



# Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen M. Corcoran**, Director

**TO:** Aetna, OhioRISE Plan

**FROM:** Dawn Puster, Deputy Director, OhioRISE Program

**DATE:** August 15, 2022

**SUBJECT:** Provider enrollment and disenrollment

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## Provider Disenrollments

The Department is issuing this memo to provide guidance on the expected timeframe and notification parameters for when individuals enrolled with the OhioRISE program must be notified by the OhioRISE Plan when a contract with a provider is expiring, non-renewing or terminating. The current OhioRISE Provider Agreement, Appendix E, Section 2.a, states *“the OhioRISE Plan must provide written notice to members as specified by ODM, including but not limited to notification of a change to member services or access to network providers”*.

If the expiring, non-renewing, or terminating provider contract is for a provider who has rendered an OhioRISE covered service to the member within the past 365 days, the OhioRISE Plan will provide written notification to the OhioRISE enrollee at least forty-five days prior to the effective date of the change.

If the OhioRISE Plan receives less than forty-five calendar days prior notice of a change in contract from the provider, the OhioRISE Plan shall issue the notification within one working day of the OhioRISE Plan becoming aware of the expiration, nonrenewal, or termination of provider's contract.

The form of the notice and its content must be prior approved by ODM and must contain, at a minimum, all the following information:

- The provider's name and last date the provider is available to provide care to the OhioRISE Plan members;
- Information regarding how members can select a different provider;
- When the CFCP will be updated to reflect the new provider; and
- An OhioRISE Plan telephone number members can call for further information or assistance.

In addition to the OhioRISE enrollee, the OhioRISE Plan must also notify the member's care coordinator both verbally and in writing within the same timeframes set within this memo.

## Provider Enrollment/ Network Transitions

The OhioRISE Plan must allow a member who was receiving behavioral health services from an MCO to continue to receive services with out-of-network providers if the provider is enrolled as a Medicaid

provider with ODM regardless of whether the services was prior authorized. The OhioRISE Plan must allow the member to receive behavioral health services from out-of-network provider for at least 45 calendar days or until the OhioRISE Plan is able to provide the services from a network provider. For continuity of care purposes, the OhioRISE Plan will:

- i. Work with the service provider to add the provider to their network;
- ii. Implement a single case agreement with the provider during this time period; or
- iii. Assist the member in finding and transitioning service delivery to a provider currently in the OhioRISE Plan's network.

The next version of the OhioRISE Provider Agreement will be updated to include the requirements being set by this memo. Please submit any questions related to the information included in this memo to [ohiorisepolicy@medicaid.ohio.gov](mailto:ohiorisepolicy@medicaid.ohio.gov).