

ODJFS-MCP Contract Language Regarding Medicaid Managed Care Behavioral Health Services

Coordination of Services

MCPs are responsible for the following:

- MCPs must have a process to coordinate benefits of and referrals to the publicly funded community behavioral health system;
- MCPs must ensure that members have access to all medically-necessary behavioral health services covered by the Ohio Medicaid fee-for-service program and are responsible for coordinating those services with other medical and support services;
- MCPs must notify members via a member handbook and provider directory of where and how to access behavioral health services, including the ability to:
 - self-refer to mental health services offered through Ohio Department of Mental Health (ODMH) community mental health centers (CMHCs); and
 - self-refer to substance abuse services offered through Ohio Department of Alcohol and Drug Addiction Services (ODADAS)-certified Medicaid providers;
- Pursuant to Section 5111.16 of the Ohio Revised Code (ORC), alcohol, drug addiction, and mental health services covered by Medicaid are not to be paid by the managed care program when the nonfederal share of the cost of those services is provided by a board of alcohol, drug addiction, and mental health services or a state agency other than ODJFS;
- MCPs are also not responsible for providing mental health services to persons between 22 and 64 years of age while residing in an institution for mental disease (IMD) as defined in Section 1905(i) of the Social Security Act; and
- MCPs must provide Medicaid-covered behavioral health services for members who are unable to timely access services or are unwilling to access services through community providers.

Mental Health Services

Where an MCP is responsible for providing mental health services for their members, the MCP is responsible for ensuring access to counseling and psychotherapy, physician/psychologist/psychiatrist services, outpatient clinic services, general hospital outpatient psychiatric services, pre-hospitalization screening, diagnostic assessment (clinical evaluation), crisis intervention, psychiatric hospitalization in general hospitals (for all ages), and Medicaid-covered prescription drugs and laboratory services. MCPs are not required to cover partial hospitalization, or inpatient psychiatric care in a private or public free-standing psychiatric hospital. However, MCPs are required to cover the payment of physician services in a private or public free-standing psychiatric hospital when such services are billed independent of the hospital. The payment

of physician services in an IMD is also covered by the MCPs, as long as the member is 21 years of age or younger, or 65 years of age or older.

Substance Abuse Services

Where an MCP is responsible for providing substance abuse services for their members, the MCP is responsible for ensuring access to alcohol and other drug (AOD) urinalysis screening, assessment, counseling, physician/psychologist/psychiatrist AOD treatment services, outpatient clinic AOD treatment services, general hospital outpatient AOD treatment services, crisis intervention, inpatient detoxification services in a general hospital, and Medicaid-covered prescription drugs and laboratory services. MCPs are not required to cover outpatient detoxification, intensive outpatient programs (IOP) (substance abuse) or methadone maintenance.

MCP Financial Responsibility for Behavioral Health Services

MCPs are responsible for the following:

- Payment of Medicaid-covered prescription drugs prescribed by an ODMH CMHC or ODADAS-certified provider when obtained through an MCP's panel pharmacy;
- Payment of Medicaid-covered services provided by an MCP's panel laboratory when referred by an ODMH CMHC or ODADAS-certified provider; and
- Payment of all other Medicaid-covered behavioral health services obtained through providers other than those who are ODMH CMHCs or ODADAS-certified providers when arranged/authorized by the MCP.

Limitations on MCP Financial Responsibility for Behavioral Health Services

Pursuant to Section 5111.16 of the Ohio Revised Code (ORC), alcohol, drug addiction, and mental health services covered by Medicaid are not to be paid by the managed care program when the nonfederal share of the cost of those services is provided by a board of alcohol, drug addiction, and mental health services or a state agency other than ODJFS. As part of this limitation:

- MCPs are not responsible for paying for behavioral health services provided through ODMH CMHCs and ODADAS-certified Medicaid providers;
- MCPs are not responsible for payment of partial hospitalization (mental health), inpatient psychiatric care in a private or public free-standing inpatient psychiatric hospital, outpatient detoxification, intensive outpatient programs (IOP) (substance abuse) or methadone maintenance; however
- MCPs are required to cover the payment of physician services in a private or public free-standing psychiatric hospital when such services are billed independent of the hospital.

Pharmacy Benefit

In providing the Medicaid pharmacy benefit to their members, MCPs must cover the same drugs covered by the Ohio Medicaid fee-for-service program, in accordance with paragraphs (A) and (B) of rule 5101:3-26-03 of the Ohio Administrative Code (OAC).

Pharmacy Programs

Pursuant to Section 5111.172 of the Revised Code, MCPs may, subject to ODJFS prior-approval, implement strategies for the management of drug utilization. Pharmacy utilization management strategies may include developing preferred drug lists, requiring prior authorization for certain drugs, placing limitations on the type of provider and locations where certain medications may be administered, and developing and implementing a specialized pharmacy program to address the utilization of controlled substances, as defined in Section 3719.01 of the Ohio Revised Code. MCPs may also implement a retrospective drug utilization review program designed to promote the appropriate clinical prescribing of covered drugs.

Drug Prior Authorizations

MCPs must receive prior approval from ODJFS for the medications that they wish to cover through prior authorization. MCPs must establish their prior authorization system so that it does not unnecessarily impede member access to medically-necessary Medicaid-covered services. MCPs must adhere to specific prior-authorization limitations to assist with the transition of new ABD members from FFS Medicaid. MCPs must make their approved list of drugs covered only with prior authorization available to members and providers.

While MCPs may, with ODJFS approval, require prior authorization for the coverage of 2nd generation antipsychotic drugs, MCPs must allow any member to continue receiving a specific 2nd generation antipsychotic drug if the member is stabilized on that particular medication. The MCP must continue to cover that specific antipsychotic drug for the stabilized member for as long as that medication continues to be effective for the member. MCPs must exempt from prior authorization those 2nd generation antipsychotic drugs without an available generic or bio-equivalent when prescribed for ABD members by contracting psychiatrists and ODMH-identified community mental health centers (CMHC) psychiatrists. MCPs must also collaborate with ODJFS in the retrospective review of 2nd generation antipsychotic utilization.

MCPs must comply with the provisions of 1927(d)(5) of the Social Security Act, 42 USC 1396r-8(k)(3), and OAC rule 5101:3-26-03.1 regarding the timeframes for prior authorization of covered outpatient drugs.

Controlled Substances and Member Management Programs

MCPs may, with ODJFS prior approval, develop and implement Controlled Substances and Member Management (CSMM) programs designed to address use of controlled substances. Utilization management strategies may include

prior authorization as a condition of obtaining a controlled substance, as defined in Section 3719.01 of the Ohio Revised Code. CSMM strategies may also include processes for requiring MCP members at high risk for fraud or abuse involving controlled substances to have their controlled substances prescribed by a designated provider/providers and filled by a pharmacy, medical provider, or health care facility designated by the program.

Care Coordination with ODJFS-Designated Non-Contracting Providers

MCPs are required to share specific information with certain ODJFS-designated non-contracting providers in order to ensure that these providers have been supplied with specific information needed to coordinate care for the MCP's members. These providers include ODMH community mental health centers (CMHCs), ODADAS-certified Medicaid providers, federally qualified health centers (FQHCs), rural health clinics (RHCs), qualified family planning providers (QFPPs), CNMs, Certified Nurse Practitioners (CNPs) [if applicable], and hospitals. The following information must be provided:

- The MCP's contact information including website address;
- The MCP's prior authorization and referral procedures, or website address which includes this information;
- The MCP's claims submission information;
- A list of the MCP's panel laboratories and pharmacies;
- A picture of the MCP's member identification card; and
- A list of the MCP's contracting behavioral health providers (this information if only required to be sent to non-contracting community mental health and substance abuse providers).