The Ohio Council
Of Behavioral Health & Family Services Providers

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Medicaid BH Redesign Provider Survey Results
April 18, 2018

The Ohio Council conducted a membership survey to gather feedback on BH Redesign implementation and the impact it is having on operations and the ability to sustain service capacity. This electronic survey was conducted between April 5 and 11 to gather data on organizations' current cash position, Medicaid and MyCare Ohio revenues, Medicaid provider enrollment, and organizational readiness for the transition to Medicaid managed care. The intent of this survey was to provide an accurate representation of providers' experiences with BH Redesign implementation and readiness for the transition to managed care. An astounding 80% of Ohio Council members completed the survey demonstrating providers' commitment to a successful implementation of BH Redesign. Results are summarized below.

Cash Position:

- 56% of provider organizations have LESS than 60 days cash on hand with 37% having LESS than 30 days. This indicates the BH provider network remains fragile with limited resources to manage disruptions in cash flow and sustain service capacity.
- 59% of provider organizations reported use of cash reserves since BH Redesign started January 1st.
- 35% of providers had to draw down from a line of credit to support BH Redesign implementation.
- To manage ODM's announced Medicaid payment delays in April and June, providers reported using a combination of strategies to survive the payment delays with 63% reporting they will tap cash reserves, 52% using a line of credit, and 25% reporting other strategies such as delaying payables, staff layoffs or furloughs, using property as equity, and seeking cash advances from ADAMH Boards.
- 73% of providers responded that they will not be able to restore their cash reserves and/or pay down their line of credit before July 1st in order to prepare for the BH "carve-in" to Medicaid managed care.

Medicaid Revenues:

- 61% of providers reported receiving less than 80% of budgeted Medicaid revenues since BH Redesign implementation on January 1st. Typically, payroll expenses in BH Provider organizations are 80% of their budget, meaning more than 60% of provider organizations are not generating sufficient Medicaid payments to sustain their existing workforce.
- Another 22% of providers are generating between 81-90% of their budgeted Medicaid revenue meaning they may meet payroll expenses but must operate a "bare bones" budget eliminating all "non-essential" operating expenses, freeze hiring, and consider staffing reduction. It reduces resources to support staff training, use of evidence based practices, stifles innovation, and prevents service expansion in response to rising demand for treatment.

MyCare Ohio – BH Redesign Implementation:

- 87% of providers participating in MyCare Ohio are submitting claims under BH Redesign.
- 79% of MyCare Ohio participating providers are receiving less than 80% of budgeted MyCare Ohio revenues with BH Redesign Implementation. Another 10% are receiving 81-90% of budgeted MyCare Ohio revenues.
- 60% of providers report claims denial rates exceed 15% including 22% of providers that report claim denial rates exceeding 25%.

Medicaid Managed Care Readiness:

- 69% of providers report they have completed the Medicaid provider enrollment process for at least 70% of their Medicaid eligible staff.
- 81% of providers reported starting the MCO contracting and credentialing process with all MCOs with whom they intend to do business.
- 17% of providers report having completed the MCO contracting and credentialing process with the MCOs.
- 14% of providers report having started the claims testing process with MCOs.
- When asked to rate organizational readiness for the July 1 transition to Medicaid managed care, 56% of providers reported being less than 70% prepared. Only 6% reported being 90% prepared.

Non-Medicaid Payments:

- Compounding the challenges, 44% of providers reported delays in non-Medicaid payments from ADAMH Board contracts.

What providers are saying about BH Redesign Implementation:

"It feels like we just keep getting hammered by Medicaid with one thing after another. Billing with BH redesign was a huge challenge, the switch to a two week delay in payment was a huge impediment to digging our way out of the hole (and why on earth would we only get three weeks notice!), the two-week shut down and adjustment to managed care (payment) delays just bring us to a crisis. Does Medicaid really have no control over any of this? It definitely feels like no one cares about the providers and the vulnerable people we serve. I can't believe that Medicaid really has no choice but to keep piling on the challenges in one short time period. If feels as though they are trying to put providers out of business"

"BH Redesign impact means we are considering the following actions: relinquishing our opioid treatment program (OTP) status, closing a residential facility, and decreasing service availability."

"BH Redesign has completely disrupted both access to services and our agency's cash flow. It has also produced a billing hour rate of approximately 25% less per hour."

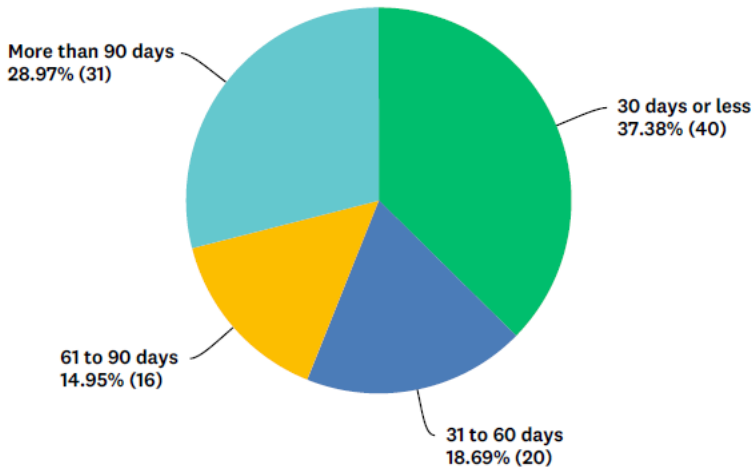
"BH Redesign has been costly in staff time and money. It has not be a good experience working with our EHR vendor in getting these changes accomplished. The state has not been clear on definitions of codes, billing, etc."

"Too many (claims) denials and it takes a lot of effort to determine the reasons; sometimes it is because of contradictory information received from ODM."

BH REDESIGN PROVIDER SURVEY RESULTS – SURVEY MONKEY DATA TABLES

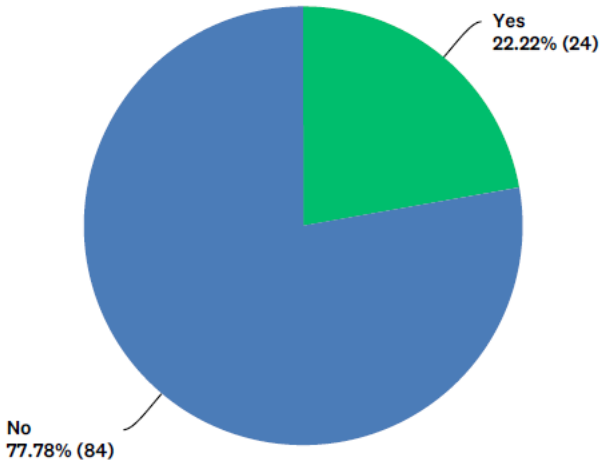
Q1 How many days cash do you have available for your operations?

Answered: 107 Skipped: 1



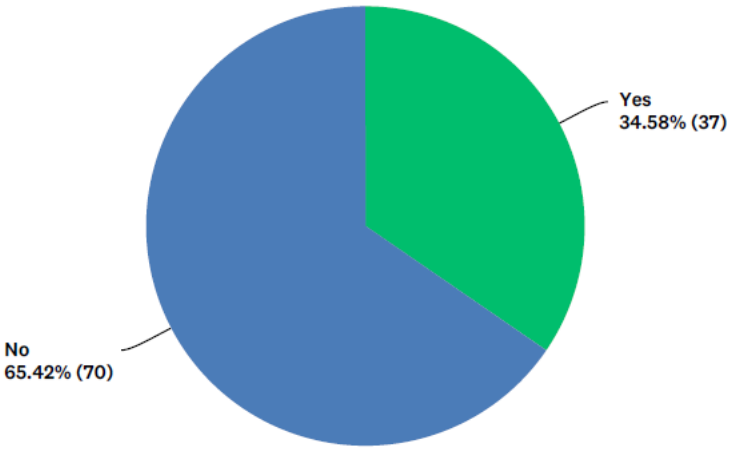
Q2 Did you take the cash advance contingency plan offered by ODM?

Answered: 108 Skipped: 0



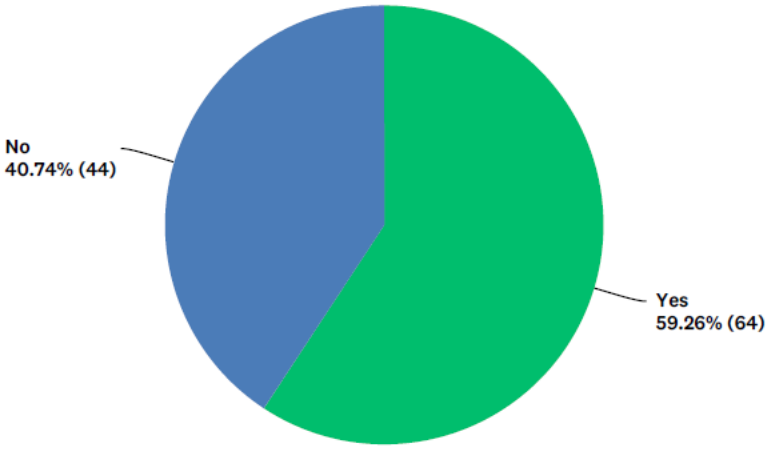
Q3 Are you using your line of credit due to the BH Redesign transition?

Answered: 107 Skipped: 1



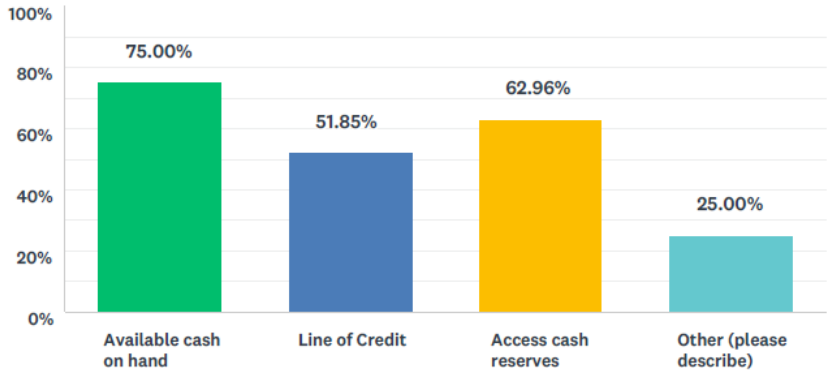
Q4 Have you accessed your cash reserves due to BH Redesign?

Answered: 108 Skipped: 0



Q5 With the ODM financial alignment in April and end of year state claim shut down in June that will delay weekly Medicaid payment, what strategies will your organization use to manage the cash payment delays? (check ALL that apply)

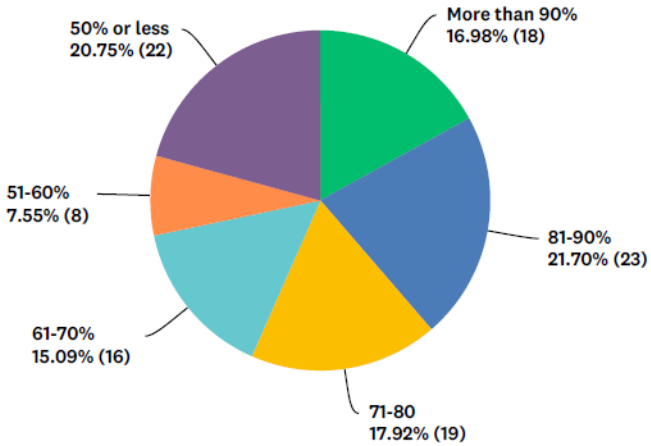
Answered: 108 Skipped: 0



Other options included: delaying payables, staff layoffs or furloughs, using property as equity, and seeking cash advances from ADAMH Boards.

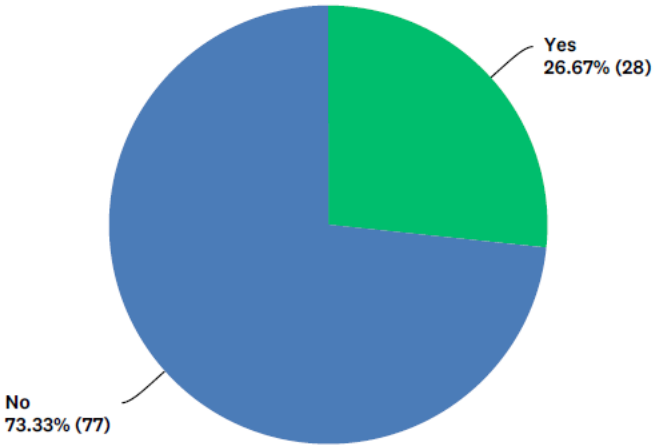
Q6 Since the January 1st BH coding changes, what percent of Medicaid revenue have you actually received compared to your budgeted Medicaid revenue for this time period?

Answered: 106 Skipped: 2



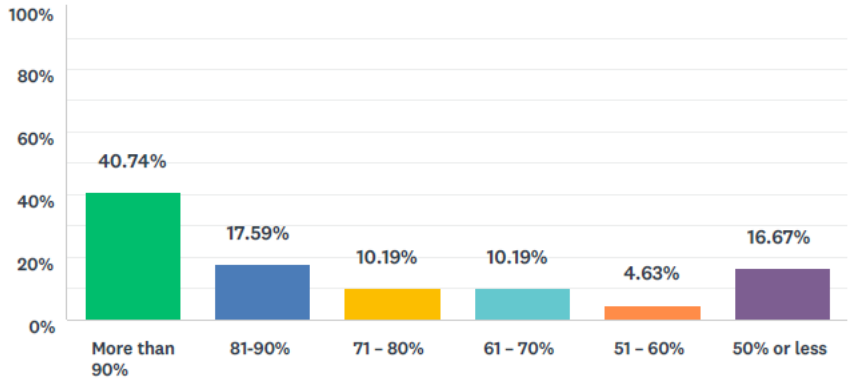
Q7 Between now and July 1, 2018, will you be able to restore your organization's cash reserves and/or pay down your line of credit in order to prepare for the BH benefit transition to managed care and change in payment cycles?

Answered: 105 Skipped: 3



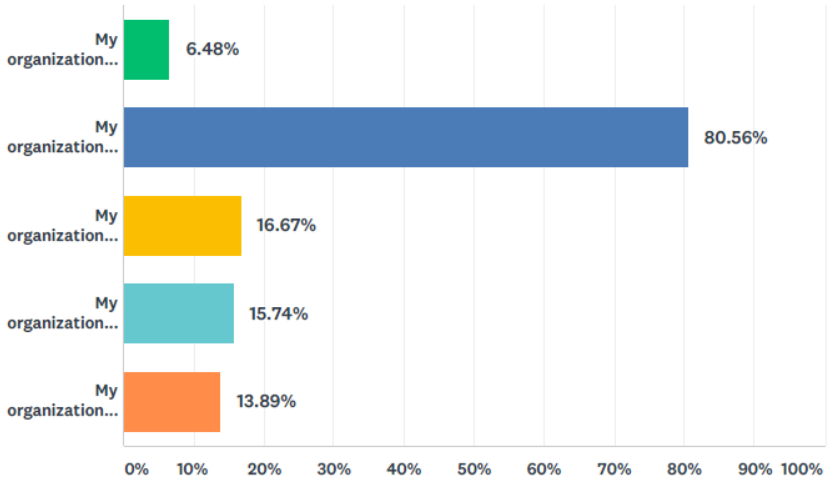
Q8 What percent of your staff has completed the Medicaid provider enrollment process to register each staff member's individual NPI and affiliate with your organization?

Answered: 108 Skipped: 0



Q9 In preparing for Medicaid Managed Care... (please check ALL statements below to which you would answer YES)

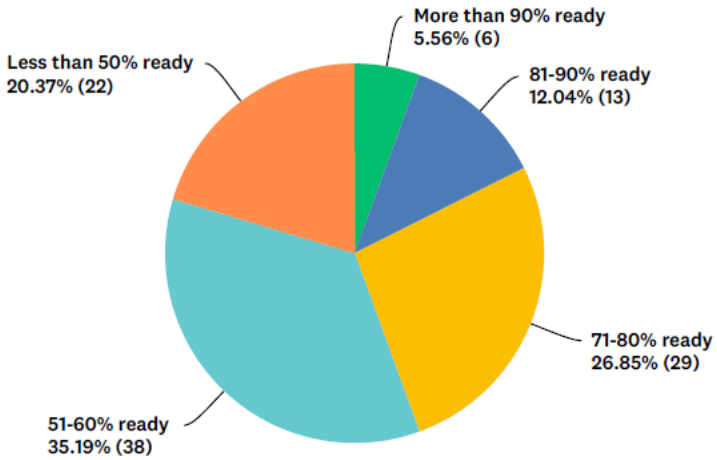
Answered: 108 Skipped: 0



ANSWER CHOICES	RESPONSES	
My organization has not started the contracting and credentialing process with the MCOs	6.48%	7
My organization has started the contracting and credentialing with all MCOs with whom we plan to do	80.56%	87
My organization has completed the contracting and credentialing process with all the MCOs with whom	16.67%	18
My organization has trading partner agreements in place with the MCOs we intend to contract with.	15.74%	17
My organization has begun IT/claims testing with the Medicaid MCOs.	13.89%	15
Total Respondents: 108		

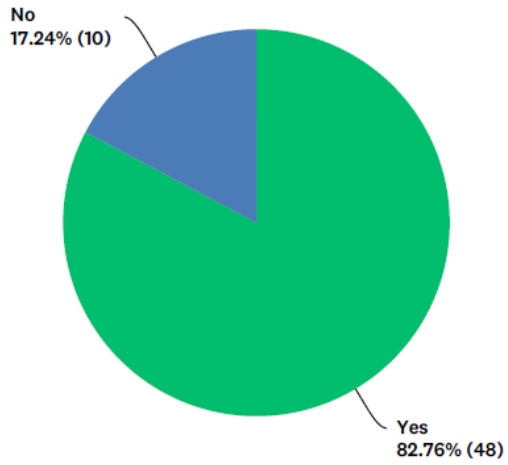
Q10 In preparing for the transition to Medicaid managed care on July 1, 2018, how would you rate your organization's readiness?

Answered: 108 Skipped: 0



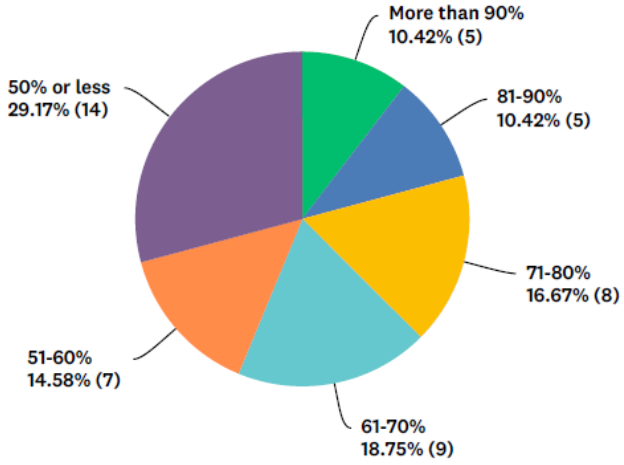
Q11 If you are a MyCare Ohio provider, are you currently submitting claims to the MyCare MCOs per your contract? (NOTE, if you are not a MyCare provider, please skip to #14)

Answered: 58 Skipped: 50



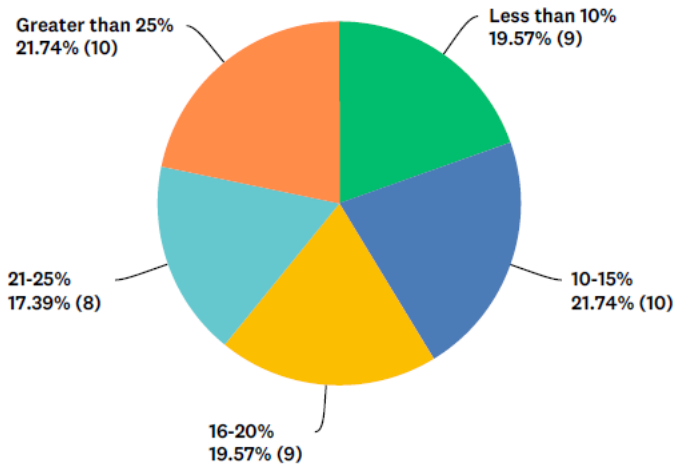
Q12 If you answered YES to #11, what percent of MyCare Ohio revenue have you actually received compared to your budgeted MyCare Ohio revenue?

Answered: 48 Skipped: 60



Q13 If you answered YES to #11, what is your current denial rate for MyCare Ohio claims?

Answered: 46 Skipped: 62



Q14 For non-Medicaid services, are the ADAMH Boards up to date with claims payments?

Answered: 103 Skipped: 5