



NETWORK *Notification*

Notice Date: January 27, 2023
To: Ohio Medicaid Providers
From: CareSource
Subject: Next Generation December 1 Launch Training and Resources - UPDATE

This notification is an update to the [notification](#) posted on Jan. 5, 2023. This update clarifies the effective date. Updated information is indicated in red.

Important! The Ohio Department of Medicaid (ODM) Next Generation Managed Care staggered implementation timeline slated for Stage 3a was for a Dec. 1, 2022 go-live. ODM has made the decision to delay the go-live of Stage 3a [Next Generation managed care plans and implementation of the new Electronic Data Interchange (EDI)] until Feb. 1, 2023.

Effective February 1, provider claims submitted to trading partners must include the 12-digit ODM assigned Medicaid member ID (MMIS), else they will be rejected by ODM.

At a later date, ODM will launch Stage 3b, which includes Ohio Medicaid Enterprise System (OMED) modules to provide streamlined process for claims, prior authorizations, and other administrative tasks for providers. Please continue to utilize your existing processes to submit claims and prior authorization until Feb. 1, 2023 if you use EDI to submit claims, or until Stage 3b is implemented.

Stage 3a Update: ODM has delayed the attachment submission ((275 claim attachment transaction via Electronic Data Interchange (EDI), from Stage 3a to Stage 3b. As of February 1, when submitting a claim to the new EDI and you need to submit an attachment, you will submit the attachments via the CareSource Provider Portal. CareSource will continue to accept paper claims and submission of claims to the CareSource Provider Portal until Stage 3b goes live (go-live date is TBD).

Top things 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 Non-billing 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>

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
ODM Integrated Helpdesk (IHD) 800-686-1516 or IHD@medicaid.ohio.gov <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
Managed Care Organization (MCO) Provider Hotlines (includes Aetna OhioRISE plan) Contact information and hours vary by MCO, information available at https://managedcare.medicaid.ohio.gov/providers/provider-contracting-information	<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
Gainwell Single Pharmacy Benefit Manager (SPBM) Customer Support Center 833-491-0344 or OH_MCD_PBM@GainwellTechnologies.com <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

Review the ODM 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 ODM Next Generation February 1 Launch Provider Webinar presentation and webinar recording.
 - Next Generation February 1 Launch Provider Webinar PowerPoint presentation
 - Next Generation February 1 Launch Provider Webinar recording

Please note: Dates are driven by ODM and are subject to change. Please see ODMs communication regarding the timelines and visit the [ODM site](#) for any updates.

Summary

The Ohio Department of Medicaid (ODM) aims to prepare providers for the Stage 3a launch of the Next Generation program through provider awareness and training efforts.

Trainings and recordings related to the October 1 launch of Centralized Credentialing in the Provider Network

Management (PNM) module and Single Pharmacy Benefit Manager (SPBM) are still available [here](#).

PNM Training and Learning Management System

Provider Network Management (PNM) training sessions began on October 24 in preparation for exciting changes coming when Stage 3b is implemented. Registration is available now in the [Learning Management System \(LMS\), Absorb](#). The October training schedule can be found [here](#).

If you do not have an account in the LMS, it's important that you create one to ensure you have access to all training sessions, answer forms, and PNM resources. Access the [job aid](#) and follow the steps to create your account and register for training.

Training module topics include the following:

Self-service Hospice.

- Fee-for-service and Managed Care Claims Submission (Dental, Institutional, and Professional).
- Fee-for-service and Managed Care Prior Authorization Submission.
- Fee-for-service and Managed Care Eligibility Inquiry.
- Fee-for-service and Managed Care Claims Inquiry.
- Fee-for-service and Managed Care Provider Financials/Remittance Advice.

Journey Maps

ODM has also developed Provider Journey Maps that visually illustrate various activities required for providers to perform as part of their participation with the Next Generation of Medicaid Program. The Provider Journey Maps detail common provider activities, explaining the main activities performed by providers when Stage 3b is implemented.

- [PNM Module Functions](#)
- [Integrated Help Desk \(IHD\)](#)
- [Member Eligibility Verification](#)
- [Prior Authorization Submission](#)
- [Claims Submission](#)

To access available training to prepare for the 3a/3b launch, please visit ODM's [Training and Resource](#) pages. If you have any questions, please contact Provider Services at **1-800-488-0134**.

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