



Governor's Office of
Health Transformation

Benefit and Service Development Work Group

March 9th, 2016



Behavioral Health Redesign

Agenda

Welcome and Agenda Overview

Douglas Day

Updated DRAFT Budget Models

*John McCarthy and Tracy
Plouck*

Assessment Code Mapping

Douglas Day

Revised Transition Schedule

Douglas Day

Proposed Stakeholder Engagement Plan

Douglas Day

Children's Mental Health Meeting Report Out

Angie Bergefurd

Next Steps

Angie Bergefurd



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Topic:
Updated DRAFT Budget Models



Behavioral Health Redesign

Budget Model 4

Revised budget neutral modeling scenario

- Fees under the budget neutral modeling scenario
 - Modeled fees are generally set at the **upper bound** of the fee range, with the following exceptions:
 - Peer support – set equal to 1915(i) fees at 85th percentile
 - Individual and group counseling services – set at 50th percentile
 - Fees for services that continue from the current system including H0006 (Case Management) are unchanged except for H0036 (CPST) which was updated to be consistent with H0006.
 - Fees for CPT codes **excluding E&M, Interactive Complexity, and Psychotherapy Add-ons** are set at a **revised Medicaid maximum of 77.4% of Medicare (124.8% of current Medicaid maximum)** for physicians, nurse practitioners, and licensed psychologists and 85% of the revised Medicaid maximum for other licensed practitioners who are able to bill CPT codes.
 - Fees for **E&M, Interactive Complexity, and Psychotherapy Add-ons** CPT codes are set at **100% of the Medicare fee schedule**.

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Budget Model 4

Revised budget neutral modeling scenario

- Projected Increase / (Decrease) under the budget neutral modeling scenario

	Adults	Children	Total
MH Services	\$284,165,515	\$360,402,232	\$644,567,748
	(\$14,524,804)	\$3,997,077	(\$10,527,727)
	-5.1%	1.1%	-1.6%
SUD Services	\$125,354,235	\$32,683,029	\$158,037,264
	\$4,861,657	\$5,666,070	\$10,527,727
	3.9%	17.3%	6.7%
All Services	\$409,519,751	\$393,085,261	\$802,605,012
	(\$9,663,147)	\$9,663,147	\$0
	-2.4%	2.5%	0.0%

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Budget Model 5

Revised budget plus modeling scenario

- Assumes a \$10.0 million investment in children's mental health services
- Fees are consistent with the budget neutral modeling scenario
- Fees under the budget plus modeling scenario
 - Modeled fees are generally set at the **upper bound** of the fee range, with the following exceptions:
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 - Individual and group counseling services – set at 50th percentile
 - Fees for services that continue from the current system including H0006 (Case Management) are unchanged except for H0036 (CPST) which was updated to be consistent with H0006.
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 - Fees for **E&M, Interactive Complexity, and Psychotherapy Add-ons** CPT codes are set at **100% of the Medicare fee schedule**.

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Budget Model 5

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	3.9%	17.3%	6.7%
All Services	\$409,519,751	\$393,085,261	\$802,605,012
	(\$9,663,147)	\$19,663,147	\$10,000,000
	-2.4%	5.0%	1.2%

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Rate Updates Based on Revised Budget Models

Code	February 24 th Rate		Increase/ Decrease	March 9 th Rate	
	Medical BH Practitioners	Licensed BH Practitioners		Medical BH Practitioners	Licensed BH Practitioners
90791 (Psych. Diagnostic Eval.)	\$119.36	\$101.46	Increase	\$128.63	109.34
90792 (Psych. Diagnostic Eval. w/Medical)	\$99.78	\$84.81	Increase	\$107.54	\$91.41
90832 (Psychotherapy – 30 minutes)	\$49.78	\$42.31	Increase	\$53.65	\$45.60
90834 (Psychotherapy – 45 minutes)	\$64.72	\$55.01	Increase	\$69.75	\$59.29
90837 (Psychotherapy – 60 minutes)	\$94.94	\$80.70	Increase	\$102.32	\$86.97
90839 (Crisis psychotherapy)	\$108.12	\$91.90	Increase	\$116.53	\$99.05
+90840 (Crisis psychotherapy each addit. 30 mins)	\$51.94	\$44.15	Increase	\$55.97	\$47.57
90845 (Psychoanalysis)	\$61.14	NA	Increase	\$65.89	NA
90846 (Family psychotherapy w/out patient)	\$64.69	\$54.99	Increase	\$69.71	\$59.25
90847 (Family Psychotherapy w/patient present)	\$79.45	\$67.53	Increase	\$85.63	\$72.79
90849 (Multiple family group psychotherapy)	\$24.68	\$20.98	Increase	\$26.59	\$22.60
90853 (Group)	\$22.31	\$18.96	Increase	\$24.05	\$20.44
96372 (Ther., proph., or diag. injection)	\$16.87	\$14.34	Increase	\$18.18	\$15.45
+99354 (Prolonged service 1 st hour)	\$70.92	\$60.28	Increase	\$76.43	\$64.97
+99355 (Prolonged service each addit. 30 mins.)	\$70.39	\$59.83	Increase	\$75.87	\$64.49

Code	February 24 th Rate	Increase/Decrease	March 9 th Rate
H0036 (CPST)	\$21.33 (15 minute)	Decrease	\$19.54 (15 minute)
H0036 (group – CPST)	\$9.81 (15 minute)	Decrease	\$8.99 (15 minute)

All other rates remain the same since the February 24th Benefit and Service Development Work Group



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Topic:
Assessment Code Mapping



Behavioral Health Redesign

Assessment Mapping: Future State

The below graphic explains how the current assessment codes were mapped in the budget model

Current State: Mental Health Assessment

H0031: MH Assessment, Non-Phys

90792: Psychiatric Diagnostic Evaluation, Phys

Combined 2014 spending of \$35.7 M

Current State: Substance Use Disorder Assessment

H0001 – AoD Assessment, Non-Phys

2014 spending of \$7M

Future State: Mental Health Assessment

90791: Licensed Non-Phys - assumed 86.6% of historic spending

H2019: IITS performed by RN or supervised LPN – assumed 13.4% of historic spending

(spending % based on provider survey)

Future State: Substance Use Disorder Assessment

90792 – Psychiatric Diagnostic Evaluation with medical

(Assumes 100% of historic spending including interactive complexity codes)



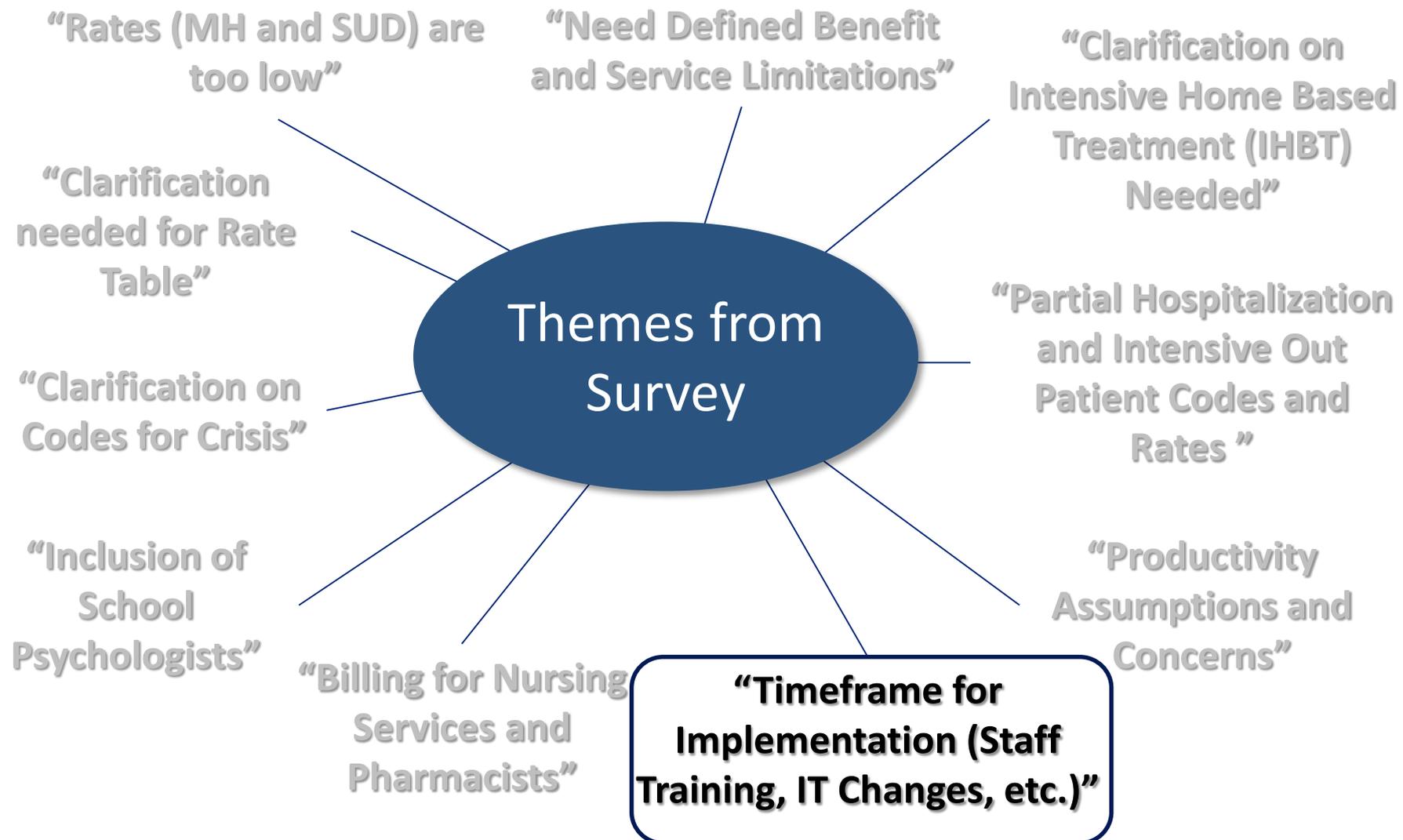
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Topic:
Revised Transition Schedule



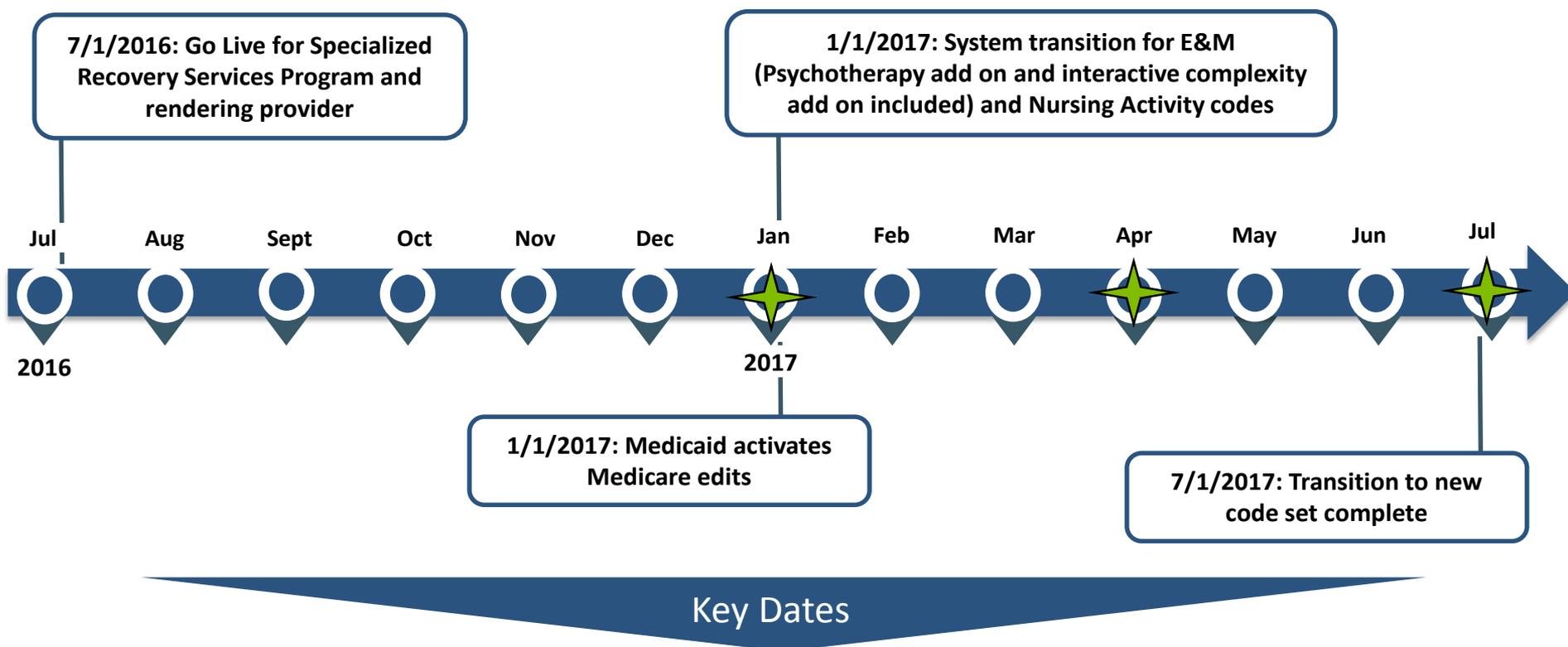
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Key Themes from Survey



Question: Please provide additional feedback on the rates, codes or budget models presented during the February 10th Core Team and Benefit and Service Development Work Group meeting.

Revised Transition Schedule



1. Specialized Recovery Services Program implementation remains 7/1/2016
2. Rendering provider requirement remains 7/1/2016
 - a. LICDC can enroll as a provider
3. Voluntary transition schedule selections: 1/1/2017 and 4/1/2017
4. Full code set transition remains 7/1/2017



Transition points

Behavioral Health Redesign Project Scope

The below table lists what key topics are included for the overall BH Redesign Scope moving forward

BH Redesign Scope

- Crisis
- Respite
- Partial Hospitalization/Day Treatment
- Genetic Testing (E&M Services)
- CPT Rate Adjustments
- Psychological Testing
- School Psychologists*
- Nursing Activities
- Labs, Vaccines and Provider Administered Medications
- Assertive Community Treatment and Intensive Home Based Therapy
- Opioid Treatment Programs**
- Benefit Packages, Prior Authorization and Continued Stay Criteria
- Care Coordination
- ASAM Levels of Care
- Group Counseling

*School psychologists credentialed by Ohio Psychology Board enroll as a psychologist, those credentialed by Ohio Department of Education do not enroll, however, both can provide services under Medicaid program

** To be discussed



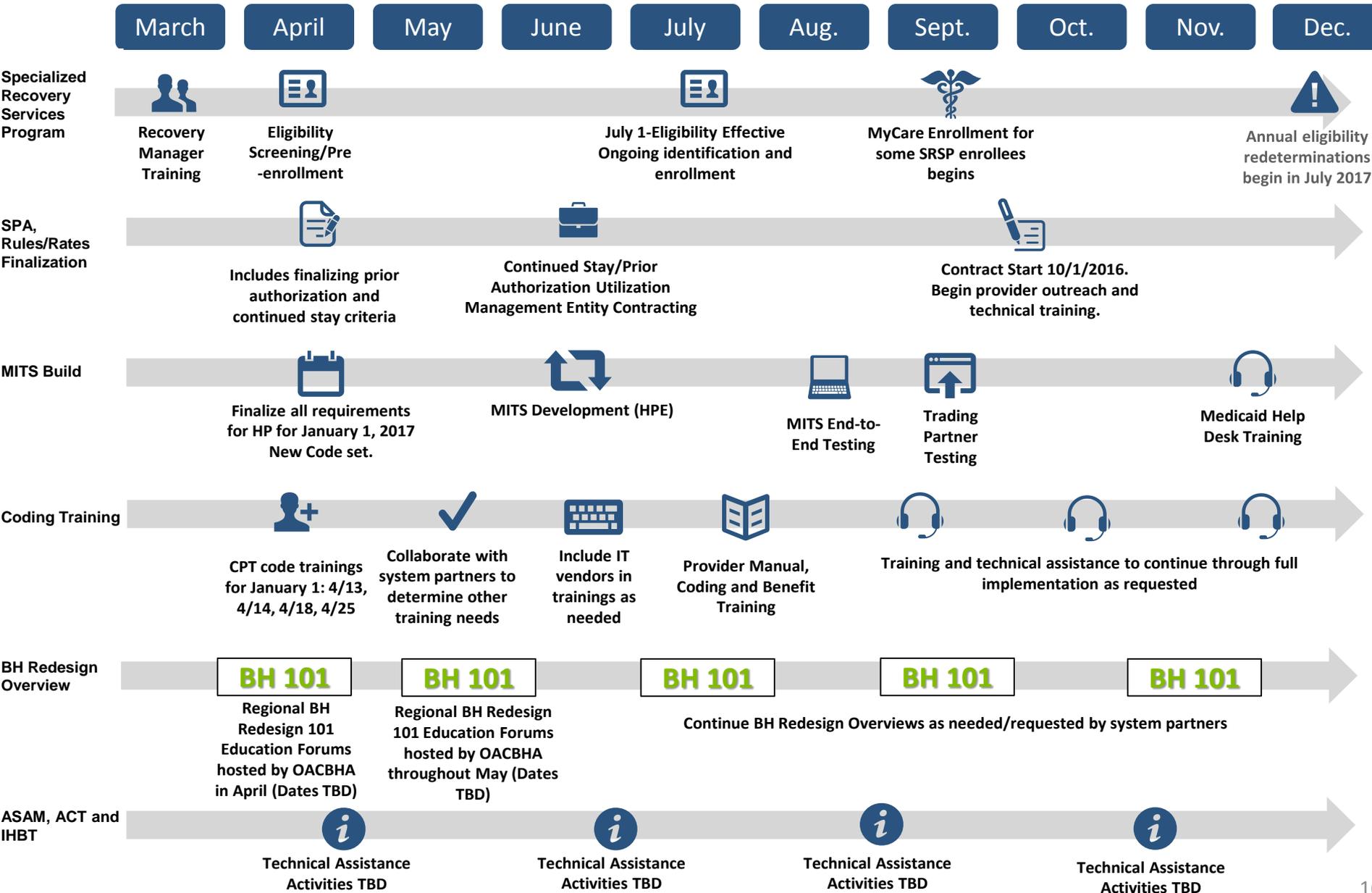
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***Topic:
Proposed Stakeholder
Engagement Plan***



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2016





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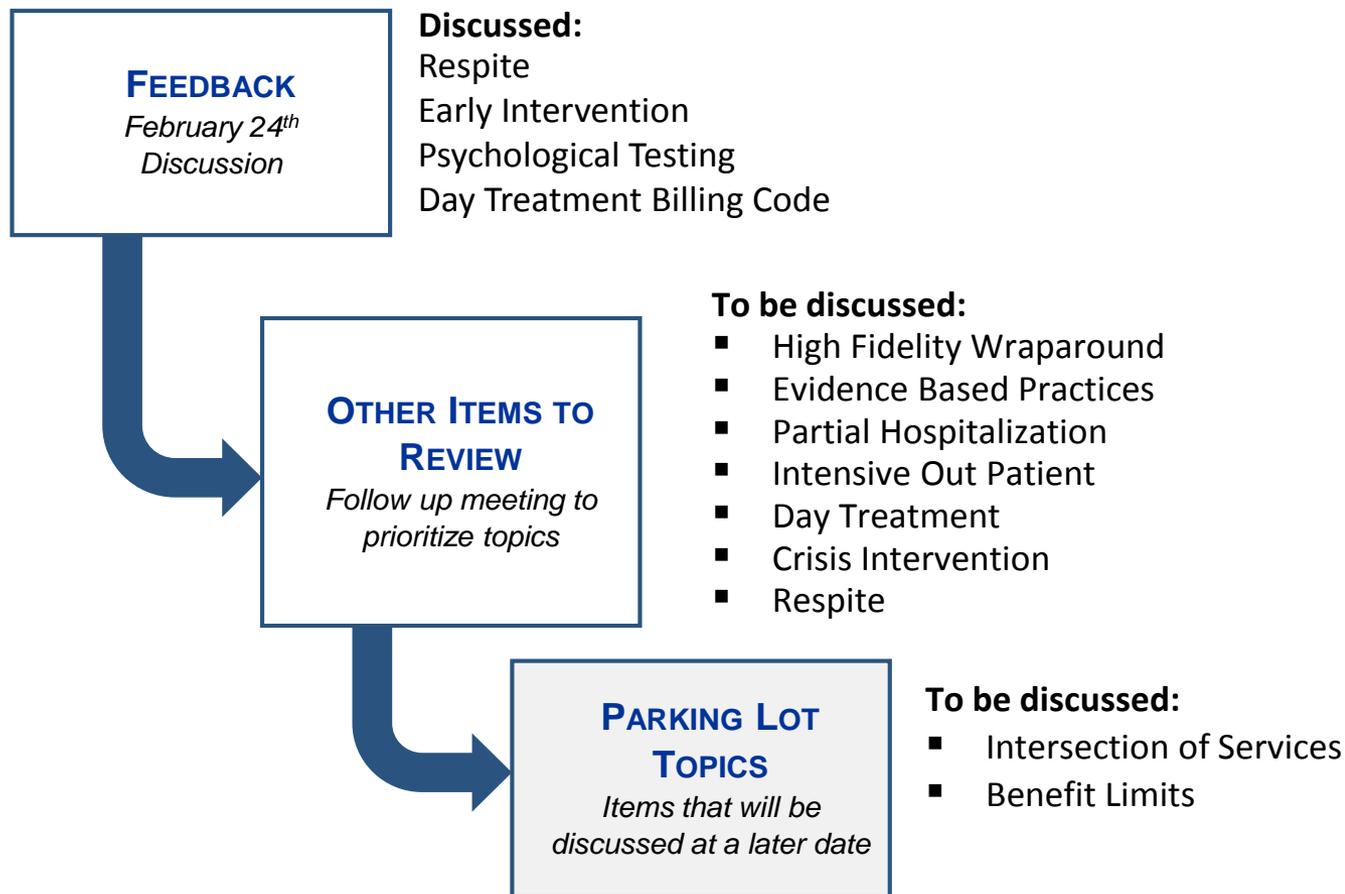
Topic:
**Children's Mental Health Meeting
Report Out**



Behavioral Health Redesign

Children's Mental Health Follow Up Topics

The below graphic explains feedback received on Children's Mental Health topics and items that will be discussed going forward



Next Meeting: TBD



Psychological Testing

The following codes were previously discussed in the Children's Mental Health focus groups:

96101*

96111*

96116*

96118*

In Addition, the codes below may also be used for Psychological testing:

96102

96103

96119

96120

Coverage Limitations and Rates are still under consideration for Psychological Testing

**Medicaid currently covers 96101, 96111, 96116 and 96118*



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Topic:
Next Steps



Behavioral Health Redesign

Next Steps and Schedule

Core Team/Benefit and Service Development Work Group Will Be Combined Moving Forward

- Next Benefit and Service Development Work Group
 - ✓ March 23rd: All meetings 10:00am – 12:00pm

Upcoming Benefit and Service Development Work Groups:

April 6th – State of the State

April 20th

May 4th

May 18th

June 1st

June 15th

June 29th

