

November 16, 2017

Joint Medicaid Oversight Committee Testimony

David Turner, Executive Director, The Counseling Source

Thank you Chairman Huffman and JMOC Members.

I am David Turner, a licensed psychologist and Executive Director of The Counseling Source. The Counseling Source is a mental health agency that serves clients in more than 60 counties in Ohio and employs almost 200 clinicians.

I want to express my gratitude to the members of JMOC and your colleagues in the General Assembly for including in the budget bill the requirement that the Behavioral Health Redesign (BHR) "go live" date be dependent upon the successful completion of a meaningful beta testing process.

Beta testing is all about identifying and correcting problems with billing in a test environment so the problems that are identified can be fixed without damaging the operational capacity of the organizations engaged in the beta test. I am happy to report that the beta test has identified a vast array of problems that now can be corrected prior to the "go live" date. The system is much closer to a state of readiness than it was in June, but the beta test demonstrates that it is not yet ready.

Nearly six months ago I testified before JMOC that a delay of BHR implementation was necessary because while the Ohio Department of Medicaid (ODM) claimed it currently had a testing environment ready to beta test claims, The Counseling Source's software vendor, and every other provider's software vendor that I was aware of, were not ready to test claims.

It is November 16th and several software vendors, including ours, have yet to deliver fully ready BHR compatible software. As I have indicated previously, for most behavioral health and AOD agencies, if the software vendor is not ready the agencies cannot move forward with "go live". At this point the vast majority of agencies have not even been able to submit test claims as a result of the lack of readiness of their software vendor. This is an example of the beta testing process providing critical information.

Late last week ODM identified a series of changes that the software vendors would need to make despite the fact that the "final IT specifications" were rolled out on October 1. Is this a major problem? No, because the problems were identified during the beta testing environment which gives all parties the chance to make changes without suffering the financial consequences we would endure if we had gone live on July 1, 2017. This is another example of the beta testing process working!

Earlier last week our agency received an email [Exhibit A] that indicated we had a series of errors on files that we had submitted for beta testing despite the fact that we had **NOT** submitted and cannot yet submit such files. Upon investigation we determined that ODM had scrambled their data as to provider numbers and responsible parties [Exhibit B] and were sending the wrong information to agencies. Had we been "live" we would have been paid for another agency's

services and another agency paid for the services we delivered. Yet another example of the beta testing process successfully ferreting out problems before they do harm!

While I have no doubt that ODM and OMHAS have invested a great deal of time and energy in doing everything they can to meet the BHR “go live” target date of January 1, 2018, there is an obvious need to further refine the system as was evidenced by the above mentioned mix up in provider numbers.

While it is our hope that we will have our software in the next few business days, the delivery of the software is only step one in a sequence of steps that have to be taken to submit claims for beta testing. Based on the current timeline for the beta testing window which is now set to close on November 30, 2017 there is a high probability that we will not be able to participate in the beta testing process and correct any problems that exist in our system before the system goes live.

ODM and providers, through the beta testing process, are identifying and resolving serious systemic problems. The frequency with which problems present is evidence that continued beta testing is necessary and is testimony to the fact that beta testing is proving successful.

Unfortunately, the redesigned behavioral health system will not be ready to go live on January 1, 2018 and the problem I have outlined above is just one of many that need to be resolved prior to moving forward with the redesigned system. Do I think it will be ready by the January JMOC meeting? I think that is unlikely. Do I think that it will be ready by the February JMOC meeting? Maybe. Do I think it will be ready by the March JMOC meeting? Very likely. By the April JMOC meeting? Almost certainly. What is the value in rushing the “go live” process when there is so much at stake?

In closing, I strongly urge the members of JMOC to:

- 1) Continue to prudently assert JMOC’s oversight authority on the critical implementation of BHR “go live” and the managed care carve-in for behavioral health.
- 2) Reach an agreement with ODM and OMHAS to delay BHR “go live” until JMOC makes the determination that the system is ready.
- 3) Be prepared, in the event ODM and OMHAS do not agree to delay the BHR “go live”, to quickly craft and promote the passage of legislation in the General Assembly that dictates that ODM cannot move forward with BHR “go live” until JMOC has given its express approval.
- 4) Require ODM and OMHAS to keep the beta testing window open and report updated results monthly to JMOC until JMOC determines that a reasonable degree of readiness exists on which a “go live” decision can be made.
- 5) Require ODM and OMHAS to provide smaller agencies with a mechanism to beta test with the new code sets using the MITS portal as many of the smaller providers do submit claims manually through the MITS portal.

Thank you Chairman Huffman and Committee Members for your attention and leadership toward ensuring the welfare of hundreds of thousands of Ohioans who are dependent on our community mental health and addiction system.

From: Dave Ludwin <ludwindave@gmail.com>
Sent: Friday, November 03, 2017 1:22 PM
To: dtturner@thecounselingsource.com; Carney, John P.
Subject: #EXT# FW: Beta test claims

#External Email#

Interesting – we have not submitted anything yet!?!

From: Nichole.small@medicaid.ohio.gov [mailto:Nichole.small@medicaid.ohio.gov]
Sent: Friday, November 03, 2017 1:13 PM
To: dludwin@thecounselingsource.com
Cc: BH-Enroll@medicaid.ohio.gov
Subject: Beta test claims

This message was sent securely using ZixCorp.

Good afternoon,

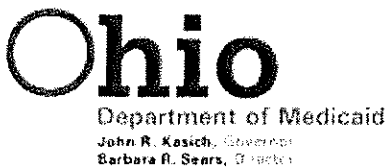
I reviewed the claims that were denied in your test file and found a few errors that once corrected, should process correctly.

- 2017306001682, 2017306001684, 2017306001686, 2017306001687: No coverage for procedure code. Recipient incarcerated at time of service and only has the IHSP benefit plan. Choose a different recipient ID with active Medicaid.
- 2017306001685: Fractional units cannot be billed as of 1/1/2018
- 2017306001680, 2017306001683: Invalid modifier
- 2017306001681: H0004 HQ is not allowed in a group setting under the SUD Provider type 95.

Hopefully this helps in your testing. Please let me know if you have any questions.

Thank you,

Nichole Small
Policy Management & Development
The Ohio Department of Medicaid
Nichole.Small@medicaid.ohio.gov

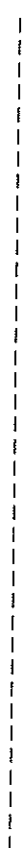


From: Hoyt, Barbara [mailto:Barbara.Hoyt@ProMedica.org]
Sent: Tuesday, November 07, 2017 3:13 PM
To: dludwin@thecounselingsource.com
Subject: info for testing

Mr. Ludwin,
 Thank you for speaking with me today.
 Below is a snapshot of the information ODM provided as to the person(s) to contact for Behavioral Health testing.

0176291	Alternative Paths, Inc.	95	1346699220	Xaktclaim (Echo Group)	Dave Ludwin	513-515-6108	dludwin@thecounselingsource.com
0200615	Alternative Paths, Inc.	84	1194790311	Credible Behavioral Healthcare Software	Timothy Gilroy	XXX-XXX-XXXX	
0171847	The Counseling Source, Inc.	84	1932580545	Priseworks	Charlette M Osterland	XXX-XXX-XXXX	
2871567	The counseling Source, Inc.	84	1639438518	Xaktclaim (Echo Group)	Dave Ludwin	513-515-6108	dludwin@thecounselingsource.com

Barbara A. Hoyt
 Provider Contracting Specialist
 Provider Contracting & Network Development
 1901 Indian Wood Circle
 Maumee, OH 43537
 419-887-2892
 Fax: 419-291-9994
 Email: barbara.hoyt@promedica.org
www.paramounthealthcare.com
Our Mission is to improve your health and well-being



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