

Next Generation of Ohio Medicaid

OhioRISE Factsheet

The Ohio Department of Medicaid (ODM) announced the Next Generation of Ohio Medicaid is being implemented in stages, starting on July 1, 2022, with the full launch of OhioRISE in partnership with Aetna Better Health of Ohio, the OhioRISE managed care plan. The staggered approach, starting with OhioRISE, will meet the immediate behavioral health needs of children and youth served by multiple systems and their families while avoiding unnecessary disruption and confusion for members and to reduce burdens on our service providers. Additionally, the staggered approach remains true to our Next Generation vision – to ensure that we keep our focus on the individual, honor members' choice, and provide continuity in the provision of members' care.

OhioRISE is a specialized managed care program that focuses on children and youth who have complex behavioral health and multisystem needs. While all children and youth with Ohio Medicaid can access mental health and substance use disorder care, OhioRISE enrollees will also be offered the following new and improved behavioral health services:

- Intensive and Moderate Care Coordination
- Improved Intensive Home-Based Treatment (IHBT)
- Behavioral Health Respite
- Primary Flex Funds
- Mobile Response and Stabilization Services (MRSS) – launching across all of Ohio Medicaid's delivery systems on July 1, 2022
- In-state Psychiatric Residential Treatment Facilities (PRTFs) – launching in 2023

Much of the implementation of the OhioRISE program is already well underway. A statewide network of community-based Care Management Entities (CMEs) was selected and launched in February 2022. ODM made transition grant funding available to the CMEs and Mobile Response and Stabilization Services (MRSS) providers to launch new OhioRISE services and support provider and workforce development. In March, ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) launched the first new OhioRISE service, an enhanced version of IHBT.

Starting in May 2022, a new cross-system Child and Adolescent Needs and Strengths (CANS) Assessment IT system went live. Enabling assessments to be shared across multiple providers and situations and facilitating enrollment of eligible children and youth into OhioRISE. Each child or youth will need to be assessed only once for a variety of purposes rather than requiring each family to tell their story repeatedly. In June 2022, CMEs will begin providing early services targeted to children in the child protection system.

Additionally, ODM has been working closely with Aetna Better Health of Ohio to complete extensive community and provider training sessions for community partners and service providers. In the first two trainings alone, more than 1,650 individuals participated. The OhioRISE Advisory Council and its workgroups have been meeting since January 2021, and their work will continue beyond the full implementation of OhioRISE.

Beginning on July 1, 2022, OhioRISE enrollees will receive their behavioral health benefits through Aetna Better Health of Ohio and their physical health services through a separate managed care organization (MCO) or Medicaid fee-for-service (FFS). With the staggered approach to implementing the Next Generation of Ohio Medicaid, OhioRISE members will receive physical health services through their current MCO until the remaining Next Generation program begins later this year or will maintain FFS coverage for physical health care throughout the transition.

Aetna will work collaboratively with Ohio Medicaid's current MCOs (Buckeye, CareSource, Molina, Anthem/Paramount, and United Healthcare) to care for children / youth who are enrolled in both OhioRISE and managed care. Aetna and the MCOs have been working for nearly a year to ensure OhioRISE and managed care benefits are integrated around a child / youth and their family / caregivers. Together, all parties will share information using current systems and supported by information provided by ODM's Medicaid Information Technology System (MITS).

Until later stages of the Next Generation program implementation, Aetna will receive claims and prior authorization requests directly from OhioRISE providers and process them much in the same way that Ohio Medicaid's current MCOs receive, and process claims and prior authorization requests today. Providers and trading partners will receive the information and training necessary to be ready to submit claims and prior authorization requests directly to Aetna Better Health of Ohio beginning July 1, 2022.

Following the launch of OhioRISE (Stage 1), other components of the Next Generation of Ohio Medicaid will begin in stages. Implementation in stages supports ODM and our partners in ensuring the important reforms and improvements embodied in the next generation program are not compromised with a hurried launch or potentially confusing or seemingly conflicting messages to Medicaid members. The staggered roll-out allows us to ensure our partners and providers are included in the testing, training, education, and user-acceptance processes – an essential factor in ensuring systems will operate seamlessly upon go-live. Subsequent stages include:

- **Stage 2: October 1, 2022, Centralized Provider Credentialing** will begin which will reduce administrative burden on providers. Also, the **Single Pharmacy Benefit Manager (SPBM)** will begin providing pharmacy services across all managed care plans and members.
- **Stage 3:** December 1, 2022, the implementation of the **Next Generation managed care plans** will occur. Members will experience benefits that help address their individual health care needs such as increased access to care coordination and care management supports. Also in stage three, ODM will implement additional improvements to streamline the process of claims and prior authorization submission for providers.

FAQs

	Question	Answer
1	Who is eligible for OhioRISE?	<p>Children and youth who may be eligible for OhioRISE:</p> <ul style="list-style-type: none"> • Are eligible for Ohio Medicaid (either managed care or fee-for-service), • Are age 0-20, and • Require significant behavioral health treatment, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment. <p>A CANS assessment to determine OhioRISE eligibility can be conducted by any certified Ohio CANS assessor. To ask for a CANS assessment, children / youth and their families / caregivers can contact:</p> <ul style="list-style-type: none"> • A child’s / youth’s managed care organization, • Aetna Better Health of Ohio, • A local care management entity, • The Medicaid Consumer Hotline, or • Many local behavioral health providers or Family and Children First Councils, which may have a CANS assessor onsite or be able to link to one. <p>Children and youth may also be eligible for OhioRISE due to certain urgent conditions. For example, if a child or youth is in a hospital for behavioral health reasons.</p>
2	Who is included in the “Day One” population of children / youth who will automatically be enrolled in OhioRISE on July 1, 2022?	<p>ODM is working with sister state agencies and community partners to pre-identify eligible Medicaid children / youth who will automatically enroll in the program on July 1, and those members will receive information about the program beginning in June. Children and youth who will be automatically enrolled will have recently received one of the following types of care:</p> <ul style="list-style-type: none"> • On or after January 1, 2022: Inpatient psychiatric and/or substance use disorder services or out of state psychiatric residential treatment facility services. • On or after April 1, 2022: Intensive home-based treatment, care at an Intermediate Care Facility / Intellectual Developmental Disability with an intensive behavioral support rate add-on, or care in a developmental center while under age 18, or a CANS assessment entered in the CANS IT system indicating OhioRISE eligibility. • On or after May 1, 2022: Substance use disorder residential treatment, or services from a children’s residential center or residential parenting facility while in Title IV-E agency custody (e.g., Title IV-E Court, Public Children Services Association of Ohio).

3	<p>Can I still use my current Medicaid / managed care plan ID card after enrolling in OhioRISE?</p>	<p>Yes, you can still use your current Medicaid / managed care plan ID card.</p> <ul style="list-style-type: none"> Starting July 1, 2022, if you or a child in your family is in the OhioRISE program, a new ID card indicating OhioRISE enrollment, and more information will be sent to you. Starting October 1, 2022, every managed care enrollee (including OhioRISE members) will be sent a new ID card with new pharmacy information. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card. If you have selected a new managed care plan during open enrollment, in November 2022, or are in fee-for-service enrolling in managed care for the first time, you will be sent a new Next Generation ID card. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card. <p>If you have questions about what member ID card you should be using, please contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680.</p>
4	<p>Should children / youth enrolled in OhioRISE participate in open enrollment?</p>	<p>Open enrollment has already started for Ohio Medicaid managed care and will end on November 30, 2022. This does not include MyCare.</p> <ul style="list-style-type: none"> You are encouraged to select a Next Generation managed care plan now that best meets your needs. If you do not make a Next Generation managed care plan selection, you will continue to get healthcare coverage and will remain with your current plan. You will start to receive healthcare coverage from your selected Next Generation managed care plan before the end of the year. If you have questions about your healthcare coverage, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711. <p>If you need to change your plan <u>now</u>, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to discuss the just cause process.</p>
5	<p>How do I know which plan I currently get healthcare coverage from and how do I select a Next Generation managed care plan?</p>	<p>All members will remain with their current managed care plan until the implementation of the Next Generation managed care plans before the end of the year.</p> <p>Beginning July 1, OhioRISE enrollees will receive their behavioral health benefits through Aetna (the OhioRISE plan) and their physical health services through their current managed care plan (or Medicaid Fee-for-Service) until the Next Generation program begins.</p> <p>You can choose a Next Generation managed care plan at any time from now to November 30, 2022. You will begin getting healthcare coverage from the plan you select before the end of the year.</p> <ul style="list-style-type: none"> You can reach out to the Ohio Medicaid Consumer Hotline at 1-800-324-8680 TTY:711 for help with picking a plan or visit the

		<p>Ohio Medicaid Consumer Hotline webpage at ohiomh.com for more information</p> <ul style="list-style-type: none"> • Representatives are available on the Ohio Medicaid Consumer Hotline from 7 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. on Saturday. They can provide interpreters, alternative formats, and answer questions. • You can also visit the Ohio Medicaid Consumer Hotline Portal at members.ohiomh.com and login to see your current plan and make a Next Generation managed care plan selection.
6	<p>What is the Public Health Emergency (PHE)? Does it matter for children / youth enrolled in OhioRISE?</p>	<p>The PHE declared by the federal government due to the COVID-19 pandemic includes many provisions, one of which prevented members' from being disenrolled during the PHE even if the member had become ineligible.</p> <p>We anticipate the PHE will be extended beyond July 15th. Once the PHE ends, ODM will be required to redetermine eligibility for members. When the PHE ends, ODM required to redetermine eligibility for members, including children / youth enrolled in OhioRISE.</p> <p>The best action members can take now is to make sure their contact information is up to date. ODM is committed to communicating with members once the federal government issues notice that the PHE is ending to inform members about any actions they must take. For instructions on how to update their contact information, members should visit medicaid.ohio.gov/home/update-contact-info/update-contact-info.</p>