Ohio Department of Medicaid Behavioral Health Redesign Beta Testing Results

December 14, 2017

Introduction

The goal of behavioral health redesign is to integrate physical and behavioral health care services to support recovery for individuals with a substance use disorder or mental illness. As a result of redesign, Ohio will be able to transition the delivery of behavioral health services to our Medicaid managed care plans and ensure that the entire continuum of each member's needs—both behavioral and physical—are coordinated and treated together.

In addition, new services for individuals with high intensity service and support needs, including family counseling, Assertive Community Treatment for adults, and Intensive Home Based Treatment for youth, will be available in Ohio Medicaid for the first time. More robust services will be available through a new substance use disorder treatment package built upon the American Society of Addiction Medicine's Levels of Care. Primary medical care, including office visits, vaccinations, blood tests, and other services may now be given by a member's behavioral health provider. At the same time, primary care providers and hospitals will now be able to bill Ohio Medicaid for providing behavioral health services, significantly increasing access to individuals in need of them.

Recognizing the significance of these changes, starting in early summer 2015, the Ohio Departments of Medicaid and Mental Health and Addiction Services (the Departments) began a comprehensive and transparent stakeholder engagement process.

After two and a half years of engagement, multiple changes in budget models based on stakeholder input, a website dedicated to the education of providers and other stakeholders, dozens of provider trainings across the state, and two rounds of review by the joint committee on agency rule review, the Departments have finalized the infrastructure necessary to modernize the system. New rules will allow for the system to truly reflect what services are being provided and providers' levels of expertise, and provide clarity on coding as a necessary prerequisite to fully integrating services within managed care.

Statutory Mandate

In the state fiscal year 2018-2019 biennial budget bill (Am.Sub.H.B. 49), the Ohio General Assembly enacted Ohio Revised Code section 5164.761, establishing a "beta testing" requirement of the Departments. Specifically, section 5164.761 provides:

> 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 (emphasis added).

In addition, Section 333.360 stipulates that behavioral health redesign cannot be implemented until the requirement in section 5164.761 is met or January 1, 2018, whichever is later.

Process

The Departments presented the process for beta testing on September 13, 2017, at the regularly scheduled meeting of the Benefit and Service Development Workgroup, a stakeholder forum established by the Departments in 2015 as a way to share information and receive feedback from providers, provider associations, managed care plans, and other interested stakeholders. At that meeting, and via a formal communication distributed to providers and managed care plans on September 27, 2017 (Medicaid Handbook Transmittal Letter 334-17-07), the Departments established the parameters of the beta testing process.

The beta test was open to any Medicaid behavioral health provider who wished to participate. The beta testing period was open beginning October 25, 2017, and closed on November 30, 2017. To be considered a beta tester such that its results would count for the purposes of section 5164.761, providers had to (1) send an email to Ohio Medicaid demonstrating their intent to test and (2) participate in testing within the beta testing period.

The Departments defined beta testing scenarios that included situations tailored for providers of community mental health services (provider type 84) and providers of community substance use disorder services (provider type 95). Beta test providers could select and submit for testing any state-defined beta test scenarios that were most applicable to their provider type(s). While the state-defined scenarios were used for beta testing as defined by section 5164.761, the Departments encouraged all behavioral health providers—regardless of whether or not they were beta testers—to test any claims files that they believed to be relevant to their agency practice.

Beginning October 25, Ohio Medicaid staffed a "Rapid Response Room" with policy and information technology (IT) support to answer questions that came in from providers regarding the beta test or claims testing in general. The Rapid Response Room was staffed from 7:00 am to 7:00 pm Monday through Friday, and on Saturday mornings. In addition to being available via email, the Rapid Response Team was directly reachable via Ohio Medicaid's Provider Hotline (1-800-686-1516).

Ohio Medicaid continued direct outreach to providers during the beta testing process. First, the Rapid Response Team contacted each provider for whom a test claim was denied and explained to the provider the error that caused the claim to deny (99 percent were related to a provider error). Second, a representative from Ohio Medicaid contacted each provider that had submitted a notice of intent to beta test to determine if the provider was going to participate in the test and whether there was any additional support the Departments could offer during the process.

In addition to beta testing Ohio Medicaid's fee-for-service claims payment system, providers doing business with the MyCare plans were encouraged to also beta test with those plans. At the same time, ODM conducted a readiness review of each plan, which included submitting 211 test files to ensure that the plan's claim processing system was working correctly. Initial testing in October demonstrated that the plans successfully processed between 78 percent and 95 percent of the beta test claims. Ohio Medicaid worked with the plans to improve those results to between 91 percent and 100 percent.

At the Joint Medicaid Oversight Committee meeting held November 16, 2017, there was concern expressed by some members that the November 30, 2017, closing date for beta testing was too soon for some providers to be able to test their ability to submit claims. In response, Ohio Medicaid extended

the availability of the testing environment through December 15, 2017, to provide an additional fifteen days (for 51 days total) of testing availability for providers.

Results

Every provider that participated in the beta test (100 percent) was able to submit a clean claim that was properly adjudicated, in accordance with the requirement in section 5164.76 that "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." These results are summarized in Figure 1.

The Departments used the following parameters to determine whether the requirement described in section 5164.761 has been met: (1) "clean claims" were defined as claims that could be adjudicated properly without additional documentation from the provider, (2) beta testers had to use state-defined scenarios posted to the behavioral health redesign website but were free to select only those scenarios that are most applicable to their line of business, (3) beta testers were required to use the new behavioral health services code set, (4) test files had to be submitted via electronic data interchange following HIPAA guidelines, and (5) test files had to be submitted no later than 11:59 pm EST on November 30, 2017, to be counted in the beta test results.

In addition, while providers actively tested Ohio Medicaid's claims payment system via EDI during the beta test, Ohio Medicaid and its vendor, DXC, tested the Medicaid Information Technology System (MITS) portal to ensure the new behavioral health services are working as intended. The MITS portal provides a direct connection to the beta-tested claims payment system. Any provider may test its connection to the MITS portal at any time, and many small-volume providers already are using the portal on a daily basis. If a provider submits a claim for the new array of behavioral health services that will become available on January 1, 2018, and that claim is denied, the provider will learn of the denial immediately. The provider can then work with Ohio Medicaid's rapid response team for technical assistance and guidance to correct and resubmit the claim.

Next Steps

The Departments have met the statutory requirement in section 5164.761 of the Ohio Revised Code. More importantly, the provider community has indicated readiness and a desire to proceed on January 1, 2018. For example, the Ohio Council of Behavioral Health and Family Service testified that, "Keeping to this timeline is necessary to sustain current service levels and network adequacy and expand needed treatment service to address the surging opiate and overdose deaths, addiction crisis, and rising suicide rates" and "it is essential that progress continues to support implementation of BH Redesign on the current timeline of January 1st."

Accordingly, the Departments will proceed to implement behavioral health redesign on January 1, 2018, as authorized by section 333.260 of Am.Sub.H.B. 49.

Figure 1.

Behavioral Health Redesign Beta Test Requirements and Results

Section 5164.761 Requirements:

"The departments shall conduct a beta test of the updates."

Did Ohio Medicaid conduct a beta test?

YES — ***Beta testing took place from Oct. 25 to Nov. 30***

"Any Medicaid provider of community behavioral health services may volunteer to participate in the beta test."

Were Medicaid community behavioral health providers invited to test?

YES — ***100% of all providers were invited to test***

Did providers participate in the beta test?

Testing is voluntary and some who initially volunteered chose not to because they are already using the new codes, planning to submit via the portal, have an EDI vendor that tested with others, etc.

YES — ***77 participated in testing 953 FFS claim scenarios***
7 participated in testing 94 MyCare claim scenarios

"An update may not begin to be implemented outside of the beta test until … [clean claims are] properly adjudicated not later than thirty days after the date the clean claim is submitted."

Did the state system properly adjudicate claims?

NO — Only 4 claims (<1%) did not adjudicate as a result of a system issue, and all 4 were fixed within 2 weeks.

YES — ***949 (99%) of the FFS claims adjudicated properly***
94 (100%) of the MyCare claims adjudicated properly

AND

"… 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 …"

Were providers able to submit clean claims?

YES — ***Every provider that participated (100%) was able to submit a clean claim***

Did the test claims pay on the first try?

NO — 434 FFS claims denied (99% related to provider error) and 42 MyCare claims denied (100% related to provider error).

YES — ***519 (54%) of FFS claims paid on the first try***
52 (55%) of MyCare claims paid on the first try