

Contingency Plan for Behavioral Health Providers – Medicaid Managed Care Advanced Payment Agreements

Ohio Medicaid and the managed care plans have developed a contingency plan to assist community behavioral health provider agencies that need extra time beyond July 1, 2018 to transition to managed care billing through behavioral health integration. Please note that this option is only available for the Medicaid Managed Care line of business and is not applicable to MyCare Ohio.

Providers that choose to participate in this option will be eligible for advanced payment under the following conditions:

1. The provider must return a signed copy of the Agreement for the Advance of Payment in PDF format by 5:00pm on Monday, July 16, 2018, to BH-Enroll@medicaid.ohio.gov and each managed care plan that it intends to enter into an Advanced Payment Agreement with. A list of plan contacts can be found on the following page. Providers can access the BH Integration Advanced Payment agreement [here](#) (it is also located on the BH website homepage).
2. The advance payment will be equal to 54.6 percent of a provider's average CY16 monthly reimbursement apportioned for the plan's respective client enrollment, based on ODM's data analysis.
3. Upon execution of the agreements, each plan will advance their share of the provider's monthly payment for July, August, September and October 2018.
4. To ease in the transition to managed care, providers will be able to simultaneously receive advanced payments as they begin to submit claims to the managed care plans. Submitting claims through the system will not cause an advanced payment agreement to be canceled. Each plan will recover advanced payments by offsetting claims paid beginning in November 2018.

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

- If your agency is enrolled as both provider types 84 and 95, please sign and submit one agreement which includes each of your corresponding 7-digit Medicaid billing IDs. While Agreements for Advanced Payment will be executed at the agency level, this information will be used to calculate the advanced payment amounts.
- If the Provider currently does not have a contract with the plan or is in the process of entering into a contract, the plan may require the completion of additional documents by the provider prior to receiving advance payments.
- Plans may require claims system testing as part of the agreement.
- Agreements for Advance of Payment will not be approved for providers new to Medicaid billing.
- Agreements for Advance of Payment will not be approved for providers who have received a contingency payment from ODM and have not made a good faith effort to repay the funds.
- Each plan will make their share of the provider's monthly advanced payment for July and August together. The payments for September and October will be delivered in the early portions of each month. The managed care plans will inform the provider of their monthly payment amount via email prior to the first payment.
- The managed care plans will monitor BH claims submitted for dates of service on or after July 1, 2018. Advance payments made to the provider will be recovered by the plan through an offset process, beginning in November 2018, or a refund process if the offset fails to make the plan whole by June 30, 2019.

Please submit completed copies of Agreements for Advance of Payment to BH-Enroll@medicaid.ohio.gov and the managed care plan contact below, as needed.

| Medicaid Managed Care Plan | Contact Information |
|-----------------------------------|--|
| Buckeye Health Plan | BehavioralHealth@CENTENE.COM |
| CareSource | OhioContracting@caresource.com |
| Molina | BHProviderServices@MolinaHealthcare.com |
| Paramount | PHCProvider.Contracting@ProMedica.org |
| United Health Care | tracey.izzard-everett@optum.com |

[Additional Safeguards to Assist in the Transition to Behavioral Health Integration](#)

- ODM has allowed for a six-month transition of care. Plans must allow members to continue receiving services through out-of-network providers until at least December 31, 2018. This timeframe was extended to include an open enrollment period to allow members to easily change plans.
- The same coverage policies for community behavioral health services that are in place now for Medicaid fee-for-service will apply to managed care through June 30, 2019.
- Plans must honor all prior authorizations approved by Medicaid fee-for-service prior to July 1, 2018 until that prior authorization expires.
- Plans must maintain Medicaid fee-for-service payment rates as a floor for behavioral health services through June 30, 2019.
- Provider and patient implementation concerns will be addressed immediately through a post-implementation task force that includes the Ohio Departments of Medicaid and Mental Health and Addiction Services, county boards, NAMI Ohio, managed care plans, and provider associations.