Behavioral Health Redesign Updates

BH Redesign Will Begin January 1, 2018

The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will implement Behavioral Health Redesign on January 1, 2018, on a fee-for-service basis for all Medicaid enrollees other than MyCare Ohio members, who will receive their redesign benefits via their MyCare Ohio plan. The traditional managed care plans will begin covering the behavioral health services for their members on July 1, 2018, when "carve-in" takes place.

Given this new timeline, it is critical for Ohio behavioral health providers to continue preparing for launch in both fee for service and managed care delivery systems. The following information is intended to help guide provider agencies in taking the steps needed for successful implementation.

Ohio Administrative Code Rules, BH Provider Manual, Coding Work Book, and IT Guides

On August 25th, ODM refiled Ohio Administrative Code rules to authorize a January 1, 2018 effective date for the new Medicaid behavioral health benefit package. On September 18th, the Joint Legislative Committee on Agency Rule Review (JCARR) hearing included debate on the ODM rules. That hearing cleared the way for finalizing the rules by October 1, and January 1, 2018 implementation.

OhioMHAS rules will also be final filed for a January 1, 2018 effective date. The Medicaid OAC rules can be found at the Register of Ohio here and the OhioMHAS OAC rules can be found at the Register of Ohio here.

Also on October 1, 2017, ODM and OhioMHAS will make publicly available on the bh.medicaid.ohio.gov web site the FINAL version of the Behavioral Health Provider Manual, Coding Work Book, and IT guides. Please note that the most current versions of these documents are available at http://bh.medicaid.ohio.gov/manuals.

"Beta Testing" Medicaid Claims Submissions For Behavioral Health Services

NOTICE to providers of mental health and substance use disorder services certified by OhioMHAS and enrolled in Ohio Medicaid: In compliance with the requirements set forth in Am. Sub. House Bill 49, ODM will conduct a beta test of electronically submitted Medicaid claims files. Details of the beta test include:

- The beta test period will begin October 25th and close on November 30th, 2017.
- Any Medicaid behavioral health provider may participate.
- Providers must notify ODM of their intent to participate by sending an email with the subject-line "Intent to Beta Test" to BH-Enroll@medicaid.ohio.gov with the following information:
  - Agency name
  - All agency national provider identifier (NPI) numbers involved in testing;
  - The names of every MyCare Ohio plan with which the agency has or intends to have a contract;
  - If the agency uses a third-party vendor for information technology related to claims payment, the identity of that vendor; and
  - A point of contact, including name and telephone number, for the agency*.

- On October 25th, ODM will once again begin offering "Rapid Response" support and technical assistance to participating providers.

  Unless the agency has already provided this information to Rick Tully.

At least half of the providers participating in the beta test must be able to submit a clean claim for community behavioral health services that is properly adjudicated. ODM will use the following parameters to calculate the beta test results:

- "Clean claims" will be defined as claims that can be adjudicated properly without seeking additional information from the provider.
- Beta test providers must test with both ODM as well as the MyCare Ohio plans with whom they conduct business.
- Beta test providers must use scenarios published on the bh.medicaid.ohio.gov web site (under the Providers tab at http://bh.medicaid.ohio.gov/manuals). Each provider agency (or their trading partner) is free to use their discretion in selecting test scenarios that are most applicable to their business.
- Beta test providers are required to use the NEW behavioral health services code set.
- All test files must be submitted via Electronic Data Interchange (EDI) following HIPAA guidelines.
- Test files must be submitted no later than 11:59 pm EST on November 30th to be included in the beta test.

State-Defined Beta Testing Scenarios

The State-defined scenarios will include situations tailored for providers of community mental health services (provider type 84) and providers of community substance use disorder services (provider type 95). Beta test providers may select and submit for testing those beta test scenarios which are most applicable to their provider type(s).

While State-defined scenarios must be used for beta testing, ODM encourages all behavioral health providers (regardless of whether or not they are beta test providers) *to submit any claims test files that are relevant to their agency practice.*

After the beta testing period has ended, ODM will determine if half of the beta test providers successfully submitted clean claims – to ODM and to MyCare Ohio Plans as applicable.

Provider Contracting with Ohio Medicaid Managed Care Plans (MCPs)

Medicaid behavioral health providers are reminded that:

1. The continuity of care period is from July 1, 2018, until September 30, 2018. Therefore, contracts with Ohio Medicaid managed care plans should be in place before July 1, 2018. In order to accomplish this, providers should be actively engaging NOW with Ohio Medicaid managed care plans to pursue contracts.
2. The process of contracting with an Ohio Medicaid managed care plan can take up to 90 days.
3. If a provider/MCP contract has not been executed by September 30, 2018, then the provider and the MCP may enter into a single case agreement or may transition the member to an in-network provider to assure continuity of care for the Medicaid enrollee.

More Information about MCOPs and MCPs

The MCOPs and MCPs have developed a comprehensive resource document (managed care information grid) cataloguing for each MCOP and MCP the persons who will serve as points of contact for provider inquiries regarding MCOP and MCP operations, billing, prior authorization, and pharmacy. This comprehensive resource guide is now available under the Providers tab at http://bh.medicaid.ohio.gov/manuals.

Additional Dates Scheduled for Provider Forums on Managed Care Plan Integration

Because of tremendous response of BH providers wanting to attend the managed care plan forums on Behavioral Health Redesign and managed care integration, ODM, OhioMHAS, and the MCPs have agreed to sponsor two additional forums in Central Ohio as follows:

- Thursday, November 2nd
  - Ohio Department of Agriculture
    8995 E Main St, Reynoldsburg, OH 43068
    2 – 5 pm
    Registration Link: https://www.eventbrite.com/e/2nd-columbus-mco-bh-provider-forum-fall-2017-tickets-38045426896
- Thursday, November 9th
  - Ohio Department of Medicaid – Lazarus Building, Rm C621
    50 W. Town Street, Columbus, Ohio 43215
    1 – 4 pm
    Registration Link: https://www.eventbrite.com/e/3rd-columbus-mco-bh-provider-forum-fall-2017-tickets-38045704727

The following agenda topics will be discussed at these forums:
- Common terminology in managed care
- MCO provider communications
- MCO provider resources and supports
- Contracting and credentialing process
- Testing guidance and training opportunities

To view the previous August 14th MITS Bits on *Upcoming Managed Care Plan Forums*, please click here.

More detailed information on these and other topics is available by reviewing the slide presentation given at the Benefit and Service Development Work Group meeting on September 13, 2017. The presentation is now available on the bh.medicaid.ohio.gov web site here.