

## Today's Ohio Medicaid Program

Provider claims and authorization requests are handled by each Managed Care Organization (MCO) and data is self-reported to Ohio Medicaid, at times several months after the service or request took place.



Providers experience frustrations interfacing with multiple MCOs, sometimes leading to payment delays



Grievances and disputes between providers and MCOs are challenging to mediate as data is not consistent or readily available



ODM is constrained in providing the Ohio Legislature and the public with timely data as it can often take over 6 months for MCO data to be transmitted to the state

## The Future Ohio Medicaid Program



### Easing Administrative Burden

- The FI will serve as a single point of entry for all provider claims and prior authorization requests
- Minimizes missing claims or delays in claim submission

### Transparency

- ODM will have access to consistent and complete claims and authorization data, enabling increased oversight over MCOs
- Claims and payment trends can be identified in a more timely manner (weeks instead of months)

### Efficiency

- The FI will facilitate processing of and transitioning claims and requests to Ohio Medicaid's future MCOs as well as receive updates back from those organizations and be able to convey these to providers
- Central intake of claims minimizes MCOs' ability to delay payment