found ***

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

delete

add an item

Attachments

*** No rows found ***

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

delete

add an item

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

Claim Status Information

Claim Status PAID

Claim ICN 2221131008506

Paid Date 05/24/2021

Paid Amount \$285.45



Claim Example, cont.

EOB Information							
Detail Number	Error Disposition	EOB Code	EOB Description	CARC	CARC Amount	CARC Description	RARC Description
1		9001	REIMBURSEMENT REDUCED BY THE MEMBERS CO-PAYMENT AMOUNT	3	\$3.00	Co-payment Amount	M16 Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
1		9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	45	\$92.31	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.

All claims are assigned an ICN



2221170357321

Region Code	Calendar Year	Julian Day	Claim Type/ Batch Number	Claim Number in Batch
22	21	170	357	321

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

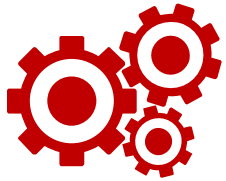
An additional 180 days from the resubmit date is given for attempts to correctly submit a denied claim prior to the end of the 365 days

Claims over 2 years old will be denied

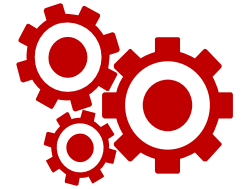
There are exceptions to the 365 day rule



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

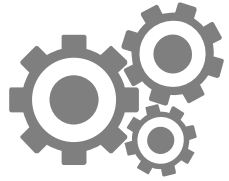
Supporting Data for Delayed Submission / Resubmission

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

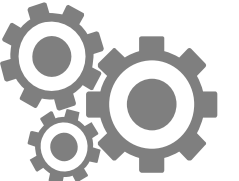
Previously Denied ICN or TCN

Reason

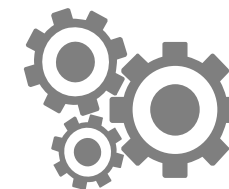




Special Billing Instructions – Eligibility Delay






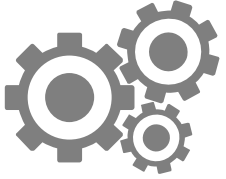
- If you are submitting a claim that is more than 365 days after the date of service due to a hearing decision or delay in the individual's eligibility determination
- The claim must be submitted within 180 days of the hearing decision or eligibility determination date



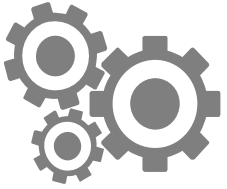
Special Billing Instructions – Eligibility Delay

- 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	<div> </div>



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

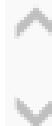


Note Reference Code

ADD - Additional Information

DECISION 20171225

Notes





Uploading an Attachment



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

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

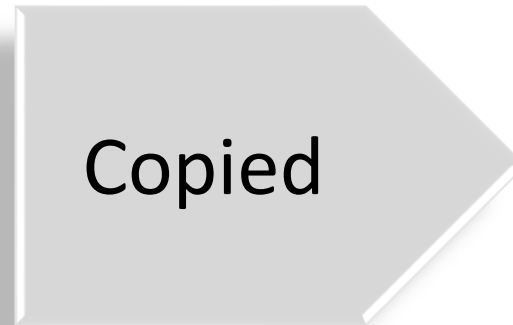
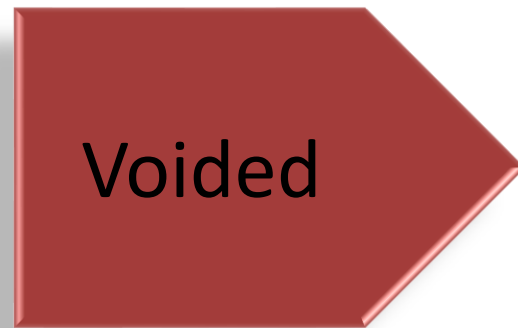


Uploading an Attachment



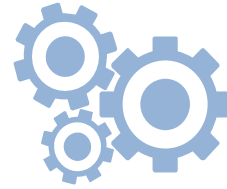
- Electronic attachments are accepted for Claims, Prior Authorization, and Enrollment Processing
- Acceptable file formats:
BMP, DOC, DOCX, GIF, JPG, PDF, PPT, PPTX, TIFF, TXT, XLS, and XLSX
- Each attachment must be <50 MB in size
- Each file must pass an anti-virus scan in MITS
- A maximum of 10 attachments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

Paid claims can be:





Adjusting a Paid Claim



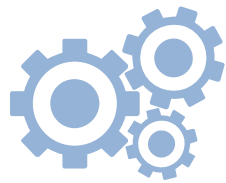
cancel

adjust

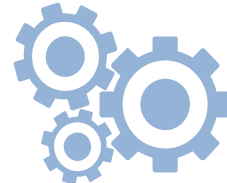
void

copy claim

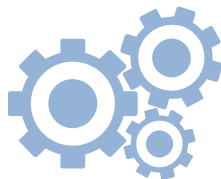
- Open the claim requiring an adjustment
- Change and save the necessary information
- Click the “adjust” button



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

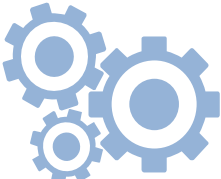
Detail - Other Payer

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

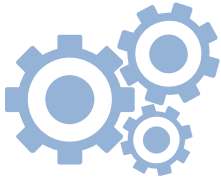
Pay Action

NDC

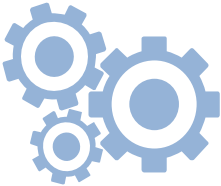
Detail - Other Payer

ClaimsOpen

Additional Provider Information



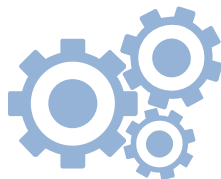
Example, cont.



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.	

canceladjustvoidcopy claim





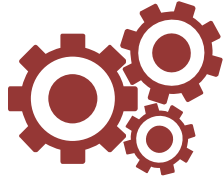
Example, cont.



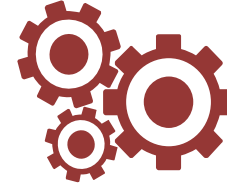
Claim Status Information									
Claim Status		PAID							
Claim ICN		5821305000001							
Paid Date									
Paid Amount		\$3.20							

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 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



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					

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 [Search]

Procedure Code [Search]

Emergency

Referred EPSDT Service/ Family Planning

Diagnosis Code

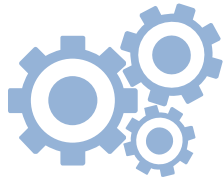
Pointer

Modifiers [Search] [Search]

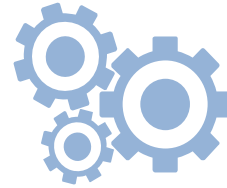
Final EAPG

Pay Action

NDC | Details - Other Rows | ClaimCheck | 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



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



Claims with Other Payers, cont.

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



Claims with Other Payers, cont.

If the Other Payer 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



Claims with Other Payers, cont.

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



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

01234 ▾

*CAS Group Code PR-Patient Responsibility

PR-Patient Responsibility

*ARC 1

1

*Amount	\$50.00
---------	---------

\$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

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

delete

add an item

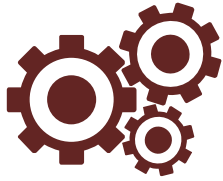
Payer Line Level Adjustment Reason Codes(ARC) and Amounts

*Detail Item/Electronic Payer ID 1/43210

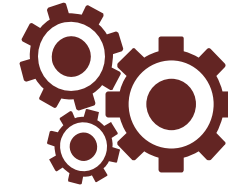
*CAS Group Code CO-Contractual Obligations

*ARC 45

*Amount \$150.00



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

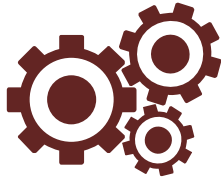
Provider Reports ? ^

*Report

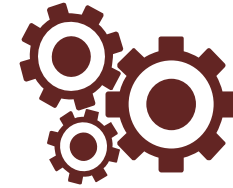
- CPC (COMPREHENSIVE PRIMARY CARE REPORTS)
- EPISODE REPORTS SUMMARY (PDF) AND PATIENT DETAIL DATA(CSV)
- EPISODE REPORTS SUMMARY DATA(PDF) ONLY
- HOSPITAL COST SETTLEMENT REPORT
- PPR (POTENTIALLY PREVENTABLE READMISSIONS) REPORTS
- PRC (PROVIDER REPORT CARDS) REPORTS
- REMITTANCE ADVICE

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

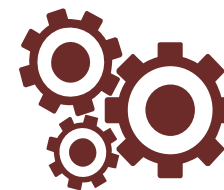
Check/EFT Number

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

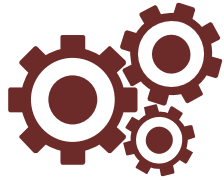
Expenditures - Non-claim payments

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

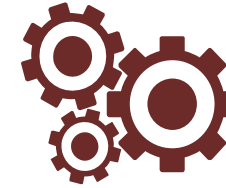


Summary

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

<https://Medicaid.ohio.gov>

- MALs & MTLs

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/policies-guidelines>

- Ohio Administrative Codes

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

- MITS home page

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

Websites

➤ Provider Enrollment

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/enrollment-and-support/enrollment-and-support>

➤ Electronic Funds Transfer

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

➤ Information for Trading Partners (EDI)

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/trading-partners/trading-partners>

➤ X12 Website (ARC Codes)

<https://x12.org/codes/claim-adjustment-reason-codes>

FORMS

- ODM 06614 – Health Insurance Fact Request
- ODM 06653 – Medical Claim Review Request

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/stakeholders-and-partners/legal-and-contracts/forms/forms>

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

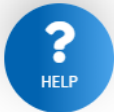
Provides information on invoices and computer use.

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)

Share this



Search:

Show entries

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)

