

1. Login to the MITS Secure Provider Portal. (Must have Administrator access, agents will be unable to view these letters.)
2. From your home screen, click on 'Correspondence'.

The screenshot shows the Ohio Department of Medicaid provider portal. At the top left is the Ohio logo and "Department of Medicaid". To the right is a search bar. Below the logo is a "Welcome," message. A navigation bar includes "Super User", "Providers" (highlighted), "Cost Report", "Account", "Claims", "Eligibility", "Prior Authorization", "Reports", "Portal Admin", and "Publications". Below this are links for "demographic maintenance", "1099 information", "provider faq", "mits days report", "correspondence" (highlighted), and "self attestation". Further down are "ordering/referring/prescribing search", "group affiliation", and "group members".

Provider information is displayed:

- Name: Center for Children with Disabilities
- Provider ID: 1234567
- 05/01/1976-12/31/2299
- NPI: 123456789
- Medicare: [dropdown menu]
- Zip Code: 44255 - 9128

A message states: "You can view your Remittance Advices, your 835 transactions, by clicking Reports on the menu bar."

3. Choose 'ICF-IID Franchise Fee cover letter' from the drop down. Leave the additional fields blank and click 'Search'. A list of all letters for that provider ID will appear.

The screenshot shows the "Letter Search" form. The "Letter Name" dropdown is set to "ICF-IID Franchise Fee cover letter". Other fields include "Date Type", "Date From", "Date To", "Period Type", and "Records" (set to 20). A red arrow points to the "search" button. A "clear" button is also visible.

- To open, click on the letter for the appropriate date.

Ohio
Department of Medicaid

Welcome,

Super User **Providers** Cost Report Account Claims Eligibility Prior Authorization Reports Portal Admin Publications
 demographic maintenance 1099 information provider faq mits days report **correspondence** self attestation
 ordering/referring/ prescribing search group affiliation group members

Letter Search

Letter Name ICF-IID Franchise Fee cover letter Date Type
 Date From
 Date To
 Period Type
 Records 20 search clear

Search Results

| Document Number | Letter Name | Period Type | Date Sent |
|-----------------|------------------------------------|-------------|------------|
| 6517228010904 | ICF-IID Franchise Fee cover letter | | 08/16/2017 |
| 6517227004357 | ICF-IID Franchise Fee cover letter | | 08/15/2017 |
| 6516230224553 | ICF-IID Franchise Fee cover letter | | 08/17/2016 |
| 6515232005937 | ICF-IID Franchise Fee cover letter | | 08/20/2015 |
| 6514325003618 | ICF-IID Franchise Fee cover letter | | 11/21/2014 |

5. Each Letter contains 3 pages. Below is an example of the Assessment. This is broken down by Quarter and includes the amount due, as well as the due date.



**Fiscal Year 2018
Intermediate Care Facility for Individuals with Intellectual Disabilities
Franchise Permit Fee (FPF) Assessment Notice**

To ensure credit for your payment, make a copy of this document (annual assessment notice) and enclose the copy of the annual assessment notice with each quarterly payment.

Note: Payments are credited to the customer number, fee number and invoice number.

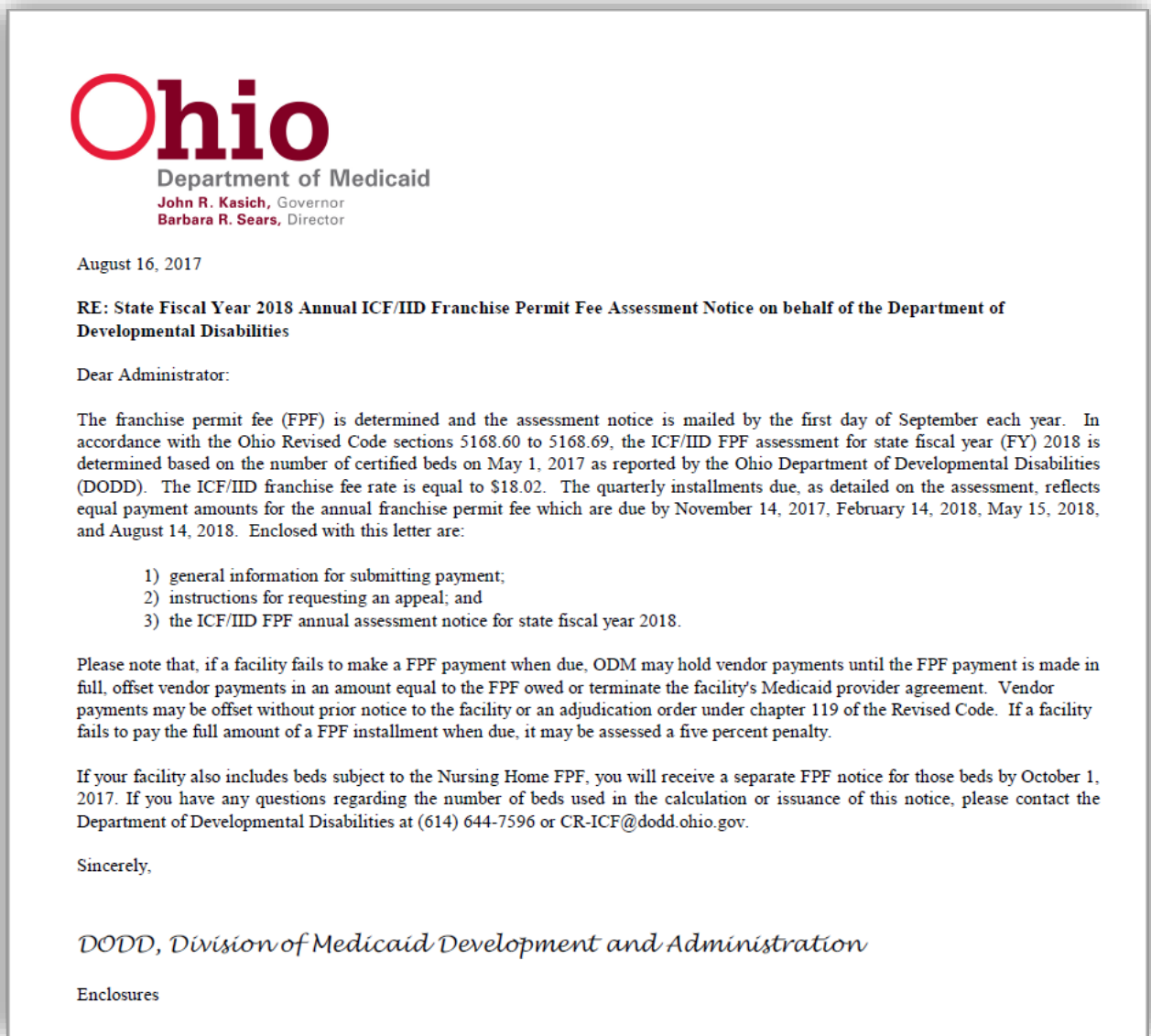
The total FPF for HATTIE LARLHAM CTR FOR CHILDREN WITH DISABILITIES is \$855,049.00 for fiscal year 2018 based on 130 certified beds on May 1, 2017, as reported by the Ohio Department of Developmental Disabilities. Please make remittance payable to:- Treasurer of State of Ohio, (DODD) and return each quarterly FPF payment to the Ohio Department of Developmental Disabilities, Division of Medicaid Development and Administration, PO Box 74729 Cleveland, Ohio 44194.

| | | |
|----------------------------|----------------------------------------------------------------|--------------|
| Customer Number: 123456 | 4th Quarter FY2018 FPF Installment | |
| Fee Number: 9001 | [Installment for April, May, June 2018] | |
| Facility Name and Address: | The Department of Developmental Disabilities | |
| Center for Children | Operating and Services Fund | \$213,176.60 |
| 123 Ohio Ave. | Total amount due for 4th quarter | \$213,176.60 |
| MANTUA, OH 44255-9128 | Installment due August 14, 2018 Invoice Number A123456789 | |
| Customer Number: 123456 | 3rd Quarter FY2018 FPF Installment | |
| Fee Number: 9001 | [Installment for January, February, March 2018] | |
| Facility Name and Address: | The Department of Developmental Disabilities | |
| Center for Children | Operating and Services Fund | \$210,834.00 |
| 123 Ohio Ave. | Total amount due for 3rd quarter | \$210,834.00 |
| MANTUA, OH 44255-9128 | Installment due May 15, 2018 Invoice Number A123456789 | |
| Customer Number: 123456 | 2nd Quarter FY2018 FPF Installment | |
| Fee Number: 9001 | [Installment for October, November, December 2017] | |
| Facility Name and Address: | The Department of Developmental Disabilities | |
| Center for Children | Operating and Services Fund | \$215,519.20 |
| 123 Ohio Ave. | Total amount due for 2nd quarter | \$215,519.20 |
| MANTUA, OH 44255-9128 | Installment due February 14, 2018 Invoice Number A123456781 | |
| Customer Number: 123456 | 1st Quarter FY2018 FPF Installment | |
| Fee Number: 9001 | [Installment for July, August, September 2017] | |
| Facility Name and Address: | The Department of Developmental Disabilities | |
| Center for Children | Operating and Services Fund | \$215,519.20 |
| 123 Ohio Ave. | Total amount due for 1st quarter | \$215,519.20 |
| MANTUA, OH 44255-9128 | Installment due November 14, 2017 Invoice Number A123456782 | |

FY2018 FRANCHISE FEE ASSESSMENT NOTICE ENCLOSED
Center for Children with Disabilities
123 Ohio Ave.
MANTUA, OH 44255-9128

Return FPF Payment & a copy of this document to:
Ohio Department of Developmental Disabilities
PO Box 74729
Cleveland, Ohio 44194

6. Page two is the Assessment Notice which indicates the franchise fee rate and summarizes the quarterly due dates. This notice also indicates the implications of late payment.



(Page three of the letter includes instructions for how and where to submit franchise payment fees.)