MEDICAID PROVIDERS **NEW FEATURES IMPLEMENTATION**

WHAT IS CHANGING FOR ME?

CONTACTS

Requests for Authorization Reconsideration:

F: (833) 309-2004

E: ODMPA@gainwelltechnologies.com

For additional questions regarding claims or PAs, contact the ODM Integrated Help Desk (IHD):

P: 1(800) 686-1516 (Option 1)

E: IHD@medicaid.ohio.gov

AUTHORIZATION

ODM may reconsider a denied prior authorization request if the provider submits a request for reconsideration that is received within 60 days of the adverse determination.

1. The provider sends a request for a reconsideration to Permedion
2. Permedion staff receives the request
3. Permedion staff reviews and makes a final determination
4. Prior Auth Results are made available on the PNM Portal*

*PA Status/PA Detail

FINANCE AND PAYMENT CYCLE

For a claim to be included in the current week's payment cycle, the claim must be submitted by the appropriate deadline.

Note: Claims suspended for manual intervention are not guaranteed to be included in that week's payment cycle.

PREVIOUS WEDNESDAY

EDI FFS claims must be submitted by 12pm EST

PREVIOUS FRIDAY

FFS claims entered through the PNM portal must be submitted by 12pm EST

Payment processing begins

CURRENT MONDAY

PDF RAs available on PNM Portal

CURRENT WEDNESDAY

835s are available

CURRENT THURSDAY

Payments issued to providers via EFT or Check

***The payment date may shift due to Holidays**

CLAIMS

There is a new naming convention for the Claim Internal Control Number (ICN) Logic that lets users know the source. The first two characters are the year; the next three characters are the Julian date which denotes the exact number of that date counting from 1-365 or 366 if it is a leap year. The sixth character denotes the source of the claim.

Note: When performing an inquiry by phone, the IVR does not accept alpha characters, but providers are able to enter the claim ID without including the letter.

DATE FORMAT	SOURCE
YYJJJP	SPBM incoming pharmacy claims
YYJJJX	FI incoming CHC FFS pharmacy claims
YYJJJM	FI MyCare and Managed Care run-out incoming Encounter pharmacy
YYJJJE	FI FFS incoming EDI claims

DATE FORMAT	SOURCE
YYJJJW	FI FFS incoming web portal claims
YYJJJB	FFS incoming Sister Agency claims
EYYJJJ	FI incoming encounter claim
MYYJJJ	FI Managed Care incoming routed claims

IVR Inquiries

FI ICN	PROVIDER ENTERS
23005E123456	23005123456
23005A123456A1	23005123456
23005R123456R1	23005123456