

May 10, 2017

Finance - Senate Health and Medicaid Subcommittee Testimony

David Turner, Executive Director, The Counseling Source

Thank you Chairman Hackett and Committee Members.

I am David Turner, a licensed psychologist and Executive Director of The Counseling Source. The Counseling Source is a mental health agency that serves clients in more than 60 counties in Ohio and employs almost 200 clinicians.

I want to make clear that The Counseling Source is pro-change, and I believe that many of the changes in the Behavioral Health Redesign (BHR) are positive, and in some instances, long overdue. Also, I would like to make clear that I am not for delaying the implementation of the BHR simply for the sake of delay. A delay is now necessary because while the Ohio Department of Medicaid (ODM) claims it currently has a testing environment ready to beta test claims, The Counseling Source's software vendor, and every other provider's software vendor that I am aware of, are not ready to test claims. Our software vendor is indicating that it will be mid-summer before they are ready to beta test, and I have heard November from other providers regarding their software vendors timeline to beta test.

I am here today to urge legislators to take the necessary steps to ensure a smooth BHR implementation and avert a widespread failure of our mental health and addiction services system. The reason I agreed to participate in this panel today is in large part due to the unique knowledge The Counseling Source acquired through the disastrous implementation of the MyCare Ohio pilot project.

In short, when MyCare was implemented it impacted those who served the dually eligible population. The dually eligible population accounts for approximately 70% of the lives The Counseling Source serves. During that implementation, similar to this one, our software vendor told us that they were not ready to transition on the proposed "go live date". In fact, my understanding is that managed care's software vendors alerted ODM that they were also not ready for the transition. The result of the software vendors not being ready resulted in the managed care companies inability to accept, process and pay our claims for months and months. In some instances it was over nine months before our claims could be accepted, processed and paid.

As a result, The Counseling Source was only able to make payroll, pay rent and keep the lights on because we had \$1.2 million in cash in the bank and an \$850,000 line of credit. The Counseling Source went many months and through nearly \$2 million in cash and our line of credit to barely survive the breakdown in claims processing capabilities during the MyCare transition.

I believe the following transitions proposed in the amendment Representative Huffman offered in the House (attached to my testimony) will better ensure a successful BHR implementation.

1. Prior to any change in the current Medicaid Information Technology System (MITS) claims processing methodology, ODM shall in cooperation with the involved Provider

Agencies and associated software vendors establish and thoroughly beta test a process through which 50% of the Provider Agencies have successfully submitted claims and ODM can demonstrate that they were able to process the claims. The Joint Medicaid Oversight Committee (JMOC) shall require that ODM be able to demonstrate that had the new system been live it would have been able to complete payment in a “timely” manner utilizing the coding and rate changes proposed in ODM’s BHR. The word “timely” shall be defined to be within ten (10) days of a good faith effort to submit the claim to the payer.

2. Once submission of claims and timely payment has been adequately demonstrated to the satisfaction of JMOC, all Provider Agencies will be notified in writing of the requirement that sixty (60) days from the time of notification the Provider Agencies will no longer be able to process claims through the existing MITS system and will be required to process all claims utilizing the coding and rate changes proposed in ODM’s BHR through the revised MITS system proposed in the BHR (BHR MITS).
3. Prior to any transition from the proposed BHR MITS claims processing methodology to a Medicaid Managed Care Organization (MMCO) claims methodology, in cooperation with the involved Provider Agencies and associated software vendors establish and thoroughly beta test a process through which 50% of the Provider Agencies have successfully submitted claims and ODM can demonstrate that all of the participating MMCOs were able to process the claims. JMOC shall require that ODM be able to demonstrate that had the new system been live it would have been able to complete payment in a “timely” manner utilizing the coding and rate changes proposed in ODM’s BHR.
4. Once submission of claims and timely payment has been adequately demonstrated to the satisfaction of JMOC, all Provider Agencies will be notified in writing of the requirement that sixty (60) days from the point of notification they will no longer be able to process claims through the then existing BHR MITS system and will be required to process all claims through the respective MMCO systems utilizing the coding and rate changes proposed in ODM’s BHR.

In closing, I urge the Senate to support the six month delay included in the House version of the biennium Budget and adopt the amendment submitted by Representative Huffman in the House (attached to my testimony) which addresses these and other transition problems and ensures a successful and timely transition to BHR.

Thank you Chairman Hackett and Committee Members for your attention and leadership on this important matter.