

Focus on the
INDIVIDUAL
rather than the
business of
managed care

We want to do better for the people we serve

Ohio Medicaid Providers

February 1 launch of the Next Generation of Ohio Medicaid Program

The February 1 launch of the Next Generation of Ohio Medicaid program includes the implementation of the Next Generation managed care plans, the new Electronic Data Interchange, and the Fiscal Intermediary.

What is changing for me?



Next Generation Managed Care Plans

Seven Next Generation managed care organizations (MCO) begin providing services to Ohio Medicaid members.



Managed Care Contracts

Contracts with the MCOs have been updated to ensure consistency and minimize differences between how providers interact with the Next Generation managed care plans.



Managed Care Plan Portals

Continue using managed care plan portals to submit claims, prior authorizations, prior authorizations, verify eligibility, view managed care 1099s, correspondence, etc.



External Medical Review

An external medical review is offered to providers who are unsatisfied with a decision made by an MCO or the OhioRISE plan, to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity.



Member ID Number

The Medicaid ID (or MMIS ID) must be the ID number used for fee-for-service and managed care claims processing. Providers can check member eligibility and member IDs via the Provider Network Management (PNM) module, which redirects to MITS.



Electronic Data Interchange (EDI)

Providers should confirm their trading partner is authorized to work with Deloitte, the new EDI vendor. EDI claims are submitted to the new EDI vendor. Prior authorizations (PA) will not be submitted to the EDI. Fee-for-service (FFS) PAs must be submitted through the PNM module and managed care PAs to the MCO.



Rendering Provider

EDI-submitted claims and FFS claims must only include one rendering provider and must be listed in the header of the claim. Different rendering providers at the detail level are no longer acceptable.*

*Exceptions for FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers are detailed <https://medicaid.ohio.gov/static/About+Us/PoliciesGuidelines/MAL/MAL622-A.pdf>

I have a question about OMES submitted claims or PAs, or other administrative processes...

Call the ODM Integrated Helpdesk at 800-686-1516. Representatives are available during special hours February 1 through February 24 on Monday-Friday 7 a.m.-7 p.m. (8 a.m.-5 p.m. on February 20), Saturdays 8 a.m.-5 p.m., and Sundays (February 5, 12, and 19) 8 a.m.-5 p.m. After this, regular hours will resume (Monday - Friday 8 a.m.-4:30 p.m.).

Email the ODM Integrated Helpdesk (IHD) at IHD@medicaid.ohio.gov.

Visit the Fiscal Intermediary webpage <https://managedcare.medicaid.ohio.gov/managed-care/fiscal-intermediary>.



Review the Fiscal Intermediary FAQ document at <https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/687cf2e2-6f7d-4cfe-9546-2b4c712f9854/%5BFinal%5D+Fiscal+Intermediary+FAQ+December+2022.pdf?MOD=AJPERES&CVID=okNOZ-9>.



Review the EDI FAQ document at <https://medicaid.ohio.gov/static/Providers/Billing/TradingPartners/CompanionGuides/EDI-FAQ.pdf>.



Review the Member Transition FAQ document at <https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/6677a95e-88ca-4d9a-9565-aad73e48c78b/ODM+Next+Generation+Provider+FAQ+122022.pdf?MOD=AJPERES&CVID=ok.t90h>.



Review the Companion Guides at <https://medicaid.ohio.gov/resources-for-providers/billing/trading-partners/companion-guides/companion-guides>.