The Central Community Health Board attempted to enroll as an official BH Redesign Beta Tester on November 3rd, 2017. We submitted the required information to the Ohio Department of Medicaid in order to be included in the Beta testing sample but were rejected as Beta. In the enrollment email I noted that our EHR/Billing Software system had not yet received the necessary updates from our vendor, Procomp Software, to begin sending test claims. I received a reply from Ohio Medicaid that they thank me for volunteering as a Beta agency, but at this time we could not be able to participate in testing.

As a software developer and consultant who formerly was employed by Procomp Software, I reached out to the CEO and COO of Procomp and requested they share with me the status of their BH Redesign efforts in agencies which run their software (Catt). As of 11/14/2017, to Procomp's knowledge, there has only been one agency in the state of Ohio which runs the Catt system that has been able to successfully submit claims as part of the Beta. This agency did pass the Beta was the information I received. However, as is the case with the Central Community Health Board, many Catt agencies are still working on configuring their billing systems or waiting to receive updates from the vendor necessary to be able to bill. There are roughly 40 agencies in the state of Ohio that use the Catt system as the electronic medical record and claims billing system.

The Central Community Health Board in preparation for BH Redesign purchased a new version of the Catt software in June of 2017. Our previous system lacked the necessary billing components required to send claims that will be compliant with the new coding structure, NCCI standards, NCD codes, situational modifiers, or add on codes, etc. Catt 3.5 is our current version and is a Stage II Federally Certified EHR system and Procomp is diligently attempting to get all their agencies up-to-date and ready for the January 1st transitions. Our new version of Catt was not installed until late September 2017 and we are currently in a pilot run on the system. We are not able to deploy the Catt 3.5 system for testing or live claims submissions due to a number of bugs the vendor is currently addressing.   I am hopeful, but uncertain if CCHB will be able to be in full production of the new system by January 1st, 2018. If CCHB is not in full production, this represents a serious risk to cash flow and our ability to be reimbursed for services we deliver to the neediest populations in Hamilton County.

We did receive an update to our system on 11/11/2017 which included the components necessary for BH Redesign charting and billing, however we still have a lot of work ahead of us as an agency to configure the system, bench test it's functionality and train our 70 service providers on the new workflows and interface. As with all major system upgrades, there will be a period of time required to work through configuration and programmatic bugs and with such a short window for Beta testing, it is unlikely that CCHB will be in a position by November 30th to participate in Beta testing despite our earnest desire to be included. It is also unlikely that we will be in full production, with the necessary staff training by January 1st, 2018 despite nearly 6 months of working on a system upgrade in preparations for Redesign.

Aside from our current software system issues that leave us in doubt about our readiness for January 1, CCHB is also in a unique position in Hamilton County in that we service a very large population of Medicaid clients who are severely mentally disabled or battling drug addiction. CCHB in involved in Court Ordered Outpatient Drug Rehabilitation as well as we maintain a 14 bed "Crisis" Residential facility for clients who are discharged from hospitals or present in emergency rooms with extreme mental health issues. In this short-term residential facility we are required to maintain 24 hour nursing coverage to monitor and address the myriad of physical and mental health needs of our clients. This facility saves lives and save the entire healthcare system resources by providing an alternative to

inpatient hospitalization. One of the major challenges we face in this program (and in all our programs as a whole), is the time it is taking for the Medicaid application process to be approved. With staff turnover being what it is, and with the difficultly we face in employing enough nursing staff to meet the needs of our clients, CCHB has to use a nursing contracting agency to provide the staff needed for our programs. In such, we are often assigned nurses who are not affiliated with our agency or have not undergone the Medicaid application process. The mandate to begin sending claims on January 1 with provider NPIs likely will result in a significant loss of revenue for CCHB as many of our contract nursing staff are still awaiting approval of their applications. We fear what the future looks like for nursing services at CCHB as with these contract employees, there is quite a bit of turnover. We have been working diligently with the nursing contracting firm (JWK Enterprises) to ensure all contract nurses assigned to CCHB have a valid Medicaid ID and approved application as to be associated with our agency. However, to date, there are still a number of staff with outstanding applications awaiting approval.

Andrew McCleese
Billing Manager / Software Engineer
Office: 513-559-2029
Cell: 513-601-3285
amccleese@cchbinc.com