



Department of Medicaid

John R. Kasich, Governor

Barbara R. Sears, Director

Medicaid Handbook Transmittal Letter (MHTL) No. 334-17-07

**TO: Eligible Providers of Medicaid Services
Chief Executive Officers, Managed Care Plans (MCPs)**

FROM: Barbara R. Sears, Director

SUBJECT: Behavioral Health Redesign Beta Testing Procedure

Summary

Amended Substitute House Bill 49, the State's biennial budget, requires the Departments of Medicaid and Mental Health and Addiction Services (ODM and OhioMHAS) to conduct a beta test for providers to ensure their readiness for behavioral health redesign on January 1, 2018. The purpose of this transmittal letter is to establish a uniform procedure for the beta test, which will be held during the period beginning October 25, 2017, and ending November 30, 2017.

Beta Test Procedure

Any agency that is enrolled in Medicaid as provider type 84 or provider type 95 or both may volunteer to participate in the beta test by notifying ODM of its intent to submit test claims to ODM and, if applicable, the MyCare Ohio Plans (MCOPs) for the regions in which the agency does business. Notification shall be sent via electronic mail to BH-Enroll@medicaid.ohio.gov with the subject line, "Intent to Beta Test" and include the following information:

- Agency name;
- All agency national provider identifier (NPI) numbers involved in testing;
- The names of every MCOP 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.

To beta test, the agency or its vendor must submit claims following the testing scenarios that were posted to the behavioral health redesign website (bh.medicaid.ohio.gov) September 25, 2017. Such claims shall be submitted by the agency or the vendor to ODM and, if applicable, the MCOPs identified by the agency in the notification described above. Using its discretion, each agency or vendor shall test using scenarios applicable to the agency's provider type and array of services rendered. 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 scenarios that are relevant to agency practice.*

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Agencies or their vendors shall submit test files via electronic data interchange to the department and MCOPs. All beta test submissions must be completed between October 25 and November 30, 2017.

After November 30, ODM will determine if half of the agencies that participated in the beta test were able to submit, to ODM and MCOPs as applicable, test claims for each scenario applicable to the agencies' provider type or types and the services they render, and whether the test files contained clean claims that properly adjudicated not later than thirty days after the date the test files were submitted. MCOPs shall provide to the department the information necessary for ODM to make that determination.

Only agencies (either on their own or via a vendor) that have submitted test files in accordance with the procedure outlined in this transmittal letter using the State-established scenarios will be considered part of the beta test. However, any agency, on its own or through its vendor, may submit different or other test claims or files on a voluntary basis to ODM, MCOPs, or traditional managed care plans.

Access to Rules and Educational Material

Information regarding Behavioral Health Redesign, including beta testing scenarios and other educational materials may be found at the Ohio behavioral health redesign website at <http://www.bh.medicaid.ohio.gov>

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>

Additional Information

Questions pertaining to this letter should be addressed to the behavioral health redesign team via the link at <http://bh.medicaid.ohio.gov/Contact-Us> or by email to BH-Enroll@medicaid.ohio.gov.