

Ohio Department of Medicaid Ohio Association of Area Agencies on Aging Presentation

October 18, 2023

Agenda

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Thank you and contact information

Next Generation of Medicaid Managed Care

Ohio's Next Generation Medicaid Program

Mission Statement



Next Generation Ohio Medicaid Implementation

1

July 1, 2022



launched to help children and youth with behavioral health and multi-system needs.

2

October 1, 2022

Centralized Provider Credentialing

reduces duplication,
providers have more time for members.

Single Pharmacy Benefit Manager (SPBM)

statewide pharmacy access for members,
statewide payment policies for pharmacies.

3

February 1, 2023

Next Generation Managed Care Plans

Individualized assistance and coordination for
members, focus on quality and outcomes.

Significant IT Systems Implementation

Intake and route majority of claims to appropriate
managed care plans, increasing transparency and
visibility regarding care and services.

4

Gradual Completion

Final IT Systems Implementation

Single point of entry for all claims and prior
authorization requests.

All data transparently available for ODM to monitor
and evaluate our program.

Next Generation Program Key Improvements

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.

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.

Enhanced Support for Member Transportation

Improved trips to appointments and pharmacies include ambulance, wheelchair van, and other emergency transportation and county non-emergency transportation.

Community Investment

Ohio Medicaid is investing in local communities by partnering with community organizations and supporting local programs to help improve health outcomes.

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.

OhioRISE

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

Additional Support for Children

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

Single Pharmacy Benefit Manager (SPBM)

With Gainwell as the Next Generation's single administrator for pharmacy needs and services, members receive medications they need regardless of managed care plan.

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.

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.

Individualized Coordination and Care Management

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

Freeing Up Providers to Better Serve You

Ohio Medicaid has implemented changes to ease the administrative burden on providers, so they have more time to focus on you.

Focus on Preventive Care and Wellness

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

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.

Managed Care Open Enrollment Overview

What is open enrollment?

Open enrollment runs November 1 - November 30 and is the month in which Ohio Medicaid managed care members can review the plans available and select the plan that best fits their healthcare needs.

When can a member select a plan?

Ohio Medicaid managed care members who are eligible can select a plan from now through November 30. The plan selected will begin providing healthcare benefits the first day of the month following the selection and will be the plan to provide benefits to that member through next year's open enrollment unless the member has an approved healthcare related reason for changing plans.

What plans are available?



Aetna Better Health of Ohio
MyCare only



Anthem Blue Cross and Blue Shield



Ohio

AmeriHealth Caritas Ohio, Inc.



buckeye
health plan.

Buckeye Health Plan



CareSource Ohio, Inc.



Humana Healthy Horizons in Ohio



Molina Healthcare of Ohio, Inc.



UnitedHealthcare
Community Plan

UnitedHealthcare Community
Plan of Ohio, Inc.

Open Enrollment Timeline and Goals

July	August	September	October	November
Educate Communicate the open enrollment process, timeline, and resources available. Encourage members to update their contact information.				Enroll Empower members to choose the plan that best fits their healthcare needs.

Goals



Notify Members

Notify Ohio Medicaid members of the open enrollment period and the importance of reviewing the plans available.



Communicate via Preferred Channels

Communicate via multiple channels to “meet members where they are” with information delivered through preferred methods.



Create Accessible Communication

Deliver messages that are accessible, easy to understand, consistent, and concise. Limit member confusion about open enrollment.



Prepare Advocates

Prepare help desks, partners, community organizations, and providers with information about open enrollment to assist members.



Promote MCEs

Promote managed care entity plan benefits to Ohio Medicaid members by utilizing resources available along with the Ohio Medicaid Consumer Hotline to assist members in seeing the benefits and providers available for each plan.

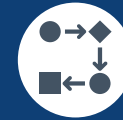
Ohio Medicaid Enterprise System (OMES)



**Electronic Data
Interchange (EDI)/ Fiscal
Intermediary (FI)**

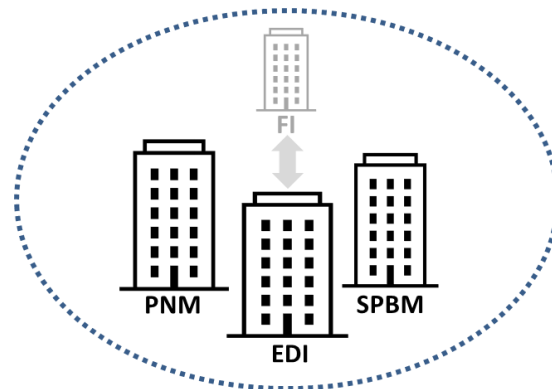


**Single Pharmacy Benefit
Manager (SPBM)**



**Provider Network
Management (PNM)**

OMES Entry Points



Provider Entry Points

Provider Network Management (PNM) Module

- ✓ **On October 1**, providers began using the PNM module for:
 - Centralized credentialing.
 - New specialty requests.
 - Provider enrollments.
 - Medicaid letter and notice viewing.

- ➔ **At a later date**, the PNM will replace many MITS functionalities:
 - Claims submission and status tracking.
 - Managed care 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

- ➔ **On February 1**, all EDI exchanges began to have a new entry point. The EDI is for:
 - Trading partner submission for both fee-for-service and managed care claims.
 - Member eligibility inquiries in batch or real time.
 - Claim status inquiry.
 - Enrollment for 835 electronic remittance advices.

How is OMES related to the Next Generation of Ohio Medicaid?

OMES provides new modules for conducting business and streamlines processes.

Once complete, how does OMES benefit Ohio Medicaid providers?

-  Creates a **single credentialing process** through the **Provider Network Module and Centralized Credentialing**, rather than providers credentialing separately for each managed care entity (MCE) with which they contract.
-  Provides **pharmacy services across all MCEs and members** through the Single Pharmacy Benefit Manager (SPBM).
-  **Minimizes** missing claims, delays in claims submission, and delayed payments.
-  Makes 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.
-  Enables **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.

Provider Network Management (PNM) Updates

Recent changes and Updates related to PNM



PNM Enrollment Agent Role: Edit Key Provider Identifiers, this change increases the ability of the Enrollment Agent role to update some additional demographic information.



PNM Administrator transfer – new ODM 10304. This form should be used when a practitioner moves to a different Medicaid provider and a new PNM Administrator needs to be assigned to their individual Medicaid ID to ongoing management of their provider data in the PNM.



Provider Enrollment Processing Average turnaround time:

- 15 - 20 business days
-



Credentialing Review and Completion Average turnaround time:

- 8 - 9 business days
-

PNM and Centralized Credentialing Updates

- **Public health emergency (PHE) Return to Routine Provider revalidations resuming October 2023**
- **In-person site visits resuming for organizational providers August 2023**
- **For independently licensed practitioners, revalidation and recredential dates are paired**

Revalidations

- Federal Requirement
- 5-year provider agreement
- All providers subject to this – including those that are under delegate agreement.

Recredentialing

- National Committee for Quality Assurance (NCQA) Requirement
- 3-year recredentialing requirement
- Only Independently Licensed Practitioners are subject to NCQA credentialing/recredentialing.

ODM's System of Record: Prover Network Management (PNM) System

Effective date February 15, 2023

The PNM System became the ODM's system of record for Medicaid provider data.

The Managed Care Entities (MCEs) began the transition to utilize daily reconciliation of provider data to:

- » Ingest information (daily), including provider affiliation, to ensure timely and accurate claims payment.
- » Validate (daily) provider eligibility and ineligibility.
- » Ensure accurate and aligned provider data in provider directories.
- » Evaluate network adequacy.
- » Outreach to providers to confirm updates & direct to the PNM System for updates.

PNM Module Data Integration Expectations

- ✓ ODM's expectation and goal is that for each Medicaid provider the PNM System and the MCE systems data is current, aligned, and consistent for the purpose of adjudicating/paying claims and updating provider directories.
- ✓ Providers are directed to update their ODM record in the PNM system.
- ✓ Providers will not send changes directly to MCEs when the information is already included in the PNM system. Provider data or information that is not collected in the PNM system and therefore can be sent directly to MCEs when requested (e.g., provider capacity, telehealth availability, specialist information) may be collected from providers by the MCEs and maintained in their systems to meet provider directory requirements.
- ✓ MCEs must not accept changes from providers into their own systems that are inconsistent with PNM system data shared through the PMF.
- ✓ MCEs will conduct daily reconciliation, 7 days per week, of Medicaid provider data from the PNM System.

Expectations for Providers and Trading Partners to Avoid Claims Denials

PNM as the System of Record

Effective October 20, Next Generation Medicaid managed care organizations (MCO), the OhioRISE plan, and MyCare Ohio plans must use provider data from Ohio Medicaid's Provider Network Management (PNM) module as it is the official system of record. To ensure the provider data sent from the PNM to the managed care entities (MCE) is accurate, it is imperative that your records are updated within the PNM module. **Effective October 20, if your data in the PNM module does not match your data on the submitted claim, your claims will be denied for payment.**

Expectations and Communications Timeline



What is new and expected of providers and trading partners?

- MCEs will only use data and information ODM has on file from each provider as entered in the PNM Module to adjudicate claims.
- MCEs will not be using historical or other information outside of the PNM Module data.
- If your data in the PNM Module does not match data on the submitted claim, your claims will be denied for payment.

Calendar of Communication

- IHD Help Desk messaging, ODM Press article, and website announcements will be distributed September 28.
- Notifications will be sent directly by email and a text campaign to providers will begin the week of October 6.
- ODM will review provider claims denials data and outreach directly to impacted providers following the October 20 transition.

Thank you for coming!

We appreciate your time today! If you have any questions, please feel free to contact us.



ODM Integrated Helpdesk (IHD): IHD@medicaid.ohio.gov or 800-686-1516
Representatives are available 8 a.m. - 4:30 p.m. Eastern time Monday-Friday.

Single Pharmacy Benefit Manager: 833-491-0344 or OH_MCD_PBM@GainwellTechnologies.com
Representatives are available 24 hours a day, 7 days a week.

Next Generation Ohio Medicaid: ODMNextGen@medicaid.ohio.gov

OhioRISE: OhioRISE@medicaid.ohio.gov