



Ohio Department of Medicaid

ODM 2022 Periodical

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OhioRISE Launch Update



On July 1, Governor Mike DeWine announced the Ohio Department of Medicaid's (ODM) launch of OhioRISE (Resilience through Integrated Systems and Excellence), Ohio's first-ever highly specialized behavioral health program for children and youth with the most complex behavioral health needs who are served by Medicaid. Since then, OhioRISE has enrolled over 6,450 children and youth into the program!

OhioRISE was created with the goal of developing a child- and family-centric system of care that works to increase accessibility to in-home and community-based services to keep families together. ODM worked with stakeholders and local community partners and care providers to identify areas of need for Ohio's youth and children. This led to the addition of new and improved services such as Intensive and Moderate Care Coordination, Intensive Home-Based Treatment (IHBT), Behavioral Health Respite, Primary Flex Funds, Mobile Response and Stabilization Services (MRSS), and in-state Psychiatric Residential Treatment Facilities (PRTF).

[Click here](#) to learn more about OhioRISE program services.

The [OhioRISE Launch Information page](#) on the OhioRISE website provides regular updates regarding the program's implementation. ODM releases OhioRISE weekly launch reports under the "OhioRISE Launch Reports" tab of this page. Visit the webpage to learn about the impact OhioRISE is having on Ohio families.



If you have any questions, please attend OhioRISE implementation open office hours, available every Tuesday from 2-3 p.m. until Aug. 30. Click [here](#) to join the office hours meeting each week. [Click here](#) for an overview of the OhioRISE launch announcement and read the [OhioRISE launch announcement press release](#). Additional information about the OhioRISE program can be found on the [OhioRISE webpage](#).

We at the Ohio Department of Medicaid are proud to have worked with you to make our vision a reality and give our children the care they deserve. Thank you for your continued support, and we look forward to continuing to serve you and your families.

Voices from the Community

- "For decades, the Ohio Children's Alliance has advocated for a statewide System of Care for children and families. OhioRISE is the most ambitious and comprehensive program in state history aimed at producing such a system. We are excited for the program's launch and confident that it will produce positive outcomes!" - Mark Mecum, CEO, Ohio Children's Alliance
- "From the very beginning, the creation of OhioRISE has been informed by the lived experience of families like mine. ODM and Aetna have listened to my story and the stories of other families and have taken those stories to heart and have used them as a guide for their work." - Mark Butler, an OhioRISE-enrollee's dad and member of the OhioRISE Advisory Council
- "I am grateful knowing families in crisis will have a place to turn for help through OhioRISE. I applaud the efforts of so many to bring this transformational program aimed to care for multisystem youth with complex behavioral health needs into reality." - Jerry Freewalt, Parent and Advocate

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OhioRISE and Ohio Medicaid Contact Information

For OhioRISE-specific questions, please contact the **Aetna OhioRISE Member Hotline** at **833-711-0773 (TTY: 711)**, which is available 24/7/365. Agents on this hotline are able to address all OhioRISE-related questions, including:



- OhioRISE program benefits/services.
- OhioRISE eligibility, how to enroll in OhioRISE, how to get a CANS assessment.
- Issues receiving services through the Aetna OhioRISE plan.
- Assistance finding an OhioRISE provider.
- Assistance contacting or receiving services from a care management entity (CME).

For general Ohio Medicaid-related questions, please contact the **Medicaid Consumer Hotline** at **800-324-8680 (TTY: 711)**, which is available Monday through Friday 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m. Agents on this hotline are able to assist with questions related to:



- Medicaid program eligibility and enrollment.
- Ohio Medicaid program benefits/services.
- Selecting a managed care plan.
- Assistance finding an Ohio Medicaid provider, including nearby CANS assessors (to assist with determining eligibility for OhioRISE).

- Issues receiving services from a Medicaid provider.

If you have a question about obtaining an **OhioRISE referral**, please **reach out to your managed care organization (MCO)**. The contact information of your MCO is available on your ID card and at the bottom of the ohiomh.com homepage.

If you are in fee-for-service Medicaid, contact the **Medicaid Consumer Hotline at 800-324-8680 (TTY: 800-292-3572)** to identify nearby CANS assessors that can be contacted to schedule a CANS assessment.

To learn more about OhioRISE, visit the [OhioRISE webpage on managedcare.medicaid.ohio.gov](#) and send additional questions to the [OhioRISE mailbox](#).

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The Next Generation Health Plan Comparison is Now Available!

Beginning December 1, 2022, the Next Generation managed care plans will provide you, our members, more personalized healthcare benefits, such as increased access to care coordination and care management supports, that will help address your individual healthcare needs.

To help you decide which Next Generation plan is the best fit for your healthcare needs, please review the [Next Generation Health Plan Comparison document](#). The Next Generation Health Plan Comparison document provides an overview of the services that all Next Generation managed care plans provide, and specific value-added services provided by each individual plan.

All Ohio Medicaid managed care members can select a Next Generation plan at any time through November 30.

Do you have additional questions about what actions you are encouraged to take? Visit <https://www.ohiomh.com/> and review the [Member Transition Infographic](#), or read on for answers to some of the most common questions.

Will Ohio Medicaid managed care members lose coverage?

In the coming months, Ohio Medicaid members will receive many communications about their healthcare coverage. It is incredibly important for you to ensure your contact information is up to date. Please carefully review all communications shared by ODM and follow the instructions provided to ensure continuity of coverage. Learn more [here](#).

What actions are Ohio Medicaid managed care members encouraged to take to select a plan?

Ohio Medicaid encourages all managed care members to review and select the next generation plan that best fits their healthcare needs.

Members can review and select the Next Generation plan that best fits their healthcare needs at any time through open enrollment ending November 30, 2022.

What does this mean for current Ohio Medicaid managed care members who are also enrolled in the OhioRISE program?

OhioRISE enrollees will receive their behavioral health benefits through Aetna (the OhioRISE plan) and their physical health services through a separate managed care organization or fee-for-service Medicaid.

What does this mean for current Ohio Medicaid managed care members currently with Paramount Advantage?

Current Ohio Medicaid managed care members who do not select a plan will stay with their current plan, with the exception of Paramount members. Paramount Advantage Medicaid has been acquired by Anthem Blue Cross and Blue Shield (Anthem). Anthem is working with Paramount Advantage to continue providing your healthcare coverage and you will continue receiving healthcare coverage through Paramount Advantage until the Next Generation managed care plans begin providing healthcare coverage. At that time Anthem will be your Next Generation managed care plan. You do not need to take any action to begin receiving healthcare benefits through Anthem and there will be no disruption in your care. All Ohio Medicaid managed care members can select a different plan at any time until the end of open enrollment through November 30.

What does this mean for Ohio Medicaid managed care members in a continuing plan?

Ohio Medicaid members do not need to do anything and will remain with their current managed care plan. Ohio Medicaid encourages all members to review the Next Generation plans available and select the plan that best meets their healthcare needs. Members can review and select the Next Generation plan that best fits their healthcare needs at any time through November 30, 2022.

What does this mean for newly eligible Ohio Medicaid managed care members?

Individuals who are newly eligible for managed care, those who are currently in Medicaid fee-for-service not enrolled with a managed care plan, and those with a gap in eligibility of 91+ days will receive care paid for through Medicaid fee-for-service until December 1, 2022 when they will be transitioned to an Ohio Medicaid Next Generation plan.

ODM will notify impacted members which plan they have been transitioned to. Members can review and select the Next Generation plan that best fits their healthcare needs at any time through open enrollment through November 30. Newborns and case additions will continue to be added to managed care plans as they become Medicaid eligible during this time.

How can an Ohio Medicaid managed care member select a Next Generation plan?

Managed care members can review their options using information in communications distributed by Ohio Medicaid and housed on the Medicaid Consumer website at <https://www.ohiomh.com/>. Managed care members may select their plan at any time through November 30, by contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680 or through the online portal at <https://members.ohiomh.com>.

What resources are available to Ohio Medicaid managed care members to help them identify which Next Generation plan best meets their healthcare needs?

- The [Next Generation Health Plan Comparison document](#) provides an overview of the services that all Next Generation managed care plans provide, and specific value-added services provided by each individual plan. The Health Plan Comparison is available on Medicaid Consumer website at <https://www.ohiomh.com/>.
- The [Find A Provider search tool](#) can help members identify which Next Generation managed care plans their trusted providers are contracted – or “in network” – with.
- Each Next Generation managed care organization (MCO) has a member website that members can visit to learn more about that MCO’s Next Generation of Ohio Medicaid plan and their approach to serving Ohio Medicaid managed care members:
 - [AmeriHealth Caritas Ohio, Inc.](#)
 - [Anthem Blue Cross and Blue Shield](#)
 - [Buckeye Community Health Plan](#)
 - [CareSource Ohio, Inc.](#)
 - [Humana Healthy Horizons in Ohio](#)
 - [Molina Healthcare of Ohio, Inc.](#)
 - [UnitedHealthcare Community Plan of Ohio, Inc.](#)
- Members can call the Medicaid Consumer Hotline at (800) 324-8680 if they have additional questions about the Next Generation managed care plan options available.

When will Ohio Medicaid managed care members begin receiving services from their selected plan?

Ohio Medicaid managed care members will remain with their current managed care plan until Ohio Medicaid's Next Generation managed care plans begin providing healthcare coverage on December 1, 2022.

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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 ODM's strategic initiatives.

Please also encourage anyone who you think might be interested in receiving similar updates to subscribe to the [ODM 2022 Periodical](#).

Connect With Us



Our email address will remain active through transition to and implementation of Ohio Medicaid's next generation program! We are always open to your ideas and feedback. To view our past newsletters, please [visit our website here](#).

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