



Medicaid Information Technology System

State & Local Government Solutions

Medicaid Information Technology System (MITS)

Provider Workflow: Provider Enrollment, Maintenance, and Disenrollment Participant Guide

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Course Overview

The goal of this course is to provide you with the skills required to perform tasks in the Ohio Medicaid Information Technology System (MITS) that are associated with the provider workflow and the enrollment, re-enrollment, and disenrollment of Medicaid providers.

Prerequisites

Before taking this course, you must complete the following course:

- Introduction to MITS

Objective(s)

After completing this course you should be able to:

- Describe the enrollment and disenrollment process
- Define workflow and the actions associated with workflow
- Describe the queues used by the workflow process
- Enter an enrollment application or maintenance request
- Describe the provider search process
- Use the provider search panels
- View and search your work list
- Enter and correct data for provider requests
- Acquire a work task from your work list
- Search for a duplicate request
- Take action on a work task
- Resume action on a work task
- Update information during the enrollment process
- View documents attached to a work task
- Request a return to provider (RTP) letter
- View and update the enrollment checklist
- Enter, update, and delete comments during the enrollment process
- Complete provider enrollment panels
- Enroll a provider
- Update provider information
- Add a contract or service location to an existing provider
- Enter provider comments
- Determine whether an extension exists for a provider
- Add or update a provider agreement
- Review provider status for involuntary termination
- Place a provider on review or restriction
- Disenroll a provider
- Reinstate a provider
- Terminate a provider due to change of ownership for providers (CHOP)

Agenda

Topic	Time in minutes
Welcome and Introductions	10
Course Overview	5
Provider Introduction	45
Work Queues	30
Task Comparison	5
Break	
Enter an enrollment application or maintenance request	75
Search Overview	20
Break	
Use the provider search panels	30
View and search your work list	30
Enter and correct data for provider requests	20
Acquire a work task from your work list	20
Break	
Search for duplicate requests	20
Take action on a work task	75
Break	
Resume action on a work task	20
Update information during the enrollment process	45
View documents attached to a work task	30
Break	
Request RTP Letter	30

Topic	Time in minutes
View and update the enrollment checklist	45
Enter, update, and delete comments during the enrollment process	30
Break	
Complete provider enrollment panels	60
Enroll a provider	45
Break	
Update provider information	45
Add a contract or service location to a provider	90
Break	
Enter provider comments	20
Determine whether an extension exists for a provider	20
Add or update a provider agreement	20
Review provider status for involuntary termination	20
Break	
Place a provider on review or restriction	30
Disenroll a provider	30
Reinstate a provider	30
Terminate a provider due to change of ownership	20

Provider Introduction

In this topic you learn about the overall process of provider enrollment (or re-enrollment) and disenrollment, and you will learn about the provider workflow process.

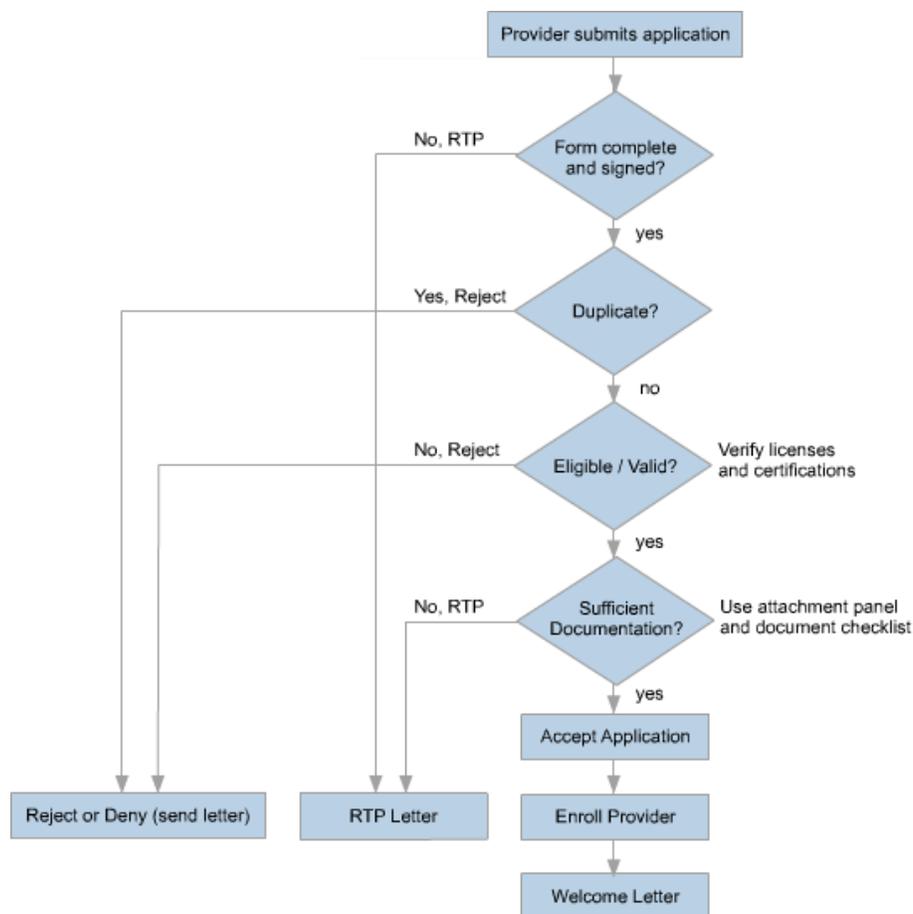
Enrollment

This topic provides an overview of how a provider request is processed when a provider enrolls or re-enrolls as a Medicaid provider.

The graphic below provides a high-level overview of the provider enrollment process, from the submission of a request to the final enrollment of a provider, when the provider receives a welcome letter.

A re-enrollment request is processed in the same way as an enrollment request and is frequently referred to as a maintenance request.

Note: In the graphic below, RTP means Return to Provider and indicates a letter is being sent requesting additional information from a provider.

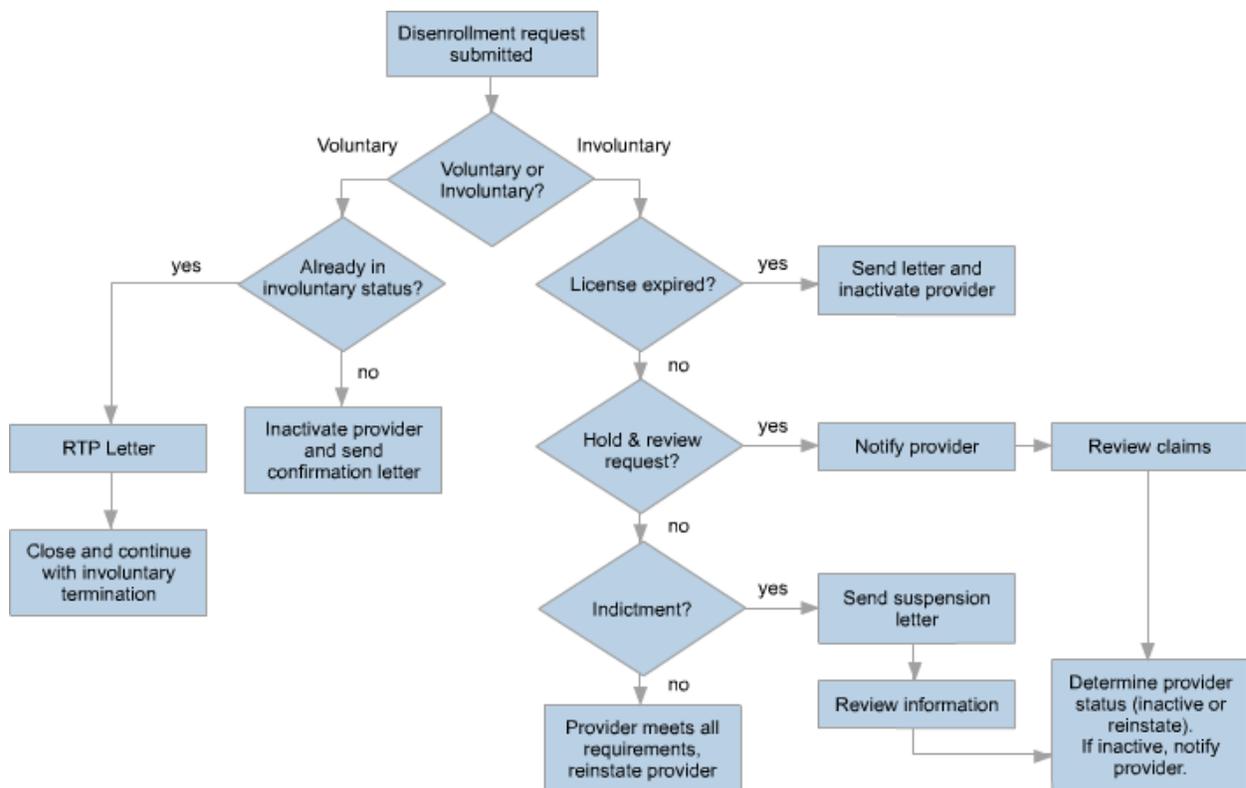


Disenrollment

This topic provides an overview of how a provider is disenrolled or becomes inactive as a Medicaid provider in MITS.

The graphic below provides a high-level overview of the provider disenrollment process, from a disenrollment request entering MITS to the final status being determined for a provider. A disenrollment can be voluntary or involuntary, as illustrated below. During the disenrollment process, there may be several exchanges of information with a provider and other stakeholders to verify all information is correct before a provider is disenrolled or reinstated.

Note: In the event of involuntary terminations, the Ohio Department of Job and Family Services (ODJFS) has a hearing process that is available for providers. Providers must be notified of their hearing rights when appropriate.



Workflow

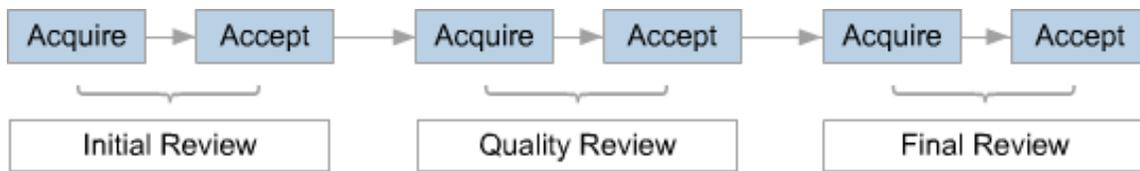
In this topic you will learn about the workflow process.

Workflow is a part of all provider processes: enrollment, re-enrollment, and disenrollment. It automates many of the manual activities associated with task notification, timing, escalation, and completion, and overall control for the provider enrollment and maintenance request process. The workflow process moves a provider request through a series of work queues to ensure that the request is processed correctly.

Note: In the workflow process, requests are called work tasks or tasks.

At a high level, a standard provider request moves through the provider workflow as shown in the graphic below. This is an example of a perfect world where all documentation is available and there are no issues. You simply approve the request.

Keep in mind that some provider types require additional reviews to meet different requirements. In that case, the additional reviews have additional queues that are not shown here. You still acquire and accept in the same way in those additional queues.



During the enrollment process other actions are taken as needed.

The workflow process begins at your work list where you acquire a work task. The work list contains the provider types that you work with.

Tasks Search

Keywords: Task Filter: My & Group Priority: Any Status: Assigned

Expiration Date: to Create Date: to

Assignee:

search

Work List

ID #	Title	Priority	Status	Assignee	Assigned Date	Expiration Date	Action
401368	MRC PE 002	3	ASSIGNED	ProvStndAwtDocGrp(G)	09/24/10 08:27 AM	01/30/11 05:27 PM	Select an action
401386	MRC TEST 01	3	ASSIGNED	ProvStndQCGrp(G)	08/21/10 02:28 AM	08/24/10 06:22 PM	Select an action
401391	HARRINGTON MD - USE FOR ATTACHMENTS	3	ASSIGNED	ProvStndInitGrp(G)	09/02/10 03:03 PM	01/06/11 05:03 PM	Select an action
401392	HARRINGTON 2 MD - USE FOR ATTACHMENTS	3	ASSIGNED	ProvStndInitGrp(G)	09/02/10 03:08 PM	01/06/11 05:08 PM	Select an action
401401	TEST PROVIDER	3	ASSIGNED	ProvStndQCGrp(G)	09/26/10 01:58 AM	09/29/10 06:25 PM	Select an action
401402	MARCIA HIDER	3	ASSIGNED	ProvODJFSFinalReviewGrp(G)	09/26/10 03:26 AM	09/29/10 06:55 PM	Select an action
401403	MARCIA HIDER	3	ASSIGNED	train10(U)	09/22/10 12:26 PM	10/06/10 06:12 PM	Select an action
401404	TEST PROVIDER	3	ASSIGNED	ProvStndFinalReviewGrp(G)	09/22/10 03:37 PM	09/29/10 06:37 PM	Select an action
401407	HARRINGTON MEDICAL GROUP	3	ASSIGNED	ProvStndQCGrp(G)	09/24/10 11:56 AM	10/03/10 06:56 PM	Select an action
401408	HARRINGTON DIAGNOSTIC TESTING FACILITY	3	ASSIGNED	ProvStndInitGrp(G)	09/24/10 08:41 AM	01/30/11 05:41 PM	Select an action
8581425	PA: 3010212001 for Provider: 8721171	2	ASSIGNED	PA_AwtDocHospitalBeds_07_Grp(G)	08/17/10 05:59 PM	09/12/10 06:33 PM	Select an action
8581426	PA: 3010212002 for Provider: 9185419	2	ASSIGNED	PA_AwtDocDental_03_Grp(G)	07/31/10 09:46 AM	09/12/10 06:46 PM	Select an action
8581427	PA: 3010212003 for Provider: 7589228	2	ASSIGNED	PA_AwtDocPhysicianServices_39_Grp(G)	07/31/10 09:52 AM	09/12/10 06:52 PM	Select an action

Skip to Set [1 - 13] Show Set < Previous Set Next Set > Save

After you acquire a work task on your work list, you need to process the work task. You process the work task on the enrollment panels and take different actions on the Work Task panel.

Work Task

WorkTasks	Status	Start Date	End Date	Comments	Reject Reason
PE_initialPlacement	Active	9/2/2010 3:03:00 PM			
PE_qualityReview	Pending				
PE_finalReview	Pending				

Tracking Number: 401391 Expiration Date: 01/06/11 05:03 PM

Title: HARRINGTON MD - USE FOR ATTACHMENTS Modified Date: 09/02/10 03:03 PM

Status: ASSIGNED Action Status: TaskInfo Complete!

Assignee: ProvStndInitGrp(G) Actions: Select an action

Priority: 3

Later in this course, you will learn more about the workflow process, including the Work List panel and the Work Task panel, and you will have an opportunity to practice using these panels.

Workflow Actions

During the provider workflow process, you may take various actions such as Acquire and Accept. For a brief description of the actions that can be taken, review the table. You will learn more about each of the actions later and have an opportunity to practice performing the actions.

Select this work action:	When you want to:
Acquire	Obtain a work task that is ready for review and assign the task to yourself
Accept	Complete your review of the work task and move the task to the next queue
Reject	Reject the work task and move the task to the Awaiting Document queue Note: The Awaiting Document queue does not display on the Work Task panel unless you reject a request.
Reassign	Assign work task to another user to review and complete Note: The request only displays in the work list of the person to whom it is assigned.
Escalate	Escalate a work task to your immediate manager Note: MITS routes the task to your immediate manager based on the security settings.
Release	Return an acquired task to the work list group so others in the group can acquire and review the task
Suspend	Suspend a work task and place the task temporarily on hold Note: Task expiration and escalation do not apply until you resume the workflow.
Resume	Resume the task expiration and escalation timings Note: This action places the task back in your assignee work list for processing.
Reset Expiration	Update the expiration date of a work task Note: The expiration date triggers an escalation process if you do not act on a task. Each queue resets the expiration date based on the rules entered in MITS.

Select this work action:	When you want to:
Set Priority	Change the priority setting of a work task Note: The default setting is 3.
Task History	View what actions were taken by whom for a specific work task

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

A new enrollment and a re-enrollment follow a similar process.

- A. True
- B. False

A provider **cannot** voluntarily disenroll.

- A. True
- B. False

Summary

In this topic you learned about the overall process of provider enrollment (or re-enrollment) and disenrollment, and you learned about the provider workflow process.

Work Queues

Overview

In this topic you will learn about the various work queues associated with the following types of enrollment or maintenance requests:

- Standard
- Long Term Care (LTC)
- LTC Change of Ownership for Providers (CHOP)
- Job and Family Services (JFS) waiver
- Managed Care Organization (MCO)
- Hospital
- Sister Agency

Work Queues

Work queues help you manage the tasks on your work list to ensure the proper processing of all requests from initial entry into MITS, through a series of reviews by the appropriate person, to final review and acceptance. Each queue can be accessed by the appropriate person responsible for a specific review.

When a provider submits a request, MITS automatically assigns the request to a group that is designated by provider type and specialty. Provider types include the following:

- Standard
- LTC
- LTC CHOP
- JFS Waiver
- MCO
- MCO Reporting Only Providers
- Hospital
- Sister Agency

Each provider type has a unique series of work queues that account for the unique tasks that must occur before completing a request. For example, in the enrollment process, a long term care facility requires more reviews than a standard provider. As a result, a long term care facility has more queues because of the additional tasks.

In MITS, you begin processing a provider request from your work list. All staff members have a unique work list because the security team assigns provider enrollment security roles to your user ID. Each security role is associated to specific work tasks; therefore, only the provider applications you work with appear on your work list.

Examples

Review the work list example below. Note that the work list contains the following values in the **Assignee** column:

- ProvStndInitGrp(G) - standard provider
- ProvMCOInitGrp(G) - managed care organization
- tzgkd5(U) - user ID

When you acquire a work item (also known as a work task or a task) in your work list, the value in the **Assignee** column changes to your user ID, for example, tzgkd5. The values in the Assignee column are referred to as group names.

Group Name Example

Tasks Search							
Keywords:	<input type="text"/>	Task Filter:	My & Group	Priority:	Any	Status:	Assigned
Expiration Date:	<input type="text"/>	to	<input type="text"/>	Create Date:	<input type="text"/>	to	<input type="text"/>
Assignee:	<input type="text"/>						

Work List							
ID	Title	Priority	Status	Assignee	Assigned Date	Expiration	
401714	PHARM	3	ASSIGNED	ProvStndInitGrp(G)	06/22/10 11:50 AM	10/26/10	
402095	HARRINGTON MCO - HMO	3	ASSIGNED	ProvMCOInitGrp(G)	06/15/10 10:30 AM	09/07/10	
402133	RAMBO, JOHN	5	ASSIGNED	tzgkd5(U)	06/16/10 01:31 PM	08/03/10	

Each provider group contains the queues in the order in which a request moves through the workflow process for that provider type. In MITS, the various queue names display on the **Work Task** panel, as shown below.

Queue Name Example

Work Task						
WorkTasks	Status	Start Date	End Date	Comments	Reject Reason	
PE_initialPlacement	Active	6/22/2010 11:50:00 AM				
PE_qualityReview	Pending					
PE_finalReview	Pending					

Tracking Number	401714	Expiration Date	10/26/10 06:50 PM
Title	PHARM	Modified Date	06/22/10 11:50 AM
Status	ASSIGNED	Action Status	TaskInfo Complete!
Assignee	ProvStndInitGrp(G)	Actions	Select an action
Priority	3		

The tables below provide the following information about every queue for each provider type:

- Queue name - formatted as (PE_xxxx)
- Group name
- Notification timing
- Other related notes or descriptions

Note: The number of days listed in the Notification column is configurable.

Standard

Review the table to learn more about the **Standard** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue (PE_initialPlacement)	ProvStdInitGrp	90 day escalation to manager via email	<ul style="list-style-type: none"> • Verify documentation and eligibility, and then Accept the work item. (The request moves to QC Review queue). • If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue (PE_awaitingDocument)	ProvStdAwtDoc Grp	90 day escalation to manager via email	<ul style="list-style-type: none"> • Used for pending enrollments that are awaiting documentation. • This queue displays in your work list or on the Work Task panel only if a work item is rejected. • When all documents are received, the enrollment is moved back to the Initial Placement queue.
QC Review Queue (PE_qualityReview)	ProvStdQCGrp	5 day escalation to manager via email	<ul style="list-style-type: none"> • Reviewer completes a quality control review, and then Accepts the work item. (The request moves to Final Review queue.) • If corrections need to be made, the task can be rejected. (The request moves to Awaiting Documents queue.) • The original review can acquire it, make changes and then Accept the task. (The request moves back to QC Review queue.)

Final Review Queue (PE_finalReview)	ProvStndFinalReviewGrp	5 day escalation to manager via email	<ul style="list-style-type: none"> Reviewer completes a final review, and then Accepts the work item. Reviewer changes the status to enrolled.
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Long Term Care

Review the table to learn more about the **LTC** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue (PE_initialPlacement)	ProvLTCInitGrp	3 day email prompt to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> Verify documentation and eligibility, and then Accept the work item. (The request moves to ODH Certification Approval queue.) If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue (PE_awaitingDocument)	ProvLTCAwtDocGrp	30 day email to assignee, 90 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the enrollment moves back to the Initial Placement queue.
ODH Certification Approval Queue (PE_odhCertificationApproval)	ProvLTCODHGrp	Email notification to Ohio Department of Health (ODH) upon arrival in queue, 150 days after assignment email notification to assignee, 6 month escalation to manager via email	<ul style="list-style-type: none"> Reviewer verifies survey and recommended certifications are complete, and then Accepts the work item. (The request moves to next queue.) After ODH completes the survey and recommends certification, an email link to the documentation is sent.

Queue	Group	Notification	Notes
Post-Survey Review Queue (PE_postSurvey Review)	ProvLTCPostSurveyGrp	3 day email to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> Reviewer collects ODH disposition and effective date data and prepares the application. Reviewer also examines the survey and certifications to decide whether to proceed to rate setting. To proceed to rate setting, the reviewer selects Accept for the work item action. (The request moves to next queue.) If the reviewer rejects this queue, the process ends. Rejection rarely occurs, but if the reviewer recommends denial of certification, or if ODJFS recommends denial of certification, the reviewer must issue a letter to deny and end the process. A denial letter from ODJFS would not be issued until the facility has completed all appeal procedures with ODH. If there is an initial survey denial and reasonable assurance period, the request moves back to ODH Certification Approval queue.
Fiscal Rate Setting Queue(PE_LTCfiscalRateSetting Queue)	ProvLTCFiscalGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for enrollments waiting for the fiscal rate settings to be done by the rate setters via the Perseus system, or for state-operated ICFs-MR, via the Financial subsystem. During or after the rate setting process, the reviewer Accepts the work item. (The request moves to the next queue.)
Agreement Sent to Entering Provider Queue (PE_agreementSentToEnteringProvider)	ProvLTCAgrmtSendGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> A welcome packet is sent to the provider, which includes Medicaid Number and effective date. Provider Agreement History panel records the date sent. The date sent is when the request moves to the next queue. If provider is an outlier, an outlier provider agreement addendum is also sent for signature.

Queue	Group	Notification	Notes
Awaiting Agreement Queue (PE_awaitingAgreement)	ProvLTCAgrmtReceiveGrp	30 day email notification to assignee, 60 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for new, approved providers when ODJFS is waiting for the provider to sign and return their provider agreement (JFS 3623) and any addendums for outliers. The process waits in this queue until all documents are returned. When the provider returns all correctly signed documents, reviewer enters data on the Provider Agreement History panel, and Accepts the enrollment. (The request moves to the next queue.) If signed documents are not returned or are signed incorrectly, the reviewer rejects the work task and the work task is moved to the Agreement Sent to Entering Provider queue.
Internal Agreement Signature Queue (PE_internalAgreementSignature)	ProvLTCIntAgrmtSignGrp	10 day email notification to assignee, 20 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for provider agreements (JFS 3623) awaiting ODJFS ADD and DD signatures. After proper ODJFS signature is obtained, Accept enrollment in workflow. (The request moves to the next queue.) Provider enrollments must now be properly signed by the Assistant Deputy Director/Medicaid Director on behalf of the JFS Director. If agreement is signed incorrectly, the request returns to Agreement Sent to Entering Provider queue.
Final Review and LTC Building Enrollment Queue (PE_finalReviewAndLTCBuildingEnrollment)	ProvLTCFinalReviewGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for the final review of enrollments and for enrolling the provider into the building (provider type LC). If necessary, enroll a new LTC building. If building already exists, add the new provider to the LTC building's group member list. A confirmation letter, the two-party signed final provider agreement, and any addendums are sent to the provider. Final reviewer completes review and Accepts enrollment of the work item.

Queue	Group	Notification	Notes
			<ul style="list-style-type: none"> Reviewer changes status to enrolled. Provider is now able to bill for services.

Long Term Care Change of Ownership for Providers

Review the table to learn more about the **LTC Change of Ownership for Providers** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue (PE_initialPlacement)	ProvCHO PInitGrp	3 day email prompt to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> Verify documentation and eligibility, and then Accept the work item. (The request moves to First CHOP Review queue.) If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue (PE_awaitingDocument)	ProvCHO PAwtDoc Grp	30 day email to assignee, 90 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the enrollment is moved back to the Initial Placement queue.
First CHOP Review Queue (PE_firstCHOPReview)	ProvCHO PFirstReviewGrp	3 day email prompt to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> The process at first CHOP review is to: <ul style="list-style-type: none"> Determine the transaction type. Verify that an actual transaction that meets the definition of a CHOP occurred. Establish the entering operator provider agreement effective date, which depends on dates of arrival of notice and documentation. Identify and relay the newly generated Medicaid legacy number (status of entering operator is listed as pending). The next three tasks (deactivate exiting provider, fiscal rate setting, and agreement sent to entering provider) can occur simultaneously. The Long Term Care Facility (LTCF) Provider agreement does not contain the rate.

Queue	Group	Notification	Notes
Deactivate Exiting Provider Queue (PE_deactivateExitingProvider)	ProvCHOPDeactGrp	3 day email prompt to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for enrollments waiting for deactivation of exiting provider. This queue is not the gate to the Awaiting Agreement queue. It does, however, prompt other fiscal activities.
Fiscal Rate Setting Queue(PE_fiscalRateSettingQueue)	ProvCHOPFiscalGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for enrollments waiting for the fiscal rate settings to be done by the rate setters via the Perseus system, or for state-operated ICFs-MR, via the MITS Financial subsystem. This queue is not the gate to the Awaiting Agreement queue. This queue must be completed before the entire process ends.
Agreement Sent to Entering Provider Queue(PE_agreementSentToEnteringProvider)	ProvCHOPAgrmtGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> A welcome packet is sent to the provider, which includes Medicaid Number and effective date. Provider Agreement History panel records the date sent. The date sent is when the request moves to the next queue. If provider is an outlier, an outlier provider agreement addendum is also sent for signature.
Awaiting Agreement Queue(PE_awaitingAgreement)	ProvCHOPAgrmtReturnGrp	30 day email notification to assignee, 60 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for new, approved providers when ODJFS is waiting for the provider to sign and return their provider agreement (JFS 3623) and any addendums for outliers. The process waits in this queue until all documents are returned. When the provider returns all correctly signed documents, reviewer enters data on the Provider Agreement History panel, and Accepts the enrollment. (The request moves to the next queue.) If signed documents are not returned or are signed incorrectly, the reviewer rejects the work task and the work task is moved to the Agreement Sent to Entering Provider queue.
Internal Agreement Signature Queue(PE_internalAgreementSignature)	ProvCHOPIntAgmtSignGrp	10 day email notification to assignee, 20 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for provider enrollments awaiting ODJFS ADD and DD signatures. After receiving signatures and a copy of the agreement is returned to the provider, reviewer Accepts the enrollment. (Request moves to next queue)

Queue	Group	Notification	Notes
ture)			<ul style="list-style-type: none"> If signed documents are not returned, the reviewer rejects the work tasks and it is moved to the Agreement Sent to Entering Provider Queue.
Final Review and LTC Building Enrollment Queue (PE_finalReviewAndLTCBuildingEnrollment)	ProvCHO PFinalReviewerGrp	3 day email notification to assignee, 5 day escalation to manager via email	<ul style="list-style-type: none"> Final reviewer adds the new provider to the LTC building group member list. A confirmation letter, along with a copy of the two-party signed final provider agreement (JFS 3623) and any addendums are sent to the provider. Reviewer must confirm that the exiting provider status was changed to inactive. Reviewer must confirm the accuracy of the entering provider's rate in MITS. After final review is complete, the final reviewer Accepts the enrollment. The provider enrollment is changed to the status of Enrolled on the Provider Application panel.

JFS Waiver

Review the table to learn more about the **JFS Waiver** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue(PE_initialPlacement)	ProvWaiverInitGroup	5 day email to assignee, 90 day escalation to manager via email	<ul style="list-style-type: none"> Verify documentation and eligibility, and then Accept the work item. (The request moves to QC Review Waiver queue.) If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue(PE_awaitingDocument)	ProvWaiverAwaitingDocumentGroup	5 day prior to escalation email to assignee, 30 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the enrollment is moved to the queue that it came from, either the Initial Placement queue or the QC Review Waiver queue.

Queue	Group	Notification	Notes
QC Review Waiver Queue(PE_qualityReviewWaiver)	ProvWaiverReviewGrp	5 day escalation to manager via email	<ul style="list-style-type: none"> Reviewer verifies all documentation, verifies provider eligibility, and completes criminal background check. When finished, Accept the work item. (The request moves to Final Review queue.)
Final Review Queue(PE_finalReview)	ProvWaiverFinalReviewGrp	5 day escalation to manager via email	<ul style="list-style-type: none"> This is a part of the Standard Provider Enrollment manager's responsibility. Reviewer completes a final review, and then Accepts the work item. The provider enrollment is changed to a status of Enrolled on the Provider Application panel.

MCO

Review the table to learn more about the **MCO** workflow.

Queue	Group	Notification	Notes
Initial Placement Queue(PE_initialPlacement)	ProvMCOInitGrp	5 day email to assignee, 60 day escalation to manager via email	<ul style="list-style-type: none"> The initial queue for an MCO may contain as many as 16 related provider IDs for a single MCO. Reviewer is responsible for validating and testing one of the provider IDs. They accept all related IDs within the workflow after testing is complete. Verify documentation and eligibility, and then Accept the work item. (The request moves to QC Review queue.) If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue(PE_awaitingDocument)	ProvMCOAwtDocGrp	5 day prior to escalation email to assignee, 30 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the enrollment is moved back to the queue that rejected it.

Queue	Group	Notification	Notes
Final Review Queue(PE_finalReview)	ProvMCOFinalReviewGrp	3 day escalation to manager via email	<ul style="list-style-type: none"> Reviewer completes a final review, and then Accepts the work item. (The request moves to next queue.) The provider enrollment is changed to a status of Enrolled on the Provider Application panel.
Trading Partner Queue(PE_tradingPartner)	ProvMCOPartnerGrp	Email notification upon entry to assignee, 3 day escalation to manager via email	<ul style="list-style-type: none"> This queue allows the Trading Partner group to enter information to tie all provider IDs (up to 16) to a single mailbox on MITS. After all provider IDs have information entered for them, the reviewer accepts the enrollment on the work list. This completes the workflow for the MCO enrollment.

Review the table to learn more about the **MCO Reporting Only** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue(PE_initialPlacement)	ProvMCOReadOnlyGrp	5 day email to assignee, 60 day escalation to manager via email	<ul style="list-style-type: none"> This type of provider enrollment requires only a provider duplicate check in MITS. After a duplicate check is complete, reviewer accepts the enrollment on the work list and activates the applicable provider enrollment on the Provider panel. This completes the workflow for the MCO Reporting Only provider enrollment.

Hospital

Review the table to learn more about the **Hospital** provider workflow.

Queue	Group	Notification	Notes
Initial Placement Queue(PE_initialPlacement)	ProvHospInitGrp	90 day escalation to manager via	<ul style="list-style-type: none"> Verify documentation and eligibility, and then Accept the work item. (The request moves to Hospital Review queue.)

Queue	Group	Notification	Notes
		email	<ul style="list-style-type: none"> If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Awaiting Document Queue (PE_awaitingDocument)	ProvHospAwtDocGrp	30 day email to assignee, 90 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the request is moved back to the queue that rejected it.
Hospital Review Queue(PE_hospitalReviewQueue)	ProvHospReviewGrp	Email to Hospital Policy Section and Managed Care upon assignment, if Type 02 email to Ohio Department of Mental Health, 7 day email prompt to assignee, 10 day escalation to manager via email	<ul style="list-style-type: none"> This queue is for provider enrollments waiting for a hospital review. Reviewer verifies documentation and sets rates. When finished, reviewer Accepts the enrollment. (The request moves to next queue.)
Final Review Queue(PE_finalReview)	ProvHospFinalReviewGrp	3 day email notification, 5 day escalation to manager via email, an email upon acceptance to ODJFS units of hospital in MITS	<ul style="list-style-type: none"> Reviewer completes a final review, and then Accepts the work item. The provider enrollment is changed to a status of Enrolled on the Provider Application panel.

Sister Agency

Review the table to learn more about the **Sister Agency** provider workflow.

Queue	Group	Notification	Notes
Sister Agency Initial Placement Queue(PE_sister AgencyInitialPlacement)	ProvODAIInitGrp, ProvDODDIInitGrp, ProvODMHIInitGrp, or ProvODADASInitGrp	90 day escalation to manager via email	<ul style="list-style-type: none"> Verify documentation and eligibility, and then Accept the work item. (The request moves to the Sister Agency Review queue.) If any documentation has not arrived, then Reject the work item. (The request moves to Awaiting Document queue.)
Sister Agency Awaiting Document Queue (PE_awaitingDocument)	ProvODAAwtDocGrp, ProvDODDAwtDocGrp, ProvODMHAwtDocGrp, or ProvODADASAwtDocGrp	30 day email to assignee, 90 day escalation to manager via email	<ul style="list-style-type: none"> Used for pending enrollments awaiting documentation. This queue appears in your work list or on the Work Task panel only if a work item is rejected. When all documents are received, the request is moved back to the queue that rejected it.
Sister Agency Review Queue(PE_sister AgencyReviewDocument)	ProvODARReviewGrp, ProvDODDRReviewGrp, ProvODMHRReviewGrp, or ProvODADASReviewGrp	7 day email prompt to assignee, 10 day escalation to manager via email	<ul style="list-style-type: none"> Reviewer verifies documentation. When finished, reviewer Accepts the enrollment. (The request moves to next queue.)
ODJFS Final Review Queue(PE_odjfs FinalReview)	ProvODJFSFinalReviewGrp	3 day email notification, 5 day escalation to manager via email, an email upon acceptance to Financial Management and to Managed Care	<ul style="list-style-type: none"> OHP reviewer completes a final review, and then Accepts the work item. The provider enrollment is changed to a status of Enrolled on the Provider Application panel.

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

What you see in your work list depends on how your user ID is set up.

- A. True
- B. False

Each provider type has unique _____ in order to track progress during the enrollment process.

- A. Work queues
- B. Requests
- C. Decisions

Summary

In this topic you learned about the various work queues associated with the following types of enrollment or maintenance requests:

- Standard
- LTC
- LTC CHOP
- JFS waiver
- MCO
- Hospital
- Sister Agency

Task Comparison

This topic provides a comparison of the tasks performed for Provider Workflow: Provider Enrollment, Maintenance and Disenrollment.

In this course you will learn how to perform tasks for enrolling, re-enrolling (maintenance requests), and disenrolling providers. The table lists the tasks (by process) that you will learn about in this course.

Enroll or Re-Enroll	Disenroll
Enter requests	N/A
Enter and correct data	N/A
View work list	View work list
Acquire work tasks	Acquire work tasks
Search for duplicates	Review for involuntary termination status
Take action on a work task	Take action on a work task
Resume action on a work task	Resume action on a work task
Update information during enrollment	Update provider information to disenroll
Enter comments during enrollment	Enter provider comments
Request a Return to Provider (RTP) letter	Request a Return to Provider (RTP) letter
N/A	Place a provider on review or restriction
Enroll a provider	Disenroll or reinstate a provider

Other tasks you learn about have to do with maintaining providers such as updating information, adding contracts, or adding service locations to an existing provider.

For change of ownership for provider situations, you complete the same tasks as for enrollment and disenrollment. There is a task you learn about in this course for CHOP situations called Terminating a Provider Due to Change of Ownership.

Entering an Enrollment Application or Maintenance Request

What

In this topic you learn how to enter a provider enrollment application, a re-enrollment application, or a request to update provider information in MITS. This is informational only.

Provider requests for enrollment, re-enrollment, and updates are submitted externally **by the provider** via the Web portal. These requests will not be entered by the enrollment staff.

Note: For training purposes, we will perform this task to create data for the remaining practice exercises.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You should not complete this task. It is the providers' responsibility to enter their requests.

Relevance

This task is part of the Provider Enrollment process within the Customer Relationship Management workstream. It supports the process of enrolling Medicaid providers as well as accurate and timely records processing. It ensures providers are qualified to render specific services by screening applicants for required state licenses and certifications. It maintains existing providers by updating information as needed.

An enrollment application is used for all providers, including a change of ownership situation. A new owner completes the enrollment application to become a Medicaid provider. After the enrollment process is complete, a Medicaid ID is generated for the new provider. Re-enrollments and updates follow the same process as new provider enrollments by completing an application, but without generating a new Medicaid ID.

The provider re-enrollment process is an automated means of monitoring providers' license and credential renewal or expiration. MITS automatically sends a reminder notice to the provider prior to the expiration date of the provider agreement. If the provider does not re-enroll prior to the expiration date, MITS automatically terminates their provider contract. The provider is unable to submit Medicaid claims until they re-enroll.

Update requests include updates to existing provider records and credentials. A provider can enter only a limited number of maintenance changes through the Web portal. These changes include address, language, or the "accepting new patients" indicator in directory search.

After an enrollment, re-enrollment, or update request is entered into MITS, a unique application tracking number (ATN) is assigned to the request for auditing and tracking purposes.

Requirements

The Provider Enrollment staff member **must** have a completed application with the required information, including provider type and specialty, address and contact information, tax ID, and license information.

How To

Follow these steps from the MITS home page to enter a provider enrollment application or a maintenance request:

Step	Action								
1	Point to Provider and click Enrollment .								
2	Click add .								
3	Select Submit in the Status drop-down list. Note: Selecting Submit as the status places the request into the workflow and the appropriate work queues.								
4	Select the appropriate media type in the Media Type drop-down list.								
5	Select the appropriate value in the Application Type drop-down list: <table border="1" data-bbox="371 1262 1373 1522"> <thead> <tr> <th>FOR a(n):</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>New application</td> <td>Select one beginning with Initial.</td> </tr> <tr> <td>Re-enrollment request</td> <td>Select one beginning with Re-enroll.</td> </tr> <tr> <td>Update (maintenance request)</td> <td>Select one beginning with Update.</td> </tr> </tbody> </table>	FOR a(n):	THEN:	New application	Select one beginning with Initial .	Re-enrollment request	Select one beginning with Re-enroll .	Update (maintenance request)	Select one beginning with Update .
FOR a(n):	THEN:								
New application	Select one beginning with Initial .								
Re-enrollment request	Select one beginning with Re-enroll .								
Update (maintenance request)	Select one beginning with Update .								
6	Type changes or make selections from the drop-down lists in the remaining required field(s). Note: Different fields are required depending on the provider type and specialty.								
7	Verify and add remaining information as needed.								
8	To verify the application National Provider Identifier (NPI), click National Practitioner Database .								

Step	Action
	Note: A new window displays the National Provider Database site (outside of MITS). Check the NPI and then close the NPI window to return to MITS.
9	To verify that a provider doesn't have sanctions or license violations, click National License Database . Note: A new window displays the U.S. Department of Health and Human Services – Office of Inspector General site (outside of MITS). Search for any license violations and then close the license window to return to MITS.
10	To verify the postal address, click Verify GEO Address . Note: If the address is a valid postal address, a message displays "Exact Match!" Close the window to return to MITS. This feature does not verify the business name or personal name.
11	Click save . Note: The Message Description panel displays any warnings or errors. If you receive a warning, you can continue to process the application. If you receive an error message, you must correct the error before you continue.

Success

You have successfully completed this task when:

- You receive the message "Application has been submitted and is in process. Save was successful."
- On the Base Application Information panel, you see that an ATN has been assigned to the application.

Note

The next tasks in training provide the information you need to complete the process of enrolling a provider in MITS. Your process includes multiple steps, which include but are not limited to:

- Verifying that the application is not a duplicate request
- Verifying that the application is a valid and eligible request
- Using the enrollment checklist to ensure that all required documentation is included
- Taking the appropriate action to move the task to the next work queue

Practice

Enter an enrollment application using this information:

- **Status** - Submit
- **Media Type** - Your choice
- **Application Type** - Initial Group (this is a new enrollment)
- **Provider Type** - 79 (Independent Diagnostic Testing Facility)
- **Provider Specialty** - Search and select 790
- **Name** - Your last name + Diagnostic Testing Facility
- **Address** - Your choice
- **City** - Your choice
- **State** - Your choice
- **Zip** - Your choice
- **Phone** - Your choice
- **Tax ID** - Create a unique nine digit number
- **Tax ID Type** - FEIN
- Verify the address

When you complete the practice, a "Save was successful" message displays and the request is submitted.

Verify that the value in the **ATN** field contains your provider.

Record the ATN for future practices: _____

Record the provider name for future practices: _____

Summary

In this topic you learned how to enter an enrollment application or maintenance request.

Search Overview

In this topic you learn about the various search panels that are available from the **Provider** menu.

Search Panels

Under the **Provider** menu, there are three different panels that allow you to search. Each panel has different criteria for searching, but **most** importantly, what panel you use to search depends on the type of information you need. Review the table to learn more about when to use the various panels.

TO search for:	THEN use this menu option:
Providers that are already enrolled or have been enrolled as a Medicaid provider using common search criteria.	Search
Providers that are already enrolled or have been enrolled as a Medicaid provider using limited search criteria. Note: This search returns the same information as the results displayed in the Search panel.	Information
Providers for which applications have been submitted, but the providers are not yet enrolled as a Medicaid provider.	Enrollment

Examples

Review the examples to compare and contrast the three types of searches that are available from the **Provider** menu.

Ohio.gov | Medicaid Information Technology System

September 7, 2010 11:12 AM EDT

Home Claims Drug EDI Healthcek Financial Managed Care MAR Prior Authorization **Provider** Recipient Reference RetroDUR TPL Security Tools Site

home **search** enrollment information related data financial summary rpts & letters mcp

Provider Search

Provider/NPI Business OR Last Name
 License First, MI
 Medicare DBA
 SSN/TAX/FEIN Provider Type
 Contract Specialty Type
 Group Affiliation [Search] City
 County Zip
 Area Contract Status

Records 20

search clear

This is the **Provider Search** panel.
On this panel, specify the desired criteria and then click **search**.

Ohio.gov | Medicaid Information Technology System

September 7, 2010 11:12 AM EDT

Home Claims Drug EDI Healthcek Financial Managed Care MAR Prior Authorization **Provider** Recipient Reference RetroDUR TPL Security Tools Site

home search **enrollment** information related data financial summary rpts & letters mcp

Application Search

ATN Business OR Last Name
 User ID [Search] First, MI
 Tax ID DBA
 Address Status
 City Date Received
 State

Records 20

search clear add

This is the **Application Search** panel.
On this panel, specify the desired criteria and then click **search**.

Ohio.gov | Medicaid Information Technology System

September 7, 2010 11:12 AM EDT

Home Claims Drug EDI Healthcek Financial Managed Care MAR Prior Authorization **Provider** Recipient Reference RetroDUR TPL Security Tools Site

home search enrollment **information** related data financial summary rpts & letters mcp

Information Search

Provider Search By: ID Number Business OR Last Name, First Tax ID

search clear

This is **another search** panel, accessed by clicking **Information** on the **Provider** menu.
On this panel, there is limited criteria. After specifying the criteria, click **search**.

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

The panel you use to search for provider information depends on your needs.

- A. True
- B. False

When searching for provider information, you access the search function from which menu selection(s)? Select all that apply.

- A. Search
- B. Enrollment
- C. Information

Summary

In this topic you learned about the various search panels that are available from the **Provider** menu.

Using the Provider Search Panels

What

In this topic you learn how to search for application and provider information using three different paths from the **Provider** menu.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as part of your daily tasks. No specific activity triggers the performance of this task.

Relevance

The panel you use to search depends on the type of information you need.

Guidelines

When searching, you can enter partial field names. You can enter the characters you want to find in the beginning of a field. For example, if you type Smith in the Business or Last Name field as shown in the graphic below all entries that **begin** with Smith display in the search results.

Provider Search

Provider/NPI

License

Medicare

SSN/TAX/FEIN

Contract

Group Affiliation [Search]

County

Area

Business OR Last Name

First, MI

DBA

Provider Type

Specialty Type

City

Zip

Contract Status

Records

National Provider ID	Medicaid Provider ID	Base Provider ID	Contract Status	Name	DBA
8530377466	9252702	767746546	Active	SMITH AMBULANCE OF STARK-SUMMIT	
8257420259	5791075	767758103	Active	SMITH NURSING HOME	SMITH NURSING
8914073905	9944821	767763423	Active	SMITH TWP VOLUNTEER FIRE DEPT	
	6839610	767738817	Active	SMITH-KLINE BEECHAM CLINICAL	
	7114365	767816933	Active	SMITHKLINE BIO SCIENCE LAB	

You can also search for characters anywhere in a field name by using the percent sign (%). For example, if you type %smith in the Business or Last Name field as shown in the graphic below all entries that **contain** Smith display in the search results.

Provider Search

Provider/NPI

License

Medicare

SSN/TAX/FEIN

Contract

Group Affiliation [Search]

County

Area

Business OR Last Name

First, MI

DBA

Provider Type

Specialty Type

City

Zip

Contract Status

Records

National Provider ID	Medicaid Provider ID	Base Provider ID	Contract Status	Name	DBA
	2006679	767878151	State Initiated Term	MARSHALL/SMITH FNRL HOME	
	5654884	767830815	Othr Involuntary Term	DAVID R SMITH MD	
	5660288	767819392	Active	FREDERICK G SMITH MD	
	5664373	767819393	Deceased	GEORGE ROBERT SMITH MD	
	5665274	767758100	Othr Involuntary Term	GEORGE D SMITH MD	

How To

Follow these steps from the MITS home page to search for information on the provider panels:

Step	Action								
1	<p>Select the path to locate the appropriate search feature:</p> <table border="1"> <thead> <tr> <th>To search for:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Providers that are already enrolled or have been enrolled as a Medicaid provider using common search criteria</td> <td>Point to Provider and click Search.</td> </tr> <tr> <td>Providers that are already enrolled or have been enrolled as a Medicaid provider using limited search criteria (ID Number, Business or Last Name, First, OR Tax ID)</td> <td>Point to Provider and click Information.</td> </tr> <tr> <td>Applications that have been submitted but the providers are not yet enrolled as a Medicaid provider</td> <td>Point to Provider and click Enrollment.</td> </tr> </tbody> </table>	To search for:	THEN:	Providers that are already enrolled or have been enrolled as a Medicaid provider using common search criteria	Point to Provider and click Search .	Providers that are already enrolled or have been enrolled as a Medicaid provider using limited search criteria (ID Number, Business or Last Name, First, OR Tax ID)	Point to Provider and click Information .	Applications that have been submitted but the providers are not yet enrolled as a Medicaid provider	Point to Provider and click Enrollment .
To search for:	THEN:								
Providers that are already enrolled or have been enrolled as a Medicaid provider using common search criteria	Point to Provider and click Search .								
Providers that are already enrolled or have been enrolled as a Medicaid provider using limited search criteria (ID Number, Business or Last Name, First, OR Tax ID)	Point to Provider and click Information .								
Applications that have been submitted but the providers are not yet enrolled as a Medicaid provider	Point to Provider and click Enrollment .								
2	Enter the criteria for which you want to search.								
3	Click search .								

Success

You have successfully completed this task when your search returns either of the following results:

- A list of providers that match your criteria
- The provider panel, if **only** one provider matches the criteria

Practice #1

Search for an **existing provider** using this information:

Last Name: Harrington

When you complete the practice, a provider with the last name Harrington appears.

Practice #2

Search for an **enrollment request** using this information:

Last Name: Harrington

When you complete the practice, a list of providers with the last name of Harrington appears.

Practice #3 (Optional)

Search for existing providers or enrollment requests using the following information:

Last Name: Smith

Summary

In this topic you learned how to search for application and provider information using three different paths from the **Provider** menu.

Viewing and Searching Your Work List

What

In this topic you learn how to view and search your work list. After a provider submits an enrollment request, MITS automatically assigns the request to a work queue based on the provider type. The following provider types each have their own queues:

- Standard
- Long Term Care Facility
- Long Term Care Facility - Change of Ownership for Providers
- Hospital
- Sister Agency
- JFS Waivers
- Managed Care Organization (MCO)
- Managed Care Organization Reporting Only

To process a request, you must access your work list, which contains a list of work tasks that require an action. Your work list displays only the work tasks that are assigned to you or work tasks that you may acquire and process.

Reminder: The work tasks in your work list are determined by your user ID. The security team assigns predefined work queues to your ID. You see the work tasks for only the provider type(s) with which you work.

Note: A supervisor or manager has access to all work queues to review or reassign work as needed.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as part of your daily tasks. No specific activity triggers the performance of this task.

Relevance

It is important to process work items on your work list appropriately and in a timely manner so that providers maintain their eligibility in the Medicaid program.

Requirements

You must have the appropriate security and authorization to access the appropriate work queue(s).

Guidelines

Use these guidelines to alter what displays on your work list.

TO:	THEN specify the search criteria as follows:										
Search for a specific keyword (value)	Type the value in the Keywords field. Note: MITS searches for the keyword in the Title and/or ID fields.										
Filter what tasks you see in your work list	Select one of the following from the Task Filter drop-down list: <table border="1" data-bbox="656 894 1390 1377" style="margin: 10px auto;"> <thead> <tr> <th data-bbox="656 894 1130 947">TO:</th> <th data-bbox="1135 894 1390 947">SELECT:</th> </tr> </thead> <tbody> <tr> <td data-bbox="656 953 1130 1005">Display your acquired work tasks.</td> <td data-bbox="1135 953 1390 1005">My</td> </tr> <tr> <td data-bbox="656 1012 1130 1094">Display unacquired work tasks assigned to your group.</td> <td data-bbox="1135 1012 1390 1094">Group</td> </tr> <tr> <td data-bbox="656 1100 1130 1255">Display your acquired work tasks and those assigned to your group that you can acquire. Note: This is the default value.</td> <td data-bbox="1135 1100 1390 1255">My & Group</td> </tr> <tr> <td data-bbox="656 1262 1130 1377">Display all work tasks assigned to all employees reporting to a manager or supervisor.</td> <td data-bbox="1135 1262 1390 1377">Reportee</td> </tr> </tbody> </table>	TO:	SELECT:	Display your acquired work tasks.	My	Display unacquired work tasks assigned to your group.	Group	Display your acquired work tasks and those assigned to your group that you can acquire. Note: This is the default value.	My & Group	Display all work tasks assigned to all employees reporting to a manager or supervisor.	Reportee
TO:	SELECT:										
Display your acquired work tasks.	My										
Display unacquired work tasks assigned to your group.	Group										
Display your acquired work tasks and those assigned to your group that you can acquire. Note: This is the default value.	My & Group										
Display all work tasks assigned to all employees reporting to a manager or supervisor.	Reportee										
Prioritize your work tasks	Select one of the following values from the Priority drop-down list: Any, 1, 2, 3, 4, or 5 . Note: The Priority field can help you manage your work tasks. If you decide to use priority, assign a value that works for you. The default value is 3. You can also sort your tasks by priority by clicking the Priority column heading in your Work List panel.										
View your assigned work tasks	Select Assigned in the Status field. Note: The Assigned status displays the tasks that you have already acquired or the tasks that you can acquire.										

TO:	THEN specify the search criteria as follows:
View work tasks within a specific time frame	Type a date in the Expiration Date field and the associated to field and/or type a date in the Create Date field and its associated to field.
View work tasks acquired by a specific ID	Type the relevant ID in the Assignee field.

How To

Follow these steps from the MITS home page to view and search your work list:

Step	Action
1	Point to Tools and select Worklist .
2	To search, enter or select criteria. Note: Selecting or entering criteria limits your results.
3	Click search .

Success

You have successfully completed this task when the contents of your work list reflect your desired search criteria.

Next Steps

Acquire work tasks and complete the necessary steps to move forward with enrollment.

Practice

View and search your work list using the following search criteria:

Keywords: Your last name

When you complete this practice, you should see your provider on your work list.

Perform another search using the criteria:

Keywords: %diagnostic

When you complete the practice, you should see your provider and the other class participants' providers on your work list.

Summary

In this topic you learned how to view and search your work list.

Entering and Correcting Data for Provider Requests

What

In this topic you learn how to manually enter provider enrollment data.

At times, you may need to manually enter data that is not accepted by the Web portal at the time of enrollment.

If necessary, you must verify that the data entered by the applicant is updated on the appropriate panels. If you find information in the wrong location, you must make the necessary corrections.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a work item in your work list that contains information that must be manually entered.

Relevance

Not performing this task could prevent enrollments from being processed correctly.

Requirements

Before you perform this task, you **must** have the following:

- Appropriate security and authorization to access the appropriate work list
- The information that needs to be entered or corrected

Guidelines

There is an audit trail to determine who made changes to a work task as a provider goes through the enrollment process.

How To

Follow these steps from the MITS home page to enter provider enrollment data manually:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the work task for which you need to add or change information. Note: To select a work task, you need to click on the work task in the Title column.
3	Type or select data on the appropriate panel(s).
4	Click save .

Success

You have successfully completed this task when you receive the message "Save was Successful."

Next Steps

This task is performed only when needed. Depending on the situation, the next step may be to ask for additional information. If additional information is not needed, proceed with the enrollment process.

Practice

Enter or correct data for a provider using this information:

- **Provider** - Your provider
- **Address 2** - Suite 100

When you save the updates, the "Save was Successful" message appears.

Verify that the address was updated by viewing the **Application Base Information** panel.

Summary

In this topic you learned how to enter and correct data for provider requests.

Acquiring a Work Task from Your Work List

What

In this topic you learn how to acquire a work task from a work list.

After a provider submits a request, MITS assigns the request to the appropriate queue based on the type of provider. You need to acquire the work task to continue the enrollment process or to process the maintenance request. The purpose of this task is to acquire a work task in order to review and update information.

You acquire the work task from each of the different queues as the work task moves through the enrollment process.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as part of your daily provider enrollment tasks.

Relevance

By processing the items in the work list, you ensure that provider eligibility is maintained so claims are processed appropriately and in a timely manner.

If you fail to process a request in a timely manner, a provider contract may expire. If a claim is submitted for a provider with an expired contract, MITS denies the claim.

How To

Follow these steps from the MITS home page to acquire a work task from the work list:

Step	Action
1	Point to Tools and click Worklist .
2	Click search . Note: You can select different search criteria to limit the results in your work list.
3	Select Acquire from the Action drop-down list.
4	Click save .

Success

The following message displays: "1 Action(s) performed. (Provider Name): Task Action: ACQUIRE Complete." The value in the **Assignee** column also displays your user ID followed by (U). The (U) indicates that the work item was moved to your user group.

Next Steps

After you Acquire a work task, you need to begin processing and reviewing the request so you can Accept the request and move it to the next queue. After acquiring, you proceed to review the request, the attachments, the payment methods, and the notes to determine next steps.

When you have finished processing the work task, you need to select the appropriate action on the Work Task panel.

Practice

Acquire a work task using this information:

- View your work list and locate your provider
- Acquire your provider

When you successfully acquire your provider, you should see your user ID in the **Assignee** column.

When all participants complete the practice, select **Tools>Worklist**.

Note: In your work list, you no longer see provider requests that others acquired.

Summary

In this topic you learned how to acquire a work task from your work list.

Searching for a Duplicate Enrollment Request

What

In this topic you learn how to search for duplicate enrollment requests.

When you receive an enrollment request, you **must** search existing records to verify that the provider has not already submitted an enrollment application. If the request is a duplicate, you **must** change the status of the new application to **Denied**. You should then request that a letter be sent to the provider to explain that a duplicate request was received and therefore denied.

Note: Upon receipt of a new enrollment request, MITS also checks for duplicate requests. For example, the system does **not** allow a duplicate tax ID or license information.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a new enrollment or maintenance request.

Requirements

You **must** have a new enrollment request in order to search for a provider by name or identification numbers.

How To

Follow these steps from the MITS home page to search for a duplicate enrollment request:

Step	Action
1	Point to Provider and click Enrollment .
2	Search for a duplicate provider enrollment using the information you received on the request. Note: You will need to use various criteria to limit your results.
3	Review all matching records to determine whether the new enrollment is a duplicate. Note: You may need to click on a provider in the list to see more information to determine whether the enrollment is a duplicate.

Success

You have successfully completed this task when you have performed a search in MITS using the new application information. You will have to determine whether you find any matches by comparing a new application with existing records.

Next Steps

If the application is **not a duplicate**, continue with enrollment processing.

If the application is **a duplicate**, change the status to **Denied** and access the **RTP Letter** panel. Request that a letter be sent to the provider to explain that this is a duplicate request and is therefore denied.

Practice

Search for a duplicate enrollment request using this information:

- **Keyword:** Harrington

Questions:

Does a duplicate request exist?

How did you determine whether a duplicate request exists?

What information did you use to check for duplicates?

Summary

In this topic you learned how to search for a duplicate enrollment request.

Taking Action on a Work Task

What

In this topic you learn how to take action on a task in your work list. You will take different actions on a task as it moves through the provider work queues. The actions you take include:

- Accept a task and move the task to the next work queue
- Release a task back to the group work queue so someone else can acquire the task
- Reject a task to move it to the Awaiting Documents queue
- Reassign a task to someone else
- Escalate a task to your immediate manager or supervisor
- Suspend a task
- Reset an expiration date
- Set priority
- View task history



Changing the action for a task does **not** change the application status of the task. You **must** select the appropriate status based on the queue that the task is in.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

Your responsibilities include monitoring your work list on a daily basis. Actions taken on a task are performed after an enrollment request has been submitted to MITS and you have acquired the work task in the work list. You complete the actions on the **Work List** panel.



You need to release a request when you are unavailable for a period of time that would delay the request unnecessarily. Releasing a request allows someone else to acquire it and process it.

Relevance

You access your work list on a daily basis to maintain accurate provider information and to process provider requests in a timely manner. The actions you take on a work task are important so that the work task is processed and the provider receives a final outcome. In most situations, the provider becomes an enrolled Medicaid provider, but they could be denied enrollment. Either way a final outcome occurs when you move a task through the workflow by selecting the different actions.

Requirements

Before you can take action on a work task, the task must be in an **active** status. A work task becomes active when you **acquire** it.

For work tasks submitted via the portal, you should verify the following information **before** taking further action on a work task.

TO verify:	THEN:
Correct Application NPI was entered	Click National Practitioner Database . Note: A new window displays the National Practitioner Data Bank site (outside of MITS). On this site, you can check credentials. When you complete this step, close the National Practitioner Data Bank window to return to MITS.
Provider doesn't have sanctions or license violations	Click National License Database . Note: A new window displays the U.S. Department of Health & Human Services – Office of Inspector General site (outside of MITS). On this site, you can search for license violations. When you complete this step, close the Office of Inspector General window to return to MITS.
Postal address is valid	Click Verify GEO Address . Note: If the address is a valid postal address, an "Exact Match!" message appears. When you are finished, you can close the window to return to MITS. This feature does not verify the business name or personal name.

How To

Follow these steps from the MITS home page to take action on a work item on your work list:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the work task for which you want to take action. Note: To select a work task, you need to click on the work task in the Title column.
3	Click the drop-down arrow for Action and select the appropriate action.

Step	Action																				
4	<p>Take an action by following these steps:</p> <table border="1" data-bbox="371 359 1373 1801"> <thead> <tr> <th data-bbox="378 367 724 447">TO take the following action:</th> <th data-bbox="724 367 1367 447">THEN:</th> </tr> </thead> <tbody> <tr> <td data-bbox="378 447 724 533">Accept a request (moves request to next queue)</td> <td data-bbox="724 447 1367 533"> a. Select Accept. b. Click save. </td> </tr> <tr> <td data-bbox="378 533 724 653">Release a request (moves request back to group queue)</td> <td data-bbox="724 533 1367 653"> a. Select Release. b. Click save. </td> </tr> <tr> <td data-bbox="378 653 724 858">Reject a request (moves request to Awaiting Documents queue)</td> <td data-bbox="724 653 1367 858"> a. Select Reject. b. Click save. c. On the Reject Task dialog box, select the appropriate reject reason from the Reject Reason drop-down list. d. Click Reject. </td> </tr> <tr> <td data-bbox="378 858 724 1203">Reassign a request</td> <td data-bbox="724 858 1367 1203"> a. Select Reassign. b. Click save. c. On the Reassign Task dialog box, select the search type in the Search Type field. d. Enter the assignee in the Assignee field. e. Click Search. f. In the Search Results, click the Username to whom you want to delegate the request. Note: Only individuals with the appropriate level of security have reassign capability. </td> </tr> <tr> <td data-bbox="378 1203 724 1283">Escalate a request</td> <td data-bbox="724 1203 1367 1283"> a. Select Escalate. b. Click save. </td> </tr> <tr> <td data-bbox="378 1283 724 1362">Suspend a request</td> <td data-bbox="724 1283 1367 1362"> a. Select Suspend. b. Click save. </td> </tr> <tr> <td data-bbox="378 1362 724 1539">Reset expiration</td> <td data-bbox="724 1362 1367 1539"> a. Select Reset Expiration. b. Click save. c. On the Reset Expiration dialog box, type the new date in the New Date field. d. Click Reset Expiration. </td> </tr> <tr> <td data-bbox="378 1539 724 1650">Set priority</td> <td data-bbox="724 1539 1367 1650"> a. Select SetPriority. b. Select Priority. c. Click save. </td> </tr> <tr> <td data-bbox="378 1650 724 1801">View task history</td> <td data-bbox="724 1650 1367 1801"> a. Select Task History. b. Click save. Note: The task history appears at the bottom of the Work Task panel. </td> </tr> </tbody> </table>	TO take the following action:	THEN:	Accept a request (moves request to next queue)	a. Select Accept . b. Click save .	Release a request (moves request back to group queue)	a. Select Release . b. Click save .	Reject a request (moves request to Awaiting Documents queue)	a. Select Reject . b. Click save . c. On the Reject Task dialog box, select the appropriate reject reason from the Reject Reason drop-down list. d. Click Reject .	Reassign a request	a. Select Reassign . b. Click save . c. On the Reassign Task dialog box, select the search type in the Search Type field. d. Enter the assignee in the Assignee field. e. Click Search . f. In the Search Results , click the Username to whom you want to delegate the request. Note: Only individuals with the appropriate level of security have reassign capability.	Escalate a request	a. Select Escalate . b. Click save .	Suspend a request	a. Select Suspend . b. Click save .	Reset expiration	a. Select Reset Expiration . b. Click save . c. On the Reset Expiration dialog box, type the new date in the New Date field. d. Click Reset Expiration .	Set priority	a. Select SetPriority . b. Select Priority . c. Click save .	View task history	a. Select Task History . b. Click save . Note: The task history appears at the bottom of the Work Task panel.
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Set priority	a. Select SetPriority . b. Select Priority . c. Click save .																				
View task history	a. Select Task History . b. Click save . Note: The task history appears at the bottom of the Work Task panel.																				

Success

You have successfully completed each task when the following occurs:

- If you **Release**, the assignee on the work list changes to the group ID for that provider type.
- If you **Accept**, the task moves to the next queue and may no longer appear on your work list.
- If you **Reject**, the task moves to the Awaiting Documents queue.
- If you **Reassign**, the Work List appears and the work task you reassigned is no longer on your work list. The work task now appears only on the work list of the person the task is assigned to.
- If you **Escalate**, the task action status on the Work Task panel says Escalate complete.
- If you **Suspend**, the task action status on the Work Task panel says Suspend complete.
- If you **Reset the Expiration**, the Work Task panel displays the new expiration date in the Expiration Date field.
- If you **Set Priority**, the task action status on the Work Task panel says Set Priority complete.
- If you view **Task History**, the task history displays at the bottom of the Work Task panel.

Note: The Work Task panel lists all the queues that a provider has successfully completed as well as the remaining queues they need to complete before becoming enrolled.

Next Steps

If you **Release, Accept, Reassign, or Escalate** a work task, the task no longer displays on your work list as if you acquired it so you no longer have responsibility for the work task. It may still display in your work list if it is a part of your work group.

If you **Release** a work task, it is routed back to the group to be acquired.

If you **Accept** a work task, it is moved to the next queue in workflow.

If you **Reassign** a work task, it is moved to the queue of the person to whom it was reassigned.

If you **Escalate** a work task, the task is routed to your immediate manager or supervisor and appears on their work list for processing.

If you **Reject** a work task, the task is routed to the Awaiting Documents queue. You must send a letter to the provider explaining the reason for the rejection and what information they need to provide so you can continue with the process. When all documentation is received, you must acquire the task in the Awaiting Documents queue and then accept it in the Awaiting Documents queue. After accepting the task, the task moves back to the Initial Placement queue where you begin the workflow process again.

If you **Suspend** a work task, you need to Resume action on the task when the time is appropriate.

If you **Reset the Expiration, Set Priority or View Task History**, you need to finish processing the work task in the current queue and move it through the workflow process.

Practice #1

Release a request using this information:

- On your work list, locate the request you acquired.
- Release that request so others can process it.

When you complete the practice, the value in the **Assignee** column for the request is **ProvStndInitGrp**.

Practice #2

Change the expiration date and priority using this information:

- Acquire the same request again (the one you released in Practice #1).
- Change the expiration date for your provider to 30 days later.
- Change the priority to 5.

When you complete the practice, the value in the **Expiration Date** field should reflect 30 days later and a priority of 5.

Return to your work list and sort by priority.

Practice #3

View the task history for the same request.

Suspend the same request on your work list.

Summary

In this topic you learned how to take action on a work task.

Resuming Action on a Work Task

What

In this topic you learn how to resume action on a suspended task in your work list.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You **must** monitor your work list daily. This includes tracking any suspended work tasks and resuming action at the appropriate time.

Relevance

You **must** resume action on a request to finish processing the request. Otherwise, the request remains in **Suspended** status and never completes processing.

Requirements

Before you can resume action on a work task, the task **must** be in **Suspended** status.

How To

Follow these steps from the MITS home page to resume action on a work task on your work list:

Step	Action
1	Point to Tools and click Worklist .
2	Select Suspended from the Status drop-down list on the Tasks Search panel.
3	Click search .
4	Locate the suspended provider.
5	Select Resume from the Action drop-down list for the suspended provider.
6	Click save .

Success

You have successfully completed this task when you receive the message "Task Action: RESUME Complete."

Next Steps

Continue processing the request by following these steps:

- 1) Select **Assigned** in the **Status** drop-down list on the **Tasks Search** panel.
- 2) Click **search**.
- 3) Continue processing the request by taking the next appropriate work task action.

Practice

Resume action on your suspended request.

Summary

In this topic you learned how to resume action on a work task.

Updating Information During the Enrollment Process

What

In this topic you learn how to update information for potential providers during the enrollment or re-enrollment process. The most frequent update you make is to update the application status. Other updates include changing the address, contact information, or other fields on the enrollment panels.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request in your work list.

Relevance

If you fail to maintain the appropriate application status for a provider enrollment or maintenance request, you may have problems processing a request. The workflow edits check the status based on the review level. If you select an inappropriate status, MITS displays an error message that indicates the appropriate status to select.

The following statuses exist for applications and are typically selected in this order. Keep in mind that some statuses occur at the same level for different reasons; for example, Denied and Enrolled.

- **Not Submitted** – Use this status when you have partial information for a new request. A request in this status is not in workflow, but you can save information in MITS while waiting for the remaining information.
- **Submit** – Use this status to enter a new request. This status initiates the provider workflow process. If a request is entered via the portal, this is the status in which the request enters MITS.
- **Awaiting Initial Info** – Use this status to indicate that you are waiting for information. This status is primarily used for change of ownership for providers (CHOP) applications.
- **Application RTP** – Select this status after sending a Return to Provider (RTP) letter to the provider to ask for information.
- **Under Review** – Use this status to indicate it is being reviewed in the queue it is currently in.
- **Accepted** – After all documentation is verified, select this request to complete the enrollment process. When you select this status, the Enroll Provider link appears. You can then complete the enrollment by entering the required information on the various panels.

- **Denied** – This is one of the final status selections. Select this status if the request is denied.
- **Enrolled** – This is one of the final status selections. Select this status to finish the process and make the provider eligible for Medicaid reimbursements.

Requirements

You **must** acquire a task **before** you change the application status.

Guidelines

Use the following guidelines to help you select the appropriate application status based on the **work queue** for an **acquired** task.

IF the work queue name contains:	THEN consider these statuses:
Initial (Example: PE_initialPlacement)	<ul style="list-style-type: none"> • Submit • Denied • Application RTP
Awaiting (Example: PE_awaitingDocument)	<ul style="list-style-type: none"> • Awaiting Initial Info • Denied • Application RTP
Quality (Example: PE_qualityReview)	<ul style="list-style-type: none"> • Accepted • Denied • Application RTP • Awaiting Initial Info • Under Review
Final (Example: PE_finalReview)	<ul style="list-style-type: none"> • Under Review • Accepted • Enrolled • Denied

Exceptions

There are exceptions to the guidelines, especially for some work queues that are related to the non-standard provider types. Use the following guidelines to help you select the appropriate application status based on the **work queue** for an **acquired** task under these circumstances:

IF the provider type is:	AND the work queue is:	THEN consider these statuses:
LTC	ODH Certification Approval Queue (PE_odhCertificationApproval)	<ul style="list-style-type: none"> • Submit • Denied • Application RTP
	Post-Survey Review Queue (PE_postSurveyReview)	<ul style="list-style-type: none"> • Submit • Denied • Application RTP
	Fiscal Rate Setting Queue (PE_LTCfiscalRateSettingQueue)	<ul style="list-style-type: none"> • Accepted • Denied • Application RTP • Awaiting Initial Info
	Agreement Sent To Entering Provider Queue (PE_agreementSentToEnteringProvider)	<ul style="list-style-type: none"> • Awaiting Initial Info • Denied • Application RTP
	Internal Agreement Signature Queue (PE_internalAgreementSignature)	<ul style="list-style-type: none"> • Under Review
LTC CHOP	First CHOP Review Queue (PE_firstCHOPReview)	<ul style="list-style-type: none"> • Submit • Denied • RTP Application
	Deactivate Exiting Provider Queue (PE_deactivateExitingProvider)	<ul style="list-style-type: none"> • Submit • Denied • RTP Application
	Fiscal Rate Setting Queue (PE_fiscalRateSettingQueue)	<ul style="list-style-type: none"> • Accepted • Denied • Application RTP • Awaiting Initial Info
	Agreement Sent To Entering Provider Queue (PE_agreementSentToEnteringProvider)	<ul style="list-style-type: none"> • Awaiting Initial Info • Denied • Application RTP
	Internal Agreement Signature Queue (PE_internalAgreementSignature)	<ul style="list-style-type: none"> • Under Review

IF the provider type is:	AND the work queue is:	THEN consider these statuses:
MCO	Trading Partner Queue (PE_tradingPartner)	<ul style="list-style-type: none"> • Under Review
Hospital	Hospital Review Queue (PE_hospitalReviewQueue)	<ul style="list-style-type: none"> • Accepted • Denied • Application RTP • Awaiting Initial Info
Sister Agency	Sister Agency Review Queue (PE_sisterAgencyReviewDocument)	<ul style="list-style-type: none"> • Accepted • Denied • Application RTP • Awaiting Initial Info

How To

Follow these steps from the MITS home page to update application status and other information for potential providers during the enrollment process:

Step	Action								
1	Point to Tools and click Worklist .								
2	Search for and select the work task for which you want to update information. Note: To select a work task, you need to click on the work task in the Title column.								
3	Make updates by following these steps: <table border="1" data-bbox="371 758 1373 1272"> <thead> <tr> <th>TO update provider information during enrollment to:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Change the status</td> <td> a. On the Application Base Information panel, select the appropriate status from the Status drop-down menu. b. Click save. </td> </tr> <tr> <td>Change address or contact information</td> <td> a. On the Application Base Information panel, type the new address. b. Type the new contact information. c. Click save. </td> </tr> <tr> <td>Change any other information</td> <td> a. On the Application Base Information panel, select or type the new information. b. Click save. </td> </tr> </tbody> </table>	TO update provider information during enrollment to:	THEN:	Change the status	a. On the Application Base Information panel, select the appropriate status from the Status drop-down menu. b. Click save .	Change address or contact information	a. On the Application Base Information panel, type the new address . b. Type the new contact information. c. Click save .	Change any other information	a. On the Application Base Information panel, select or type the new information. b. Click save .
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Change address or contact information	a. On the Application Base Information panel, type the new address . b. Type the new contact information. c. Click save .								
Change any other information	a. On the Application Base Information panel, select or type the new information. b. Click save .								

Success

You have successfully completed this task when you receive the message that the save is successful.

Next Steps

It is a good practice to enter provider comments when you make decisions about a provider's status. Notes help others in the workflow process understand why a decision was made. The notes also provide background information if a provider questions their status.

If you deny a provider enrollment request, you must send a letter to the provider to communicate why the enrollment was not approved. Use the RTP letter to communicate what needs to be corrected in order to complete the enrollment.

Practice

Update a work task using this information:

- Locate and select your **work task** on your **work list** (the provider you have been working with)

Note: This provider should already be acquired by you. If not, acquire it.

- Type an extension for the phone number of 250
- Type your name as the contact

When you complete the practice, you should receive the message that the save was successful.

Summary

In this topic you learned how to update information during the enrollment process.

Viewing Documents Attached to a Work Task

What

In this topic you learn how to view documentation attached to a work task.

As part of the enrollment process, you **must** verify that all required documentation is attached to a task. The provider and other sources may submit the required documentation at different times. As a result, you **must** monitor the attachments until all required documents are attached.

To determine what documents are required for a task, you view the enrollment checklist. You learn about the enrollment checklist in another lesson.

Note: Documents received are attached to a task following the Electronic Document Management System (EDMS) process. EDMS is responsible for the acceptance and storage of the documents attached to a work task.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as needed until you can see all required documents are attached.

Relevance

You must verify all required documentation is attached to a work task by viewing the **Attachment** panel. If you don't see the attachments, you need to request them from the provider via an RTP letter.

Guidelines

Each provider type requires different documents. You can view the required documents for a provider type by viewing the **Enrollment Checklist**. Examples of commonly required documents for most providers include:

- W-9 form
- National Plan and Provider Enumeration System (NPPES) Validation form
- Signed agreement
- Licenses
- Initial facility letter

Note: The enrollment checklists are specific to ODJFS and must be submitted by the provider. Sister agencies may require additional documentation beyond what is specified in the enrollment checklist.

How To

Follow these steps from the MITS home page to view documentation attached to a work task:

Step	Action
1	Point to Tools and click Worklist .
2	Search for the provider for which you want to view attachments. Note: Searching by ATN takes you directly to a specific request.
3	Select the work task for which you want to view attachments. Note: To select a work task, you need to click on the work task in the Title column.
4	On the Application Information Maintenance panel, click Attachments .
5	Scroll down to view the Attachments panel.

Success

You have successfully completed this task when the **Attachments** panel appears and either lists the attachments or states that no attachments found for the ATN.

Next Steps

After you verify that a piece of documentation is attached to a work task, go to the **Enrollment Checklist** to update the status of the documentation. If required documentation is missing, send a Request to Provider (RTP) letter indicating what information is missing.

Practice #1

View attached documents using this information:

- Go to your work list and locate the work task (provider) you entered in MITS and have been working with.
- Select your provider (work task) and view attachments.
- On the provider mini-search panel, search for ATN 401392.

When you are done you should see the Attachment panel. If there are any attachments, you see them listed on this panel.

Questions

- How many attachments are associated with the provider you entered in the first practice and have been working with?
- How many attachments are associated with ATN 402392?

Summary

In this topic you learned how to view documentation attached to a work task.

Requesting an RTP Letter

What

In this topic you learn how to request a Return to Provider (RTP) letter.

During the provider enrollment review process, you can request that an RTP letter is sent to a provider to notify the provider of any issues or missing information. This includes incomplete applications or missing required documents. You generate the letter as needed on the **RTP Letter** panel. On this panel, select a reason for the letter and specify any additional information to clarify the reason. It is important to include additional information so that it is clear to the provider what they need to do to complete the enrollment process. The reason and the additional information print as text in the letter to the provider.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task when additional information is needed or an application is incomplete. You send a letter to the provider to communicate what is needed to complete the request.

Relevance

You need to notify a provider about incomplete or missing information in a timely manner so the provider can complete the enrollment process and be eligible to receive payment for Medicaid services provided.

Requirements

You **must** have the appropriate software installed on your computer that enables you to view the RTP letter and complete this task.

How To

Follow these steps from the MITS home page to request an RTP letter:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the work task for which you want to send a letter. Note: To select a work task, you need to click on the work task in the Title column.
3	On the Application Information Maintenance panel, click RTP Letter .
4	On the RTP Letter panel, click add .
5	Select a reason from the Preformatted Reasons drop-down list.
6	Click Add Selected Reason , which moves the preformatted reason to the RTP Reason field. Note: You can also type a reason in the RTP Reason field to provide further explanation.
7	Click create RTP letter .
8	<u>When another window displays</u> , select the Preview Mode Only? checkbox.
9	Click Generate Letter .

Success

You have successfully completed this task when the Return to Provider letter displays and contains your reason as well as any additional notes you entered.

Practice #1

Request an RTP letter using this information:

- Provider - Your acquired provider
- Reason - Need a completed W-9 form with an original signature (Reason 4)
- Add additional text asking that the form be sent by the end of the month

When you complete the practice, the letter appears, addressed to your provider, requesting a W-9 form.

Practice #2

Change the application status to Application RTP and reject the work task for missing documentation.

When you are done you should go to your work list to view the task. It is now in the Awaiting Documents queue.

Note: You learned about this task in Taking Action on a Work Task topic. You can review the steps to complete this action in that topic.

Summary

In this topic you learned how to request an RTP letter.

Viewing and Updating the Enrollment Checklist

What

In this topic you learn how to view and update the Enrollment Checklist for required documentation. The Enrollment Checklist varies based on the type of provider you are working with. MITS automatically generates the list that displays on the Enrollment Checklist panel based on the provider type and specialty.

During the provider enrollment or re-enrollment process, you **must** confirm that all required documents are attached to a request. You can view the Enrollment Checklist to determine which documents are required for a request. Additionally, you **must** monitor the required documentation **and** update the status for each document.

Note: You view all documents that are attached to a request on the **Attachments** panel.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as you review work tasks in your work list. Because supporting documents are required in order to complete an enrollment or maintenance request, you **must** perform this step as you process your work tasks.

Relevance

It is important to verify that required documentation is attached in order to maintain provider eligibility and process requests in a timely manner. The Attachments panel and Enrollment Checklist panel work together to accomplish this.

Requirements

After viewing the **Attachment** panel and verifying that all documentation is attached, you **must** update the document status on the Enrollment Checklist to indicate that all documents are received. Otherwise, the request cannot move to the final review queue.

How To

Follow these steps from the MITS home page to view and update the Enrollment Checklist for required documentation:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the work task for which you need to view and update the enrollment checklist. Note: To select a work task, you need to click on the work task in the Title column.
3	In the Application Information Maintenance panel, click Enrollment Checklist .
4	Scroll down to view the Enrollment Checklist panel.
5	In the Enrollment Checklist panel, click the document in the list for which you want to update the status.
6	Select the appropriate status from the Status drop-down list.
7	<u>If necessary</u> , type a new date in the Date field.
8	Click save .



If you have status updates for multiple documents in the Enrollment Checklist, you can make the updates one line at a time and then click save once to save all changes.

Success

You have successfully completed this task when both of the following occur:

- You receive the message that the save is successful.
- The status for the document(s) on the Enrollment Checklist change to the appropriate status.

Next Steps

After you verify that the required documentation and all other reviews are complete, you **must** change the status of the request to **Accept** in order for the request to move to the next queue.

Practice #1

Move the request out of the Awaiting Documents queue to update the request using this information:

- Acquire the request on your work list.
- Select the work task (provider)
- Update the Action status to accepted.

When you complete the practice, the request should be in the Initial Placement queue.

Practice #2

View the Enrollment Checklist. Assume all documents are received within the week and are now attached to your work task.

Update the Enrollment Checklist using this information for each document:

- **Status** - Verified
- **Date** – Today's date
- Save all your changes at once

When you complete the practice, verify that all document statuses reflect **Verified** on the **Enrollment Checklist** panel.

Practice #3

Accept the request in the Initial Placement queue and move it to the QC review queue by selecting a status of Accept on the Work Task panel.

Summary

In this topic you learned how to view and update the enrollment checklist.

Entering, Updating and Deleting Comments During the Enrollment Process

What

In this topic you learn how to enter, update, and delete comments during the enrollment process.

During the enrollment process, you can enter two types of comments: a workflow comment or an application comment. With workflow, you can enter comments for every queue in the workflow to explain what occurs during each queue. Additionally, you can enter comments that apply to the overall application process. The application comments are attached to the application tracking number (ATN). The panel you use to enter comments depends on the type of comment.

An example of a workflow comment is stating that a work task is incorrectly assigned to you because you work with standard providers and a waiver provider was assigned to you. You enter this comment for the queue and escalate the work task to your manager.

An example of an application comment is that you are waiting for confirmation from ODH or sending an RTP letter requesting a W-9 form.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You perform this task as needed in order to document complex situations, phone calls, or decisions made regarding provider information.

Relevance

Comments are helpful to others reviewing a request at different times throughout the enrollment process or workflow. Comments can explain what actions were taken and why, as well as any decisions made. Comments are also helpful when providers or other stakeholders inquire about a request and its status.

Use the workflow comments frequently to explain why you release a work task back to a group queue when you are unable to process it.

Guidelines

After you enter a workflow comment, you **cannot** delete the comment or modify it any way. However, you can update and delete an application comment after it is entered in MITS.

How To

Follow these steps from the MITS home page to enter, update or delete comments during the enrollment process:

Step	Action										
1	Point to Tools and click Worklist .										
2	Search for and select the work task for which you want to enter a comment. Note: If you haven't done so, you must acquire the work task before completing this step.										
3	Enter a comment by following these steps: <table border="1" data-bbox="371 726 1373 1797"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Enter a workflow comment</td> <td> <ol style="list-style-type: none"> On the Work Task panel, verify that the correct queue is selected under Work Tasks. Click Add Comment. Type comments in the Comment field and enter any other necessary information. On the Work Task panel, click Save Comment. </td> </tr> <tr> <td>Enter an application comment</td> <td> <ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click add. Type comments in the Comment field. If different than the current date, type a date in the Date field. Click save. </td> </tr> <tr> <td>Update an application comment</td> <td> <ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click the comment you want to update. Update the comments in the Comment field. If different than the current date, change the date in the Date field. Click save. </td> </tr> <tr> <td>Delete an application comment</td> <td> <ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click the comment you want to delete. Click delete. When asked "Are you sure this is the row you want to delete?", click OK. Delete the comments in the Comment field. Click save. </td> </tr> </tbody> </table>	TO:	THEN:	Enter a workflow comment	<ol style="list-style-type: none"> On the Work Task panel, verify that the correct queue is selected under Work Tasks. Click Add Comment. Type comments in the Comment field and enter any other necessary information. On the Work Task panel, click Save Comment. 	Enter an application comment	<ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click add. Type comments in the Comment field. If different than the current date, type a date in the Date field. Click save. 	Update an application comment	<ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click the comment you want to update. Update the comments in the Comment field. If different than the current date, change the date in the Date field. Click save. 	Delete an application comment	<ol style="list-style-type: none"> In the Application Information Maintenance panel, click Comment. In the Comment panel, click the comment you want to delete. Click delete. When asked "Are you sure this is the row you want to delete?", click OK. Delete the comments in the Comment field. Click save.
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Success

You have successfully completed the task of adding or updating an application comment when the comment (and date) display in the comment list on the **Comment** panel. You have successfully deleted an application comment when it no longer displays on the **Comment** panel.

You have successfully completed the task of adding a work queue comment when an asterisk displays in the **Comments** column for that queue on the **Work Task** panel.

Practice #1

Enter a **workflow comment** using this information:

- On your work list, locate the provider (work task) you entered and acquired
- Enter the following workflow comment. Replace the XXX with the appropriate queue name. Determine the queue by viewing the Work Task panel:

"This is an example of a workflow comment for the XXX queue. This comment indicates an action or provides information specific to this queue."

Practice #2

Enter an **application comment** using this information:

- On your work list, locate the provider (work task) you entered and acquired
- Enter the following application comment:

"This is an example of an application comment. It is commonly used to provide information about RTP letters and documentation you are waiting for."

When you complete both practice exercises, you will have entered two comments. An application comment appears on the **Comment** panel. A workflow comment appears on the **Work Task** panel with an asterisk in the **Comments** column for the relevant queue.

Summary

In this topic you learned how to enter comments during the enrollment process.

Completing Provider Enrollment Panels

What

In this topic you learn how to complete the provider enrollment panels. When you complete the provider enrollment panels, you are entering all required data and verifying the remaining data. After you complete your review of the enrollment panels, the provider is ready for final review and enrollment.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You complete this task after a request has met all requirements of the preceding work queues. Because every provider has different queues, the queue where you complete the provider enrollment panels is dependent on the provider type. To complete the panels, you need to acquire the request from the work list. You are required to enter different information for the different provider types.

Note: For Sister State agencies, OHP will email the provider welcome letter to the Sister State agency instead of directly to the provider.

Relevance

If you fail to complete the provider enrollment panels accurately and completely, system errors prevent the provider from moving to the next queue for final enrollment.



You do not perform this task for updates or re-enrollments because the provider information is already complete and entered in MITS.

Guidelines

You **must** verify the following **before** you accept an enrollment and move it to the final queue to be acquired:

- Licenses and certifications are valid and eligible.
- The request is **not** a duplicate request.
- No sanctions exist against the provider.
- All required documents are received and verified.
- All enrollment panels are complete and accurate.

How To

Follow these steps from the MITS home page to complete provider enrollment panels:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the work task for which you want to complete enrollment panels. Note: At this point, the enrollment request has met all requirements of the preceding work queues and is now in the queue where you complete enrollment panels.
3	Click Enroll Provider . If the Enroll Provider link does not appear at the bottom of the Base Information panel, you must set the status to Accepted . Note: The following panels display: <ul style="list-style-type: none"> • Base Information • Service Location • Location Name Address • Tax ID • Type Specialty • Contract Reminder: The information required depends on the type of provider being enrolled.
4	Verify information is correct and complete on the Base Information panel.
5	Enter required information on the Service Location panel and verify remaining information.
6	Verify information is correct and complete on the Location Name Address panel.
7	On the Tax ID panel, click the first line item in the list and follow these steps: <ol style="list-style-type: none"> a. Verify that all required Tax ID information exists and is accurate. If not, click Maintain and enter or correct the information. b. Click save.
8	Verify information is correct and complete on the Type and Specialty panel. Note: The Specialty panel works in conjunction with the Type and Specialty panel. A provider can only be one type of provider. You can only change the type. A provider can be multiple specialties. You can change and add specialties. That is why there is a separate panel for specialties.

Step	Action
9	<p>On the Contract panel, click the first line item in the list and follow these steps.</p> <ol style="list-style-type: none"> Select the appropriate contract type from the Contract drop-down list. Type the appropriate dates in the Effective Date and End Date fields. Select the appropriate application status from the Status drop-down list. Click save. <p>Note: You must update the Contract panel with the appropriate dates for all providers.</p>

Success

You have successfully completed this task when you receive the message that the save is successful. The application status automatically updates to **Under Review** and a Provider ID is generated.

Practice #1

Complete and save the enrollment panels using this information:

- Locate and acquire your work task (provider) from your work list
- Complete the panels using this information:
 - **County** - Noble
 - **Ownership Type** - Privately Owned, For Profit
 - Verify **Tax ID** and **Type Specialty**
 - **Contract** - Ind Diag Test Fac
 - **Status** - Active
 - **Effective Date** - first day of next month
 - **End Date** - last day of next year

When you complete the practice, a message appears, stating that your save was successful.

Practice #2

Accept the request in the QC review queue by selecting a status of Accept on the Work Task panel.

When you complete the practice, a message appears, stating that your save was successful.

Summary

In this topic you learned how to complete provider enrollment panels.

Enrolling a Provider

What

In this topic you learn how to enroll a provider. When you enroll a provider, the provider becomes eligible for the Medicaid program, can service Medicaid recipients, and can bill for reimbursement.

Who

An OHP staff member responsible for the final review in the provider enrollment process performs this task.

When

You complete this task after a request has been processed and has passed all requirements. Because the requirements and queues vary by provider type, the queue where you enroll the provider depends on the provider type, but it is usually the final queue.

To complete the enrollment of a provider, change the application status to **Enrolled**. After you set the status to **Enrolled**, MITS sends a welcome letter to the provider. A report of newly enrolled providers is available.

Note: For Sister State Agencies, OHP will email the provider welcome letter to the Sister State Agency instead of directly to the provider.

Relevance

If you fail to complete the enrollment process by enrolling a provider, that provider is not eligible to process claims. If a provider is **not** enrolled, MITS denies any claims for that provider.

Guidelines

Before enrolling a provider, you **must** verify the following while the request is in the queues before the final review queue:

- The provider license and certifications are valid and eligible.
- The provider request is **not** a duplicate request.
- No sanctions exist against the provider.
- All documentation is received and verified.

How To

Follow these steps from the MITS home page to enroll a provider:

Step	Action
1	Point to Tools and click Worklist .
2	On the Work List, select Acquire from the Action drop-down list.
3	Click Save .
4	Select the work task for which you want to complete an enrollment by clicking on the provider name in the Title column. Note: The provider has passed through all reviews and is now in the final queue for the provider type.
5	On the Application Base Information panel, select Enrolled from the application Status drop-down list.
6	On the Work Task panel, select Accept from the Actions drop-down list.
7	Click save . Note: A prompt appears asking "Do you want to send a welcome letter?"
8	Select Yes and click Continue to view the welcome letter.

Success

You have successfully completed this task when:

- You receive a message that the save is successful.
- You are prompted to generate the provider welcome letter.

Practice

Enroll a provider using this information:

- Acquire the work task (provider) you have been working with from your work list.
- Change the status to enrolled and accept the task.
- Follow the instructions on the panel to preview the welcome letter

When you complete the practice, a preview of the welcome letter appears.

Summary

In this topic you learned how to enroll a provider.

Updating Provider Information

What

In this topic you learn how to update provider information for maintenance requests. Maintenance requests include updates to existing provider records and credentials. It is important to maintain accurate and timely information for all Medicaid providers.

In the workflow, the **application type** for all maintenance requests is **Update**. However, what panels you update varies by provider type.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request in your work list.

Relevance

If you fail to acquire and update a maintenance request, claims for services or medications may be denied or delayed unnecessarily for a provider.

Notes about LTC

You update information for LTC providers **during** enrollment and **after** approval. LTC providers include nursing facilities (NF) and intermediate care facilities/mentally retarded (ICF/MR).

You may also process a change of ownership for providers (CHOP) request for LTC facilities. A CHOP request requires that you update information in order to terminate the previous owner. The new owner follows the process to enroll as a provider. To initiate a change in ownership, the LTC facility, or their authorized representative, **must** notify OHP in writing of an expected change of ownership for providers according to the following timeframes:

- If patients **are** to be moved, **90** days **prior** to the expected CHOP date
- If patients **are not** to be moved, **45** days **prior** to the expected CHOP date

How To

Follow these steps from the MITS home page to update provider information:

Step	Action						
1	Point to Provider and click Search .						
2	Search for and select the provider for which you want to update information.						
3	<p>Make updates by following these steps:</p> <table border="1"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Modify an address</td> <td> <ol style="list-style-type: none"> Click the Provider Location Name Address panel. Select the Usage from the Provider Location Name Address panel list (home office, mail to, pay to, or service location) that you want to change. Note: You can apply changes to multiple usages by selecting the checkboxes under Apply Changes To. You must select other usages before proceeding to the next step. Click Maintain Address. Type or select the address changes. Type the date for the address change in the Change of Address Date. Click save. Note: There is no forwarding address for CHOP applications. You can use the different address fields on the Provider Location Address Name panel for the previous owner. </td> </tr> <tr> <td>Add a specialty</td> <td> <ol style="list-style-type: none"> Click the Type and Specialty panel. On the Type and Specialty panel, click Add. Click Search next to Specialty. In the Specialty Search Results, click the specialty to add. Verify remaining information. Click save. </td> </tr> </tbody> </table>	TO:	THEN:	Modify an address	<ol style="list-style-type: none"> Click the Provider Location Name Address panel. Select the Usage from the Provider Location Name Address panel list (home office, mail to, pay to, or service location) that you want to change. Note: You can apply changes to multiple usages by selecting the checkboxes under Apply Changes To. You must select other usages before proceeding to the next step. Click Maintain Address. Type or select the address changes. Type the date for the address change in the Change of Address Date. Click save. Note: There is no forwarding address for CHOP applications. You can use the different address fields on the Provider Location Address Name panel for the previous owner. 	Add a specialty	<ol style="list-style-type: none"> Click the Type and Specialty panel. On the Type and Specialty panel, click Add. Click Search next to Specialty. In the Specialty Search Results, click the specialty to add. Verify remaining information. Click save.
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Step	Action						
	<table border="1"> <tr> <td data-bbox="375 279 724 548">Enter bed count information when closing a facility</td> <td data-bbox="724 279 1373 548"> <ol style="list-style-type: none"> Click the Provider LTC Rates panel. Select a Rate Type from the panel list. If a current rate type does not exist, click Add. Select a rate type from the Rate Type drop-down list. Type or select the remaining bed count information that is required to close the facility. Click save. </td> </tr> <tr> <td data-bbox="375 548 724 726">Add other provider information</td> <td data-bbox="724 548 1373 726"> <ol style="list-style-type: none"> Click the panel that contains the information you want to update. Click Add. Enter or select information on the panel. Click save. </td> </tr> <tr> <td data-bbox="375 726 724 932">Update other provider information</td> <td data-bbox="724 726 1373 932"> <ol style="list-style-type: none"> Click the panel that contains the information you want to update. Click the item in the list that displays on the panel that you want to update. Enter or select information on the panel. Click save. </td> </tr> </table>	Enter bed count information when closing a facility	<ol style="list-style-type: none"> Click the Provider LTC Rates panel. Select a Rate Type from the panel list. If a current rate type does not exist, click Add. Select a rate type from the Rate Type drop-down list. Type or select the remaining bed count information that is required to close the facility. Click save. 	Add other provider information	<ol style="list-style-type: none"> Click the panel that contains the information you want to update. Click Add. Enter or select information on the panel. Click save. 	Update other provider information	<ol style="list-style-type: none"> Click the panel that contains the information you want to update. Click the item in the list that displays on the panel that you want to update. Enter or select information on the panel. Click save.
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Success

You have successfully completed this task when you receive a message stating that the save is successful.

Next Steps

Depending on the type of update you processed, you may need to request that a letter is sent to notify the provider about the changes that were made.

Practice

Update provider information using this information:

- Search for a provider with the **Last Name** of Smith and **Contract Status** of Active.
Note: Wait for the instructor to assign you a specific provider.
- Add an email address of test@email.com to the **Home** and **Pay To** addresses.

When you complete the practice, verify that the email address appears in the appropriate location(s).

For future reference, write down the Provider Base ID you were assigned _____.

Summary

In this topic you learned how to update provider information.

Adding a Contract or Service Location to an Existing Provider

What

In this topic you learn how to add a new contract or service location to an existing provider.

When you **add a service location**, you add a new **physical** location that is offering the same type of service as the existing location(s). The address of the new location is already entered on the application when it appears in your work list. After you complete the steps to add a service location, a new Medicaid ID is generated and is linked to the provider's Base ID.

When you **add a contract**, you add a new contract to an existing provider. You add a contract in situations such as when a provider agrees to participate in a different service for Medicaid or is now authorized or licensed in a new area. The process of adding a contract does not generate a new Medicaid ID.

Note: Operationally, there may be times when a provider has only one physical location but multiple Medicaid provider numbers and NPIs. An example is an ambulette provider who provides JFS waiver transportation and PASSPORT transportation.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You complete this task after a request has met all requirements of the preceding work queues. Because every provider has different queues, the queue where you add a contract or service location is dependent on the provider type. To add a contract or service location you need to acquire the request from the work list and enter the necessary information.

Relevance

If you fail to add a new contract, the provider cannot submit claims and be reimbursed for the new service the contract covers.

If you fail to add a new service location to an existing provider, the new location cannot submit claims and be reimbursed for the Medicaid claims.

Guidelines

You **must** verify the following **before** you complete this task and move it to the final queue:

- Licenses and certifications are valid and eligible.
- The request is **not** a duplicate request.
- No sanctions exist against the provider.
- All required documents are received and verified.
- All enrollment panels are complete and accurate.

How To

Follow these steps from the MITS home page to add a contract for a provider:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the provider for which you want to add a contract to an existing provider. Note: At this point, the enrollment request has met all requirements of the preceding work queues and is now in the queue where you can add a contract to an existing provider.
3	Click Add Contract . Note: <u>If the Add Contract link does not appear at the bottom of the Application Base Information panel</u> , verify that the status is set to Accepted and the Provider ID is entered for the task.
4	On the Contract panel, click the provider for which you want to add a new contract.
5	On the expanded Contract panel, that displays a listing of all current contracts, select the contract with the A in the beginning of the row . Note: The A indicates the add function.
6	Select the contract type from the Contract drop-down list.
7	Type the appropriate dates in the Effective Date and End Date fields.
8	Select the application status of Active from the Status drop-down list.
9	Click save .

Follow these steps from the MITS home page to add a service location for a provider:

Step	Action
1	Point to Tools and click Worklist .
2	Search for and select the provider for which you want to add a service location. Note: At this point, the enrollment request has met all requirements of the preceding work queues and is now in the queue where you add a service location for an existing provider.
3	Click Add Service Location . <u>If the Add Service Location link does not appear at the bottom of the Application Base Information panel</u> , you need to verify that the status is set to Accepted and the Provider ID is entered for the task. Note: The following panels appear: <ul style="list-style-type: none"> • Service Location • Location Name Address • Tax ID • Type and Specialty • Specialty • Contract Note: Because you are entering a new location which generates a new Medicaid ID for the provider, you basically follow the same steps to complete this task as you do when enrolling a provider.
4	Enter required information on the Service Location panel and verify remaining information.
5	Verify that information is correct and complete on the Location Name Address panel.
6	On the Tax ID panel, click the first line item in the list and verify that all required Tax ID information exists and is accurate. <u>If Tax ID information needs to be added or changed</u> , click Maintain and enter or correct the information.
7	Verify the information on the Type and Specialty panel.
8	On the Contract panel, select the row beginning with an A . Note: The A indicates the add function.
9	On the Contract panel, enter or select the following information: <ul style="list-style-type: none"> • Appropriate contract type from the Contract drop-down list. • Appropriate dates in the Effective Date and End Date fields. • Active status from the Status drop-down list.
10	Click save .

Success

You have successfully completed this task when you receive the message that the save was successful.

When adding a service location, you also see the new Medicaid Provider ID number displayed at the bottom of the Application Base Information panel as shown in the graphic below.

National Provider ID	Medicaid Provider ID	Base Provider ID
1234567890	9822328	767882594
2345234567	9822329	767882594
	9822330	767882594

Next Steps

After you add the contract or service location, the final reviewer acquires the work task to review it. When the final reviewer is finished reviewing, they accept the task on the Work Task panel and acknowledge that the request is complete by setting the Application status to Enrolled. A message appears, asking whether to generate a provider welcome letter.

The following messages were generated:			
Message Description	Panel	Field	Row Action
Would you like to generate the Provider Welcome Letter (PRV-9008-R)?	Application Base Information		<input type="radio"/> Yes <input type="radio"/> No
Save was Successful	Application Base Information		
Continue			

Practice

Before you can add a new contract or service location, you need to create a task on your work list and move that task through the workflow process to the final queue. Complete the steps below to create a task and move it through workflow.

Use the same provider you enrolled during the **Enrolling a Provider** task.

Enter a task using this information:

- 1) Go to **Provider>Enrollment**
- 2) Click **Add**
Note: These steps are the same as the steps you performed in the Entering an Enrollment Application or Maintenance Request task, with one exception. That exception is that you enter a value for Provider ID.
- 3) On the **Application Base Information** panel, enter or select the following values:
Status - Submit
Media Type - Mail (you can choose whatever you want)
Application Type - Initial Group
Provider Type - 79 (Independent Diagnostic Testing Facility)
Provider Specialty - 790
Application NPI - 1234567890
Name Type - Business
Name - Create a name in this format: (Your Last Name) + Diagnostic Testing
Address - Your choice
City - Your choice
State - Your choice
Zip - Your choice
Phone - Your choice
Tax ID - 123 45 6789
Tax ID type - FEIN
Provider ID - If you know your provider ID, you can type it here. If not, use Search and find the provider you were assigned in the Updating Provider Information task.
- 4) Click **save**
Note: Record the ATN for this task _____.
Note: Now you need to move the new request through the workflow process until it is in the final queue. Follow these steps to move the task through the workflow:
- 5) **Tools>Worklist**
- 6) Locate the work task you just added, verify that it has the ATN you recorded above, and **acquire** this work task
- 7) Click **provider name** in the Title column to select it and go to the Work Task panel
- 8) On the Work Task panel, **accept** this request and move it to the next queue
- 9) On the Application Information Maintenance panel, click **Enrollment Checklist**
- 10) On the Enrollment Checklist panel, select each document and change the status to **Verified**
- 11) On the Application Base Information panel, select **Under Review** in the Status drop-down list
- 12) Click **save**
- 13) **Tools>Worklist**
- 14) Locate the task and **acquire** it
- 15) Select the **task** on the work list

- 16) On the Work Task panel, **accept** the task
- 17) On the Application Base Information panel, select **Accepted** in the Status drop-down list
- 18) Click **save**
Note: The links to Add a Contract or Add Service Location appear at the bottom of the Application Base Information panel. You can now begin the steps to add a contract to an existing provider.

Add a new contract using this information:

- 1) **Tools>Worklist**
- 2) Select the **provider** on the work list for which you want to add a contract
Note: Select the same provider with the ATN you recorded earlier.
- 3) On the Application Base Information panel, click **Add Contract**
- 4) On the Contract panel, select the **provider**
- 5) Select the **row beginning with an A**
- 6) Select a contract type from the **Contract** drop-down list
- 7) Select **Active** from the **Status** drop-down list
Note: DON'T CLICK SAVE. That is the next step and completes this task. But you also want to practice the Adding a Service Location task. To avoid having to re-enter another request and move it through the workflow, you will use the same work task. If you click save, you need to repeat all steps above in order to add a service location.

Add a service location using this information:

- 1) **Tools>Worklist**
- 2) Select the **provider** on the work list for which you want to add a service location
Note: Select the same provider with the ATN you recorded earlier.
- 3) On the Application Base Information panel, click **Add Service Location**
Note: In the real world, this request would have a different address. For training purposes, you will reuse this request even though the address of the new service location is the same as the existing provider locations.
- 4) On the Service Location panel, select a **County** and **Ownership Type**
Note: If necessary, complete any other required fields.
- 5) Verify information on the following panels: Location Name Address, Tax ID, Type and Specialty, and Specialty
- 6) On the Contract panel, select the **row that begins with an A**
- 7) Select a contract type from the **Contract** list
- 8) Select **Active** from the **Status** list
- 9) Click **save**

When you complete the practice, you receive a message stating that your save was successful. Because you saved after adding a service location, you will see that a new Medicaid number is generated, which is linked to the Provider Base ID. This does not occur when you save a new contract.

Complete the next steps for this task, to enroll the provider. Use the following information:

- 1) On the Application Base Information panel, select **Enrolled** from the **Status** drop-down list

- 2) Click **save**
- 3) The message "Would you like to generate the Provider Welcome Letter (PRV-9008-R)?" displays. Select **Yes** and click **Continue**.
Note: If you receive any additional messages, click **Yes** or **OK**, to continue to the preview of the letter.
- 4) On the dialog box that appears, click **Open** to view the welcome letter

Summary

In this topic you learned how to add a contract or service location to an existing provider.

Entering Provider Comments

What

In this topic you learn how to enter provider comments.

As you update provider information, different situations arise when you want to enter comments about a request. A comment is dated and attached to a provider. A comment helps explain why you entered specific information or how a decision was made when processing a request.

For example, if you make a phone call to gather information, you may want to enter notes from your conversation. Comments can help explain complex situations. This is helpful when others might be processing the same request. It is recommended to include comments when you are rejecting a request.

Who

An OHP staff member or the appropriate sister state agency staff member responsible for provider enrollment processing performs this task.

When

You enter comments as needed.

Relevance

Comments are helpful when you need to remember circumstances about a request and the reasons for a decision that was made.

Requirements

As you will see in the How To steps, in order to enter a provider comment, you must search for an existing comment type code by code or description, and then select the appropriate comment type code.

Before you can enter a provider comment, all of the comment type codes must be entered in MITS. After the codes are entered and saved in MITS, you can use those codes to enter provider comments. Everyone in your group uses the same codes, so your group needs to decide what codes to use, determine their appropriate descriptions, and then have one person add all the codes to the provider related data table for comment type codes.

Adding Comment Type Codes

Follow these steps from the MITS home page to add provider comment type codes:

Step	Action
1	Click Provider and select Related Data .
2	In Related Data panel, click Comment Type .
3	In the Comment Type panel, click add .
4	Type the code in the Comment Type Code field and the description in the Description field.
5	Click save .



You have successfully completed this task when you receive the message "Save was Successful."

How To

Follow these steps from the MITS home page to add, update, or delete provider comments:

Step	Action								
1	Point to Provider and click Search .								
2	Search for and select the provider for which you want to add, update, or delete comments.								
3	Click Comment .								
4	To add, update, or delete comments, follow these steps: <table border="1" data-bbox="371 751 1377 1522"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Add a comment</td> <td> <ol style="list-style-type: none"> Click add. The Date field defaults to the current date. If necessary, change it. To enter a comment type code, click Search. In the Comment Type Code or Description field, type data for which you are searching. Either a code or the beginning of the description. Click search. In Search Results, click the comment type code you want to use. Type your notes in the Comment field. Click save. </td> </tr> <tr> <td>Modify an existing comment</td> <td> <ol style="list-style-type: none"> Select the comment you want to update from the list in the Comment panel. Type or select the information you want to modify. Click save. </td> </tr> <tr> <td>Delete a comment</td> <td> <ol style="list-style-type: none"> Select the comment you want to delete from the list in the Comment panel. Click delete. Click OK. Click save. </td> </tr> </tbody> </table>	TO:	THEN:	Add a comment	<ol style="list-style-type: none"> Click add. The Date field defaults to the current date. If necessary, change it. To enter a comment type code, click Search. In the Comment Type Code or Description field, type data for which you are searching. Either a code or the beginning of the description. Click search. In Search Results, click the comment type code you want to use. Type your notes in the Comment field. Click save. 	Modify an existing comment	<ol style="list-style-type: none"> Select the comment you want to update from the list in the Comment panel. Type or select the information you want to modify. Click save. 	Delete a comment	<ol style="list-style-type: none"> Select the comment you want to delete from the list in the Comment panel. Click delete. Click OK. Click save.
TO:	THEN:								
Add a comment	<ol style="list-style-type: none"> Click add. The Date field defaults to the current date. If necessary, change it. To enter a comment type code, click Search. In the Comment Type Code or Description field, type data for which you are searching. Either a code or the beginning of the description. Click search. In Search Results, click the comment type code you want to use. Type your notes in the Comment field. Click save. 								
Modify an existing comment	<ol style="list-style-type: none"> Select the comment you want to update from the list in the Comment panel. Type or select the information you want to modify. Click save. 								
Delete a comment	<ol style="list-style-type: none"> Select the comment you want to delete from the list in the Comment panel. Click delete. Click OK. Click save. 								

Success

You have successfully completed this task when you receive the message "Save was Successful."

Practice

Enter a provider comment using this information:

- Search for providers with the last name of **Smith**.
- Select one of the providers.
- Add a comment with a comment type code of **01**.

When you complete the practice, the "Save was Successful" message appears. Verify that your comment appears in the **Comment** panel.

Summary

In this topic you learned how to enter provider comments.

Determining Whether an Extension Exists for a Provider

What

In this topic you learn how to determine whether an extension exists for a long term care (LTC) provider.

Different situations arise when you need to determine whether an extension exists for an LTC provider. For example, a provider may contact you to determine whether an extension has been filed or a provider agreement is about to expire. An extension could be entered for many reasons including:

- If there was an audit and additional time is needed to complete re-enrollment requirements.
- A provider is waiting for approval or confirmation from ODH and needs additional time.

Basically, an agreement is ending soon and a provider needs additional time to take care of issues. You determine whether there is an extension by viewing information on the Agreement History panel.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You complete this task when you receive a request to determine whether an extension exists.

How To

Follow these steps from the MITS home page to determine whether an extension exists for a provider:

Step	Action
1	Point to Provider and click Search .
2	Search for and select the provider for which you need to determine whether an extension exists.
3	<p>Click Agreement History.</p> <ul style="list-style-type: none"> • If the Agreement History panel contains no listings, no extensions exist for the provider. • If the Agreement History panel displays a date in the Extension Date field, an extension does exist for the provider.

Success

You have successfully completed this task when you view the **Agreement History** panel and determine whether an extension exists.

Practice

Determine whether an extension exists for the following providers using this information:

Search for a provider using this information. Record the extension date if the provider has an extension date.

- **Provider ID** - 767719047
- **Provider ID** - 767899232

When you complete the practice, answer the following questions:

- 1) Does an extension exist for provider 767719047?
- 2) Does an extension exist for provider 767899232?

Summary

In this topic you learned how to determine whether an extension exists for a provider.

Adding or Updating a Provider Agreement

What

In this topic you learn how to add or update provider agreement information.

The provider agreement is a legal document between OHP and a Medicaid provider. It is signed by the provider and is usually one of the documents required for a provider to become enrolled. Using the MITS Web portal, a provider can enter a limited number of maintenance changes, including the following:

- Address
- Language
- "Accepting new patient" indicator for the directory search

All other modifications to provider agreements are submitted by the provider for manual entry. These modifications can occur for several reasons. Most often, modifications occur because the government requires that facilities recertify periodically to update licenses.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request in your work list to update or add provider agreement information.

Relevance

It is important to keep provider agreements current for two reasons:

- Providers can continue to process claims for reimbursement
- You can contact the provider, if needed

Historically, Medicaid provider agreements included no expiration date or routine renewal process. For purposes of program integrity, Ohio House Bill 119 established provisions for the Ohio Department of Job and Family Services (ODJFS) to time-limit Medicaid provider agreements beginning January 1, 2008, requiring some providers to periodically renew their agreements.

Providers exempt from these requirements include hospitals, Managed Care Plans (MCPs), and Long Term Care (LTC) facilities because of their pre-established regulatory renewal authority.

Guidelines

Ninety days prior to a provider agreement end date, existing agreements between OHP and Medicaid providers are reviewed for amendment, cancellation, termination, or extension. For providers new to Medicaid, the review process is triggered by the completion and acceptance of their enrollment package by OHP staff.

How To

Follow these steps from the MITS home page to add or update a provider agreement:

Step	Action						
1	Point to Provider and click Search .						
2	Search for and select the provider for which you want to add or modify a provider agreement.						
3	Click Agreement History .						
4	Add or update an agreement by following these steps: <table border="1" data-bbox="371 1014 1373 1549"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Add a new agreement</td> <td> a. Click add on the Agreement History panel. b. To select an Agreement Type Code, click Search. c. Type the begin date in the Begin Date field. d. Type the end date in the End Date field. e. Type the sent date in the Sent Date field. f. Select the required return code from the Required Return Code drop-down list. g. Type or select any other information as needed. h. Click save. </td> </tr> <tr> <td>Update an agreement</td> <td> a. Click the existing agreement in the list on the Agreement History panel. b. Type or select your changes. c. Click save. </td> </tr> </tbody> </table>	TO:	THEN:	Add a new agreement	a. Click add on the Agreement History panel. b. To select an Agreement Type Code, click Search . c. Type the begin date in the Begin Date field. d. Type the end date in the End Date field. e. Type the sent date in the Sent Date field. f. Select the required return code from the Required Return Code drop-down list. g. Type or select any other information as needed. h. Click save .	Update an agreement	a. Click the existing agreement in the list on the Agreement History panel. b. Type or select your changes. c. Click save .
TO:	THEN:						
Add a new agreement	a. Click add on the Agreement History panel. b. To select an Agreement Type Code, click Search . c. Type the begin date in the Begin Date field. d. Type the end date in the End Date field. e. Type the sent date in the Sent Date field. f. Select the required return code from the Required Return Code drop-down list. g. Type or select any other information as needed. h. Click save .						
Update an agreement	a. Click the existing agreement in the list on the Agreement History panel. b. Type or select your changes. c. Click save .						

Success

You have successfully completed this task when you receive the message "Save was successful" in the **Provider Maintenance** panel.

Practice

Add a provider agreement using this information:

- Use the provider ID assigned in the Update Provider Information practice
- Add an agreement using the following information
 - **Agreement Type Code** - 00
 - **Begin Date** - Today's date
 - **End Date** - 12/31/2299
 - **Sent Date** - Yesterday's date
 - **Required Return Code** - No

When you are done, the agreement you added appears on the panel listing.

Summary

In this topic you learned how to add or update a provider agreement.

Reviewing Provider Status for Involuntary Termination

What

In this topic you learn how to check for involuntary termination status, which is one of the first steps in the provider termination process.

If a provider voluntarily decides to terminate, you **must** verify that the provider has **not** been placed in an **Involuntary Termination** status. To check for this status, view the enrollment status reason for the contract on the **Provider Information** panels.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a termination request in your work list.

Relevance

If you fail to determine whether a provider is in involuntary status, the provider claims could be processed incorrectly or a termination could proceed in error.

Requirements

You must have the provider name or ID for which you want to verify status.

How To

Follow these steps from the MITS home page to verify that a provider is not in involuntary termination status:

Step	Action
1	Point to Provider and click Search .
2	Search for and select the provider for which you want to verify status.
3	Click Contract .

Step	Action
4	<u>If there are multiple listings in the Contract panel</u> , select the most recent line item in the Contract panel.
5	On the Contract panel, verify that the Enrollment Status Reason field shows the provider is not in involuntary termination status, such as Term Invol. On the Provider Information panel, verify the Contract Status indicator is Active and does not indicate an involuntary termination status, such as Other Involuntary Term .

Success

You have successfully completed this task when provider status and dates appear on the **Contract** panel.

Note: The **Provider Information** panel displays the contract status also, but does **not** provide any details, such as dates and historical information. To complete the research, you should view the **Contract** panel to view all details.

Practice

Search for the following providers and determine whether either provider is in involuntary termination status:

- **Provider ID** - 8257420259
- **Provider ID** - 8005055035

When you complete the practice, answer the following questions:

- 1) What is the status of provider 8257420259?
- 2) What is the status of provider 8005055035?
- 3) What panel should you view for additional details?

Summary

In this topic you learned how to review provider status for involuntary termination.

Placing a Provider on Review or Restriction

What

In this topic you learn how to place a provider on review or restriction.

Note: In the current system, you perform tasks to place providers on hold and review or suspension. This is the area of MITS where you do your hold and reviews or suspensions.

A provider is placed on review or restricted status for a period of time because of various circumstances. For example, if a provider has been submitting claims incorrectly for a period of time, you can put them on review so you can review their claims before further processing occurs. Or maybe you received a notice from ODH to put a provider on review. If there are license issues or sanctions against a provider, you may have to restrict their ability to submit claims. Basically, issues have come up that require you to review a provider's claims or restrict them.

There are two different types of situations. You can place a provider on:

- **review** (currently referred to as hold & review), which doesn't prevent claims from being submitted. However, it does change an indicator on the provider record to indicate that the provider is on review. You must look at the On Review indicator every time you work with a provider and process their claim accordingly. MITS will not prevent claims from being submitted when a provider is on review. Long term care will be using this area for different functionality such as suspected CHOP or bankruptcy.
- **restriction** (currently referred to as suspension), which prevents claims from being submitted. If a provider is restricted, their claims are suspended so the claims are automatically reviewed. There is an indicator for restrictions also.

Note: Please check with your manager/supervisor for rules on how to use this new functionality.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request to put a provider on a review status.

Guidelines

When **restricting** services for a provider, you can select options to control what is restricted. The options are:

Type of restriction	Description of restriction
Include/Exclude	Include restricts all claims as identified by other choices on this panel. Exclude restricts all claims except what is identified by the choices on this panel.
Restrict	Restricts all claims that have a selected code, such as procedure code, NDC, or revenue code.
Low Code and High Code	Restricts all claims that include or exclude the selected range of codes. For example, if you restrict on procedure code you can select 0000A - BBBB, it restricts all codes within that range.
Modifier	If applicable, the appropriate procedure code modifiers are available.

It is a good practice to enter provider comments when making decisions about a provider's status. Notes help others understand the reason a decision was made. The notes also provide background information if a provider questions their status.

Note: OHP will need additional Ohio Administrative Rule authority to fully implement the entire functionality of this panel.

How To

Follow these steps from the MITS home page to place a provider on review:

Step	Action
1	Point to Provider and click Search .
2	Search for and select the provider you want to place on review.
3	Make updates by following these steps:

TO:	THEN:
Place a provider on restriction TO prevent provider from submitting claims	<ol style="list-style-type: none"> a. Click Restricted Service. b. Click add. c. Select Active from the Status drop-down list. d. Type the date the restriction begins in the Effective Date field. e. The End Date field defaults to 12/31/2299. Change this date if necessary. f. Select either a claim type from the Claim Type drop-down list or a place of service from the POS drop-down list. g. Select a review type from the Review Type drop-down list. h. Select a review reason from the Review Reason drop-down list. i. Select either Include or Exclude from the Include/Exclude drop-down list. Include restricts anything but the claims identified in this panel. Exclude restricts only claims identified in this panel. j. Select the remaining information for the Restrict, Low Code, High Code, and Modifier fields as needed to enter additional conditions for the restriction. k. Click save. <p>Note: The Restricted Service panel is used to view, add, and update information on the types of services a provider is allowed to bill.</p>
Place provider on review for internal purposes (doesn't prevent claims from being submitted)	<ol style="list-style-type: none"> a. Click Review. b. Click add. c. Select the review type from the Review Type drop-down list. d. Type the date the review status begins in the Effective Date field. e. The End Date field defaults to 12/31/2299. Change this date if necessary. f. Click save. <p>Note: The Review panel is used to enter information about provider investigations. This panel allows state agencies to view the information. It has no effect on claims processing.</p>

Success

You have successfully completed this task when you receive the message that the save is successful and the appropriate indicator on the Provider Information panel is set to Yes.

In the example below, the provider has restrictions entered, which is indicated by Yes in the Restriction field. The On Review field is set to No, which indicates that the provider is not on review for internal purposes.

Provider Search By:	ID Number	Business OR Last Name, First	Tax ID
Provider Information			
Provider Identifier	767763119	Service Location	9347691 - JONESY'S LAWN CARE INC
Managed Care	NO	Provider IDs	9347691 MCD 01/01/1900-12/31/2299
Ownership	NO	DBA	
On Review	NO	The Provider Information panel indicates with either Yes or No if a provider is on review or is restricted.	
Restriction	YES		
Test Provider	NO	Taxonomies	
Medicaid Agreement Effective Date	03/01/2010	Tax ID	385654969 10/14/2008-12/31/2299
Medicaid Agreement End Date	12/31/2299	Contract	ODJFS Waiver (non-co10/14/2008-12/31/2299)
835 Trading Partner ID		State/Zip	OH 19385-7577
835 Trading Partner Name		Phone	087-027-8436
Contract Status	ACTIVE	Fax	

Next Steps

You should request that an appropriate letter be sent to notify the provider of the change in status.

Eventually you will either reinstate or disenroll the provider. You perform one of these actions, reinstate or disenroll, when you receive notice to do so.

Practice #1

Use the same provider you were assigned for the Updating Provider Information practice. Complete both practice exercises using this provider.

To place a provider on **Review with restrictions that prevent claims from being submitted**, use this information:

- **Status** - Active
- **Effective Date** - Today's date
- **Claim Type** - Dental
- **Review Type** - Full Review 2
- **Review Type Reason** - Full Review 2
- **Include/Exclude** - Include

Practice #2

To place a provider on **Review for internal purposes but still allow claims to be submitted**, use this information:

- **Effective Date** - Yesterday's date
- **Review Type** - Service Date Review

When you complete the practice, each of the following panels should appear:

- Restricted Services
- Review

Each time you saved your changes, you should have received the message that your save was successful.

Summary

In this topic you learned how to place a provider on review.

Disenrolling a Provider

What

In this topic you learn how to disenroll a provider.

Disenrollment of a provider can be voluntary or involuntary. In either case, a termination request must be submitted in writing. The documentation of the request is maintained and notification of termination is sent to the provider as well as other interested parties after the provider's status has been changed.

A provider is disenrolled because of various circumstances. For example:

- All required documentation is not received
- An audit is incomplete
- A provider is denied eligibility
- A provider has an invalid license
- A provider is convicted of a crime

MIT S automatically inactivates a provider and generates a letter when a provider fails to bill or submit a Medicaid claim for 24 consecutive months.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request to do so.

Relevance

If a provider voluntarily or involuntarily disenrolls as a Medicaid provider, it is important to maintain accurate information about a provider's status in order for MITS to reimburse for Medicaid services correctly.

If an enrollment is not updated with a status decision to deny claims, claims for these services may be paid to an ineligible provider.

Guidelines

You can disenroll a provider in two ways. The difference between these two methods matters only if a provider has multiple contracts.

Note: You can view all contracts that a provider has with OHP on the Contract panel.

One way to disenroll is to end date the Medicaid Agreement Date, which then ends all contracts. The other way is to end date one or more contracts.

When deactivating a single contract (disenrolling a provider), there are two steps. First, you **add** a new contract for the provider to specify the following:

- Contract status
- Effective date
- Reason why a contract is in the current status

Second, you enter the **end date for the existing contract** or contracts. You do not want to make any existing contracts inactive. Entering an inactive status for an existing contract makes all current claims ineligible to be paid to the provider. That is why you add a new contract to make the provider inactive as of a specified date in the future. You are disenrolling them as a Medicaid provider as of the end date of the existing contract. As of the end date, they can no longer be reimbursed for any claims.

It is a good practice to enter provider comments when making decisions about a provider's status. Notes help others understand the reason a decision was made. The notes also provide background information if a provider questions their status.

Note: Providers are notified of their hearing rights.

How To

Follow these steps from the MITS home page to disenroll a provider:

Step	Action				
1	Point to Provider and click Search .				
2	Search for and select the provider you want to disenroll.				
3	Make updates by following these steps: <table border="1" data-bbox="371 1360 1373 1747"> <thead> <tr> <th>TO disenroll a provider for:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>All contracts</td> <td> a. Click Service Location. b. On the Service Location panel, type the date to disenroll the provider in the Medicaid Agreement End Date field. c. Click save. d. A message displays asking "Are you sure you want to inactivate all existing Provider contract segments. Select Yes. e. Click Continue </td> </tr> </tbody> </table>	TO disenroll a provider for:	THEN:	All contracts	a. Click Service Location . b. On the Service Location panel, type the date to disenroll the provider in the Medicaid Agreement End Date field. c. Click save . d. A message displays asking "Are you sure you want to inactivate all existing Provider contract segments. Select Yes . e. Click Continue
TO disenroll a provider for:	THEN:				
All contracts	a. Click Service Location . b. On the Service Location panel, type the date to disenroll the provider in the Medicaid Agreement End Date field. c. Click save . d. A message displays asking "Are you sure you want to inactivate all existing Provider contract segments. Select Yes . e. Click Continue				

Step	Action
	<div style="border: 1px solid black; padding: 10px;"> <p data-bbox="378 583 646 615">Individual contracts</p> <ol style="list-style-type: none"> <li data-bbox="727 296 959 323">a. Click Contract. <li data-bbox="727 327 1341 384">b. Select the existing contract to update from the list. <li data-bbox="727 388 1354 445">c. Type the date on which the provider is inactive in the End Date field. <li data-bbox="727 449 911 476">d. Click save. <li data-bbox="727 480 1159 508">e. Click add to add a new contract. <li data-bbox="727 512 1333 569">f. Select a contract from the Contract drop-down list. Note: The Contract drop-down list is based on the provider type and specialty. <li data-bbox="727 573 1333 600">g. Select Inactive from the Status drop-down list. <li data-bbox="727 604 1354 661">h. Type the date on which the provider is inactive in the Effective Date field. Note: The End Date field defaults to 12/31/2299. You can change the end date, if necessary. <li data-bbox="727 665 1360 722">i. Select an enrollment status reason that describes why the provider is inactive in the Enrollment Status Reason field. <li data-bbox="727 726 911 753">j. Click save. </div>

Success

You have successfully completed this task when you receive the message that the save is successful.

If you enter an end date of the current date in the Medicaid Agreement End Date, an inactive contract is added for each active contract on the Contract panel.

Next Steps

You should request that an appropriate letter be sent to notify the provider of the change in status.

Practice #1

Use the same provider you were assigned for the Updating Provider Information practice to complete both practice exercises.

To **disenroll a provider for an individual contract**, use this information:

- **End Date** - Today's date
- **Effective Date** - Tomorrow's date
- **Enrollment Status Reason** - Vol Term

Practice #2

To **disenroll a provider for all contracts**, use this information:

Medicaid Agreement End Date - Tomorrow's date

Summary

In this topic you learned how to disenroll a provider.

Reinstating a Provider

What

In this topic you learn how to reinstate a provider.

A provider may be reinstated after certain conditions are met or after a positive outcome from a hearing request. You may reinstate a provider after they are on review or restricted status. If a provider is disenrolled, you must complete the enrollment process to reinstate them.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request to do so.

Relevance

If the provider status is not updated to an active status, MITS will deny claims for services to an eligible provider.

Guidelines

It is a good practice to enter comments when reinstating a provider. Comments help others understand the reason a decision was made. Comments also provide background information if a provider questions any actions that are taken.

How To

Follow these steps from the MITS home page to reinstate a provider:

Step	Action
1	Point to Provider and click Search .
2	Search for and select the provider you want to reinstate.

Step	Action								
3	<p>Make updates by following these steps:</p> <table border="1" data-bbox="375 359 1377 852"> <thead> <tr> <th data-bbox="375 359 724 447">TO reinstate a provider by:</th> <th data-bbox="724 359 1377 447">THEN:</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 447 724 590">Removing an on review status</td> <td data-bbox="724 447 1377 590"> a. Click Review. b. Type an end date for the On Review status in the End Date field. c. Click save. </td> </tr> <tr> <td data-bbox="375 590 724 732">Removing a restriction</td> <td data-bbox="724 590 1377 732"> a. Click Restricted Service. b. Type an end date for the restriction in the End Date field. c. Click save. </td> </tr> <tr> <td data-bbox="375 732 724 852">Reactivating a provider who has been disenrolled</td> <td data-bbox="724 732 1377 852">Provider needs to complete the enrollment process by submitting a new provider enrollment application via the portal.</td> </tr> </tbody> </table>	TO reinstate a provider by:	THEN:	Removing an on review status	a. Click Review . b. Type an end date for the On Review status in the End Date field. c. Click save .	Removing a restriction	a. Click Restricted Service . b. Type an end date for the restriction in the End Date field. c. Click save .	Reactivating a provider who has been disenrolled	Provider needs to complete the enrollment process by submitting a new provider enrollment application via the portal.
TO reinstate a provider by:	THEN:								
Removing an on review status	a. Click Review . b. Type an end date for the On Review status in the End Date field. c. Click save .								
Removing a restriction	a. Click Restricted Service . b. Type an end date for the restriction in the End Date field. c. Click save .								
Reactivating a provider who has been disenrolled	Provider needs to complete the enrollment process by submitting a new provider enrollment application via the portal.								

Success

You have successfully completed this task when you receive the message that the save is successful.

Next Steps

You should request that the appropriate letter be sent to notify the provider of the action you made in the system.

Practice

Reinstate a provider using this information:

Use the same provider you used in the practice exercise to disenroll a provider.

- To reinstate a provider by removing an On Review status, use this information:

End Date: Yesterday's date

- To reinstate a provider by removing a restriction, use this information:

End Date: Yesterday's date

When you are done, you have updated the Review panel and the Restricted Service panel with new end dates.

Summary

In this topic you learned how to reinstate a provider.

Terminating a Provider Due to Change of Ownership

What

In this topic you learn how to terminate a provider due to change of ownership.

When there is a change of ownership for providers (CHOP), you must terminate the existing provider by entering the appropriate end dates for the provider agreement. The new provider can then be enrolled with the applicable provider information, such as tax ID and license information. This task terminates the existing provider, which is the first step in changing the ownership to the new owner. The new owner submits a provider enrollment application via the portal. You complete the steps explained in this course to complete the enrollment process for the new owner.

Who

An OHP staff member responsible for provider enrollment processing performs this task.

When

You perform this task when you receive a request in your work list to update provider information due to a change of ownership.

Relevance

It is important to terminate the previous owner **before** enrolling the new owner so that provider information is accurate. Otherwise, duplicate information could exist for the same provider.

Requirements

You **must** know the identity of the current provider (previous owner) in order to terminate that provider. It is recommended that you search by provider ID or business name, if known.

Guidelines

You **must** terminate the current provider (previous owner) **before** enrolling the new provider (owner).

How To

Follow these steps from the MITS home page to terminate a provider due to change of ownership:

Step	Action						
1	Point to Provider and click Search .						
2	Search for and select the provider you want to terminate due to change of ownership in provider.						
3	<p>Make updates by following these steps:</p> <table border="1"> <thead> <tr> <th>TO terminate a provider due to change of ownership for:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>All contracts</td> <td> <ol style="list-style-type: none"> Click Service Location. On the Service Location panel, type the date to disenroll the provider in the Medicaid Agreement End Date field. Click save. </td> </tr> <tr> <td>Individual contracts</td> <td> <ol style="list-style-type: none"> Click Contract. Select the existing contract to update from the list. Type the date on which the provider is inactive in the End Date field. Click save. Click add to add a new contract. Select a contract from the Contract drop-down list. Note: The Contract drop-down list is based on the provider type and specialty. Select Inactive in the Status drop-down list. Type the date on which the provider is inactive in the Effective Date field. Note: The End Date field defaults to 12/31/2299. You can change the end date, if necessary. Select an enrollment status reason that describes why the provider is inactive in the Enrollment Status Reason field. Click save. </td> </tr> </tbody> </table>	TO terminate a provider due to change of ownership for:	THEN:	All contracts	<ol style="list-style-type: none"> Click Service Location. On the Service Location panel, type the date to disenroll the provider in the Medicaid Agreement End Date field. Click save. 	Individual contracts	<ol style="list-style-type: none"> Click Contract. Select the existing contract to update from the list. Type the date on which the provider is inactive in the End Date field. Click save. Click add to add a new contract. Select a contract from the Contract drop-down list. Note: The Contract drop-down list is based on the provider type and specialty. Select Inactive in the Status drop-down list. Type the date on which the provider is inactive in the Effective Date field. Note: The End Date field defaults to 12/31/2299. You can change the end date, if necessary. Select an enrollment status reason that describes why the provider is inactive in the Enrollment Status Reason field. Click save.
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Success

You have successfully completed this task when you receive the message that the save is successful. You should request that an appropriate letter be sent to notify the provider of the change in status.

Practice

Review the Disenrolling a Provider task and the associated practice for that task. To begin the process of terminating a provider due to change of ownership, you follow the same steps as when you disenrolled a provider.

Summary

In this topic you learned how to terminate a provider due to change of ownership.

Review

Objectives

In this course you learned how to:

- Describe the enrollment and disenrollment process
- Define workflow and the actions associated with workflow
- Describe the queues used by the workflow process
- Enter an enrollment application or maintenance request
- Describe the provider search process
- Use the provider search panels
- View and search your work list
- Enter and correct data for provider requests
- Acquire a work task from your work list
- Search for a duplicate request
- Take action on a work task
- Resume action on a work task
- Update information during the enrollment process
- View documents attached to a work task
- Request a return to provider (RTP) letter
- View and update the enrollment checklist
- Enter, update, and delete comments during the enrollment process
- Complete provider enrollment panels
- Enroll a provider
- Update provider information
- Add a contract or service location to an existing provider
- Enter provider comments
- Determine whether an extension exists for a provider
- Add or update a provider agreement
- Review provider status for involuntary termination
- Place a provider on review or restriction
- Disenroll a provider
- Reinstate a provider
- Terminate a provider due to change of ownership for providers (CHOP)