



Department of Job
and Family Services

John R. Kasich, Governor
Michael B. Colbert, Director



Hospice Enrollment on MITS Provider Portal

*Bureau of Long Term Care Services & Support
December 2013*



New Hospice Provider

If you are a new hospice provider, please read the MITS Portal Registration document before proceeding. It is available at

[http://medicaid.ohio.gov/Portals/0/Providers/MITS/Information%20Releases/November%202011/Supplemental Release-MITS Portal Registration revised 11181.pdf](http://medicaid.ohio.gov/Portals/0/Providers/MITS/Information%20Releases/November%202011/Supplemental%20Release-MITS%20Portal%20Registration%20revised%2011181.pdf)

This document was written in 2011 so under Assigning Agent Account Roles there are now two additional roles for hospice providers: "Hospice Enroll Search" and "Hospice Enroll Main" not reflected on page 3.



Overview

Action – New Enrollment

Action – Change of Hospice Provider

Action – Hospice Benefit

Termination, Death or Revocation

Action – Close Current Span for a
Change of Hospice Provider

Action – Maintain Hospice Record



Overview (con't)

Eligibility Search

Listing of Hospice Enrollments

Hospice Enrollment Denied

LTCF Hospice Enrollment Notification

Viewing Remittance Advices



Hospice Enrollment

The screenshot displays the Ohio.gov Medicaid Information Technology System interface. At the top, there is a search bar and a navigation menu with options like Super User, Providers, Account, Trading Partners, Claims, Eligibility, Prior Authorization, Reports, Portal Admin, Security, Trade Files, and Admin. A dropdown menu is open under 'Eligibility', listing options such as Eligibility Search, Health Homes, Deemed Eligible Newborn, Presumptively Eligible, Child, Presumptively Eligible, Pregnant Woman, Psychiatric Admission, and Hospice Enrollment. The main content area is titled 'Hospice - Application:' and contains a form with the following fields: *Type of Action (with a note '(Changing this selection will... es.)'), Hospice Provider Name, Hospice Provider ID, *Medicaid Billing Number, *Consumer Date of Birth, Consumer Name, County of Record, and Submission Date.



Action –
New Enrollment



Hospice - Application: ? ⬆

***Type of Action** ▼

(Changing this selection will remove any unsaved changes.)

Hospice Provider Name

Hospice Provider ID

***Medicaid Billing Number**

***Consumer Date of Birth**

Consumer Name

County of Record

Submission Date 11/07/2013



County and State of Recipient's Hospice Service Location

County of Service	State of Service	Effective Date	End Date
A	OH		

Type data below for new record.

*State of Service

*County of Service

*Effective Date

*End Date

Enrollment - Disenrollment

*Election Date

Date of Disenrollment



Benefit Period Span

Benefits Period Effective Date	Benefits Period End Date	Primary Terminal Diagnosis Description	Status
--------------------------------	--------------------------	--	--------

A

INCOMPLETE

Type data below for new record.

delete

add

*Benefits Period Effective Date

Code

Diagnosis Description

*Primary Terminal Diagnosis [Search]

Terminal Diagnosis 2 [Search]

Terminal Diagnosis 3 [Search]

CERTIFYING PHYSICIAN INFORMATION

Hospice IDG Physician

Attending Physician

*NPI

*NPI

Oral Certification Date

Oral Certification Date

Written Certification Date

Written Certification Date

Provider Service Span

*** No rows found ***

Select row above to update.



HLTCF Provider Service Span

HLTCF Provider Medicaid ID HLTCF Provider NPI ID Provider Name Effective Date End Date

A

Type data below for new record.

delete

add

*HLTCF Provider Medicaid ID

[Search] Provider Name

HLTCF Provider NPI ID

*Effective Date

*End Date



Confirmation

Your application has not been saved.

Note: After the provider clicks SUBMIT button the follow message will appear at the top of the page. The provider will have to scroll to the bottom of the page to the confirmation panel to upload the documents.

APPLICATION STATUS/NOTE:

This application will be processed after all required attachments have been uploaded.

Note: There are 4 kinds of "application status" – completed, incomplete (missing attachment), denied (eg., no eligibility), and processed. Information is processed every two hours or once overnight after 4 o'clock.



Confirmation

Your Hospice application has been submitted on 11/07/2013

Your Hospice Tracking Number is 84

***IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 PM will not be processed until the next business day.**

Please remember to submit the following required documents:

- Attending Physician Written Certification Document Type
- Declaration of Election of Hospice Benefit Document Type
- IDG Written Certification Document Type

WHAT'S NEXT?

- *To upload required document (or to obtain a cover page), select: Upload required documents*



Attachments						
Description	Benefit Period Effective Date	Benefit Period End Date	Date Attachment Received	Hospice Attachment ID	Hospice Tracking Number	
Attending Physician Written Certification Document Type	11/05/2013	02/02/2014		481	186	Generate Co
Declaration of Election of Hospice Benefit Document Type	11/05/2013	02/02/2014		480	186	Generate Co
IDG Written Certification Document Type	11/05/2013	02/02/2014		479	186	Generate Co

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of tif, tiff, gif, bmp, jpe, jpeg, jpg, ppt, doc, xls, txt, pdf, mdi, docx, xlsx, and pptx can be uploaded.

Select row above to upload.

*File Name

[Return to Hospice Application](#)

Note: The Hospice New Enrollment is now completed. To enter the next enrollment, click the eligibility tab at the top of the page.



Action –
Change of Hospice Provider



Ohio.gov | Medicaid Information Technology System

Welcome, [redacted]

Providers Account Claims **Eligibility** Prior Authorization Reports Publications

eligibility search **hospice enrollment**

Hospice Enrollment Search: [?] [^]

Hospice Tracking Number

Medicaid Billing Number

search
clear
add

Note: The provider will select the ADD button and then will select the type of action “Change of Hospice Provider”. Change of Hospice Provider works like the New Enrollment type of action.



Hospice - Application:



*Type of Action **Change of Hospice Provider**
(Changing this selection will remove any unsaved changes.)

Hospice Provider Name

Hospice Provider ID

*Medicaid Billing Number

*Consumer Date of Birth

Consumer Name

County of Record

Submission Date

County and State of Recipient's Hospice Service Location

County of Service	State of Service	Effective Date	End Date
A	OH		

Type data below for new record.

*State of Service **OH**

*County of Service

*Effective Date

*End Date

Enrollment - Disenrollment

Election Date

Date of Disenrollment



Change of Provider Service Span

	Benefits Period Effective Date	Benefits Period End Date	Primary Terminal Diagnosis Description	Status
A	10/31/2013	01/28/2014	MALIG NEO BRAIN NOS	INCOMPLETE

Type data below for new record.

delete
add

*Provider Service Span Begin Date	<input type="text"/>		
Code		Diagnosis Description	
*Primary Terminal Diagnosis	<input type="text" value="1919"/> [Search]		MALIG NEO BRAIN NOS
Terminal Diagnosis 2	<input type="text"/> [Search]		
Terminal Diagnosis 3	<input type="text"/> [Search]		

CERTIFYING PHYSICIAN INFORMATION

Hospice IDG Physician	Attending Physician
*NPI <input type="text"/>	NPI <input type="text"/>
Oral Certification Date <input type="text" value="10/31/2013"/>	Oral Certification Date <input type="text" value="10/31/2013"/>
Written Certification Date <input type="text" value="10/31/2013"/>	Written Certification Date <input type="text" value="10/31/2013"/>



HLTCF Provider Service Span				
HLTCF Provider Medicaid ID	HLTCF Provider NPI ID	Provider Name	Effective Date	End Date
A				
Type data below for new record.				
<input type="button" value="delete"/>		<input type="button" value="add"/>		
*HLTCF Provider Medicaid ID	<input type="text"/>	[Search]	Provider Name	
HLTCF Provider NPI ID				
*Effective Date	<input type="text"/>			
*End Date	<input type="text"/>			

Confirmation

Your application has not been saved.

Note: After the provider clicks SUBMIT, the following panel will appear.



APPLICATION STATUS/NOTE:

This application will be processed after all required attachments have been uploaded.

Note: The provider will have to scroll to the bottom to upload documents.



Confirmation

Your Hospice application has been submitted on 11/14/2013

Your Hospice Tracking Number is 168

***IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 PM will not be processed until the next business day.**

Please remember to submit the following required documents:

- IDG Written Certification Document Type
- Selection of a Different Hospice Provider Document Type

WHAT'S NEXT?

- *To upload required document (or to obtain a cover page), select: Upload required documents*

submit

cancel



Attachments						
Description	Benefit Period Effective Date	Benefit Period End Date	Date Attachment Received	Hospice Attachment ID	Hospice Tracking Number	Cover Sheet
IDG Written Certification Document Type	11/02/2013	01/29/2014		445	168	Generate Coversheet for this at
Selection of a Different Hospice Provider Document Type	11/02/2013	01/29/2014		446	168	Generate Coversheet for this at

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of tif, tiff, gif, bmp, jpe, jpeg, jpg, ppt, doc, xls, txt, pdf, mdi, docx, xlsx, and pptx can be uploaded.

Select row above to upload.

*File Name

[Return to Hospice Application](#)



[Providers](#)
[Account](#)
[Trading Partners](#)
[Claims](#)
[Eligibility](#)
[Prior Authorization](#)
[Reports](#)
[Portal Admin](#)
[Security](#)
[Trade Files](#)
[Admin](#)
[logoff](#)
[messages](#)
[switch provider](#)
[site settings](#)
[agent maintenance](#)
[hospital contact](#)

Messages

Category	Subject	Sent Date	Effective Date	Has Read
PROVIDER ALERT	Change Of Hospice Provider	11/15/2013	11/15/2013	<input checked="" type="checkbox"/>

Message



Category PROVIDER ALERT

Subject Change Of Hospice Provider

Message Your Hospice Tracking Number 167 for Medicaid Billing Number has been assigned to another provider. Your service will end on 11/11/2013.

Effective Date 11/15/2013

Sent Date 11/15/2013

Disclaimer

The information contained in this message is confidential and is intended solely for the use of the person or entity named above. This message may contain individually identifiable information that must remain confidential and is protected by state and federal law. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or reproduction of this message is strictly prohibited. If you have received this message in error, please immediately notify the sender by telephone and destroy the original message. We regret any inconvenience and appreciate your cooperation.

Note: This is the message that the original, discharging provider receives when the new, admitting provider does a “Change of Hospice Provider” type of action for a recipient who transferred from one hospice provider to a different hospice provider.



Action –
Hospice Benefit Termination,
Death, or Revocation



Ohio.gov

Medicaid Information
Technology System



Search

Welcome,

Providers Account Claims **Eligibility** Prior Authorization Reports Publications

eligibility search **hospice enrollment**

Hospice Enrollment Search:



Hospice Tracking Number

Medicaid Billing Number

search

clear

add

Hospice - Application:



*Type of Action

- Benefit Termination
- Close Current Service Span for a change of provider
- Death
- Maintain Hospice Record
- Revocation

Hospice Provider Name

Hospice Provider ID

Medicaid Billing Number

Consumer Date of Birth

Consumer Name

County of Record

Submission Date 11/14/2013



Enrollment - Disenrollment	
Election Date	<input type="text" value="11/01/2013"/>
*Date of Disenrollment	<input type="text"/>

Note: This is the only panel that will be enterable by the provider if any of these action types are selected: Benefit Termination, Death, or Revocation.



Action –
Close Current Service Span for a
Change of Hospice Provider

 Search

Welcome,

Providers Account Claims Eligibility Prior Authorization Reports Publications

eligibility search hospice enrollment

Hospice Enrollment Search:



Hospice Tracking Number

Medicaid Billing Number

search
clear
add

Hospice - Application:



*Type of Action

- Benefit Termination
- Close Current Service Span for a change of provider
- Death
- Maintain Hospice Record
- Revocation

Hospice Provider Name

Hospice Provider ID

Medicaid Billing Number

Consumer Date of Birth

Consumer Name

County of Record

Submission Date 11/14/2013



Provider Service Span		
Hospice Provider	Effective Date ▾	End Date
	11/11/2013	02/08/2014

Type changes below.

Effective Date	<input type="text" value="11/11/2013"/>
*End Date	<input type="text" value=""/>

Note: The Provider Service Span panel will be the only panel that will be enterable by the provider when the current, discharging provider selects “Close Current Service Span for a change of provider” in the type of action drop down.



Action –
Maintain Hospice Record



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Welcome,

Providers Account Claims **Eligibility** Prior Authorization Reports Publications

eligibility search **hospice enrollment**

Hospice Enrollment Search: ? ^

Hospice Tracking Number

Medicaid Billing Number



Hospice - Application: ? ^

*Type of Action

Hospice Provider Name

Hospice Provider ID

Medicaid Billing Number

Consumer Date of Birth

Consumer Name

County of Record

Submission Date 11/14/2013

Note: If the provider selects “Maintain Hospice Record”, then all panels will be enterable by the provider except for the Enrollment-Disenrollment panel.



Hospice - Application: ? ↕

*Type of Action ▼
 (Changing this selection will remove any unsaved changes.)

Hospice Provider Name

Hospice Provider ID

Medicaid Billing Number

Consumer Date of Birth

Consumer Name

County of Record

Submission Date 11/14/2013

County and State of Recipient's Hospice Service Location

County of Service	State of Service	Effective Date	End Date
	OH	11/10/2013	11/18/2013
	OH	11/19/2013	11/22/2013
	OH	11/23/2013	02/07/2014

Type changes below.

State of Service ▼

County of Service ▼

Effective Date

*End Date



Enrollment - Disenrollment

Election Date

Date of Disenrollment

Benefit Period Span

Benefits Period Effective Date	Benefits Period End Date	Primary Terminal Diagnosis Description	Status
11/11/2013	02/08/2014	MALIG NEO BRAIN NOS	PROCESSED

Select row above to update -or- click Add button below.

Benefits Period Effective Date

Code Diagnosis Description

Primary Terminal Diagnosis [Search]

Terminal Diagnosis 2 [Search]

Terminal Diagnosis 3 [Search]

CERTIFYING PHYSICIAN INFORMATION

Hospice IDG Physician	Attending Physician
NPI <input type="text"/>	NPI <input type="text"/>
Oral Certification Date <input type="text"/>	Oral Certification Date <input type="text"/>
Written Certification Date <input type="text"/>	Written Certification Date <input type="text"/>

Note: Provider will click the ADD button to add the next benefit period.



Provider Service Span

Hospice Provider	Effective Date ▼	End Date
	11/11/2013	02/08/2014

Type changes below.

Effective Date	<input type="text" value="11/11/2013"/>
End Date	<input type="text" value="02/08/2014"/>

HLTCF Provider Service Span

*** No rows found ***

Select row above to update -or- click Add button below.

delete

add



Confirmation

Your Hospice application has been submitted on 11/14/2013

Your Hospice Tracking Number is 167

***IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 PM will not be processed until the next business day.**

Please remember to submit the following required documents:

WHAT'S NEXT?

- *To upload required document (or to obtain a cover page), select: Upload required documents*

submit

cancel

Note: The provider will click the SUBMIT button.



APPLICATION STATUS/NOTE:

This application will be processed after all required attachments have been uploaded.

Note: The provider will need to scroll to the bottom of the page to click on the link to upload documents.

Confirmation

Your Hospice application has been updated on 11/15/2013

Your Hospice Tracking Number is 185

***IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 PM will not be processed until the next business day.**

Please remember to submit the following required documents:

IDG Written Certification Document Type

WHAT'S NEXT?

- *To upload required document (or to obtain a cover page), select: Upload required documents*



Attachments						
Description	Benefit Period Effective Date	Benefit Period End Date	Date Attachment Received	Hospice Attachment ID	Hospice Tracking Number	
IDG Written Certification Document Type	11/14/2013	02/10/2014	11/15/2013	476	185	Generate Cov
IDG Written Certification Document Type	02/11/2014	05/11/2014		484	185	Generate Cov
Selection of a Different Hospice Provider Document Type	11/14/2013	02/10/2014	11/15/2013	477	185	Generate Cov

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of tif, tiff, gif, bmp, jpe, jpeg, jpg, ppt, doc, xls, txt, pdf, mdi, docx, xlsx, and pptx can be uploaded.

Select row above to upload.

*File Name

[Return to Hospice Application](#)

Note: Please note that the only document needed to be uploaded is the IDG written Certification Document Type for the new benefit period.



Eligibility Search



Search

Welcome, OH

[Providers](#) [Account Trading Partners](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security](#) [Trade Files](#) [Admin](#)

eligibility search [health homes](#) [deemed eligible newborn](#) [presumptively eligible child](#) [presumptively eligible pregnant woman](#)
[psychiatric admission](#) [hospice enrollment](#)

Eligibility Verification Request

? ^

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY ▾
Procedure Code	<input type="text"/>	From DOS	<input type="text" value="11/21/2013"/>
		To DOS	<input type="text" value="11/21/2013"/>

search

clear

Recipient Information

? ^

Medicaid Billing Number	<input type="text"/>	SSN	<input type="text"/>
Last Name	<input type="text"/>	County of Residence	CRAWFORD
First Name	<input type="text"/>	County of Eligibility	<input type="text"/>
Gender	FEMALE	County Office	http://jfs.ohio.gov/county/cntydir.stm
Date of Birth	<input type="text"/>	Number Bed Hold Days Used Paid CY	<input type="text"/>
Date of Death	<input type="text"/>		



Benefit / Assignment Plan

Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
MRDD Targeted Case Mgmt	11/21/2013	11/21/2013		\$0.00	\$0.00
Alcohol and Drug Addiction Services	11/21/2013	11/21/2013		\$0.00	\$0.00
Ohio Mental health	11/21/2013	11/21/2013		\$0.00	\$0.00
Medicaid	11/21/2013	11/21/2013		\$0.00	\$0.00
Hospice Benefit Plan	11/21/2013	11/21/2013		\$0.00	\$0.00
Hospice Assignment Plan	11/21/2013	11/21/2013		\$0.00	\$0.00

Case/Cat/Seq Spenddown

*** No rows found ***

TPL

*** No rows found ***

Managed Care

*** No rows found ***

Lock-In

Lock-In Plan	Lock-In Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice Assignment Plan	HSPCA	11/21/2013	11/21/2013		(740)947-3010

Medicare

Coverage	Effective Date	End Date	Plan Name	Plan ID	HIC
PART A	11/21/2013	11/21/2013			
PART B	11/21/2013	11/21/2013			

Service Limitation

*** No rows found ***

Enter a Procedure Code on the Eligibility Verification Request panel to search for Service Limitations.

Level of Care Determinations

*** No rows found ***

Patient Liability

Financial Payer	Monthly Amount	Type	Effective Date	End Date	Month	Monthly Patient Liability Withheld	Total Patient Liability Withheld
12/2 DEFAULT		Nursing Home	11/21/2013	11/21/2013	2013/04	\$2,217.00	\$2,217.00



Long Term Care Facility Placements				
Facility Type	Date of Admission	Effective Begin Date of Medicaid Coverage	End Date of Medicaid Coverage	Date of Discharge
NURSING FACILITY	03/19/2010	07/17/2011	12/31/2299	12/31/2299

Special Program				
*** No rows found ***				

Note: Provider will log onto the portal and select “Eligibility > Eligibility Search”. Enter the Medicaid Billing Number and the Birth Date of the recipient, and then click the SEARCH button. The eligibility of the recipient will display. The “Hospice Assignment Plan” is tied to the specific hospice provider. The “Provider Service Span” in previous slides is the span for the “Hospice Assignment Plan”.



***Listing of Provider's Hospice
Enrollments***



If the provider navigates to “Eligibility > Hospice enrollment” and clicks the SEARCH button without entering any information in the Hospice Tracking Number or the Medicaid Billing Number boxes, a list of all the provider’s enrollments, the status of each enrollment, and the denial reason (which will have take to the “Provider > Correspondence” tab).



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Medicaid Information
Technology System



Search

Welcome,

[Providers](#) [Account](#) [Trading Partners](#) [Claims](#) **Eligibility** [Prior Authorization](#) [Reports](#) [Portal Admin](#) [Security](#) [Trade Files](#) [Admin](#)

[eligibility search](#) [health homes](#) [deemed eligible newborn](#) [presumptively eligible child](#) [presumptively eligible pregnant woman](#) [psychiatric admission](#)

hospice enrollment

Hospice Enrollment Search



Hospice Tracking Number

Medicaid Billing Number

search

clear

add

Search Results

Hospice Tracking Number	Medicaid Billing Number	Name	Date Received	Status	Denial Reason
185			11/15/2013	INCOMPLETE	
131			11/13/2013	DENIED	Providers: See Denial Letter in Providers > Correspondence



Hospice Enrollment Denied



Ohio.gov | Medicaid Information Technology System

Welcome, [redacted]

Providers Account Trading Partners Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files Admin
demographic maintenance 1099 information provider faq mits days report **correspondence** self attestation hospital cost report

Letter Search ? ^

Letter Name Date Type

Date From

Date To

Records 20

Note: If the provider’s Hospice Enrollment is denied, the denial reason will be in the “Hospice Application Denial Errors Letter”. The provider will find the letter by navigating to “Providers > Correspondence” and using the drop down in the “Letter Name” field.



Search Results

Document Number	Letter Name	Date Sent
6513317000137	Hospice Application Denial Errors Letter	11/13/2013

Note: The provider will click on the above line and the letter will open.



LTCF Hospice Enrollment
Notification



Correspondence - Microsoft Internet Explorer provided by ODJFS

https://icuitst2.odjfs.state.oh.us/Portal/Providers/Correspondence/tabId/48/Default.aspx

File Edit View Favorites Tools Help

Ohio ITRACE Home Page Innerweb Web Slice Gallery

Ohio MITS Landing Page - (I... Correspondence

Ohio.gov Medicaid Information Technology System

Welcome, OH SUPER USER UAT (R14.0) Monday 11/18/2013 6:58:26 AM

Super User **Providers** Account Trading Partners Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report **correspondence** self attestation hospital cost report

Letter Search

Letter Name

Create queries to generate the data for the Credit Balance Letter LTC FIN-3101-O.
LTCF Hospice Enrollment Notification
Provider Welcome Letter

Date Type

Date From

Date To

Records 20

search clear

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Done Trusted sites 100% 6:58 AM

Start HP ALM - Quality... Ohio ITRACE Ho... Corresponden... Inbox - Cindy.Ki... Document1 - Mic...



Correspondence - Microsoft Internet Explorer provided by ODJFS

https://icuitst2.odjfs.state.oh.us/Portal/Providers/Correspondence/tabId/48/Default.aspx

File Edit View Favorites Tools Help

Ohio iTRACE Home Page Innerweb Web Slice Gallery

Ohio MITS Landing Page - (L... Correspondence

Ohio.gov Medicaid Information Technology System

Welcome, OH SUPER USER UAT (R14.0) Monday 11/18/2013 6:58:47 AM

Super User **Providers** Account Trading Partners Claims Eligibility Prior Authorization Reports Portal Admin Security Trade Files Admin

demographic maintenance 1099 information provider faq mits days report **correspondence** self attestation hospital cost report

Letter Search

Letter Name LTCF Hospice Enrollment Notification Date Type

Date From Date To search

Records 20 clear

Search Results

Document Number	Letter Name	Date Sent
6513319000066	LTCF Hospice Enrollment Notification	11/15/2013
6513316000100	LTCF Hospice Enrollment Notification	11/12/2013

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Trusted sites 100%

Start My Documents HP ALM - Quality... Ohio iTRACE Ho... Corresponden... Inbox - Cindy.Ki... Document1 - Mic... 6:58 AM



Viewing Remittance Advices



**Medicaid Information
Technology System**

Welcome,

Providers
Account Claims Eligibility Prior Authorization Reports Publications

demographic maintenance
1099 information
provider faq
correspondence
self attestation

Name

Provider ID

Medicare

Zip Code

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

Messages

*** No rows found ***

Claim Activity Summary

Number of Claims Paid in Current Month	0
Amount Paid in Current Month	\$0.00
Number of Claims Denied in Current Month	0
Number of Claims Paid in Past 12 Months	0

Quick Links

- Medicaid Remittance Advice (Pre-MITS)
- 1099 Information
- Provider FAQ
- ODJFS Provider e-Manuals
- IFS Provider Forms Central