



Implementation Checklist for Community Behavioral Health Provider (PT 84/95)

OhioRISE Enrollment and Coverage

Most youth enrolled in OhioRISE will have two Medicaid managed care plans – OhioRISE + Medicaid MCO.*

- OhioRISE will cover all existing PT 84/95 services for enrolled youth.
- New behavioral health service coverage includes the CANS assessment and MRSS
- IHBT/MST/FFT will only be covered under OhioRISE beginning July 1, 2022
- Youth enrolled in OhioRISE also have access to BH Respite and Flex Funds when medically necessary
- The original MCO* will cover physical health care and emergency room care.
 - Providers will continue to send BH claims to MCOs for youth NOT enrolled in OhioRISE

Starting on the day of enrollment in OhioRISE, all BH services (except the CANS assessment) will be billed to Aetna/OhioRISE.

- If a CANS assessment is completed on the day of OhioRISE enrollment, it should be billed to the original MCO.

The OhioRISE 1915 (c) waiver program offers a pathway for eligibility for youth with high behavioral health needs to access specialized behavioral health services that may not otherwise be available. Eligibility and enrollment will be managed by the CME. In addition to the other services available via OhioRISE, youth enrolled in the OhioRISE 1915(c) waiver program may access Transitional Services and Supports, Out of Home Respite and Secondary Flex Funds.

*A small number of youth enrolled in OhioRISE may be FFS. In those cases, FFS will cover physical health care.

OhioRISE Member Handbook and Educational Materials

These resources are available to share with youth and families enrolled in OhioRISE and may be useful for staff to review as well.

- [OhioRISE member handbook \(PDF\)](#)
- [OhioRISE Quick reference guide \(PDF\)](#)
- [OhioRISE Brochure](#) (English) – Available in 7 other languages [here](#)

PT 84/95 Claims Processing Readiness.

☐ **Contracting with Aetna/OhioRISE:** PT 84/95 will need to have a contract with Aetna/OhioRISE to bill any BH service for youth enrolled in OhioRISE. If you are not contracted with Aetna/OhioRISE starting 7/1/22 and have a client that is enrolled, you can contact Aetna about a single case agreement while

waiting for contracting to be finalized. To start the contracting process or inquire about a single case agreement, contact OHRISE-Network@aetna.com

☐ **OhioRISE Provider Billing Guidance:** Review the [OhioRISE Provider Billing Guidance](#) to understand the claims processing expectations and configuration to successfully submit claims to Aetna for OhioRISE Services.

☐ **Client eligibility verification process:** OhioRISE allows for rolling enrollment, providers should be prepared to check eligibility for clients under 21 at multiple times throughout the month either through MITS or 270/271 EDI transaction. The first OhioRISE enrollments will appear in MITS on 7/2/22.

☐ **Provider Portal:** Aetna is using Availity for their secure provider portal for prior authorization, claims status, electronic remittance advices, and additional features. Many Ohio providers already have an account with Availity. If you have an account with Availity already you do not need to do anything. You will see OhioRISE as an option when you click on the Aetna payer starting 7/2/22.

- If you do not have an account set up with Availity you will need to set up an administrator account by going to www.availity.com and clicking register.

☐ **OhioMHAS Certification IHBT and MRSS:** Providers planning to provide [IHBT/MST/FFT](#) and/or [MRSS](#) should add this certification with OhioMHAS in LACTS. OhioMHAS certification is required for enrollment and billing to Medicaid.

☐ **Medicaid Provider Enrollment:** Providers of new OhioRISE services (CANS assessments, IHBT/MST/FFT, MRSS, 1915c waiver services, etc.) should ensure they have updated their enrollments with Medicaid to add corresponding provider specialties. See the [OhioRISE Provider Specialty Guide](#) for all new services requiring updated enrollment with instructions for how to add the specialty. Please note: some provider specialty enrollment must occur at the organization (“billing provider”) level, and other specialties must be added at the practitioner level. Please check the Specialty Guide for detailed information.

☐ **Clearinghouse Claims Process:** Providers contracting with a clearinghouse to bill claims should ensure their clearinghouse is compatible with Change Healthcare or Office Ally. Aetna/OhioRISE (payer ID 45221). Click [here](#) for Aetna’s presentation on billing.

☐ **Trading Partner Claims Process:** Providers who operate as their own trading partner to submit claims directly will do so through Aetna’s provider portal with Change Healthcare.

- Aetna Better Health of Ohio encourages participating providers to electronically submit claims through their portal at www.aetnabetterhealth.com/ohio
- Select ‘For Providers’, then “Claims’ tab, “How to File a Claim”, then link to ‘WebConnect’ on the page.

☐ **EHR Configuration:** Providers billing new OhioRISE services should ensure the services and rates are added to their EHR.

- CANS assessments and MRSS can be billed to Aetna/OhioRISE, Medicaid Fee-for-Service, and all Medicaid Managed Care Plans.
- Additionally, ADAMH Boards will have funding for youth under 21 without Medicaid for MRSS.

- OhioRISE 1915 (c) Waiver services include configuration for Transitional Support Services and Out-of-Home Respite
- CME configuration for ICC, MCC, CANS assessments, and the comprehensive initial assessment.
- ODM and Aetna Better Health of Ohio have agreed to align OhioRISE practitioner modifier requirements for community behavioral health claims with those used in ODM's fee for service program, outlined in the [BH provider manual](#). Aetna will require rendering practitioners holding multiple licenses or credentials with differing scopes of practice to use ODM's requirements for enrollment and claims submission, including:
 - Provider enrollment with a multi-license specialty
 - Rendering provider reporting their additional licensure/credentials on claims
 - Use of modifiers identified on ODM's dual licensure grid, which can be found on <https://bh.medicaid.ohio.gov/manuals>.
 - More details are included in this [6/21/22 MITS Bits](#).

☐ **IHBT Transition:** ODM has taken steps to ensure all youth enrolled in IHBT are transitioned to OhioRISE 7/1/22, but IHBT providers must ensure youth are enrolled with OhioRISE prior to providing their services. Aetna/OhioRISE is the only Medicaid managed care plan that will cover IHBT starting 7/1/22. Prior authorization is no longer needed unless the service exceeds 180 days following OhioRISE enrollment.

☐ **CANS Code Transition:** Starting 7/1/22, the CANS assessment must be billed using H2000. The CANS code is submitted on the date the CANS is completed. There is no limit on the number of times a CANS may be completed throughout the year. Prior to engaging the youth/caregiver in the CANS assessment process, the CANS assessors should access the CANS IT System to determine if a recent CANS assessment has been completed with the youth/caregiver. If a recent CANS assessment is available in the CANS IT system, the assessor should use their professional judgement to determine if an update needs to occur or if the most recent assessment can be used.

☐ **Child and Family Team Meetings:** Community behavioral health agency employees participating in OhioRISE child and family team meetings may submit claims for covered services (such as CPST or TBS) when active participation in the CFT meeting meets the requirements for the service billed as outlined in chapter [5160-27](#) of the OAC and billed with the appropriate code as described in the Ohio Medicaid Behavioral Health Provider manual.

☐ **Prior Authorization/Prior Approval:** During the transition period, 7/1/22-9/30/22, only inpatient psychiatric hospitalization and electroconvulsive therapy require prior authorization. Starting 10/1/22, the only services that require prior authorization from the BH provider are: Inpatient or PRTF admission, SUD Partial Hospitalization, and electroconvulsive therapy. There are other services with soft limits that will require prior authorization for additional treatment after the service limit is met. See the Prior Authorization table of the OhioRISE provider guidance for more information on these services and limitations.

- Prior approval through the Child and Family Care Plan is needed for BH Respite and flex funds.
- The Child and Family Care Plan must be approved by Aetna prior to beginning services under the 1915 (c)I Waiver.

Care Management Entities (CMEs)

The CMEs are responsible for moderate care coordination (MCC) and intensive care coordination (ICC) activities for enrolled you and their families using a systems of care high fidelity wraparound service model. Care coordinators will convene the Child and Family Team and work with the youth and family to develop the Child and Family Care Plan to assist with care planning that focuses on the child or youth's and family's strengths, beliefs, culture, community/natural supports, and their voice and choice. Aetna will provide care coordination for youth needing limited care coordination or families that choose not to engage in MCC/ICC.

☐ **Connect with the CMEs:** Providers are encouraged to connect with the CME serving your communities. You can learn more about the [CMEs and their catchment areas \(PDF\)](#) at these links:

- [Boundless® \(PDF\)](#)
- [The Buckeye Ranch \(PDF\)](#)
- [Cadence Care Network \(PDF\)](#)
- [CareStar® \(PDF\)](#)
- [Choices® Coordinated Care Solutions \(PDF\)](#)
- [Cincinnati Children's HealthVine \(PDF\)](#)
- [ColemanSM Health Services \(PDF\)](#)
- [Harbor \(PDF\)](#)
- [Integrated Services for Behavioral Health — catchment area H \(PDF\)](#)
- [Integrated Services for Behavioral Health — catchment area I \(PDF\)](#)
- [Jefferson Country Educational Services Center \(PDF\)](#)
- [Lighthouse Youth & Family Services \(PDF\)](#)
- [National Youth Advocate Program \(PDF\)](#)
- [OhioGuidestone \(PDF\)](#)
- [Positive Education Program \(PDF\)](#)
- [Ravenwood Health \(PDF\)](#)
- [The Village Network \(PDF\)](#)
- [Unison Health \(PDF\)](#)
- [Wingspan Care Group \(PDF\)](#)

☐ **OhioRISE CME Manual:** Review the [OhioRISE CME Manual](#) that offers guidance for CMEs in providing care coordination, conducting comprehensive assessments, CANS, establishing the Child and Family Team, developing the Child and Family Care Plan, and submitting claims and exchanging data with Aetna.

- CMEs may submit claims for ICC, MCC, CANS Assessment, and the Comprehensive Initial Assessment.

CANS Assessment – Assessor Eligibility & CANS IT System

☐ **CANS Assessments:** consider adding CANS assessments to your service array and training staff.

☐ **CANS Assessor Training:** CANS assessors must maintain certification in the new Ohio Children's Initiative CANS with the Praed Foundation. To be eligible for certification, a new assessor needs to demonstrate completion of live, virtual training in the following (2) areas: TCOM (Transformational Collaborative Outcomes Management) and Ohio Children's Initiative CANS Comprehensive Assessment.

Both required training areas are provided during one full day training. You can find training information on [the OhioRISE website](#). If you have questions about how to register for CANS training sessions, please email hxd256@case.edu

In order to bill the CANS assessment, the **individual rendering provider** must have an updated enrollment with Medicaid to add the ORC specialty. This is the only new service requiring Medicaid enrollment at the provider level.

Individuals certified as CANS assessors will register and use the CANS IT system to document CANS assessments (brief and comprehensive) in a single location. Only individuals trained in the CANS may create accounts, organizations cannot create administrative accounts in the CANS IT system.

Youth determined eligible will be enrolled in OhioRISE as of the date their CANS assessment is submitted to the CANS IT system.

Ohio Children's Initiative CANS Resources

- CANS Assessment Tools and Guides: Brief CANS: [\[Reference Guide\]](#) [\[Rating Sheet\]](#)
 - Comprehensive CANS: [\[Reference Guide\]](#) [\[Rating Sheet\]](#)
- CANS decision support tools
 - [OhioRISE and Out of Home Placement](#)
 - [OhioRISE Early Childhood](#)
- [CANS IT System](#)
- [CANS IT System User Guide](#)
- [CANS Training & Certification FAQ](#)
- Training information and additional CANS resources are available on the [OhioRISE](#) website.
- Contact the COE at hxd256@case.edu for clinical or practice questions.

Network Relations Contact Information

Color	CME	Projected Annual Assignment (estimate for 12 months)	Count of Counties in CME Region	Counties in CME
	A	2920	9	Williams, Defiance, Fulton, Henry, Putnam, Paulding, Van Wert, Mercer, Lucas
	B	1650	11	Wood, Ottawa, Erie, Sandusky, Seneca, Wyandot, Hancock, Huron, Crawford, Marion, Union
	C	2100	11	Allen, Auglaize, Hardin, Darke, Shelby, Miami, Logan, Champaign, Clark, Green, Madison
	D	2350	2	Preble, Montgomery
	E	2180	3	Butler, Warren, Clinton
	F	2430	1	Hamilton
	G	2750	6	Hamilton, Clermont, Brown, Adams, Scioto, Lawrence
	H	2070	11	Fayette, Pickaway, Highland, Ross, Pike, Jackson, Gallia, Meigs, Hocking, Vinton, Athens
	I	1750	8	Fairfield, Perry, Muskingum, Morgan, Noble, Guernsey, Coshocton, Washington
	J	2920	8	Monroe, Belmont, Harrison, Tuscarawas, Carroll, Jefferson, Columbiana, Stark
	K, L	2600, 2500	1, 1	Franklin
	M	1350	4	Licking, Knox, Morrow, Delaware
	N	1430	2	Lorain, Medina
	O	1310	4	Ashland, Richland, Wayne, Holmes
	P, Q	2400, 2400	1, 1	Cuyahoga
	R	1660	4	Cuyahoga, Lake, Geauga, Ashtabula
	S	2300	2	Summit, Portage
	T	2450	2	Trumbull, Mahoning



Catchment Areas	Network Relations Reps
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OhioRISE Resources

☐ Bookmark these links

- [Aetna Better Health OhioRISE website](#)
- [Ohio Department of Medicaid OhioRISE webpage](#)