



Open Enrollment

Managed Care Day One is now effective in Ohio. Medicaid enrollees are now assigned to a Care Managed Organization (CMO) on day one of eligibility, after which they have 90 days to switch to another CMO if desired. This differs from previous years. Ohio Medicaid and Ohio MyCare members can change their Medicaid managed care plans from Nov. 1, 2018, until Nov. 30, 2018.

Ohio Marketplace 2019 Open Enrollment will run from Nov. 1 to Dec. 15. Open Enrollment for Medicare Advantage is from Oct. 15 through Dec. 1.

Members can get more information on plan options or modify plans by calling the Medicaid Hotline at 1-800-324-8680. If an individual changes plans, the updated change will take effective the first day of the following month. Members can also submit a request online at ohiomh.com.

NPI Requirement

Effective July 1, 2018, a provider who is enrolled in Medicaid must report its individual National Provider Identifier (NPI) as well as the individual NPI of any other provider or supplier who is required to be identified on any claim the provider submits to Medicaid. Claims will be rejected if they do not include the individual practitioner's NPI. The individual rendering providers' NPIs will be reported in the 2310B Rendering Provider loop. If using a paper copy (CMS 1500), please use box 24J.

This requirement is effective for:

1. Clinics, freestanding birth centers
2. Ohio behavioral health agencies, independently licensed, dependently licensed and paraprofessionals

We appreciate your participation with CareSource and look forward to our continued partnership. For any questions related to your individual practitioner NPI, please reach out directly to the Ohio Department of Medicaid (ODM) provider call center at 1-800-686-1516.



Caring for Older Adults

CareSource uses the NCQA HEDIS Care for Older Adults measure to assess the care that is provided to CareSource® MyCare Ohio members.

The NCQA Care for Older Adults measure assesses four components of care:

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

Please take every opportunity to complete these important aspects of care with your CareSource MyCare members.

Advance Care Planning - Evidence must include one of the following:

- The presence of an advance care plan in the medical record.
- Documentation of an advance care planning discussion with the provider and the date when it was discussed.
- Notation that the member previously executed an advance care plan.

Medication Review - At least one medication review conducted by a prescribing practitioner or clinical pharmacist and the presence of a medication list in the medical record.

Functional Status Assessment - Evidence must be dated and include one of the following:

- Notation that Activities of Daily Living (ADL) were assessed
- Notation that Instrumental Activities of Daily Living (IADL) were assessed
- Result of assessment using a standardized functional status assessment tool
- Notation that at least three of the following four components were assessed:
 - Cognitive status
 - Ambulation status
 - Hearing, vision and speech (i.e., sensory ability)
 - Other functional independence (e.g., exercise, ability to perform job)

Pain Assessment - Evidence must be dated and include one of the following:

- Documentation that the patient was assessed for pain.
- Result of assessment using a standardized pain assessment tool.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Find Updates From CareSource Online

We strive to make partnering with us simple and easy. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

To find all the latest CareSource news, visit our Updates & Announcements page on the Provider pages of [CareSource.com](https://www.caresource.com). You will find all the updates regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies.

Ohio's Medicaid Behavioral Health Redesign



Over the last seven years, CareSource has collaborated with providers, advocacy groups, members, families and the Ohio Departments of Medicaid and Mental Health and Addiction Services to develop and implement a “comprehensive, integrated public behavioral health service system. We are pleased that full implementation and integration of that system occurred on July 1, 2018.

The goals of Behavioral Health Redesign are to better address Ohio Medicaid consumers’ behavioral health needs by:

- Expanding the menu of services available to providers.
- Improving members experience through transparency of information.
- Bringing BH codes in-line with National Correct Coding Initiative (NCCI).
- Fostering opportunities for value based reimbursement.
- Promoting integrated behavioral and physical health interventions and improved outcomes through a broader range of allowable treatment codes and services.
- Improving member experience, access, and engagement.
- Expanding variety of care and services.

While the main focus of Behavioral Health Redesign was implemented on January 1, 2018, through CareSource® MyCare Ohio several changes were implemented during 2017. You can find a full list of the changes on the website at **[Caresource.com/providers/ohio/ohio-providers/patient-care/behavioral-health-carve-in](https://www.caresource.com/providers/ohio/ohio-providers/patient-care/behavioral-health-carve-in)**.

CareSource has driven the conversations that have led to this implementation and we intend to continue to lead Behavioral Health Redesign. Behavioral Health Redesign supports our member centric mission – true coordination and integration of care for our members who suffer from behavioral health issues. Moving to this system will allow for much better health outcomes and should have significant impact on members’ overall health care utilization. Members with uncontrolled behavioral health concerns have a significantly higher rate of service utilization of non-behavioral health services and are at significantly higher risk for adverse health outcomes, up-to-and-including death, for treatable chronic physical health concerns. Additionally, Behavioral Health Redesign will enhance CareSource’s excellent work on combatting the opioid crisis by bringing additional resources to allow in a much more coherent, coordinated fashion.