



Ohio Department of Medicaid

ODM 2022 Press

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Hello!

Welcome to the *ODM 2022 Press*, previously called the *ODM Managed Care Procurement Press*, a short periodic update on the progress of the Ohio Department of Medicaid (ODM) strategic initiatives.

You are receiving this newsletter because you have requested to receive periodic updates about ODM's strategic initiatives, responded to one or both of our Requests for Information (RFIs), met with ODM 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 ODM's strategic initiatives.

Please also encourage anyone who you think might be interested in receiving similar updates to send us an email at MCProcurement@medicaid.ohio.gov.

Ohio Medicaid Announces Go-Live Date for the Next Generation Managed Care

Ohio Medicaid announced today July 1, 2022 as the projected date on which managed care members will begin receiving services from one of the [seven next generation managed care plans](#), including the Single Pharmacy Benefit Manager (SPBM), Provider Network Management (PNM) module, Centralized Credentialing, and Fiscal Intermediary. OhioRISE services through Aetna Better Health of Ohio are also projected to begin July 1, 2022. Additional updates about the OhioRISE implementation timeline will be communicated in the coming weeks.

This timeline allows ODM to go-live with a next generation program that is focused on the individual and provides members increased choice and ability to select a plan that fits their individual needs. It also takes into consideration the complexity of the systems and operational improvements being made and allows for time to conduct significant training to support providers in utilizing new systems.

This fall, managed care members will receive annual open enrollment notices as usual and can select from ODM's [current managed care plans](#). Members will have the opportunity to select from the next generation plans in spring 2022.

View the [Press Release](#) to learn more about the July 2022 go-live. For additional details on the next generation of Ohio Medicaid's managed care program, visit managedcare.medicaid.ohio.gov.

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Next Generation Managed Care Organizations

Earlier this year, ODM announced the selection of seven managed care plans to lead the Department's evolution of managed care services for its more than 3 million members and thousands of medical providers.

The seven managed care organizations (MCOs) selected for the next generation managed care program are:

- UnitedHealthcare Community Plan of Ohio, Inc.
- Humana Health Plan of Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- AmeriHealth Caritas Ohio, Inc.
- Anthem Blue Cross and Blue Shield
- CareSource Ohio, Inc.
- Buckeye Community Health Plan

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OhioRISE Update: Rules & Regulations



What are Rules?

Rules are communications of the law established by an administrative agency. When implementing a new program such as OhioRISE, there are several rules that must be included in the Ohio Administrative Code (OAC). Over the past few months, the

OhioRISE team has been drafting these rules and moving them through the rule filing process. Many of these rules are currently being written in collaboration with the Ohio Department of Mental Health and Addiction Services (MHAS).

For more information on and to read Ohio's current rules and administrative codes, visit the [Ohio Laws & Administrative Rules](#) webpage.

OhioRISE Rules Development Process

Sharing the OhioRISE draft rules with the OhioRISE Advisory Council and Workgroup members before the Clearance posting is the first step in the rules development and filing process. This is done to build trust and transparency and to receive feedback from their expertise and lived experience to inform our policies. The draft rules that have been shared so far include Mobile Response and Stabilization Services (MRSS), Intensive Home-Based Treatment (IHBT), Care Coordination, Eligibility & Enrollment, Behavioral Health Respite, 1915(c) Waiver, and Psychiatric Residential Treatment Facility (PRTF).

Submission of the OhioRISE rules for the filing process is being separated into multiple rules packages. The first package of rules includes MRSS, IHBT, Care Coordination, Eligibility & Enrollment, and Respite. This rules package was submitted for Clearance (i.e. broader public review) on June 9, 2021. The second package of rules will be submitted for Clearance in August 2021.

State Plan and Waiver Update

The OAC rules mentioned above are part of the larger framework of OhioRISE which also includes revising ODM's State Plan and applying for waivers under the 1915(b) and 1915(c). Both of these steps are requirements of the Centers for Medicare & Medicaid Services (CMS) and allow Ohio to provide coverage of the new and enhanced services and adopt new eligibility and enrollment criteria under the OhioRISE program. Every state has a plan that must be submitted to and approved by the CMS. To view the Ohio State Plan, visit the [Medicaid State Plan page](#) on [medicaid.ohio.gov](https://www.medicaid.ohio.gov). The

current Ohio State Plan is being amended to include OhioRISE services. The State Plan Amendment (SPA) work began at the beginning of June, and submission of the SPA to CMS is anticipated for early August.

In addition, waivers, which provide ODM more flexibility when implementing Medicaid programs, also need approval from CMS. The OhioRISE program utilizes 1915(b) and 1915(c) waivers to help youth receive the appropriate services within their homes and communities and aims to reduce out-of-home placement. Seeking public comments is part of the formal waiver application process. Public comment for both of the waiver applications ended on July 15, 2021.

For more information around the purpose and use of 1915(c) waivers in general, visit the [1915\(c\) webpage](#) on [medicaid.gov](https://www.medicaid.gov).

Next Steps

Upcoming rule filing activities for OhioRISE include preparing the first package of rules for the Common Sense Initiative Office. They will then move on to the Joint Committee on Rule Review, the last step of the rules filing process. After reviewing the public comments and making any necessary modifications to the waivers, both the 1915(b) and 1915(c) waiver requests will be filed together in early August to CMS.

Thank you to all who helped get these rules, SPA, and waiver requests where they are today!

Stay tuned for more information about OhioRISE in future editions of *The ODM 2022 Press* and visit the [OhioRISE webpage](#) on managedcare.medicaid.ohio.gov for updates and additional information.

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