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Department of Medicaid
Department of Mental Health and Addiction Services

Behavioral Health Enrollment in MITS

Presenters:

Mary Haller, Monica Peck,
and Provider Enrollment



Behavioral Health Redesign

Housekeeping

General Housekeeping Information

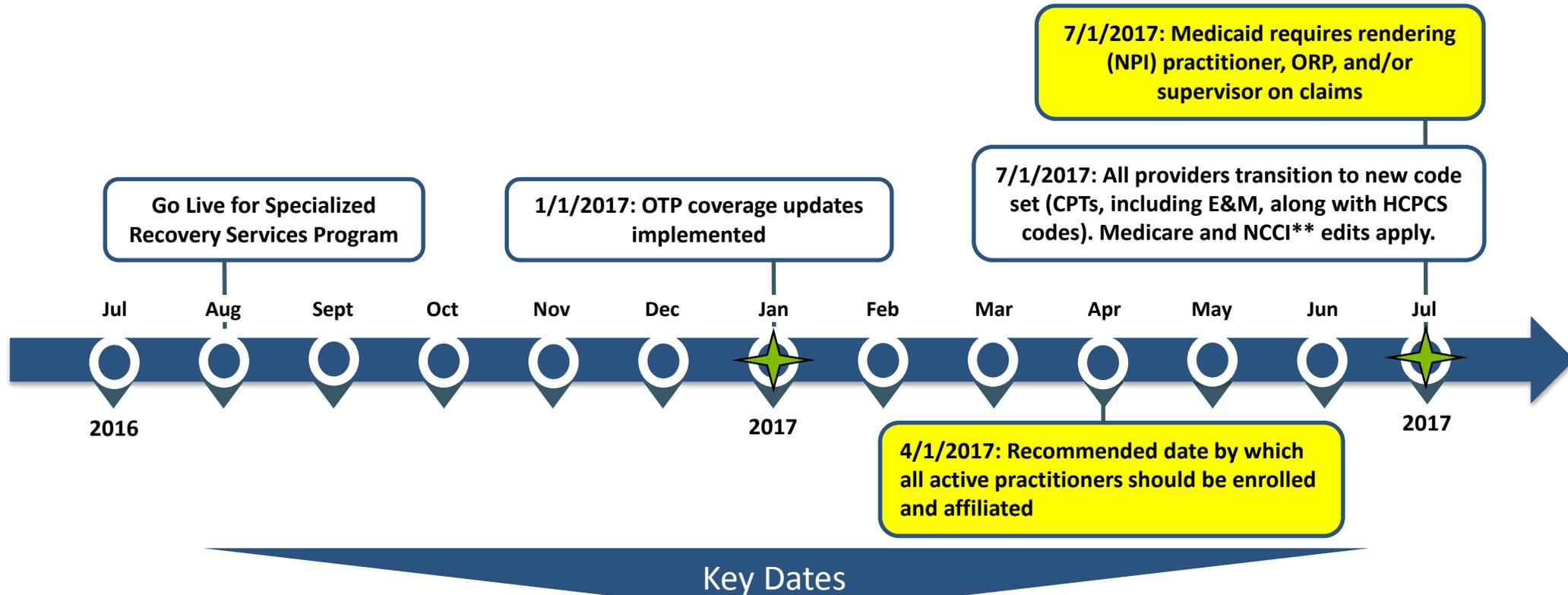
- This webinar will be recorded
- This webinar is scheduled for 2 hours
 - Time is reserved at the end for Q&A
- Questions may be submitted in writing in the Q&A box
 - Questions will be monitored and may be answered directly or broadcast to the entire group if appropriate
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Agenda

Existing Resources	Presenter
Reminders and Updates	Mary Haller
MHAS Certification Guidance	Monica Peck
Practitioners who must enroll in MITS by July 1, 2017	Mary Haller
Enrolling Practitioners in MITS – Live Walkthrough	Provider Enrollment
Common Errors	Provider Enrollment
Affiliating Practitioners with the Employing Agencies	Provider Enrollment
Questions	

Implementation Schedule



1. Specialized Recovery Services Program implementation August 2016
2. Rendering provider, ORP, and/or supervisor on claims requirement starts 7/1/2017 (will not pay claims without rendering provider starting 7/1/2017)
 - a. Licensed Independent Chemical Dependency Counselor (LICDC) able to enroll as a provider as of 7/1/2016
3. All providers begin using new code set starting 7/1/2017



Milestone



**NCCI prohibits use of nonstandard units (i.e., no more decimals)

Update: BH Provider Enrollment Mailbox



The mailbox address is
bh-enroll@medicaid.ohio.gov

The Ohio Department of Medicaid has established a Medicaid mailbox to collect and respond to questions from behavioral health providers.

- Providers should email this mailbox when they have questions regarding MITS enrollment of rendering practitioners
- OR agency revalidation

Enrollment for Type 84 (MH) and Type 95 (SUD) Providers



A provider must be certified by OhioMHAS as a provider of Mental Health services or SUD treatment program before they can enroll in Ohio Medicaid.

To complete the web-based enrollment application the following documents are necessary:

-  An agency National Provider Identifier number (NPI) from the National Plan and Provider Enumeration System (NPPES)
 - If applying as both provider types, the agency must have two NPIs
-  A signed copy of the IRS W-9 form for the applicant MH or SUD agency
-  And verification of the application fee payment
 - If the provider is a Medicare provider, they may use the Medicare payment confirmation **BUT** the NPI number and address must match the Medicaid application

Information on OhioMHAS mental health services or SUD treatment program certification can be obtained from the Ohio MHAS Bureau of Licensure & Certification by calling 614-752-8880 or by visiting the OhioMHAS licensure and certification webpage here:

<http://mha.ohio.gov/Default.aspx?tabid=123>.

Enrollment for Type 84 and Type 95 Providers Continued



Notify OhioMHAS Regarding your Completed Application

The provider must then notify OhioMHAS by sending an e-mail to: MHAS-BHSupport@mha.ohio.gov

Please include the:

- ATN that was assigned to the application in the subject line
- Contact information for the person who is responsible for getting the application approved in the body of the e-mail

OhioMHAS will verify completeness of the application and send to ODM Provider Enrollment for final approval

More information about the required site visit can be found [here](#)

Individual Practitioners who must enroll in MITS by July 1, 2017

By July 1, 2017, the practitioners listed below must complete all of the following:

- Have a national provider identifier (NPI);
- Be enrolled in Ohio Medicaid; and
- Be affiliated with their employing agency

Rendering Practitioner (MITS Provider Type)	
Physician (MD/DO) Psychiatrist (20)	Licensed Independent Social Worker (37)
Certified Nurse Practitioner (72)	Licensed Professional Clinical Counselor (47)
Clinical Nurse Specialist (65)	Licensed Independent Marriage and Family Therapist (52)
Physician Assistant (24)	Licensed Independent Chemical Dependency Counselor (54)
Registered Nurse (38-384)	Licensed Practical Nurse (38-385)
Licensed Psychologist (42)	

Enroll as a Practitioner in MITS

1 Access the Provider enrollment portal

- You will see this screen once you enter the provider enrollment portal
- You may either:
 - Enroll as a rendering (billing) provider
 - Revalidate your current Medicaid provider number (this will not be covered in this presentation)
 - Enroll as an ordering, referring, or prescribing (ORP) provider

Instructions ?

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

Enroll as a Rendering (Billing) Practitioner

2A

- Choose “I need to enroll as a provider to bill Ohio Medicaid” if you wish to enroll as a rendering (billing) practitioner

Instructions Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

Please complete each of the steps in the enrollment process. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

Please click the [Checklist](#) link prior to starting the enrollment application in order to select the checklist for your provider type.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application.

If you are a provider currently rendering Medicaid services to consumers and wish to make changes to your name, address, email, etc., please login to the secured portal and select the Demographic Maintenance Tab.

Please click the [Forms Central](#) link to access a comprehensive listing of forms and publications. To view documents regarding the administration and compliance of programs and services, please click the [eManuals](#) link.

Your application will be saved until 12:00 EST Midnight in 3 days. At 12:00 EST Midnight in 3 days, your application will be deleted from the system if your application has not been submitted.

[FAQ for Provider Enrollment](#)

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it for your records PRIOR TO EXITING.

[new application](#) [continue application](#)

3A

- Select “Individual Practitioner” from the “Enrollment Type” drop down Menu
- Select “Initial Enrollment” form the “Action Request” drop down Menu

Request Type

*Enrollment Type INDIVIDUAL PRACTITIONER

*Action Request INITIAL ENROLLMENT

*Provider Type 38 - NON-AGENCY NURSE -- RN OR LPN

*Are you a provider new to Ohio Medicaid? Yes No

[previous](#) [next](#) [exit](#)

Enrolling as an ORP Practitioner: Only an MD, DO, APRN, or PA may be an ORP practitioner

2B

- Choose “I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)” if you wish to enroll as an ORP practitioner

Instructions ?

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

You are about to begin an application to enroll with the Ohio Department of Medicaid for the sole purpose of ordering, prescribing or referring (ORP Provider).

Please Note: You will NOT receive any Medicaid reimbursement as an ORP provider. If you are already an Ohio Medicaid provider, you DO NOT need to enroll as an ORP provider.

See [FAQ for ORP Providers](#) for information about who can enroll and other important information.

Your participation as an ORP Provider will allow billing Medicaid providers to receive reimbursement for covered services and supplies that you order, prescribe or refer for your patients. If you want to be reimbursed for providing Medicaid services, please change your selection at the top to "I need to enroll as a provider to bill Ohio Medicaid."

If you have made the correct selection, please complete each of the steps in the enrollment process. Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

If you are currently an ORP provider and wish to make a change to your address, please login to the secured portal and select the Demographic Maintenance Tab.

Your application will be saved for three days. At Midnight on the third day, applications that have not been submitted will be deleted from the system.

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it for your records PRIOR TO EXITING.

new application continue application

3B

- Select “Ordering/Referring/Prescribing” from the “Enrollment Type” drop down Menu
- Select “Initial Enrollment” form the “Action Request” drop down Menu

Request Type ?

*Enrollment Type ORDERING/REFERRING/PRESCRIBING

*Action Request INITIAL ENROLLMENT

*Provider Type 42 - Psychologist Individual

*Are you a provider new to Ohio Medicaid? Yes No

previous next exit

Enroll as a Rendering (Billing) Individual Practitioner

4

- For example, nursing applicants will select from the “Provider Type” drop down menu “38 – Nurse –RN or LPN”.
- Select the “Yes” radial button for the question “Are you a provider new to Ohio Medicaid”
- Click Next

The screenshot shows a web form titled "Request Type" with the following fields and options:

- *Enrollment Type:** A dropdown menu with "INDIVIDUAL PRACTITIONER" selected.
- *Action Request:** A dropdown menu with "INITIAL ENROLLMENT" selected.
- *Provider Type:** A dropdown menu with "38 - NURSE -- RN OR LPN" selected.
- *Are you a provider new to Ohio Medicaid?:** Radio buttons for "Yes" (selected) and "No".

At the bottom of the form are three buttons: "previous", "next", and "exit".

Rendering Practitioners (MITS Provider Type)
Physician (MD/DO)
Psychiatrist (20)
Certified Nurse Practitioner (72)
Clinical Nurse Specialist (65)
Physician Assistant (24)
Registered Nurse (38-384)
Licensed Psychologist (42)
Licensed Independent Social Worker (37)
Licensed Professional Clinical Counselor (47)
Licensed Independent Marriage and Family Therapist (52)
Licensed Independent Chemical Dependency Counselor (54)
Licensed Practical Nurse (38-385)

Complete the Relevant Information Page

5

- Enter relevant applicant information. Questions marked with an asterisk are REQUIRED.
- Ownership type: The individual completing this field must decide which option best describes their tax reporting designation.
- “Individual practitioners” who are employees of a Medicaid enrolled agency and who do not intend to bill Medicaid independently may enter “Unknown”
- Click the next button to proceed to next page.

Ohio Department of Medicaid

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

enrollment enrollment tracking search long-term care account setup

Monday 04/04/2016 2:49:13 PM

Instructions > Request Type

Identifying Information

*Individual Last Name Skywalker

*First, MI Luke

Medicare Type [v]

Medicare Provider Number []

Previous Medicaid Provider Number []

Certification Number []

*Ownership Type UNKNOWN [v]

Title/Degree (As appears on license) []

*SSN 012345678

*Gender FEMALE [v]

*Date of Birth 01/01/1956

Place of Birth

*Country UNITED STATES [v]

*City COLUMBUS

*State (enter NA if not applicable) OHIO

NPI Associated with SSN 1234567892

NPI Verified? Yes No

License Number RN12345

License Type OHIO NURSING BOARD [v]

License Issue Date 01/01/1975

License Expiration Date 10/01/2016

previous next exit

Social Security Number Guidance

Identifying Information

*Individual Last Name Skywalker
 *First, MI Luke
 Medicare Type [v]
 Medicare Provider Number []
 Previous Medicaid Provider Number []
 Certification Number []
 *Ownership Type UNKNOWN
 Title/Degree (As appears on license) []
 *SSN 012345678
 *Gender FEMALE [v]
 *Date of Birth 01/01/1956
 Place of Birth
 *Country UNITED STATES
 *City COLUMBUS
 *State (enter NA if not applicable) OHIO
 NPI Associated with SSN 1234567892
 NPI Verified? Yes No
 License Number RN12345
 License Type OHIO NURSING BOARD
 License Issue Date 01/01/1975
 License Expiration Date 10/01/2016

Guidance

- Individuals must input their personal social security numbers
- Do not input the agency EIN into this field. This will cause your application to be rejected and will delay enrollment approval.
- You are required by OAC and Federal law to provide this information at the time of enrollment for screening purposes
- Please ensure the W-9 that is submitted is for the employee, not the agency

Print or by See Specific Instructions

Limited liability company, create the tax classification (S-C corporation, C-C corporation, F-pole owner) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)

Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ▶

5 Address (number, street, and apt. or suite no.) 123 E Main ST
 6 City, state, and ZIP code Columbus, OH 43215
 7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
 Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 0 1 2 - 3 4 - 5 6 7 8
 OR
 Employer identification number

Part II Certification
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and

Complete the 1099 Tax ID Panel

NOT NEEDED FOR ORP

6

- Applicant should enter their own name and address.
- The Applicant is required to enter their own social security number. This is a Federal and State requirement.
- This information is kept confidential within MITS and is not part of any publicly available provider lists.
- The 1099 form is used to verify an applicant’s social security number. The 1099 is used in lieu of a copy of the applicant’s social security card.

Page 4 of 17 Please make note of your ATN: 193433

Tax ID - 1099 Information

*IRS Tax Type	SSN <input type="checkbox"/>	*IRS Effective Date	01/01/1900
*IRS Tax ID	012345678	IRS End Date	12/31/2299
*Name	LUKE SKYWALKER	Tax ID Exempt?	NO <input type="checkbox"/>
*Address 1	123 E MAIN ST	W9 Form?	YES <input type="checkbox"/>
Address 2		Form 147?	NO <input type="checkbox"/>
*City	COLUMBUS	*State	OH <input type="checkbox"/>
*Zip	43215	Phone	(614)012-3

Employees SSN

Employee’s address

Please enter this date if you are enrolling as an individual

previous next

The applicant **WILL NOT** receive a 1099 from ODM for services they have rendered under the employment of a BH agency

Complete the Mailing Address Information Panel

7

- The applicant may either provide their work contact information or their own personal contact information
- The applicant must enter an email address and contact name in every field or an error will appear
 - Every line has email address and contact name fields

Add or Update Addresses

- You are able to update these addresses in MITS using the secure provider portal under provider demographic maintenance
- For specific steps, please refer to the appendix of this presentation

Address Information						
Address Type	Address 1	City	State	Zip	E-Mail Address	Phone 1
HOME/CORP OFFICE	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
MAIL TO/CORRESPONDENCE	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
PAY TO	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456
PRACTICE LOCATION	123 E MAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456

Type data below for new record.

Address Type HOME/CORP OFFICE

***Address 1** 123 E MAIN ST

Address 2

***City** COLUMBUS

***County** FRANKLIN

***State** OH

***Zip** 43215

***E-Mail Address** CONTACT@EMAILADDRESS.COM

***Contact Name** CONTACT NAME

***Phone 1** (614)012-3456 OFFICE

Phone 2 CELL PHONE

Fax 1

Fax 2

TDD

Check Primary Specialty Box

8

Type and Specialty ?

Specialty Desc	Primary?	Primary Taxonomy Code
	No	

You may choose additional specialties from the list that you are licensed and/or authorized to provide.

Provider Type NURSE -- RN OR LPN

***Specialty** 384-BEHAVIORAL HEALTH RN

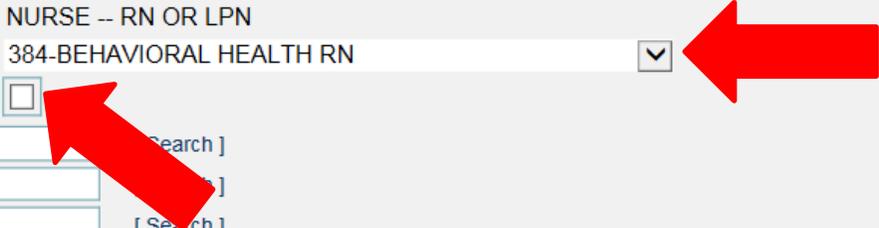
Primary Specialty?

Primary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]

Ancillary Taxonomy Code [Search]



Complete the Certification Page

9

- “Legal entity” should be the name of the individual practitioner.
- However individual practitioners may use the mailing address of their employing agency.
- An email address is required
- The applicant must accept the terms & conditions.

Certification ?

*Legal Entity Name

Legal Entity Name must match the Legal Entity Name as it appears on IRS documentation such as the W-9, IRS 147 or IRS CP578

*Individual Last Name

First, MI

Click this printable [Enrollment Checklist](#) link to ensure a complete provider enrollment request.

Legal Provider Primary Practice Address:

*Address 1

Address 2

*City

*State

*Zip

E-Mail Address

*Preferred Contact Method

All Providers must read the statements below and agree to the terms

Executive Order 2007-01S Agreement

In accordance with Executive Order 2007-01S, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

I do not accept the terms and conditions

I accept the terms and conditions

A copy of the Executive Order can be found on our website at <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment.aspx>

False Statement Agreement

Whoever knowingly and willfully makes, or causes to be made, a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, if a person knowingly and willfully fails to fully and accurately disclose the information requested Ohio Department of Medicaid may deny the request to participate or, if the entity already participates, may terminate the agreement or contract as appropriate.

I do not accept the terms and conditions

I accept the terms and conditions

Accept/Attest to a True & Complete Application, Upload Required Documentation

10

- This is an electronic signature of the individual practitioner

Ohio Medicaid 5-Year Time Limited Provider Agreement

9. To follow the regulations and policies set forth in the appropriate edition of the Medicaid Handbook.

10. Provide to ODM, through the court of jurisdiction, notice of any action brought by the provider in accordance with the Title 11 of the United States Code (Bankruptcy). Notice shall be mailed to: "Ohio Department of Medicaid, 30 East Broad Street - 31st Floor, Columbus, Ohio 43215".

11. Comply with the advance directives requirements for hospitals, nursing facilities, providers of home health care and personal care services, hospices, and HMOs specified in 42 CFR 489, Subpart I and 42 CFR 417.436(d). This provider agreement may be canceled by either party upon 30 days written notice prior to termination date. I further certify that I am the individual practitioner who is applying for the provider number, or in the case of a business organization, I am the officer, chief executive officer, or general partner of the business organization that is applying for the provider number. I further agree to be bound by this agreement, and certify that the information I have given on this application is factual.

I do not accept the terms and conditions
 I accept the terms and conditions

Agreement Date 02/29/2016

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

*Type Full Name Here TYPE YOUR NAME HERE 02/29/2016

previous next exit

11

- Select the desired document submission type
- Electronic upload is suggested, but you can also mail your documents
- For example, individual practitioners should upload a copy of IRS Form W-9 bearing their social security number, signature, and date

WHAT'S NEXT?

- Upload required documents.
- Additional required documents can be mailed or uploaded.
 - A cover page is required for documents that are sent by mail. [Print Cover Page.](#)
- Print a copy of the application for your records [Print Application](#)

For attachments submitted via mail, not electronically attached, please send to the appropriate address below.

- It is important to note that the name that is associated with your provider NPI **MUST EXACTLY MATCH** the name listed in the [National Plan and Provider Enumeration System](#)
- If the names do not match this will result in an error and delay your Medicaid enrollment

Common Errors

1 Not Including the Practitioner's Social Security Number and Date of Birth on the Application

Some applicants are listing their agency's Employer Identification Number (EIN) instead of their own Social Security Number (SSN). The practitioner's SSN and birth date are required on Medicaid provider applications by federal and state law. This error causes increased processing time for applications.

2 Failing to Upload a Signed Internal Revenue Service W-9 form Signed and Dated by the Individual Applicant

Failure to upload this documentation along with a Medicaid practitioner application will cause delays in processing. The W-9 is only used to verify tax identification (SSN), this is not used for claims.

3 The Practitioner's Name on Medicaid Application Does Not Match NPPES

NPPES, the National Provider and Practitioner Enumeration System (NPPES) is the source of health care provider National Provider Identifier (NPI) numbers. If the practitioner's name has changed since their NPI assignment, they can go to the NPPES site and update their registration name.

4 Not Affiliating Enrolled Practitioners with their Employing Agencies

For instructions see following slides. Agency affiliation can be performed by either the agency or by the practitioner employee.

Affiliating Practitioners with their Employing Agencies

All practitioners who are enrolled in Medicaid and employed by an agency, must be affiliated with their employer(s). The agency must ensure all practitioners are enrolled and affiliated before July 1, 2017.



Steps to affiliate practitioners with their agencies:

1. Log into MITS secure portal
2. Select “**Group Member**” option from the menu tabs
3. Scroll down to the “**Group Member**” panel. The panel will automatically display all practitioners affiliated with the group
4. Select “**Add**” a practitioner to a Group
5. Enter **the individual practitioner’s 7 digit Medicaid Number** or **10 digit National Provider Identifier (NPI)** in the appropriate field
6. Select “**Search.**” If the practitioner is enrolled with Medicaid and they are eligible to be associated with the provider agency, MITS will pre-populate the panel with the practitioner’s information
7. Change the “**Effective Date**” and “**End Date**” to reflect the dates on which the practitioner was affiliated
8. Select “**Save**” to finalize the updated information

Affiliating Practitioners with their Employing Agencies

Agencies that are dual certified as MH and SUD providers must affiliate practitioners with both sides of the business

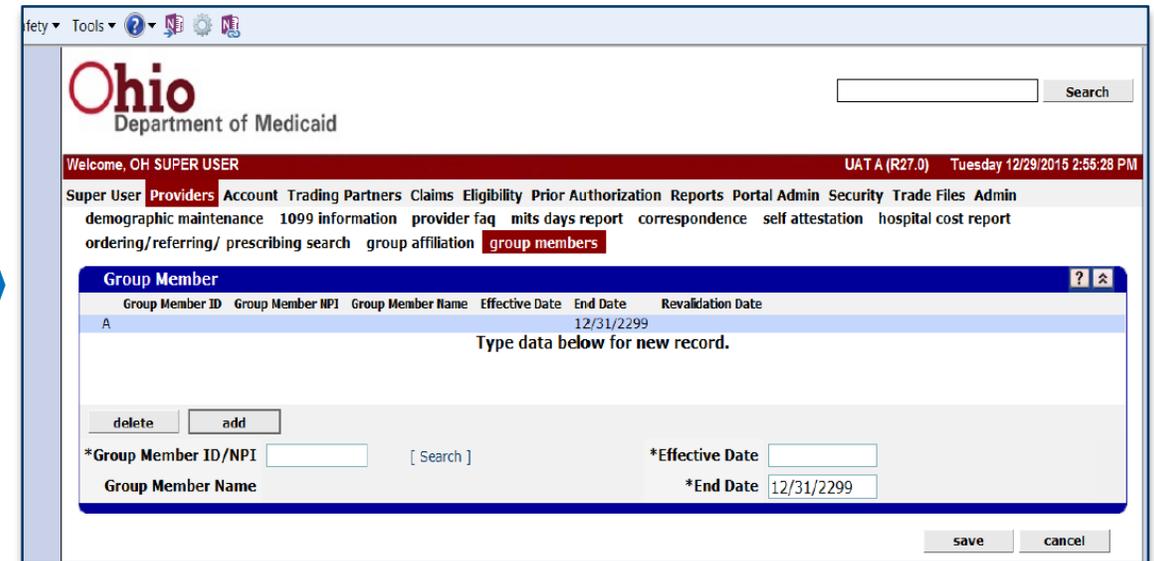
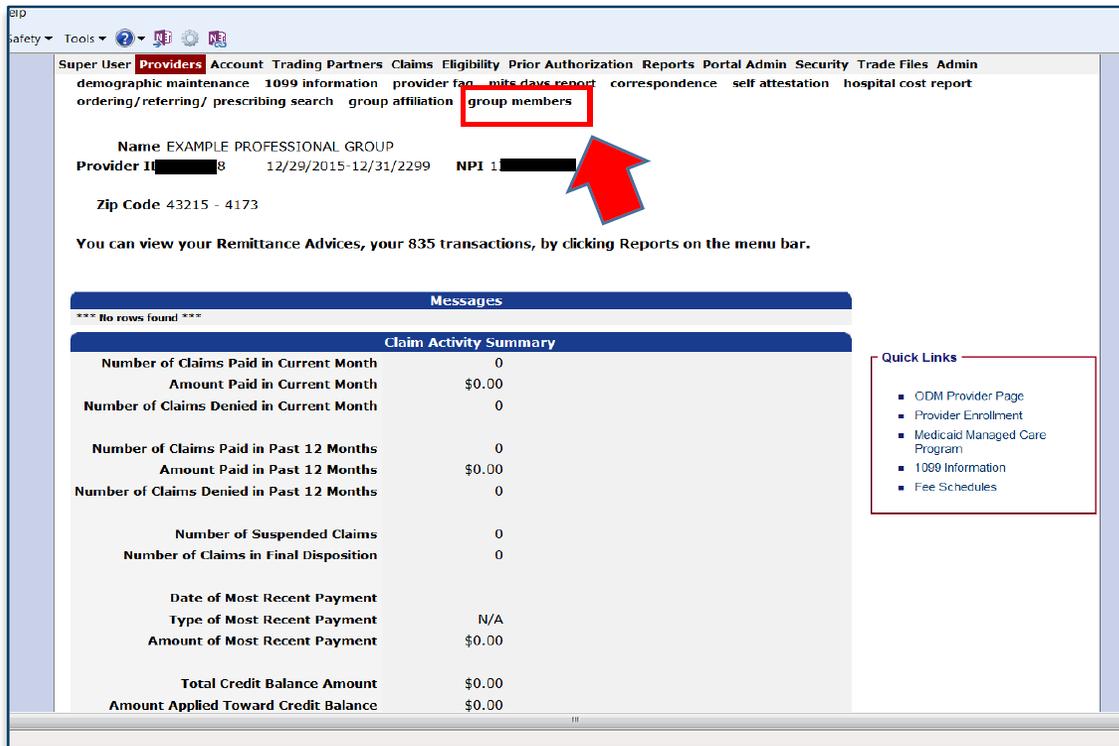


Guidance:

- Provider agencies must affiliate practitioners with both sides of their business as long as they are qualified to render both MH and SUD services
- For example:
 - A Licensed Independent Chemical Dependency Counselor (LICDC) does not have scope of practice to render MH services.
 - they would only affiliate with the SUD side of the business.
 - But an LISW, who does have scope for both disciplines would be affiliated with both sides of the provider agency

Log into MITS and Select Group Members

- Enter group user ID and password into MITS secure portal
 - Click on “Group Member” link (Do not click on “group affiliation” link – you will receive an error message)



Add Members to the Group

3

- Click on the “Add” button to add additional members to the group (If the group does not currently have any members skip to the second bullet point)
- Enter Medicaid ID or NPI into the “Group Member ID/NPI” field
- Enter the effective date that you would like the member to be associated with the group into the “Effective Date” field.

4

- Click on the “Save” button to update and link the individual to the group. Additional members can be linked by repeating these steps.

The screenshot shows the 'Group Member' management interface. At the top, there is a search bar and a 'Search' button. Below the header, a navigation menu includes 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', 'Reports', 'Portal Admin', 'Security', 'Trade Files', and 'Admin'. A sub-menu is open under 'Providers', showing options like 'demographic maintenance', '1099 information', 'provider faq', 'mits days report', 'correspondence', 'self attestation', and 'hospital cost report'. The 'group members' option is highlighted. The main table lists group members with columns for ID, NPI, Name, Effective Date, End Date, and Revalidation Date. A single record is shown for 'PROVIDER, NEW' with an effective date of 12/25/2015. Below the table, there are 'delete' and 'add' buttons. The 'add' button is highlighted. Below the buttons, there are input fields for '*Group Member ID/NPI' (012), 'MCD' (with a search dropdown), '*Effective Date' (12/25/2015), 'Group Member Name' (PROVIDER, NEW), and '*End Date' (12/31/2299). At the bottom right, there are 'save' and 'cancel' buttons.

The screenshot shows the same 'Group Member' management interface after a successful save. A message box at the top states 'The following messages were generated: Save was successful.' The table now contains two records: the original 'PROVIDER, NEW' record and a new record with ID '0126', NPI '173', and effective date '12/25/2015'. The 'add' button is still highlighted. The input fields at the bottom are the same as in the previous screenshot, but the 'Effective Date' field now shows '12/25/2015' and the 'End Date' field shows '12/31/2299'. The 'save' and 'cancel' buttons are at the bottom right.

Individuals Affiliating with an Agency

1

- Enter individual user ID and password into the MITS secure portal
- Click on the “Group Affiliation” link (Do not click on “Group Member” link – you will receive an error message)

Super User **Providers** Account Trading Partners 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

Name PROVIDER, NEW
Provider ID 01 [redacted] 12/29/2015-12/31/2299 NPI 173 [redacted]
Zip Code 43215 - 4173

You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar.

Messages
*** No rows found ***

Claim Activity Summary	
Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	0
Amount Paid in Past 12 Months	\$0.00
Number of Claims Denied in Past 12 Months	0
Number of Suspended Claims	0
Number of Claims in Final Disposition	0
Date of Most Recent Payment	
Type of Most Recent Payment	N/A
Amount of Most Recent Payment	\$0.00
Total Credit Balance Amount	\$0.00
Amount Applied Toward Credit Balance	\$0.00

Quick Links

- ODM Provider Page
- Provider Enrollment
- Medicaid Managed Care Program
- 1099 Information
- Fee Schedules

2

- Click on the “Add” button to add oneself to additional groups (If the individual is not currently linked to any groups skip to the second bullet point)
- Enter Medicaid ID or NPI of the group the individual wants to be linked to into the “Group ID/NPI” field
- Enter the effective date that you would like the member to be associated with the group into the “Effective Date” field.
- Click on the “Save” button to update and link the group to the individual. Additional groups can be linked by repeating these steps.

Ohio Department of Medicaid

Welcome, OH SUPER USER UAT A (R27.0) Tuesday 12/29/2015 3:00:11 PM

Super User **Providers** Account Trading Partners 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

Group ID	Group NPI	Group Name	Effective Date	End Date	Revalidation Date
A			12/31/2299		

Type data below for new record.

delete add

*Group ID/NPI [input] [Search] *Effective Date [input]
Group Name [input] *End Date 12/31/2299

save cancel

Un-affiliating Practitioners with their Employing Agencies

Provider agencies must “un-affiliate” practitioners no longer employed by the provider agency



Steps to un-affiliate practitioners with their agencies:

1. Log into MITS secure portal.
2. Select “**Group Member.**”
3. Scroll down to the “**Group Member**” panel. It will automatically display all practitioners affiliated with the provider agency (“group”).
4. Select the practitioner which is to be “**un-affiliated**” with the agency. The data for that practitioner will populate in the corresponding fields below.
5. Change the “**End Date**” to reflect the date on which the agency wishes to “un-affiliate” with the practitioner. (Dates may be retroactive or in the future.)
6. Select “**Save**” to finalize the updated information.



Questions?

Appendix

Update the Address Information Panel

1

- Sign in to Secure Provider Portal

Ohio Department of Medicaid

Welcome, OH SUPER USER UAT A (R31.0) Tuesday 09/27/2016 8:53:27 AM

Super User **Providers** 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

Name MOR, WAY
Provider ID 0160416 09/09/2016-12/31/2299
Zip Code 43215

You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar.

Messages *** No rows found ***

Claim Activity Summary

Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	0
Amount Paid in Past 12 Months	\$0.00
Number of Claims Denied in Past 12 Months	0
Number of Suspended Claims	0
Number of Claims in Final Disposition	0
Date of Most Recent Payment	
Type of Most Recent Payment	N/A

Quick Links

- ODM Provider Page
- Provider Enrollment
- Medicaid Managed Care Program
- 1099 Information
- Fee Schedules

2

- Select “demographic maintenance” from the list of tasks

Ohio Department of Medicaid

Welcome, OH SUPER USER UAT A (R31.0) Tuesday 09/27/2016 1:02:19 PM

Super User **Providers** 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

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

Provider Information

Medicaid Provider ID	0160416 MCD	Address Type	PRACTICE LOCATION
National Provider ID		Address	50 TOWN
Practice Type		City	COLUMBUS
Provider Type	25 - NON-AGENCY PERSONAL CARE AIDE	County	FRANKLIN
Ownership	NO	State/Zip	OH 43215
Medicaid Effective Date	09/09/2016	Phone	614-555-1212
Medicaid End Date	09/08/2021		

Update the Address Information Panel Continued

3

- Select "Location Name Address"

Ohio Department of Medicaid

Welcome, OH SUPER USER UAT A (R31.0) Tuesday 09/27/2016 1:02:19 PM

Super User Providers 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

Service Location Location Name Address Service Language > 1099 Mailing Address

Provider Information

Medicaid Provider ID	0160416 MCD	Address Type	PRACTICE LOCATION
National Provider ID		Address	50 TOWN
Practice Type		City	COLUMBUS
Provider Type	25 - NON-AGENCY PERSONAL CARE AIDE	County	FRANKLIN
Ownership	NO	State/Zip	OH 43215
Medicaid Effective Date	09/09/2016	Phone	614-555-1212
Medicaid End Date	09/08/2021		

4

- Select which address you want to update

Medicaid Provider ID 0160416 MCD Address Type PRACTICE LOCATION
National Provider ID Address 50 TOWN
Practice Type
Provider Type 25 - NON-AGENCY PERSONAL CARE AIDE City COLUMBUS
Ownership NO County FRANKLIN
Medicaid Effective Date 09/09/2016 State/Zip OH 43215
Medicaid End Date 09/08/2021 Phone 614-555-1212

Location Name Address

Address Type	Name	Address 1	City	State	Zip	Zip + 4	Phone 1
HOME OFFICE	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
MAIL TO	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
DAY TO	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212
SERVICE LOC	MOR, WAY	50 TOWN	COLUMBUS	OH	43215		(614)555-1212

Select row above to update

Name Type Business Name Personal Name
Name
Title
Address Type
Country UNITED STATES
Contact Name
Phone 1
Phone 2
Address 1
Address 2
City
State
Zip
E-Mail
Fax 1
Fax 2
Confirm E-Mail

save cancel

Home | Privacy Statement | Contact Us

Update the Address Information Panel Continued

5

- After making all of your changes, be sure to save the record

The screenshot displays a web-based form for updating provider information. The top section shows provider details: Medicaid Provider ID 0160416 MCD, National Provider ID, Practice Type, Provider Type 25 - NON-AGENCY PERSONAL CARE AIDE, Ownership NO, Medicaid Effective Date 09/09/2016, Medicaid End Date 09/08/2021, Address Type PRACTICE LOCATION, Address 50 TOWN, City COLUMBUS, County FRANKLIN, State/Zip OH 43215, and Phone 614-555-1212.

The middle section is titled "Location Name Address" and contains a table with columns: Address Type, Name, Address 1, City, State, Zip, Zip + 4, and Phone 1. The table lists four entries: HOME OFFICE, MAIL TO, PAY TO, and SERVICE LOC, all with the same address details (50 TOWN, COLUMBUS, OH 43215, (614)555-1212).

The bottom section is titled "Type changes below." and contains various input fields: Name Type (Business Name/Personal Name), Name (MOR WAY), Title, Address Type (SERVICE LOC), Country (UNITED STATES), Contact Name (WAY MOR), Phone 1 (614)555-1212, Phone 2 ((000)000-0000), Address 1 (50 TOWN), Address 2, City (COLUMBUS), State (OH), Zip (43215), E-Mail (ME@ME.COM), Fax 1 ((000)000-0000), Fax 2 ((000)000-0000), and Confirm E-Mail.

At the bottom right of the form, the "save" button is highlighted with a red rectangular box, and a red arrow points to it from the bottom right corner of the slide.