



## Member E-Bulletin

May 3, 2017

Ohio Council Members:

Yesterday, the full Ohio House passed HB 49, the SFY 18-19 State Budget bill by a vote of 57-33. The House passed version include some additional [amendments](#) that were adopted by the House Finance Committee on Monday. The Ohio Council is still working through the actual bill detail and language and will provide you with a more comprehensive update in the next few days, but wanted to share some updates on the status of Medicaid expansion and the BH Redesign.

**Medicaid Expansion:** Late last week, there was an effort by several House Republicans, led by Rep. Wes Goodman, to freeze enrollment in Group VIII or Medicaid expansion. As a result, the Ohio Medicaid Coalition, which the Ohio Council is part of, organized a significant advocacy response through the media and membership organizations to generate support Medicaid expansion. A key talking point for Medicaid expansion is the importance of insurance coverage as a tool in responding to the opioid crisis. The House Finance Committee did **NOT** adopt the proposed amendment, and Medicaid expansion remains in HB 49. However, the House passed version of the bill does recommend a number of changes for Group VIII and oversight of the Ohio Medicaid program that will require additional advocacy as the bill moves to the Senate for consideration. We anticipate increased advocacy will be required in the Senate on this issue. Proposed changes for Medicaid expansion adopted by the House include:

- Requires Ohio to apply for a waiver to limit Group VIII eligibility to only those over age 55, employed, in school, participating in an alcohol and drug addiction treatment program, or who have "intensive healthcare needs".
  - Returns Medicaid eligibility determination authority to the General Assembly
  - Prohibits adding new populations to managed care or increasing provider rates without the approval of JMOC. (Note: BH Redesign is NOT considered a provider rate increase)
  - Signals the intent of the GA to use the Healthy Ohio language currently in law should federal regulations move Medicaid to a block grant.
  - Requires JMOC to contract with an independent entity to conduct studies on both high risk pools for uninsured residents and the feasibility of implementing a plan that is similar to the Healthy Indiana Plan and a high risk pool in Ohio.
  - Gives the Controlling Board authority over release of Medicaid state share (matching funds) and requires the Medicaid Director to request release of funds once every six months. Specifies conditions that must be met for the release including obtaining waivers from CMS for an innovative waiver regarding health insurance coverage and the Healthy Ohio Program, and enforcing the law regarding cost estimates for patients.

***BH Redesign:*** While there were intense negotiations between the House Finance Committee and the administration on the BH Redesign issues, the House ultimately decided to retain the language that delays by six months both the implementation of the service coding and rate changes and the integration of behavioral health services into managed care to January 1, 2018 and July 1, 2018, respectively. Several House Finance Committee members worked hard to negotiate policy and rate changes intended to resolve lingering issues identified by stakeholders and establish some protections to assure payments to providers continue uninterrupted during the transitions. The administration remains steadfastly committed to implementing the coding/rate changes on 7/1/17 and convinced the rapid response team is sufficient to address payment and IT issues. Our advocacy on BH Redesign will now pivot to Senate. Our goal remains a successful implementation of the BH redesign service coding and rates that will sustain behavioral health services and utilize the existing workforce as defined in our [BH Re-design Timeline and Guardrails Advocacy document](#).

***MITs Testing - BH Redesign:*** We wanted to make sure you receive the [BH MITs Bits Trading Partner Testing](#). ODM intends to begin some internal testing later this week and will open the MITs testing environment to a "select group of providers" on May 10. The testing environment will be open to all behavioral health trading partners sometime mid-May. The MITs bits provides additional details on the testing and file parameters. If your organization was invited to begin testing as part of the "select group of providers" on May 10, please let us know. As testing gets underway, please let us know what you are learning. The Ohio Council and the Medicaid MCOs are both asking ODM to share the coding crosswalk and modifier matrix used for MITs file testing to assure we are all working under the same assumptions. We will push that information out as soon as possible.

Thanks again for your continued advocacy. We appreciate the challenges of the legislative process and your need to continue on parallel planning and implementation tracks for BH Redesign. Please let us know if you have questions or concerns. We will be discussing all of these issues during our upcoming policy committee meetings.

Sincerely,

Teresa Lampl, Associate Director

The Ohio Council of Behavioral Health & Family Services Providers

35 East Gay Street - Suite 401

Columbus, OH 43215-3138

Phone: (614) 228-0747

Fax: (614) 228-0740

[www.TheOhioCouncil.org](http://www.TheOhioCouncil.org)

*Advocating Today For A Healthy Tomorrow*