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ODM OhioRISE Eligibility Rule 5160-59-02

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The Ohio Council of Behavioral Health & Family Services Providers appreciates the opportunity to comment on the proposed revisions to OAC 5160-59-02 governing OhioRISE eligibility and enrollment. The amendment aligns OhioRISE enrollment timing with managed care enrollment rules by establishing a first-of-month effective date and creates operational considerations for billing responsibility, eligibility alignment, and performance measurement that require clear implementation expectations.

The following comments address areas where clarification will support consistent implementation under the revised enrollment framework:

1. Paragraph (C) makes enrollment effective on the first day of the month in which eligibility criteria are met. While this alignment may create some efficiency, it will also create some additional administrative challenges that create costs that do not exist today. When eligibility for OhioRISE is determined after services have already been delivered earlier in that same month for a Medicaid eligible youth, those services may already have been billed and paid by another Medicaid coverage source prior to the retroactive application of OhioRISE eligibility. This creates a scenario for subsequent claim recoupment once enrollment is applied to the beginning of the month. The rule does not explain how those earlier services should be billed or adjusted when eligibility is applied retroactively. As such, providers and plans may apply different billing approaches for the same situation, and the extent to which this occurs may be influenced by whether youth entering OhioRISE already have Medicaid eligibility at the time of enrollment.

Recommendation: Clarify the expectation and payment responsibility, recoupment, and billing expectation for behavioral health services delivered earlier in the same calendar month before OhioRISE eligibility is determined, including expectations for cross-payer reconciliation when eligibility timing differs across state and managed care plan systems. In addition, please share data on the percentage of youth entering OhioRISE with established Medicaid eligibility at the time of enrollment to allow us to understand the implementation impact of the revised first-of-month effective-date structure as revisions are finalized.

2. Paragraph (E)(2)(c) permits retroactive termination of OhioRISE enrollment and recovery of capitation payments. Because enrollment under paragraph (C) is effective beginning on the first day of the calendar month, services may already have been delivered earlier that month before eligibility is later reversed. Retroactive termination in these circumstances may require adjustment of previously delivered services and associated payments within the affected month. The rule does not specify how payment responsibility, billing correction, or recovery should be administered when termination is applied retroactively to a period in which services have already occurred. Without this clarity, implementation may vary across providers and plans and create inconsistent administrative handling across affected time periods. In limited circumstances, services provided earlier in the affected month may include service types that

are uniquely covered under OhioRISE and not billable to another Medicaid managed care plan following retroactive termination, creating uncertainty regarding payment responsibility for those services.

Recommendation: Clarify how retroactive termination and capitation recovery apply in months affected by first-of-month enrollment effective dating.

We appreciate the opportunity to provide comments and value the ongoing collaboration with ODM to support effective administration of OhioRISE and look forward to continued engagement as implementation progresses. If you would like to discuss these comments further, please contact me at thrasher@theohiocouncil.org.