

Topic: OhioRISE Program 2023 Provider Manual Now Available

Effective: November 2023

Purpose: The purpose of the provider manual is to explain the OhioRISE program elements, including its policies and procedures in relation to providing care, and be a useful reference for providers who participate in the OhioRISE program.

The OhioRISE Program 2023 Provider Manual is now available on the Aetna Better Health OhioRISE Provider website https://www.aetnabetterhealth.com/ohiorise/providers/index.html

Providers can access and download the OhioRISE Program 2023 Provider Manual by clicking on "Materials, forms and links" and then selecting "Administration", which can be found in the "Materials" section of the website.

<u>Updates to the OhioRISE Program 2023 Provider Manual include:</u>

In-state Psychiatric Residential Treatment Facilities (PRTFs)

In-State Psychiatric Residential Treatment Facilities (PRTFs) are now available in-state. Ohio's PRTF service will keep children and youth with the most intensive behavioral health needs instate and closer to their families and support systems. Prior approval is needed.

External Medical Review

The External Medical Review (EMR) process has been outlined in greater detail. Please refer to Section VIII – Utilization Management of the OhioRISE Program 2023 Provider Manual and reference "External Medical Review" on page 57.

When to Bill a member

Provider MUST have the member sign a statement <u>prior to the services being rendered</u> agreeing to pay for the services and place the document in the member's medical record.

When to File a Claim

All claims are to be submitted electronically to through the ODM Fiscal Intermediary/EDI using the Payer ID#: 45221. Before submitting a claim through your clearinghouse, please make sure your clearinghouse is compatible with the FI.

How to File a Claim

Beginning February 1, 2023, all claims submitted by trading partners, with dates of service on and after February 1 must be sent to the new Electronic Data Interchange (EDI), flow through the FI, and then route to the health plan for processing and payment

Provider Remittance Advice

Providers who are interested in receiving electronic remittance advices from the new EDI will need to sign up. Providers must have enrolled using the ODM-06306 835 designation form which is located **Authorized Trading Partners (ohio.gov)**. By using this form, providers will receive all 835 electronic remittance advices (ERA) from all payers, i.e., Change Healthcare and MCEs. The PDF versions of the remittance advices from all payers will be available via the PNM portal.

Correct Coding Initiative

OhioRISE utilizes ClaimsXten® as our comprehensive code auditing solution that will assist payers with proper reimbursement. Correct Coding Initiative guidelines will be followed in accordance with CMS and pertinent coding information received from other medical organizations or societies. Additional information will be released shortly regarding provider access to our unbundling software through Clear Claim ConnectionTM.

Clear Claim Connection is a web-based, stand-alone code auditing reference tool designed to mirror our comprehensive code auditing solution through ClaimsXten. It enables us to share with our providers, the claim auditing rules, and clinical rationale inherent in ClaimsXten. Providers will have access to Clear Claim Connection through our website

(www.AetnaBetterHealth.com/Ohiorise/index.html) and a secure login. Clear Claim Connection coding combinations can be used to review claim outcomes after a claim has been processed. Coding combinations may also be reviewed prior to submission of a claim, so that the provider can view claim auditing rules and clinical rationale prior to submission of claims.

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Pharmacy Prior Authorizations

OhioRISE covers provider administered medications given in the office to treat mental health and substance use disorders. For all OhioRISE members, all other pharmacy services and benefits are provided through Gainwell Technologies. Their member support line is 1-833-491-0344 (TTY: 1-833-655-2437). On and after July 1, 2023, pharmacy claims and prior authorizations for members enrolled in Medicaid FFS will be submitted to the SPBM.