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

EDI/IT Work Group

July 19th, 2017

Behavioral Health Redesign

July 19th, 2017 Agenda

Welcome

Timeline Update

Enrollment
> **Board Licensed School Psychologist Enrollment**
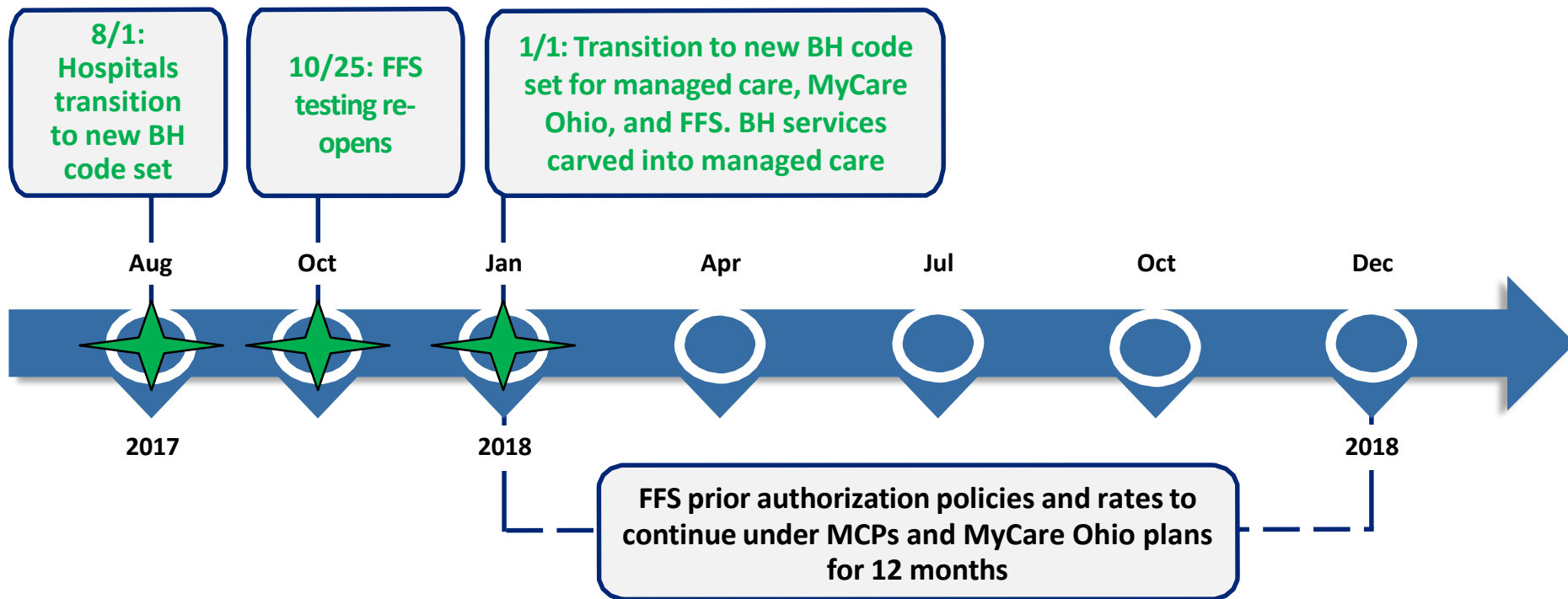> **Dependently Licensed Practitioners**

FFS Testing Update

Testing with Plans

Enrollment and Affiliation Update

Business Requirement Document (BRD)

Upcoming Meetings

Updated Timeline Per Budget Bill

8/1: Hospitals transition to new BH code set

10/25: FFS testing re-opens

1/1: Transition to new BH code set for managed care, MyCare Ohio, and FFS. BH services carved into managed care

| Aug | Oct | Jan | Apr | Jul | Oct | Dec |

2017 — **2018** — **2018**

FFS prior authorization policies and rates to continue under MCPs and MyCare Ohio plans for 12 months

- Plans will follow state benefit administration policies for one year.

- Benefit year 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 authorizations under FFS expire.

Milestone

Policy Update: Board Licensed School Psychologists

Enrollment Update

Effective July 13, 2017, Board licensed school psychologists are eligible to enroll in Ohio Medicaid as independently licensed practitioners, classified in MITS as provider type/provider specialty 42/421.

- These school psychologists are licensed by the Ohio Board of Psychology and must operate within the scope of practice as defined in section 4732 of the Revised Code.

- Board licensed school psychologists who are employed by 84s/95s <u>must</u> be enrolled and affiliated with any 84s/95s they work for.

A MITS Bits detailing this information was released July 11, 2017.

Policy Proposal: Dependently Licensed Practitioners

Issue

- NCCI edits apply to rendering practitioners. Ohio MITS populated rendering with billing ID when service is rendered by dependently licensed and trainees/assistants. There are 18 combinations of mental health service codes that could trigger NCCI edits even though different practitioners delivered the services.

Proposed Solution

- State has decided to move forward with the enrollment of dependently licensed staff (LSW, LMFT, LPC, LCDC II,III).
- Dependently licensed individuals can begin the process by obtaining an NPI now if they do not currently have one.
- More information to follow once IT Build timeline is established.

Moving Forward

- This approach is applicable to both MH & SUD.
- State may consider a similar solution for unlicensed staff: trainees, assistants, CMSs, QMHSs, and peer recovery supporters.
- A MITS Bits with more detail to follow.

More details to follow at the next Aug. 9 Benefit & Service Development Work Group

For Discussion

- Possible IT build solutions:
    - Remove all "U" modifiers and require NPI
    - "U" Modifiers optional, require NPI
    - Allow either NPI or "U" modifier
    - Retain educational level modifiers

- Question:
    - How does this affect the reporting of the supervisor on the detail level instead of the header?

FFS Testing and Rapid Response Team Information

Testing was open for all May 12th through June 23rd.

FFS Testing

- On June 23rd, ODM temporarily closed FFS trading partner testing for EDI files using the new behavioral health codes and policy.

- User acceptance testing for FFS will resume on October 25th and run through November 29th.

Rapid Response Team

- The rapid response room will be closed until October 25th, but the below email will continue to be monitored and questions will be responded to within one business day.
  - Email: BH-Enroll@medicaid.ohio.gov

- On October 25th, the rapid response room will re-open through January 1st, 2018.

Recently released MITS Bits update on Medicaid BH Redesign and Trading Partner Testing:
http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits_6-22-2017.pdf

MyCare Ohio Managed Care Plans

aetna®

AETNA BETTER HEALTH® OF OHIO

buckeye health plan.

CareSource®

MOLINA HEALTHCARE

UnitedHealthcare®
Community Plan

BH Services are "CARVED IN"

- *Ohio **Medicare and Medicaid** recipients enrolled in a MyCare Ohio Plan receive community behavioral health services through their MyCare Ohio Plan.*

*Aetna is a MyCare Ohio Plan **but not** a Medicaid Managed Care Plan*

Expectations for Testing with MyCare Ohio Plans

Providers should begin testing the new BH Benefit Package with MyCare Ohio Plans as soon as they are able.

IMPORTANT NOTES

- ✓ ***MyCare Ohio providers with established contracts should be testing now.***
  - ✓ Providers should ensure contracts extend to all lines of business.

- ✓ Testing can begin as soon as providers have established contact with the plans to verify billing information and obtain testing access if necessary.

- ✓ Providers do not have to be fully credentialed to begin testing with the plans.

- ✓ Trading partners are not required to have an agreement with the plans in order to test as long as the MyCare Ohio Plan has accurate billing information from the provider.

Link to MITS Bits for MyCare Ohio Plan Testing Information:

http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits-Trading-Partner-Testing_5-12-17.pdf

Medicaid Managed Care Plans

BH Services are "CARVED OUT" Until January 1, 2018

- *Ohio **Medicaid** recipients enrolled in a Medicaid managed care plan can receive community behavioral health services through any fee for service participating Medicaid BH provider agency. Services are billed to FFS.*

- ***Two Exceptions: Respite and all inpatient psychiatric services as of July 1, 2017 (including Institutions for Mental Diseases-IMDs)***

*Paramount is a Medicaid Managed Care Plan **but not** a MyCare Ohio Plan*

Expectations for Testing with Managed Care Plans

Providers should begin testing the new BH Benefit Package with Managed Care Plans as soon as they are able.

IMPORTANT NOTES

- ✓ **Behavioral Health providers should begin contracting with the Managed Care Plans to prepare for carve-in if they have not already done so.**

- ✓ Testing can begin as soon as providers have established contact with the plans to verify billing information and obtain testing access if necessary.

- ✓ Providers do not have to be fully credentialed to begin testing with the plans.

- ✓ Trading partners are not required to have an agreement with the plans in order to test as long as the Managed Care Plan has accurate billing information from the provider.

Practitioner Enrollment

Enrollment status as of July 18:

Provider Types	Enrollments				Applications		
	Total enrolled as of 6/7/2017	Total enrolled as of 6/15/2017	Total enrolled as of 7/5/2017	Total enrolled as of 7/19/2017	Oldest dated application	Applications in "Submit Status"	Applications Returned to Provider
LISW (Type 37)	2,205	2,270	2,276	2,296	6-14	67	23 5-11
LPCC (Type 47)	2,343	2,370	2,406	2,433	6-19	42	23 5-16
IMFT (Type 52)	54	55	55	58	7-10	3	5 5-11
LICDC (Type 54)	412	425	435	436	6-15	29	18 3-24
Nurses (Type 38)	1,051	1,071	1,191	1,214	5-23	84	120 3-22
	6,065	6,191	6,363	6,437		225	189

Agency Affiliations

Count of agencies with at least one affiliated practitioner:

Provider Type	As of 4/24	As of 5/08	As of 5/22	As of 6/7	As of 6/21	As of 6/26	As of 7/17
84 (MH)	241	254	266	270	285	289	290
95 (SUD)	155	171	190	203	224	228	232
Total:	396	425	456	473	509	517	522

Agency Affiliations

Agencies with **NO** affiliated practitioners:

Provider type	As of 4/24	As of 5/08	As of 5/22	As of 6/7	As of 6/21	As of 6/26	As of 7/17
84 (MH)	90	77	67	65	50	49	50
95 (SUD)	134	119	101	89	67	66	63
Total:	224	196	168	154	117	115	113

As of 6-8-2017:
- 21 CMHC agencies had no claims activity for 2017 dates of service
- 24 SUD agencies had no claims activity for 2017 dates of service

Business Requirement Document

- Initial document finalized February 3, 2017
- Contains:
  - High level requirements
  - Detailed functional requirements
- Subsequent project change requests (10+) are not reflected in this document
- Submit questions to be discussed at subsequent meetings
  - Project change requests will be reviewed in a similar manner at subsequent meetings

* IT Vendors: What additional information do you need from ODM in order to finalize your systems work to be ready for testing with the plans and ODM?

Meeting Schedule

Upcoming Meetings

✓ **Frequency of these meetings**
- Now through October 25th?
- October 25th – December 31st?
- January 1 – January 31st?

Appendix

Behavioral Health Redesign