# Behavioral Health Redesign Is Ready for July 1, 2017

## Background:

When Governor Kasich took office in 2011, Ohio's publicly funded system of mental health and addiction services was in turmoil. Over the previous four years, state funding for mental health was reduced nearly 20 percent. Even before those cuts, the resources for people with severe mental illness transferred from state hospitals to communities in the 1990s had already eroded over time. Limited state and local funding for mental health and addiction services became primarily used for Medicaid matching purposes. State cuts in mental health and addiction services, paired with increased demand for local match for Medicaid services, significantly limited access to services for individuals in need of treatment. The system was in crisis.

## Transformation:

The transformation of behavioral healthcare has been a focal point of the Administration. The pathway toward this transformation has several components: elevation of Medicaid match to the state level, expansion of Medicaid eligibility, modernization of behavioral health codes and services, and finally integrating these services into managed care after January 2018.   The first two steps have already been successfully achieved in 2012 and 2014.  We are on track for implementation of the third phase to be implemented on July 1, 2017.  We will also be prepared and ready to implement the final phase on January 1, 2018, with the full integration of behavioral health services into managed care.

## The Redesign Process:

The goal of the redesign process was to better address the behavioral health needs of Ohioans and to bring the behavioral health codes and practices up to National Correct Coding Initiative (NCCI) standards. Recognizing the significance of these changes, starting in early summer 2015, the Department of Medicaid (ODM) and the Department of Mental Health and Addiction Services (OhioMHAS) began a strenuous, high-touch, and transparent stakeholder engagement process, as detailed at the end of this paper.

After two years of engagement, 19 iterations of payment rate assumptions, a website dedicated to the education of providers and stakeholders, quarterly JMOC updates, provider trainings, and more, the rules related to these changes were filed with JCARR on April 14 to launch the final and formal stage of the rules process. These rules will allow for the system to truly reflect what services are being provided, providers' levels of expertise, and the ability to have clarity on coding as both behavioral and physical health are built into managed care, fully integrating services.

We recognize that some providers are going to have to change their business model to recognize the financial and other benefits of BHR.  That result is by design, rather than in spite

of it.  In the end, many providers are now seeing BHR as the opportunity it was designed to be, where a wider array of services will be available to be more fully reimbursed than under the current system.  ODM, with its partners at OhioMHAS and national consultants including Mercer and Deloitte, have worked tirelessly to eliminate or mitigate adverse impacts while remaining true to state and federal regulations and policy goals.  These solutions are described in more detail later in this whitepaper.

## Resources Available to Individuals:

Ohio's transition to the new BH benefit package should be seamless for individuals who access these critical services. Current BH services should not be impacted by BH Redesign, and new services (e.g., ACT/IHBT) will be available to individuals with high intensity needs. If an individual has challenges accessing current or new services, resources are available to help guide them to the appropriate services. The examples below are resources currently available to Ohioans:

**ODM:**
- Medicaid Consumer hotline: 800-324-8680
- Beneficiary Ombudsman, Sherri Warner (Phone: 614-752-4599; Email: Sherri.Warner@medicaid.ohio.gov)

**OhioMHAS:**
- Client Rights and Advocacy Resources

**Local:**
- NAMI Ohio Helpline: 800-686-2646
- Ohio Association of County Behavioral Health Authorities board directory

**Managed Care Plans:**
- Medicaid Consumer hotline: 800-324-8680

**Specialized Recovery Services:**
- CareSource SRS Program Manager: Dawn Rist-Opal (Phone: 216-618-8124; Email: Dawn.RistOpal@CareSource.com)
- Council on Aging SRS Program Manager: Christy Nichols (Phone: 513-592-2779; Email: Cnichols@help4seniors.com)
- CareStar SRS Program Manager: Mary Farrell (Phone: 614-729-6319; Email: Mfarrel@CareStar.com)

**Assuring Provider Readiness throughout the Redesign Process:**

Assuring provider readiness for the BH redesign has been built into the redesign process and has been a consideration in policy and operational decisions.   As a matter of fact, the original implementation date was pushed *back* one year from July 1, 2016, to July 1, 2017, in an effort to accommodate provider readiness and ensure a smooth transition.  The purpose of the delay was not because major decisions and goals were and are yet to be made; rather, it was to allow further analysis of individual codes and services to ensure that they were being reimbursed at the appropriate level and correctly staffed.

The State utilized frequent and diverse communications to engage stakeholders and report progress on BH Redesign, including 33 state-sponsored trainings.  Providers have participated in the policy development and have been kept abreast through a variety of stakeholder meetings and trainings so that they could begin development of their systems and staff training as rules and manuals were being finalized. ODM and OhioMHAS have been meeting with providers, trading partners (third-party billers), and Medicaid managed care plans for months to discuss the required systems work that comes with modernizing the system.  Detailed billing-related resources and manuals are posted on a dedicated website for BHR.  Newsletters covering general policy and detailed technical information, as well as copies of training and videos to actively and visually engage stakeholders are also on the BHR website.

Beginning in early May, providers will have 24/7 access to a test environment to ensure that their systems are ready to "go-live" with BHR on July 1, 2017.  ODM and OhioMHAS will staff a call center six days a week during the testing phase, to ensure that any questions or concerns can be immediately addressed.  And then, beginning July 1, 2017, the Departments will continue the effort as a "Rapid Response Team" to ensure that any potential errors in claims payment are immediately addressed to minimize any likelihood of payment delay.  Far from rushing to an artificial deadline, the Administration has engaged a methodical and multi-faceted approach to ease into BHR on July 1, 2017.   For a summary of readiness activities, please refer to the attached graphic entitled "Engaging Stakeholders to Prepare for BH Redesign."

On that note, the July 1 date is important to ensure six months of claims' experience in a predominately fee-for-service Medicaid model as we prepare to carve the behavioral health benefit into managed care by January 1, 2018.  That deadline is established by Am. Sub. H.B. 64.  All of the work over the last two years has been predicated on the idea that these changes are necessary for the betterment of Ohioans on a variety of levels.

ODM and the managed care plans certainly recognize the importance of providers being paid in a timely fashion, and are working hard to ensure a smooth transition – both in fee-for-service and in My Care on July 1, 2017.  However, a 12-month pay and post approach is not responsible public policy, undermines programmatic integrity, creates issues for Ohio with CMS, and could be construed as unconstitutionally extending a loan to private businesses.  MITS will be ready to accept and adjudicate claims.  In the event issues arise (i.e., a defect in MITS programming is detected), our strike team will be able to make adjustments to the system rapidly.  Providers

should already be familiar with MITS and our system procedures, and we are confident in the coding changes being made.

On the MyCare side, the State will use its authority to direct MCP's to lift—on a targeted basis—system edits, thereby allowing for the payment of claims that are being rejected because of systemic issues or coding. These types of issues tend to be isolated to specific services or provider types and does not typically affect the entire provider network. As such, we will move quickly to enforce this approach if warranted, with the directive for quick reconciliation afterwards.

## Resolution of Stakeholder Concerns and Current Status:

The rules for these changes were required to go through the Common Sense Initiative Office (CSIO) which allowed for both Departments to review significant comments and continued dialogue with several stakeholder groups. With these conversations, the Departments came together and have been able to develop several solutions to stakeholder concerns that are incorporated into the rules for original file.

- ODM is revising the reimbursement policy to allow a provider to bill for a physician visit (E&M code) and a nurse visit (H-code, T-code) on the same day.

- ODM will remove from its rules any language regarding staffing requirements in the Substance Use Disorder (SUD) rules. However, providers will need to document, in accordance with general Medicaid policy, that the services being billed are appropriate.

- ODM is revising the reimbursement policy to allow a provider to bill for day treatment and group counselling on the same day.

- ODM will revise the minimum supervision requirements for psych assistants, social work trainees, marriage and family therapist trainees, counselor trainees, chemical dependency counselor assistants to general supervision (supervisor available by phone), as opposed to direct supervision. This revision alleviates concerns raised regarding the ability of CDCAs to bill for services.

- Documentation requirements in the rules will be revised to ensure alignment between the ODM and OhioMHAS rules.

- ODM will allow behavioral health services to be billed when rendered in an emergency room setting (place of service (POS) 23) or in the community (POS 99), and training will be offered to demonstrate when those POS codes are appropriate. Note, however, that federal law prohibits Medicaid payment for services rendered when someone is in a jail setting except in limited circumstances, and accordingly this policy is not a result of any ODM rules.

- ODM will modify its rules to clarify that transportation in and of itself is not reimbursable. The expectation under general Medicaid rules applicable to all

providers is that the nature of the services will be documented to support medical necessity.

- ODM will allow a SSI or SSDI determination to stand in the place of an ANSA assessment for Assertive Community Treatment (ACT), assuming all other criteria for ACT are met.

- In order to ensure continuity of Fee-For-Service (FFS) rates under Managed Care, the Managed Care Plans (including MyCare) will maintain FFS rates as a floor for what they're paying through December 31, 2018.

- Managed Care Plans will accept the Community Behavioral Health Centers who operate appropriately credentialed laboratories and meet Medicaid provider-eligibility requirements as a laboratory into their panels to allow continuity of care.

- Crisis services can be performed by another agency for an Intensive Home Based Treatment (IHBT) enrollee when the IHBT team is not available.

- ODM will allow hospital-based agencies to maintain provider type 84 and/or 95 if they choose to until January 1, 2018. However, these agencies must comply with all other changes on July 1, 2017.  To provide services, these providers must maintain appropriate accreditation.

- Therapeutic Behavioral Service (TBS) and Psychosocial Rehabilitation (PSR) services rendered in an office (POS 11) or a Community Mental Health Center (POS 53) for more than 90 minutes provided by the same agency, to the same recipient, on the same calendar day will be paid at 50% of the rate. TBS/PSR services provided in all other places of services will be paid at 100% of the rate after 90 minutes.

- Collateral contact as referred to in Ohio Administrative Code rules 5160-27-04 and 5160-27-08, occurs when the practitioner contacts individuals who play a significant role in a Medicaid recipient's life. The information gained from the collateral contact can provide insight into treatment OR basic psychoeducation provided to that collateral contact can assist with the treatment of the Medicaid recipient.

- Limitations on nursing services have been removed such that nurses may bill for services within their scope of practice as determined by the nursing board.  In fact, specific codes were added to BHR to ensure that this workforce issue would be resolved.

- All hard limits on services have been eliminated.  For some services, reasonable soft limits, beyond which prior authorization for continued services would be required, have been put in place to ensure appropriate continuity of care.

## Engaging Stakeholders to Prepare for Redesign:

**Consumer and Provider Resources**

• Starting May 1, a call center will be staffed six days a week during testing to answer any questions.
• Then, beginning July 1, the State will deploy a "Rapid Response Team" to ensure any potential errors in claims submission are immediately addressed to minimize any likelihood of payment delay.
• Resources are available to consumers who have questions about Redesign.

**Trainings & Communications**

• The State used an iterative process to inform policy and operational decisions, engaging 91 provider and advocacy groups and 51 county boards.
• The State utilized frequent and diverse communications to engage stakeholders and report progress on BH Redesign, including 33 state-sponsored trainings.

**Policy Changes**

• In response to stakeholder feedback, the State made numerous policy updates to ensure that services and supports are available for all Ohioans with needs.

**MyCare Plan Readiness Reviews**

• The State will conduct readiness reviews of all five MyCare Ohio plans to ensure they are ready to go-live in July 2017.

**Short- & Long-Term Monitoring Plan**

The State is implementing a plan to monitor the BH redesign changes:
• Short-term, the state will monitor claims payment and processing times to ensure continuity of care during the transition period.
• Long-term, the state will monitor overall spending to ensure our commitment to invest into the system is realized.

**Preparing for EDI/IT Testing**

• The State held bi-weekly meetings with dedicated EDI/IT workgroups to prepare for system testing.
• ODM will provide a certificate to providers once their Trading Partners have completed system testing.

**Extended timeline**

• The State extended the Go-Live timeline from July 2016 to July 2017 to assure system and provider readiness.
• Starting May 1, providers will have 24/7 access to a test environment to ensure that their systems are ready to go live in July 2017.

## Behavioral Health Redesign – Stakeholder Meetings 2015-2017

1. May 27, 2015 -  Core Team meeting
2. July 15, 2015 – Sub-group meeting on lived experience and family engagement
3. July 15, 2015 – Benefit & Service Development Work Group meeting
4. August 12, 2015 – Benefit & Service Development Work Group meeting
5. September 16, 2015 – Core Team meeting
6. November 18, 2015 – Sub-group meeting on the budget process
7. December 16, 2015 – Core Team meeting
8. January 13, 2016 – Benefit & Service Development Work Group meeting
9. February 10 – Children's Mental Health sub-group meeting
10. February 12, 2016 – Core Team meeting
11. February 24, 2016 – Benefit & Service Development Work Group meeting
12. February 24, 2016 – Children's Mental Health sub-group meeting
13. March 9, 2016 – Benefit & Service Development Work Group meeting

14. March 23, 2016 – Benefit & Service Development Work Group meeting
15. March 24, 2016 – Sub-group meeting on the budget process
16. April 6, 2016 – Sub-group meeting on SUD Residential Treatment
17. April 6, 2016 – Sub-group meeting on Therapeutic Behavioral Services
18. April 6, Sub – Sub-group meeting on Children's Mental Health Services
19. April 8, 2016 – Sub-group meeting on the budget process
20. April 20, 2016 – Benefit & Service Development Work Group meeting
21. May 4, 2016 – Benefit & Service Development Work Group meeting
22. May 18, 2016 – Benefit & Service Development Work Group meeting
23. May 25, 2016 – Children's Mental Health sub-group meeting
24. May 31, 2016 – EDI/IT Work Group meeting
25. June 15, 2016 – Benefit & Service Development Work Group meeting
26. August 23, 2016 – Benefit & Service Development Work Group meeting
27. October 3, 2016 – EDI/IT Work Group meeting
28. October 6, 2016 – Benefit & Service Development Work Group meeting
29. November 9, 2016 – EDI/IT Work Group meeting
30. November 30, 2016 – Benefit & Service Development Work Group meeting
31. January 25, 2017 – EDI/IT Work Group meeting
32. February 15, 2017 – Benefit & Service Development Work Group meeting
33. February 27, 2017 – Meeting with stakeholders in Jackson, Ohio
34. March 2, 2017 – EDI/IT Work Group meeting
35. March 15, 2017 – EDI/IT Work Group meetings (MCPs and stakeholders)
36. March 29, 2017 – EDI/IT Work Group meetings (MCPs and stakeholders)
37. April 12, 2017 – EDI/IT Work Group meetings (MCPs and stakeholders)
38. April 19, 2017 – Benefit & Service Development Work Group meeting

## Behavioral Health Redesign – Provider Trainings and Forums 2016-2017
1. CPT Code Training – April 14, 2016
2. BH Redesign 101 Trainings – 7 sessions throughout the state in April and May, 2016
3. BH Redesign Regional Trainings - 10 sessions throughout the state in July and August, 2016
4. CPT Code Trainings – 3 sessions in October and November, 2016
5. BH Provider Enrollment Training via webinar – October 6, 2016
6. BH Redesign 201 Trainings – 8 sessions throughout the state in October and November, 2016
7. Training for OTP providers via webinar – December 16, 2016
8. BH Redesign 301 Trainings – 6 sessions throughout the state in March and April, 2017
9. MCOP Provider Forums on BH Redesign – 6 sessions throughout the state co-sponsored by ODM and the MCOPs in April and May, 2017

## Behavioral Health Redesign – Release of Manuals, Rates and Resources
1. Initial version of the Coding and Rate Chart shared – February 12, 2016
2. Revised version of Coding and Rate Chart shared –February 24, 2016
3. Revised version of Coding and Rate Chart shared – March 9, 2016
4. Revised Coding and Rate Chart and Draft Provider Manual shared – June 15, 2016
5. Revised version of Coding and Rate Chart shared – August 23, 2016
6. Revised version of Coding and Rate Chart shared – November 30, 2016
7. OTP Provider Manual released – December 23, 2016
8. Revised version of the Provider Manual, IT specs and draft rules shared – January 31, 2017
9. Revised version of the Coding and Rate Chart shared – February 15, 2017
10. Revised version of the Coding and Rate Chart shared – March 20, 2017

11. Revised version of the Provider Manual shared – March 1, 2017
12. Revised version of the Provider Manual shared – March 17, 2017
13. Updated ODM rules and Business Impact Analysis submitted to CSIO – March 17, 2017
14. Revised version of the Provider Manual shared – March 31, 2017
15. ODM and OhioMHAS Rules original filed with JCARR – April 14, 2017
16. ODM Public Rules Hearing – May 15, 2017
17. OhioMHAS Public Rules Hearing – May 17, 2017
18. JCARR Hearing – late-May or mid-June

## Behavioral Health Redesign – Stakeholder Communication
1. BH Redesign website launched in February 2016 (www.bh.medicaid.ohio.gov)
2. Questions submitted via website answered by state policy teams on an ongoing basis
3. Policy updates communicated on an ongoing basis via MITS Bits and e-newsletters

## Behavioral Health Redesign – System Testing, HyperCare and Rapid Response
1. Starting in early May, Providers will have 24/7 access to a test environment to ensure that their systems are ready to go live in July, 2017
2. Call Center pre go-live – When testing begins, a call center will be staffed six days a week during testing to ensure that any questions or concerns can be immediately addressed
3. Rapid Response team post go-live – Beginning July 1, 2017, the State will deploy a "Rapid Response Team" to ensure any potential errors in claims payment are immediately addressed to minimize any likelihood of payment delay

## MyCare Ohio Plans – Readiness Reviews for BH Redesign Implementation
1. ODM will conduct Readiness Reviews of all MyCare Ohio Plans to ensure they are prepared for BH Redesign implementation in July, 2017 – Planned for May, 2017

| KEY |
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| **Stakeholder Meetings** |
| The State held regular meetings with various stakeholder groups to provide updates on the BH Redesign process and seek input. |
| **Provider Trainings and Forums** |
| The State hosted multiple trainings for providers throughout the state to communicate BH Redesign policy and coding changes. |
| **Release of Manuals, Rates and Resources** |
| State policy teams developed multiple tools to help providers understand BH Redesign, including detailed provider manuals and coding/rate charts. The State also shared proposed updates to Ohio Administrative Code. |
| **Stakeholder Communication** |
| The State utilized frequent and diverse communications to engage stakeholders and report progress, including newsletters and a website dedicated to BH Redesign. |
| **System Testing, HyperCare and Rapid Response Teams** |
| The State is taking multiple measures to ensure a successful go live in July, 2017 including 24/7 access to a test environment and call centers to provide assistance 6 days a week starting in early May. |
| **MyCare Plan Readiness Reviews** |
| The Department of Medicaid will conduct a Readiness Review of all MyCare Ohio Plans to ensure their systems are ready to implement the BH Redesign coding/rate changes and successfully process claims in July, 2017. |