



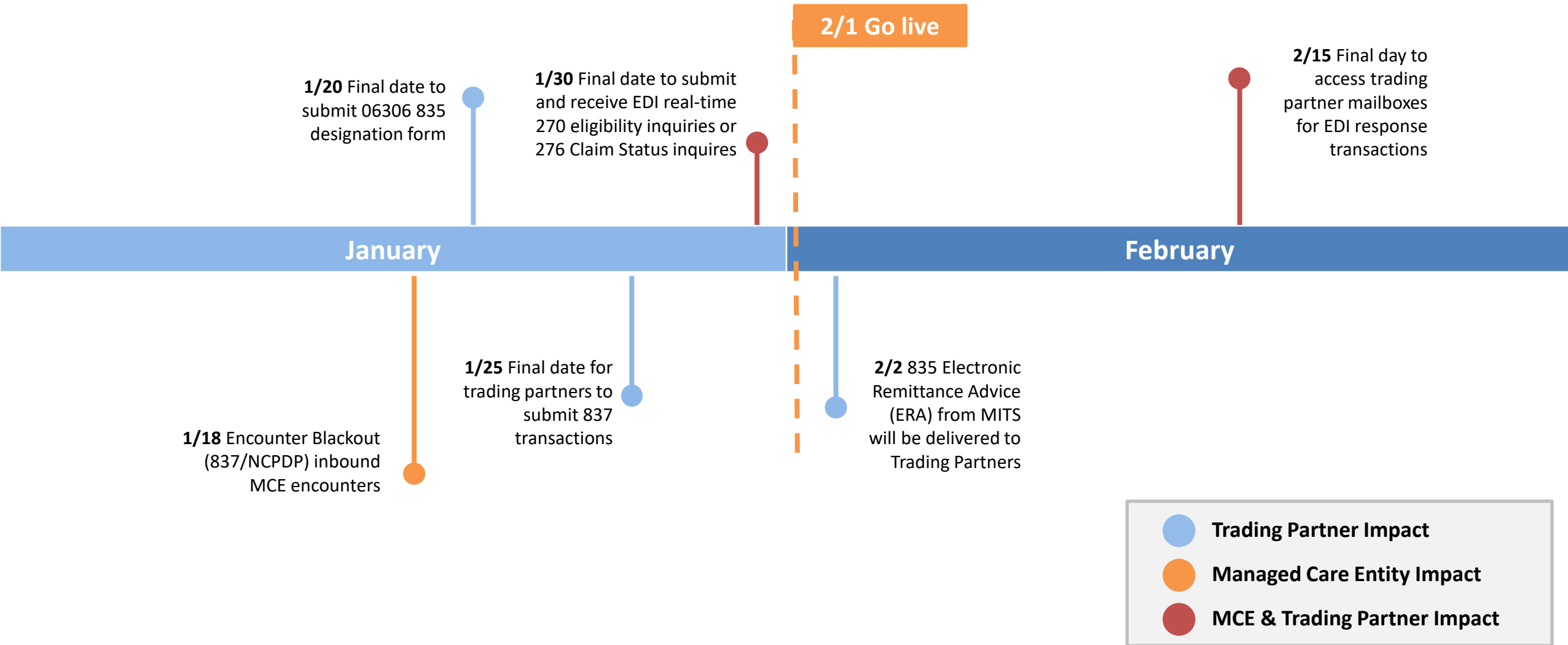
Department of
Medicaid

Behavioral Health Electronic Data Interchange (EDI) Training

January 6, 2023

Electronic Data Interchange (EDI)

Important Decommissioning Dates



Top things Behavioral Health Providers need to know for EDI claims*

- 1** Claims with dates of service **on or after February 1** must be submitted through the new EDI vendor, Deloitte. Claims with dates of service prior to February 1 should be submitted via the current processes.
- 2** Claims must include the internal **managed care payer ID** listed in the ODM Companion guides so the managed care entity (MCE) can route claims appropriately within their own systems.
- 3** Different rendering providers at the detail level are no longer acceptable for FFS and managed care claims. Claims must only include one **rendering provider at the header level per claim for FFS and managed care members**. The rendering provider must not be included at the detail level.**
- 4** Upon claim submission **EDI will validate code sets**. Claims with invalid codes will be rejected with the -999 transaction.
- 5** Separate files must be submitted **using the receiver ID assigned by ODM for each plan**. (e.g., CareSource Payer – file can only contain claims for members covered by CareSource)
- 6** **Billing providers must be enrolled** with ODM as a provider type who is permitted to be a billing provider and be paid for services.
- 7** **Rendering provider types must be affiliated** with the billing provider on the claim. Claims without appropriate affiliation will be rejected on the 824 transaction.
- 8** Must use **the 12-digit ODM assigned Medicaid member ID** even if an MCE is the destination payer.

Only ODM authorized Trading Partners will be permitted to exchange EDI transactions.

Companion Guides which will be used for both managed care and FFS can be found at <https://medicaid.ohio.gov/resources-for-providers/billing/trading-partners/companion-guides/companion-guides>.

*MyCare claims and prior authorizations will not be coming through the Ohio Medicaid Enterprise System (OMES). Providers will continue to submit those claims and prior authorizations to the MyCare managed care plans

**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>

Example of X12 Detail vs Header

Detail

- SBR*P*18*****MC 2000B loop
- NM1*IL*1*ABCDEFGH*ABCDEFG****MI*915108937199 2010BA Subscriber loop
- -----
- NM1*PR*2*ABCDEFGHIJKLM*****PI*MMISODJFS 2010BB Payer Name
- CLM*3269012*42***11:B:1*Y*A*Y*Y 2300 Claim Information
- -----
- LX*1 2400 Service Line Number (Detail)
- SV1*HC:H0006:HM*24*UN*1***1:2
- -----
- NM1*82*1*ABCDE*ABCDEFG****XX*1073174868 2420A Rendering Provider
- -----
- LX*2 2400 Service Line Number (Detail)
- SV1*HC:H0048:HM*18*UN*1***1:2
- -----
- NM1*82*1*ABCDE*ABCDEFG****XX*1234448669 2420A Rendering Provider

Header

- SBR*P*18*****MC~ 2000B loop
- NM1*IL*1*ABCDEFGHI*ABCDEFG****MI*911256226703~ 2010BA Subscriber loop
- -----
- NM1*PR*2*ABCDEFGHIJKLM*****PI*MMISODJFS~ 2010BB Payer Name
- -----
- CLM*73610156*149.88***11:B:1*Y*A*Y*Y~ 2300 Claim Information
- -----
- NM1*82*1*ABCD*ABCDE****XX*10799927524 2310B Rendering Provider (Header)
- -----
- LX*1~ 2400 Service Line Number (Detail)
- SV1*HC:H0015:HK*149.88*UN*1***1~
- -----
- LX*2~ 2400 Service Line Number (Detail)
- SV1*HC:90834*90*UN*1***1:2~
- -----
- LX*3~ 2400 Service Line Number (Detail)
- SV1*HC:90791*125*UN*1***1:2~

Receiver ID Assigned to Next Generation Plan

ISA08-Interchange Receiver ID and GS03-Application Receiver Code:

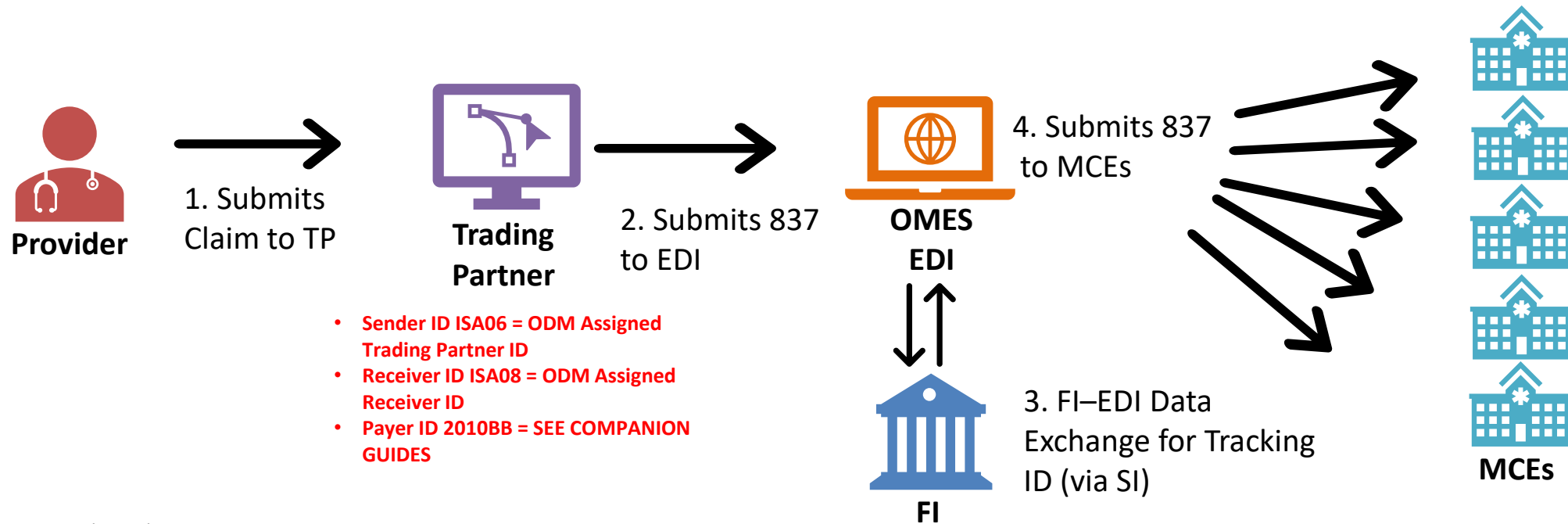
MMISODJFS	Ohio Department of Medicaid Fee-for-Service
0021920	AmeriHealth Caritas Ohio, Inc.
0002937	Anthem Blue Cross Blue Shield
0004202	Buckeye Community Health Plan
0003150	CareSource
0021919	Humana Health Plan of Ohio, Inc.
0007316	Molina Healthcare of Ohio
0007610	United Healthcare Community Plan of Ohio, Inc
0021914	Aetna OhioRISE

Separate files must be submitted using the Receiver ID assigned by ODM for each plan. (i.e., CareSource Payer – file can only contain claims for members covered by CareSource)

Internal Managed Care Payer IDs

MCE	PAYER NAME (NM103)	837 2010BB NM109	276/277 2100A NM109	270/271 2100A NM109	275 1000A NM109
United Healthcare	United Healthcare Ohio Medicaid	88337	88337	88337	88337
	United Healthcare Ohio Medicaid Vision	83572	83572	83572	83572
	United Healthcare Ohio Medicaid Dental	83244	83244	83244	83244
AmeriHealth	AmeriHealth Caritas Ohio	35374	842435374	842435374	35374
	AmeriHealth Caritas Ohio Radiology Only	N/A	842430000	842430000	N/A
	AmeriHealth Caritas Ohio Transportation Only	42435	N/A	N/A	42435
Aetna OhioRISE	Aetna OhioRISE	45221	60054	60054	N/A
CareSource	CareSource OH Medicaid	0003150	0003150	0003150	0003150
	CareSource OH Vision	CSVIS001	CSVIS001	CSVIS001	CSVIS001
	CareSource OH Dental	CSDEN001	CSDEN001	CSDEN001	CSDEN001
Buckeye	Buckeye Ohio Medicaid	0004202	0004202	0004202	0004202
	Buckeye Envolv Vision	V004202	V004202	V004202	V004202
	Buckeye Envolv Dental	D004202	D004202	D004202	D004202
Molina	Molina Ohio Medicaid	0007316	0007316	0007316	0007316
	Molina SkyGen	D007316	D007316	N/A	D007316
	Molina March Vision	V007316	V007316	N/A	V007316
Humana	Humana Ohio Medicaid	61103	61103	61103	61103
	Humana DentaQuest	D021919	D021919	D021919	D021919
	Humana EyeMed	V021919	V021919	V021919	V021919
Anthem BCBS	Anthem Medical	0002937	0002937	0002937	0002937
	Anthem EyeMed Vision	V002937	V002937	N/A	N/A
	Anthem DentaQuest Dental	D002937	D002937	N/A	D002937

Claims must include the internal managed care Payer ID listed in the ODM Companion guides so the managed care entity (MCE) can route claims appropriately within their own systems

Receiver ID (ISA08)

MMISODJFS = Ohio Department of Medicaid FFS

0021920 = AmeriHealth Caritas Ohio, Inc.

0002937 = Anthem Blue Cross Blue Shield

0004202 = Buckeye Community Health Plan

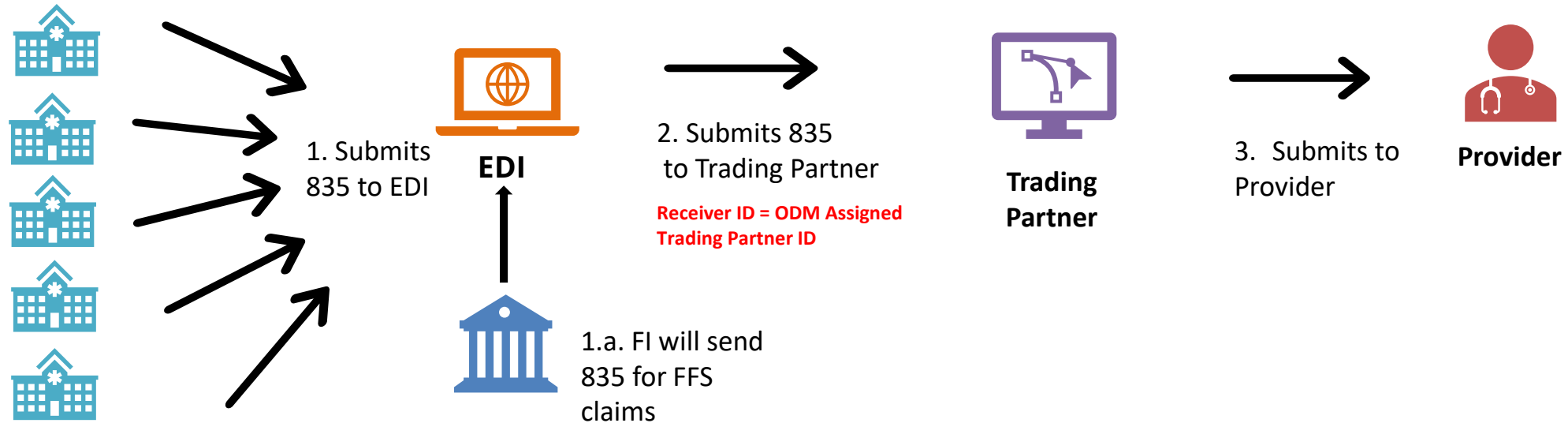
0003150 = CareSource

0021919 = Humana Health Plan of Ohio, Inc.

0007316 = Molina Healthcare of Ohio

0007610 = United Healthcare Community Plan of Ohio, Inc

0021914 = Aetna OhioRISE



MCEs

- **Sender ID = ODM Assigned Trading Partner ID**
- **Receiver ID = ODM Assigned Trading Partner ID**
- **Provider NPI**
- **MCE Claim ICN**

Sender ID (ISA06)

MMISODJFS = Ohio Department of Medicaid FFS

0021920 = AmeriHealth Caritas Ohio, Inc.

0002937 = Anthem Blue Cross Blue Shield

0004202 = Buckeye Community Health Plan

0003150 = CareSource

0021919 = Humana Health Plan of Ohio, Inc.

0007316 = Molina Healthcare of Ohio

0007610 = United Healthcare Community Plan of Ohio, Inc

0021914 = Aetna OhioRISE

Example of an 837 Claim

LOOP ID	DATA ELEMENT	DESCRIPTION	DATA	COMMENTS
2010BA	NM1	Subscriber Name		
2010BA	NM108	Identification Code Qualifier	MI	Member Identification Number Qualifier
2010BA	NM109	Subscriber Primary Identifier		12-digit Medicaid Member ID assigned by ODM

Must use the 12-digit ODM assigned Medicaid Member ID even if an MCE is the destination payer.
For Medicaid, the Patient is the Subscriber and there are no Dependents.

Points of submission for claims and prior authorizations

The February 1 launch of EDI and FI will bring a change of submission methods

	Provider Network Management (PNM) via a link to MITS	Managed Care Portals*	Electronic Data Interchange (EDI) Via a trading partner
Managed care claims	✗	✓	✓
Managed care prior authorizations**	✗	✓	✗
Fee-for-service claims	✓	✗	✓
Fee-for-service prior authorizations	✓	✗	✗

*ODM is working with the MCEs to share data for claims and prior authorizations that are submitted directly to the MCOs (not through PNM or EDI).

**Managed Care prior authorizations are to be submitted via MCE guidance which may include portal entry or other electronic processes.

Provider Network Management (PNM)

PNM Updates



PNM solutions for provider affiliation defects have been deployed over the past three weeks. **Providers are now able to affiliate and edit affiliations.**



ODM is finalizing an updated PNM Quick Reference Guide with step-by-step instructions for affiliations from the Group/Organization perspective. This includes a reminder to save the affiliation and click the “submit for review” button to send the affiliation downstream to other OMES modules.



Provider voluntary disenrollments are being processed within two days. ODM is exploring a PNM change to pair the disenrollment and enrollment into one workflow.



There is a scheduled PNM fix to be deployed on January 10 that **will resolve a denied provider not being able to submit a new application.**



There is a known data misalignment issue between provider data in the PNM and MITS which causes data to not synch between these systems. This impacts both the Provider Masterfile and CBHC files. **This issue has been escalated and is being worked on for resolution.**



ODM has committed additional resources to address the application backlog. We are striving to get application review time within a 30-day window.

View our collection of desk reference guides and quick references guides at <https://medicaid.ohio.gov/resources-for-providers/nextgeneration-pnm/reference-guides>.

Preparing for the February 1 Launch

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 Member Transition FAQ document at https://ohfiles.blob.core.windows.net/public/OhioMHWebsite/Documents/ODM%20Procurement_MCO%20Transition%20Member%20FAQs.pdf.



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

February 1 Next Generation Launch | Who can providers reach out to if they need help?

Help Desk	Who Should Call?	Types of Issues/Questions Supported
<p>ODM Integrated Helpdesk (IHD) 800-686-1516 or IHD@medicaid.ohio.gov</p> <ul style="list-style-type: none"> Provider 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.). Interactive Voice Response System (IVR) provides 24/7/365 access to information regarding client eligibility, claim and payment status, and provider information. 	<ul style="list-style-type: none"> Current Ohio Medicaid providers/prescribers Current OhioRISE providers/prescribers Providers interested in enrolling with Ohio Medicaid 	<ul style="list-style-type: none"> OMES submitted claims, prior authorization, and other administrative tasks General Medicaid member eligibility questions General Medicaid payment/billing questions and issues Enrolling as an Ohio Medicaid provider Provider Network Management (PNM) module OH ID or portal password support Centralized credentialing Using the CANS assessment tool and CANS IT system
<p>Managed Care Organization (MCO) Provider Hotlines <i>(includes Aetna OhioRISE plan)</i> Contact information and hours vary by MCO, information available at https://managedcare.medicaid.ohio.gov/providers/provider-contracting-information</p>	<ul style="list-style-type: none"> Current Ohio Medicaid providers contracted with the MCO Providers interested in contracting with the MCO 	<ul style="list-style-type: none"> MCO member claims, payment/billing questions and issues MCO prior authorization for a member with the MCO Verifying a member’s MCO eligibility Contracting with the MCO
<p>Gainwell Single Pharmacy Benefit Manager (SPBM) Customer Support Center 833-491-0344 or OH_MCD_PBM@GainwellTechnologies.com</p> <ul style="list-style-type: none"> 24 hours a day, 7 days a week 	<ul style="list-style-type: none"> Gainwell-contracted pharmacists and pharmacy staff Current Ohio Medicaid providers/prescribers Current OhioRISE providers/prescribers 	<ul style="list-style-type: none"> Assistance or issues with pharmacy claims, prior authorizations, and/or other administrative pharmacy tasks Information about Ohio Medicaid’s SPBM and pharmacy program

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Ohio Medicaid Trading Partners

February 1 Launch of the Next Generation of Ohio Medicaid Program

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What is changing for trading partners?



Update all demographic and contact information yourself by utilizing the new EDI trading partner management application. All trading partners must login with an OH|ID, which you will be prompted to create upon login.



Easily see which providers are enrolled with you by utilizing the new EDI trading partner management application.



Submit claims through one EDI connection versus many managed care entity (MCE) submission points.



Exchange EDI transactions with Ohio Medicaid in the X12 EDI-compliant format.



Represent the payer in the receiver ID in the ISA08 who will receive the EDI transaction.



Include the appropriate value for claims being submitted for the payer ID 2010BB NM109.



Contain only claims destined for the same receiver and payer with each 837 claim transaction. Claims for members not covered by that plan will either be rejected by the plan in the 277CA or denied on the providers remittance.



Expect expedited identification of errors to streamline the adjudication process.



No longer receive one 835 file with all providers within a single file. If a trading partner represents multiple providers who receive payment on the same financial cycle, there will be one 835 per pay to provider.



Receive remittances from all managed care plans with 835 enrollment.



Include only one rendering provider on EDI-submitted claims and fee-for-service (FFS) claims 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 EDI submitted claims or administrative processes, or OH|ID...



Call the ODM Integrated Helpdesk at 800-686-1516 option 4. 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.) Eastern Time.



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



Email the Deloitte EDI Helpdesk (IHD) at OMESEDISupport@medicaid.ohio.gov.



Visit the EDI trading partner management application <https://editpp-ga.oh.healthinteractive.net/EDIPortal>.



Visit the Medicaid EDI webpage <https://medicaid.ohio.gov/resources-for-providers/billing/trading-partners>.



View contact information for each MCE at <https://managedcare.medicaid.ohio.gov/providers/provider-contracting-information>.



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

February 1 Next Generation Launch | Who can trading partners reach out to if they need help?

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<p>Electronic Data Interchange Mailbox Usomesedisupport@deloitte.com</p>	<ul style="list-style-type: none"> Current Ohio Medicaid trading partners Vendors seeking to become Ohio Medicaid trading partners 	<ul style="list-style-type: none"> How to enroll to become a trading partner How to complete the connectivity form Information about connectivity options: SFTP, SOAP/MIME, web application upload Password support for trading partners using the EDI web application Status of EDI submissions (837, 270, 276, 278, 275) Reason for rejects (TA1, 999, 824) How to update trading partner profile How to complete the ODM 06306 form for 835s

**Thank you for
your hard work
and dedication
to implement
this positive
change for our
Ohio Medicaid
members and
providers!**

Continue to learn more and share information about the February 1 launch by using the following resources:

Review our websites and additional resources:

- [Next Generation of Ohio Medicaid Website](#)
 - Check out the [Resources for Providers webpage](#) on February 1 for the Member Transition provider FAQ document, EDI provider FAQ document, provider one-pager, provider help desk one-pager, trading partner one-pager and trading partner help desk one-pager.
 - Check out the [Resources for Individuals webpage](#) on February 1 for the Member Transition member FAQ document, member one-pager, and member help desk one-pager.
- [Ohio Medicaid Consumer Hotline Website](#)
 - Check out the Ohio Medicaid Consumer Hotline website to learn more about the Next Generation managed care plans and view resources to help members select the plan that is best fit for their healthcare needs.



Email us with questions:

- **Next Generation Ohio Medicaid:** ODMNextGen@medicaid.ohio.gov
- **Fiscal Intermediary :** ODMFiscalIntermediary@medicaid.ohio.gov
- **EDI:** EDI-TP-Comments@medicaid.ohio.gov
- **PNM/Centralized Credentialing:** IHD@medicaid.ohio.gov
- **SPBM / PPAC:** MedicaidSPBM@medicaid.ohio.gov
- **OhioRISE:** OhioRISE@medicaid.ohio.gov