

**ADAMHS Board of Cuyahoga County
GOSH Agency Enrollment Meeting**

February 26, 2019

Introduction

- **Name**
- **Company affiliation**
- **Title/function**
- **Job responsibility**
- **Expectations for the meeting**

Meeting Reminders

- **Please keep your phone on mute except when asking a question. After asking the question, place your call back on mute again. This eliminates feedback on the call.**
- **Do not place your call on hold. Everyone will hear your “on hold” music.**

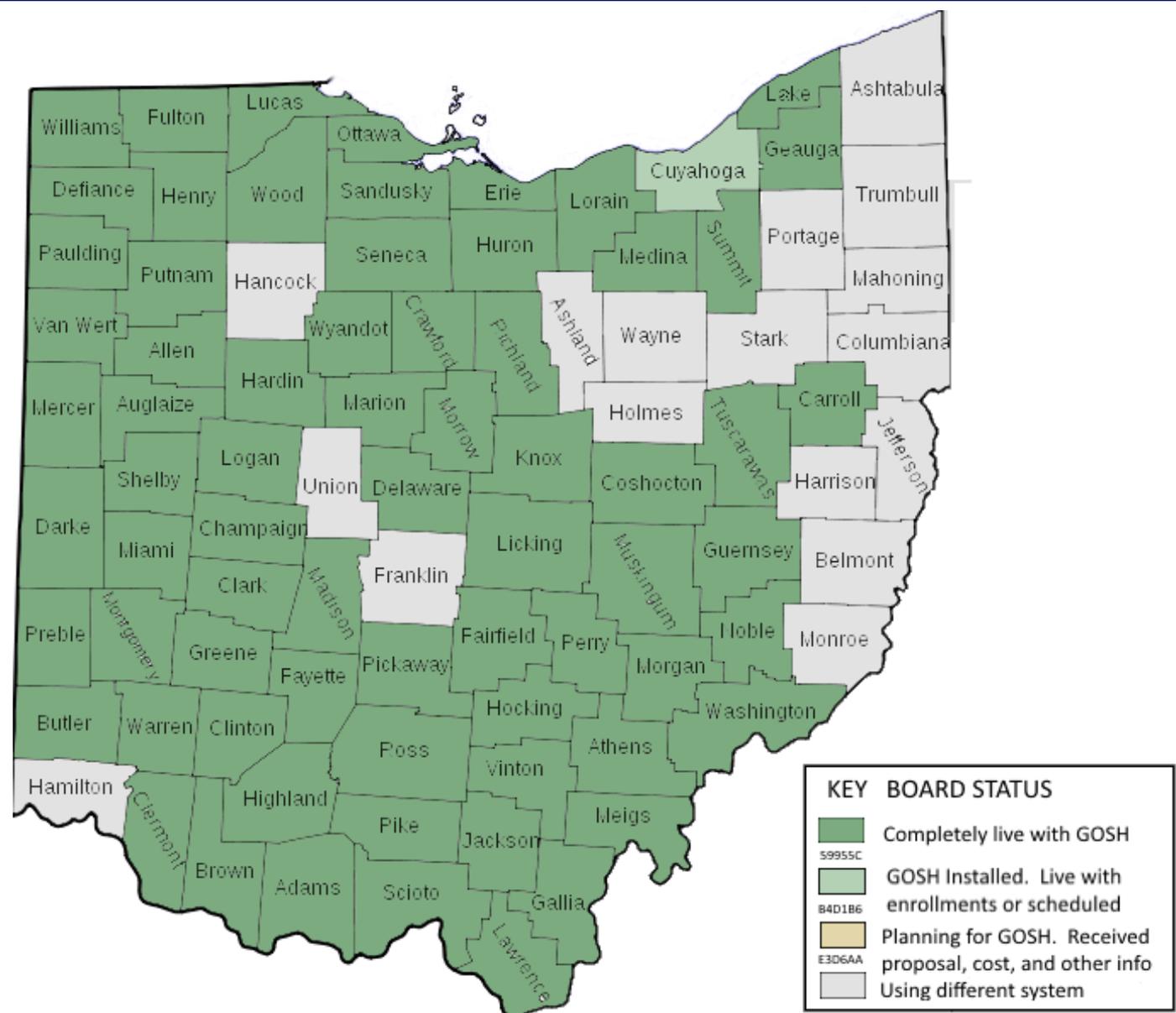
Meeting Agenda

- Meeting purpose and GOSH implementation plans
- GOSH enrollment policy
- Accessing the GOSH System
- GOSH demonstration and training. Using GOSH from an Agency perspective
 - Requesting a user account and logging in
 - Finding a client
 - Updating existing enrollments
 - Adding required review enrollment comment
 - Creating a new enrollment
 - Linking enrollment documents for backup documentation
 - Enrollment Reports
- Questions and Answers

Meeting Purpose and Plan

- **The Cuyahoga County ADAMHS Board will be transitioning to the GOSH system for enrollment and claim processing.**
- **This meeting is the first of at least two meetings with the Board's providers.**
- **The transition to GOSH will take place two phases:**
 - **Phase 1 – Implementing enrollments in GOSH**
 - **Phase 2 – Implementing claim processing and adjudication in GOSH**
- **The purpose of this meeting is to provide:**
 - **Enrollment implementation plans**
 - **Enrollment policy changes**
 - **Enrollment training on GOSH**

GOSH in Ohio



How will this affect my agency?

- **Phase 1 – Implementing enrollments in GOSH**
 - **Agencies will begin requesting user accounts and logging into GOSH after this meeting**
 - **Starting Monday March 4, 2019 providers will go live with GOSH enrollment**
 - **This includes**
 - **Updating existing enrollments to get a GOSH UCI**
 - **Creating new enrollments to get a GOSH UCI**
 - **Uploading supporting enrollment documents**
 - **Retrieving a GOSH UCI assigned by the Board**
 - **Uploading enrollments in batch to GOSH is possible**
 - **CSV and ProComp CATT formats currently supported**
 - **No change to current billing file or claim processing plans**

How will this affect my agency?

- **Phase 2 – Claim processing and adjudication**
 - **Tentative July 1, 2019 possibly earlier**
 - **Agencies will upload their 837 billing files to GOSH**
 - **Claims will be processed in GOSH**
 - **Remittance Advice and 835 payment file can be downloaded from GOSH.**
 - **The primary goal of GOSH was to create little to no change for the Agency.**
 - **GOSH supports the MITS 837 and 835 file formats with minor changes**
 - **More details will be shared with the agencies and another meeting will be scheduled for training on phase 2 claims.**

Enrollment Policy

- **Who should I enroll in GOSH?**
 - **Cuyahoga County Non-Medicaid Clients only**
 - **Cuyahoga County Medicaid Clients that have Non-Medicaid claims to be paid by the Board**
- **Essential data items required**
 - **All Capital letters**
 - **Start date, date of birth, actual SSN**
 - **Enrollment plan code**
 - **DFMCD18000 - MEDICAID STANDARD**
 - **DFNON18000 - NON-MEDICAID STANDARD**
 - **Family size and monthly income**
 - **Based on family size and income, determines rider code for sliding fee scale**
 - **Data above required for State export to OMHAS**

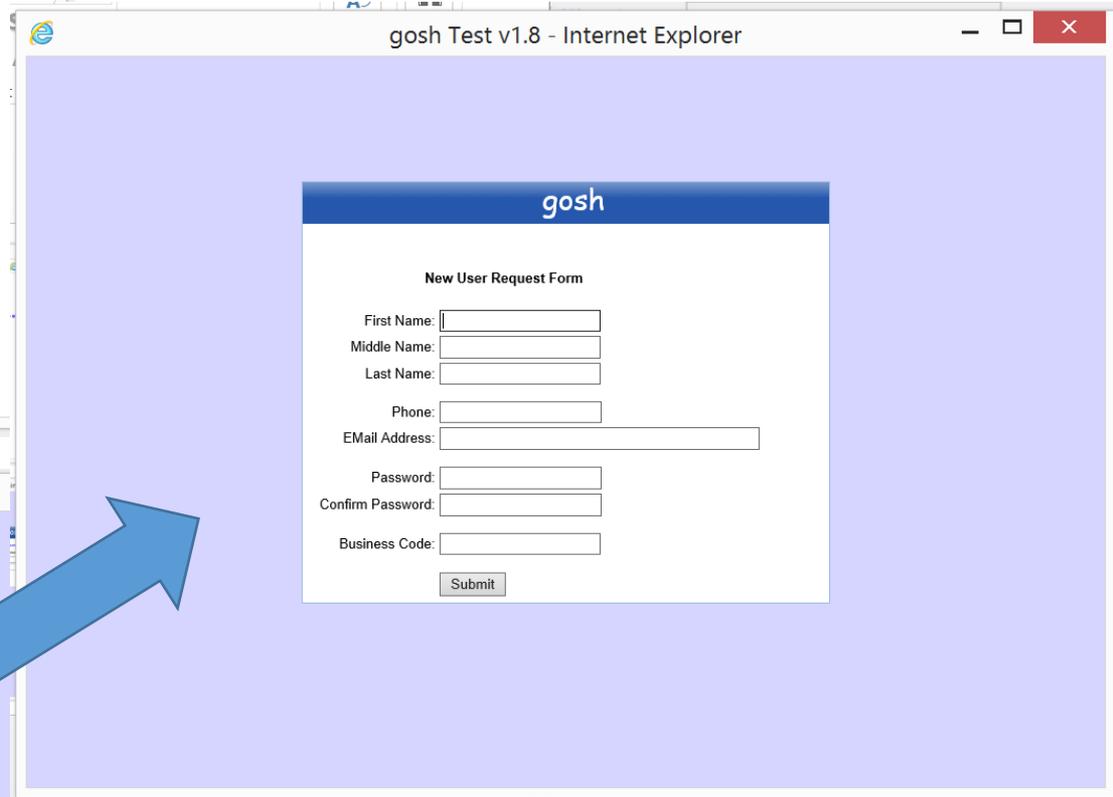
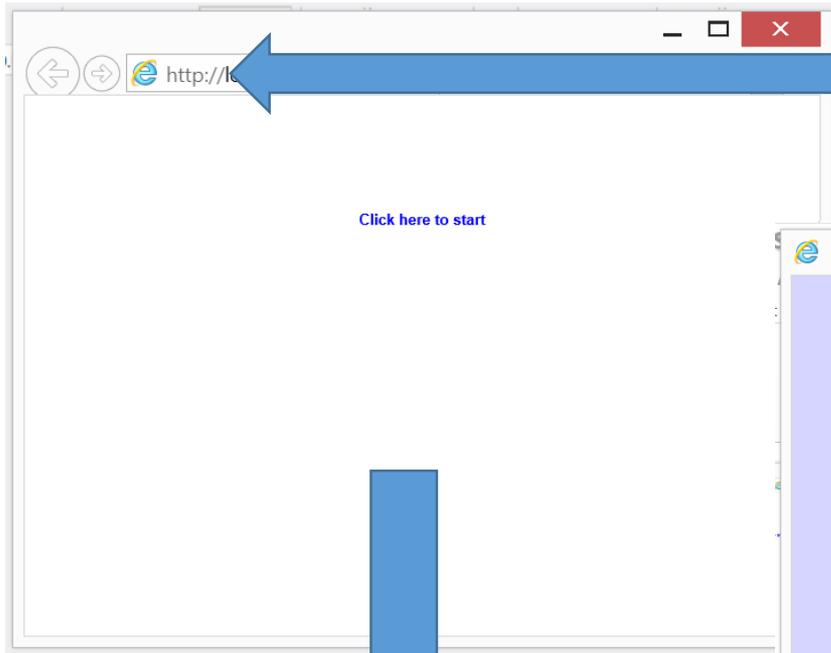
Enrollment Policy (continued)

- **Barring any issues or questions, normal processing of the enrollments will take place and a UCI will be returned as soon as possible.**
- **Enrollment changes**
 - **Make appropriate change in the enrollment form, then**
 - **Use comment section to document changes made**
 - **Most recent comments go on top**
- **Enrollment Documents**
 - **Used to link PDF document to a client for backup documentation purposes.**

Accessing GOSH

- In order to access GOSH, an agency must have a public static IP address. You should consult with your I.T. support or Internet Service Provider to confirm this information if you don't know it.
 - Provide the Board with your agency's public IP address
 - Addresses not approved will receive access denied message.
- All users needing to work in GOSH must have a valid user account on the system.
- Microsoft Internet Explorer version 10 or higher or Microsoft Edge is the preferred browser. Google Chrome browser will work too.
- You can access the GOSH system by going to:
 - <https://gosh.adamhsc.org>
- New user accounts can be requested from the GOSH login form

Start your browser and type in:
<https://gosh.adamhsc.org>



You will receive an email once your user has been approved. Use the user account supplied in the email. Use the password you entered when requesting a user account.

Demo #1 - Using GOSH as an Agency User

- **Requesting a Login account**
- **Logging in to GOSH**
- **Finding a client**
- **Updating an enrollment**
- **Creating an enrollment**
- **Linking a document**
- **Using the Enrollment Status Report**

Find an Individual or Business

Individual Search Criteria:

Last Name:

First Name:

Client Id:

SS#:

UCI:

Id:

Business Search Criteria:

Name:

Code:

Id:

Search on: ▼

Individuals:

Add new individual using:

Enrollment



Name	Birth Date	SS#	Client Id	Individual Id	MII	UCI	Medicaid No	Bus. Code	Start Date
0 GOSHY, GEORGE	06/07/1991	123-45-6789	GG1234	100030	100008	GB99B0100008	1234567890	A55555	12/01/2012
1 GOSHY, GEORGE	06/07/1991	123-45-6789		100019	100008	GB99B0100008	1234567890	A12345	10/01/2012
2 GOSHY, GEORGE	06/07/1991	123-45-6789		100008		GB99B0100008	1234567890	MASTER	12/15/2012

Individual: GEORGE GOSHY Gender: M Birth Date: 11/01/1990 Individual Id: 100030 Code: A55555 Close

Enrollment Documents Authorizations Payer Spans Episodes Outcomes Grants Other Insurer Service Trans Account

Member Enrollment Type: Mini Status: Enrolled Delete Print Collapse Close

Client Name: MII: 100008 Select UCI: GB99B0100008 UPI: 55555Last: GOSHY x First: GEORGE MI: DOB: 11/01/1990 Age: 24 Gender: Male

Address: 123 TEST Address2:

City: GOSHLAND State: OH Zip Code: 1234 County: Richland

Home Phone: Work Phone: Non-English Language:

Race: White Ethnicity: Not of Hispanic Origin Marital Status: Single/Never Married

Medicaid No: 1234567890 SSN: 123-45-6789 Client Id: Start Date: 12/01/2012

Enroll Plan: SED-Non Medicaid (DFNONE) 3rd Party

Family Size: 1 Mo. Income: 500.00 Sliding Fee: 0 % CoPay Amount: Rider: Z Insurance: No

Affiliation Code(s):

 SMD/SED Disclosure Signed AOD release of information signed Consent for treatment signed In crisis at enrollment

Created By: A55555USER2/24/2013 1:39:42 PM Modified By: mikeg 10/17/2014 5:45:47 AM

[Print](#) [Delete](#)

Enrollment ID: 24 Individual ID: 100030

Enrollment Comments [Add Comment](#)

Questions and Answers