



May 16, 2017

RE: Senate Finance Health & Medicaid Subcommittee Testimony on H.B. 49

Chairman Hackett, Ranking Member Tavares and members of the Senate Finance – Health and Medicaid Subcommittee, thank you for allowing me to testify today regarding the Medicaid Behavioral Health Redesign.

My name is Dustin Mets and I am the CEO of CompDrug located here in Columbus, Ohio. CompDrug is known primarily for our outpatient addiction and mental health services focused on individuals dealing with Opiate Addiction. However, we also operate multiple Therapeutic Communities inside ODRC prisons and provide prevention training and technical assistance nationwide and operate youth-led prevention program Youth to Youth. CompDrug employs over 140 employees, most of whom are licensed or credentialed including doctors, nurses, social workers, clinicians and preventionists. CompDrug has been on the front line of the opiate epidemic in Central Ohio since the early 70s.

CompDrug is a progressive BH agency and we are excited about BH Redesign. Medicaid accounts for around 75% of our revenue. A modernized system will have a very positive impact on our ability to provide care to our patients. I am here today to express our desire to have a successful implementation of Medicaid BH Redesign and our concern that the current implementation plan does not provide for the best opportunity for a smooth transition from the old system to the modern system.

Meaningful and effective change is difficult and time consuming. Despite great efforts from all involved, the simple truth is that most agencies will not be ready come July 1, 2017. Despite our best efforts, and desire to be an early adopter, CompDrug will not be ready on July 1. Why? Our current Electronic Health Record could not be adapted to the new codes and requirements. So we have had to undergo an EHR implementation at the same time as redesigning delivery of our services to meet the new requirements. We are very excited about our new system, however, despite our staff putting in a herculean effort, we know we won't be 100% ready on July 1.

We also acknowledge that there is no one answer that will ~~not~~ fit all circumstances, but there are some common sense steps that could be taken to mitigate the potential negative impact. For example, the administration had a great idea in its original BH Redesign proposal to permit a **"tiered Opt-in"** into the modernized system. This would allow those agencies who are ready for the new system to opt-in immediately on July 1, 2017. Then, allow those that are close, but not quite ready to enter the modern system on October 1, 2017. Then, have a deadline of January 1, 2018 for all providers. Having a tiered opt-in date, would allow providers several targets dates to make the transition to the modern codes without harming their ability to provide services during the transition process.



This approach would provide a live "**beta testing**" period for the new system. A period of time where the impact of a failure in the new system would be manageable and not catastrophic. As an OTP, we had our own initial run of BH Redesign on January 1, 2017. A very small subset of new codes and modifiers, along with revised billing definitions went into effect. Despite the best efforts of Providers, ODM and OMHAS, there were challenges, including not being able to bill for certain services for a period of time. All of which were addressed in a timely manner and within the month most issues were resolved. The impact of those delays was only on a handful of providers.

However, with the knowledge that many BH providers have fewer than 30 days of cash reserve, even a delay of several weeks would have considerable impact on the field and on patients/clients. Limiting the potential negative impact to only those early adopters into the new system would be wise and prudent. The effect would be a live "**beta test**" of the modern system. This "beta test" ~~would~~ minimizes the impact on the field while also minimizing the time it takes to get to a fully functional and modern system.

"**Pay and Post**" is another effective tool that has been used in the past to mitigate the potential harm of a problem during transition of the Medicaid program. We are running beyond full speed right now, just to try and be fractionally ready on July 1. We do NOT seek to halt or hinder BH Redesign. We are very supportive of it. We only seek to advocate for some common sense protections to assure that the transition is smooth for patients, providers, vendors and the state. We all want this to be successful.

Thank you for allowing me to share my concerns regarding the Ohio Medicaid BH Redesign and I will be happy to take any questions.

A. Dustin Mets, CEO