

Behavioral Health Provider Small Group Discussion

September 21, 2022

Focus on the
INDIVIDUAL
*rather than the
business of
managed care*

We want to do better for the people we serve

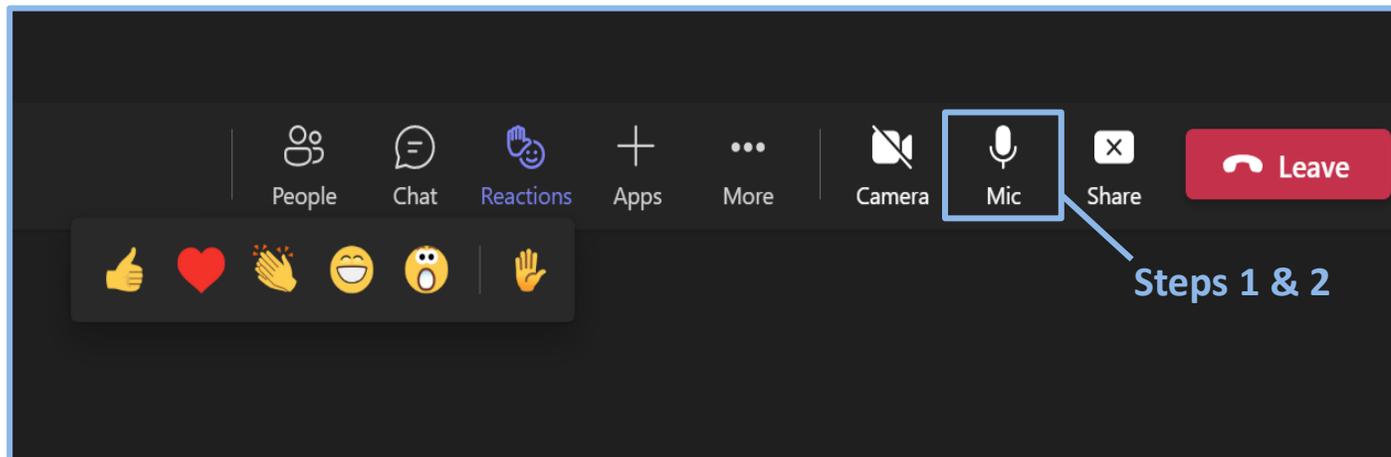
Today's Agenda

- 1 | Provider Network Management (PNM)
- 2 | Single Pharmacy Benefit Manager (SPBM)
- 3 | Electronic Data Interchange (EDI)
- 4 | Open Discussion



Housekeeping

- Please introduce yourself by entering your name, title, and organization in the chat feature
- All attendees may enter comments or questions using the chat feature
- Please ensure you are muted while you are not speaking. Follow the steps below to unmute/mute:
 - ❖ Step 1: Unmute yourself by pressing the “Mic” button. The slash on the icon will disappear indicating you are unmuted. If you called in and were muted during the meeting, you must press *6 to unmute
 - ❖ Step 2: Once you have spoken, place yourself back on mute by pressing the “Mic” button again. A slash on the icon will reappear indicating you are muted



Stage 2: October 1, 2022
Provider Network Management (PNM)
& Centralized Credentialing

CBHC Practitioner Enrollment Files

- **Question**

- » Will the CBHC Practitioner Enrollment files continue to be updated until 10/1/2022? Will these files stop being updated after 10/1/2022?

- **Answer**

- » With the implementation of the new PNM, ODM will no longer need to produce the CBHC file because the new PNM system will allow providers to produce a real time report listing all their affiliated practitioners along with each provider's active Medicaid specialties. The 8/27 version of the CBHC files that are currently posted to the [BH website](#) will be the last version available prior to PNM implementation

PNM: Notification of Revalidation

- Question**

- » Can Agents be notified of an individual practitioner’s revalidation date or only the Administrator?

- Answer**

- » As long as the Agent is set up under that provider’s Medicaid ID, they will see that provider listed on their homepage/dashboard. The revalidation due date displays in the far-right (last) column on the homepage/dashboard. This column is also sortable, so if a user clicks on it, they can rearrange all of their providers by which due date is coming up soonest

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					
517960	Test Training	Complete	69 - Pharmacist	1790794972	9999882	INTERNAL MEDICINE				03/11/19	03/17/19	03/17/22

PNM: Pre-Registration

- **Question**

- » How does one pre-register as an individual practitioner?

- **Answer**

- » The provider should pre-register their OH|ID user account and associate it with their provider account to utilize the PNM system
- » Providers can access the Pre-Registration Tool at <https://pnm-preregistration.omes.maximus.com/>
- » Detailed pre-registration steps can be found in the appendix (slides 27-33)

PNM: Verifying Medicaid enrollment status for practitioners

- **Question**

- » Will agencies be able to verify status as a Medicaid provider for an unaffiliated provider in the PNM for new hires?

- **Answer**

- » When a newly enrolling provider completes their application and lists an agency that they are affiliated to on the affiliations page, it is a 'pending' affiliation
- » This affiliation then must be confirmed by the group/agency before the individual provider will be confirmed as being affiliated to that group/agency
- » When adding new providers an "affiliation status" will be listed, and definitions of those statuses will also be provided (see slide 9 for additional detail)
 - If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM, and complete their application for enrollment or re-validation

PNM: Verifying Medicaid enrollment status for practitioners

Group, Organizations & Hospital Affiliations
This is a required section.

Save Cancel Previous Next

Individual Providers Associated with Your Group

In the table below, enter or confirm each individual provider that is associated with your group. For Active affiliations, click on the Individual provider's name to update the Individual's enrollment profile.

Note: If the affiliation status displays as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation.

Always verify that NPI you enter for Individuals are correct.

Display Active Only Yes No

Name	NPI	Provider Type	Specialty Type	Start Date	End Date	Affiliation Status	Revalidation Due Date	Medicaid ID	Rendering Location	Directory OptOut
Dale Ada	1912130121	Physician/Osteopath Individual	INTERNAL MEDICINE	3/14/2022	12/31/229	Confirmed	2021-07-01	0440313	2400 CORPORATE EXCHANGE DR	

Add New

Display 50 | Display 100

- Review individual provider associates that you have added in the table view
- To add an additional provider, click 'Add New'
- An Affiliation Status will display for the provider
- Definitions of that status are located at the bottom of the page
- **If the affiliation status display as 'Individual Enrollment Pending Approval' or as 'Individual Requires Revalidation', the individual provider must create an account in PNM and complete their application for enrollment or re-validation**

Affiliation Status Definitions

- Individual Enrollment Pending Approval** - The Individual application has not been approved in PNM.
- Confirmed** - The group confirmed the individual as an affiliate. No further actions are necessary at this time.
- Active** - The Individual provider is active and affiliated with your organization. No further actions are necessary.
- Pending Removal** - The group entered an End Date for the affiliation. No further actions are necessary.
- Removed** - The group entered an End Date. No further actions are necessary.
- Individual Requires Revalidation** - The individual provider exists in the system but is currently inactive. The Individual needs to complete a revalidation before being confirmed within your organization.
- Pending Approval** - The individual provider has requested affiliation with the group. The group is required to approve the affiliation request.
- Member Not Found** - The individual provider cannot be found.
- Transaction Rejected** - The transaction has been rejected by the SI. Resubmit Affiliation.

Stage 2: October 1, 2022

Single Pharmacy Benefit Manager (SPBM)

Single Pharmacy Benefit Manager (SPBM) Update

- October 1, 2022: SPBM (Gainwell) begins processing pharmacy claims for all managed care members
 - » Does NOT include Medicaid fee-for-service members or MyCare members
- New ID cards are currently being mailed to all managed care members
 - » “Next Generation”/”NextGen” ID Card
 - » Gainwell SPBM billing information is on the front of the card

<MCO Logo Here>
 MCO DBA Name
 Second row for MCO DBA Name

Member Services | Phone: 000-000-0000
24 Hour Emergency Services | Phone: 000-000-0000

Member Name	Member ID Number	Plan ID Number
JaneHasVeryLongName Veryloooooonglastname	000000000000	000000000000

Primary Care Provider
 Dr. John Doe
Phone: 000-000-0000

Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gainwell
 Rx Bin: 024251
 Rx PCN: OHRXPROD
 Phone: 833-491-0344
 Use Member ID for Billing

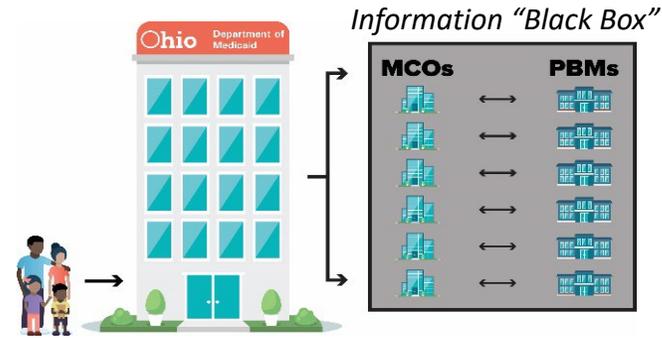
Member Services | Phone: 000-000-0000
24 Hour Emergency Services | Phone: 000-000-0000

Information for Members
 May include text about additional emergency services. Website address for members. Other information as needed relevant to members. May include text about additional emergency services. Website address for members. Other information as needed relevant to members.

Information for Providers
 Please verify member eligibility on Date of Service via the ODM provider portal before rendering services. Please visit (MCO website) for detailed billing instructions or call (MCO phone number) for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.

Ohio | Department of Medicaid

Today's Managed Care Program



The Next Generation of Managed Care



The SPBM will be 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 will provide 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** can be provided to all Medicaid members

The SPBM will **increase 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 currently**
 ■ **Responsible moving forward**

Single Pharmacy Benefit Manager (SPBM) Training

- Registration for SPBM Provider Training is now open
- Register for training at: <https://spbm.medicaid.ohio.gov/>
- Prescriber and prescriber support staff training began on September 6
- Pharmacy and pharmacy support staff training began on September 19
- Training Recordings will be made available in September for on-demand training



Prior Authorization (PA) Process

- PA criteria is available on Gainwell’s website at <https://spbm.medicaid.ohio.gov>
- PA forms will be available at <https://spbm.medicaid.ohio.gov>
- Prescribers may submit prior authorization requests to SPBM via:
 - » Phone
 - » Fax
 - » Online portal
 - » Mail
- Once submitted, Gainwell SPBM has 24 hours to respond
- If incomplete information is received, the prescriber will have up to 72 hours (from time of submission) to submit the requested information
- PA determinations will be made to the prescriber in the same manner as the request was received, with notification to member sent via mail
- Existing/currently active prior authorizations with expiration dates after 10/1/22 will continue to be honored through their stated end date

Member Journey

- **Gainwell provides PDL information to SureScripts**
 - » This populates most e-prescribing platforms to identify PA need
 - » Prescribers can initiate a PA before a member goes to a pharmacy based on this
- **Sending PA info to Gainwell**
 - » ePA customers will have their ePAs converted to faxes and sent to Gainwell
 - » Once a PA is decisioned, notification will be sent to the prescriber and member
- **Identifying a pharmacy:**
 - » Calling the Gainwell Help Desk
 - » Checking the Gainwell Pharmacy Directory online at <https://spbm.medicaid.ohio.gov>
- **Pharmacy monitoring**
 - » Specialty pharmacies required to provide RN or RPh by telephone 24/7/365



Additional Resources for Providers

Gainwell SPBM Website: <https://spbm.medicaid.ohio.gov>

- » Contracting Information
- » Provider Manual
- » Payer Sheet
- » Training Resources
- » Unified PDL, PA Criteria, PA Forms
- » Specialty Drug List
- » Pharmacy Network Directory (available early September)
- » FAQs

Ohio Medicaid SPBM Website: <https://managedcare.medicaid.ohio.gov/managed-care/single-pharmacy-benefit-manager>

- » Program Information
- » Webinar Information
- » Dispensing Fee Dashboard
- » FAQs

Myers and Stauffer (PPAC) Website: <https://myersandstauffer.com/client-portal/ohio/>

- » Cost of Dispensing Survey Information
- » OAAC Survey Information
- » OAAC Rates

Stage 3: December 1, 2022

Electronic Data Interchange (EDI) Module

EDI: Training and Testing Schedule

- **Question**
 - » What is the EDI training schedule, and how does it align with the EDI testing schedule?
- **Answer**
 - » EDI training is scheduled for the dates below
 - » Most trading partners are already engaged in testing with the EDI vendor



Source: EDI Training and Communications Plan, slide 11; Training delivered July 29, 2022

EDI: Populating the 837P

- **Question**

- » What is new/different, and what changes have been made between MITS and OMES (e.g. use of the ISA segment, payer IDs)?

- **Answer**

- » Managed care plans' receiver ID is now being used on the 837P so claims for members covered by the plans can be forwarded
 - This information, as well as the payer IDs, is published in the companion guidelines
 - <https://medicaid.ohio.gov/resources-for-providers/billing/HIPAA-5010-implementation/companion-guides/guides>
 - The use of the ISA segment is not new (this is a required segment for each EDI transaction)

EDI: Billing claims prior to Stage 3 implementation

- **Question**

- » What is the format/process for billing claims pre-EDI implementation?

- **Answer**

- » Claims with a date of service (DOS) prior to 12/1/2022 will continue to be submitted as they are today until Stage 3 implementation (12/1/2022)

- » Claims with a DOS on or after 12/1/2022 should be submitted by the provider or trading partner to the appropriate OMES module

EDI: 824 Transaction

- **Question**

- » Is the 824 transaction built into the EDI module or sent to providers?

- **Answer**

- » Yes, the 824 transaction is part of the EDI system

- » If a claim does not pass the validations to ensure a 'clean claim', an 824 transaction is returned to the submitter of the file

- » All validation results are available to trading partners via the EDI

EDI: Fee For Service (FFS) and Managed Care Claims

- **Question**

- » Are there any instances where a Medicaid FFS or managed care claim would not be submitted to the Fiscal intermediary (FI)?

- **Answer**

- » Beginning 12/1, providers will submit FFS and managed care claims via the PNM module, and trading partners will use the new EDI module for claims submission*

- Exceptions, which should continue to be submitted using their current process, include:

- MyCare managed care claims
- DODD and ODA claims that are currently submitted directly to those agencies
- Medicare Claims
- Gainwell Technologies Pharmacy claims

- » The FI supports routing of managed care claims to MCOs for processing and payment but will not be directly accessed by providers or trading partners

**Beginning 12/1/22, FFS claims and managed care claims (except as noted above) are required to be submitted via PNM or EDI. For managed care claims, the date of service (DOS) is relevant. Managed care claims with a DOS prior to 12/1/22 can be submitted directly to the MCOs for processing. Claims with a DOS on/after 12/1/22 are required to be submitted to the PNM or EDI as described above.*

Open Discussion

What other questions or concerns do you have?



Appendix

PNM Pre-Registration

- *This information was sourced from slides 10-16 of the PNM Provider Training presentation (delivered between August – September 2022)*
- *The PNM Provider Training is available to view after registration at <https://managedcare.medicaid.ohio.gov/providers/provider-webinars-training>*

PNM: Pre-Registration for Individual Practitioners, cont.

Welcome to Provider User Pre-registration

In order to utilize the new Ohio Department of Medicaid Provider Network Management (PNM) system please follow these steps to pre-register your OH|ID user account and associate it with your provider account.

Get Started!

Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?

Yes No

Do you have an OH|ID account?

Yes No

Next Step

- On the landing page, click ‘Get Started!’ to begin
- Answer the two questions by selecting either ‘Yes’ or ‘No’
 - » Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?
 - » Do you have an OH|ID account?
- Click ‘Next Step’

PNM: Pre-Registration for Individual Practitioners, cont.

The next step is to Sign-In with your OH|ID.
After which you will return here to continue your User Registration.

If you are already signed-in to OH|ID or were not automatically brought back after signing in use the button below to return to OH|ID and sign-in and try again.

Go to Ohio OH|ID Sign-in page

OH|ID
Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

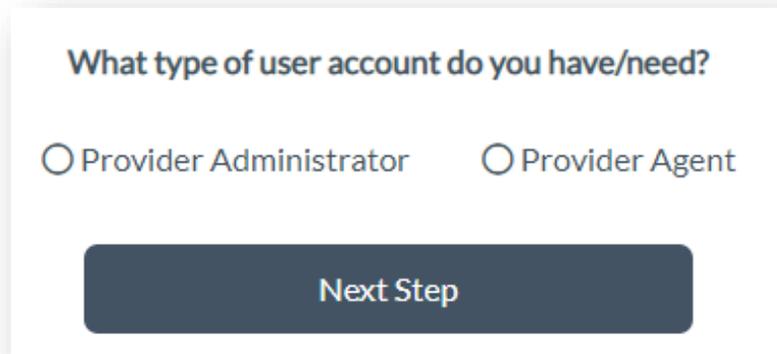
Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

- Click 'Go to Ohio OH|ID Sign-in page' to log into your existing OH|ID account
- Enter your OH|ID username and password to access your account
- Click 'Log In'

PNM: Pre-Registration for Individual Practitioners, cont.



What type of user account do you have/need?

Provider Administrator Provider Agent

Next Step

- You will be redirected back to the Pre-Registration site and asked what type of user account you have or need
- Select either:
 - » Provider Administrator
 - » Provider Agent
- Click 'Next Step'

PNM: Pre-Registration for Individual Practitioners, cont.

The screenshot displays a two-column web form. The left column is titled 'Validate your Provider Information' and contains several input fields: 'Medicaid ID', 'Tax ID', 'NPI', 'Email Address' (with a placeholder '@maximus.com'), and 'OH|ID' (with a placeholder '74'). The right column is titled 'Provider Associations' and features a table with two columns: 'Medicaid ID' and 'Provider Name'. Below the table, it states 'No providers selected for association to this account' and 'Use the form on the left to associate providers'. At the bottom of the form, there is an 'Add New' button with a plus icon and a 'Save & Finish' button. Two orange arrows point from the 'Add New' button to the 'Save & Finish' button.

- If you selected 'Provider Administrator' you will need to validate the Providers that you administer for by entering identifying information (Medicaid or Tax ID, NPI) in the fields listed
- Click 'Add New' to associate the provider to your account. Associations will begin populating on the screen to the right
- When all providers have been entered, click 'Save & Finish'

PNM: Pre-Registration for Individual Practitioners, cont.

Pre-registration Results

Your OH|ID Account has been Pre-Registered and linked to the new Provider Management System.

When the new system launches you will be able to sign in using your OH|ID account.

Provider Association Results

Medicaid ID	Provider Name	Results
1000001	ALAMA HOME HEALTH CARE LLC	Success, User Linked to Provider as Administrator

Start Again

- You will be sent to a results page confirming the actions that you have taken
- The Providers that you linked to your account will be listed under ‘Provider Association Results’
 - » These providers will appear in your dashboard when you log into the PNM system once the system goes live
- If any changes need to be made, click ‘Start Again’

PNM: Pre-Registration for Individual Practitioners, cont.

Are you a current or previous Medicaid Provider with the Ohio Department of Medicaid?

Yes No

Do you have an OH|ID account?

Yes No

[Next Step](#)

The next step is to create an online account and Sign-In with the Ohio Department of Medicaid.
After which you will return here to continue your User Registration.

If you are not automatically brought back after creating your OH|ID account Return to Step one and select "I have an OH|ID account"

[Go to Ohio new account page](#)

- If you do not have an existing OH|ID account, select 'No' for that question
- Click 'Next Step'
- Click 'Go to Ohio new account page' to create a new OH|ID account
- *If you are not automatically brought back after creating your OH|ID account, return to the Pre-Registration homepage and select 'I have an OH|ID account'

PNM: Pre-Registration for Individual Practitioners, cont.

OH|ID
Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#)

- ### Create OH|ID Account
- 1 Email Verification
 - 2 Personal Info
 - 3 Pick a Username
 - 4 Create Password
 - 5 Account Recovery
 - 6 Terms & Conditions

- On the OH|ID sign in page, click 'Create Account'
- Complete the 6-step process to create your new OH|ID account
- Once the account is created, if you are a Provider Administrator, follow the steps to link your existing providers to PNM