

**Ohio Occupational Therapy Association**

***Ohio Medicaid Reforms Overview***

January 2023

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*The Ohio Department of Medicaid is nearing the end of a multi-year effort to reform Ohio’s managed care system with the goal of making the program easier for patients and providers alike. Ohio Medicaid is the state’s largest payer, serving approximately 1 in 4 Ohioans; Medicaid covers more than half of all children in Ohio as well. With more than 10,000 occupational therapy providers in Ohio, reforms to the Medicaid program are critical to these individuals and the patients they serve.*

**Next Generation of Ohio Medicaid Managed Care**

* Shortly after taking office in 2019, Ohio Governor Mike DeWine (R) instructed Ohio Department of Medicaid Director Maureen Corcoran and her team to redesign and rebid Ohio’s Medicaid managed care program. After multiple rounds of stakeholder comment opportunities, several requests for proposals (RFP’s), and process implementation delays, ODM is launching this new system in phases during 2022 and 2023.
* The most notable change will be new managed care plans entering the Ohio market. Four of the existing MCO’s will remain (Buckeye, CareSource, Molina, and United) while three new statewide plans will launch (Anthem, AmeriHealth Caritas, and Humana). Anthem will acquire Paramount’s Ohio operations. These new plans will launch on February 1st, 2023.
* Gainwell Technologies will serve as the single statewide pharmacy benefit manager (PBM) for all seven managed care plans and will also serve as the fiscal intermediary for providers. The single PBM function launched October 1st while the fiscal intermediary function launched December 1st. Under the fiscal intermediary, providers will send all claims and prior authorization requests to a single point of entry instead of submitting this information to the individuals plans.
* Other program elements include the pharmacy pricing and audit consultant, managed by Myers and Stauffer and launched October 1st, and the OhioRISE program, managed by Aetna; the latter program went live on July 1st. OhioRISE is a statewide pediatric behavioral network that provides enhanced services to children with severe issues; an estimated 60,000 Ohio kids will benefit from these services.

**Impact on Occupational Therapy Providers**

* Over the past three years, OOTA has interacted several times with ODM on their reform plans. We have provided comments and suggestions that have helped shape the program design. The biggest issue we heard from OOTA members was reducing administrative burdens, including cumbersome prior authorization protocols and inconsistent paperwork requirements across the different managed care plans.
* The Next Generation of Ohio Medicaid Managed Care initiative prioritizes improving the provider experience. By creating a single point of access for claims and PA’s, providers will not have to submit to each plan individually. Further, prior authorization timelines and documentation will be standardized across all plans, create an easy to navigate and uniform process.
* Medicaid will also be revamping Ohio Medicaid Enterprise System, which includes a centralized provider credentialing portal that launched October 1st. This will further reduce the administrative burden on providers, allowing for more time for patient care. Finally, the new managed care contracts prioritize provider service and responsiveness. This will ensure that issues such as denials can be addressed quickly.

**Benefits to Medicaid Enrollees**

* Open enrollment for Medicaid beneficiaries closed on November 30th, but members will be able to make plan changes in 2023. If an enrollee does not select a plan, then they will remain in their current. Patients should ultimately benefit from the reduced administrative burden on providers, which will provide more time for treatment and fewer denials or delays in care.
* Later this year, ODM will review enrollee plan selections and offer recommendations on the most appropriate plans. While it is the intent of Ohio Medicaid to respect patient choice, these voluntary plan referrals are meant to better align patient needs and health conditions with the plan offering the best access to providers in their network. Medicaid enrollees will be receiving communication and can connect with their local JFS office to discuss further.
* Overall, ODM’s goal is to protect Medicaid members during this transition and ensure continuity of care. No enrollee will lose access to their providers or prescription drugs when the new plans launch on December 1st. ODM has been very active in communicating with members and has prioritized member service for new MCO’s and other vendors.

**Public Health Emergency (PHE) Unwinding**

* At the onset of the COVID-19 pandemic, states were offered enhanced reimbursement for Medicaid under the CARES Act. In exchange, state Medicaid agencies were prohibited from disenrolling any individuals from Medicaid due to a loss of eligibility (i.e. change in health status, income changes, residency) so long as the federal Public Health Emergency (PHE) remains in place. As a result, Ohio’s Medicaid enrollment has ballooned.
* The U.S. Department of Health and Human Services is expected to notify states on January 31st that the PHE is unwinding; this will be effective as of March 31st (or 60 days from HHS announcement). Once this occurs, Ohio Medicaid will have 90 days from the date of expiration to complete redeterminations and determine which enrollees are no longer eligible.
* ODM, in conjunction with local JFS offices and other partners, will embark on a significant outreach campaign to connect these individuals to other coverage. We anticipate most of the redeterminations to result in adults (mostly Medicaid expansion, or Group VIII adults) losing coverage next year. However, this is expected to impact every population within Medicaid to some extent.
* Medicaid enrollees should be notified later this year of this process and any potential changes to their eligibility. It is highly likely that some individuals receiving occupational therapy services under Medicaid could see a disruption in coverage when this process occurs. While ODM will work to ensure enrollees are notified, patients and providers will need to navigate this redetermination process next year.

*OOTA stands ready to assist members and licensees with navigating these changes. We are confident that the reforms underway at the Ohio Department of Medicaid will result in a new system that eases administrative burdens and allows OT providers to better serve their patients. We value our partnership with Ohio Medicaid and look forward to continuing this important work as well as future reforms to programs including MyCareOhio.*

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