Behavioral Health Provider Correspondence

The Departments of Medicaid and Mental Health & Addiction Services are continuing to focus on how to best address operational, policy and design challenges related to the redesign of the behavioral health system. Both departments have heard the concerns from providers, boards, advocacy organizations, individuals and families and we know it is imperative to work quickly to ensure continued access to quality behavioral health care services for Ohioans. We understand there are significant financial concerns, workforce shortages, and other issues—all of which can impact services to individuals and families. We are committed to solving these issues as quickly as possible and communicating regularly on the status of solutions and next steps to mitigate the impact.

As a first step, Ohio Medicaid will extend the behavioral health redesign ‘transition of care patient protection’ requirements that managed care plans must follow to sustain access to care, continuity of services, and treatment capacity that were communicated in the January 4, 2018 MITS Bits. This extension will continue until further notice; including:

- Extending the requirement to maintain current Fee-for-Service payment rates, covered benefits and prior authorization requirements.
- Extending timely claims submission period from 180 days to 365 days for Medicaid managed care.
- Extending requirement for payment to out-of-network providers. Members who are currently receiving services from a provider who is not in network with a managed care plan, may continue to receive services from that provider. The managed care plan may prior authorize these services, where appropriate, or assist the member to access services through a network provider when any of the following occur:
  - the member’s condition stabilizes, and the managed care plan can ensure no interruption to services;
  - the member chooses to change to a network provider;
  - the member’s needs change to warrant a change in service;
  - or quality concerns are identified with the provider.

Regarding the recovery of advance payments, these will be delayed until confidence in claims payment is stabilized and individual providers are at a low risk for claims issues moving forward. After the delay has been lifted, there may continue to be provider-by-provider and plan-by-plan considerations moving forward. There will be no change to this plan-of-action until clear communications is provided.

Additionally, we have specific teams working on provider roster and third-party liability issues. For updates on current provider roster work, please visit https://bh.medicaid.ohio.gov/training and here for the latest on third-party liability.

Finally, we know there is a need for immediate help, so both departments are committing specific resources to providing direct technical assistance to providers through BH-enroll@medicaid.ohio.gov. If you are a provider agency that has, or is considering, releasing staff or eliminating programming or otherwise struggling financially as a result of behavioral
health redesign, please contact either Director Corcoran at Maureen.corcoran@medicaid.ohio.gov or Director Criss at Lori.criss@mha.ohio.gov.

If you have already connected with the Ohio Council of Behavioral Health or either Department, we are aware of your needs and are working to address them as quickly as possible. We want to be respectful of your time and resources, so please do not feel obligated to reach out again based on this correspondence. Additionally, we are conducting a proactive analysis of claims activities to identify potential providers who may benefit from additional technical assistance and will be reaching out to offer support.

Thank you for all you do for Ohioans. We sincerely appreciate your hard work and patience as we work to resolve these issues as soon as possible.

Sincerely,

Maureen Corcoran
Director, Ohio Department of Medicaid

Lori Criss
Director, Ohio Department of Mental Health and Addiction Services