Dec. 21, 2017

*** Behavioral Health Redesign Will Begin Jan. 1, 2018

The Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services will implement Behavioral Health Redesign on January 1, 2018, on a fee-for-service (FFS) basis for all Medicaid enrollees other than MyCare Ohio members, who will receive their redesign benefits via their MyCare Ohio plan. The traditional managed care plans will begin covering behavioral health services for their members on July 1, 2018, when “carve-in” takes place.

Beginning January 1, 2018, community behavioral health providers will have three options to submit Medicaid claims:

1. Submit claims through the new beta tested system via Electronic Data Interchange (EDI).
2. Submit claims directly through the Ohio Medicaid Information Technology System (MITS) portal.
3. Participate in a time-limited, cash-flow contingency plan.

MITS Portal

Community behavioral health providers that are not able to submit claims using the new billing codes via EDI in January 2018 can utilize the MITS portal. The MITS portal allows providers to submit FFS claims for reimbursement, correct denied claims for resubmission, adjust or void paid claims, or copy a claim to create a new claim. When submitting a claim via the MITS portal, the system performs data entry edits and informs providers when system related data is missing BEFORE a claim is actually submitted. This option is currently available to all community behavioral health providers, and will allow providers to have 100 percent of their claims adjudicated expeditiously. Guidance for submitting claims using the MITS portal can be found HERE.

Time-limited, cash-flow contingency plan

Ohio Medicaid has developed a contingency plan to assist community behavioral health providers that need time beyond Jan. 1, 2018, to transition to the new coding requirements and choose not to utilize the MITS portal.
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 the system and bill for services provided after Jan. 1, 2018.

3. Medicaid will recover the advance payment by offsetting claims paid between May 1 and June 30, 2018.

Providers that intend 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 p.m. on Jan. 16, 2018. Providers can access the BH Advanced Payment Agreement HERE.

Provider Support
Beginning Jan. 2, a rapid response team will be available to provide technical assistance six days a week* to ensure a successful transition to the new code set and behavioral health benefit package. The rapid response team will provide technical assistance to any provider billing using the new code set – via EDI or the MITS portal – and will be available as long the volume of inquiries warrants it. The rapid response team will also be available to providers using the advanced payment option as they prepare to begin billing using the new code set.

- For the rapid response team: Call the Medicaid provider hotline (1-800-686-1516) and select Option 9 OR email BH-Enroll@Medicaid.ohio.gov
- For EDI processing: Call the Medicaid provider hotline (1-800-686-1516) and select Option 4 OR email OhioMCD-EDI-Support@dxc.com
- Each MyCare plan also will have provider support available

*Ohio Medicaid will be closed on Jan. 1 and Jan. 15

For more information on Behavioral Health Medicaid Redesign, visit http://bh.medicaid.ohio.gov. We value your feedback and questions. Submit inquiries HERE.