



THE ANSWER KEY

A COMPENDIUM OF SOLUTIONS TO PROBLEMS ENCOUNTERED BY PROVIDERS IN SUBMITTING MEDICAID CLAIMS

Note: All information was current at the time of publication but is subject to change.

Hot Topics for Hospitals

Interim Bills

Before the new Medicaid Information Technology System (MITS) was implemented, the Office of Ohio Health Plans' Claims Adjustment Unit would reverse all interim bills (type of bill 112 or 113) for Diagnosis Related Group (DRG) providers so that the final claim could be processed. As of August 2, 2011, DRG providers are now responsible for reversing any interim bills before submitting the final bill. In addition, as specified in Ohio Administrative Code rule 5101:3-2-07.11, "Payment methodology," interim bills will be accepted at intervals of no fewer than 30 days.

DRG-exempt providers will still use type of bill 114 for final bills, and there is no limitation on the number of days reported on their claims.

For further information on submitting interim bills, see the hospital billing instructions, which are available through the ODJFS "eManuals" webpage:

1. Go to <http://emanuals.odjfs.state.oh.us/emanuals/>.
2. Within the "Ohio Health Plans - Provider" collection, select the "Billing Instructions" manual.
3. Select the "Billing Instructions" link.

Prior Authorization and Pre-certification

All requests for prior authorization or pre-certification must be submitted through the MITS Web Portal. They cannot be phoned in or faxed to Permedion.

For further information on obtaining prior authorization or pre-certification, see Provider Information Release #9, "Paperless Prior Authorization and Precertification will be available in the new MITS Web Portal":

http://jfs.ohio.gov/mits/CCR_9.11_Paperless_PA.PDF.

For instructions on how to submit a request through the MITS Web Portal, see the **Provider Medicaid Portal User Manual, Volume 6B, Prior Authorization**, at:

http://jfs.ohio.gov/mits/DRAFT_06B_Prior_Auth.pdf.