

Enhanced Claims Functionality will be implemented in the New Medicaid Information Technology System (MITS) and MITS Web Portal Coming in December 2010!

Go Paperless! For this release we will focus specifically on claims functionality within MITS and the new MITS Web Portal, including the use of new claim forms for hospital and dental providers, some changes to claims processing, and how these new features in MITS will benefit providers.

Special Note! Providers are encouraged to continue to use EDI for claims submission through their current billing agents and trading partners.

Why should providers use the new MITS Web Portal to submit claims?

Using the new MITS Web Portal is easy, fast, and free! Below are several other reasons to start using the MITS Web Portal:

- There are no mailing costs and claims are processed online "real time;"
- Speed and accuracy far superior to a paper claim;
- Turnaround time for paid claims is approximately seven to 10 days; sooner than if mailed;
- Allows the provider to immediately see claim status and correct submission errors rather than waiting a week or more to discover that a claim denied because of data issues;
- Claims can be submitted, adjusted, copied, voided, or viewed on the new Web portal;
- Claim attachments, with certain limitations such as X-rays, can be uploaded as an electronic file via the new Web portal;
- Previously submitted paid claims can be copied and modified for a new submission;
- Small provider groups can utilize electronic billing with no out-of-pocket cost; using the MITS Web Portal is free;
- "Pay To" providers will now be able to bill up to 50 new claims per day.

In essence, submission of claims using the new MITS Web Portal is much more effective than submitting claims on paper. With the elimination of paper, money is saved on forms and office supplies. Furthermore, the risk of lost claims and human error is minimized. Billing electronically through the new MITS Web Portal, or Electronic Data Interchange (EDI), has the potential to reduce costs associated with labor, printing, postage, document management, and document storage.

Claims Functionality in the New MITS Web Portal

The ability to submit claims and supporting claim documentation and information in an electronic format is one of the primary features of the MITS Web Portal. Improvements and enhancements will include more efficient and faster claims processing for providers.

Some of the new enhanced MITS Web Portal claims activities that will be discussed in this release include:

- MITS Web Portal claim submissions:
 - Facility providers will now be able to submit Institutional claims;
 - Dental providers will be able to submit Dental claims; and
 - Attachments for submitted claims will now be allowed with submissions.
- Reviewing claim status
- Submitting a new claim
- Re-submitting denied claims
- Adjusting paid claims
- Voiding paid claims
- Copying paid claims
- Submitting COB, Other Payer (Third Party Liability) crossover claims
- New software for claims processing and program integrity

Claim Status Information in the new MITS Web Portal

As a feature of the new MITS Web Portal, providers will be able to view and check the status of **all** claims, whether submitted as a paper claim, through EDI, or through the MITS Web Portal.

The claim inquiry process begins when the user selects the Search Claims menu item from the Claims menu. The Claim Search panel allows users to search all of the claims (up to three years back) associated with their provider number using specific claim inquiry fields such as ICN, Rendering Provider ID, Client ID, Claim Type, Status, TCN, FDOS, TDOS, and Date Paid.

Submitting a New Claim on the MITS Web Portal

The provider will pull up the appropriate claim form from the Claims Menu. Claim data will be entered into the appropriate fields and required sections of the claim. Sections and the data they contain will vary by the claim type. The following table shows the sections that each claim type contains.

Table 1: Claims Type Sections

	Dental	Institutional	Professional
Bill Information	√	√	√
Service Information	√	√	√
Charges	√	√	√
DUR Overrides			
Other Payer (TPL)	√	√	√
Details	√	√	√
Surface Code – Details Item 1	√		
Electronic Attachment	√	√	√
Hard Copy Attachment	√	√	√
Medicare Information		√	√
Diagnosis		√	√
Status	√	√	√
NDC		√	√

When the data entry process is complete, click the Submit button to submit the claim. An error message displays if required data is missing or the entered data is invalid. Users are allowed to correct the claim and submit again.

Resubmitting a Denied Claim on the MITS Web Portal

Providers will be able to view error message codes, related to Explanation of Benefits (EOBs), for any denied claim. When an EOB Code is displayed an Adjustment reason Code (ARC) and ARC Description may also display to further detail and explain the EOB code. The process begins when the provider pulls up the appropriate denied claim from the Claims menu. The error message(s) for the claim will display if required data is missing or the data is invalid, such as an obsolete diagnosis or procedure code. To correct the denied claim, simply make the necessary changes and click the Resubmit button to submit. Once submitted, a new internal control number (ICN) will be assigned to the re-submitted claim, and a response will be returned including the status of the claim (paid, denied or suspended) and Explanation of Benefits, where applicable. If the claim status is "denied" the provider can view the new error codes, make necessary changes and re-submit the claim again for processing. If the claim status is "paid" nothing further is required and the claim will proceed to the financial cycle for payment.

Adjusting Paid Claims on the MITS Web Portal

Providers will be able to adjust a claim if it is in a paid status and has not been previously adjusted. To adjust a claim, providers may open the claim they wish to adjust, make the desired changes on the claim form, and click the Adjust button to submit. Once submitted, a new internal control number (ICN) will be assigned to the claim, and a response will be returned including the status of the claim (paid, denied or suspended) and Explanation of Benefits, where applicable.

You can adjust any claim that has a status of paid, up until the cut-off date and time for claim submissions.

Voiding Paid Claims on the MITS Web Portal

Providers will be able to void a claim if it is in a paid status and has not been previously voided. To void a claim, providers may open the claim they wish to void, and as no changes are necessary on the claim, the only process required is to click the Void button to submit. The claim will be voided and the money will be recouped on the next Remittance Advice (RA).

Providers should only void a claim that was billed in error and only if it is necessary to reverse a paid claim. Remember you can make adjustments to claims and do not need to "void" unless you determine the claim should have never been billed.

Copying Paid Claims on the MITS Web Portal

Providers will be able to copy a claim if it is in paid status. Providers can open any paid claim, click the Copy button, and pertinent information on the claim will be copied over to a new claim form. This will serve as a template for the new claim, thus eliminating most re-typing. Providers can then make any desired changes to the claim form and click Submit to submit it as a new claim. Once submitted, a new internal control number (ICN) will be assigned to the claim, and a response will be returned including the status of the claim (paid, denied or suspended) and Explanation of Benefits, where applicable.

Submitting Third-Party Liability (TPL) and/or Medicare Crossover Claims on the MITS Web Portal

Providers will be able to submit Other Payer (TPL) claims on the MITS Web Portal. The claim data will be entered as if it is a new claim, entering all required claim information, and then the primary payer information will be entered into the payer section of the claim and submitted. Providers may also conduct a search for a TPL claim that has denied and add the primary payer information to that claim and resubmit.

Some of the information needed to process the claim from the primary payer EOB will include:

- Insured's carrier and policy information;
- Paid amount;
- Allowed amount;
- Paid date;

- ARC (adjustment reason codes);
- Policy and policyholder information; and,
- Medicare ICN, if the claim is a Medicare crossover.

Submission of the crossover claim is completed by clicking Submit.

Providers will be able to submit claims where \$0 is the TPL payment amount. The appropriate and acceptable Adjustment Reason Code needs to be on the claim to document the reason why the Other Payer did not pay anything on the claim.

Once the claim is submitted, a new internal control number (ICN) will be assigned to the claim, and a response will be returned including the status of the claim and Explanation of Benefits, where applicable.

Proprietary paper claim forms

With the December 2010 MITS implementation, Ohio Medicaid will require providers who bill on paper to use standard claim forms including:

- For Professional claims the CMS-1500 (8/05 version),
- For Institutional claims the Uniform Bill -Version 04 (UB-04),
- For Dental claims the American Dental Association (ADA) 2006 forms.

All other proprietary claim forms (UB92 for Institutional claims and the ADA 2000 for Dental claims) are being discontinued and will not be accepted after the December 2010 implementation of the new MITS. If claims are received in any other format, other than those listed above, they will be returned to providers.

For faster and more accurate claims processing, providers are encouraged to bill electronically using EDI or the secure MITS Web Portal. Both of these options allow your claim to enter directly into the MITS claims processing system, with same-day or "real-time" acknowledgment of your claim submissions.

The new MITS provides program integrity for more accurate and appropriate claim payments to providers.

To process claims, the new MITS will use specially designed software, including "clinical rules," to review claims submitted for medical procedures and determine which rules apply to claim data. The software will also help verify the clinical accuracy of professional claims and MITS will perform other program integrity functions including:

- Analyzing the billing history for a provider and consumer to assure that similar procedures are not billed on the same date or in the recent past.
- Ensure procedures billed meet ODJFS specific criteria, e.g., bundling, age, gender, pre-post op visits, assistant surgeon, unilateral-bilateral procedures, or special pricing when multiple procedures are performed.
- Helping prepare Ohio Medicaid providers for future conversion to ICD-10 coding requirements.

- Reducing coding errors and erroneously paid claims that are subject to retrospective review and recoupment.

The goal of program integrity is to insure that the right provider is paid the right amount for the right service to the right consumer.

Processing claims using the new "clinical claims editor" feature will dictate the circumstances when a Medicaid claim should be paid, denied or suspended for further review. The new MITS claims processing system will contain hundreds of payment rules reflective of Medicaid policy.

Examples include:

- Restricting certain procedures to only males or females.
- Disallowing payment for cosmetic procedures not covered by Medicaid.
- Disallowing separate billing for procedures that should have been billed as bundled.
- Prohibiting payment for procedures that may not be paid more than once, such as hysterectomy or gall bladder removal.

What are the two cycles a claim must go through?

In order for a provider to receive payment on a claim it must go through two cycles:

- The claims processing cycle, which determines if claim passes all necessary edits and audits; and
- The financial cycle, which is the last cycle a claim needs to pass through for payment.

If the claim status information in the Portal includes a "paid date" or a "denied date," then the claim has completed both the claims processing cycle and the financial cycle and is considered finalized.

Claims that display a status of "paid" in the MITS Web Portal have been determined to be *payable* as a result of going through the claims processing cycle. If the claim status information does not include either a paid or denied date, the claim has not completed all of the MITS processing cycles and should not be considered finalized.

It is possible for a non-finalized claim to be recycled through the claims processing cycle for various reasons. A claim that is recycled may change its status (e.g., from a status of "suspended" to a status of "paid" or "denied").

Can providers still submit claims through billing agents or clearinghouses?

Yes, in fact, this is the preferred method! Submitting EDI claims can continue through a provider's current billing agent or clearinghouse and is encouraged, as long as the provider has authorized them to file claims on their behalf and trading partner agreements are in place with OHP.

What are the MITS Web Portal Minimum Requirements?

To take advantage of the new MITS Web features for claims you will need the following:

- Internet connection to include a desktop windows environment with browser capability for easy navigation
- Internet Explorer versions 6.5 – 8.0
- Firefox version 1.5 – 3.5
- Unique Log on ID and PIN approved and issued by ODJFS

When will providers be trained?

- An extensive statewide outreach and training strategy is in development, with training to begin this fall.
- Watch for the most current news on the MITS Web site, <http://jfs.ohio.gov/mits/index.stm>, about training and registration for seminars or webinars.

Providers and supporting staff are encouraged to attend the statewide MITS Implementation training sessions to ensure that all staff members are trained on the MITS Web portal functionality and features. Providers can attend any of the statewide provider training sessions and all statewide MITS training classes are free of charge. The more you learn, the more successful you will be when MITS goes live!

Note: Read your training material, put it in a safe place, and use it as a point of reference when MITS goes live.

Important National Provider Identifier (NPI) Reminder

The following information applies to medical practitioners that are required to have a National Provider Identifier (NPI) and submit medical claims (professional, dental, and institutional):

Note: This does not apply to atypical providers (non-healthcare providers) that are not required to obtain a NPI and bill using their Ohio Medicaid seven digit legacy provider ID.

Ohio Medicaid will no longer accept the generic “dummy ID” 9111115, in lieu of a NPI, to be used when filling out a claim. This applies specifically to medical practitioner ID type fields, such as referring provider ID on the professional and dental claims or the attending provider ID on the institutional claims. The medical practitioners NPI should be used in these fields, even if the practitioner is not a participating provider. If providers and/or trading partners are currently using this generic ID, 9111115, in lieu of a NPI, in these fields, they need to begin using the practitioners NPI. Claims will deny in the new MITS if this generic ID is used to fill in the provider ID field on a claim.

Software Vendor Information

Work with your software vendor regarding the following changes:

- Using National Provider Identifier (NPI) for practitioner ID type fields.
- Changes and conversion to new paper forms.

- o Institutional providers currently using the UB92 will use the UB04.
- o Dental providers currently using the ADA version 2000 will use the ADA version 2006.
- Professional providers will continue to use the CMS 1500.

Provider Enrollment Updates

It is very important that you review your group membership information and verify its accuracy prior to MITS implementation. Review for any additions and separations of Medicaid-enrolled providers. If you have any questions or need to verify group membership information please contact the ODJFS Medicaid Provider Enrollment Unit at 1-800-686-1516.

MITS Web site

Bookmark the MITS Web site for the most current updates, provider training information, MITS functionality, tools and enhancements at <http://jfs.ohio.gov/mits/index.stm>.