

Behavioral Health System Updates

*Community Mental Health & Alcohol/Drug Addiction Services
Unified Long Term Care System Workgroup*

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Behavioral Health System Updates

- PASRR
- MFP
- RoMPIR
- State Profile Tool
- EMMA
- Olmstead Report

Behavioral Health System Updates

- Behavioral Health System Transition Workgroup
- Medicaid Fee Schedule
- MITS & MACSIS
- Modified Certified Public Expenditure Application

Behavioral Health System Transition Workgroup

- The purpose of the Behavioral Health System Transitions Work Group is to:
 - oversee the completion of the remainder of the work related to the TCN/EMV litigation MOU
 - and provide oversight and coordination, policy direction and operational guidance related to the following scope of work and assure necessary coordination with other areas of work (e.g., housing, workforce, TSIIG initiatives, etc)

Behavioral Health System Transition Workgroup

- **Behavioral Health Utilization Review Quality Council**
 - The BHURQC is responsible for ongoing monitoring of the Medicaid utilization review process to assure it continues to meet the needs of the behavioral health system. Additionally, the BHURQC may provide recommendations to the Directors of ODADAS, ODJFS and ODMH on: improvements to the Medicaid utilization review process; and ways to improve the quality of services and the effectiveness and efficiency of service delivery based on the outcomes of the utilization review process.

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- **Provider Subrecipient/Vendor Status**
 - Provide guidance related to the transition of providers to vendor status by updating the ODADAS and ODMH audit guidelines and making update recommendations to the relevant Auditor of State FACCRs.
- **Provider Financial Report Responsibilities**
 - Define the financial reporting and audit requirements of providers. Address the issue of 117 rules in this context. Determine what, if any, changes to ORC and/or OAC are necessary.

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- **Mediation/non-Medicaid Procurement**
 - Complete the mediation workgroup objective by ODADAS and ODMH filing respective dispute resolution rules using the agreed upon template language. Develop the statewide non-Medicaid contracting process, including addressing procurement and contracting standards through any mutually determined necessary statute(s) and/or rule(s).

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- **Fee Schedule Implementation**

- Transition the provider reimbursement methodology from a cost-related and subsequently reconciled methodology to that of a fee schedule.

- **Board Level Medicaid Administrative Claiming**

- Review and update the methodology previously developed by OACBHA, ODADAS and ODMH and submit to CMS for their review.

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- **Defining Priority Populations, Core Services & Benefit Packages**
 - Identify and define priority populations (e.g., SPMI, SMD, SED, pregnant women, IV drug users, etc.).
 - Determine core services and establish appropriate amount, scope and duration of such services.
 - Develop utilization management tools.
 - Create benefit packages.
 - Develop and implement financing structures to support services being delivered in a more targeted, efficient and effective manner.

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- **MITIS & MACSIS**

- Develop short, mid & long-term strategies related to full transition of Medicaid and non-Medicaid behavioral health services, to the extent possible, into the MITIS environment.
- Keeping modification to and investments in MACSIS to a minimum.

MITIS & MACSIS - Short Term

- Short Term Work – October 2009
- Complete tasks necessary to prepare current MACSIS interfaces for ODJFS' transition to MITIS.
- ODJFS will work with the MITIS contractor to ensure the new system will continue to support the formats that ODADAS and ODMH currently use.
- The 6780 file format will continue to be used for claims submission and the pay/reject file format will continue to be used for adjudication communication.

MITIS & MACSIS - Mid Term

- Mid Term Work – July 1, 2011 – January 2012
- Implement the ASC X12 5010 specifications of the HIPAA standard electronic transactions.

MITIS & MACSIS – Long Term

- Long Term Work – July 2014
- Complete tasks necessary to fully migrate MACSIS functions to MITIS to the extent possible.
- Complete steps necessary to ensure covered entity transaction compliance.

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- **Emerging Health Care Policy and Information Technology Initiatives**
 - Respond appropriately to emerging health care policy and information technology initiatives.
 - Provide strategic direction and oversee implementation of initiatives.

Modified Certified Public Expenditures (mCPE) Application

- All Boards are “live” with the mCPE application.
- Claims submission to ODJFS is now contingent upon Board certification of payment in the mCPE application.
- State and Boards can now identify the sources of the non-Federal public funds used to pay claims at the 835 level.

QUESTIONS????

Thank You!

