

May 29, 2018

The Honorable Dave Burke
Chairman, Joint Medicaid Oversight Committee
Senate Building
1 Capitol Square, Ground Floor

The Honorable Lou Terhar
Senate Building
1 Capitol Square, Ground Floor

Dear Chairman Burke and Senator Terhar,

The Medicaid managed care plans are committed to ensuring Medicaid members have access to needed behavioral health services and experience a seamless transition on July 1st when behavioral health services are integrated into managed care.

Over the past two years, we have been working tirelessly with ODM, OMHAS and behavioral health providers and stakeholders to ensure their readiness for both Behavioral Health Redesign and Behavioral Health Integration. ODM has conducted thorough onsite readiness reviews of all of the managed care plans ahead of July 1st and plans are on target for the July 1st integration. A number of member and provider safeguards are in place to ensure continued access to services including member transitions of care requirements through the end of 2018, maintenance of FFS coverage policies and rates until June 30, 2019, honoring prior authorizations approved under FFS until they expire, and a provider cash flow contingency payment plan.

You have asked the Medicaid managed care plans to provide a written commitment of a glidepath to further assist providers in the transition as it relates to timing of payments. The managed care plans agree to pay clean claims within the timeframes outlined below. Managed care plans will report this information weekly to ODM.

- For the month of July – pay 90% of clean behavioral health claims within 7 days
- August, September and October – pay 90% of clean behavioral health claims within 14 days
- November through December 31, 2018 – pay 90% of clean behavioral health claims within 21 days
- Beginning January 1, 2019 – pay 90% of clean behavioral health claims within 30 days per state law and Ohio Medicaid provider agreement.

We trust that the members of JMOC and the General Assembly keep the conversation open as we move through the implementation of integration to allow managed care plans the ability to share how this glidepath is working and the impact it is having on the program.

We stand ready to implement behavioral health integration in order to finally begin treating the whole person needs of our Medicaid members.

Sincerely,



Bruce Hill, CEO
Buckeye Community Health Plan



Steve Ringel, President
CareSource – Ohio Market



Ami Cole, President
Molina Healthcare of Ohio



Lori Johnston, President
Paramount Advantage



Tracy Davidson, CEO
UnitedHealthcare Community Plan of Ohio