## **MSY Key Points**

# 1) Identification of Need-CME working with member and family

- a) Support the Child and Family Team in identifying members and families who could benefit from the MSY Program.
- b) Confirm that the member and their family is eligible for the program according to ODM requirements.
- c) Identify appropriate provider that application will be for.
- d) Ensure application is complete with required documents and signatures.
- e) CME submits MSY application to Aetna for member.

## 2) Application Process

- a) Aetna receives the application for the OhioRISE member.
- b) Aetna program administrator reviews and checks each MSY Application for completeness.
- c) Aetna Program administrator will return any incomplete applications to the Aetna or CME Care Coordinator to complete and resubmit.
- d) Once application is complete with all required documents, Aetna program administrator sends to ODM for review and determination.
- e) ODM completes review and follows up with CME and Aetna on determination. Typically, the turnaround time for determination is between x and x days if there is no additional information required.
  - \* If any question regarding application, please reach out to member Care Coordinator.

### 3) Provider Agreement and Information Exchange

- a) Once funding determination is approved, Aetna provider relations will send out a provider agreement to the provider for review and signature.
- b) If you are a new provider with Aetna OhioRISE, you will receive a welcome packet with instructions for vendor set up and invoicing. Providers may request payment in the form of a paper check or ACH.
- c) All required provider information requested per the Welcome Packet needs to be sent to <a href="mailto:OhioRISEMSYInvoices@AETNA.com">OhioRISEMSYInvoices@AETNA.com</a>, at the same time as the provider agreement is returned to the network mailbox in item d.
- d) Provider needs to sign the provider agreement and send to the <a href="OhioRISE-Network@AETNA.com">OhioRISE-Network@AETNA.com</a>. Provider needs to verify start date on agreement. If start is different from start dated on agreement, the provider needs to write/type the correct start date and notify CME of the corrected.

### 4) Providers submit Invoices for payment

- a) Once Aetna has received the executed agreement, invoices should be sent for payment to OhioRISEMSYInvoices@AETNA.com.
- b) Aetna OhioRISE processes payments once a month prior to the end of the month. To meet the cutoff date all invoices for previous month per diem must be received prior to the 15<sup>th</sup> of the month. If not received by monthly cutoff date, payment will be processed in the following month cycle.
- c) For an invoice to be processed for payment, it must include <u>invoice number</u>, <u>invoice date</u>, dates of service, provider name, youth name and all other information that is specified in the welcome packet. Payment could be delayed without all required information.

#### 5) Payment Issuance

a) Invoices will process for the time frame and funding amount authorized in the original determination unless the date is modified by provider in the signed provider agreement.

- b) Payment remittance will occur in the manner specified by the provider either by ACH (which could take up to 2 to 3 business days once invoice is processed) or by mail (which could take up to 7 to 10 business days once invoice is processed).
- c) If provider needs additional information to break out payments by member, please send request to OhioRISEMSYInvoices@AETNA.com

## 6) Provider Tracking payments against authorized funds

- a) Providers should keep a running total of payments against approved determination amount as invoices are being paid.
- b) A minimum of 30 calendar days before the end of the approved timeline on the Provider Agreement and/or before 30 days before funding has been exhausted, the provider and CME care coordinator (or designee) will coordinate a CFT to review and assess the need for continued funding, based on progress the youth is making and ongoing treatment recommendations. If continued treatment / funding is recommended, an MSY Update/continued funding request must be completed, signed and submitted by the CME care coordinator (or designee) to Aetna OhioRISE at <a href="https://ohrmsyapplications@aetna.com">ohrmsyapplications@aetna.com</a> at least 20 calendar days before funding is depleted and/or the approved timeline ends, to avoid any lapse in service/payment.
- c) If funding request is received by Aetna OhioRISE 2 weeks after the previous funding has exhausted or the approved timeline for services has expired, this is considered a retro request and a meeting must be held between Aetna team and CME before application is sent to ODM.

# 7) Continuous funding process if needed

- a) Child and family team decides if continuous funding is needed.
- b) Continuous funding is requested with monthly update form and additional documentation if needed with agreement signed by parent/guardian from care coordinator.
- c) Care coordinator sends to Aetna OhioRise MSY team for review. Who then submits to ODM for determination.
- d) Once determination is approved, process will start back with Section 3.

## 8) MSY funding Reconciliation to ODM

- e) Per the signed provider agreement," MSY Provider to return unused grant funds to Company within 30 days after end of the application period".
- f) When the service is concluded for the approved member application, Aetna OhioRISE Finance will conduct a reconciliation of the MSY funds no later than 30 calendar days from the end of each authorized period. Aetna will return any unused MSY funds to ODM. If a provider has unused MSY funds Aetna OhioRISE, will return the funds to the State of Ohio as part of this reconciliation process.
- g) Once funds are returned to ODM, invoices will no longer be able to be processed for that application
- h) Provider must notify Aetna of any discharge of youth by sending an email notification to OhioRISEMSYInvoices@AETNA.com.