Community BH and OhioRISE Provider Enrollment During System Transition
(Aug. 31, 2022-Sept. 30, 2022)

In preparation for the October 1, 2022, launch of the new Provider Network Management (PNM) module, ODM stopped accepting new provider enrollment applications through the MITS Provider Enrollment System effective August 1, 2022.

In recognition of the unique enrollment needs of community behavioral health (BH) and other OhioRISE providers that may be onboarding new staff during this transition period, ODM, the Medicaid Managed Care Organizations (MCOs), and the OhioRISE plan have partnered to develop a limited special enrollment process available until September 30, 2022. This process will allow new community BH and OhioRISE practitioners to be screened for Medicaid enrollment so organizations can begin billing Medicaid MCOs, the MyCare plans, and the OhioRISE plan for services before the new PNM is launched and the full enrollment process can be completed.

The process is **optiona**l and intended to assist providers for whom a delay in enrolling new staff in Ohio Medicaid may cause BH services access concerns. Providers may elect to wait until after October 1, 2022, to initiate new practitioner enrollment.

This communication replaces previous guidance about OhioRISE Provider Enrollment During System Transition issued by ODM effective August 31, 2022.

Provider Eligibility for Special Enrollment During Transition

This special enrollment process is limited to the enrollment of new individual practitioners affiliated with an existing community BH provider type 84 (mental health agency) or type 95 (substance use disorder treatment agency) and providers enrolling because they intend to provide services to OhioRISE enrollees.

This process is NOT available to any of the following:

- Providers that have already requested OhioRISE Provider Enrollment During System Transition through Aetna OhioRISE.
- Individual practitioners not affiliated with Ohio Medicaid provider types 84 or 95 or those practitioners who are not enrolling to provide services to OhioRISE plan enrollees.
- Except for specialties specific to new services affiliated with the OhioRISE program, practitioners that are currently enrolled and affiliated with a provider type 84 or 95 that are seeking to add or change a practitioner specialty.
    - See instructions for OhioRISE provider specialty additions below.

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- Practitioners that have criminal convictions to disclose.
  - The screening for such instances requires background checks and deeper review of exclusionary periods that cannot be accommodated with this special process.
  - These providers should submit a new application for enrollment on or after October 1, 2022, in the new PNM system. However, the effective date can be backdated for up to 12 months from the application date and NPI enumeration date as long as the relevant provider criteria are met.
- Providers who only are seeking to bill Medicaid fee-for-service.
  - This process is only for Medicaid MCO, MyCare plan, and OhioRISE plan claims payment purposes. ODM is not able to add new providers or make other provider changes for fee-for-service claims processing at this time.

Guidelines for Temporary Enrollment

Eligible providers seeking to use the temporary enrollment process proceed as follows:

1. Providers complete paper application using forms ODM 05160 and ODM 10283.

    All paper applications must be completed on the ODM 05160 form and the accompanying ODM form 10283 (provider agreement) must be signed by the applicant. These forms should be submitted by email to the PE mailbox (Medicaid_Provider_Update@medicaid.ohio.gov) using the subject line "**BH and OhioRISE provider special enrollment**."

2. ODM will review the application for completeness and verify the applicant is not excluded from participation per state and federal requirements. Please note:
    a. ODM will not be able to manually enter the applicant in the system from August 31 – September 30, 2022, so the provider will not appear in MITS and will not yet have a Medicaid ID in MITS.
    b. ODM will be approving the provider on paper for the MCOs, MyCare plans, and OhioRISE plan to accept as rendering providers. Once the provider is approved, ODM will send that provider's information in a supplemental spreadsheet to the MCOs, MyCare plans, and OhioRISE plan each week for integration in their claims system beginning September 8. MCOs, MyCare plans, and the OhioRISE plan will upload the information from the supplemental file into their system within three business days.

3. Until September 30, 2022:
    a. If the applicant successfully passes screening, the provider will be notified via email. The provider's information will be added to a supplemental file that will be shared with the MCOs, MyCare plans, and the OhioRISE plan on a weekly basis beginning September 8. MCOs, MyCare plans, and the OhioRISE plan will upload the information from the supplemental file into their system within three business days.
    b. Providers may submit claims to the relevant MCO, MyCare plan, and the OhioRISE plan upon addition to the MCO, MyCare plan, and/or OhioRISE plan's network.
    c. If the provider does not successfully pass screening, ODM will issue appropriate notice with due process rights to the provider.

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4. Beginning October 1, 2022:

    a. ODM will manually enroll the providers screened using the temporary process in the PNM (with a backdated effective date to match the application date or the NPI enumeration effective date) and issue the welcome letter and the Medicaid Provider ID.

Please note that effective Oct. 1, 2022, all new provider enrollment applications, and requests to add new specialties must be submitted using Ohio Medicaid's new Provider Network Management (PNM) module. After its implementation, the PNM module will be the **single point** for providers to complete provider enrollment, centralized credentialing, and provider self-service updates.

Guidelines for OhioRISE Specialty Addition (August 31 – September 30, 2022)

Eligible providers who already have an Ohio Medicaid Provider ID who need to add an OhioRISE specialty to their Medicaid enrollment to bill for the following services to OhioRISE members will reach out to Aetna at OHRise-Network@aetna.com to request the addition of the relevant specialty. The email will include the NPI, the Ohio Medicaid Provider ID, the Medicaid number of the agency with which the provider needs to affiliate (when appliable) and attach required documentation as described in the OhioRISE Provider Enrollment and Billing Guidance.

- Child and Adolescent Needs and Strengths (CANS) Assessor (specialty = ORC)
- Mobile Response and Stabilization (MRSS) (specialty = ORM)
- Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) (specialty = 847)
- Behavioral Health Respite (specialty = OHR)
- OhioRISE Waiver Transitional Services and Supports (specialty = OHR)
- OhioRISE Waiver Out of Home Respite (specialty = ORR)

Aetna will:

1. Confirm the provider is a Medicaid-enrolled provider.
2. Confirm the provider intends to add an OhioRISE specialty to serve OhioRISE enrollees.
3. Confirm the appropriate certification or attestation is attached.
4. Send an encrypted email to ODM's provider enrollment team requesting that the applicable specialty for the new service be added to the enrolled provider type, include the NPI and Ohio Medicaid ID, and attach required documentation.

ODM will:

1. Confirm the provider is a Medicaid-enrolled provider.
2. Confirm the appropriate certification or attestation is attached.
3. Complete necessary screening related to addition of the specialty.
4. If the applicant successfully passes screening, the provider will be notified via email with a cc: to Aetna. The email will include the expected enrollment effective date based on the application/certification date, the provider type, and relevant provider specialty or specialties.

      a. The PMF will be updated after the PNM module goes live Oct. 1, 2022. The provider's information, which will include name, NPI, service address, enrollment date, group affiliation(s), provider type, and provider specialty or specialties, will be added to a supplemental file that will be shared with Aetna, the MCOs, and the MyCare plans on a weekly basis beginning September 8. Aetna, the MCOs, and the MyCare plans will update their systems with this information within three business days of receiving the supplemental file.

      b. Providers may submit claims to the relevant payer upon addition to the payer's network.

5. If the provider does not successfully pass screening, ODM will issue appropriate notice with due process rights to the provider and copy Aetna on such correspondence.

6. Beginning October 1, 2022: ODM will manually add the new specialties for the providers screened using the temporary process in the PNM (with a backdated effective date to match the application date) and issue the welcome letter and the Medicaid Provider ID.

Contacts For Support

Please contact ODM's Integrated Help Desk (IHD) at 800-686-1516 and follow the prompts to Provider Enrollment. Our team is available Monday through Friday 8 a.m.-4:30 p.m.

For general community behavioral health agency questions about this process, please reach out to bh-enroll@medicaid.ohio.gov and include "BH Special Enrollment" in the subject line.