




Ohio Health Care Association

*Ohio Medicaid Fiscal Intermediary Transition
Guidance*



Current Status:



- ❖ Quadax is reporting claims processing issue is corrected. However, no providers have received claims payment or received a 277 response
- ❖ Ability reports that they are still unable to submit and process claims. However, we have heard accounts of claims payments.
- ❖ Change Healthcare has been successful in transmitting claims after 2/2/23
- ❖ Waystar has had varying success with claims transmission

Checking Claims Status:

- ❖ Claims submitted through the previous vendor (prior to 2/1/23 submission date) are in MITS. Claims handkeyed in MITS after 2/1/23 are also in MITS.
- ❖ We recommend manual entry into MITS if you are unable to confirm claims have been accepted
- ❖ Claims submitted through the new EDI vendor are NOT in MITS or in PNM. The claims will be available at a later date to be determined in PNM once that application is up.



Checking Claims Status:

Major Clearinghouse

-  Check your claims dashboard and submission records and request a claims status update. Look for status updates such as “processing” or “Accepted”
-  Can also check for a “277” or “999” transaction response indicating that the claims are processing or received by the fiscal intermediary.

Checking Claims Status:

SNF Clearinghouses

-  SNFs who are their own trading partner will likely not have a dashboard to check claims status on.
-  Must check for a “277” or “999” transaction response indicating that the claims are processing or received by the fiscal intermediary. Trading partners can request a “277” response by submitting a “276”, claim status inquiry.

Correcting Claims:

- ❖ **Claims manually entered into MITS or billed before 2/1/23 must be corrected in MITS**
- ❖ **Claims billed through EDI after 2/1/23 must be corrected using an EDI transaction corrected claim or cancellation claim**

Correcting Claims:

- ❖ **Corrected claim: type of bill 217**

- ❖ **Must include the following elements**

- ❖ **Previous claim control number. This information should be available on the remittance advice or within the EDI response file from the rejected claim.**
- ❖ **Ensure that all charges are listed as covered and that claims totals match service dates.**

Remittance Advice:

- ❖ Providers who are their own trading partner and successfully transmitted claims the first week of February received some payments on 2/9 with no remittance advice in PNM.
- ❖ RA will be in PNM, we are requesting clarification on the issue with the missing remits
- ❖ Managed Medicaid Remits will also come through PNM.
- ❖ RA reports are not populating correctly with paid dates, we have escalated to ODM.