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Senate Finance Health and Medicaid Subcommittee
Public Testimony on H.B. 49 – Behavioral Health Redesign
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Chairman Hackett, Ranking Member Tavares and members of the Senate Finance Health and Medicaid Subcommittee, thank-you for the opportunity to provide testimony today on H.B. 49 regarding provisions related to the Behavioral Health Redesign. My name is Dr. Daniel Brown, I am the Chief Medical Officer of Meridian Healthcare located in Youngstown. Our organization is a private non-profit that began as an Opiate Treatment Program (OTP) over 40 years ago and has grown to become an integrated care facility that provides Addiction Medicine, Primary Care, Psychiatry, Infectious disease and Occupational Medicine services along with our counseling, prevention, criminal justice, housing and residential programs. We employ 276 employees, many of whom are licensed including nurses, nurse practitioners, physicians, counselors, social workers and prevention specialists. Our programs impact over 10,000 lives per year in the Mahoning Valley, including 241 people a day who occupy a bed at one of our facilities.

While I am here today to discuss the Behavioral Health Redesign, I would like to also bring up the important role Medicaid expansion has played in Meridian's ability to provide much needed services to our population during this opiate epidemic. Since January of 2014, our programs have increased at a rate of 20% per year. We recognize that many of the patients we now serve were not eligible for Medicaid under the previous regulations. With the high rates of overdose deaths we are seeing in our community, it is vital that we maintain access to quality treatment programs.

Meridian has been actively engaged in preparing for the Behavioral Health Redesign for almost 2 years. We appreciate the commitment of the Departments of Medicaid and Mental Health and Addiction Services to maintaining access to care through this process. We support the efforts to align BH billing with the National Correct Coding Initiative and I personally feel that this will help my efforts to create a more integrated program at our facility. I do however, have a few concerns I would like to pass along to you today.

The advanced roll-out in January of this year for Opiate Treatment Programs was greatly appreciated. By having the OTP programs opt-in early we were able to provide clinic based dosing of buprenorphine products which has allowed us to have greater control over dispensing and monitoring of medication compliance with the intention of eliminated diversion to the greatest degree possible. This implementation however was not without complications. The investment in IT infrastructure to accommodate the new codes on our end was time consuming and costly. A delay in the ability of Ohio Medicaid to accept these codes resulted in delays in payment for over 6 weeks.

I am concerned that the July 1st implementation of the Behavioral Health Redesign will have the same result. We have been working diligently on configuring our Electronic Health Record to comply with the

new coding system but we had problems with slow development through our EHR vendor. We had to change vendors to an organization that had a larger capacity to develop the templates that we needed in time for July 1st. As an OTP, we are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and we are regulated and inspected by the DEA, Ohio Board of Pharmacy and Ohio Mental Health and Addiction Services. Our templates must reflect the documentation required by each of these institutions and now must also contain the appropriate billing components to adjust for the redesign. Again, this is not a bad thing. In fact, I think we may see an improvement in efficiency of documentation and billing. But the development takes a great deal of effort and time and then once we have the templates developed, we still need to train staff on the new workflow.

We will continue to work to be ready as close to July 1st as possible but even if we are ready, will Ohio Medicaid be ready to accept the codes? Will we see the same delay in payments that occurred in January? For this reason, we support the proposed 6 month delay in changes to services and coding. This will allow for the appropriate beta testing of the system as well as the finalization of the coding rules and provider manual.

In summary, we support the Behavioral Health Redesign and appreciate the efforts of Ohio Medicaid to make the transition as smooth as possible. Despite the best efforts of the department as well as our staff, we feel there is a significant chance that the July 1st implementation date may have complications. Therefore we ask your support in a delay of implementation and we would support a "rolling" or "tiered" opt-in period for those of us who are closest to being ready to trial the new system.

Thank you, Mr. Chairman, for allowing me the opportunity to testify today. I am happy to answer any questions that the committee may have.