

# Next Generation Ohio Medicaid Program December 1 Launch

October 20, 2022



### **Next Generation Ohio Medicaid Program**

Today's Agenda and Objectives

### **Session Agenda**

- **1** Next Generation of Ohio Medicaid
- 2 Key Components of December 1 Launch: Streamlined Claims,
- Prior Authorization, and Administrative Processes

3 Key Components of December 1 Launch: Next Generation Managed Care plans

4 Closing Remarks

Session Objectives

...

Discuss the mission of the Next Generation Ohio Medicaid Program

- Provide an overview of the Ohio
   Medicaid Enterprise System (OMES)
   Modules and how they help decrease administrative burden for providers
- Provide an overview of the benefits of the Next Generation Managed Care plans and member transition approach
- Review what to expect between now and the December 1 launch

# Next Generation of Ohio Medicaid



### **Ohio's Next Generation Medicaid Program**

**Mission Statement** 



We want to do better for the people we serve



### **Our Path Thus Far**

Starting with the voice of members and providers

Focusing on the INDIVIDUAL rather than the business of managed care

We began by soliciting input and suggestions from members and providers

Medicaid members participated in in-person listening sessions

Community partner organizations hosted listening sessions

Listening sessions hosted across the state

#### **Requests for Information**

Through two RFIs, we...

Received **over 1,000** pieces of feedback from providers, members, and advocates

**Met with more than 50** providers and provider associations

The Framework for Updating Ohio's Medicaid Managed Care Program



**First Generation Program Gaps** Feedback highlighted challenges with the current program – many of which the state is constrained in addressing under the current Medicaid Provider Agreement.



Creation of a New Contract New Provider Agreement aimed at addressing these issues and creating the "next generation" of the program.



Changing the Status Quo Created more levers to position ODM to better adapt & respond to the constantly changing healthcare needs of Ohioans.

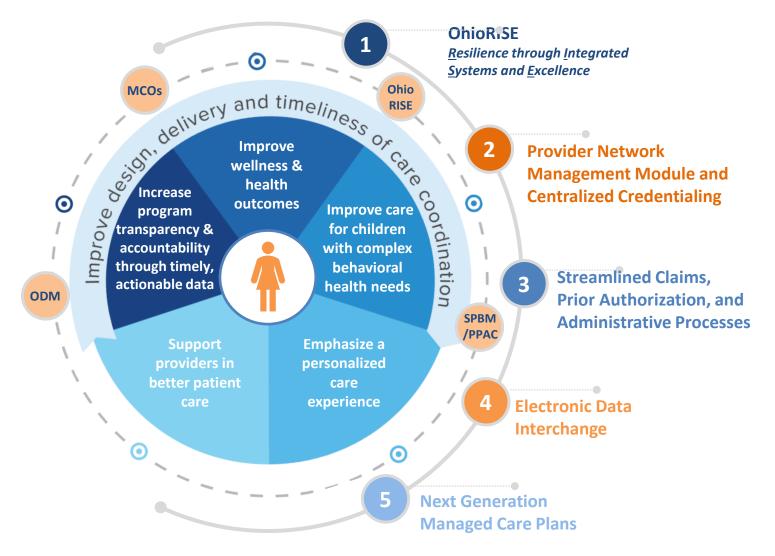


#### Procurement Process

Issued new Managed Care Entity (MCE) contracts to seven managed care plans, the OhioRISE plan and the single pharmacy benefit manager. <sup>5</sup>

# Ohio Department of Ohio's Medicaid Next Generation Program

The focus is on the individual with strong coordination and partnership among MCEs, vendors & ODM to support specialization in addressing critical needs.





### **Next Generation of Ohio Medicaid**

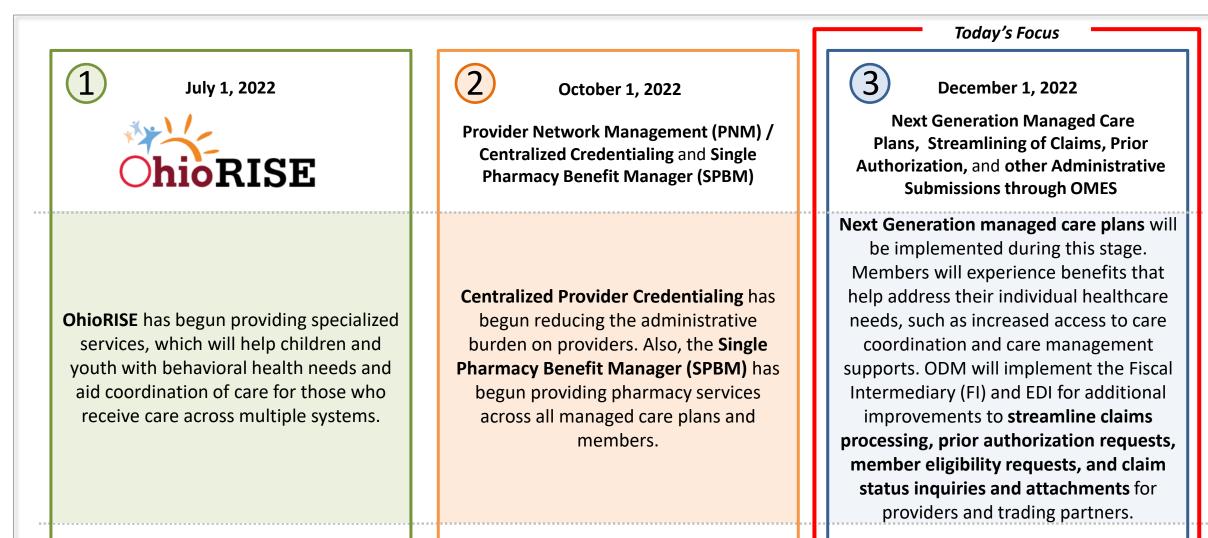
Improve design, delivery and timeliness of care coordination

### **Goals of Ohio's Future Medicaid Program**





### **Next Generation of Ohio Medicaid Implementation**



# Key Components of the December 1 Launch

Ohio Medicaid Enterprise System (OMES) Modules



Streamlined Claims, Prior Authorization, and Administrative Processes Next Generation

# **Ohio Medicaid Enterprise System (OMES)**

### What is OMES?

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OMES will be the **modernized replacement** of most functionalities in the Medicaid Information Technology System (MITS) and other supporting systems. OMES is made up of all the systems that are used in the delivery of Medicaid services.

# How is OMES related to ODM's Strategic Initiatives?

OMES encapsulates **new modules for conducting business.** Some of ODM's strategic initiatives, including Provider Network Management (PNM) and Single Pharmacy Benefit Manager (SPBM), are modules within OMES.

Note: After December 1, 2022, providers will no longer use MITS

### How does this change benefit Ohio Medicaid providers?

This transition will reduce administrative burden for providers and enable providers to focus on the more meaningful and important work of providing care to members. With these changes, the OMES serves as a single point of entry for all provider credentialing, claims, prior authorization requests, and member eligibility requests.



Creating a **single credentialing process**, rather than providers having to be credentialed separately for each managed care entity (MCE) with which they contract.



Minimizing missing claims, delays in claims submission, and delayed payments.

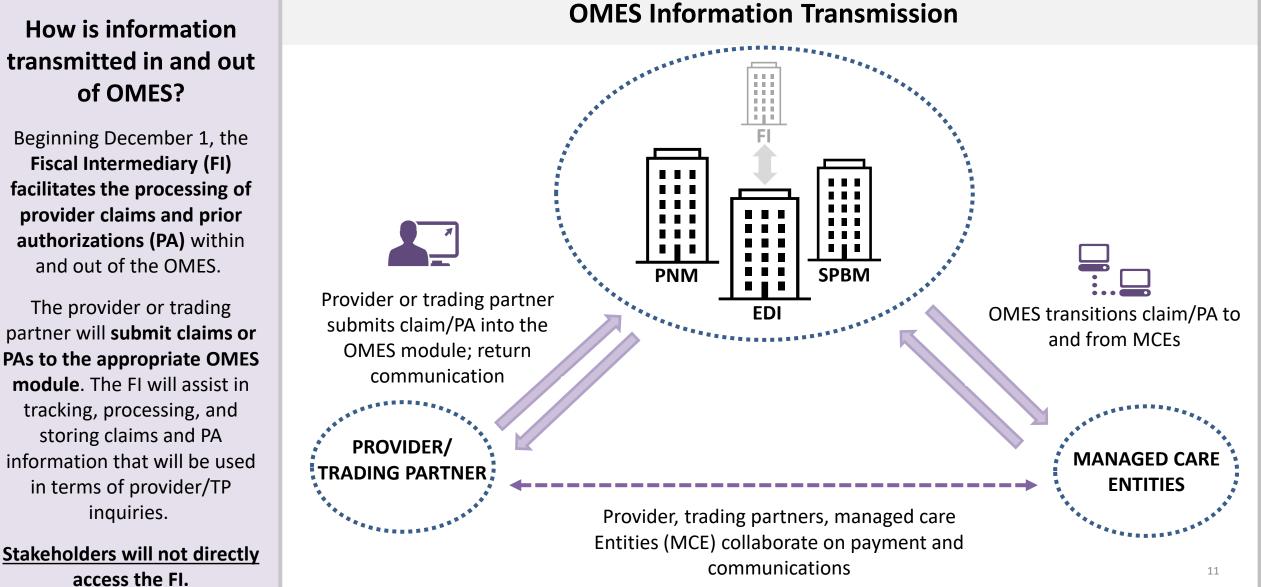


Making the claims, prior authorization, and member eligibility request process more **transparent** and **efficient** by limiting submission and communication of status to one single portal regardless of the MCE involved. Paper submissions, fax, and/or submissions to multiple MCE portals are no longer allowed.



Enabling **increased ODM oversight** of MCEs and ability to identify and address trends by providing ODM with consistent access to claims and prior authorization request data.

# **Ohio Medicaid Enterprise System**



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# **Ohio Medicaid Enterprise System (OMES)**



### **Provider Entry Points**

Provider Network Management (PNM) Module

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  - **On October 1**, providers began using the PNM module for:

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- Centralized Credentialing
- New Specialty Requests
- Provider Enrollments
- Medicaid Letter and Notice Viewing

## **Beginning December 1,** the PNM will replace many MITS functionalities:

- Claims Submission and Status Tracking
- Prior Authorizations
- Member Eligibility Inquiries
- Provider Self-Service Updates

### Single Pharmacy Benefit Manager (SPBM) Module

- On October 1, the SPBM module began helping ODM administer Ohio Medicaid's prescription drug program. It is accessed by prescribers and pharmacists to:
- Submit and Review Prescription Claims
- Submit Prior Authorizations and Check Status
- View Coordinated Services Program (CSP) Enrollment Details

### **Trading Partner Entry Point**

### Electronic Data Interchange (EDI) Module



Beginning December 1, All EDI

- exchanges will have a new entry point.The EDI module will be used for:
- Trading Partner Submission for Both FFS and Managed Care Claims
- Prior Authorizations for Members Covered by a Managed Care Plan
- Member Eligibility Inquiries in Batch or Realtime
- Claim Status Inquiry
- Enrollment for 835 Electronic Remittance
   Advices



### Streamlined Claims, Prior Authorization, and Administrative Processes

Vision for the Next Generation program Stage 3 implementation

Fee-for-Service (FFS) and managed care claims, prior authorization requests, member eligibility requests, and claim status inquiries and attachments are submitted through new Ohio Medicaid Enterprise System (OMES) modules.



**Trading Partners:** Submit via HIPAA-compliant, Electronic Data Interchange (EDI) X12 standard formats.



**Providers:** Submit via Provider Network Management (PNM) Module. Providers may also continue to utilize Trading Partners who submit on their behalf via EDI.



MCEs: Receive data from and send data through EDI.

### <u>Note:</u>

- Providers and trading partners may submit **inquiries for claims and prior authorization requests directly to the MCEs** <u>OR</u> submit them via PNM or EDI.
- The **Fiscal Intermediary (FI)** is used in the "back end" by ODM to collect data from items submitted through EDI or PNM; neither trading partners nor providers interact with the FI.



## **Provider Network Management (PNM) Module**

PNM is the new Provider Enrollment System and Provider Data Management system.

### As of October 1, the PNM is used for the following:

- Single entry point (MITS public and secure portal entrance closed)
- Centralized provider credentialing
- Provider enrollment applications
- Demographic information self-service management
- Enhanced and more robust provider directory to include MCP affiliation/network

**Note:** Until December 1, providers are redirected through PNM to MITS for direct data entry claims submission, prior authorization submission, member eligibility, and financials. Cost reports are submitted via the cost reporting tool in MITS.





### Effective December 1, providers will continue to access the PNM for:

• All features and functionality launched on October 1

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- Fee-for-service (FFS) and Medicaid managed care claims will be submitted through the PNM module
- FFS and Medicaid managed care prior authorizations will be submitted through the PNM module
- Member eligibility can be accessed directly through the PNM Module
- The cost reporting link will now redirect to the new Myers and Stauffer Cost Reporting Tool



## What are the additional **Benefits** in the PNM?

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- Submission for FFS and Medicaid managed care claims directly through one portal
- Submission for FFS and Medicaid managed care prior authorizations directly through one portal
- Enhanced tracking mechanisms of claims and prior authorizations confirmation of successful submission in real time
- Enhanced reporting / tracking of turnaround times for claims and prior authorizations (for ODM)



# Fiscal Intermediary – What is it replacing and what is new?

Providers and administrators will not directly access the Fiscal Intermediary (FI). The FI does the following:

### Replaces <u>MITS claims and financial subsystems</u>

- Processing of Fee-For-Service (FFS) claims and prior authorization requests

### Replaces <u>OAKS functionality</u>

Payment of FFS providers

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- EFT bank account information changes must be made in the PNM
- All other payments as directed by the state (CPC, HCAP)
- New <u>Clearinghouse functionality</u>
  - Receipt of managed care claims and prior authorizations from PNM and EDI
  - Data sharing





## **Functions of the FI**



Processing of fee-for-service (FFS) claims and prior authorization requests



#### Payment of FFS providers



Routing of managed care claims and prior authorization requests



Payment of per member per month capitation rates to MCOs (includes rate management)



Receipt and validation of encounters received from managed care organizations (MCO) resulting from their claims processing



Other payments as directed by the state







Management of financial data for Medicaid and related programs operated by the OMES

## What Providers need to know related to EDI

### All EDI claims...

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With Dates of Service **after** the go-live date must be submitted through the new EDI vendor, Deloitte.



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.

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May only include one **Rendering Provider per claim for FFS members**. Different rendering providers at the detail are no longer acceptable for FFS claims.



Files must be separated by the provider or by their designee. (e.g., CareSource Payer – file can only contain claims for members covered by CareSource)



Must use **the 12-digit ODM assigned member ID** even if one of the MCEs is the destination payer.



Upon claim submission EDI will validate code sets. Claims with invalid codes will be rejected with the 824 transaction.

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

## What Providers need to know related to EDI

### **Items Submitted through OMES:**

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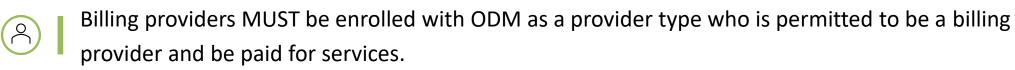


All prior authorizations for fee-for-service (FFS) must be entered via the PNM. Attachments to support prior authorizations submitted via EDI and forwarded to the MCE will have to use the attachment+control file option until a later date.



Deloitte EDI will provide an attachment+control file option for trading partners who do not have the EDI 275 attachment transaction built yet.

### Billing:





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.

Additional information regarding EDI expectations can be found at: <u>www.medicaid.ohio.gov/resources-for-providers/billing/trading-partners/omes-golive</u>

# Key Components of the December 1 Launch

Ohio Medicaid Enterprise System (OMES) Modules

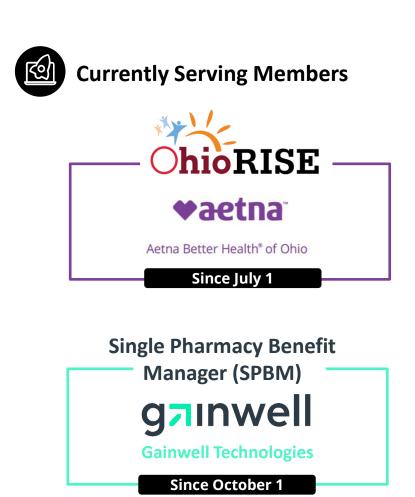


Streamlined Claims, Prior Authorization, and Administrative Processes



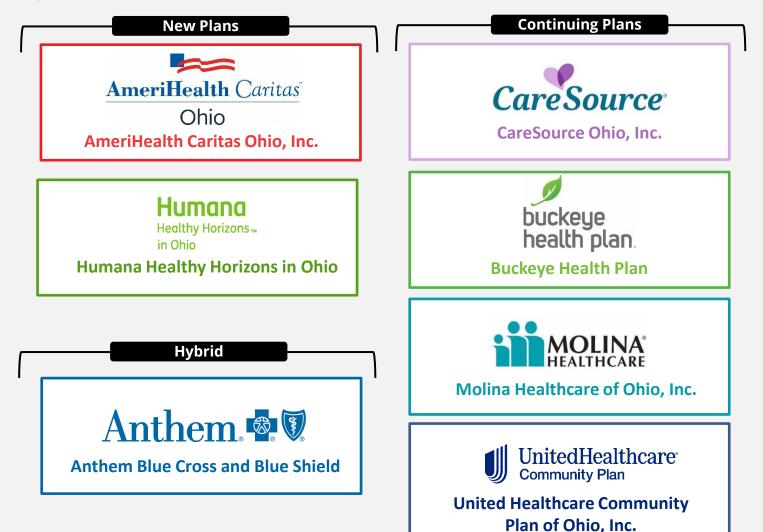


## **Ohio Medicaid's Next Generation MCEs**





Serving Members Beginning December 1



Next Generation of Ohio Medicaid Key Improvements

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We listened to you – our members, over 1,000 healthcare and behavioral health professionals, and community leaders across the state. Your feedback led us to make exciting changes and improvements for Ohio Medicaid's managed care program so we can serve you better.



Freeing Up Providers to Better Serve You



### **Next Generation Program Key Improvements**

The Next Generation of managed care expands Ohio Medicaid managed care member benefits to help address unique individual healthcare needs. The new program includes improvements such as:

#### Better Services for Pregnant Members and Newborns

- Support groups and nurse home visits for emotional and physical support during pregnancy
- Free breast pump & 24/7 help with breastfeeding for newborns.



#### **Community Investment**

 Ohio Medicaid is investing in local communities by partnering with community organizations and supporting local programs to help tackle various issues.



#### After-Hours Behavioral Health Crisis Services

- Access to an after-hours phone number connecting individuals experiencing mental health/addiction-related challenges to a statewide
  - crisis line.



#### 24/7 Medical Advice Line

 Call your managed care plan's 24/7 medical advice line anytime you have a medical question or need help.



#### Individualized Coordination and Care Management

 Access to a health navigator to help individuals find services specific to their needs.



#### OhioRISE

 OhioRISE is a specialized managed care program for children and youth with complex behavioral health and multisystem needs.



## **Next Generation Program Key Improvements**

The Next Generation of managed care expands Ohio Medicaid managed care member benefits to help address unique individual healthcare needs. The new program includes improvements such as:

#### Commitment to Individual's Health and Cultural Respect

We are supporting healthcare staff by providing programs and trainings that include cultural understanding and respect for everyone's experiences.



### Additional Support for Children

 Additional behavioral health services will include therapy and substance use disorder treatment services.



### Single Pharmacy Benefit Manager (SPBM)

With Gainwell as your go-to for pharmacy needs and services, you will be able to receive the medications you need regardless of managed care plan.



### Freeing Up Providers to Better Serve You

 Ohio Medicaid has implemented changes to ease the administrative burden on providers



### Enhanced Support for Member Transportation

 Improved trips to appointments and pharmacies will include ambulance, wheelchair van, and other emergency transportation and county nonemergency transportation



### Focus on Preventive Care and Wellness

 Members will have an opportunity to receive rewards for wellness visits, vaccinations, and preventative care screenings for illnesses including diabetes.



### **Increased Accessibility**

If English is not your primary language or you are hard of hearing, your plan has a toll-free number and telephone services available to make sure you can easily get the information and services you need.



#### **Telehealth Services**

 To ensure you can receive care even when you can't make it to the doctor's office, telehealth appointments are available for healthcare needs.



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### **Member Transition & Enrollment Approach**

Serving the member by prioritizing member choice



#### Member Choice, Continuity of Household and Care Providers

**Member Choice:** All members will be encouraged to actively select the Next Generation MCO that best meets their healthcare needs *and* can change without cause through November 30.

**Household Continuity:** Next Generation MCO assignments will be based on a common provider network for the member and household.

**Member Choice:** Members on a continuing plan will remain in their current plan on December 1, unless they selects a different Next Generation plan.

### MCO Weighting: New, Hybrid, & Incumbent Plans

**Continuing MCOs:** Current MCOs remaining in the Next Generation program.

- Buckeye Community Health Plan.
- CareSource Ohio, Inc.

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- Molina Healthcare of Ohio, Inc.
- UnitedHealthcare Community Plan of Ohio, Inc.

New MCOs: MCOs joining the Next Generation Program.

- AmeriHealth Caritas Ohio, Inc.
- Humana Health Plan of Ohio, Inc.

### Fee-for-Service (FFS) Pool

#### **Program Care Provided Through:**

Certain members in the FFS pool will receive care paid for through Medicaid FFS until the transition to the Next Generation managed care plans. Upon December 1, they will transition into a Next Generation managed care plan and receive care paid for through that plan.

### **4** Assessment & Possible Adjustments

#### Members in a Continuing Plan:

Currently enrolled members in a continuing plan will remain in their current plan on December 1, unless they select a different Next Generation managed care plan.

#### **Post Implementation Assessment:**

Assessment to determine if any currently enrolled members need to be transitioned to a new MCO.

### Member Transition & Enrollment | High-Level Timeline

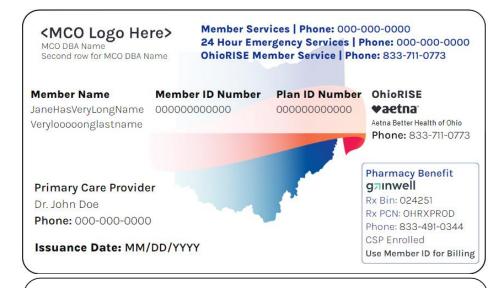
March 2022	April	May	June	July	August	September - November 30th	December		
							GO-LIVE		
<b>Choose or Stay Put: 3/1/2022 – 11/30/2022</b> Current members can select a Next Generation plan or will stay with their current plan. Previous members returning within 90 days will be returned to their prior plan.									
Fee-For-Service (FFS) Pool: 3/1/2022 – 11/30/2022         Members newly eligible or returning to Medicaid with a gap of 91+ days or newly eligible for managed care will receive services through FFS.         Assignment: Family continuity; Continuity of Care Providers.									
MCO Weighted Assignments 18-month Transition: 3/1/2022 – 6/30/2023									
Additional Details									
<ul> <li>MCO Weighted Assignments: 18-month Transition</li> <li>Assignment allocations are adjusted by region and by new/continuing plan status.</li> <li>3/1/2022 - 11/30/2022: 100% to new/hybrid MCOs (FFS Pool)</li> <li>12/1/2022 - 6/30/2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 16% of assignments.</li> <li>7/1/2023 - 12/31/2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 24% of assignments.</li> <li>1/1/2024 - 6/30/2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 40% of assignments.</li> </ul>				• ssignments. ssignments.	<b>Ost Implementation Assessment</b> <i>Excluded:</i> Any member who has made a choice; M heightened needs. Once notified, member can decline transfer 60 day date; has additional 90 days after transfer to choos Transfer based on continuity of care providers.	vs before effective			

• 1/1/2024 - 6/30/2023: New/Hybrid plans receive the majority. Continuing plans may receive a combined 40% of assignments.



### Phased Approach: Next Generation Managed Care Member ID Cards

	December 1 Launch
	Next Generation ID Cards
Mailed By	All Next Generation MCOs sent on or after October 15
Applicable Members	All newly eligible managed care members or current members switching MCOs
Date Members Received By	No later than December 1



#### Member Services | Phone: 000-000-0000 24 Hour Emergency Services | Phone: 000-000-0000 OhioRISE Member Service | Phone: 833-711-0773

#### Information for Members

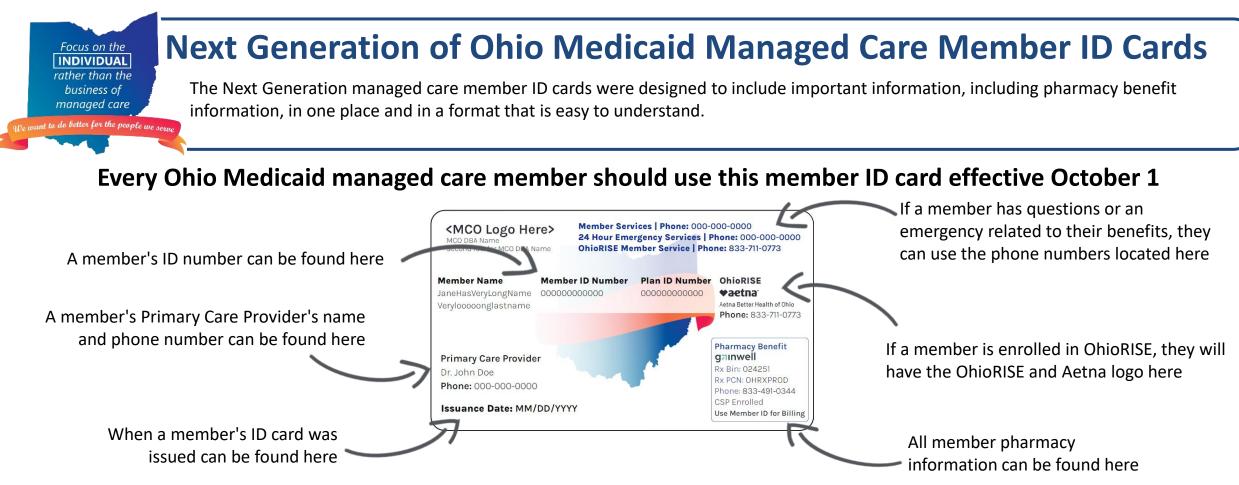
May include text about additional emergency services. Website address for members. Other information as needed relevant to members. May include text about additional emergency services. Website address for members. Other information as needed relevant to members. May include text about additional emergency services. Website address for members. Other information as needed relevant to members.

#### Information for Providers

Please verify member eligibility on Date of Service via the ODM provider portal before rendering services. Please visit (MCO website) for detailed billing instructions or call (MCO phone number) for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.



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### **Old Ohio Medicaid Member ID Cards**







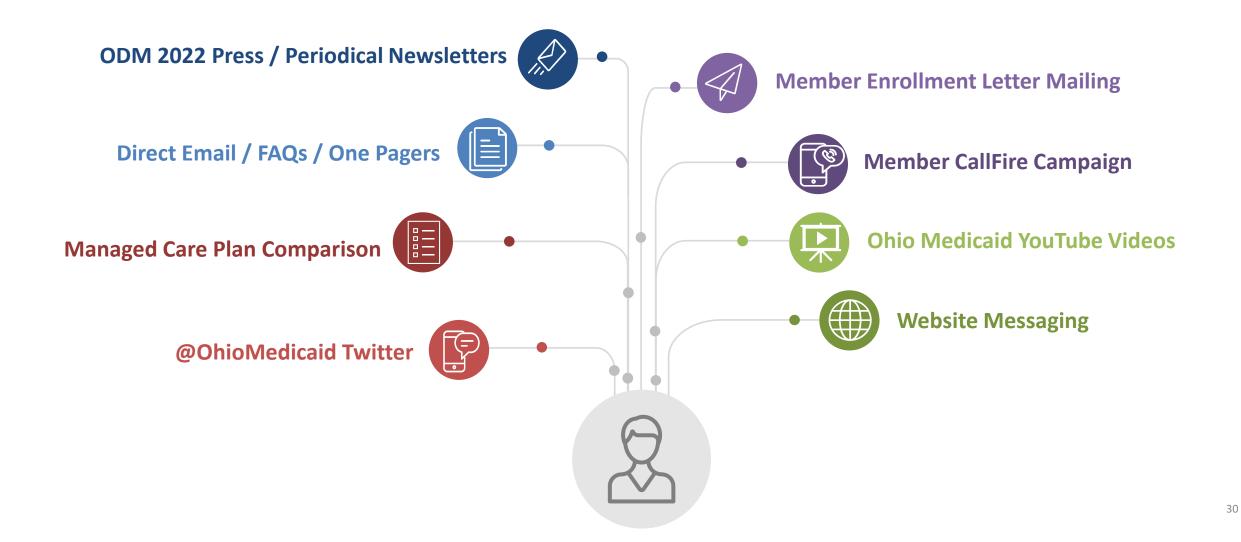






### **Communication Channels Utilized for Members and Providers**

**ODM 2022 Member Transition & Enrollment** 



# **Closing Remarks**



### **Important Reminders**

As we move closer to the December 1 launch, please remember to:

Join us for **future touchpoints** and presentations Stay updated through the Next Generation Ohio Medicaid website <u>https://managedcare.me</u> <u>dicaid.ohio.gov/home</u>

Send questions that you have or are hearing Email addresses provided on next slide If you are a provider, subscribe to the **ODM 2022 Press** <u>https://medicaid.ohio.gov</u> <u>/home/govdeliverysubscribe</u> If you are a member, subscribe to the ODM 2022 Periodical <u>https://medicaid.ohio.gov</u> <u>/home/govdeliverysubscribe</u>



## Thank you for coming!

We appreciate all your time and input today! If you have any questions, please feel free to reach us via email.



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SPBM / PPAC: MedicaidSPBM@medicaid.ohio.gov

OhioRISE: OhioRISE@medicaid.ohio.gov