

Contingency Plan for Behavioral Health Providers – Advanced Payment Agreements

Ohio Medicaid has developed a contingency plan to assist community behavioral health provider agencies that need some extra time beyond January 1, 2018, to update their electronic billing systems to submit EDI transactions and transition to the new coding requirements. **NOTE:** Providers may still use the MITS portal to submit Medicaid claims in lieu of EDI submission. This would alleviate the need to enter into a contingency agreement with ODM (see previous [January 3rd MITS Bits](#) on MITS Portal training occurring on Friday, January 5th, for BH Providers).

Providers that choose this option will be eligible for contingency payments under the following conditions:

1. Medicaid, using state funds, will advance a monthly payment for January, February, March, and April 2018 equal to 54.6 percent of the provider's average monthly Medicaid reimbursement in calendar year 2016
2. At any point, a provider may connect to MITS and bill for services provided after January 1, 2018
3. Medicaid will recover the advance payment by offsetting claims paid once a provider begins submitting claims successfully or between May 1 and June 30, 2018, whichever is earlier

Providers intending to utilize this option must return a signed copy of the BH Advanced Payment Agreement in PDF format to BH-Enroll@medicaid.ohio.gov by 5:00pm on January 16, 2018. Providers can access the BH Advanced Payment Agreement [here](#) (it is also located on the [BH website homepage](#)).

Below are important points to keep in mind when completing the BH Advanced Payment Agreement:

- ❖ If your agency is enrolled as both provider types 84 and 95, please sign and submit a separate agreement for each 84 and 95 line of business and include your corresponding 7-digit Medicaid billing ID. Each line of business will receive an advanced payment separately.
- ❖ Advanced payment agreements are intended only for behavioral health providers not ready to submit claims for dates of service beginning January 1, 2018. Remember that the MITS portal is still open 24/7 for the submission of claims for behavioral health services rendered to Medicaid clients not enrolled with a MyCare Plan.
- ❖ These agreements are intended only for BH providers with a claims history in CY 2016. Advanced payment agreements will not be approved for providers new to Medicaid billing. ODM will inform the provider of their average monthly payment amount via email prior to first payment.
- ❖ ODM will make the monthly advanced payment for January and February together. The payments for March and April will be delivered in the early portions of each month.
- ❖ ODM will monitor BH claims submitted to MITS system for dates of service on or after January 1, 2018. For claims submitted after January 16, 2018, to MITS either electronically or via the MITS portal for dates of service on or after January 1, 2018, ODM will terminate their advanced payment agreement.