

Timely, accurate, current, and historical eligibility and demographic information for Medicaid recipients will be available in the new Medicaid Information Technology System (MITS) and MITS Web Portal coming in December 2010!

How will the new MITS enhance services and processes for Medicaid recipients and Medicaid providers?

A recipient is a person that has been determined to be eligible and approved for assistance in accordance with the State Plan(s) under Title XIV and Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, and/or Title IV of the Immigration and Nationality Act.

The Ohio Health Plans (OHP) uses the term 'Consumer' for those who apply for, and are determined to be eligible for, Medicaid services. In the new MITS, the term 'Recipient' is used in place of consumer.

Eligibility information on individuals approved for medical assistance will be supported and maintained in the Recipient Data Maintenance subsystem in MITS. Consumer data will support claim processing in batch and online modes, reporting functions, and eligibility verification. Accurate recipient information is vital to timely processing of claims and reimbursement for providers.

Recipient Benefit Plan Determination

Within MITS, the Benefit Plan determines the services that a consumer may receive as well as the services that the Ohio Department of Job and Family Services (ODJFS) has authorized a provider to provide according to state policy. The Ohio MITS will store and track the eligibility data received from the:

- Client Registry Information System-Enhanced (CRIS-e) and the
- Statewide Automated Child Welfare Information System (SACWIS).

The Recipient subsystem in MITS will obtain "real-time" eligibility information from the CRIS-e and SACWIS systems. Since the Benefit Plan does not exist in the CRIS-e or the SACWIS systems, MITS will evaluate and assign the Recipient's Benefit Plan(s) every time information is received from one of these sources.

Because an individual Medicaid recipient can have multiple benefit plans, MITS takes multiple unique data feeds from different agencies and applies these feeds according to ODJFS-specific business rules. These data feeds form a cohesive repository of recipient eligibility and demographic information in MITS.

MITS will edit all transactions received from the different systems and data feeds for compliance with specific business rules. The system will access the Benefit Plan process to assign correct benefit plans when updates are received. If errors exist, MITS will reject and report the transaction, along with the corresponding information.

How can providers verify Recipient information in MITS prior to providing services?

MITS accesses recipient demographic and eligibility information in three ways; the MITS Web Portal, Interactive Voice Response system and HIPAA transaction as 270/271.

New MITS Web Portal – The MITS Web Portal allows providers to obtain eligibility information for recipients 24 hours a day, 7 days a week. When a provider checks eligibility through the Web Portal, the provider may see the following information, if applicable to the recipient:

- **Benefit/Assignment Plan(s)** – Will be displayed with specific codes such as:
 - o MCAID – full Medicaid services
 - o OMH – Ohio Mental Health
 - o TCM – Targeted Case Management (will also display Hospice information)
- **Spenddown** – If the recipient has spenddown, the monthly amount, effective date, end date, and type of spenddown will be available.
- **Third-Party Liability** – Carrier name, carrier number, national association of insurance carriers (NAIC) number, policy holder information, coverage type, coverage dates, and group number for any third-party resources, will be available if reported.
- **Managed Care** – Will report the name, description, and effective dates for any managed care plans in which a recipient is enrolled.
- **Lock-In** – If the recipient is part of a lock-in plan for a specific provider, the plan information, effective dates, and provider information will display.
- **Medicare** – If the recipient is enrolled in Medicare part A, B, or D, the effective dates, plan information, and health insurance claim number (HIC) will be available.
- **Service limitations** – If providers enter a procedure code with service limitations on the Eligibility Verification Request screen, the next available date of service for that procedure will display.
- **Level of Care Determinations** – The level of care type and associated dates will display if the recipient is in long term care.
- **Special Program** – If the recipient is enrolled in any special programs (waiver), the information, including a description of the program, will display.
- **Patient Liability** – If the recipient has any patient liabilities, the information will be reported.

Interactive Voice Response System (IVR) – The IVR will continue to give providers access to recipient information. The toll free telephone number for IVR is **1-800-686-1516**; providers will have access to recipient eligibility information 24 hours a day, 7 days a week. Providers will be able to access recipient and claim information including:

- Claim status,

- Payment status,
- Prior authorization,
- Provider information,
- Drug and procedure codes,
- Plan policy and billing questions,
- Provider application inquiry, and
- Provider training information.

HIPAA transactions 270/271 – The HIPAA transactions 270/271 will continue with no change to current processes.

Provider Training and Registration Update

ODJFS and Hewlett-Packard have finalized MITS training sessions for the provider community in preparation for MITS implementation in December 2010.

The MITS training is free and is being offered to fee-for-service (FFS) providers. ODJFS will conduct classroom training in: Ashland, Cambridge, Canton, Chillicothe, Cincinnati, Cleveland, Columbus, Dayton, Garfield Heights, Maumee, New Philadelphia, Portsmouth, St. Clairsville, Toledo, Youngstown, and Hebron, KY.

Web-based training (Webinars) is also being offered to those who cannot attend the classroom training. A Webinar may be the best option for a provider that has a large staff needing training because it can be conducted in the provider's facility.

Registering for classroom (face-to-face) or Webinar training is quick and easy. All you need is Web access to sign in and register, as well as an email address to receive your registration confirmation. To register, log into the registration site at http://www.seeuthere.com/hp/Ohio_MITS_Training_Workshops.

At the registration site you will see the training schedule with links for each session identified by city, date, and time; and whether a session is held in a classroom (face-to-face) setting, or as a Webinar.

ODJFS and HP will continue to make training available after implementation. Additionally, ODJFS and HP are developing self-paced **Web-based eCourses** that provide a walkthrough of the new MITS Web Portal.

Remember to keep informed and keep in touch

We appreciate all you do to provide quality services to Ohio's Medicaid consumers! ODJFS and HP are committed to working closely with you during the training and transition for the successful implementation of our new MITS. For the most up-to-date information about the MITS Web Portal, as well as information on MITS functionality, tools, training and how the replacement system will impact you as a provider, log on to <http://jfs.ohio.gov/mits/index.stm>.