Ohio | Department of Medicaid
Department of Mental Health and Addiction Services

JMOC Update:

Ohio Medicaid Budget and Behavioral Health Redesign

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Ohio Medicaid Budget

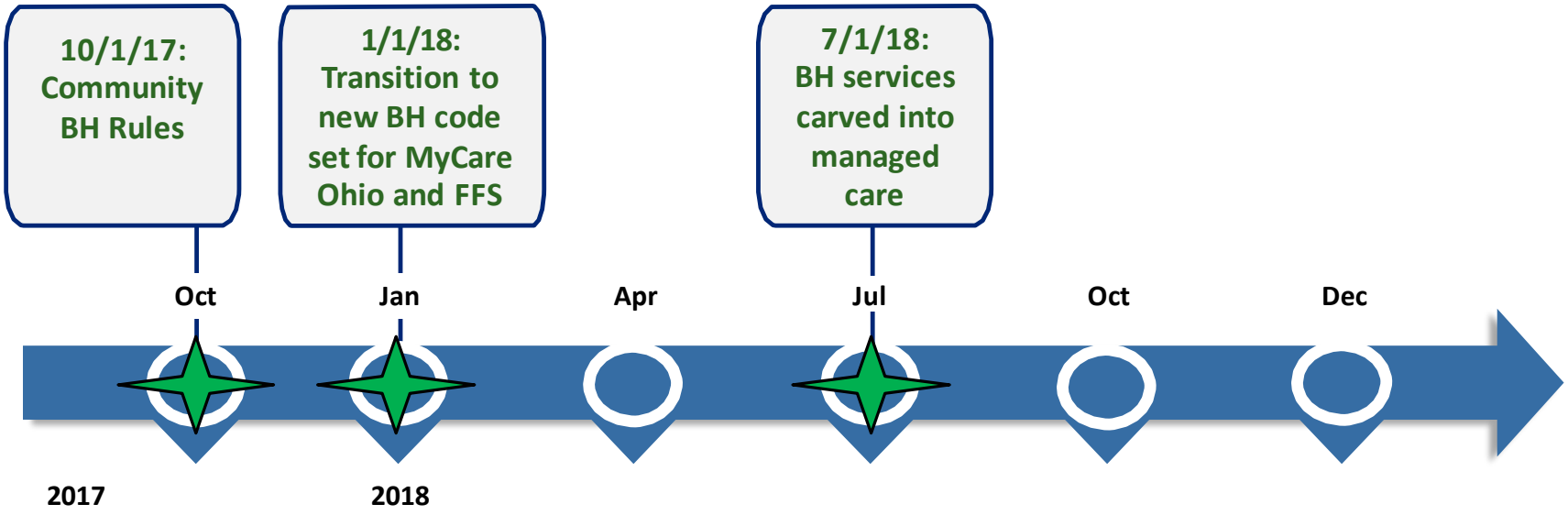
Plan to Close the Gap

Action	SFY 2018 ($ in millions)		SFY 2019 ($ in millions)	
	All 525	State 525	All 525	State 525
TOTAL LEGISLATIVE SHORTFALL	**587.6**	**181.7**	**793.5**	**249.7**
House NF rate increase[1]	(60.5)	(22.6)	(40.0)	(14.9)
Restore recovery of overpayments	(1.5)	(0.6)	(2.0)	(0.7)
Nursing Facility Subtotal	***(62.0)***	***(23.2)***	***(42.0)***	***(15.6)***
Adjust hospital ICD-10 calculations 7/17	(75.0)	(22.0)	(75.0)	(22.0)
Recalibrate hospital inpatient weights	--	--	(86.5)	(26.8)
Recalibrate hospital outpatient weights	--	--	(36.1)	(11.2)
Reduce hospital UPL estimates FY18/FY19	(50.0)	(15.5)	(100.0)	(31.0)
Recover hospital UPL underspending FY17	(112.9)	(35.0)	(48.4)	(15.0)
Reduce hospital rates IP/OP rates 5%	(134.0)	(41.5)	(283.8)	(88.0)
Hospital Subtotal [2]	***(371.9)***	***(114.0)***	***(629.8)***	***(193.9)***
Increase MCP withhold to 2%	(70.0)	(21.7)	(150.0)	(46.5)
Implement additional program integrity	(15.8)	(5.5)	(30.6)	(10.7)
Synchronize FFS/MCP payment schedule	(92.0)	(28.5)	--	--
Restore Comprehensive Primary Care Pilot	46.5	12.2	60.0	15.9
Other Subtotal	***(131.3)***	***(43.5)***	***(120.6)***	***(41.3)***
TOTAL RESOLUTION	**(565.2)**	**(180.7)**	**(792.4)**	**(250.8)**
Remaining Shortfall	**22.4**	**1.0**	**1.1**	**(1.1)**

Notes: (1) Ohio Medicaid will use the House appropriated funds associated with the nursing facility rate changes to reduce the funding gap. (2) Hospital rate cuts.

Behavioral Health Redesign

Updated Timeline



- Fee-for-service (FFS) prior authorization policies and rates to continue under MyCare Ohio plans (MCOPs) and managed care plans (MCPs) for 12 months.
- Benefit year for any required prior authorizations is the calendar year (Jan-Dec).
- Any prior authorizations approved by Medicaid prior to carve-in will be honored by the plans, and the plans will assume the responsibility for the prior authorization process when the FFS authorizations expire.

Milestone

Beta Testing

Beta Testing Process

Per the requirements set forth in House Bill 49, ODM will conduct a beta test to demonstrate provider readiness to go-live with Behavioral Health Redesign on January 1, 2018.

- The beta test will be held between October 25th – November 30th.
- ODM will distribute scenarios that must be used for beta testing by September 25th via the BH.medicaid.ohio.gov website
- Any provider who wishes to participate may do so.
- 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
  - Agency NPI
  - List of MyCare Ohio plans the agency does business with
  - Third party IT vendor the agency does business with, if applicable
  - Point of contact for questions regarding beta testing
- On October 25th, the ODM Rapid Response room will re-open for providers and trading partners to quickly address any questions or concerns.

Beta Testing

Beta Testing Requirements

Per House Bill 49, 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.
- Providers must test with both ODM as well as the MyCare Ohio plans that they do business with.
- Providers must test using scenarios defined on the BH.medicaid.ohio.gov website. Using their discretion, each agency or vendor should select scenarios applicable to their business.
- Providers must submit test files via EDI.
- Providers must submit files by November 30th to be included in the beta test.
- Providers must notify ODM and the plans of their intent to participate in the beta test.

Beta Testing

Beta Testing Scenarios

ODM and OhioMHAS are finalizing scenarios that must be used for beta testing. The scenarios will include situations developed for provider type 84s (CMHCs) and another set for provider type 95s (SUD providers), and will be available next week.

Providers should select beta testing scenarios applicable to their provider type and array of services rendered.

While State-defined scenarios must be used for beta testing, ***providers are encouraged to submit additional test claims for any scenarios that could be billed in their practice.***

Example Scenarios

Beta testing scenarios for CMHCs (PT 84)

Date	Code	POS	Units	Modifiers	Rendering	Supervisor
1 day	90832	11	1	U9, UA, U6, UA or U1	NA	Use appropriate NPI
1 day	90832	18	1	UT	Use appropriate NPI	

Beta testing scenarios for SUD providers (PT 95)

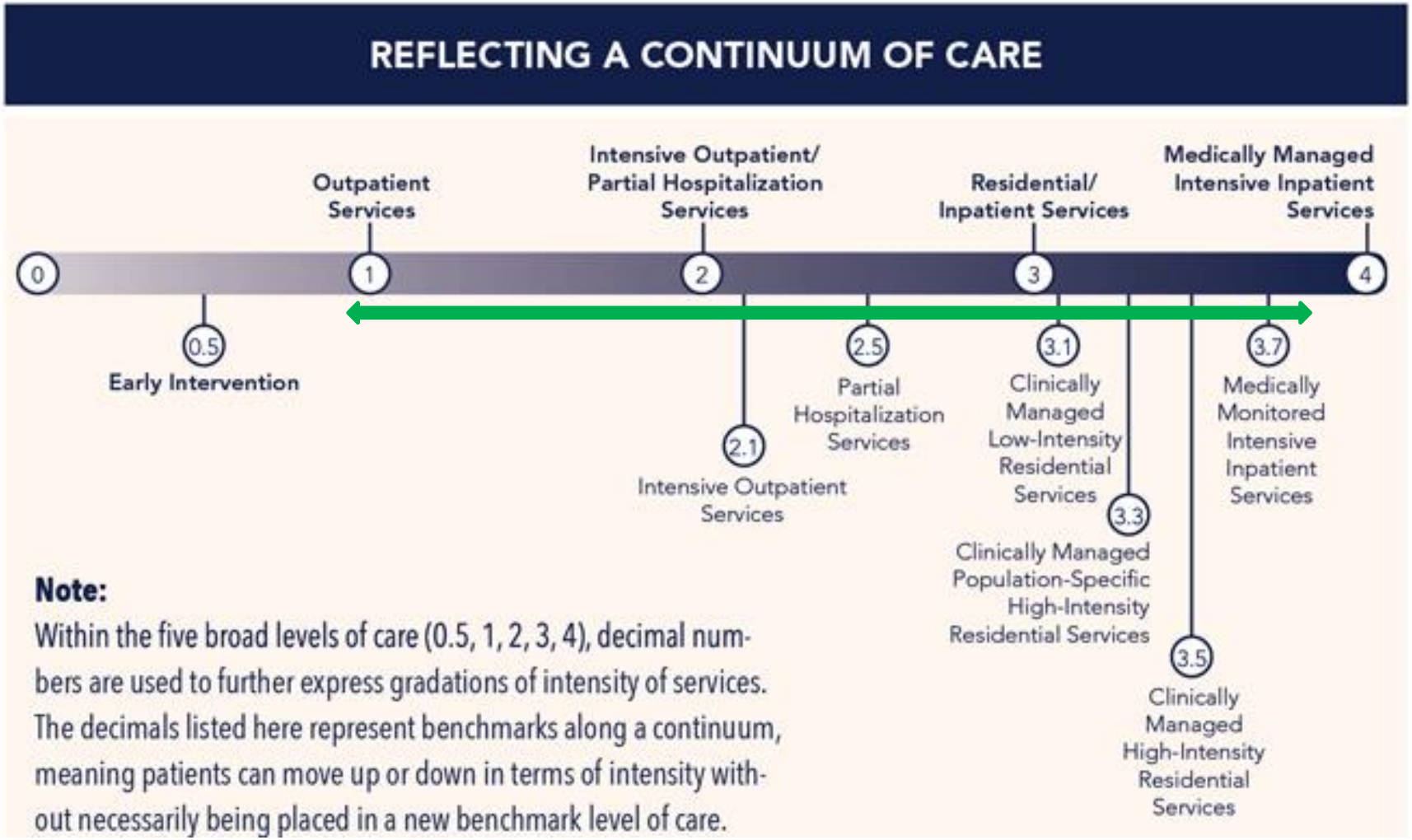
Date	Code	POS	Units	Modifiers	Rendering	Supervisor
1 day	H0004	99	4	(U2, U3, U4 or U5) and UT	NA	NA
1 day	H0005	11	4	(U2, U3, U4 or U5) and HK	NA	NA

Health Homes Update

Health Homes

- Health home services will continue through June 30, 2018.
- Similar to the current approach, ODM will be placing edits on select BH services for health homes between January 1, 2018 – June 30, 2018.
- Beginning July 1, 2018, health home enrollees will be transitioned to other services in the BH benefit package.
- In the coming months, ODM will send written notice to health home enrollees that service will be discontinued effective July 1, 2018.
- Health home agencies are expected to continue reporting quality and outcome measures for dates of service through June 30, 2018.

ASAM Levels of Care



The green arrow represents the scope of Ohio's Medicaid BH Redesign.

Medicaid Substance Use Disorder Benefit – Jan. 1, 2018

Outpatient

Adolescents: Less than 6 hrs/wk
Adults: Less than 9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Level 1 Withdrawal Management (billed as a combination of medical services)

Intensive Outpatient

Adolescents: 6 to 19.9 hrs/wk
Adults: 9 to 19.9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

Partial Hospitalization

Adolescents: 20 or more hrs/wk
Adults: 20 or more hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

Residential

- Per Diems supporting all six residential levels of care including:
  - clinically managed through medically monitored
  - two residential levels of care for withdrawal management
- Medications
- Buprenorphine and Methadone Administration
- Medicaid is federally prohibited from covering room and board/housing

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- Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem

OhioMHAS Certification Process

What is **NOT** changing?

- OhioMHAS certifies community behavioral health agencies by types of service(s) and/or programs.
- Agencies with appropriate BH accreditation issued by TJC, CARF, COA, or DNV will be granted deemed status.
- For full deemed status, an agency must have all of its eligible services certified.
- ODM requires OhioMHAS provider certification as a condition of obtaining a Medicaid provider agreement.
- For agencies without accreditation, OhioMHAS will conduct a comprehensive certification review.
- OhioMHAS will continue to review and investigate complaints.
- Providers will continue to report MUIs.
- Providers will continue to report seclusion and restraint data.

What is changing?

- With Redesign, providers will determine billing codes used by Medicaid using ODM administrative rules.
- With Redesign, the rendering practitioner will be identified for each service.

Continuity of Certification

- ✓ There will be continuity of certification on January 1, 2018.
- ✓ OhioMHAS will issue a certification crosswalk between the current services and the new services and provide additional guidance on certification in relation to Redesign.
- ✓ If a provider intends to provide a new service, beyond a service that is being changed due to Redesign, then the existing process with the OhioMHAS Office of Licensure and Certification should be followed.
- ✓ Providers currently certified to provide CPST will also be certified for TBS and PSR on January 1, 2018.
- ✓ TCM certifications will remain unchanged.

Behavioral Health Managed Care Carve-In July 2018

Transition of Care Requirements for Traditional Medicaid Managed Care

Transition of care requirements for managed care members receiving BH services:

- MCPs must allow the member to continue with out-of-network providers for 3 months post carve-in.

For continuity of care purposes, the MCP will make the following efforts:

- Work with the service provider to add the provider to their network;
- Implement a single case agreement with the provider; and/or
- Assist the member in finding a provider currently in the MCP's network.

Note: There is no transition of care requirement for MyCare Ohio members receiving behavioral health services, because these services are already in MyCare.

What This Means for Providers

Considerations:

1. Providers should have MCP contracts in place prior to July 1, 2018. Providers should begin contracting as soon as they are able.

2. The MCP contracting process can take up to 90 days. In instances when a contract is not established prior to July 1, 2018, transition of care requirements are in place for 3 months.*

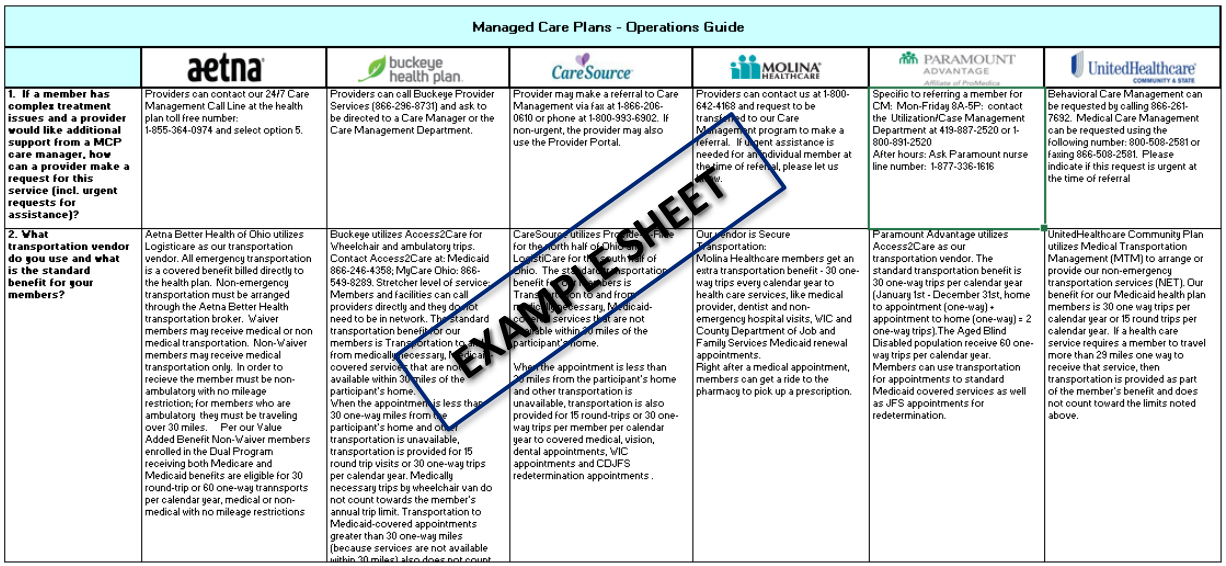
3. A MITS Bits will be forthcoming that outlines additional contracting details and will be made available on the www.bh.medicaid.ohio.gov website upon release.

*The plan may execute a single case agreement with the provider or the plan can suggest in-network providers.

Managed Care Information Grid

UPDATE

The Ohio MyCare and managed care plans have developed a managed care information grid that addresses points of contact, operations, billing, prior authorization, and pharmacy. This grid will soon be made available at bh.medicaid.ohio.gov.

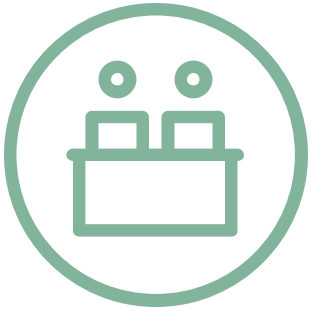


Managed Care Plans - Operations Guide

	aetna	buckeye health plan	CareSource	MOLINA HEALTHCARE	PARAMOUNT ADVANTAGE	UnitedHealthcare COMMUNITY & STATE
1. If a member has complex treatment issues and a provider would like additional support from a MCP care manager, how can a provider make a request for this service (incl. urgent requests for assistance)?	Providers can contact our 24/7 Care Management Call Line at the health plan toll free number: 1-855-364-0974 and select option 5.	Providers can call Buckeye Provider Services (866-296-8731) and ask to be directed to a Care Manager or the Care Management Department.	Provider may make a referral to Care Management via fax at 1-866-206-0610 or phone at 1-800-993-6902. If non-urgent, the provider may also use the Provider Portal.	Providers can contact us at 1-800-642-4168 and request to be transferred to our Care Management program to make a referral. If urgent assistance is needed for an individual member at the time of referral, please let us know.	Specific to referring a member for CM: Mon-Friday 8A-5P: contact the Utilization/Case Management Department at 419-887-2520 or 1-800-891-2520 After hours: Ask Paramount nurse line number: 1-877-336-1616	Behavioral Care Management can be requested by calling 866-261-7692. Medical Care Management can be requested using the following number: 800-508-2581 or faxing 866-508-2581. Please indicate if this request is urgent at the time of referral
2. What transportation vendor do you use and what is the standard benefit for your members?	Aetna Better Health of Ohio utilizes Logisticare as our transportation vendor. All emergency transportation is a covered benefit billed directly to the health plan. Non-emergency transportation must be arranged through the Aetna Better Health transportation broker. Waiver members may receive medical or non medical transportation. Non-Waiver members may receive medical transportation only. In order to recieve the member must be non-ambulatory with no mileage restriction; for members who are ambulatory they must be traveling over 30 miles. Per our Value Added Benefit Non-Waiver members enrolled in the Dual Program receiving both Medicare and Medicaid benefits are eligible for 30 round-trip or 60 one-way transports per calendar year, medical or non-medical with no mileage restrictions	Buckeye utilizes Access2Care for Wheelchair and ambulatory trips. Contact Access2Care at: Medicaid 866-246-4358; MyCare Ohio: 866-549-8289. Stretcher level of service. Members and facilities can call providers directly and they do not need to be in network. The standard transportation benefit for our members is Transportation to and from medically necessary, Medicaid-covered services that are not available within 30 miles of the participant's home. When the appointment is less than 30 one-way miles from the participant's home and other transportation is unavailable, transportation is provided for 15 round trip visits or 30 one-way trips per calendar year. Medically necessary trips by wheelchair van do not count towards the member's annual trip limit. Transportation to Medicaid-covered appointments greater than 30 one-way miles (because services are not available within 30 miles) also does not count	CareSource utilizes Providers First for the north half of Ohio and LogistiCare for the south half of Ohio. The standard transportation benefit for members is Transportation to and from medically necessary, Medicaid-covered services that are not available within 30 miles of the participant's home. When the appointment is less than 30 miles from the participant's home and other transportation is unavailable, transportation is also provided for 15 round-trips or 30 one-way trips per member per calendar year to covered medical, vision, dental appointments, WIC appointments and CDJFS redetermination appointments .	Our vendor is Secure Transportation: Molina Healthcare members get an extra transportation benefit - 30 one-way trips every calendar year to health care services, like medical provider, dentist and non-emergency hospital visits, WIC and County Department of Job and Family Services Medicaid renewal appointments. Right after a medical appointment, members can get a ride to the pharmacy to pick up a prescription.	Paramount Advantage utilizes Access2Care as our transportation vendor. The standard transportation benefit is 30 one-way trips per calendar year (January 1st - December 31st, home to appointment (one-way) + appointment to home (one-way) = 2 one-way trips).The Aged Blind Disabled population receive 60 one-way trips per calendar year. Members can use transportation for appointments to standard Medicaid covered services as well as JFS appointments for redetermination.	UnitedHealthcare Community Plan utilizes Medical Transportation Management (MTM) to arrange or provide our non-emergency transportation services (NET). Our benefit for our Medicaid health plan members is 30 one way trips per calendar year or 15 round trips per calendar year. If a health care service requires a member to travel more than 29 miles one way to receive that service, then transportation is provided as part of the member's benefit and does not count toward the limits noted above.

EXAMPLE SHEET

Managed Care Plan Forums



Dates for additional forums in Columbus:

- Thursday, November 2nd
- Thursday, November 9th

Agenda items

- Common terminology in managed care
- MCO provider communications
- MCO provider resources and supports
- Contracting and credentialing process
- Testing guidance and training opportunities

Registration information is forthcoming.

Stakeholder Engagement

ODM and OhioMHAS have consistently and continually engaged stakeholders throughout the BH redesign process.

The Departments have had many opportunities to listen to stakeholder concerns and incorporate stakeholder feedback into BH Redesign. This year, ODM and OhioMHAS held the following public meetings:

January 25, 2017 – EDI/IT Work Group meeting	June 7, 2017 – Benefit & Service Development Work Group meeting
February 15, 2017 – Benefit & Service Development Work Group mtg	June 7, 2017 – EDI/IT Work Group meeting
March 2, 2017 – EDI/IT Work Group meeting	June 21, 2017 – EDI/IT Work Group meeting
March 15, 2017 – EDI/IT Work Group meeting	July 5, 2017 – EDI/IT Work Group meeting
March 29, 2017 – EDI/IT Work Group meeting	July 12, 2017 – Benefit & Service Development Work Group meeting
April 12, 2017 – EDI/IT Work Group meeting	July 19, 2017 – EDI/IT Work Group meeting
April 19, 2017 – Benefit & Service Development Work Group meeting	August 2, 2017 – EDI/IT Work Group meeting
April 26, 2017 – EDI/IT Work Group meeting	August 16, 2017 – EDI/IT Work Group meeting
May 10, 2017 – EDI/IT Work Group meeting	August 30, 2017 – EDI/IT Work Group meeting
May 24, 2017 – EDI/IT Work Group meeting	September 13, 2017 – Benefit & Service Development Work Group mtg
June 7, 2017 – Benefit & Service Development Work Group meeting	September 13, 2017 – EDI/IT Work Group meeting
June 7, 2017 – EDI/IT Work Group meeting	

ODM and OhioMHAS also offered six "BH Redesign 301" training sessions in March and April, as well as a "BH Redesign 401" training in May. The MyCare Ohio and Managed Care plans held a series of provider forums in April and May.

Stakeholder Engagement

2017

	September	October	November	December
Stakeholder Meetings	Bi-Weekly IT work group meetings	Benefit & Service Development work group meeting 10/11	Benefit & Service Development work group meeting 11/15	Benefit & Service Development work group meeting 12/13
	Bi-weekly IT meetings ongoing through December			
State Training and Technical Assistance		Behavioral Health '501' Trainings: 4 in-person trainings across the state and 1 webinar throughout October and November		
Managed Care Provider Forms	Managed Care Provider Forums: 8 sessions hosted by the Managed Care and MyCare Ohio plans across the state throughout September, October and November			

Technical Assistance available on an on-going basis

Upcoming Meetings and Trainings

Meeting and Training Schedule

Upcoming Meetings and Trainings

✓ **Benefit and Service Development Workgroups**

October 11th	10:00 am – 12:00 pm
November 15th	10:00 am – 12:00 pm
December 13th	10:00 am – 12:00 pm

✓ **EDI/IT Workgroups**

September 27th	10:30 am – 12:30 pm
October 11th	12:30 pm – 1:30 pm
October 25th	11:30 am – 12:30 pm
November 8th	11:30 am – 12:30 pm
November 22nd	11:30 am – 12:30 pm
December 6th	11:30 am – 12:30 pm
December 20th	11:30 am – 12:30 pm

✓ **BH 501 Trainings**

The State will offer a final series of training in advance of BH Redesign implementation throughout October and November. Dates and registration information is forthcoming.