



Department of Medicaid  
Department of Mental Health and Addiction Services

# Benefit and Service Development Work Group

June 7, 2017



Behavioral Health Redesign

# June 7, 2017 Agenda

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## Welcome and Opening Remarks

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## Policy Updates

- Individual Psychotherapy and 'Community' POS 99
  - QMHS+3 performing MH Day Treatment
  - Rendering MH Day Treatment per diems
  - Hospital Providers
  - CIBS provider type 21
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## Next Steps

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## Hospitals

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## Opportunities Post-January 1, 2018

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## Rapid Response Team and Testing

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## MyCare Testing

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## MyCare Readiness Review Tool Update

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## Enrollment and Affiliation Update

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## Care Coordination Update

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## Health Homes Update

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## Latest Trainings and Postings

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## Upcoming Meetings

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# *Policy Updates*



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# Policy Updates

#	TOPIC	SOLUTION
 1	<i>Individual Psychotherapy and 'Community' POS 99</i>	✓ Place of Service 99 "Community" will be allowed for Individual Psychotherapy CPT Codes 90832, 90834, 90837
2	<i>QMHS+3 performing MH Day Treatment</i>	✓ Hourly and per diem Medicaid rate for MH day treatment performed by Qualified Mental Health Specialists with 3 or more years of experience (QMHS +3) will be increased to match the rate for practitioners with a bachelors' degree
3	<i>Rendering MH Day Treatment per diems</i>	✓ More than one "Per Diem" unit of MH Day Treatment may be rendered on the same day to the same client when it is performed by two different provider agencies. This is only available after documenting medical necessity and obtaining <u>prior authorization</u> from the ODM vendor.
4	<i>Hospital Providers</i>	✓ Providers must bill BH services either as an outpatient hospital or as a community behavioral health center
5	<i>CIBS provider type 21</i>	✓ Provider type 21 can be used for agencies providing Children's Intensive Behavioral Service (CIBS)



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# *Next Steps*



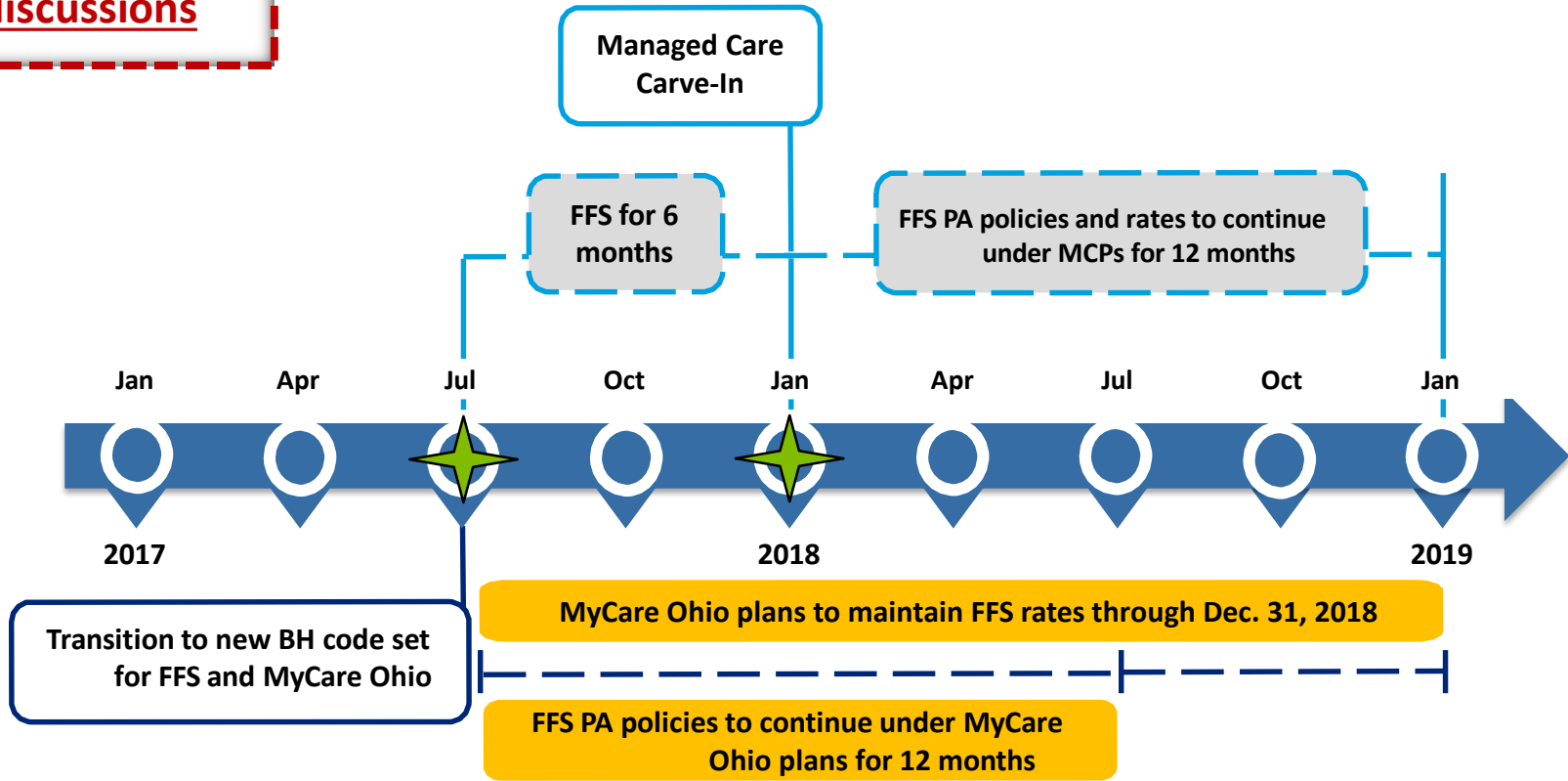
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**Timeline is subject to resolution of JCARR and budget discussions**

# Timeline: 2017 – 2019

*Managed Care*

*MyCare*



- Plans will follow state benefit administration policies for one year.
- MCP year is administered on a calendar year basis (Jan-Dec). Note: 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

# Next Steps



The State will respect the resolution of JCARR and budget discussions



The State supports Chairman Duffey's invitation for stakeholders to provide feedback on any potential JCARR prong issues and will participate in the Interested Parties meeting



The State recognizes the need for decision points on two tracks of rules:

1. Community Medicaid provider track (5160-27)
2. Hospital provider track (5160-2-75)



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# *Hospitals*



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# Hospitals



## Hospital Approach

- The hospitals have indicated that they are prepared to move forward with the coding changes and make the new services available as soon as possible
- The State is considering this in order to increase access for children and multi-system youth
- 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 would bill BH services using Fee for Service until managed care carve-in on January 1, 2018 (except MyCare patients)



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# *Opportunities Post-January 1, 2018*



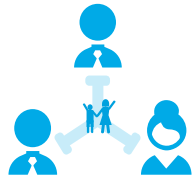
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# Opportunities Post-January 1, 2018



## **Mobile Crisis and BH Urgent Care**

*Mobile Crisis and BH Urgent Care Work Group will reconvene*



## **High Fidelity Wraparound**

*High Fidelity Wraparound Work Group will reconvene*



## **Payment Innovation**

*Design and implement new health care delivery payment systems to reward the value of services, not volume.  
Develop approach for introducing episode-based payment for BH services.*

- *Focusing on ADHD and ODD*



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# ***Rapid Response Team and Testing***



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# Rapid Response Team and Testing Information



## Rapid Response Team

- The Pre-Go Live Rapid Response team is currently available to provide technical assistance to ensure a successful transition to the new code set and BH benefit package.



## Testing

- Trading Partner Testing is currently open for both Fee for Service and MyCare Ohio Plans.
- Trading partners should submit test files as early as they are ready in order to ensure successful implementation.



Please refer to the three Trading Partner Testing MITS Bits for more details:



1. [http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits%205-1-17\\_Medicaid-Trading-Partner-Testing.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits%205-1-17_Medicaid-Trading-Partner-Testing.pdf)
2. [http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits-Trading-Partner-Testing\\_5-12-17.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits-Trading-Partner-Testing_5-12-17.pdf)
3. [http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits-5-23-17\\_Trading-Partner-Testing-Technical-Assistance-Support.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MACSYS/MITS-BITS/BH-MITS-Bits-5-23-17_Trading-Partner-Testing-Technical-Assistance-Support.pdf)

# Trading Partner Testing

## Tips to Ensure Claims Success

*ODM and OhioMHAS are sharing the scenarios below as helpful reminders for what trading partners should avoid in order to ensure claims success.*

Recipient not eligible for July once service dates are forwarded. Eligibility ended sometime between January and current date

Incorrect modifiers for new codes –

- Using practitioner that cannot deliver the service

- Using HE, UK modifiers

Same NPI included in both rendering and supervising fields

Recipient has TPL and no indication on claim that third party was billed. Recommend using recipients with no TPL for testing or those codes that bypass TPL edits.

Trying to test current codes, e.g., new trading partner needing meet requirements. These agencies have been removed from our “forward date” list so they can test against current codes.

Rendering or supervisor NPI not valid

- Practitioner not enrolled

- Name on claim doesn't match the name in MITS

- First and last name does not match what is in MITS

Detail line includes both rendering provider and U modifier indicating 2 practitioners delivered the service

Place of service






- SUD residential codes using POS 11 – office

Rendering practitioner on TBS claim when should be U modifier

No modifier or rendering provided for H0036

Primary diagnosis not covered for mental health services

# Trading Partner Testing

Issues Identified Through UAT	Status
<del>Claims denied because of missing ORP when ORP not required</del>	<b>Complete</b> 
H0036 not bypassing TPL edits	<i>In progress</i>
5081 IOP and other services not allowed	<i>In progress</i>
6096 Detox and IOP not allowed on same day, but these 2 services were not on claim	<i>In progress</i>
1019 Supervisor has 2 IDs, one is active	<i>In progress</i>
Add-ons not looking at base codes	<i>In progress</i>
<del>5085 H2017 UT denying when delivered by trainees</del>	<b>Complete</b> 
Tiered pricing not cut back correctly	<i>In progress</i>
<del>4714 procedure denied due to age restriction</del>	<b>Complete</b> 
3001 Claim doesn't match approved prior authorization for codes that don't require prior authorization	<i>In progress</i>
<del>1013 Rendering provider not compatible with procedure code</del>	<b>Complete</b> 
<del>96118 provided by U1 psych assistant should not deny</del>	<b>Complete</b> 



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# *MyCare Testing*



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# Plan Testing Summary

## TESTING Update



- Plans are reaching out to providers and have begun to receive test files
- It is too early to tell if there are any issues with the claims received
- Plans will continue to work with providers during testing
- ODM is working with the plans to ensure successful testing



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# ***MyCare Readiness Review Tool Update***



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# MyCare Readiness Review Tool Summary



## **...Plan Responses**

Have been received and reviewed by the State.



## **...Review Tool**

Has been provided to the plans through OAHP. Plans received their on-site agendas in late May.



## **...On-Site Readiness Reviews**

To be preformed in June.



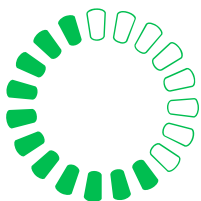
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# *Enrollment and Affiliation Update*



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# Provider Enrollment Applications and Revalidations



## Status

*As of June 5<sup>th</sup>*

Total Enrolled	Provider Types - Oldest dated application	Applications in "Submit Status"	Applications Returned to Provider
<b>2205</b>	LISW (Type 37) 5/23/2017	6	70
<b>2343</b>	LPCC (Type 47) 6/3/2017	2	68
<b>54</b>	LIMFT (Type 52)	0	2
<b>412</b>	LICDC (Type 54) 6/3/2017	2	16
<b>1051</b>	Nurses (Type 38) 5/23/2017	27	129
<b>Total: 6,065</b>		<b>37</b>	<b>285</b>

- Report of Affiliated Practitioners by agency is updated weekly and posted to the BH Redesign website here: <http://bh.medicaid.ohio.gov/manuals>
- **As of June 5<sup>th</sup>, there were 154 agencies with no affiliated practitioners**
- ODM is using automated calls to reach agencies with no affiliated practitioners
- BH Provider Affiliation Report MITS Bits was released on April 11<sup>th</sup> and can be found at: [http://mha.ohio.gov/Portals/0/assets/Funding/MAC/SIS/MITS-BITS/BH-MITS-Bits-BH-Redesign-Update\\_4-11-17.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MAC/SIS/MITS-BITS/BH-MITS-Bits-BH-Redesign-Update_4-11-17.pdf)



Medicaid Provider Enrollment Webinar can be found at: <http://bh.medicaid.ohio.gov/training>



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# *Care Coordination Update*



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# Workgroup on Behavioral Health Care Coordination

***Multiple efforts are already underway to support individuals with behavioral health needs in an appropriate way that provides quality and value-based care:***

- By January 2018, Ohio Medicaid will bring behavioral health within managed care
- As part of Behavioral Health Redesign, Ohio committed to a managed care design that includes care coordination performed by qualified community behavioral health providers
- Concurrently, Ohio Comprehensive Primary Care (CPC) will be open to any primary care practice in Ohio with at least 500 attributed Medicaid members

***Purpose of the Workgroup on Behavioral Health Care Coordination – to develop a path of mutual accountability for behavioral health care coordination in Ohio by:***

- Defining the appropriate level of alignment, responsibility and accountability among Medicaid managed care plans, CPC practices, and behavioral health providers
- Creating a common approach to identify individuals with high behavioral health needs,
- Sharing thoughts on the appropriate level of care coordination based on patient needs and assigning specific care coordination activities to the most appropriate provider
- Implementing an appropriate care coordination structure through BH redesign and CPC
- Involving Behavioral Health providers, CPC practices, and Medicaid Managed care plans in the design and implementation of the care coordination structure

***The Workgroup will meet intensively April-August 2017 and update the Behavioral Health Benefit and Service Development Work Group throughout the process***

# Design Decisions for Behavioral Health Care Coordination

Preliminary pre-decisional working draft; subject to change

■ Top priorities for next 10 weeks

Key strategic decisions (highest priority)	Care delivery model	Foundational decisions for <b>BH care coordination approach within the ecosystem</b>	<ul style="list-style-type: none"> <li><b>A</b> Target population</li> <li><b>B</b> Care delivery improvements &amp; sources of value</li> <li><b>C</b> Integration approach with CPC</li> </ul>
	Payment model	Model to <b>encourage and finance transformation, fund new care and operations, and reward value</b>	<ul style="list-style-type: none"> <li><b>D</b> Provider eligibility requirements</li> <li><b>E</b> Activity requirements</li> <li><b>F</b> Quality and efficiency measures</li> <li><b>G</b> Incentive streams for care delivery improvements</li> <li><b>H</b> Requirement monitoring and compliance</li> <li><b>I</b> Financial impact and risk mitigation</li> <li><b>J</b> Member attribution</li> <li><b>K</b> Scale-up target</li> </ul>
Operational decisions (many can be made later)	Infra-structure	<b>Technology and data required</b> to enable changes in payment, reporting, and HIE	<ul style="list-style-type: none"> <li><b>L</b> Provider infrastructure</li> <li><b>M</b> Payor infrastructure</li> <li><b>N</b> State system infrastructure</li> </ul>
	Practice performance improvement	Support, resources, or activities to enable practices to <b>adopt the BH care coordination model, sustain transformation and maximize impact</b>	<ul style="list-style-type: none"> <li><b>O</b> Practice transformation support</li> <li><b>P</b> Workforce</li> <li><b>Q</b> Legal/regulatory environment</li> <li><b>R</b> Performance transparency</li> <li><b>S</b> Ongoing support</li> <li><b>T</b> Evaluation and continuous improvement</li> </ul>





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# *Health Homes Update*



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# Health Homes Update

## Health Homes



- Health Home services will continue through December 31, 2017. In late May, this was communicated to the health homes.
- Beginning January 1, 2018, health home enrollees will be transitioned to other services in BH benefit package
- In the coming months, ODM will send written notice to health home enrollees that service will be discontinued effective January 1, 2018
- Health Home agencies are expected to continue reporting quality and outcome measures for dates of service through December 31, 2017



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# *Latest Trainings and Postings*



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# Recent Trainings Posted

[Go To:](#)

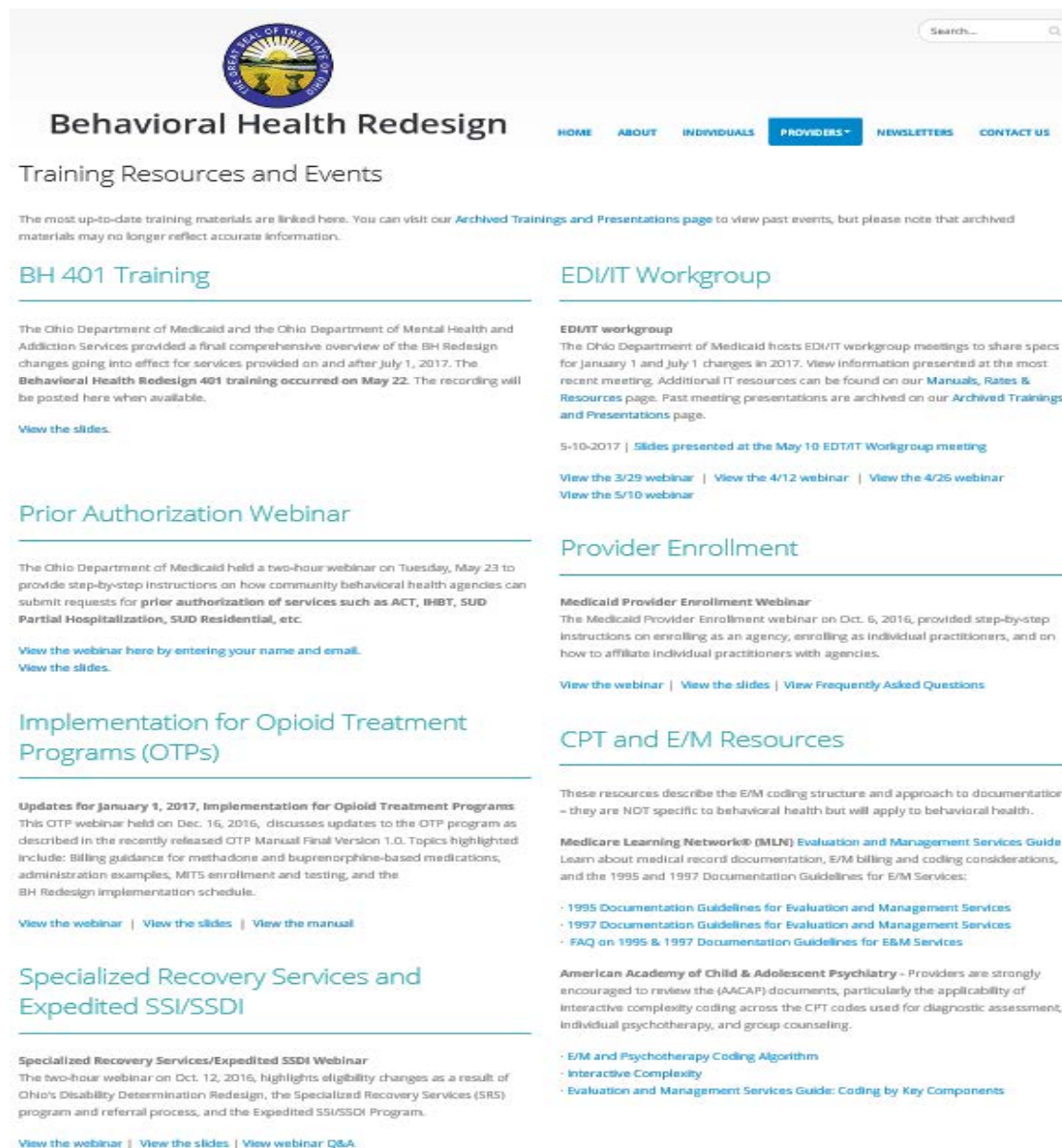
<http://bh.medicaid.ohio.gov/training>

## NEW Trainings and Resources Available:

- *BH 401 Training*
- *EDI/IT Workgroup*
- *Prior Authorization*

## Previous Trainings and Resources Available:

- *Provider Enrollment*
- *CPT & E/M Resources*
- *Opioid Treatment Programs*
- *SRS & Expedited SSI/SSDI*



The screenshot shows the website for Behavioral Health Redesign. At the top is the Ohio Department of Medicaid logo and a search bar. The main navigation includes links for HOME, ABOUT, INDIVIDUALS, PROVIDERS (highlighted), NEWSLETTERS, and CONTACT US. The page title is "Behavioral Health Redesign" and the sub-header is "Training Resources and Events".

The main content area is divided into two columns. The left column features three sections: "BH 401 Training", "Prior Authorization Webinar", and "Implementation for Opioid Treatment Programs (OTPs)". The right column features three sections: "EDI/IT Workgroup", "Provider Enrollment", and "CPT and E/M Resources".

**BH 401 Training**  
The Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services provided a final 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 recording will be posted here when available.  
[View the slides.](#)

**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, IHBT, SUD Partial Hospitalization, SUD Residential, etc.  
[View the webinar here by entering your name and email.](#)  
[View the slides.](#)

**Implementation for Opioid Treatment Programs (OTPs)**  
**Updates for January 1, 2017, Implementation for Opioid Treatment Programs**  
This OTP webinar held on Dec. 16, 2016, discusses updates to the OTP program as described in the recently released OTP Manual Final Version 1.0. Topics highlighted include: Billing guidance for methadone and buprenorphine-based medications, administration examples, MTS enrollment and testing, and the BH Redesign implementation schedule.  
[View the webinar](#) | [View the slides](#) | [View the manual](#)

**Specialized Recovery Services and Expedited SSI/SSDI**  
**Specialized Recovery Services/Expedited SSDI Webinar**  
The two-hour webinar on Oct. 12, 2016, highlights eligibility changes as a result of Ohio's Disability Determination Redesign, the Specialized Recovery Services (SRS) program and referral process, and the Expedited SSI/SSDI Program.  
[View the webinar](#) | [View the slides](#) | [View webinar Q&A.](#)

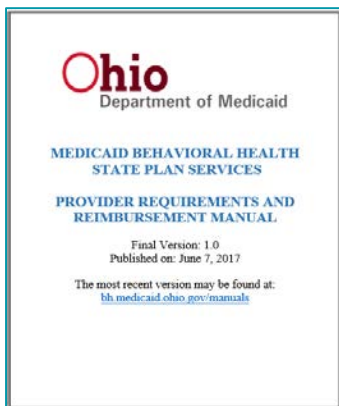
**EDI/IT Workgroup**  
**EDI/IT workgroup**  
The Ohio Department of Medicaid hosts EDI/IT workgroup meetings to share specs for January 1 and July 1 changes in 2017. View information presented at the most recent meeting. Additional IT resources can be found on our [Manuals, Rates & Resources](#) page. Past meeting presentations are archived on our [Archived Trainings and Presentations](#) page.  
5-10-2017 | [Slides presented at the May 10 EDI/IT Workgroup meeting](#)  
[View the 3/29 webinar](#) | [View the 4/12 webinar](#) | [View the 4/26 webinar](#)  
[View the 5/10 webinar](#)

**Provider Enrollment**  
**Medicaid Provider Enrollment Webinar**  
The Medicaid Provider Enrollment webinar on Oct. 6, 2016, provided step-by-step instructions on enrolling as an agency, enrolling as individual practitioners, and on how to affiliate individual practitioners with agencies.  
[View the webinar](#) | [View the slides](#) | [View Frequently Asked Questions](#)

**CPT and E/M Resources**  
These resources describe the E/M coding structure and approach to documentation – they are NOT specific to behavioral health but will apply to behavioral health.  
**Medicare Learning Network® (MLN) Evaluation and Management Services Guide** – Learn about medical record documentation, E/M billing and coding considerations, and the 1995 and 1997 Documentation Guidelines for E/M Services:  
- [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](#)  
**American Academy of Child & Adolescent Psychiatry** – Providers are strongly encouraged to review the (AACAP) documents, particularly the applicability of interactive complexity coding across the CPT codes used for diagnostic assessment, individual psychotherapy, and group counseling.  
- [E/M and Psychotherapy Coding Algorithm](#)  
- [Interactive Complexity](#)  
- [Evaluation and Management Services Guide: Coding by Key Components](#)

# Final Version of Provider Manual and Workbook Available

## Provider Manual



### Recent Changes Made:

- ✓ Add RN/LPN to 96372
- ✓ POS 99 added to 90838, 90840
- ✓ Clarify SUD residential needs rendering practitioner
- ✓ PSY assistant rate correction for 96116, 96118
- ✓ PSY assistant rate clarification for CPT codes
- ✓ Clarification - crisis codes (w/ UT) can be done in POS 23, 99
- ✓ Addition of MD, DO, CNS, CNP, PA to +99355
- ✓ QMHS+3 rate for MH day treatment per diem and hourly

**Final Version 1.0** (updated June 7<sup>th</sup>) will **soon be available** at <http://bh.medicaid.ohio.gov/manuals>

## Workbook

Set of Rates	CPT/HCPCS Policy (Body)		Description	Medical Staffed/Units (By Practitioner)						Independent St. Professionals				Licensed St. Prac.			
	ASBR	Procedure Code		1	2	Per Diem	MD	DO	PA	RN	LPN	PT	OTA	MT	PE/MPEL	LCSE	Other
Insurance		90838	Insurance, primary care (90838) includes all services except psychiatric evaluation (90831-90832), psychiatric diagnostic evaluation (90833-90834), psychiatric diagnostic evaluation (90835-90836), and psychiatric evaluation (90837).														
Insurance		90840	Insurance, primary care (90840) includes all services except psychiatric evaluation (90831-90832), psychiatric diagnostic evaluation (90833-90834), psychiatric diagnostic evaluation (90835-90836), and psychiatric evaluation (90837).														
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### Recent Changes Made:

- ✓ Aligned Direct Supervision for CPT codes
- ✓ Aligned General Supervision for CPT/HCPCS codes
- ✓ Aligned H0012 to allow medical staff only as rendering
- ✓ Removed SBIRT from CDCA tab
- ✓ Increased H0048
- ✓ Psych testing rate at 100%
- ✓ Corrected Psych Testing Limitations language
- ✓ Corrected QMHS Associates and QMHS High School modifiers
- ✓ Removed Modifier HO from H2015
- ✓ Updated all internal links

**Final Version 1.0** (updated May 12<sup>th</sup>) is **now available** at <http://bh.medicaid.ohio.gov/manuals>



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# *Upcoming Meetings*



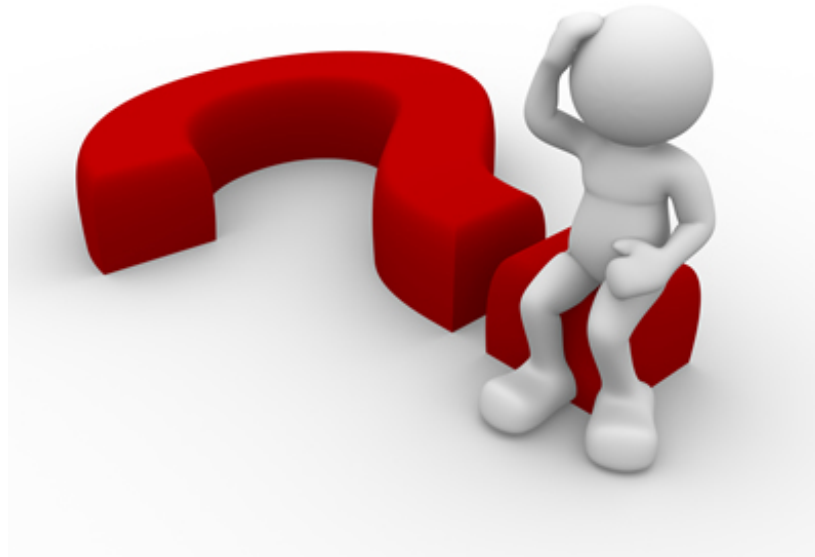
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# Meeting Schedule



## Upcoming Meetings

- ✓ **Benefit and Service Development Workgroups**
  - July 12<sup>th</sup>, 2017 10:00 am – 12:00 pm
  - August 9<sup>th</sup>, 2017 10:00 am – 12:00 pm
  - September 13<sup>th</sup>, 2017 10:00 am – 12:00 pm
  - October 11<sup>th</sup>, 2017 10:00 am – 12:00 pm
  - November 15<sup>th</sup>, 2017 10:00 am – 12:00 pm
  - December 13<sup>th</sup>, 2017 10:00 am – 12:00 pm
  
- ✓ **EDI/IT Workgroups**
  - June 7, 2017 12:30 pm – 1:30 pm following today's Benefits and Service Development Workgroup meeting
  - June 21, 2017 11:30 am – 12:30 pm
  - July 5, 2017 11:30 am – 12:30 pm



# Questions?