JMOC Update: Behavioral Health Redesign

October 19, 2017
The Beta Test Requirement is Defined by Law

1. The Beta Test is mandatory. ODM and OhioMHAS must conduct a beta test of the BH Redesign coding and rate changes prior to implementation on January 1, 2018.

2. Participation is Voluntary
   Any provider who wishes to participate in the beta test may do so, but participation is not mandatory.

3. Success is Measured by Participating Provider Results
   50% of providers participating in the beta test must submit clean claims that are adjudicated properly, not 50% of providers in the state.

Language from Am. Sub. House Bill 49 – Sec. 5164.761.

Before the Department of Medicaid or Department of Mental Health and Addiction Services updates Medicaid billing codes or Medicaid payment rates for community behavioral health services as part of the Behavioral Health Redesign, the Departments shall conduct a beta test of the updates. Any Medicaid provider of community behavioral health services may volunteer to participate in the beta test. An update may not begin to be implemented outside of the beta test until at least half of the Medicaid providers participating in the beta test are able to submit under the beta test a clean claim for community behavioral health services that is properly adjudicated not later than thirty days after the date the clean claim is submitted.
Beta Test Providers Represent the Majority of Clients Served

ODM and OhioMHAS are closely monitoring the list of providers who have volunteered for beta testing in preparation for the October 25th – November 30th testing period. The dashboard below is an example of these efforts.
## List of Beta Test Volunteers (1)

<table>
<thead>
<tr>
<th>Access Counseling Services</th>
<th>Century Health</th>
<th>Compass Family and Community Services</th>
<th>Friel and Associates</th>
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<td>Allwell Behavioral Health Services</td>
<td>Child and Adolescent Behavioral Health</td>
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<td>Full Circle to Completion</td>
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<td>Cuyahoga Assertive Treatment</td>
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<td>Directions For Youth and Families</td>
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<td>Family Life Counseling and Psychiatric Services</td>
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The State is Actively Monitoring Testing in Preparation for January 1, 2018

In an effort to go above and beyond the requirements set forth in Am. Sub. House Bill 49, ODM and OhioMHAS have implemented a robust plan to monitor overall testing progress for FFS and MyCare. The dashboard below is an example of these efforts.

DATA IS FOR ILLUSTRATION PURPOSES ONLY
The State has Conducted Extensive Stakeholder Engagement

The Departments and MyCare Ohio Plans have utilized diverse methods to engage stakeholders throughout the BH Redesign process, reaching the majority of providers across the state.

**ODM & OhioMHAS**

- Reached over **5,600 individuals** through **38 state-sponsored trainings** throughout the state
- Provide regular updates to **2,588 individuals via MITS Bits** and **2,448 individuals via BH Redesign e-newsletters**
- Met regularly with **79 agencies or associations** through **24 meetings** of the Benefit and Service Development Work Group
- Regularly engaged with **29 software vendors** through **21 meetings of the EDI/IT Work Group**
- Since the launch of the BH Redesign website, over **173,900 total page views**

**MyCare Ohio & Managed Care Plans**

- Reached approximately **1,660 individuals** through **3 series of provider forums** throughout the state
- Participated in **all state-sponsored meetings** on BH Redesign
- Developed plan-specific **provider training plans**
- Conducted **direct outreach to provider agencies** to encourage testing, contracting and readiness for BH Redesign implementation through:
  - Provider bulletins
  - Webinars
  - Regional walk-in office hours
  - Training videos
  - Messages on provider websites
Robust Training and Technical Assistance has been Provided

**Training**

- ODM and OhioMHAS implemented an iterative training process to educate stakeholders on BH Redesign, and have provided 38 trainings throughout the process:
  - 5 series of regional trainings on BH Redesign
    - BH 101, 201, 301 and 401 trainings and the Fundamentals of Redesign
  - Coding-specific trainings
  - Provider Enrollment training for behavioral health providers
  - Training for opioid treatment providers

**Technical Assistance**

- ODM and OhioMHAS implemented a robust technical assistance plan to ensure provider readiness, including:
  - Regular policy updates via MITS Bits and e-newsletters
  - Rapid Response team available 6 days a week during the first round of testing in May & June
  - Website dedicated to the education of providers and other stakeholders about BH Redesign
  - Two-way communication via a contact-us feature allowing providers to submit questions which are answered on a weekly basis

**NEXT STEP:** ODM and OhioMHAS will hold BH 501 trainings across Ohio and reinstate the Rapid Response Team to answer questions from providers and trading partners during testing
The State Conducts Targeted Outreach on Enrollment and Affiliation Status

Rendering practitioners must be enrolled and affiliated in MITS when BH Redesign goes live on January 1, 2018.

The State is committed to tracking progress towards the affiliation of rendering practitioners.

- A report of Affiliated Practitioners by agency is updated weekly and posted to the BH Redesign website at http://bh.medicaid.ohio.gov/manuals.
- ODM and OhioMHAS have conducted three rounds of direct outreach to encourage agencies to affiliate their rendering practitioners.
  - Contacted 207 providers via email in May, 2017
  - Contacted 138 providers via phone calls in June, 2017
  - Contacted 61 providers via mail in August, 2017

Agency NPIs with NO affiliated practitioners*:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>As of Oct. 16, 2017</th>
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<tr>
<td>84 (MH)</td>
<td>52</td>
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<tr>
<td>95 (SUD)</td>
<td>63</td>
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<td><strong>Total:</strong></td>
<td><strong>115</strong></td>
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*As of September 13th, of the 115 agencies with no affiliated practitioners, only 56 of those agencies had claims activity for 2017 dates of service.
The MyCare Plans Have Been Subject to Thorough Readiness Reviews

Desk Reviews
- Desk reviews were conducted prior to onsite readiness reviews. Topics reviewed during this process included:
  - Administrative requirements, including a current work plan
  - Personnel and staff training
  - Member and provider services staff readiness
  - Network adequacy to include contracting and credentialing efforts
  - Utilization management
  - Care management and coordination of care
  - System readiness

Onsite Readiness Reviews
- Onsite readiness reviews are being conducted at each MyCare Ohio Plan (MCOP). These dates were scheduled with the plans in early August to ensure appropriate staff are available. An agenda was provided to the plans. The primary focus of the onsite readiness reviews include:
  - MCOP Communication with Providers
    - Confirm timely and consistent communication with all providers impacted by this implementation
  - MCOP System Readiness and Protocol
    - Look at all codes, modifiers, service locations
    - Provider agreement language and assessment
    - Test scenarios while onsite
    - MCOP contracting and credentialing
    - Confirm appropriate network adequacy is met

NEXT STEP: ODM will review the 211 scenarios tested by each plan for accuracy and work with the plans to ensure their IT systems are ready.
In addition to monitoring preparedness for BH Redesign implementation in January, 2018, ODM and OhioMHAS are actively monitoring readiness for managed care carve-in in July, 2018. The dashboard below is an example of these efforts.
The State is Actively Monitoring Contracting Status at the County Level

The Departments will also be monitoring contracting and credentialing progress at the county level. The dashboard below depicts the contracting and credentialing status for providers in Cuyahoga County.
The State is Ready for Implementation on January 1, 2018

1. Develop a centralized website dedicated to the education of providers and stakeholders, facilitating two-way communication about the Redesign process.

2. Utilize frequent and diverse communications to engage stakeholders and report progress on BH Redesign, allowing ample opportunity for stakeholders to participate in policy development.

3. Implement a robust training and technical assistance plan to ensure provider readiness.

4. Clarify schedule for the implementation of BH Redesign coding and rate changes, and full integration of the behavioral health benefit into Medicaid Managed Care.

5. By October 1, 2017 final file Ohio Administrative Code rules to authorize a January 1, 2018 effective date for the new Medicaid behavioral health benefit package.


7. MyCare Ohio Plans pass Readiness Reviews, deeming them ready for BH Redesign implementation.

8. Implement a beta test of the behavioral health coding and rate updates where at least half of the participating providers submit a clean claim for community behavioral health services that is properly adjudicated not later than thirty days after the date the clean claim is submitted. Participating providers must test with Ohio Medicaid as well as the MyCare Ohio Plans the provider does business with, if applicable.
Hospitals Implemented the Outpatient Behavioral Health Benefit on August 1, 2017

For dates of service on or after 8/1/17, hospitals accredited to provide outpatient BH services could begin to do so.

**Hospital Approach**

- The hospitals indicated that they were prepared to move forward with the coding changes and make the new services available as soon as possible.

- The Departments moved forward with this in order to increase access for children and multi-system youth.

- For dates of service on or after August 1, 2017 Provider Type 01 (general hospitals) and Provider Type 02 (psychiatric hospitals) may be reimbursed for community behavioral health services in accordance with OAC rule 5160-2-75 (G)(2).

- Hospitals will bill behavioral health services using Fee for Service until managed care carve-in on July 1, 2018 (except MyCare patients).
Hospitals are Successfully Billing for Outpatient Behavioral Health Services

As of October 1st, 37 hospitals have notified ODM that they intend to access the new outpatient hospital behavioral health benefit package for dates of service on or after August 1st, 2017.

To date, 2,090 patients have been served via the outpatient hospital behavioral health benefit package through FFS and 13 hospitals have submitted claims for payment.

ODM

- As of October 1st, **37 hospitals** have notified ODM that they intend to access the new outpatient hospital behavioral health benefit package for dates of service on or after August 1st, 2017.
- To date, **2,090 patients have been served** via the outpatient hospital behavioral health benefit package through FFS and **13 hospitals** have submitted claims for payment.

MyCare Ohio Plans

- To date, **6 hospitals** have submitted claims for payment via the MyCare plans.
- Hospitals are required to test with the MyCare Ohio plans prior to submitting outpatient BH claims for payment.
Resources are Available on BH.Medicaid.Ohio.Gov

Upcoming trainings and past webinars are available on the BH Redesign website here: [http://bh.medicaid.ohio.gov/training](http://bh.medicaid.ohio.gov/training)

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BH 401 Training

The Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services provided a full comprehensive overview of the BH Redesign changes going into effect for services provided on and after July 1, 2017. The Behavioral Health Redesign 401 training occurred on May 22. The entire recording will be posted here as it becomes available.

View the slides | View part 1 of the webinar | View part 2 | View part 3 | View part 4

Prior Authorization Webinar

The Ohio Department of Medicaid held a two-hour webinar on Tuesday, May 23 to provide step-by-step instructions on how community behavioral health agencies can submit requests for prior authorization of services such as ACT, IHB, SUD Partial Hospitalization, and SUD Residential, etc.

View the webinar | View the slides | View Frequently Asked Questions

Implementation for Opioid Treatment Programs (OTPs)

- [1995 Documentation Guidelines for Evaluation and Management Services](#)
- [1997 Documentation Guidelines for Evaluation and Management Services](#)
- [FAQ on 1995 & 1997 Documentation Guidelines for E&M Services](#)