



**Ohio Department
of Medicaid**

Next Generation of Ohio Medicaid

December 14, 2023

**Presentation before the Joint Medicaid Oversight Committee
(JMOC)**

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Next Generation of Ohio Medicaid Mission Statement



Agenda

Managed Care-Next Generation

OhioRISE

Single Pharmacy Benefit Manager (SPBM)

Ohio Medicaid Enterprise System (OMES)

Provider Network Management (PNM)

Questions

Next Generation Ohio Medicaid Implementation

1 July 1, 2022



OhioRISE provides specialized services that help children and youth with behavioral health needs and aid coordination of care for those who receive care across multiple systems.

2 October 1, 2022

Centralized Credentialing and Single Pharmacy Benefit Manager (SPBM)

Centralized Provider Credentialing reduces the administrative burden on providers. Also, the **Single Pharmacy Benefit Manager (SPBM)** provides pharmacy services across all managed care plans and members.

3 February 1, 2023

Next Generation Managed Care Plans, Electronic Data Interchange (EDI), and Fiscal Intermediary (FI)

Next Generation managed care plans allow members to experience benefits that help address their individual healthcare needs. The **Electronic Data Interchange (EDI)** is the new exchange point for trading partners on all claims-related activities, providing transparency and visibility regarding care and services. Additionally, the **Fiscal Intermediary (FI)** assists in routing managed care claims submitted to EDI and adjudicates and pays EDI submitted fee-for-service (FFS) claims.

4 Upcoming Gradual Implementation

Final IT Systems Implementation

The **final IT systems implementation** will be completed and allow for a single point of entry for all claims and prior authorization requests. Additionally, all data will be transparently available for ODM to monitor and evaluate our program.

Managed Care

Quick Facts: Managed Care Annual Open Enrollment

Ohio Department of Medicaid started sending open enrollment letters for the 2024 plan year in July, 2023 and open enrollment lasted through November 30.

**Ohio Medicaid members
enrolled in managed care***

~2.7 M

**Managed care members
changed plans during
open enrollment****

43,000+

*Data collected on November 25, 2023

** Data collected from August 1- November 25, 2023 ; open enrollment letters started in July 2023

Quick Facts: Simplifying Administrative Services for Providers

The Next Generation provider agreement increases managed care organizations' operational transparency with ODM and increases ODM oversight of how the plans interact with Medicaid members.



ODM **actively works with the managed care plans** to support implementation of the Next Generation program.



ODM review positively impacts **managed care plan engagement with members.**



The provider agreement includes 69 clearly defined **reports that the managed care organizations must submit to ODM** on a regular basis.

**Next Generation managed
care member materials reviewed**

5,000+

**Utilization management
policies / clinical coverage
policies approved**

2,886

**Next Generation first-tier,
downstream, and related entity
agreements approved***

318

*Does not include sole source contracts.

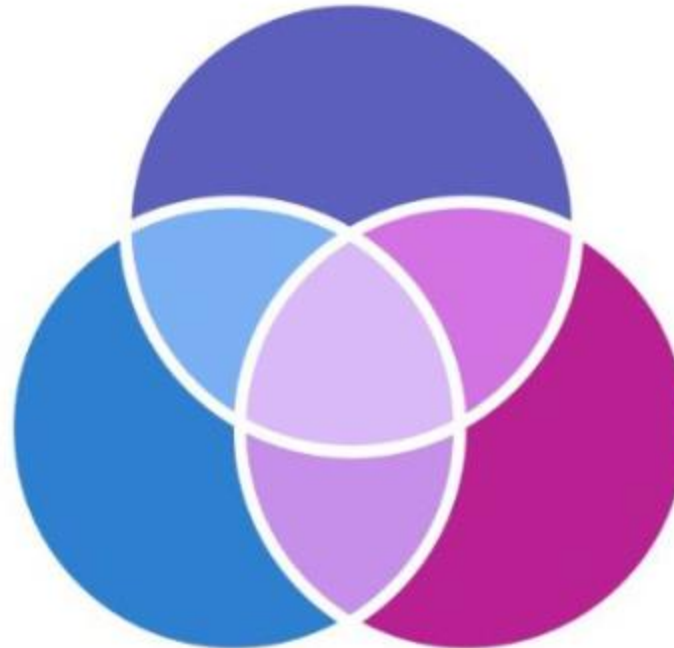
Population Health

Community
Engagement &
Member Voice

Community
Re-investment

Care
Coordination
Strategies

Value Based
Payments &
Quality Withhold



Quality
Improvement
Rapid Cycle

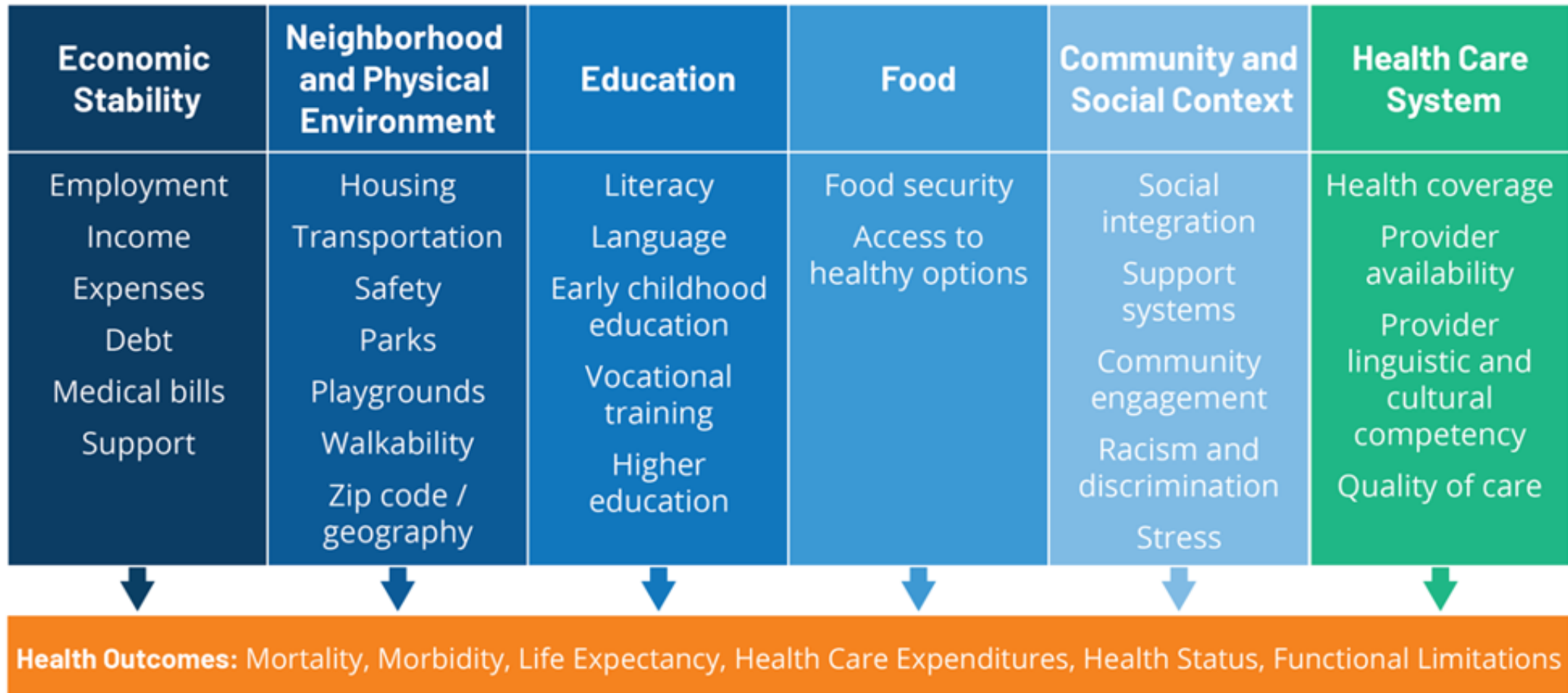
Collective
Impact

Population Health Management

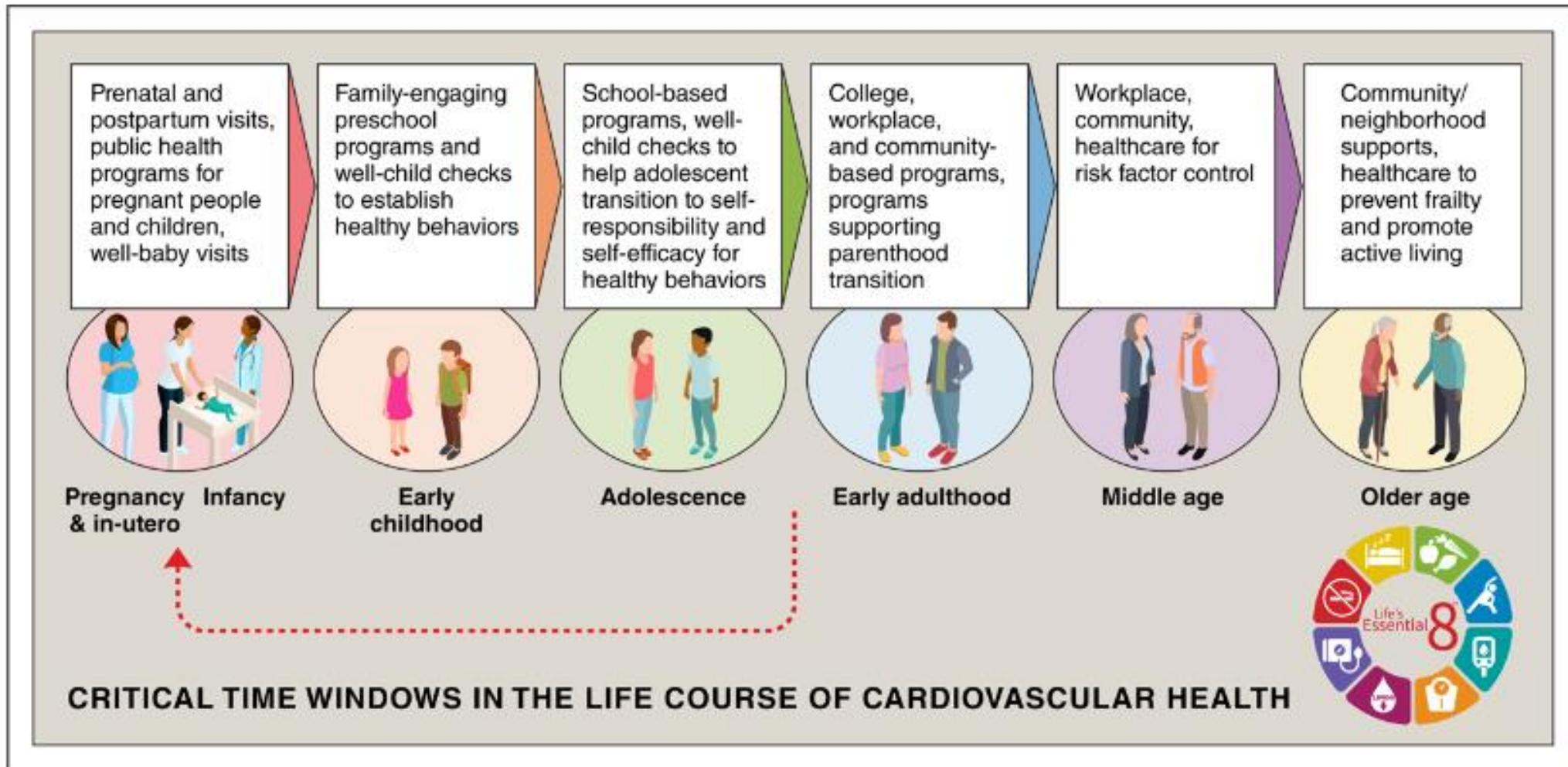
ODM defines “population health management” as an approach to maintain and improve physical and psychosocial well-being and address health disparities through cost effective, person-centered health solutions that address members’ health needs in multiple settings at all points along the continuum of care.



Social and Economic Factors Drive Health Outcomes

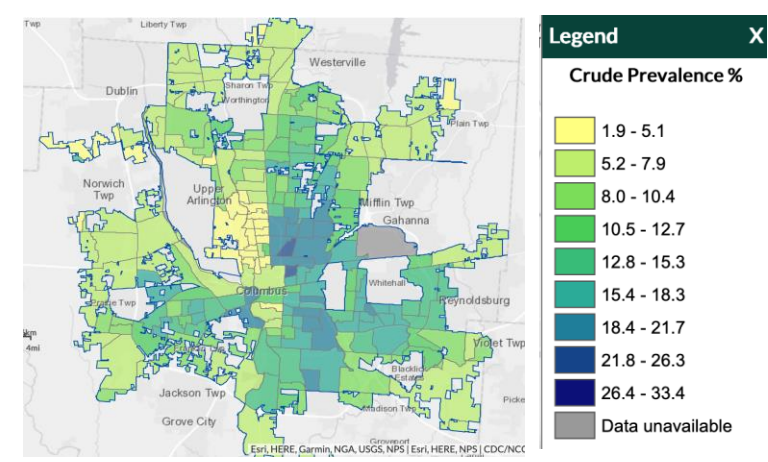


Critical Time Windows in the Life Course of Cardiovascular Health

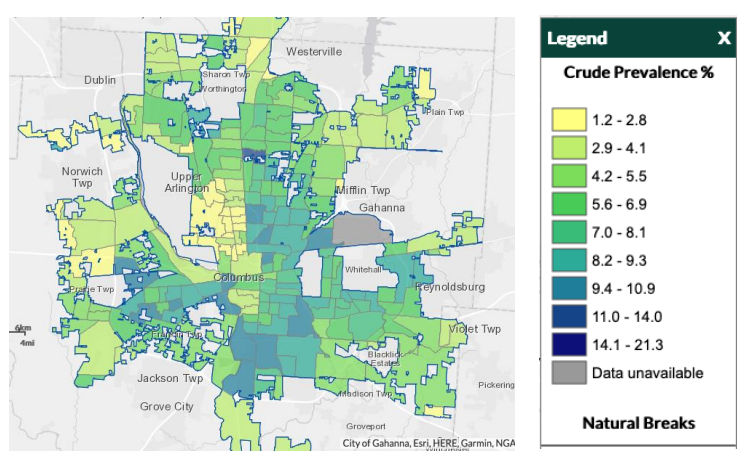


Columbus Next Ohio: Life's Essential 8 by SDoH in people over 18 yrs. old.

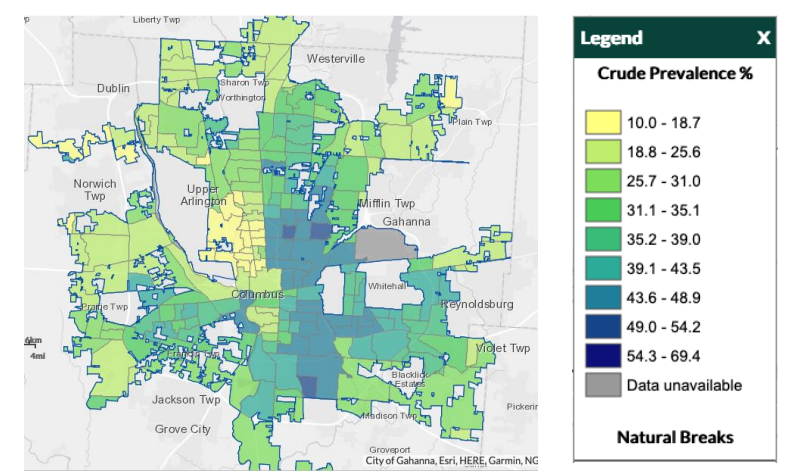
Diabetes



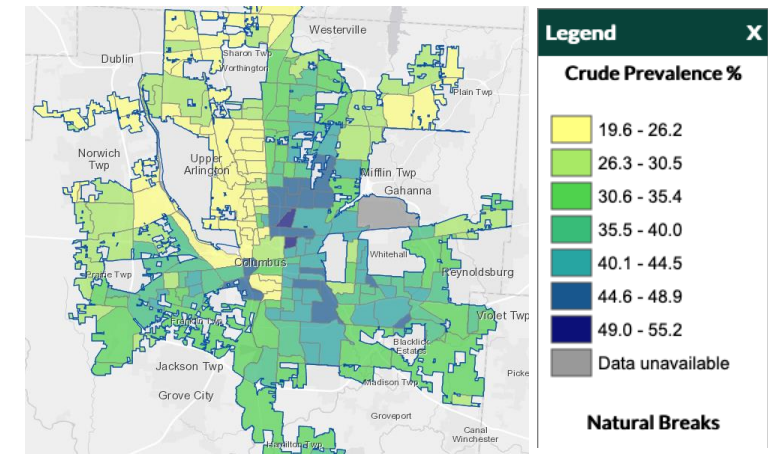
Coronary Heart Disease



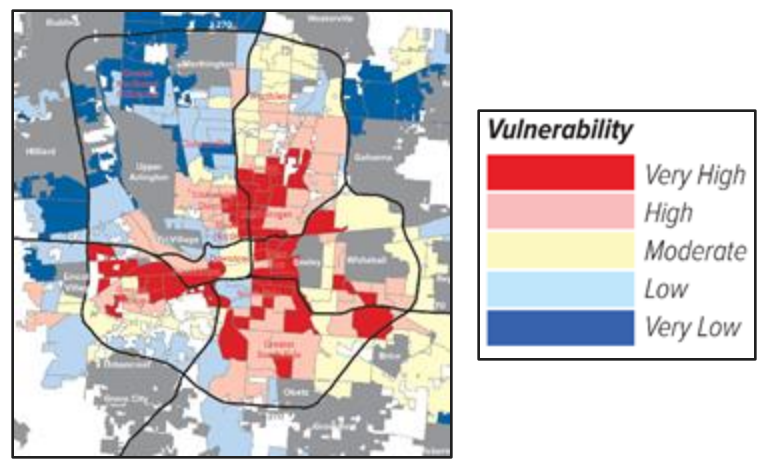
Hypertension



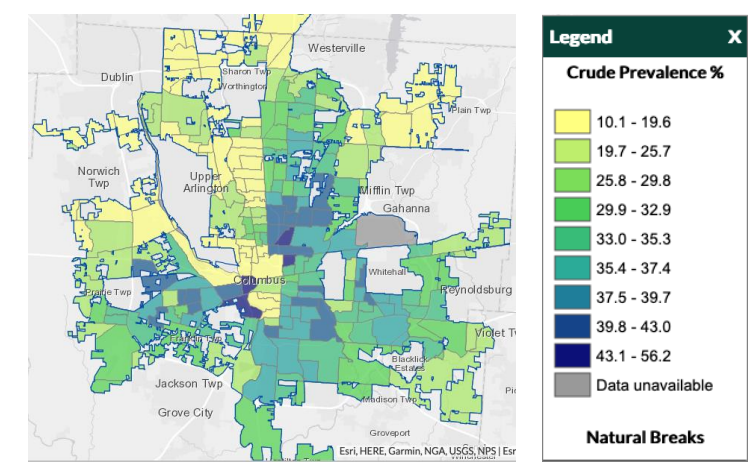
Obesity



Social Determinants of Health



Physical Inactivity





Next Generation of Ohio Medicaid

On February 1, 2023, Ohio Medicaid managed care members began receiving healthcare benefits through one of the seven Next Generation managed care plans. Members experience benefits that help address their individual healthcare needs such as increased access to care coordination and care management supports.

Next Generation managed care plans



Next Generation benefits



Individualized coordination and care management



Additional support for children in addition to OhioRISE benefit



24/7 medical advice line for care outside of normal business hours



More support for preventive care and wellness, including wellness incentives



Better services for pregnant members and newborns



After-hours behavioral health crisis services



Telehealth services to receive care anytime and anywhere



Reducing administrative burden on providers to better serve you



Plans are investing in your local communities and programs



Provider and plan staff commitment to health and cultural respect



Enhanced support for member transportation



Dedicated staff to help members for increased accessibility

OhioRISE

Resilience through Integrated Systems and Excellence



Resilience through
Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multi-system needs.



Specialized Managed Care Plan

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.



Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.



Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled youth.



Prevent Custody Relinquishment

OhioRISE utilizes a new 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Delivery System: Roles and Responsibilities

Ohio Department of Medicaid

- Oversees Aetna using a shared governance structure with other Ohio departments; ODMHAS, ODJFS, DODD, DCY, DEW.
- Provides oversight and coordination for quality monitoring & accountability.

Aetna

- Contracts with Care Management Entities (CMEs) and Service Providers to offer full continuum of behavioral health care.

Care Management Entities

- Provides utilization management, quality improvement, network development, and provider reimbursement.

OhioRISE Enrollment and Financials**

OhioRISE launched on July 1, 2022.

Enrollment

Children and Youth
Enrolled in OhioRISE*

27,836

Completed CANS
Assessments*

63,471

Financials SFY2023

Actual Spending

\$256.3 Million

Financials SFY2024

Actual Spending YTD
thru Nov. FY24

\$157.9 Million

OhioRISE Status

OhioRISE launched on July 1, 2022.

Care Coordination Services and Enrollment

✓ Care coordination has proven to be successful in targeting support for high need youth and providing immediate access to OhioRISE services.

✓ OhioRISE enrollment is aligned with community and provider capacity. We are growing at the right pace with our OhioRISE partners.

Member Success Story

Care Coordination Team Helps Youth Navigate the Emotional Journey of their Father's Recovery



This photo is a stock image.

OhioRISE Next Steps: Expanded and Enhanced Services

Expand: Mobile Response Stabilization Service (MRSS)

Goal: Provide youth in crisis and their families with immediate and compassionate behavioral health intervention to help them stay safe and receive necessary supports and services.

Next Steps:

- Increase the number of providers that can deliver high quality in-person services.
- The MRSS Call Center will be available 24/7 to provide telephonic triage and deployment of mobile response/emergency services or education/ resources.

Expand: Intensive Home-Based Treatment (IHBT)

Goal: IHBT will provide comprehensive behavioral health services in home and family, home, school and community-based settings

Next Steps:

- Aetna has created a unique case rate outside of the Medicaid rate to incentivize existing and new providers to continue, build, and extend services such as IHBT.
- Aetna is reaching out to all existing providers and potential new providers about this service.

Enhance: Psychiatric Residential Treatment Facility (PRTF)

Goal: Provide high-quality inpatient-level behavioral health treatment services in a residential setting.

As PRTF is implemented, Aetna and ODM will continue to assess overall capacity needs, with a priority on the expansion of intensive community services.

Next Steps: Aetna is working with 11 providers that responded to RFP, to phase in services over the next three years.

Ongoing Issue: Child Placement Crisis

Historically the most complex needs youth are placed in out-of-home care and exceed the time that is of therapeutic benefit, due to lack of placement options or lack of effective treatment services in the community.

To address this:

- We are supporting local providers and Public Children Services Associations (PCSAs) seeking residential placement for high needs kids.
- Youth languishing in residential treatment will be identified and a cross-system team will create plans to step down youth to lower levels of care and get connected to services and supports through a community-based approach.

Single Pharmacy Benefit Manager (SPBM)

Single Pharmacy Benefit Manager

Single Pharmacy Benefit Manager (SPBM)

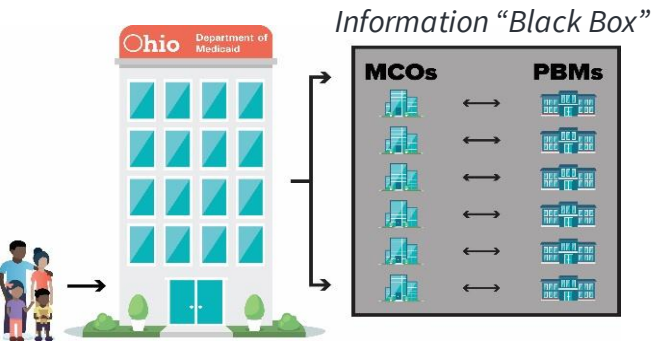
- SPBM Vendor: Gainwell Technologies.
- SPBM serves all managed care and fee-for-service members, totaling over 3 million covered lives. The SPBM does not include MyCare Ohio members.

Important Dates/Milestones

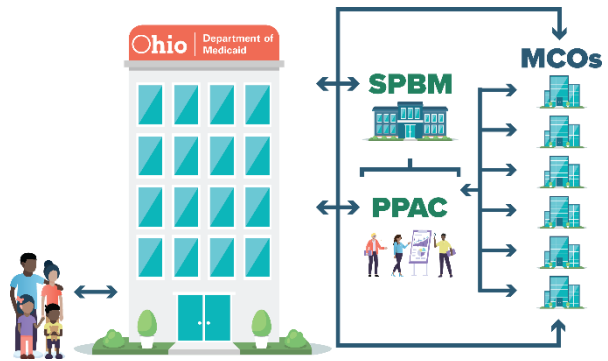
- October 1, 2022: SPBM go-live for Medicaid managed care.
- July 1, 2023: Gainwell began managing the pharmacy benefit for the fee-for-service population.
- December 19, 2023: Centers for Medicaid and Medicare Services (CMS) certification review.

Single Pharmacy Benefit Manager (SPBM)

Previous Managed Care Program



The Next Generation of Managed Care



The SPBM is a **specialized managed care organization** contracted with ODM to administer Ohio Medicaid's prescription drug program

For years, ODM and stakeholders **identified problems** such as pricing, rebates, claw backs, fees, formulary, inaccessible data, contract steering, access to rural pharmacies, and dispensing fees.

By directly contracting with ODM, the SPBM provides ODM greater ability to monitor **quality, transparency and accountability** in the pharmacy program

Unbundling core functions of the Pharmacy Benefit allows ODM to **identify and eliminate potential conflicts of interest**

With **timely consistent information** to each of the MCOs, **quality care** is provided to all Medicaid members

The SPBM **increases data accuracy** and timeliness, supporting program integrity, quality, and pay-for-performance initiatives

WHO IS RESPONSIBLE?

	MCO	OHIO MEDICAID		
		ODM	SPBM	PPAC
Pharmacy reimbursement and benefit design	●			■
Pharmacy benefits manager oversight and auditing	●			■
Pharmacy network management (retail and specialty)	●	■	■	
Prescriber (physician) provider services	●		■	
Pharmacy provider services	●		■	
Member services	●		■	
Utilization management	●		■	
Claims adjudication and payment	●		■	
Systems and technology	●		■	
Data warehouse, analytics and reporting	●		■	
Unified preferred drug list (UPDL)		● ■		
Federal and state supplemental drug rebate processing		● ■		
Clinical programs (MTM, care coordination, etc.)	● ■			

● Responsible previously

■ Responsible in Next Generation SPBM model

Single Pharmacy Benefit Manager: Key Metrics

Daily Metrics





- 260,000** Claim transactions processed, with an average processing time of 0.8 seconds.
- 1,500** Provider and member calls answered, answering calls in an average of 11 seconds.
- 2,800** Prior authorization requests adjudicated, decisioning more than 99 percent within 24 hours of receipt.
- 100%** Of paid claims reviewed through claims review algorithms to detect common claim submission errors and potential fraud, waste, and abuse.

SPBM Network

Members choose their pharmacy providers; Gainwell does not own, operate, nor is otherwise affiliated with any contracted pharmacy providers.

- 2,900** Pharmacy locations in the SPBM network, with hundreds of specialty pharmacy provider options.
- 95%** Of all Ohio Medicaid-enrolled pharmacies contract with SPBM.

Single Pharmacy Benefit Manager: Next Steps

-  Complete Centers for Medicaid and Medicare Services (CMS) certification process for Single Pharmacy Benefit Manager (SPBM) module.
-  Complete implementation of electronic prior authorization (ePA).
 - Implemented with one major ePA vendor in November 2023.
 - On track to complete implementation with the second major ePA vendor in January 2024.
-  Re-implement Coordinated Services Program (CSP) in collaboration with managed care plans.
 - Scheduled for January 1, 2024 .
-  Implement daily claims file transfers with managed care plans.
 - Allows for more rapid exchange of data with managed care partners (current transfers occur weekly), resulting in an enhanced ability to coordinate care.

Ohio Medicaid Enterprise System (OMES)

Ohio Medicaid Enterprise System



What is OMES?

Ohio Medicaid Enterprise System (OMES) is the **modernized replacement** of most functionalities in the Medicaid Information Technology System (MITS) and other supporting systems. OMES is made up of all the systems that are used in the delivery of Medicaid services.

How is OMES related to ODM's strategic initiatives?

OMES encapsulates **new modules for conducting business**. Some of ODM's strategic initiatives like the Provider Network Management (PNM) and Single Pharmacy Benefit Manager (SPBM) are modules within OMES.

How does this change benefit Ohio Medicaid providers?

This transition reduces administrative burden, standardizes Medicaid transactions, and increases transparency and visibility for care and services. Ohio Medicaid's Next Generation program brings many new changes to help providers and managed care plans do what they do best: providing care for members.



Reduce administrative burden:

- OMES created a single credentialing process to eliminate the need to work with contracted managed care entities (MCE) separately.
- OMES creates a single point of entry for claims submission to eliminate the need to establish connections with each contracted entity.



Standardization and minimizing data loss: Claim submission through OMES enables greater consistency in processing outcomes and greater insight into claim status regardless of payor type.

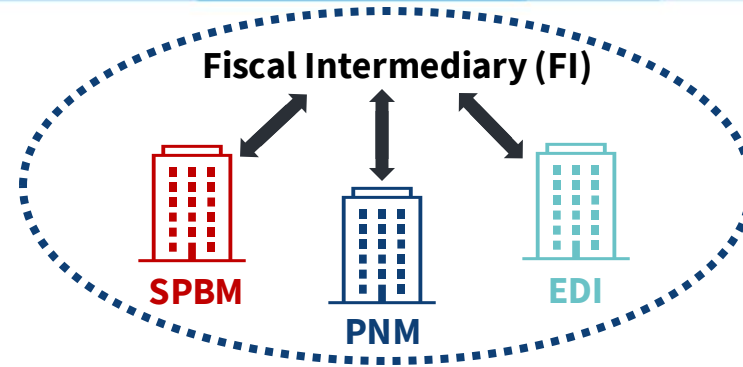


Transparency and consistency: Moving claims, prior authorization, and member eligibility requests into a streamlined process that is consistent regardless of the MCE involved.



Increased ODM oversight: ODM can identify and address trends with consistent access to claims and prior authorization request data.

Ohio Medicaid Enterprise System Entry Points



Provider Entry Points

Single Pharmacy Benefit Manager (SPBM) Module

- ➔ **On October 1, 2022**, the SPBM module began helping ODM administer Ohio Medicaid's prescription drug program. It is accessed by prescribers and pharmacists to:
- Submit and review prescription claims.
- Submit prior authorizations and check status.
- View Coordinated Services Program (CSP) enrollment details.

Provider Network Management (PNM) Module

- ✓ **On October 1, 2022**, providers began using the PNM module for:
 - Centralized credentialing.
 - New specialty requests.
 - Provider enrollments.
 - Medicaid letter and notice viewing.
- ➔ **Up next**, the PNM will replace many MITS functionalities:
 - Claims submission and status tracking.
 - Managed care prior authorizations.
 - Member eligibility inquiries.
 - Provider self-service updates.

Trading Partner Entry Point

Electronic Data Interchange (EDI) Module

- ✓ **On February 1, 2023**, all EDI exchanges began to have a new entry point. The EDI is for:
 - Trading partner submission for both fee-for-service and managed care claims.
 - Member eligibility inquiries in batch or real time.
 - Claim status inquiry.
 - Enrollment for 835 electronic remittance advices.

Engaging With Managed Care Entities and Providers

Since February 1, 2023 ODM has been supporting managed care entities (MCE) and providers related to the managed care implementation through one-on-one meetings, workgroups, and various communication channels.


ODM engagement with MCEs


<div>MCE Workgroups</div> <div>43</div>	<div>1:1 Implementation Meetings</div> <div>76</div>
<div>Plan CEO meetings</div> <div>14</div>	<div>834-Issues Meetings</div> <div>25</div>


ODM engagement with providers


<div>Provider presentations and trainings*</div> <div>37</div>	<div>Provider communications deployed**</div> <div>99+</div>
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Highlight: PNM as the official system of record

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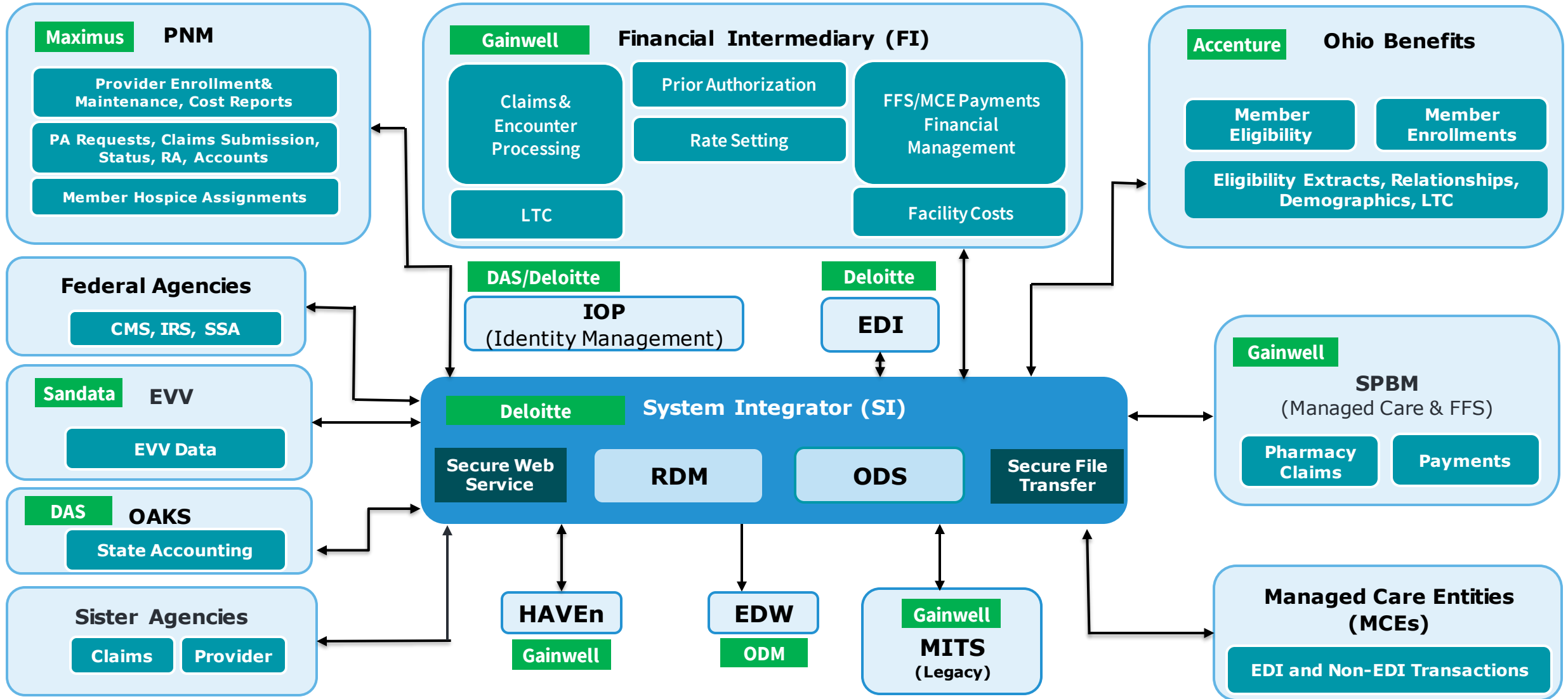
ODM expects each **Managed Care Entity (MCE)** to keep their system data current and consistent with the system of record, the PNM system, for adjudicating claims and updating provider directories.
- 

ODM is continuing to convene an MCE workgroup and additional meetings to support the MCEs.
- 

ODM directs **providers** to update their ODM record directly in the PNM system and will not send changes to MCEs when the information is already included in the PNM system.
- 

ODM is continuing to work closely with providers to address their questions and challenges.

OMES Architecture



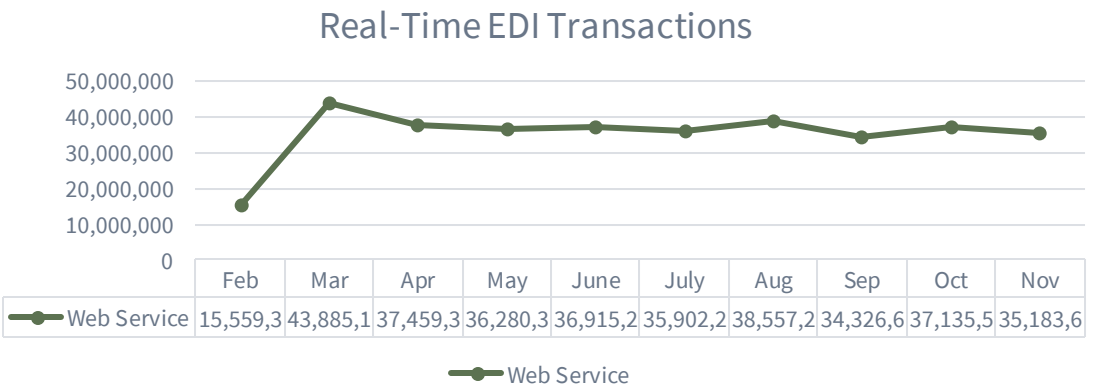
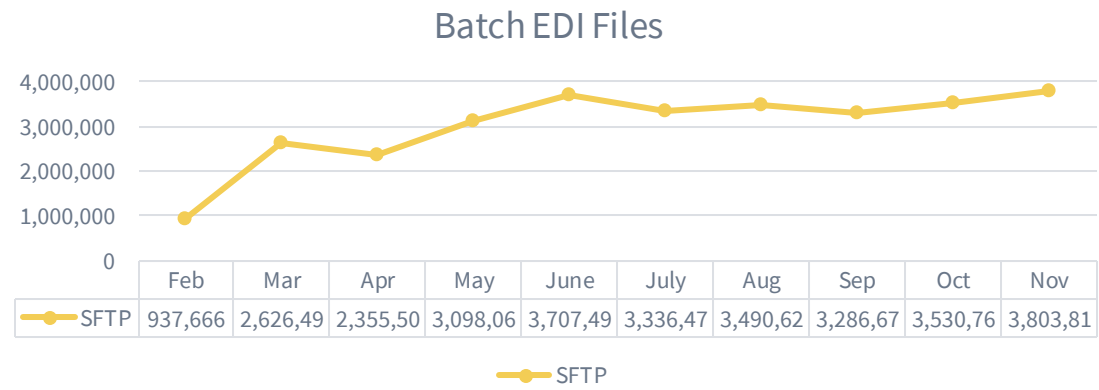
Ohio Medicaid Enterprise System (OMES)

Progress to Date

OMES EDI Month-over-Month Progression

OMES EDI has provided the foundation to implement ODM’s modularity concepts and provided significantly increased flexibility to scale for future needs

EDI Monthly Volume









Key Highlights

- Record Volumes** of EDI files and real-time transactions have been processed successfully on a month-over-month basis and efforts continue to further optimize processing times
- Significant Progress** has been made in stabilizing the overall OMES solution by providing swift resolution to key issues keeping Trading Partner and business priorities in mind
- Close Engagement** with the Trading Partner community has provided a forum to discuss critical issues and provide a mechanism to brainstorm short-term and long-term resolutions
- Effective Communication** with OMES stakeholders has been a priority since go-live and continuous improvements are being incorporated to increase transparency and timeliness of dispersing information

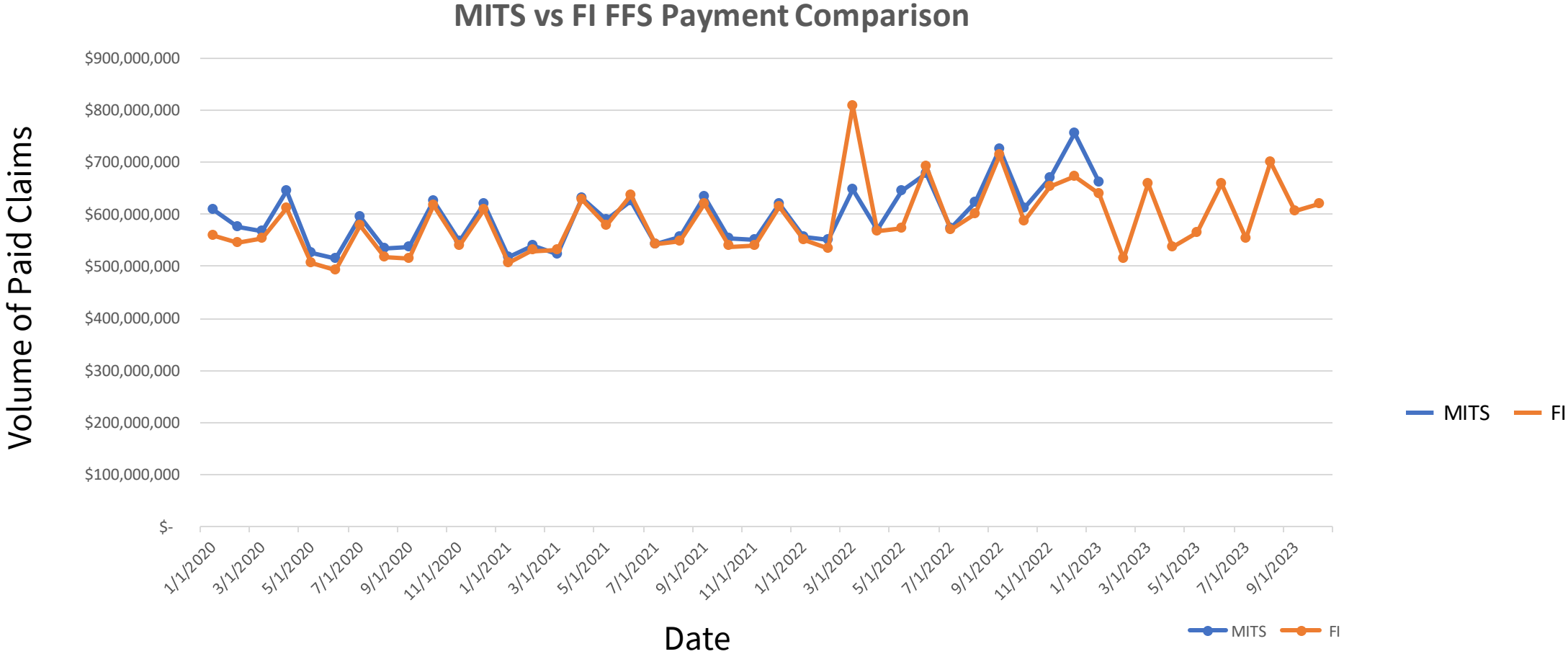
Ohio Medicaid Enterprise System - Work in Progress

Upcoming fixes and upcoming deliverables

Domain	Defects	Projects*	Total
 Business Operations	20	20	40
 Claims Adjudication	12	56	68
 Eligibility	7	10	17
 Financial	5	25	30
 Prior Authorization	0	1	1
 Other	4	19	23
Grand Total	48	131	179

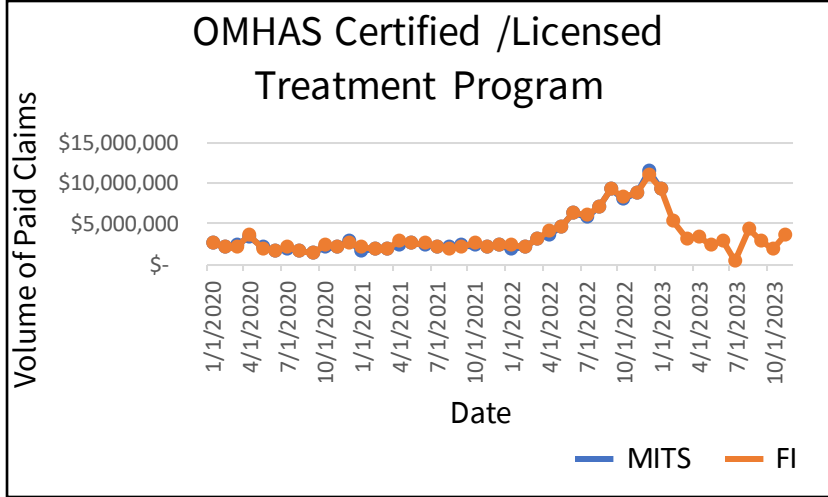
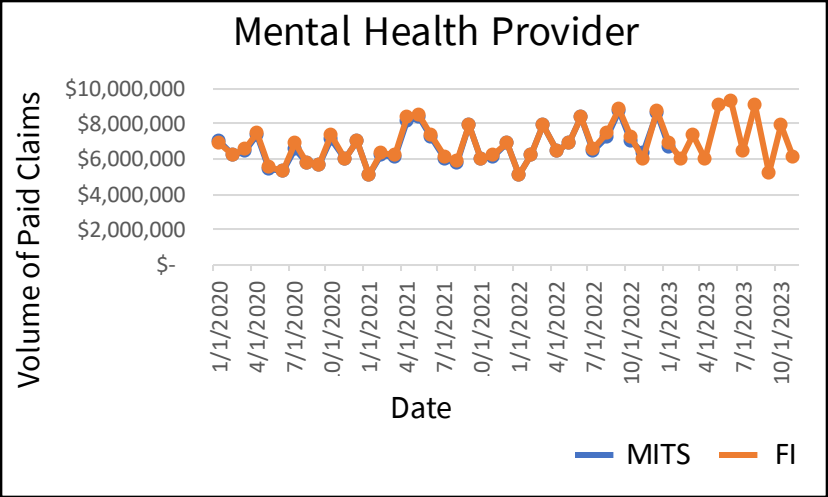
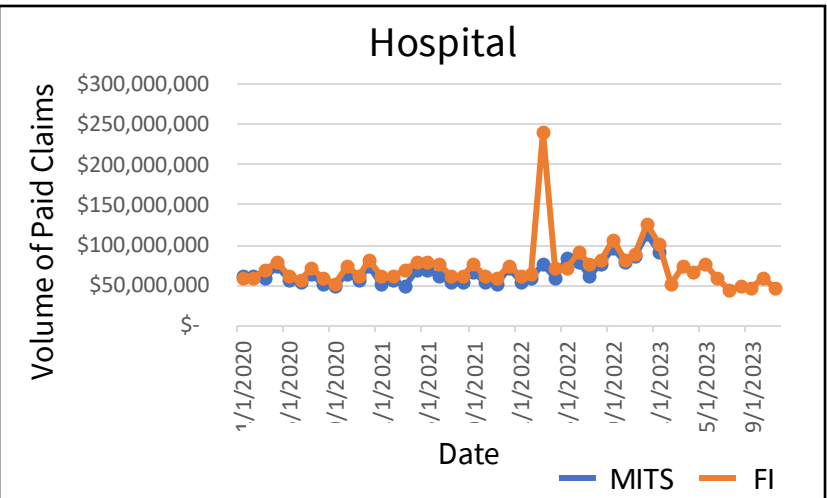
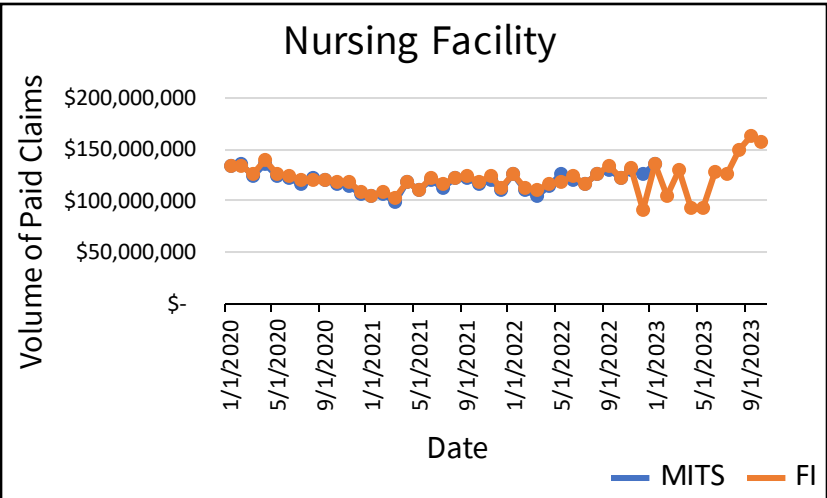
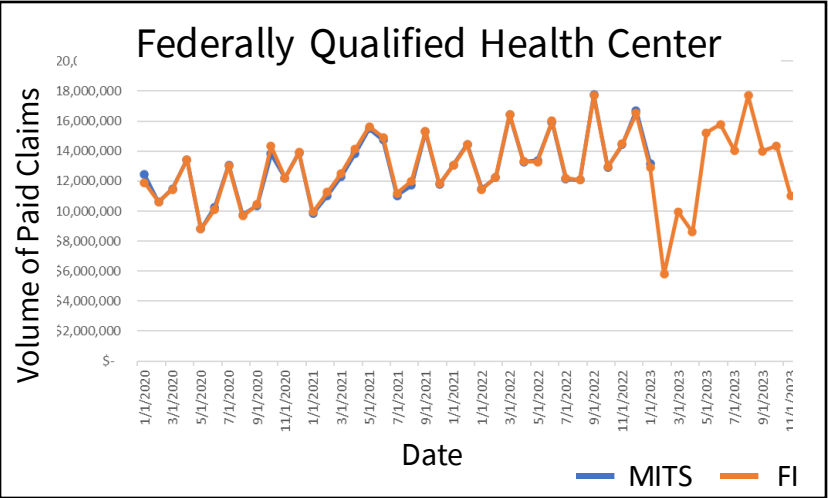
Systems Implementation

Comparing the volume of paid, fee-for-service claims over time in the Fiscal Intermediary (FI) to the old Medicaid Enterprise Technology System (MITS) informs performance, integrity, accuracy and consistency of the FI.



Claims Payment by Provider Type

Comparing the volume of paid, fee-for-service claims over time in the Fiscal Intermediary (FI) to the old Medicaid Enterprise Technology System (MITS) by type of provider.



Provider Network Management (PNM) and Centralized Credentialing

Provider Network Management (PNM) Module

- Part of the Ohio Medicaid Enterprise System (OMES).
- Replaces MITs provider subsystem and the MITs secure portal function, such as:
 - Provider enrollment applications.
 - Demographic information self-service management.
 - Enhanced and more robust provider directory to include MCP affiliation/network.
- Establishes the pathway for ODM's centralized credentialing strategic initiative.
- Considered the “source of truth” for all provider data and its content populates the daily “Provider Master File” (PMF).



Centralized Credentialing

Improves patient care by reducing administrative burdens for Ohio Medicaid providers.

Before centralized credentialing

Fragmentation & silos of information

Ohio Department of Medicaid's Managed care organizations (MCO) were responsible for provider credentialing.



Provider

MCO
Process

MCO
Process

MCO
Process

MCO
Process

MCO
Process

MCO
Process

MCO
Process

MCO
Process

Redundancy drove administrative burden

Each provider performed the same credentialing tasks for each MCO in order to be reimbursed.

Ohio Medicaid centralized credentialing

Eliminates the need to perform several unique credentialing processes, easing the administrative burden felt by providers serving Ohio's Medicaid members*.



ODM Provider Network Module

Manages Credentials for all MCOs



Managed Care Organizations

Standardizing processes and documentation help:



Reduce repetitive work.



Improve the revenue cycle.



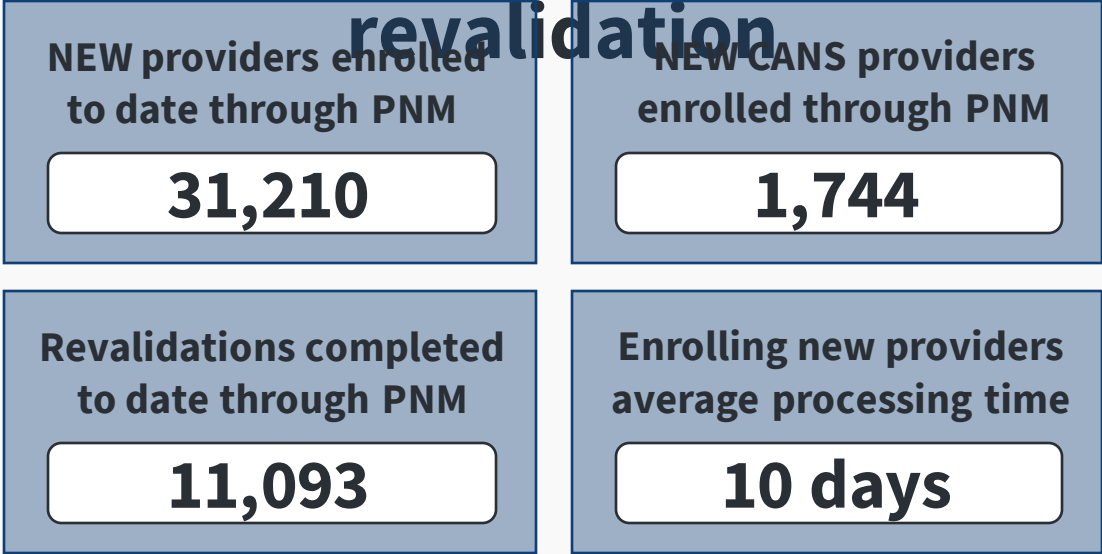
Lower credentialing costs for providers.

*A National Committee for Quality Assurance accredited Credentials Verification Organization performs accreditation.

Provider Network Management Enrollment and Credentialing

The Provider Network Management (PNM) module serves as the single-entry point for 200,000+ providers, redirecting from the PNM module to the appropriate MITS functionality.

Enrollment and revalidation



Credentialing



Note: The average processing time for all PNM transactions (e.g., new enrollments, self-service updates, revalidations, and other updates) is 6 days.
*A Credentials Verification Organization (CVO) performs accreditation.

Continued Provider Education and Support

Ohio Department of Medicaid (ODM) and our The Provider Network Management (PNM) vendor provider ongoing support and engagement to providers.

1 Reference tools

Developing new quick reference guides, user manuals, and updated FAQs based on provider feedback.

2 1:1 meetings

Meeting individually with providers to resolve PNM issues experienced by providers.

3 FAQ training

Conducting PNM training for providers based on frequently asked questions.

1 Go- live training

Offered training sessions leading up to go-live:
124 sessions
90 virtual
34 in person

5 Go-live reflection

Offering training sessions post go-live
10/1/2022 to current:
125+ sessions

Questions?
