



Days Until July 1, 2012 Go-Live: 95

Subject: Behavioral Health Provider Integration

Release Date: March 28, 2012

REVISED INFORMATION: ARE YOU READY TO SUBMIT CLAIMS TO MITS AND RECEIVE PAYMENTS BY EFT?

This BH MITS Bits edition is a CORRECTION of the March 20, 2012 release.

Two very important steps are necessary for Ohio Medicaid providers to submit Medicaid covered healthcare claims to MITS and then receive payment from the State of Ohio by Electronic Funds Transfer (EFT) through the Ohio Administrative Knowledge System (OAKS). In order to successfully submit behavioral health claims and receive payments for services provided on and after July 1, 2012, you will need to verify or register in OAKS and will need to decide on claim submission method(s).

OAKS Registration or Verification Steps

Ohio's Medicaid program pays participating providers by EFT through OAKS. In analyzing provider readiness, we asked staff at the Ohio Office of Budget and Management (OBM) Shared Services office to compare a list of behavioral health (AoD and MH) providers with those providers currently listed as vendors in OAKS. The result was that most behavioral health providers are either:

- Not registered in OAKS for direct deposit of EFT payments or
- Have bank account information in OAKS that was last updated in 2007.

Based on this, we recommend that **every behavioral health provider** either register or update their OAKS information.

To register in OAKS or to update an existing registration:

1. Access the Ohio Shared Services website: <http://ohiosharedservices.ohio.gov/Vendors.aspx?Page=2>
2. Download the OBM form 4310 [EFT](#) form, "Authorization Agreement for Direct Deposit of EFT Payments."
3. Complete the form. Be sure to **include ALL of the Medicaid provider numbers associated with the same bank account.**
4. Submit the completed form to Ohio Shared Services following the instructions on the form.

If you are unsure whether your agency's information is entered in OAKS or have questions about the form, contact OBM Shared Services: **Phone:** 1-877-644-6771 or 614-338-4781 **OR E-mail:** vendor@ohio.gov

Medicaid Claims Submission Options

There are three ways to submit Medicaid claims to MITS:

1. Apply and be tested as an ODJFS certified trading partner capable of using the HIPAA standard 837P/835 electronic data interchange (EDI) transaction set.
2. Contract your agency's EDI transmissions to an organization certified by ODJFS as a trading partner.
3. Use the MITS Medicaid provider portal to manually enter claims.

If your agency wants to become an ODJFS certified trading partner, you should **IMMEDIATELY** begin the registration process with ODJFS. Step by step instructions are found on page 2 of the ODJFS "[Electronic Data Interchange Trading Partner Information Guide](#)". Complete and submit the Medicaid Trading Partner Profile Form (JFS 01957) **AND** complete and submit two (2) copies of the ODJFS trading partner agreement. See more details on EDI in the 3/23/12 edition of [MITS BITS](#).



Implementation Checklist

Additional information for each document referenced in this list, is contained in this guide.

1. Review the ODJFS Trading Partner Information Guide
2. Review the HIPAA published Implementation Guides with Addenda (HIPAA Guides, May 2000; Addenda, October 2002) on the [Washington Publishing Company's](#) website.
3. Review the [ODJFS Companion Guides](#)
4. Coordinate the testing strategy with your internal IT and business units.
5. Complete and submit the [Medicaid Trading Partner Profile form](#) (JFS 01957).
6. Print two copies of the [Ohio Department of Job and Family Services Electronic Data Interchange Trading Partner Agreement](#). Complete both agreements, with original signatures and mail both to:
Ohio Department of Job and Family Services
Office of Contract and Acquisitions
Trading Partner Agreements
30 East Broad Street, 31st Floor
Columbus, Ohio 43215
7. Complete mapping and coding requirements for selected translator software.
8. Verify your Medicaid Trading Partner Number. This number will be your Sender/Receiver User ID.
9. Verify password(s) and ID's for connectivity as outlined in the Connectivity Information section of this guide.
10. Verify your list of Medicaid Providers.
11. Generate and submit EDI data for end-to-end testing in the test environment. Test files should contain a minimum of 50 claims and a maximum of 500 claims.
12. Verify your 997 functional acknowledgement, 824 application advice, 835 remittance advice, and/ or U277 claim status in the test environment.