Ohio | Governor's Office of Health Transformation

BH Redesign Core Team

September 16th, 2015

Agenda

Welcome, Introductions & Review Agenda	*Greg Moody*
Review Timeline • Group Discussion	*Tracy Plouck*
Workgroup Updates • Technical Assistance & Learning Collaborative • Benefit & Service Development • Individuals With Lived Experience & Family Engagement • Group Discussion	*Workgroup Leads*
BH Redesign Technical Design: Key Topics • Coding Alignment • Rendering Provider • Coordination of Benefits • Group Discussion	*Mary Haller and Peggy Smith*
1915(i) Updates • SPA Submission • MyCare Update • Additional Areas of Focus • Group Discussion	*Douglas Day and Christi Pepe*
Next Steps	*Greg Moody*

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Topic:

Review Timeline

Ohio's Priorities for Behavioral Health (BH) Redesign

1915(i) Program For Adults With SPMI

- **Ensure continued access to care for ~4-6K adults with SPMI** who meet *financial and **clinical / needs criteria and who are at risk of potential loss of eligibility for Medicaid
- **Cover new services** such as ***Recovery Management, IPS Supported Employment, Peer Recovery Support

Rebuilding Community BH System Capacity

- **Recode Medicaid BH services to achieve alignment with national coding standards** (AMA, HCPCS, Medicare, NCCI/MUE)
- **Disaggregate certain existing services** (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and **provide for lower acuity service coordination** and support services
- **Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option:** Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
- Achieve cost neutrality in making these changes

Managed Behavioral Health Care

- **Addition of BH services to Managed Care Plan contract**, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers

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

*300% of SSI, includes $20 personal needs disregard ($2,219 in CY 2015); Clinical includes diagnostic (diagnostic (schizophrenia, bipolar or major depressive affective disorders-severe) and score on Adult Needs and Strengths Assessment) tool
**Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
*** RM&BPHC is now called Recovery Management and the SPA has been updated to reflect this change

Behavioral Health Redesign Timeline

OUTCOMES & VISION:

» **All Providers:** Follow NCCI & practice at the top of their scope of practice

» Integration of Behavioral Health & Physical Health services

» High intensity services available for those most in need

» **Services & supports available for all Ohioans with needs:** Services are sustainable within budgeted resources

» Implementation of value-based payment methodology

» Coordination of benefits across payers

Behavioral Health Redesign Timeline

JULY 2016

New Services:

- 1915(i):
  - Peer support
  - Supported employment
  - Case & recovery management
- **Assertive Community Treatment** (for adults, includes peer support)
- **Youth & Family Evidence-Based Practices** – focus on outcomes.
- **Other services** – labs, etc.

National Correct Coding Initiative [NCCI]:

- **Training** begins & **new codes** accepted. One year to submit old codes.
- **Evaluation & Management codes**
- **Alignment:** CPT & HCPCS codes to align with **American Medical Association standards**.
- **MCP concerns:** all coding concerns **addressed**.
- **Inclusion of unlicensed practitioners** must bill w/ HCPS codes
- Maximize TPL Medicare cost avoidance – **Medicaid is payer of last resort.**
- **Alignment of fee schedules:** services billed & paid for consistently across systems.

Require Identification of Rendering Provider:

- **Rendering Provider identification** required on **all claims.**
- Rendering providers must be associated with one or more agencies

Coordination of Benefits:

- **Medicare certification for providers of dual eligibles**, including licensed practitioners.

Discontinuing Health Home Payment Methodology

JULY 2017

Substance Use Disorder:

- Simplify coding

NCCI Continues:

- **Provider Training and stakeholder education** continues through 2017.
- Old codes no longer accepted.

JULY 2018

Finalize CPST Changes:

- **Targeted Case Management:** Change **Community Psychiatric Supportive Treatment Services** into more appropriate services and **targeted services to meet needs**.

Intensive Behavioral Service:

- Includes ABA, CPT codes 96150-96155

Telemedicine:

- Implement Q codes with episodes of care.

2019 & 2020

Value – Based Purchasing:

- Residential services for Substance Use Disorder.

Services for Children

- Examine & redesign residential services for children.

Specialized Services in Nursing Homes

Evaluate Waiver Options

Implement Waivers (TBD)

JAN 2018

Payment Innovation

BH Services now covered by Managed Care

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GROUP DISCUSSION

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Topic:

Workgroup Updates

Active Workgroups: Overview

Listed below are the three workgroups that are currently active. Each group is focused specifically on a certain topic that will drive forward the BH Redesign initiative.

	Workgroup Description	Key Focuses		
TA and Learning Collaborative	Leads: Mary Haller and Matt Loncaric Workgroup established to develop recommendations for communication strategies, outreach and education for all those involved in the BH Redesign initiative	Workforce Competency Needs Leverage Existing System Network & Resources	Identify Learning Opportunities Identify and Discuss Key Stakeholder Concerns	Responsive and Value-Added Stakeholder Engagement
Benefits and Service Design	Leads: Douglas Day and Sara Zolinski Workgroup established to develop comprehensive recommendations for an integrated behavioral health benefit that helps those most in need	Care Management High Intensity Services	Children and Adults Needs Licensure and National Accreditation	Workforce Capacity Issues and Quality/ Outcome Measures
Individuals With Lived Exp. & Family Engagement	Leads: Dan Arnold and Mindy Vance Workgroup established to develop recommendations for engaging individuals with lived experience and their families	Community Education Use of Peers	Assessing Individual and Family Experience of Care	Practice Guidelines for Person Centered Care

Active Workgroups Overview: *Technical Assistance (TA) and Learning Collaborative*

Workgroups

TA and Learning Collaborative

Leads: Mary Haller and Matt Loncaric

Workgroup established to develop recommendations for communication strategies, outreach and education for all those involved in the BH Redesign initiative

Key Focuses

- Workforce Competency Needs
- Identify Learning Opportunities
- Leverage Existing System Network & Resources
- Identify and Discuss Key Stakeholder Concerns
- Responsive and Value-Added Stakeholder Engagement

Accomplishments

- ✓ Continued development library of professional and educational resources for clinical, operational and fiscal practice innovation
- ✓ Reviewed provider readiness assessment tools
- ✓ Reviewed the broad diversity of Ohio BH providers in terms of caseload, specialty areas, geography
- ✓ Reviewed list of suggested provider "competencies" needed to successfully operate in world of BH Redesign and Medicaid managed care carve in
- ✓ Drafted a framework for outreach to Ohio BH provider community in terms of "cohorts"

Next Steps

Draft recommendations for Core Team related to the following comprehensive TA & training strategy:

1. Behavioral Health and Health Care Reform Resource Coordination
2. Ohio Medicaid BH Redesign Resources, Training & Professional Development
3. BH Learning Community for Health Care Practice Transformation:
   Targeted audience of MH & SUD providers and facilitated by state & national BH industry leaders

GROUP DISCUSSION

Active Workgroups Overview: *Benefits and Service Design*

Workgroups

Benefits and Service Design

Leads: Douglas Day and Sara Zolinski
Workgroup established to develop comprehensive recommendations for an integrated behavioral health benefit that helps those most in need

Key Focuses

- Care Management
- Children and Adults Needs
- Workforce Capacity Issues and Quality/ Outcome Measures
- High Intensity Services
- Licensure and National Accreditation

Accomplishments

- ✓ Reviewed SUD Rehabilitation SPA
- ✓ Drafted SUD section of Comprehensive Community Behavioral Health Fee For Services (CBHFFS) Provider Manual
- ✓ Drafted SUD Coding Schema
- ✓ Defined Medicaid State Plan Authorities
- ✓ Initiated OLP SPA and OLP section of CBHFFS

Next Steps

1. MH Rehabilitation SPA
2. IHBT/ACT/MST/FFT
3. Care Coordination
4. Service Rates/Rate Setting
5. Certification/Licensure/Accreditation
6. Comprehensive CBHFFS Provider Manual

GROUP DISCUSSION

Active Workgroups Overview: *Individuals with Lived Experience and Family Engagement*

Workgroups

Individuals With Lived Exp. & Family Engagement

Leads: Dan Arnold and Mindy Vance
Workgroup established to develop recommendations for engaging individuals with lived experience and their families

Key Focuses

- Community Education
- Use of Peers
- Assessing Individual and Family Experience of Care
- Practice Guidelines for Person Centered Care

Accomplishments

- ✓ Developed Educational Outreach Plan focusing on BH redesign changes which targets individuals with lived experience and their families
- ✓ Created an overall strategy for engaging managed care organizations in the use of peer services
- ✓ Learned and documented strategies for implementation of a billable peer service from Sue Bergeson, VP of Consumer Affairs at Optum Health

Next Steps

This workgroup will reconvene once draft communications have been developed to review with individuals with lived experience and their families.

GROUP DISCUSSION

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Topic:

BH Redesign Technical Design: Key Topics

FFS Coding Alignment: July 2016

Overview of Coding Alignment

Starting in July of 2016, All Medicaid FFS BH services can be billed using *new* CPT/HCPCS codes, but providers also have the option to bill using old codes. Providers will be allowed to remain on old codes until July 2017 where the transition must occur. Providers can transition to the new codes at any point before July 2017, but must only use the new codes.

Desired Outcomes for the Coding Alignment Initiative

Listed below is the description of the desired outcomes from the coding alignment initiative:

1. Aligns with rendering professional (doctors, nurses, BH professionals, etc.).
2. Facilitates significant adjustment to encounter rather than time based service provision.
3. Aligns across Medicaid FFS programs (independent practioners/agency employees).
4. Optimizes coordination of benefits.

Preparation for Coding Alignment

1. Information Technology (IT) updates for providers and payors.
2. Provider Training and stakeholder education continues through 2017.

Billing Code Transition: What Does This Mean for You?

Due to upcoming IT changes providers must make, the Directors at ODM and OhioMHAS have decided to offer providers a flexible timeframe for implementation. The options are described below:

Pre July 2016

Providers can choose to use the new codes or old codes…

- ODM and Ohio MHAS will require that prior to 7/1/2016 providers make an affirmative choice as to which code set they intend to use post July 2016
- Providers will be required to <u>only</u> use the code set selected

Post July 2016

Providers can choose to use the new codes or old codes…

- Providers can use the new codes starting July of 2016 and completely transition away from the old codes
- Providers may, at any point before July 2017, declare which codes will be used
- After that declaration, providers will be required to <u>only</u> use the code set selected

Post July 2017

Providers must transition to the new codes…

- All providers will be required to transition to the new codes.
- Old codes will no longer be available to use

Surveillance Utilization Review Section (SURS) will be performing audits periodically of providers to assure they are only using the code set they have declared

GROUP DISCUSSION

Rendering Provider Change: Items of Note

Listed below are some of the key items that will impact providers during the rendering provider change

Key Rendering Provider Topics

Timeframe	Ohio Medicaid will, as of 7/1/2016, require rendering providers to be listed on Medicaid behavioral health claims. Currently enrolling providers include: MDs, Dos, APRNs and PAs.
Claims/MITS Changes	This new practice will require the rendering provider (vs the agency that employs them) to appear in the rendering field on a claim. In order for these claims to be paid in MITS, each individual rendering provider will need to be actively enrolled in Ohio Medicaid.
Exceptions	Other types of practitioners who are not licensed will only need to be represented on Medicaid claims through the use of a modifier. - See next slide
Additional Details	Ohio Medicaid and OhioMHAS will be providing more detailed billing instructions at a later date (as implementation gets closer).

Rendering Provider Types and Exceptions

The table below identifies providers that cannot enroll as a provider in the Ohio Medicaid program, and would need to be identified on the claim with a modifier

Exceptions (modifiers)
SUD Specialists
Chemical Dependency Counselor Assistant
Social Work Trainee
Social Work Assistant
Marriage and Family Therapist Trainee
Counselor Trainee
Behavioral Health Paraprofessionals (BHP-Ps)
SUD Peer Recovery Supporters
School psychologists and associated aides/trainees
LCDC IIs and IIIs
MH Peer Supporters
QMHSs

Rendering Provider: Purpose and Timing

Why Do This?

- The BH Redesign initiative provides an opportunity to add the requirement of a rendering provider on claims; these changes will help to ensure better Medicaid program integrity and proper payment.
  - ✓ Providers who are now able to render services to Medicaid beneficiaries will be memorialized
  - ✓ Ohio Medicaid has required the submission of rendering provider among many existing provider types
  - ✓ Not a change in policy for Medicaid

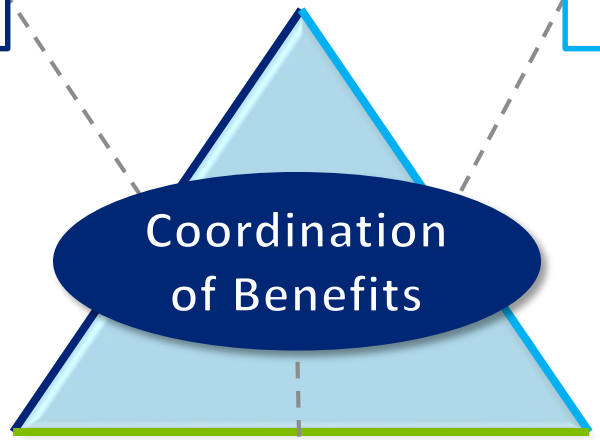
When?

- Providers employed by a Community Behavioral Health Center will need to enroll as rendering providers by 7/1/2016.
- Ohio Medicaid will be adding the ability for new provider types to enroll in Medicaid if they practice independently.
  - ✓ LIMFT – 1/1/2016
  - ✓ LPCC – 1/1/2016
  - ✓ LISW – 1/1/2016
  - ✓ LICDC – 7/1/2016

GROUP DISCUSSION

Coordination of Benefits

As of 7/1/16, Ohio Medicaid will enforce the policy of Medicaid as the 'payor of last resort'



Operational Changes

- Any service that can be billed to another insurer, must be billed to that insurer (Commercial or Medicare)
- This is not an operational change for Ohio Department of Medicaid, but will be a change for BH providers

Federal Requirement Overview

- Medicaid is federally required to be the payor of last resort

Policy Clarification

- Claim submissions from behavioral health providers, historically, have not been aligned to comply with the federal regulation requirement

GROUP DISCUSSION

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Topic:

1915(i) Updates

Response to Formal Public Comments Submitted

1. Concerns with Conflict Free Case Management

- Fragmentation of care
- Limitations on client choice
- Duplication of services
- Overlap with CPST

2. Numerous Concerns Regarding SE/IPS

- IPS Supported Employment within 1915(i) does not align with the best practices
- The program parameters would force individuals to seek employment services not of their own choosing

3. Definition of Peer Recovery Supporters

- How will this position coordinate when working with the multidisciplinary team approach?
- What qualifications are required for the Peer Counselors?

4. ANSA Assessment

- Possibly intrusive to the programmatic operations of providers (new training required, administrator qualifications, cost)
- Costs of uniform ANSA should be funded
- Recommend alternative of using DLA 20 assessment

5. Diagnostic Criteria Too Limited

- Need to expand diagnostic criteria

6. 1915(i) Process More Complicated Than Spend Down

- Streamline the 1915(i) process for eligible individuals

7. Insufficient Data on Potential Eligible Pop. and Needs

- Continue iterative process to analyze data of potentially impacted individuals

8. People with "Lived" Experience

- Participate in Provision, Administration, Oversight, and Evaluation of 1915 (i) Services

9. HCBS "Allowable Settings"

- Requirements may limit access to adult care facilities and other group settings

10. Potential for Conflicts – PCCP and Service Plan

- Potential issues between Person Centered Care Planning and Individualized Service Plan

11. Consider Medically Needy Program

- Identify issues and opportunities within the medically needy program

12. Inclusion/Opportunities for Participant Directed Care

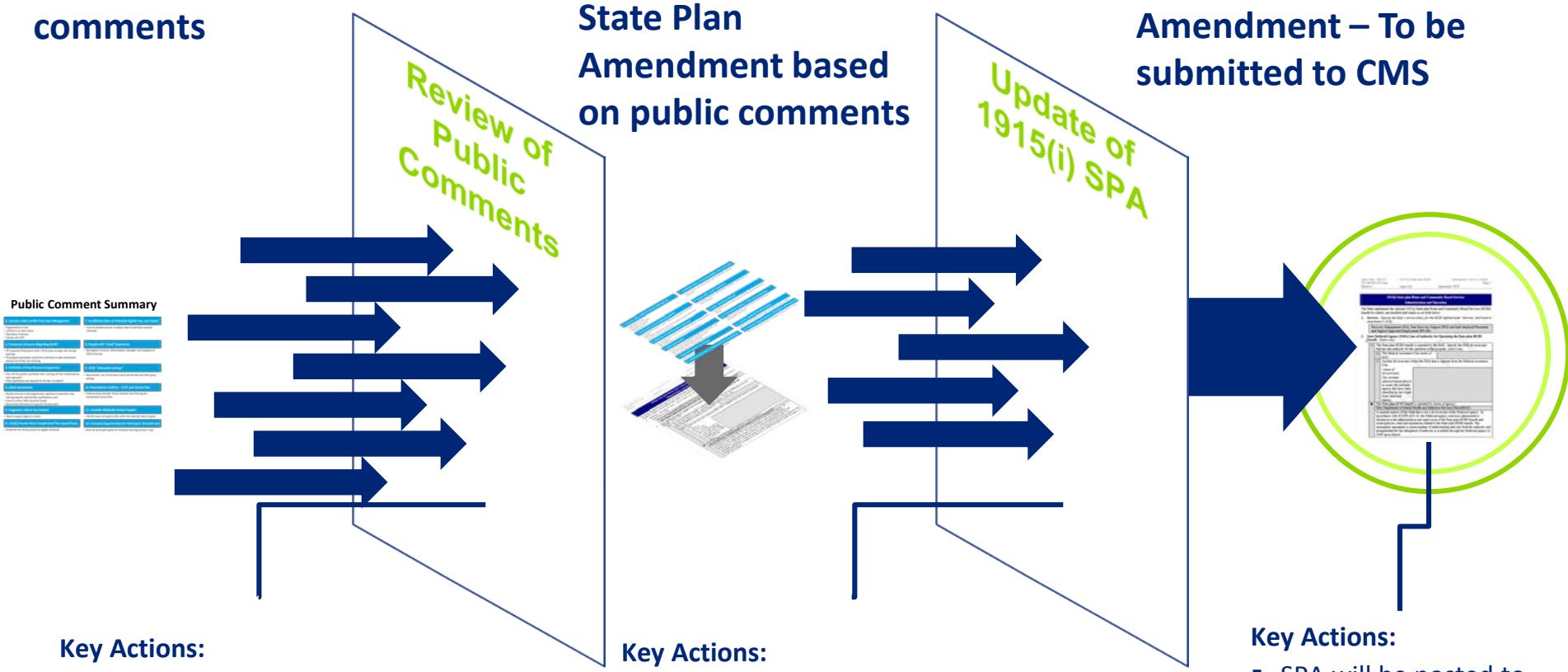
- Allow for active participation of individual receiving services in care

Process for Addressing Public Comments

1. State team reviewed public comments

2. State team updated 1915(i) State Plan Amendment based on public comments

3. State team revised 1915(i) State Plan Amendment – To be submitted to CMS



Key Actions:

- Grouped public comments
- Clarified any public comments that were misunderstood from submitter
- Responded to public comments in overall word document

Key Actions:

- Updated 1915(i) SPA taking into consideration public comments submitted
  - Recovery Management will be a selectively contracted service
- Updated based on informal feedback from CMS

Key Actions:

- SPA will be posted to the OHT website before submission to CMS – Link will be sent to the core team

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Topic:

MyCare Update

1915(i) and MyCare Impact Overview

Listed below is an overview of the impact that MyCare will have on individuals who will be enrolled in Medicaid through the 1915(i) State Plan Amendment

Individuals who qualify for 1915(i) based on eligibility criteria will be enrolled in Medicaid

Individuals who are eligible for MyCare Ohio enrollment will be enrolled in a MyCare Managed Care Plan

MyCare Plans must assure their members receive coordinated Medicare and Medicaid services. For 1915(i) members, plans will also be responsible for:

- ✓ Recovery Management
- ✓ Peer Recovery Support Services
- ✓ IPS Supported Employment

1915(i) MyCare

This map illustrates the intersection between the 6000 1915(i) individuals and the MyCare counties

Northwest
Estimated Impacted Individuals: 500

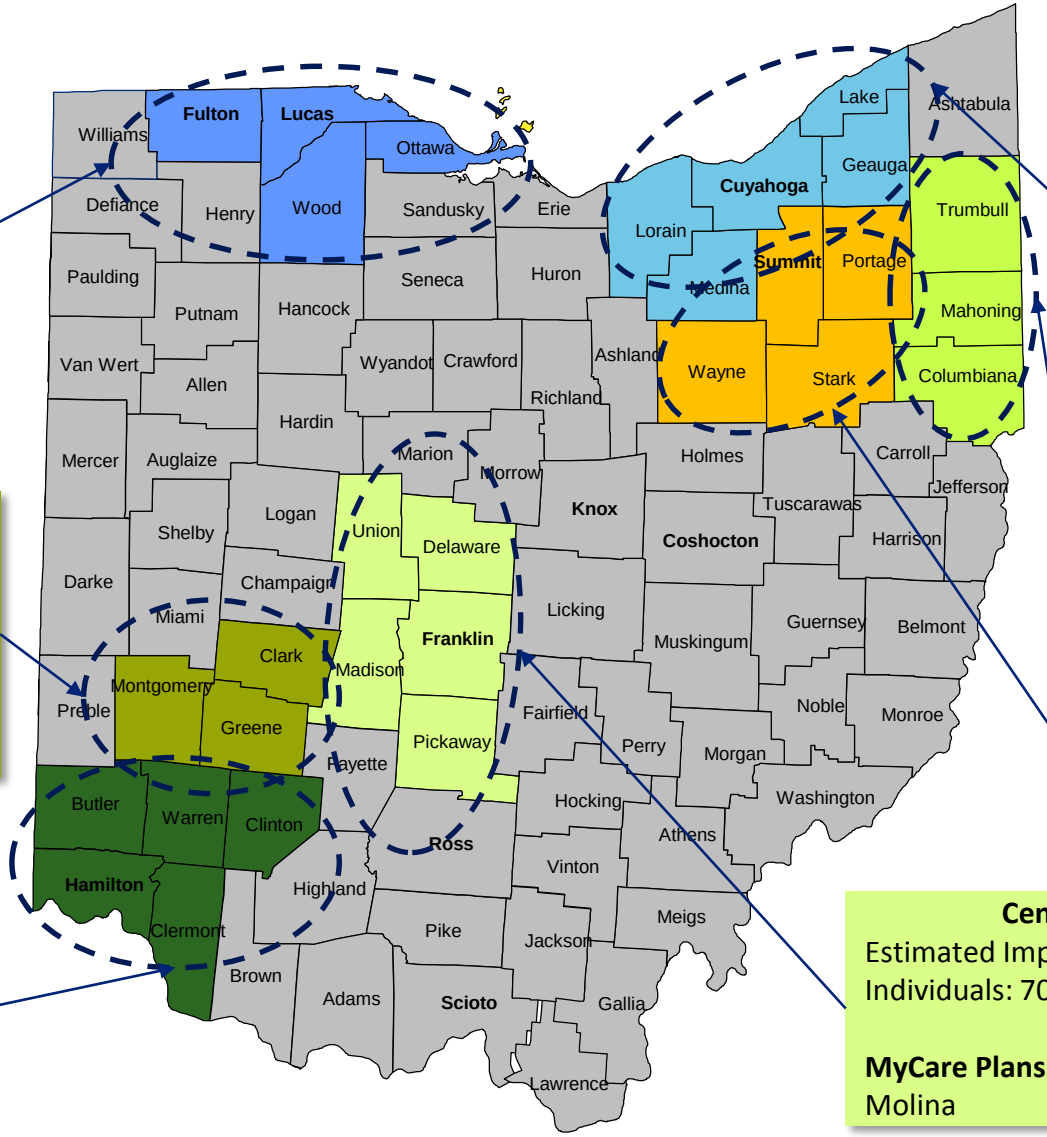
MyCare Plans: Aetna, Buckeye

West Central
Estimated Impacted Individuals: 400

MyCare Plans: Buckeye, Molina

Southwest
Estimated Impacted Individuals: 800

MyCare Plans: Aetna, Molina



Northeast
Estimated Impacted Individuals: 900

MyCare Plans: Buckeye, CareSource, United

Northeast Central
Estimated Impacted Individuals: 150

MyCare Plans: CareSource, United

East Central
Estimated Impacted Individuals: 600

MyCare Plans: CareSource, United

Central
Estimated Impacted Individuals: 700

MyCare Plans: Aetna, Molina

1915(i) Fee For Service: Approx. 2000 individuals

1915(i) Milestone Dates

Listed below are the milestones to operationalize 1915(i) services and the associated timeline

Milestone Topic	Milestone Date
1915(i) Stakeholder engagement and communications – as a part of broader eligibility modernization communication	***Ongoing***
Ohio Department of Medicaid (ODM) submits 1915(i) State Plan Amendment (SPA)	***October 2015***
ODM to file rules for 1915(i)	***December 2015***
*Recovery Managers begin assessing potentially eligible individuals based on established criteria	***March 2016***
Implementation Go-Live for 1915(i) - Eligible individuals can begin receiving (i) services	***July 2016***

* The term Person Centered Care Planner has been changed to Recovery Manager, this term has been updated throughout the 1915(i) SPA

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Topic:

1915(i) - Additional Areas of Focus

1915(i) – Additional Areas of Focus

- Submission of the 1915(i) SPA to CMS
- Submission of 1915(i) rules
- 1915(i) stakeholder engagement and outreach
  - ✓ Individual provider engagement as appropriate
- Provider enrollment
  - ✓ Build out capacity for new services

GROUP DISCUSSION

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Topic:

Next Steps

BH Redesign – Next Steps

Workgroup Next Steps:

- Individuals with Lived Experience
  - ✓ This workgroup will reconvene once draft communications have been developed to vet them with individuals with lived experience and their families
- Technical Assistance (TA) and Learning Collaborative
  - ✓ Workgroup will focus on drafting recommendations for Core Team related to a comprehensive TA & training strategy
- Benefits and Service Design
  - ✓ MH Rehabilitation SPA
  - ✓ ACT/MST/FFT
  - ✓ Care Coordination
  - ✓ Service Rates/Rate Setting
  - ✓ Certification/Licensure/ Accreditation
  - ✓ Comprehensive CBHFFS Provider Manual

Group Discussion

Upcoming Core Team Meeting Dates

October 21, 2015 10:00-12:00
November 18, 2015 10:00-12:00
December 16, 2015 10:00-12:00