MITS BITS PROVIDER INFORMATION RELEASE

Updated Timeline and Testing for BH Redesign

July 25, 2017

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Updated Timeline

As previously discussed in the MITS Bits released on June 22nd, behavioral health (BH) redesign *DID NOT* go into effect on July 1st, 2017 in deference to the legislative budget process. The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are providing the following updated information for behavioral health redesign implementation resulting from the final version of Ohio's 2018-2019 biennial budget, Amended Substitute House Bill 49:

- **August 1st, 2017: Ohio hospitals can begin utilizing the new behavioral health code set for mental health and SUD outpatient services.**
    - Ohio hospitals may begin delivering and billing for Medicaid behavioral health outpatient services using the new code set. This initiative is intended to increase access to behavioral health services for Ohioans in need, especially for children and multi-system youth. Early implementation by hospitals is possible because the Medicaid claims system for hospitals is separate from that used by community BH providers who are certified by OhioMHAS. This initiative is authorized by Ohio Administrative Code Rule 5160-2-75 which was reviewed by the Joint Committee on Agency Rule Review (JCARR) on July 17th for an August 1st, 2017 effective date. For more details, please see http://www.medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx#1682653-outpatient-hospital-behavioral-health-services.

- **October 1st, 2017: ODM rules for Medicaid community BH services will be final filed for a January 1, 2018 effective date. In addition, final versions of provider manuals, coding sets, and workbooks regarding the new BH code set will be publicly available. The most up-to-date versions of these documents are currently posted at http://bh.medicaid.ohio.gov/manuals.**

- **January 1st, 2018:**
    - **Providers of Medicaid community behavioral health services (provider types 84 and 95 in MITS) will begin to render and bill for services using the new behavioral health coding structure and benefit package.**
    - **For clients enrolled in Medicaid managed care, behavioral health services will be "carved in" to Ohio Medicaid managed care plans and services will be billed directly to the individual's plan.**
    - **For clients who are not enrolled in a managed care plan, services will continue to be paid through the Ohio Medicaid fee-for-service system (MITS).**

Behavioral Health Redesign Testing

Fee-For-Service Testing

On October 25th, ODM will reopen testing for all trading partners submitting FFS test claims for BH Redesign to MITS on behalf of community mental health or SUD treatment providers. Testing will remain open until November 29th, one month prior to go live of the new BH Redesign benefit package and code set. ODM staff will once again field calls in a Rapid Response call center for this period. Until testing reopens and throughout testing, ODM staff will continue to monitor and respond to questions regarding BH Redesign submitted to BH-Enroll@medicaid.ohio.gov.

Managed Care Testing

With carve in of behavioral health services to Medicaid managed care on January 1, 2018, providers and trading partners are encouraged to test claims for services provided to Medicaid recipients enrolled in managed care.

MyCare Ohio Plans: Providers should continue testing the new BH benefit package with MyCare Ohio Plans. Providers with established contracts who have not begun testing may begin testing now. Providers should ensure contracts extend to all lines of Medicaid business.

Traditional Managed Care Plans: Providers should begin testing the new BH benefit package with managed care plans as soon as they are able. BH providers should begin contracting with the managed care plans to prepare for carve-in if they have not already done so.

Testing with both MyCare Ohio plans and managed care plans can begin as soon as providers have established contact with the plan to verify billing information and obtain testing access, if necessary. Providers do not have to be fully credentialed to begin testing with the plans.

More detailed information on these and other topics is available by reviewing the slide presentation made to the Benefit and Service Development Work Group meeting that was held on July 12, 2017. The presentation from that meeting is now available on the bh.medicaid.ohio.gov web site here.