



Governor's Office of
Health Transformation

Benefit and Service Development Work Group

April 20th, 2016



Behavioral Health Redesign

Agenda

Small Group - Update

Angie Bergefurd

January 1, 2017 Transition - Update

Douglas Day

BH In Scope Topics - Update

Douglas Day

Specialized Recovery Services Program - Update

Mary Haller

Next Steps

Douglas Day

Ohio

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Topic:
Small Group Updates



Behavioral Health Redesign

SUD Residential

1

The state and selected SUD providers met on April 6th, 2016 to review the SUD Residential budgeting data inputs and assumptions and garner feedback to take into account for the next budget model iteration.



2

Of the feedback, staffing aligned in the ASAM levels within the budget model was something that most providers were interested in addressing and the State agreed that providers could perform an 'as is' vs. proposed staffing analysis to send to the state.



3

The SUD provider agencies sent back an analysis of staffing aligned with the ASAM levels for comparison to the states current model.



4

The state will use the staffing analysis and incorporate feedback into a new budget model if necessary.

Therapeutic Behavioral Services Small Group Debrief

Bill: CPT Codes

Physicians (Or
equivalent)



CPT Codes Would Include the Following Types of Services:

- ✓ Assessments
- ✓ Psychological Testing
- ✓ Individual/Group/ Family Therapy
- ✓ Crisis



Gap Identified for Licensed Practitioners:

- ✓ Behavioral Health Intervention / Skills Development (when not considered Psychotherapy by practitioner)

Licensed
Practitioners



Bill: HCPCS Codes – Unlicensed Practitioners

Unlicensed
TBS (H2019)

MAs⁺¹
BAs⁺²



HCPCS Code Would Include the Following Types of Services:

- ✓ Development of Treatment plan
- ✓ Service Planning
- ✓ Care coordination
- ✓ Collateral contacts
- ✓ Identify triggers/Interventions
- ✓ Individual/Group/Family Therapy
- ✓ EBPs



Key Consideration for Unlicensed Practitioners:

- ✓ Collateral contacts are allowed and billable under TBS (H2019)

Unlicensed
PSR (H2017)

QMHS – HS
Masters or Bach. No
experience

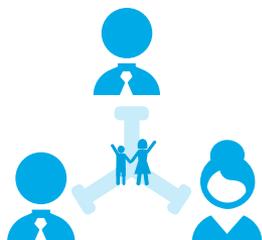


HCPCS Code Would Include the Following Types of Services:

- ✓ Implement the plan established
- ✓ EBPs

Children's MH Update

The state is continuing to work through the following items in regards to key Children's BH services



- *Identifying Timeline*
- *Identifying Options for Federal Authorities*
- *Managed Care Implementation*

High Fidelity Wraparound



Respite

- *Exploring options for expanding eligibility and types of respite in (b)(3) waiver by January 2017*
- *Continuing to work through alternative options in the future*



Early Intervention

- *Exploring the use of expanded qualifying diagnoses for 0-6*
- *EPSDT compliance*

Opioid Treatment Program Request Update

DRAFT OTP Response

(See Printed Version for Complete Information)

Draft response to 2.26.2016 Request From Opioid Treatment Programs (OTPs)
Re: Medicaid Coverage of Buprenorphine MAT and ECG/EKGs for Methadone patients
For Review at 4.19.16 Meeting

1. Medicaid payment for daily medication administration and observation associated with Buprenorphine based medications.

In early versions of the draft coding and rate chart developed to support the Ohio Medicaid Behavioral Health Redesign project, Healthcare Common Procedure Coding System (HCPCS) code H0033 – “oral medication administration, direct observation” was included by the state as a placeholder. In subsequent versions, this code was removed due to redundancy. OTPs have identified the removal of H0033 and have requested that Medicaid reinstitute H0033 as a billing code specifically for OTPs to use when providing daily medication administration of Buprenorphine based medications. Ohio Medicaid is revising its coverage policy associated with Buprenorphine based medications to include, beginning with services provided on and after January 1, 2017, covering the medication and professional component associated with daily administration of Buprenorphine based medications performed by OTPs.

a. Evaluation and Management (E/M) Office Visit Services in conjunction with administering a Buprenorphine based medication.

When a client is being seen by a medical practitioner for an E/M office visit and a daily dosage of a Buprenorphine based medication is administered, the OTP should bill the appropriate E/M code within the ranges 99211-99215 for an established patient. 99201-99205 (for a new patient) would be used for the induction phase of medication assisted treatment using Buprenorphine based medications. If the rendering medical practitioner is a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), then the only E/M code available for billing their nursing services encounter when a Buprenorphine based medication is also administered is 99211. However, if the RN or LPN is working to assist a higher level medical practitioner (MD, DO, APRN or PA) and their nursing activities are “incident to” the higher level medical practitioner, then the E/M code should be billed with the higher level medical practitioner as the named “rendering” provider. The Buprenorphine based medication being administered should be billed in addition to the E/M

Additional Background

- OTPs have requested a code to bill for direct observation of oral administration of a medication assisted therapy.
 - ✓ The state agrees and is currently working through the policy and operational guidance moving forward.
- See current draft (printed) policy letter for complete information

Budget Model Assumptions Small Group Update

Goal



Focus on obtaining feedback on the budget model and the related assumptions that are incorporated into the budget models and draft rates

Meeting Activities

- Looked at the current pathways to care that individuals follow when seeking and/or receiving services that may be impacted by redesign or may need to be adjusted.
- Discussed the assumptions regarding what is included in the current per diem and what is not
- Additionally, discussed the following key topics:



Staffing and practitioner levels



Community vs. office based



Client ratios



*Anticipated frequency of the use of add on codes



Hours of programming



Costs



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Topic:

January 1, 2017 Transition Update

CPT Rate Chart – Evaluation and Management (E&M), Psychotherapy and Interactive Complexity

E&M CPTs

		CPT Code	*2016 Medicare Rate
MH and SUD Patients	New Patients	99201	\$41.97
		99202	\$71.97
		99203	\$104.49
		99204	\$160.23
		99205	\$201.38
	Established Patients	99211	\$18.96
		99212	\$41.62
		99213	\$70.42
		99214	\$103.93
		99215	\$140.37

*Note – Medicare rates decreased slightly due to change from federal Medicare rates to the Ohio Specific Medicare Rates

E&M and Psychotherapy Add Ons

CPT Add On Code	2016 Medicare Rate
Psychotherapy	
+90833	\$65.37
+90836	\$83.03
+90838	\$109.53
Interactive Complexity with Psychotherapy**	
+90785	\$13.81
Prolonged Service	
+99354	\$76.43
+99355	\$75.87

** Interactive complexity is an add on code to the add on psychotherapy codes. It can not be added on to an Office Visit Evaluation and Management code only.

The goal is to use these rates and codes to hold spending relatively constant for medical services provided by Physicians, Physician Assistants and Advance Practice Registered Nurses

MH CPT and HCPCS for Services Provided from January 2017 to June 30th, 2017

Until a provider transitions to the new code set the codes listed below will remain the same for billing purposes.

Mental Health Service	Code	Unit Definition
BH Counseling-Group	H0004	15 Minutes
BH Counseling - Individual	H0004	15 Minutes
CPST - Group	H0036	15 Minutes
CPST Individual	H0036	15 Minutes
Crisis Intervention	S9484	Hour
Mental Health Assessment	H0031	Hour
SPMI Health Home	S0281	Month
Partial Hospitalization	S0201	Day
Psych. Diagnostic Evaluation	90792	Hour

MH CPT and HCPCS for Certain Services Provided on and after January 2017

With the sun-setting of the MH Pharm Management code 90863, the table below for BH and MH Services is the replacement coding structure.

Behavioral Health Service	Code		Unit Definition
Evaluation and Management Services Provided by: Physicians Physician's assistants Advance Practice Registered Nurses	New Patients: 99201, 99202, 99203, 99204, 99205	Established Patients: 99211, 99212, 99213, 99214, 99215	Encounter
Prolonged Service Add On to Medical Services Provided by: Physicians Physician Assistants Advance Practice Registered Nurses	99354 – Prolonged service in the office – first hour 99355 – Prolonged service in the office – each additional 30 minutes		Encounter
Psychotherapy Add On to E&M provided by: Physicians Physicians assistants Advance Practice Registered Nurses Interactive complexity add on to PT Add on	Psychotherapy Add On to E&M 90833 for 30 (16-37*) Minutes 90836 for 45 (38-52*) minutes 90838 for 60 (53+*) minutes Interactive complexity Add On: 90785		Encounter *Per CPT Time Rule
Nursing Activities Performed by: Registered Nurses	99211 or else H2019		99211: Encounter H2019: 15 minutes
Nursing Activities Performed by: Licensed Practical Nurses	99211 or else H2017		99211: Encounter H2017: 15 minutes

SUD HCPCS for Services Provided from January 2017 to June 30th, 2017

Until a provider transitions to the new code set the below codes will remain the same for billing purposes.

Substance Use Disorder Service	Code	Unit Definition
Ambulatory Detoxification	H0014	Day
Assessment	H0001	Hour
Case Management	H0006	Hour
Crisis Intervention	H0007	Hour
Group Counseling	H0005	15 Minutes
Individual Counseling	H0004	15 Minutes
Laboratory Urinalysis	H0003	Screen
Methadone Administration	H0020	Dose
Intensive Outpatient	H0015	Day

Changes: SUD CPT and HCPCS for Certain Services Provided on and after January 1, 2017

With the sun-setting of the SUD Medical/Somatic code H0016, providers should use the table below as guidance for SUD Services .

Behavioral Health Service	Code		Unit Definition
Evaluation and Management Services Provided by: Physicians Physician's assistants Advance Practice Registered Nurses	New Patients 99201, 99202, 99203, 99204, 99205	Established Patients 99211, 99212, 99213, 99214, 99215	Encounter
Prolonged Service Add On to Medical Services Provided by: Physicians Physician Assistants Advance Practice Registered Nurses	99354 – Prolonged service in the office – first hour 99355 – Prolonged service in the office – each additional 30 minutes		Encounter
Psychotherapy add on to E&M provided by: Physicians Physicians assistants Advance Practice Registered Nurses	Psychotherapy Add On to E&M 90833 for 30 (16-37*) Minutes 90836 for 45 (38-52*) minutes 90838 for 60 (53+*) minutes		Encounter *Per CPT Time Rule
Interactive complexity add on to PT Add on	Interactive complexity add on 90785		
Nursing Activities Performed by: Registered Nurses	99211 else H2019		99211: Encounter H2019: 15 minutes
Nursing Activities Performed by: Licensed Practical Nurses	99211 else H2017		99211: Encounter H2017: 15 minutes



Reminder



The previous slides *lists the codes* that will be used starting January 1, 2017.

There are **additional service codes that will be available** when providers transition on January 1, 2017, April 1, 2017 or July 1, 2017 (July 1, 2017 is a mandatory transition date). Some examples are:



Intensive Outpatient



Standalone Psychotherapy



Intensive Home Based
Therapy



Assertive Community Treatment



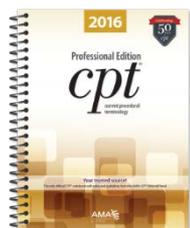
Psychological Testing

Above examples are not comprehensive of all codes to be available July 1, 2017

CPT Training – Results and Training Options



There have been 3 CPT trainings held on 4/13, 4/14 and 4/18 and one FINAL “Spring of 2016” CPT training to be held on 4/25



To date, approximately 500 people have attended these trainings. The Columbus session was recorded and will be posted on bh.medicaid.ohio.gov along with the slide deck

Next Steps: Continue to incorporate lessons learned to enhance additional training opportunities



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Topic:
In Scope Topics - Update



Behavioral Health Redesign

Behavioral Health Redesign Project Scope

The below table lists the key topics that are within scope for overall BH Redesign moving forward

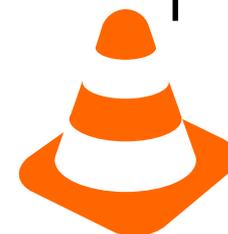
Behavioral Health Redesign Scope

Solutions Identified

- ✓ **Crisis**
- ✓ **Psychological Testing**
- ✓ **Genetic Testing**
- ✓ **School Psychologists**
- ✓ **ASAM Levels of Care**
- ✓ **Peer Recovery**
- ✓ **SBIRT**

Solutions Under Development

- Partial Hospitalization/Day Treatment
- Group Counseling
- SUD residential
- Intensive Outpatient
- Pharmacists
- Early Childhood, Early Intervention
- MCP and Provider Interaction
- High Fidelity Wraparound for Kids
- Labs, Vaccines and Provider Administered Medications
- Urinalysis
- Benefit Packages, Prior Authorization and Continued Stay Criteria
- Care Coordination
- CPT Rate Adjustments
- ACT and IHBT
- OTPs



Additional information on topics in green are located in the appendix

UPDATED: Additional Guidance on Crisis

Licensed Practitioner Providing Crisis Services

Licensed practitioners may provide crisis care regardless of:

- Whether or not the individual is on their case load;
- or whether or not the individual is a current patient with the agency (i.e., not requiring a recommendation of care).
- If a licensed practitioner is providing the intervention, 90839 is billed. +90840 can be billed for each additional 30 minutes.

Unlicensed Practitioner Providing Crisis Services

For unlicensed practitioners, crisis may only be billed to Medicaid if the recipient of the intervention is known to the system, currently carried on the unlicensed practitioner's caseload and a licensed practitioner has recommended care.

If an unlicensed practitioner is providing the service to someone on their caseload, the practitioner will bill:

- MH Crisis - IITS (H2019) or PSR (H2017)
- SUD Crisis - Individual counseling (H0004) or individual counseling IOP level of care (H0015)

The state is working through assuring this is the standard model of crisis care for behavioral health

School Psychologists

 Education	ODE Certification	Psychology Board Licensure
 Scope/Location	Must have a Master's Degree in School Psychology	Must meet the following criteria: 4 years of experience as a school psychologist (which can include master's program internship year), Pass the PRAXIS exam and Pass the Ohio Board of Psychology Oral Exam
 Psychologist and CBHC Interaction	Limited to school psychology within the scope of employment by a board of education or by a private school meeting the standards under division (D) of section 3301.07 of the Revised Code, or while acting as a school psychologist in a program for children with disabilities established under ORC Chapter 3323 or 5126.	Can practice school psychology independently under ORC 4732.01 (E) <ul style="list-style-type: none"> Examples: Private practice, independently in a CMHC, hospital, etc.
	<u>ADDITIONALLY</u> – School Psychologists may work as a School Psychology Assistant, Trainee, or Intern when working in the community under the supervision of a Board Licensed School Psychologist or Psychologist. Psychologist must be registered with the Psychology Board.	Board Licensed Independent School Psychologist

Screening, Brief Intervention and Referral to Treatment

Guidance for Provider Type 95s: Screening, Brief Intervention, and Referral to Treatment

Provider type 95 will not be able to bill Medicaid using SBIRT codes.

BH Providers may bill SBIRT services only if they are enrolled as another authorized Medicaid provider type and the SBIRT service is rendered under that provider agreement. Examples are:

- ✓ Clinics and FQHCs
- ✓ Professional Group Practices
- ✓ Community Mental Health Providers (Provider Type 84)
- ✓ And others as authorized by Medicaid



Limitation: One of each code, per provider (agency), per patient, per year.



Medicaid Peer Recovery Services



Peer recovery support is a new Medicaid covered service that will be available in SUD service continuum as well as the mental health continuum to individuals enrolled in the Specialized Recovery Services program.



Peer recovery supporters who wish to be enrolled in Medicaid must be employed by a provider type 84 or 95, and are subject to a criminal records check that is established in 5160-43-09 rules.

Key Consideration

The criminal records check requirements also apply to providers of Individualized Placement Support – Supported Employment and Recovery Management.



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Topic:
**Specialized Recovery Services (SRS)
Program Update**



Behavioral Health Redesign

Disability Determination Redesign

- ✓ On June 30, 2016, Ohio Medicaid will eliminate the program that allows individuals to “spend down” a portion of their income to qualify for Medicaid as a result of the state’s initiative to streamline the disability determination process from two systems into one.
 - ✓ It is important to note that although the change in disability determination will take place on July 1, 2016, an individual on spend down will not lose their Medicaid benefit on that date
 - ✓ At the point of conversion, every individual who would have been eligible for Medicaid ABD under the current system, including individuals who qualified by spending down to the income limit in any month during the previous year, will be automatically enrolled in full Medicaid without spend down.
- ✓ Ohio Medicaid requested, from CMS, a six-month waiver of ABD renewals to ensure that every current beneficiary who is potentially impacted has time to transition to other sources of Medicaid, including the SRS program or, if they are no longer eligible for Medicaid, to seek other sources of coverage.
 - ✓ Medicaid eligibility renewals will resume on January 1, 2017 and, from that date forward, the new eligibility criteria will apply to individuals seeking Medicaid ABD renewals.

Specialized Recovery Services Program: Providers

- ✓ Coming soon, consumers who have been identified as possibly eligible for the Specialized Recovery Services (SRS) program will be receiving notification from the Ohio Department of Medicaid about how to enroll in this new program. Notification will come via a letter that explains the program, its new benefits, and how to enroll.
- ✓ If a provider believes an individual to be eligible for the SRS program, but that person has not received a letter, the provider should contact the Ohio Department of Medicaid, via an electronic process soon to be announced. Medicaid will then connect the person to an assigned recovery manager to begin program enrollment.
- ✓ Please stay tuned to <http://bh.medicaid.ohio.gov> for more information and for upcoming tools that providers may use to assist with enrollment and education of consumers in the SRS program. These tools will include a provider toolkit and an educational video. Also, please make sure are signed up for our BH Redesign newsletter for all of the latest information:
<http://bh.medicaid.ohio.gov/Newsletters>



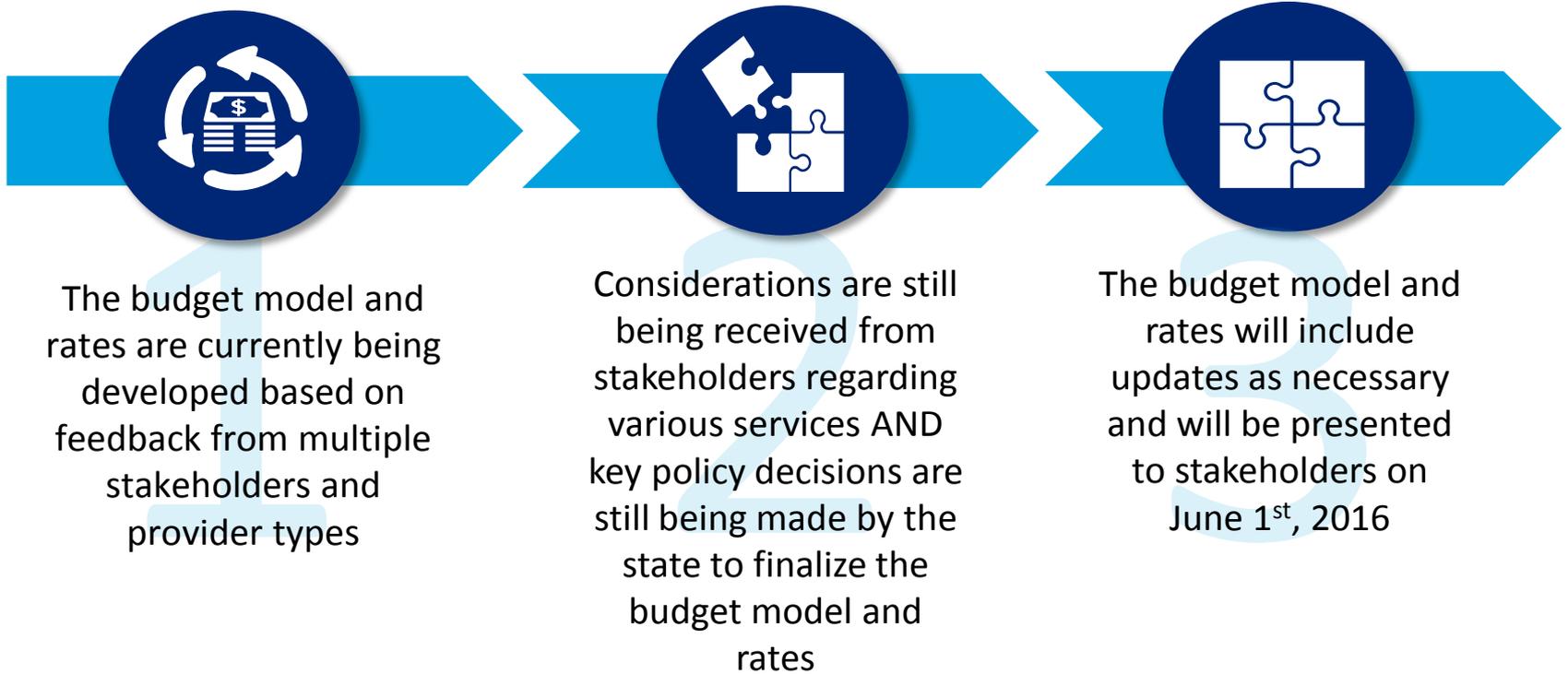
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Topic:
Next Steps



Behavioral Health Redesign

Final Budget Model and Rates Presentation



The final budget model and rates will be released on June 1st during the Benefit and Service Development Work Group



Next Steps and Schedule

Core Team/Benefit and Service Development Work Group Was Combined as of March 9th, 2016

- Next Benefit and Service Development Work Group
 - ✓ May 4th All meetings 10:00am – 12:00pm (unless otherwise specified)

Upcoming Benefit and Service Development Work Groups:

May 18th, 2016

June 1st, 2016

June 15th, 2016

June 29th, 2016



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Topic: Appendix



Behavioral Health Redesign

Registered Nurses and Licensed Practical Nurses

For services provided on and after January 1, 2017, three CPT/HCPCS codes will be available for nursing activities rendered by RNs or LPNs as a replacement for MH pharmacological management (90863) and SUD medical/somatic (H0016) for all agencies, there will be no exceptions:

Behavioral Health Codes for Nursing Activities

H2017

99211

H2019



Key Takeaways



- 1 Registered Nurses and Licensed Practical Nurses will need to enroll with Ohio Medicaid because they will be expected to be a rendering provider
- 2 Rendering type and education will be what drives this rate
- 3 These codes and the associated rates will be used during rate setting methodology

Added to State Plan Amendment (IITS): Nursing assessments and group medication education may only be performed by a registered nurse or a licensed nurse practicing with a Bachelor's degree within their current scope of practice.

CPT and HCPCS – Nursing Activities by RNs and LPNs

The below matrix provides examples of how components of nursing activities rendered by LPNs and RNs can be coded. LPNs must be supervised by a higher level medical practitioner.

Nursing Activity	Behavioral Health Interaction
Nursing Assessment (RN Only) 	<p>RN: 99211 should be used if the activity meets the criteria. Only use H2019 when 99211 is not appropriate or services are delivered outside of the office setting.</p> <p>LPN: 99211 should be used if the activity meets the criteria. Only use H2017 when 99211 is not appropriate or services are delivered outside of the office setting.</p>
Medication Assessment and Education 	
Symptom Management 	

Psychological Testing

The following codes were added to the rate chart and are currently covered under Medicaid, today (will continue post January 2017):

96101

96111

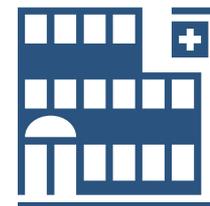
96116

96118

Additional Rate and Limitation Guidance

Code	Description	Limitation	Rate
96101	Psychological testing with interpretation and report, per hour.	8 hours/year, any combination of the four psychological testing codes	\$59.26
96111	Developmental testing; extended with interpretation and report		\$56.11
96116	Neurobehavioral status exam per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report		\$64.10
96118	Neuropsychological testing battery with interpretation and report, per hour		\$78.31

Genetic Testing



Physician determines genetic testing is necessary and orders it

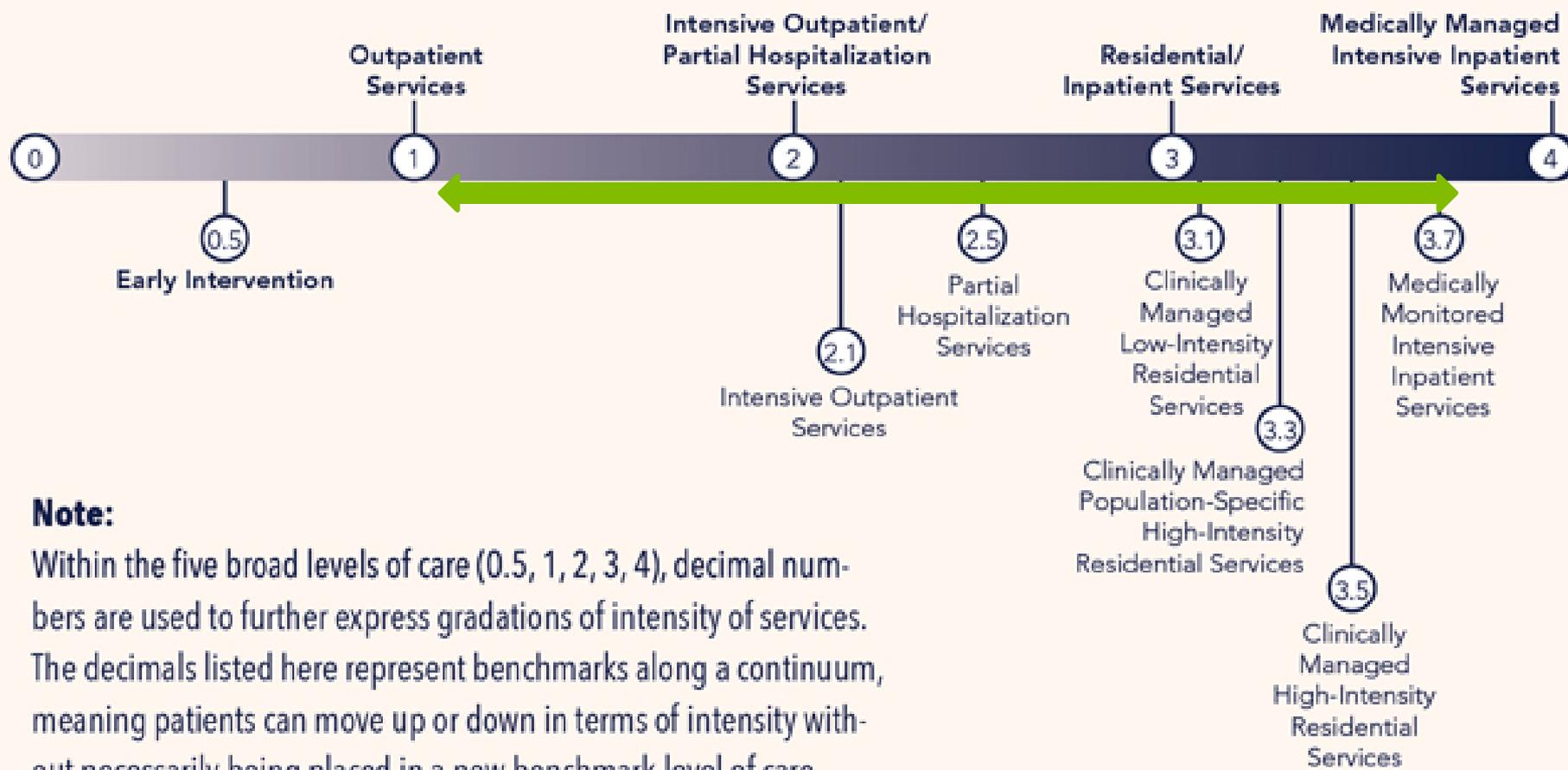
Collection of cheek cell sample is obtained as part of a medical service appointment (Evaluation and Management Office Visit)

Sample sent to and analyzed by a CLIA certified lab (not waived)

Collection of the cheek swab that is needed to perform genetic testing does not have a separate code.

ASAM Levels of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

The green double ended arrow represents scope of Levels of Care in Redesign.