Ohio Department of Medicaid

Managed Care Procurement Press

December 16, 2020

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Hello!

Welcome to the *ODM Managed Care Procurement Press*, a short periodic update on the progress of the Ohio Department of Medicaid (ODM) Managed Care Procurement.

You are receiving this newsletter because you have requested to receive periodic updates about the Managed Care Procurement, responded to one or both of our Requests for Information (RFIs), met with ODM and Procurement Team members to provide feedback, or partnered with us in a listening session.

Thank you for taking time to provide your ideas and feedback! Through this time of uncertainty and need for many Ohioans, and into the future, we continue to focus on the individual rather than the business of managed care. We want to do better for the people we serve.

Feel free to distribute the information contained within this update to your colleagues, organization's members, or with anyone who you think might find it useful. We want all Ohioans to know what is going on with the ODM Managed Care Procurement.

Please also encourage anyone who you think might be interested in receiving similar updates to send us an email at the Medicaid managed care procurement mailbox, MCProcurement@medicaid.ohio.gov.

Current Phase of the Managed Care Procurement RFA

As announced in the November edition, the Managed Care Procurement RFA response period closed on Friday, November 20, 2020. Throughout December and January, Ohio Medicaid is reviewing responses to the RFA.

The Managed Care Procurement is one part of Ohio Medicaid's mission to focus on the individual rather than the business of managed care. Check out the video below to see how the Managed Care Procurement, along with four other ODM strategic initiatives, collectively support achieving the vision for the next generation of Ohio's managed care program.

Video - Brining It All Together for the Future Ohio Medicaid Program

Visit managedcare.medicaid.ohio.gov to learn more about these initiatives and Ohio Medicaid's future managed care program.

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OhioRISE RFA Response Period Closes Today!

The OhioRISE Request for Applications (RFA) response period closes today, December 16, 2020 at 4:00 p.m. Eastern. This RFA solicits responses from specialized managed care entities interested in serving as the OhioRISE plan for children and youth in the Medicaid program who have complex behavioral health and multi-system needs.

As a next step in this process, Ohio Medicaid will evaluate the responses to the RFA, and the applicants will be required to conduct oral presentations. Once oral presentations have concluded, the OhioRISE plan will be selected in late February 2021.

For additional details about OhioRISE and the RFA, visit the OhioRISE page of the managedcare.medicaid.ohio.gov.

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Pharmacy Operational Support Vendor RFP Response Period Closes Soon!
On Thursday, November 5, 2020, Ohio Medicaid released its Pharmacy Operational Support Vendor (POSV) Request for Proposals (RFP) to work in coordination with ODM and the to-be selected Single Pharmacy Benefit Manager (SPBM) to improve transparency, accountability and efficiency within ODM's pharmacy benefits program. The response period for this RFP closes in just two short days, on December 18, 2020.

Additional details about the POSV RFP can be found on the Single Pharmacy Benefit Manager page of managedcare.medicaid.ohio.gov.

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ODM Awards Fiscal Intermediary Contract to Gainwell Technologies
On December 8, 2020, ODM announced that it has awarded its Fiscal Intermediary (FI) service contract to Gainwell Technologies, taking another important step forward in

delivering a person-centric next generation managed care program to Ohio.

The FI is a part of a larger effort to modernize ODM's management information systems, developed in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance.

The module will serve as a single clearinghouse for all provider claims and prior authorization requests, validating transactions and routing requests to the appropriate MCO for resolution and reimbursement. In addition to streamlining the claims process, the FI will strengthen ODM's ability to assess compliance with Medicaid managed care regulations, review encounter data, and track performance measures.

"Today claims data handled exclusively by managed care organizations takes between three and six months to reach ODM health data analysts," said Maureen Corcoran, director of ODM. "The fiscal intermediary will provide access to these critical health care transactions in real time, enabling us to adjust programs, policies, or services more efficiently."

For providers, the FI will:

- **Lighten the administrative load:** Providers will submit and monitor all claims and prior authorization requests through a single system vs. having to manage these transactions with each individual MCO.
- **Streamline and standardize the prior authorization process:** Ohio Medicaid will require MCOs to develop necessary electronic exchanges to assist with coordinating service authorization requests through ODM's FI.
- **Provide timely updates on claims and prior authorization status:** Providers will have an opportunity to correct claims errors that lead to denials and expedite the review and reimbursement cycle.

As the selected FI vendor, Gainwell brings more than 50 years of experience supporting state Medicaid agencies across the country. The company will implement the FI component of ODM's technology modernization strategy, including the configuration, implementation, operation, and maintenance of the solution.

If you have any questions about the FI, please send them to ODMFiscalIntermediary@Medicaid.Ohio.Gov or visit the Fiscal Intermediary page on the managedcare.medicaid.ohio.gov website.

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Update on Provider Network Management Module & Centralized Credentialing

What is the Provider Network Management (PNM) module?

ODM is in the process of modernizing its management information systems. This modernization roadmap, developed in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance, includes a transition to a modular system called the Ohio Medicaid Enterprise System (OMES) that will support ODM in meeting several modernization goals.

As a part of this roadmap, updated and new functionality is being built into OMES rather than MITS. The Provider Network Management (PNM) is a new modular component of OMES that will replace the current MITS provider enrollment subsystem and the current MITS provider portal.

What benefits are coming with PNM?

There are several new features and enhancements in the PNM that are designed to streamline processes and reduce administrative burdens for providers.

- Accepts the same National Provider Identifier (NPI) for multiple provider types and allows multiple provider Medicaid IDs to be associated to one NPI.
- Gives providers the ability to view specialties and effective dates.
- Provider change or update requests submitted in the PNM can also be reviewed and accepted within the PNM. There is no need for email or letters. (Includes change of operator notices, name changes, adding specialties, etc.).
- Provides a comprehensive provider directory at the state level.
- Providers may opt in or out to text message notification options for providers.
- No more paper agreements for long term care facilities - all agreements are available online and do not require mailing back and forth for signatures.

What is Centralized Credentialing and what benefits will it provide?

ODM is implementing a single, centralized provider credentialing process at the state level with the go-live of the PNM module. There are many expected benefits of this centralized approach, including:

- Providers subject to credentialing will only undergo one credentialing and recredentialing process at the state level vs. separate additional process for each Ohio Medicaid managed care organization (MCO).
- A Credentialing Verification Organization (CVO) - Maximus, Inc. - will maintain NCQA accreditation requirements for Ohio's MCOs and serve as ODM's single point of contact for providers as they undergo credentialing and recredentialing reviews.
- By establishing delegate agreements with hospital systems and a delegate review process, ODM can deem credentialing work already completed by these providers and reduce or eliminate the need for individual providers such as physicians, nurse practitioners, etc. to engage in multiple credentialing processes.

What's next for PNM and Centralized Credentialing?

ODM is establishing a Credentialing Committee, which will be chaired by ODM's Chief

Medical Officers and include participants from the provider community. ODM is also working with our MCOs to transition provider recredentialing dates into the PNM for an easy transition of currently contracted MCO providers.

Additional communications will be forthcoming to indicate cut-over / system freeze dates, training information (including registration process), and other opportunities to learn more about the PNM and Centralized Credentialing.

Visit the Centralized Credentialing page of managedcare.medicaid.ohio.gov for updates. For questions, please reach out the following mailboxes:

- Centralized Credentialing: Credentialing@medicaid.ohio.gov
- PNM Module: PNMCommunications@medicaid.ohio.gov

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Our email address will remain active through all phases of the procurement! We are always open to your ideas and feedback. To view our past newsletters, please visit our website here.