

## **Behavioral Health Providers Tell Senate Panel Software Vendors Might Not Be Ready For Redesign**

The success of the state's behavioral health Medicaid redesign transition could hinge on software vendors, providers told a Senate budget subcommittee Wednesday.

The redesign is currently scheduled to start July 1, with new billing codes for behavioral health services paid by Medicaid going into effect. The House, after hearing concerns from providers about the transition during hearings about the budget bill (HB 49), moved the implementation back six months.

David Turner, executive director of The Counseling Source, told the Senate Finance Health and Medicaid Subcommittee he believes many of the changes in the redesign are positive but he favors the delay because software vendors for providers are not yet ready to test claims.

"This is not a fantasy based on some anxiety about the future," he said.

Chairman Sen. Bob Hackett (R-London) said he's talked to a vendor who said they are ready for the July 1 implementation.

Tracy Plouck, director of the Department of Mental Health and Addiction Services, said the state has been working with major vendors to ensure they're prepared for the transition. She said the administration can meet with vendors and evaluate their individual readiness.

In the meantime, she said, testing on the new code system began Wednesday with a select group of providers. The testing is expected to be opened to all providers this week.

"The concern is that this could be delayed indefinitely depending on positions that are taken and we want to be sure that folks are moving toward readiness," she said.

Mr. Turner urged the senators to consider a proposed amendment that would give the Joint Medicaid Oversight Committee purview over the transition, allowing it to determine when the system is ready to switch over to new codes.

Providers still have other concerns with the new codes, beyond the software transition period.

King Stumpp, president and CEO of Netcare Access in Columbus, said his organization stands to lose 29% of its Medicaid reimbursement under the redesign.

"Given that Medicaid expansion provided few resources to increase service capacity, despite expanding service to 700,000 Ohioans, this rate reduction is a harsh penalty,

particularly in light of the opiate epidemic," he said. "Our center cannot withstand such a reduction and will be forced to reduce capacity and lay off workers."

Sue Fralik, senior vice president of operations for Mental Health Services for Clark and Madison Counties, said the new codes should be aligned with the available workforce.

"The service codes need to match the available workforce, the reimbursement needed for the level of care, and the time of day we provide services," she said. "We will need to redesign how much crisis care we can provide and when and where we provide it."

Director Plouck said the administration initially asked for \$3 million per year to help with the workforce situation, as the new codes will pay more for work done by higher-credentialed workers. The House version cuts that funding to \$2 million per year.

Terry Russell, executive director of the National Alliance on Mental Illness of Ohio, said the redesign will allow behavioral health care to be better aligned with the rest of the health care system.

"While we acknowledge concerns have been raised by providers about operational readiness for a July 1 implementation of behavioral health redesign, the Departments of Medicaid and Mental Health and Addiction Services have made exhaustive efforts to prepare providers for implementation and have made firm commitments that there will be capacities in place to provide immediate response to any implementation issues that arise around claims submission, coding issues, and other operational issues," he said.

Sen. Charleta B. Tavares (D-Columbus) said she was concerned that if payments weren't made in a timely manner, many providers would not have the cash on hand to stay in business.

"We can't afford to lose any providers because we don't have the capacity right now to serve everyone who needs behavioral health services," she said.

Emily Higgins, director of behavioral health for Molina Healthcare of Ohio, said plans have committed to ensure as smooth of a transition as possible to managed care and new codes.

"We will continuously monitor claims volume, claim payment rate, denial rate, and error rates," she said.