

*Medicaid Released the following information in late December, 2022:*

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## **Electronic Data Interchange module: Eight things you need to know**

On February 1, 2023, Ohio Department of Medicaid (ODM) will implement the new Electronic Data Interchange (EDI) module as part of the Next Generation program. Please take a moment and read through this email for the top eight things you need to know about the new EDI.

### **#1: The new EDI, supported by the vendor Deloitte, is replacing the current EDI.**

On February 1, the new EDI will be the exchange point for trading partners on all claims-related activities including claim status and eligibility. All trading partner claims must be submitted directly to the EDI, regardless of whether the member is receiving benefits through Medicaid fee-for-service (FFS) or one of the Next Generation managed care plans. Please note that MyCare is not included in the Next Generation program and will continue to use current processes.

Providers who submit managed care claims through direct data entry (DDE) will do so via the appropriate managed care portal. All managed care prior authorizations will continue to be submitted to the respective managed care portals or through their respective processes. Additionally, FFS direct data entered claims and prior authorizations will continue to be submitted through the Provider Network Management (PNM) module via a link to Medicaid Information Technology System (MITS).

### **#2: There is a change in policy about rendering providers on claims.**

For EDI-related claims submissions, **ODM now requires one rendering provider per claim at the header level**, rather than the detail level, for professional claims for both FFS and managed care recipients. Different rendering providers at the detail level are no longer acceptable. Exceptions for FFS Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers are detailed in the [Medicaid Advisory Letter 622](#).

### **#3: Provider claims submitted to trading partners must use the ODM-assigned Medicaid member ID (MMIS).**

The Medicaid ID should be obtained with each visit. The Medicaid ID must be used on all EDI claim submissions. Member eligibility can be verified using the PNM portal, which redirects to MITS, or using the 270 /271 eligibility transaction in EDI.

### **#4: There will be system downtime leading up to February 1.**

As we transition to the new EDI, there will be system downtime for processing of trading partner claims. They are as follows:

- **January 25-31:** There will be an FFS (837 P/I/D) claims transition period.
- **January 30-31:** There will be a member and claim inquiry blackout.

During this time ODM will not accept claims submitted via trading partners. Please work with your trading partner to discuss any changes or impacts to your submissions.

**#5: Pay attention to claims date of service when submitting for adjudication.**

Beginning February 1, all claims with a date of service on or after the February 1 launch must be submitted through the new EDI vendor, Deloitte. Please work with your trading partner to ensure claims with the appropriate dates of service are handled correctly beginning February 1.

**#6: Check that your trading partner is authorized to work with ODM.**

All clearinghouses or trading partners who are already authorized to submit claims to ODM will continue to have access to submit claims on behalf of providers. Please contact your trading partner to ensure they are ready to .

**#7: Each managed care claim must include the internal managed care payer ID and a receiver ID.**

All managed care claims submitted through the new EDI must include the internal managed care payer ID and a receiver ID. Please see the [ODM Companion Guides](#) for a full list of the updated receiver and payer IDs. Please note the payer and receiver IDs for FFS claims have not changed.

**#8: Providers must submit attachments in the original method of claim submission.**

Claim attachments must be submitted via the same method as the claim submission. For example, for a claim submitted via DDE, an attachment must also be done using DDE. For EDI transactions, please work with your trading partner on how to upload attachments. This is similar to the adjustment policy we detailed in the [December 12 edition of the ODM Press](#).

**How to stay informed**

ODM will provide more information about the upcoming implementation for members and providers in the coming weeks. In the meantime, please contact the [Next Generation mailbox](#) with questions. To learn more about the EDI visit the [Ohio Medicaid Enterprise System webpage](#) or contact the [EDI mailbox](#) for questions.

Thank you for your continued partnership and support of the Next Generation Ohio Medicaid program.

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