Ohio | Governor's Office of Health Transformation

Benefit and Service Development Work Group

January 13th, 2016

Agenda

Welcome, Introductions & Review Agenda	*Douglas Day*
"Old" Code Set/"New" Code Set Other	*Douglas Day*
Medicare Participation	*Peggy Smith*
Rendering Provider	*Mary Haller*
Training and Technical Assistance	*Mary Haller*
SRSP Rates	*Kimberly Donica*
Draft SRSP Background Check Rules	*Kimberly Donica*

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Topic:
"Old" Code Set/"New" Code Set

Evaluation and Management (E&M) Codes and Nursing Codes

Evaluation and Management Codes

For services provided on and after July 1, 2016, the ten E&M codes will be used to replace MH pharmacological management (90863) and SUD medical/somatic (H0016) for all agencies, there will be no exceptions. The E&M codes will be used when medical services are rendered by:

Doctors*	Physician Assistants	Advance Practice Registered Nurses
Provider type 20 and must be associated with provider type 84, 95 or both.	Provider type 24 must be associated with provider type 84, 95 or both	Provider type 72 and 65 must be associated with provider type 84, 95 or both

Codes Used

New Patient Office Visits	99201, 99202, 99203, 99204 and 99205
Established Patient Office Visits	99211, 99212, 99213, 99214 and 99215

* Ordering, Referring, and Prescribing Providers are being converted automatically

Codes for Registered Nurses and Licensed Practical Nurses

For services provided on and after July 1, 2016, eight 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:

Mental Health Conditions/Patients	SUD Conditions/Patients
• 99211 • H2017 • H2019	• 99211 • H0001 • H0004 • H0005 • H0014 • H0015

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

Draft Rate Chart Medical Services (E&M and Nursing)

E&M Codes

		CPT Code	2016 Medicare Rate
MH and SUD Patients	New Patients	99201	$42.33
		99202	$72.35
		99203	$104.89
		99204	$160.34
		99205	$201.51
	Established Patients	99211	$18.97
		99212	$41.97
		99213	$70.46
		99214	$104.00
		99215	$140.46

Nursing Codes

Code	Draft Rate	
99211	$18.97	MH Patients
H2017	TBD	
H2019	TBD	
99211	$18.97	SUD Patients
H0001	TBD	
H0004	TBD	
H0005	TBD	
H0014	TBD	
H0015	TBD	

The goal is to use these rates and codes to hold spending relatively constant for embedded medical services

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Topic:
"Old" Code Set/"New" Code Set

(Other than E&M and Nursing Codes)

“Old” Code Set/“New” Code Set Migration (Other than E&M and Nursing Codes)

In order to effectively manage opportunities for agencies to transition off of the “old” and onto the “new”, agencies will need to formally notify the Ohio Department Medicaid (method to be established) 60 days ahead of their transition date per the following:

Notification Date Deadline:	Transition Effective for Dates of Service on or After:
May 1, 2016	July 1, 2016
August 1, 2016	October 1, 2016
November 1, 2016	January 1, 2017
February 1, 2017	April 1, 2017*

*Any providers who have not voluntarily changed by April 1 will automatically be transitioned for services provided on and after July 1, 2017

"Old" Code Set/"New" Code Set Migration (Other than E&M and Nursing Codes)

Comprehensive Community Behavioral Health Clinics
Agencies that are dually certified and enrolled in Ohio Medicaid as a provider type 84 (mental health) **and** provider type 95 (substance use disorders) will migrate from the "old" to the "new" billing code set in a comprehensive manner. Dually certified provider types must migrate at the same time even though claims are submitted under different Ohio Medicaid Provider Identification Numbers.

Mental Health Evidence Based Practices (EBPs)
Assertive Community Treatment
Intensive Home Based Therapy

Both of these have unique coding and billing structures to support the appropriate payment and recognition of the EBP so they will only be available to agencies that have migrated to the "new" billing code set.

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Topic:

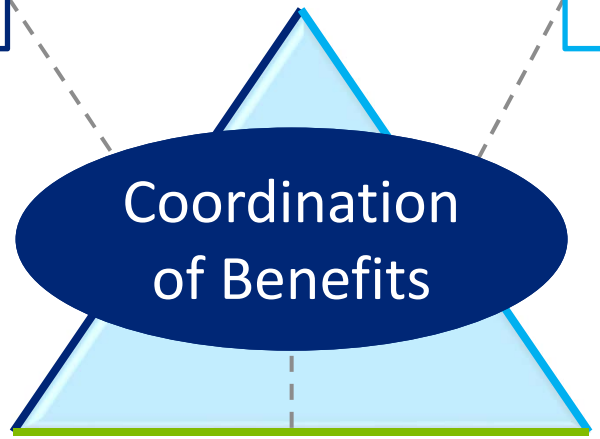
Medicare Participation

Medicaid Coordination of Benefits

For behavioral health services provided on or after July 1, 2016, 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

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

Policy Clarification

- BH Medicaid claims have not been required to comply with federal regulations re: coordination of benefits. ODM policy will correct this 7/1/2016.

Medicare Certification vs. Medicare Participation

Medicare Certification

CMHCs have the option to enroll as an institutional provider to deliver Medicare services such as partial hospitalization.

Certification requires accreditation or survey performed by the CMS designated state survey agency (In Ohio, ODH).

Dates of Service
July 1, 2016

Medicare Participation

CBHCs (MH, SUD or both) have the option to enroll as a group practice.

Eligible practitioners employed by CBHCs should also enroll as individual practitioners (to be listed as the rendering provider on claim).

Once the Medicare Administrative Contractor (MAC) has received an application it has 60 days to review and approve or deny it. In Ohio, the MAC is CGS Administrators LLC.

Medicare Participation Overview

The below chart has been developed to provide additional billing guidance for CBHCs employing the impacted practitioners.

Rendering Provider	Guidance
Physician Advance Practice Registered Nurse Physicians Assistant Psychologist Licensed Independent Social Worker	A CBHC employing any of these rendering providers **must bill the Medicare program prior to billing Medicaid.**
Licensed Professional Clinical Counselor Independent Marriage and Family Therapist Licensed Independent Chemical Dependency Counselor	For dates of service 7/1/2016 – 12/31/2017, a CBHC employing any of these rendering providers **may submit the claim directly to Medicaid**.
Licensed Professional Counselor Marriage and Family Therapist Licensed Chemical Dependency Counselor Licensed Social Worker School Psychologists	A CBHC employing any of these rendering providers will receive additional guidance via the manual which will be based on consultation with the professional regulatory boards.

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Topic:

Rendering Provider

Medicaid Enrollment of Rendering Providers

- Beginning Mid February 2016, practitioners (chart below) who are employed by MH or SUD providers must obtain NPIs and register with Ohio Medicaid

Physicians (MD/DO), Psychiatrists	Licensed Independent Social Workers
Advanced Practice Registered Nurses	Licensed Professional Clinical Counselors
Certified Nurse Practitioners	Licensed Independent Marriage and Family Therapists
Clinical Nurse Specialists	Licensed Independent Chemical Dependency Counselors (LICDC)** enroll eff 7/1/2016
Physician Assistants	Registered Nurses
Licensed Psychologists	Licensed Practical Nurses

Exception: Prescribers already registered with ODM as Ordering, Referring or Prescribing providers need not re-register.

- Beginning in Mid February 2016 MH and SUD agencies must use the MITS self service portal to associate their agency with rendering practitioners listed above
- Agencies will also need to "un"associated rendering practitioners listed above when necessary
- Effective 7/1/2016, all BH Medicaid claims (both old and new code sets) must include rendering practitioner NPI or a modifier if practitioner has no NPI

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Topic:

Training and Technical Assistance

Training and Technical Assistance

Training And Technical Assistance Work Group Recommendations (Summarized)

- Engage and maintain a technical assistance and learning community workgroup/implementation steering committee
- Develop web-based training and professional development materials and make these materials available through existing training resources
  - *Offer Continuing Education credits to the extent possible.*
- Organize and hold regional meetings for BH providers, managed care organizations and other interested stakeholders
- Leverage other subject matter expert resources to support TA and training efforts on new services.

Key Topics

EDI Testing

Medicare Participation

E&M Transition

Rendering Provider

Other Recommendations??

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Topic:

Specialized Recovery Services Program: Rates

Specialized Recovery Services Program Finalized Rates

As a reminder, the SRSP budget is independent from the budget for the overall BH Redesign. Recovery Management is a selectively contracted service and not reflected below.

Individual Peer Recovery Support

$15.51 per 15 minute unit

Group Peer Recovery Support

$1.55 per 15 minute unit

Individual Placement and Support: Supported Employment

$19.53 per 15 minute unit

Topic:

SRSP Background Check Draft Rule

Overview of 5160-43-09*

This rule sets forth the following:

1. The requirements for the criminal records checks of providers of home and community-based services (HCBS) to individuals enrolled in the specialized recovery services program.

2. The process for the criminal records checks of providers of home and community-based services (HCBS) to individuals enrolled in the specialized recovery services program.

HCBS includes peer recovery support and individualized placement and support-supported employment (IPS-SE). Recovery Management providers will be required to have background checks under the contract.

*This rule pertains to all persons under final consideration for employment with an agency and existing employees in a full-time, part-time or temporary position who are providing these services to program enrollees.

Exclusions Overview

This exclusion list is not ODM specific and is the result of an inter-agency collaboration spearheaded by OHT and used by OhioMHAS, DODD, ODM and other health and human service agencies.

Offense Type	Exclusionary Period
Tier 1 Offense	Permanent Exclusion
Tier 2 Offense	10 Year Exclusion
Tier 3 Offense	7 Year Exclusion
Tier 4 Offense	5 Year Exclusion
Tier 5 Offense	**No Exclusionary Period**

5160-43-09 has been drafted to reflect the SRSP changes that will start July 2016. The full draft rule will be distributed after the meeting for feedback, please send any comments to Megan McClaskie at Megan.McClaskie@Medicaid.ohio.gov by January 20th.

Timeframe Requirements

5160-43-09 - Specialized recovery services program criminal records checks for providers.

Background check time frame requirements

- Entity shall conduct a criminal records check of an employee who does not currently have a criminal records check on file with the agency no later than ninety days after July 1, 2016;
- Entity shall conduct a criminal records check no later than thirty days after each employee anniversary date every five years;
- *or as frequently as the provider would like to perform background checks.*

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Topic:

Next Steps

Next Steps and Schedule

- *February 10th, 2016: Initial Draft of the Comprehensive Code Set Released
  - Extended timeframe: 10am-2pm
    - Summary of Stakeholder Feedback
    - Review of Rates
      - CPTs
      - HCPCs
      - E&M and Nursing

- Continued bi-weekly Benefits and Service Design Work Group
  - February 24, 2016 10:00 am – 12:00 noon

- New Monthly Stakeholder Meetings:
  - ✓ All meetings 10:00am – 12:00pm in C621:

*****Jan. 27, 2016***	May 25, 2016
*Feb. 10th, 2016	June 29, 2016
Mar. 30, 2016	July 27, 2016
Apr. 27, 2016	

** January 27th is currently a Core Team Meeting date, we are proposing to cancel as the February 10th meeting will be extended to four hours instead of 2