Ohio | Department of Medicaid

Fiscal Intermediary Frequently Asked Questions

August 2021

This FAQ document is designed to provide answers to the most common questions regarding the Fiscal Intermediary (FI) initiative at the Ohio Department of Medicaid (ODM). The FI Module focuses on the systems and operations capabilities needed for claims processing and Ohio Department of Medicaid (ODM) financial management.

Fiscal Intermediary Frequently Asked Questions (FAQs)

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Will providers work directly with the Managed Care Entities (MCEs)?

Providers will work with the MCEs for claims, prior authorization, and associated attachments. All incoming transactions submitted to the new Provider Portal or Electronic Data Interchange (EDI) will flow through the FI and then route to the appropriate MCEs.

Will providers work directly with FI?

No, providers will submit claims, prior authorizations, and associated attachments through the new Provider Network Management (PNM) portal and the new EDI vendor.

What will be the File type and File Frequency accepted?

ODM will be adopting and accepting all HIPAA transaction types. File Frequency is to be determined because every file is different, and every transaction is different. There will be multiple file types and processing rules.

How often will you be processing my claim?

No, claims will be processed on the same frequency that they are today.

How frequently will payments be made?

Capitation payments will be made monthly based on the eligibility of the recipients. Fee-for-service (FFS) payments will adjudicate daily, and payments will be made weekly in accordance with established policies. Each Managed Care Entity has their own payment calendar but they are mandated to pay based on the prompt pay requirements outlined in their agreement with ODM.

How will providers receive their remittance advice?

Providers will receive their remittance electronically (EDI 835). Additionally, a copy will be in the new PNM portal.

Will providers be submitting any paper claims?

No, we do not accept paper claims. The two submission methods approved are EDI, Direct Data Entry (DDE), and Portal transactions.

Will any MCE or Provider need to interact directly with OAKS?

No, MCEs and Providers will not interact directly with OAKS.

Will all payers be mandated to pay clean claims within 30 days?

Yes, all payers must align with 42 CFR 447.46. In terms of the MCOs and OhioRISE, 90 percent of all submitted clean claims must be paid or denied within 21 days of receipt, 99 percent of all submitted clean claims must be paid or denied within 60 calendar days of receipt and 100 percent of all submitted clean claims must be paid or denied within 90 days of receipt.

How will the MCEs receive Third Party Liability (TPL) information?

The new FI module will store TPL information. The FI vendor will transmit TPL information to the MCEs. If the MCEs discover TPL that has not been identified by the FI, the MCEs will need to transmit the data back to FI.

Is ODM going to mandate the MCEs to use the same groupers as FFS?

Yes

Is the FI part of the "Big 5" Strategic Initiatives?

Yes, FI is part of the "Big 5" strategic initiatives.