May 15, 2017

Ohio Coalition for Healthy Communities
c/o Terry Russell, Coalition Co-Chair
Marcie Seidel, Coalition Co-Chair
Cheri L. Walter, CHC Budget Co-Chair
Hubert Wirtz, CHC Budget Co-Chair

Via Electronic Mail

Dear Mr. Russell, Ms. Seidel, Ms. Walter, and Mr. Wirtz,

Thank you for your letter of May 8, 2017, regarding the upcoming implementation of Behavioral Health Redesign. We share with you the common goal of improving Ohio’s behavioral health system while insuring that reform does not limit access or capacity for clients in need of care. After more than two years of development and significant stakeholder input, we strongly believe no major systemic issues will occur. However, we stand mindful that even one individual’s experience could be significant, and in that regard, we developed the attached protocol to facilitate a rapid response to any threatened breakdown in treatment for an individual directly resulting from redesign. Please note, however, that standard processes and procedures regarding eligible providers, services authorizations, and other mechanisms are expected to remain in place, and that the attached protocol is intended as a remedy for emergent and unforeseen circumstances.

As we have noted before, we recognize that some providers are going to have to change their business model to recognize the financial and other benefits of BHR. Many providers are now seeing BHR as the opportunity it is designed to be, where a wider array of services will be available to be more fully reimbursed than under the current system. We also certainly recognize the importance of providers being paid in a timely fashion, and are working hard to ensure a smooth transition. However, a pay and post approach is not responsible public policy, undermines programmatic integrity, creates issues for Ohio with CMS, and could be construed as unconstitutionally extending a loan to private businesses. Rest assured that MITS will be ready to accept and adjudicate claims. In the event issues arise (i.e., a defect in MITS programming is detected), our team will be able to make adjustments to the system rapidly. Providers should already be familiar with MITS and our system procedures, and we are confident in the coding changes being made.

On the MyCare side, the State will use its authority to direct the managed care plans to lift—on a targeted basis—system edits, thereby allowing for the payment of claims that are being rejected because of systemic issues or coding. These types of issues tend to be isolated to specific services or provider types and does not typically affect the entire provider network.
such, we will move quickly to enforce this approach if warranted, with the directive for quick reconciliation afterwards.

We hope you find these assurances helpful. We look forward to continuing our collective efforts to ensure the success of Behavioral Health Redesign on July 1.

Sincerely,

Barbara R. Sears, Director    Tracy J. Plouck, Director
Ohio Department of Medicaid    Ohio MHAS

Cc:  Greg Moody, Director, Office of Health Transformation
     Senate President Larry Obhof
     Speaker of the House Cliff Rosenberger
     Senator Scott Oelslager
     Senator Bob Hackett
     Representative Ryan Smith
     Representative Mark Romanchuk

Attachment

BRS/TJP/jgt
Behavioral Health Redesign Triage Process

The Departments of Medicaid and Mental Health and Addiction Services are committed to ensuring that no individual’s medically necessary services get overlooked or missed as a result of behavioral health redesign. In addition, priority will be given to ensure the effective implementation of new services such as Assertive Community Treatment and Intensive Home-Based Treatment.

In anticipation of redesign taking effect July 1, the Departments have been coordinating efforts the Medicaid managed care plans, NAMI Ohio, the Ohio Association of County Behavioral Health Authorities, and other stakeholders to ensure that open lines of communication exist to ensure that any issue is resolved before there is cause for alarm.

However, in the unlikely event that an individual runs the risk of “falling through the cracks” as a result of redesign implementation, Ohio Medicaid anticipates that the following protocol will be followed:

1. The individual or the individual’s authorized representative may contact any of the resources identified below:
   a. Ohio Medicaid Consumer Hotline (for both FFS and MC issues): 800-324-8680
   b. Ohio Medicaid Beneficiary Ombudsperson, Sherri Warner: 614-752-4599; Sherri.Warner@medicaid.ohio.gov
   c. Ohio MHAS Client Rights and Advocacy Resources
   d. NAMI Ohio Helpline: 800-686-2646
   e. Ohio Association of County Behavioral Health Authorities board directory

2. The Medicaid Consumer Hotline will coordinate a response in accordance with its established procedures.

3. NAMI Ohio, OhioMHAS, or a County Board can escalate any issue it cannot resolve directly to the Beneficiary Ombudsperson identified above; the Beneficiary Ombudsperson will work with Medicaid policy and operations staff as follows:
   a. The Beneficiary Ombudsperson, with the assistance of the Medicaid Policy Director, will coordinate a response for any fee-for-service individual.
   b. The Beneficiary Ombudsperson, with assistance of the Medicaid Director of Managed Care, will coordinate a response for any individual on Medicaid managed care or MyCare Ohio.

4. Providers may contact the BHR Rapid Response Room via the Ohio Medicaid provider hotline, 800-686-1516, option 9; issues involving individuals’ access to care will be triaged in accordance with this process document.

5. If an individual’s issue has been elevated to ODM via one of the pathways above, and upon determining that the issue is related to BHR, ODM will strive to resolve the issue by the close of the following business day, and will report back to the reporting individual or entity the outcome, subject to Medicaid confidentiality and health privacy requirements.

6. Nothing in the foregoing process is intended to supplant established procedures for resolving issues that are unrelated to BHR; in the event that a more expeditious process is developed, the Departments will immediately implement the process, provided that it complies with number 5 above.