



Department of Medicaid
Department of Mental Health and Addiction Services

Institution for Mental Diseases (IMD)

Webinar – July 31st, 2017



Behavioral Health Redesign

IMD Policy Effective July 1, 2017

Federal Policy

Guidance

With implementation of 42 C.F.R. 438.6, the State may make a monthly capitation payment to an MCP for a member age 21 through 64 receiving inpatient treatment in an Institution for Mental Diseases (IMD).

- Length of IMD stay is short term, no more than 15 days during the period of a monthly capitation payment
- The State determines it is medically appropriate
- The approved services are authorized and identified in the MCP contract and will be offered to enrollees at the option of the MCP and enrollee



State Policy

Goals

- ✓ Increased access to intensive mental health treatment
- ✓ Services closer to home
- ✓ Community alternatives
- ✓ Fewer re-admissions
- ✓ Expands provider network
- ✓ Continuity of care
- ✓ Coordination of care



Note: State hospitals are a safety net for inpatient psychiatric care.

IMD Policy Communication Strategy

The State worked with MCPs to communicate IMD policy in the following ways:



Trainings / forums
hosted by MCPs



IMD FAQs
document

<http://bh.medicaid.ohio.gov/Portals/0/Providers/IMD-FAQ.pdf?ver=2017-04-17-162324-870>



IMD MITS Bits

<http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS%20Bits-MCP-IMD-coverage-starts-July-1-2017.pdf>



Today's Webinar

IMD Policy FAQs



What is an IMD?

- An IMD is a hospital, nursing facility, or other institution of more than sixteen beds which primarily provides diagnosis, inpatient psychiatric treatment or care of persons with mental diseases, including medical attention, nursing care and related services.



What is changing?

- Medicaid recipients, age 21 through 64, enrolled and receiving their Medicaid services through an MCP, will have access to medically necessary and reimbursable treatment in an IMD setting. In addition, MCPs will receive funding to cover the costs for inpatient stays at an IMD.

IMD Policy FAQs



How will crisis providers know if an IMD is in the MCP network?

- MCPs will work closely with providers for coordinating care and services for members. This will include providing information about how to reach MCPs for coordination of IMD stays, which IMD facilities are on their provider panel, and how to coordinate a stay if an IMD is not in the MCP's network. The information is also available on MCP websites.



Where do providers submit claims?

- IMD facilities will need to bill MCPs appropriately for medically necessary services provided to members.

IMD Policy Changes



What is the role of the local crisis providers?

- Crisis providers will continue to function as they do today, but will need to work with the MCP for coordinating admission to IMD facilities when necessary.



How will MCPs be involved in the IMD admission and discharge process?

- MCPs will work with their member, clinicians and/or facilities assessing the need for care to determine both the level of care and the appropriate care setting.
- MCPs will coordinate with the admitting facility to ensure proper care and transition of members back into the community, which may include coordinating with community mental health services and providers.

IMD Policy Changes



How will this benefit individuals covered by both Medicare and Medicaid?

- For members enrolled in MyCare, Medicaid is always the payer of last resort. When a MyCare member exhausts their lifetime Medicare allowance for inpatient psychiatric hospital stays, Medicaid MCOP will provide coverage under this policy regardless of the member's age.

IMD Policy Changes



What are the requirements of MCPs?

- MCPs will contract with private IMDs and cover medically necessary services provided by the IMD. MCPs will work with clinicians and/or facilities to determine both the level of care and the appropriate care setting.



What happens if a stay exceeds 15 days?

- Length of stay is determined by medical necessity. MCPs must be involved in the admission decision process and will address lengths of stay exceeding 15 calendar days in their contracts with individual IMD facilities.
- If an enrollee has an IMD stay exceeding 15 days per calendar month, ODM will recover a percentage of the MCP's monthly payment based on the total number of days the enrollee was in an IMD.

Plan Process for Inpatient Psychiatric Care



When a Medicaid managed care plan enrollee is in need of inpatient psychiatric care, the Medicaid managed care plan MUST* be contacted for triage, level of care determination, and setting options. This includes MyCare Ohio plans when an enrollee has exhausted their lifetime Medicare inpatient psychiatric benefit.

*If a plan is not able to be reached prior to admission, the MCP has deferred its triage, level of care determination, and placement authority to the clinical judgment of the practitioner recommending inpatient psychiatric care. Admissions must meet medical necessity criteria. If medical necessity for admission is not met, the MCPs would be responsible for the medically necessary professional services only.

Person presents and inpatient psychiatric care is medically appropriate
(assessment)

MCP contacted for triage and level of care determination, not for prior authorization purposes**

Enrollee must be offered #1 or #2 in order to be offered #3 or #4 (under new IMD setting options policy)

#1 Private general hospital (*no new IMD policy implications*)

#2 Private <17 bed facility (*no new IMD policy implications*)

#3 Private IMD (*new IMD policy*)

#4 Public state hospital (*new IMD policy*)
(board authorization and/or assessment)

** MCPs may review LOC, assessments and other pertinent information to authorize the length of stay, setting, etc. based on medical necessity

For a person needing medically appropriate inpatient psychiatric care, they must be offered #1 or #2 to then be offered #3 or #4.

- This ensures inpatient psychiatric services are provided “in lieu of services” covered under the state plan (#1 and #2)

Post-Admission Process



#1

Once a patient has been admitted and is stabilized, an MCP is able to reassess to determine medical necessity and/or find alternative community options for the patient.



#2

If the length of stay or requested services are denied, individuals have appeal and hearing rights.

Inpatient Psychiatric Admissions – Managed Care

		<i>IMDs: Pre-July 1</i>	<i>IMDs: July 1 – Dec. 31, 2017</i>	<i>IMDs: Jan. 1, 2018, & Forward</i>	<i>General Hospital Psych Units</i>
Ages 21- 64	<i>Benefit Coverage</i>	N/A	Managed Care Plans	Managed Care Plans	Managed Care Plans
	<i>Payment</i>	N/A	Professional Services: MCPs Facility Charges*: MCPs *If admission meets medical necessity criteria	Professional Services: MCPs Facility Charges*: MCPs *If admission meets medical necessity criteria	Managed Care Plans
Under Age 21 OR Over Age 64	<i>Benefit Coverage</i>	Permedion	Permedion	Managed Care Plans	Managed Care Plans
	<i>Payment</i>	Professional Services: MCPs Facility Charges: Medicaid	Professional Services: MCPs Facility Charges: Medicaid	Managed Care Plans	Managed Care Plans

Inpatient Psychiatric Admissions – MyCare Ohio

		<i>IMDs: Pre-July 1</i>	<i>IMDs: July 1 & Forward</i>
<i>Ages 21-64</i>	<i>Benefit Coverage</i>	Covered through the Medicare benefit. Once a member reaches 190 day lifetime limit for Medicare coverage, there was no coverage.	Covered through the Medicare benefit. Once a member reaches 190 day lifetime limit for Medicare coverage, covered by MyCare Ohio Plans.
	<i>Payment</i>	Covered through the Medicare benefit. Once a member reaches 190 day lifetime limit for Medicare coverage, there was no coverage.	Covered through the Medicare benefit. Once a member reaches 190 day lifetime limit for Medicare coverage, covered by MyCare Ohio Plans.
<i>Under Age 21 OR Over Age 64</i>	<i>Benefit Coverage</i>	MyCare Ohio Plans	MyCare Ohio Plans
	<i>Payment</i>	MyCare Ohio Plans	MyCare Ohio Plans

IMD Discussion Topics for Aetna Better Health of Ohio

Network Capacity



- Providers can locate network facilities through our online directory: <https://www.aetnabetterhealth.com/ohio>
- Aetna meets panel requirements for general acute care hospitals
- Contracted IMDs (10 currently, ongoing negotiations with others)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

— IMD Discussion Topics for Buckeye Health Plan —

Network Capacity



- Providers can locate network facilities through our online directory: www.buckeyehealthplan.com
- Buckeye meets panel requirements for general acute care hospitals
- Contracted IMDs (11 currently, 19 in outreach or contracting status, 3 declined)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

IMD Discussion Topics for CareSource

Network Capacity



- Providers can locate network facilities through our online directory: www.Caresource.com
- CareSource meets panel requirements for general acute care hospitals
- Contracted IMDs (10 currently, ongoing negotiations with others)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

IMD Discussion Topics for Molina

Network Capacity



- Providers can locate network facilities through our online directory: www.molinahealthcare.com
- Molina meets panel requirements for general acute care hospitals
- Contracted IMDs (12 currently, ongoing negotiations with others)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

IMD Discussion Topics for Paramount

Network Capacity



- Providers can locate network facilities through our online directory: www.paramounthealthcare.com
- Paramount meets panel requirements for general acute care hospitals
- Contracted IMDs (8 currently, ongoing negotiations with 8 others)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

IMD Discussion Topics for UnitedHealthcare

Network Capacity



- Providers can locate network facilities through our online directory:
 - UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan): [Click here](#)
 - Ohio Medicaid: [Click here](#)
- UHC meets panel requirements for general acute care hospitals
- Contracted IMDs (5 currently, ongoing negotiations with others)

Contracting Efforts



- Contract negotiations ongoing with additional IMDs
- Targeting new IMDs identified as being built or newly opening

General Readiness



- UM Clinical Review staff training by Supervisor and Medical Director, ongoing
- IMD Coordination Process for UM-CM complete
- IMD Report template has been created for submission in October

Communication Process



- Internal daily census monitoring is being developed for tracking IMD admissions
- Participation in OAHP Regional Provider Forums
- Participation in State Webinars
- Provider communication via fax blasts and site visits

Points of Contact

Aetna



- 24/7 Notification Phone Line: 1-855-364-0974 , option 2, then 4
- 24/7 Notification Fax Line: 1-855-734-9393
- Escalation/Other Questions: KilincA@AETNA.com

CareSource



- 24/7 Notification Phone Number: 800-488-0134
- 24/7 Notification Fax Line: 937-487-1664
- 24/7 Notification Email: mm-bh@caresource.com
- Escalation/Other Questions:
Stephanie.Randazzo@caresource.com

Paramount



- 24-hour Call Center: 419-887-2557
- PHCReferralManagement@ProMedica.org
- Escalation/Other Questions: hy.kisin@promedica.org
Behavioral Health fax: 567-661-0841

Buckeye



- 24/7 Nursewise Line: 1-800-244-1991
- 24/7 OH Notification Fax Line: 1-866-535-6974
- Escalation/Other Questions: Amber.Bundy@envolvehealth.com

Molina



- 24/7 Notification Fax Line: (877) 708-2116
- 24/7 Notification Email:
OHBehavioralHealthReferrals@MolinaHealthcare.com
- Escalation/Other Questions:
Emily.Higgins@MolinaHealthcare.com

UnitedHealthcare



- 24/7 Provider Line to request authorizations: 1-866-261-7692
- 24/7 Submit online authorization requests via Provider Portal:
www.providerexpress.com and www.UnitedHealthcareOnline.com
- Escalation/Other Questions: tracey.izzard-everett@optum.com

Questions

- ***Please direct coverage questions to the Managed Care Plan.***
- ***Please direct IMD policy questions to ODM Hospital Policy:***
Hospital_Policy@Medicaid.Ohio.gov



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OHIO
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