

ODM Updates to Medicaid Behavioral Health Services Through Managed Care

Beginning July 1, 2020, several changes are being made to the Medicaid Managed Care Provider Agreement that will impact Behavioral Health providers. These changes include updates to the COVID-19 emergency appendix, which was implemented on March 27, 2020, due to the unknowns of the pandemic, as well as, changes resulting from feedback received from providers and managed care plans (MCPs).

Prior Authorization

Beginning July 1, 2020, the MCPs will return to prior authorization processes that were in place prior to the COVID-19 emergency. The requirement for plans to allow for an administrative authorization or no authorization at all will be removed from the provider agreement. The MCPs will continue to honor any previously approved prior authorization for up to six months when the treatment, procedure, or service was postponed between March 27, 2020 and June 30, 2020. With that language change, a requirement has been added to the provider agreement to ensure the MCPs work with ODM to develop streamlined utilization management policies.

Out-of-Network Providers

Beginning July 1, 2020, the COVID-19 emergency requirement found in Appendix S requiring plans to pay out-of-network providers will be rescinded. Plans will return to compensating out-of-network providers as they did prior to the COVID-19 emergency. This may include paying the fee-for-service rate for emergency services, entering into a single case agreement when necessary, or requiring prior authorization where it may not otherwise be required.

A similar change has been made to the language in Appendix C of the provider agreement. The transition of care language, originally included in the provider agreement on July 1, 2018, to ensure a smooth transition for Medicaid recipients, has been amended to allow MCPs to transition members to network providers. This change takes effect July 1, 2020, when MCPs may begin working with members to transition their services. MCPs must allow members to receive services through out-of-network providers through October 1, 2020.

Rate Changes

The COVID-19 emergency requirement for MCPs to cover services rendered by out-of-network providers at the fee-for-service rates has been removed. The provider agreement language requiring plans to pay for Community Behavioral Health Center (CBHC) services at the fee-for-service rate remains. However, any new services or practitioners added to the CBHC benefit package will not fall under this requirement.

ASAM Level of Care Criteria for Inpatient Hospital Admissions

In addition, ODM has added a requirement to the provider agreement for all plans to utilize ASAM criteria when determining coverage for substance use disorder (SUD)-related inpatient hospital stays, including general and psychiatric hospitals. The MCPs and MCOPs will also utilize other clinical criteria (MCG, InterQual, etc.) and will cover the stay when the individual meets criteria for an inpatient hospital stay under either requirement. The ASAM level of care requirement for a SUD residential treatment facility stay remains unchanged.

CBHC Laboratories

The requirement for MCPs and MCOPs to contract with a CBHC lab when the plan has a contract with the CBHC has been removed. This language was added to the contract prior to Behavioral Health Integration into managed care for the purpose of continuity of care. Since that time, the laboratory procedure codes have been added to the SUD Treatment Provider (provider type 95) billing code list and there is no longer a need for this requirement. Additional information about the addition of lab codes to the provider type 95 contract can be found here:

<https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/PolicyGuidance/Lab-Contract-and-SUD-Treatment-Providers.pdf>.

Resources

- ODM has established an internet page specific to COVID-19 managed care related information. It can be found here: <https://medicaid.ohio.gov/COVID/Managed-Care-Plan-Emergency-Provisions>.
- If you have questions, you may send your inquiry to the ODM Managed Care Policy email box at: ManagedCarePolicy@medicaid.ohio.gov.