



Louisiana Medicaid Transition of Behavioral Health Services to Bayou Health 12/1/15

Bureau of Health Services Financing
Office of Behavioral Health

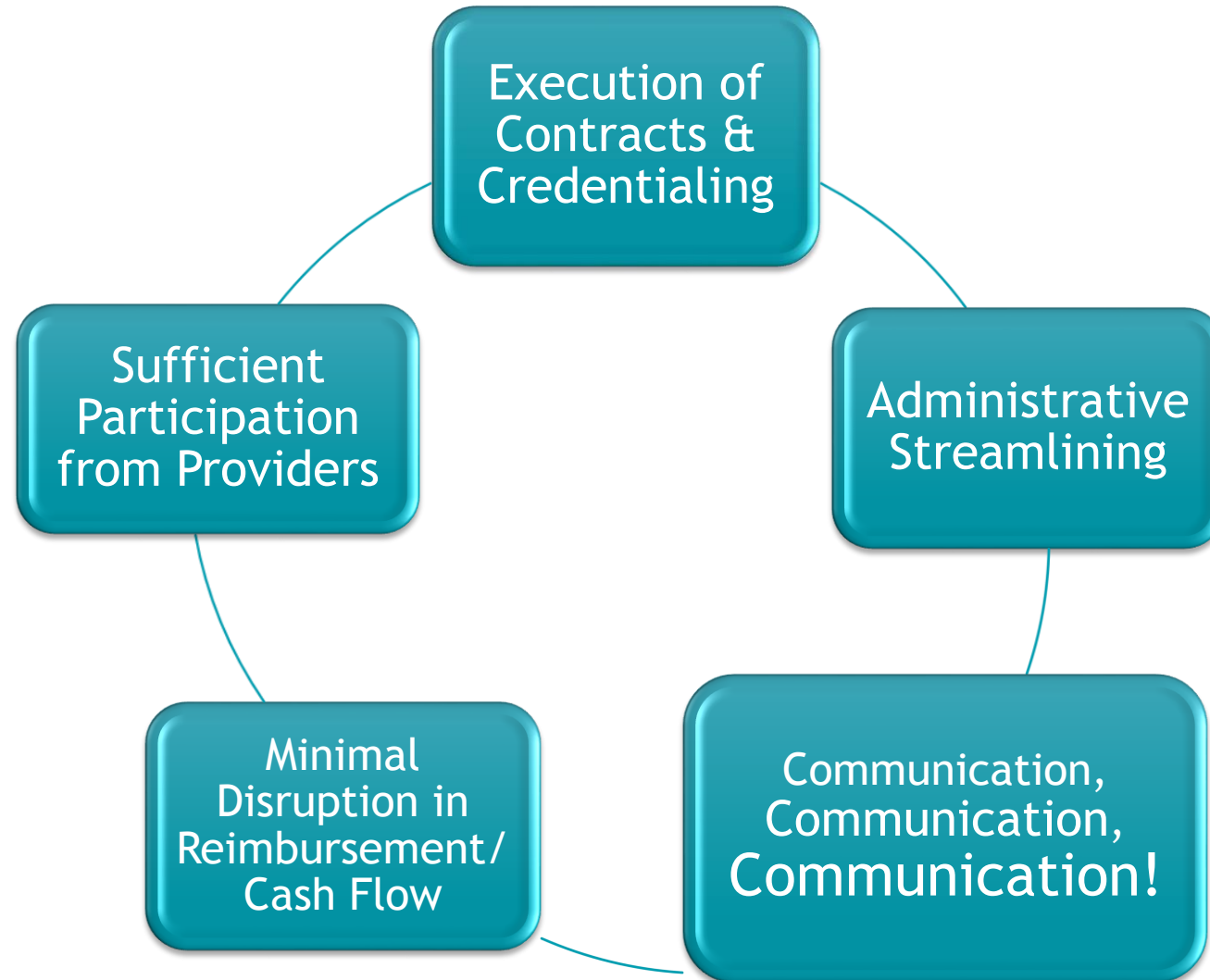
Quick Overview of Today's Topics

- ▶ Reasons for “Carving In” Specialized Behavioral Health Services
- ▶ Medicaid Services and Providers That Will Be Impacted by Change
- ▶ Which Medicaid Enrollees Are Impacted and How
- ▶ What Will Be Changing on 12/1 (or Has Already Changed)
- ▶ Setting Providers Up for Success Before and After 12/1
- ▶ How to Find Information & Provide Feedback Before and After 12/1

Our ~~Two~~ Three Primary Short Term (Through 2/29/16) Goals During Transition

- ▶ Assure **continuation** (including authorization/reauthorization) of medically necessary services by **current** contractor (Magellan) for members until 12/1
- ▶ Avoid any interruption in mental health and substance use treatment services 12/1 and after for more than 75,000 Medicaid enrollees
- ▶ For more than 20,000 specialized behavioral health providers—
 - Minimize disruptions in cash flow
 - Identify ways to **reduce and mitigate** associated administrative complexity

Elements Considered Critical by DHH for Smooth Transition



What the Health Plan Transition Means Starting 12/1

- ▶ Magellan will no longer be the Statewide Management Organization (SMO) for Medicaid specialized behavioral health (mental health and substance use treatment), **with exception of CSoC children and youth.**
- ▶ DHH is transitioning or “carving in” specialized behavioral health (mental health and substance use treatment) to the five Bayou Health Plans.
 - Just under one million members enrolled in Bayou Health Plan for both physical and specialized behavioral health services.
 - Additional ~ 120,000 members enrolled in a Bayou Health Plan for specialized behavioral health and non-emergency medical transportation **only.**
- ▶ Terms “SMO” and “Louisiana Behavioral Health Partnership (LBHP)” are being retired after December 1.

Our Louisiana Medicaid Bayou Health Plans



Why Is DHH Transitioning Specialized Behavioral Health Services to Bayou Health Plans?

- ▶ What it is **not** about: budget cuts or political reasons
- ▶ Strong push at federal level from CMS and SAMSA to move toward greater integration
- ▶ Genuine belief that a single entity coordinating both the “head” (behavioral health) and the rest of the body (physical health) will produce better results
 - Better management of physical health (i.e. diabetes, hospital readmissions) by addressing behavioral health needs
 - Better management of behavioral health--mental health needs and substance use disorders-- as a result of integrated claims data, access to information
- ▶ **Lives actually saved** through increased integration of physical and behavioral health at provider level—example is suicide
 - Primary Care Settings-- Question of suicide is seldom raised: 77 % of individuals had primary care visit within the year; 45 % within the month; 18 % of elderly patients on the same day!
 - Discharges from Emergency Department : ~ 10% of individuals who died by suicide discharged from an ED within previous 60 days

Louisiana Medicaid Does Not Operate a Fee-for-Service (FFS) Delivery System for Specialized Behavioral Health

- ▶ Louisiana Medicaid FFS Program no longer enrolls specialized behavioral health providers (effective 3/1/12)
- ▶ New behavioral health services and provider types were added in March 2012 that never existed in FFS Medicaid
- ▶ Fewer than 10% of Medicaid enrollees whose benefits include specialized behavioral health are actually receiving services
- ▶ **All** enrollees whose benefits include specialized behavioral health must be enrolled in a Bayou Health Plan so they CAN receive these services IF they need them
 - Medicare dual eligibles
 - Individuals who opt to stay in FFS Medicaid for physical health (HCBS Waivers)
 - Individuals residing in nursing facilities and other residential settings

Putting December 1, 2015 in Perspective

Finish Line for Integration at Payer Level



Starting Blocks for Integration at Provider Level

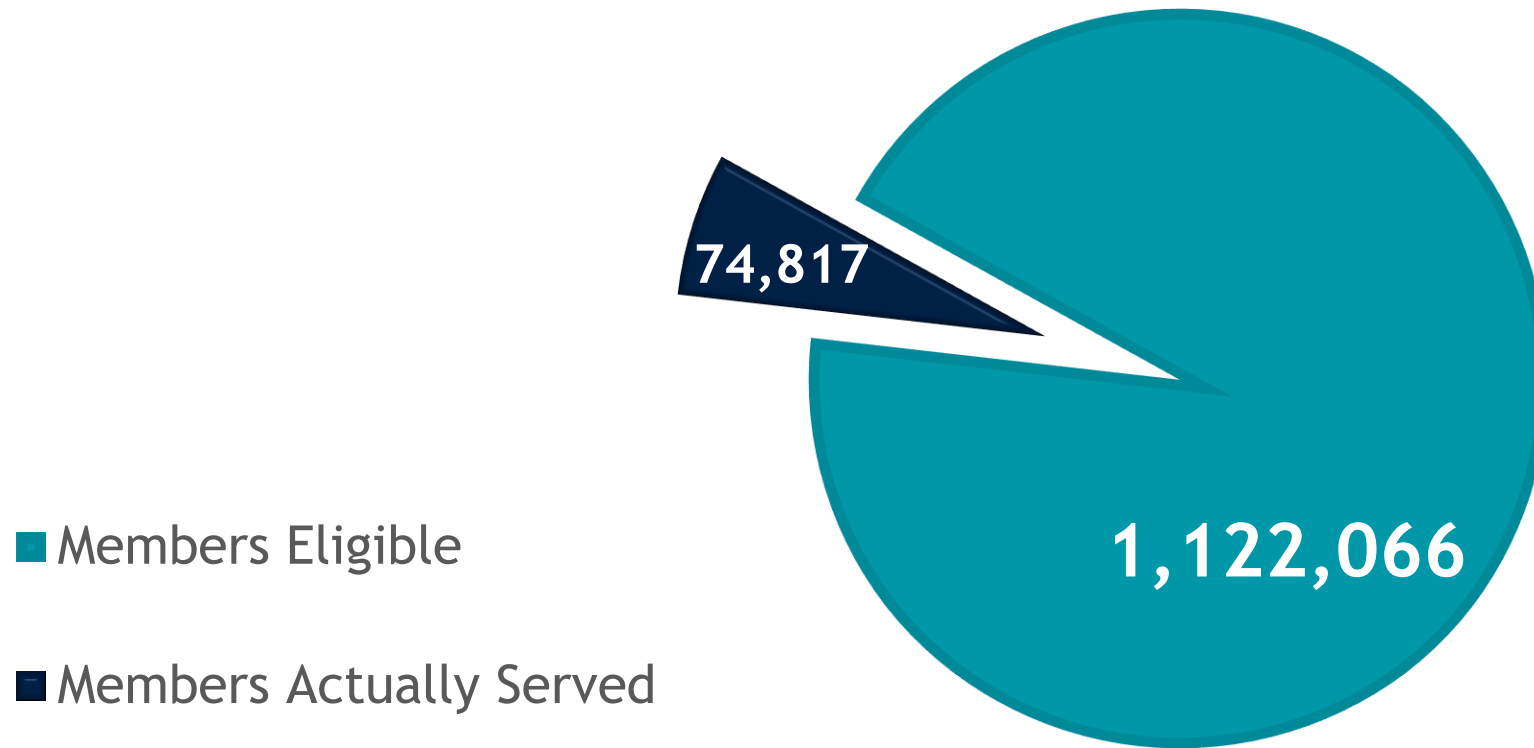


How Are Recipients Affected?

- ▶ Even if they are if not currently receiving, or in need of services, this transition affects:
 - People already in Bayou Health
 - ◆ All services including Mental Health and Substance Use Treatment
 - People not previously in Bayou Health
 - ◆ Mental Health & Substance Use Treatment only
 - ◆ Non-Emergency Medical Transportation (NEMT)

Actual Utilization of Behavioral Health Services

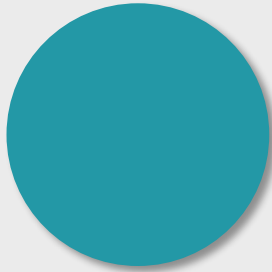
Recipients Eligible for Services vs Recipients Served (Contract Year 4, Quarter 1)



What We've Learned About Our Medicaid Members' Understanding of Term "Behavioral Health"

- ▶ Term "Behavioral Health" not immediately understood as referencing mental health and substance use disorder treatment.
- ▶ Some recipients are able to define Behavioral Health as mental health and substance use treatment, but not all.
- ▶ Confusion exists around differences between Physical Health (which can included Basic Behavioral Health) and Specialized Behavioral Health.

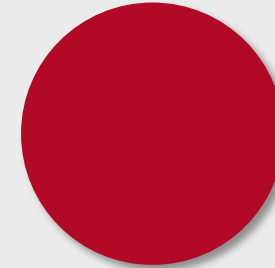
Findings from Seven Focus Groups of Louisiana Medicaid Enrollees **Receiving** (or Has Child **Receiving**) Services



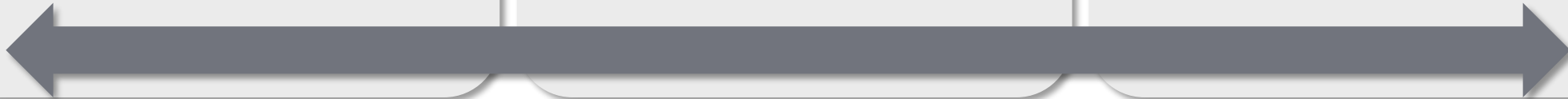
Mental health issues are viewed as those pertaining to **thoughts and feelings** while Behavioral Health is associated with **actions**.



While mental health and substance use issues are acknowledged, Behavioral Health issues are not viewed as a problem because they “know how to behave.”



In contrast, some said their children do have problems with their behavior and so they had no trouble describing their children as having “Behavioral Health” issues.



How Medicaid **Recipients** (and **Caregivers** of Recipients) of Behavioral Health Services View the Transition

- ▶ Heavily dependent on their provider(s) for information about the transition so important for providers to know how it is impacting them
- ▶ **They highly value treatment (providers and medications)**
- ▶ They have reservations about the change too
- ▶ Characteristics of population include anxious, suspicious, chaotic lives, feelings of marginalization, a desire to be “normal”
- ▶ Overall levels of functioning range from very high to very low
- ▶ Limited education and low levels of literacy are common
- ▶ Timing of transition during end of year holiday season presents additional issues

Additional Impact on Pharmacy Expected to Be Minimal

- ▶ Members enrolled in Bayou Health already get their pharmacy benefits through their Bayou Health Plan (or primary payer if Medicaid is secondary)
- ▶ Members enrolled in Bayou Health for specialized behavioral health **only** will continue to get pharmacy benefits through--
 - **Medicare Drug Plan** if Medicare dual eligible
 - **FFS Medicaid Pharmacy Program** if member is eligible to stay in FFS Medicaid.
- ▶ *Note that about 2,000 children and youth under age 18 who are currently in FFS Medicaid will be moved to a Bayou Health Plan effective 12/1 and their pharmacy management will move from FFS to Bayou Health Plan*

Bayou Health Plan Enrollment Timeline

	Date
Last day for enrollees to select a Plan <u>before</u> DHH assigns one	November 6, 2015
Bayou Health Plans mail Welcome Letters and ID Cards	November 10 - December 1, 2015
Formal transition from Magellan to the five Bayou Health Plans	December 1, 2015
Last day for recipients to switch Plans before being locked-in until 2016 unless they can show good cause	February 26, 2016
Annual Open Enrollment - Opportunity to change plan without showing good cause	September 2016- November 2016

15 Minute Break

Index cards are available at the registration table. Please use these to submit any questions you would like answered during the Q&A period.

- Please print legibly
- Include your contact information for any necessary follow-up
- Turn the cards in to venue staff

Louisiana Department of Health and Hospitals

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Some Takeaways from Recent Survey of Louisiana Medicaid Behavioral Health Providers

- ▶ A number of providers have negative feelings about change in general and this change in particular
- ▶ Providers are not sure what to expect
- ▶ Providers said they have history with Medicaid changes being “difficult”
- ▶ Providers feel uninformed given the implementation date of December 1, 2015

“No one likes change. Change is always bad.”

-- Anonymous La Medicaid Behavioral Health Provider, October 2015

While Transition is a Good Thing, Multiple (Six) MCOs Will Administratively Impact Providers

- ▶ Six possible payers (including Magellan for CSoC) instead of one
- ▶ Six different web sites and provider portals
- ▶ Six different sets of forms and policies
- ▶ Six different places to submit claims

Time is of the Essence –10 Working Days Til' December 1



- ▶ Execution of Provider Contracts with 5 Health Plans
- ▶ Credentialing with 5 Health Plans
- ▶ Enrollment for EFT to Minimize Disruptions in Cash Flow with 5 Health Plans
- ▶ Continuation of Requests for Authorization to Magellan Through 11/30
- ▶ Enrollment with Molina to Identify Bayou Health Plan Member is Enrolled In

Bayou Health Plan Behavioral Health Provider Networks

- ▶ Contract requires Plans to have “adequate network” of specialized behavioral health providers, including time and distance requirements
- ▶ Bayou Health Plans have expressed desire to contract with all mental health and substance use treatment providers currently with Magellan
- ▶ Mental health and substance use treatment providers **not** currently enrolled in Magellan can apply to be a provider with the five Plans
- ▶ Contract requires that reimbursement be no less than Medicaid published fee schedule in effect on Date of Service (Medicaid rate floor)
- ▶ Plans are required to cover all mental health and substance use treatment services in the Louisiana State Plan
- ▶ Plans use DHH definition of medical necessity published in *Louisiana Register*.

DHH is Committed to **Ongoing** Identification of Ways to Reduce Administrative Complexity for Providers

- ▶ Development of common forms (e.g., assessment form).
- ▶ Access to Molina website for any provider enrolled in Bayou Health Plan network to identify Health Plan member is enrolled in during month (Informational Bulletin # 15-13).
- ▶ Requiring Health Plans to process claims without need for Medicare denial for certain specialized behavioral health services not covered by Medicare (Informational Bulletin # 15-17).
- ▶ Grace period during transition during which services authorized as of November 30, 2015 will continue (Informational Bulletins # 15-18 and 15-19).
- ▶ Arranging with all five Health Plans to begin accepting requests for authorization starting Monday, November 23.
- ▶ Work aids posted on website www.MakingMedicaidBetter.com such as one pagers for primary contact for each Health Plan to determine contract/credentialing status; process for enrolling for EFT (Informational Bulletin 12-13, revised April 2015)

Timeline for Providers to Complete Closeout Activity with Magellan

- ▶ Clinical Appeals (**member** appeals) will be accepted by Magellan after November 30, 2015, for dates of service up to November 30, 2015.
 - Member appeals by **phone** will be accepted through **December 16, 2015**.
 - Member appeals by **fax, email or mail** will be accepted through **February 29, 2016**.
- ▶ Claims Disputes (**provider** appeals) will be accepted by Magellan after November 30, 2015, for dates of service up to November 30, 2015.
 - Provider claims disputes will be accepted by Magellan through **May 31, 2017**. Note that providers have 365 days from the date of service to submit claims and then 180 days from the date of the Explanation of Benefits (EOB) to dispute those claims.

Significant Change Impacting Certain Specialized Mental Health Services for **Adults**

- ▶ Effective 12/1/15, DHH will no longer provide mental health services governed by **Section 1915(i)** of the Social Security Act
- ▶ Expect changes in processes and forms
 - Bayou Health Plans will accept **assessments** and LOCUS summary sheets completed by **network providers** —
 - ◆ Assessment Form completed by LMHP (LOCUS must be completed by person who has completed LOCUS training)
- ▶ Freedom of Choice form **no longer applicable**



Authorization of Specialized Behavioral Health Services Effective 12/1/15 IB 15-18

Service Type	End Date for Most Recent Authorization by Magellan	Transition “Grace” Period	Out of Network Provider	Responsible Payer for DOS 12/1/15 and After
Outpatient Services for Children and Adults	PA, Assessment or Eligibility for Service <u>Expires</u> 11/30/15 through 12/29/15	30 Days Through 12/30/15 No PA Required Transition “Grace” Units: Units for this period only will be based upon a monthly pro rata share of the total units last authorized by Magellan	Claim will not be denied because provider is not in network on date of service	Bayou Health Plan
	PA, Assessment, or Eligibility for Service <u>Expires</u> 12/31/15 Thru 2/29/16	Follow Bayou Health Plan’s Authorization Requirements	Claim will not be denied solely because provider is not in network on date of service	Bayou Health Plan
	PA, Assessment, or Eligibility for Service <u>Expires</u> 3/1/16 or After	Follow Bayou Health Plan’s Authorization Requirements	Claim may be denied because provider is not in network on date of service	Bayou Health Plan
	*This notice is NOT applicable to intensive outpatient substance use, non-ambulatory, detox, inpatient psychiatric, substance use residential (ASAM levels 3.1, 3.3, 3.5, 3.7 and 3.7D) or psychiatric residential treatment and therapeutic group home services.			

Authorization of Specialized Behavioral Health Services Effective 12/1/15 IB 15-19

Service Type	End Date for Most Recent Authorization by Magellan	Transition “Grace” Period	Out of Network Provider	Responsible Payer for DOS 12/1/15 and After
Intensive Outpatient Substance Use	PA expires on or after 12/1/15	7 days	Claim will not be denied solely because provider is not in network on date of service	Split Billing (or until expiration of Magellan PA if earlier than 12/7/15)
Non-Ambulatory Detox				Magellan - 12/1/15 - 12/7/15
In-Patient Psychiatric Services				Bayou Health - Day following expiration of Magellan’s authorization
Substance Use Residential (ASAM Levels 3.1, 3.3, 3.5, 3.7 and 3.7D)	PA expires on or after 12/1/15	14 days	Claim will not be denied solely because provider is not in network on date of service	Split Billing (or until expiration of Magellan PA if earlier than 12/14/15)
Psychiatric Residential Treatment Facility and Therapeutic Group Home				Magellan - 12/1/15 - 12/14/15 Bayou Health - Day following expiration of Magellan’s authorization

Grace Period Beginning December 1 Further Explained

- ▶ Purpose is to allow sufficient time for Health Plans and providers to take action on expiring PAs during transition
- ▶ Mitigates risk of disruption in medically necessary services
- ▶ Trigger for grace period is that member was authorized to receive services as of November 30
- ▶ Length of grace period differs depending on type of service
- ▶ For services provided during grace period, claim will not be denied for no PA or out-of-network provider on date of service.
- ▶ For inpatient and residential services, split billing may be applicable
- ▶ Informational Bulletins #15-18 and #15-19 contain grid

Proactive Ways Providers Can Assure Timely Authorization and Reauthorization of Services by Bayou Health Plan

- ▶ Follow Bayou Health Plan's authorization requirements:
 - Once "grace period" ends for services previously authorized by Magellan
 - For all **new** services not previously authorized by Magellan
- ▶ Be aware that Bayou Health Plan's authorization requirements may **differ** from Magellan's and vary by Health Plans
- ▶ Providers should review units previously authorized and what will be needed and **not wait until the end of timeframe to request authorizations for needed services.**
- ▶ *Bayou Health Plans will begin accepting authorization requests and completed assessments Monday 11/23/15. Requests received prior to 12/1/15 will be deemed received 12/1/15 for purposes of determining timeliness of authorization decisions.*

Ways to Address Issues That May Arise with Bayou Health Plans

- ▶ **Informational Bulletin # 12-27** (July 21, 2015 Revision) addresses provider issue escalation and resolution
- ▶ Member appeals, expedited appeal if warranted, State Fair Hearing and expedited State Fair Hearing if warranted
- ▶ Provider appeal at Health Plan level
- ▶ DHH has link on www.bayouhealth.com website that anyone can use to report an issue or complaint
 - DHH will refer to Health Plan if appropriate
 - Monitor resolution



DHH's Feedback Loops to Proactively Identify and Address Provider Issues

- ▶ Integration Summits held in spring.
- ▶ Commissioned *Q2 Insights* to conduct Focus Groups and Surveys for both Recipients and Providers in early fall.
- ▶ Noon provider calls hosted each Monday, Tuesday, and Wednesday—two way communication flow.
- ▶ Revised Medicaid Behavioral Health Service Definition Manual
- ▶ Development of Informational Bulletins, work aids, Q&A, and references (single location www.MakingMedicaidBetter.com).
- ▶ Hosting 10 Information Sessions throughout state to onboard behavioral health providers.
- ▶ Rapid Response Team in place Tuesday December 1 and beyond.

Helpful Resources for Behavioral Health Providers

Making Medicaid Better Website

- www.MakingMedicaidBetter.com

Informational Bulletins

- [15-13](#) through 15-19
- [12-13](#) Provider Reimbursement and Cash Flow

Weekly Provider Calls

- [Monday - Wednesday](#)
- 12 p.m. - 1 p.m. until further notice

Bayou Health E-mail Address

- bayouhealth@la.gov

Contacting the Bayou Health Plans

Plan	Phone	Web Address
Aetna	1-855-242-0802	www.aetnabetterhealth.com/louisiana
Amerigroup	1-800-600-4441	www.myamerigroup.com/la
AmeriHealth Caritas	1-888-756-0004	www.amerihealthcaritasla.com
Louisiana Healthcare Connections (Cenpatico)	1-866-595-8133	www.louisianahealthconnect.com
United Healthcare (Optum)	1-866-675-1607	www.uhccommunityplan.com

Department of Health and Hospitals
Bureau of Health Services Financing
www.MakingMedicaidBetter.com

Submit Questions To:

BayouHealth@La.gov