Medicaid Behavioral Health (BH) Redesign Patient Access Safeguards

- A one-week payment delay originally scheduled for June 2018 will <u>not</u> occur.¹
- Members can continue to use any provider until at least December 31, 2018.
- Members have <u>more choice of providers</u> in the past year, an additional 16 hospitals (+200%) and 41 BH type 84/85 providers (+10%) joined the system.
- The <u>same coverage policies</u> for BH that are in place now for Medicaid fee-forservice will apply to managed care through June 30, 2019.
- Managed care plans must <u>honor all prior authorizations</u> approved by Medicaid fee-for-service prior to July 1, 2018 until that prior authorization expires.
- Managed care plans must <u>maintain Medicaid fee-for-service payment rates</u> as a floor for BH services through June 30, 2019.
- Managed care plans must <u>accept claims for at least 180 days</u> after a BH service is provided (some plans give providers up to one year to submit a claim).
- Managed care plans must administer a <u>cash flow contingency plan</u> for a minimum of four months, similar to the fee-for-service plan that was in place January 1 April 30, 2018.
- Provider and patient <u>implementation concerns will be addressed immediately</u> through a post-implementation task force that includes the Ohio Departments of Medicaid and Mental Health and Addiction Services, county boards, NAMI Ohio, managed care plans, and provider associations.

¹ The fiscal year 2018-2019 budget reduced the Medicaid appropriation below the amount needed to run the program. Ohio Medicaid implemented a contingency plan to keep spending within the budget's final appropriation levels, including a one-week payment delay for all providers in April and also in June 2018. The April delay took place (resulting in \$66 million in one-time Medicaid budget savings) but, based on a May budget reprojection that showed underspending sufficient to offset the June delay, the second planned payment delay was cancelled.

Medicaid Managed Care Advance Payment Process

The following is an example of how the Advance Payment Process will work

Advance payment agreement established between Provider and Plan



Provider is eligible to receive ~55% of their average CY16 monthly payment



Plan share determined by provider client managed care enrollees





Plans will recover advanced payments by offsetting claims paid over a one year period