From ThinkHealth

Dear Members,

Well, I have tried to hold off on send this RED FLAG email as long as possible but as we have well over 150 agencies in Oklahoma (3000+ Providers), everyone needs to know what is going on.

I was hoping to hear something from OHCA, DMH or any of the MCE'S but we have heard very little! (Though Complete Health told us they are trying to get more info out in the next few days.) At this point, I see this WHOLE process about to cause great harm and everyone not get paid for weeks. I highly suggest everyone get all their staff and start calling OHCA, your representatives and the governor. Why do I say this:

Point:

1. We have not heard hardly ANYTHING from any of the MCE'S and this is ending the first week of February. We have a little more than 7 weeks to go. In software world, that is NO TIME at all to make changes, test changes and deploy changes.
2. The MCE'S, who everything is tied around, are not talking to anyone. I was just on a phone call with ODMHSAS, a few agencies and most of the software vendors in Oklahoma. No one has had much luck in the process. Two agencies have test ONE RECORD, and that was just a billing compliance test. Which that test went really bad and much of the site did not work they said.
3. It seems the MCE'S do not care about the software companies and agencies. They are doing things (we all guess) behind closed doors. OHCA and the ODMHSAs, themselves, do not know what is going on. ODMHSAS, who I have great respect for, are in the dark on almost everything from the MCE'S side. Just this morning, I sit in on a ODMHSAS meeting on MCO process and it was just a session of people asking question and finding no one knows the answer. Everyone sharing what they do not know. That alone scares me! The only thing we all agreed on was April 1st is not looking doable.
4. Everyone has questions and no one is getting answers. I'll list some I have gotten below but we have little to NO answers.
5. Things we do know and do not know:
    a. ODMHSAS has said all agencies with DMH Contracts to do substance abuse services WILL still do CDC's. Medicaid ONLY agencies will not do those any more. So, you will not send CDCs and Treatment plan data. There are some exclusions including Native American and ABD populations who also will also keep sending CDC's and not be in MCO process

        i. How will this work if your agency does both Substance Abuse and Medicaid? The One door billing will not be there anymore, and no one could answer this.

        ii. If people are not doing CDCs any more how will collaboration work? No one knows!

        iii. Without DMH and CDCs how will you do Eligibility checking? No one knows!

iv. Agencies doing both Substance Abuse and Medicaid will have to send billing to MCE'S and OHCA. Will there be waterfall, don't think so and no one knows how the billing process will keep track.

b. Will clients keep their member id?

    i. OK Complete Health and Aetna Better Health said that they will not change but the member will get a new card. Humana Healthy Horizons said that they would get a new member ID and a new card. I asked OHCA and OHCA said that they will get a new member ID from the MCE and then they will have a member ID with OHCA. So different answer from everyone.

c. You need to get with your clients and MAKE SURE they get signed up with ONE of the MCE'S, before April 1st otherwise OHCA will select one for them.

d. Billing for MCE'S will go through Availity and maybe the MCE'S will also work with Inovalon (use to be Ability). We support both.

    i. However, no one can tell us, is billing still do on Wednesday? We have asked but no answer.

    ii. We do not know for sure if all of the MCE'S will all work with Inovalon or any other clearing house. No one will say!

    iii. Can you bill every day or does billing payments come back on one day like now?

    iv. We have heard that the MCE'S have two weeks to pay. But is that two weeks from when you submitted it? If so, you want to bill every day and not wait for a Wednesday.

    v. Availity has an API that sounds like it will work for doing things with Eligibility, however, no one will tell us if that will work with the MCE'S.

e. We will setup everyone system with the three MCE'S as payment sources. We will load your system in a few days so they show up with their EDI number. You will have to know WHICH MCE'S a client is with, put that on the client, the note will read that information, and then you will batch all the billing and send to Availity.

    i. How will that billing come back, we are pretty sure in an 835, but we have not tested ANY of the Sending of billing.

    ii. We have not tested any of the receiving of billing.

    iii. OHCA billing files are DIFFERENT layout then Availity private insurance files, which format are we sending?

f. We have HEARD people talking about a prior authorization process that people will log on to the MCE'S portal to do. But we have not seen this portal and no one will answer questions about this portal.

g. We have HEARD software companies testing with the MCE'S, but as I said earlier, who and when. Because most of the software venders are like us, not getting any information.

h. There is a town hall coming that MCE'S might be present at or they might discuss some things related to MCO process. Go to the link below to see when it will be in your area. Delivery System Reform Town Halls (oklahoma.gov) Please get some people to these.

1. Above are just some of the questions agencies and us have asked, below are more:

i. What will happen if a client goes between two agencies who gets paid? No answer!

ii. What if you have thousands of clients how do you check all their eligibility? No answer!

iii. If there is a prior authorization process how does that work? No answer!

6. Information we know about Medicaid Members:

a. Member received an email from OHCA called "SoonerCare Member Newsletter – January 2024" that said a SoonerSelect health program must be selected by the member starting February 1st. The last day that the member can select their own plan is March 10th. After March 10th, if the member has not chosen a plan, OHCA will pick one for the member.

b. Member logged into the Soonercare website and there was a notification prompting them to pick a plan now under the member name and ID section. When the member clicks on the button to pick a plan, the site pulls up the three MCEs and allows the member to select one.

c. If the member wants to change their SoonerSelect plan prior to March 10th, the member can login to the OHCA member portal and click the "Change My Plan/Choice Provider" on the right side of the screen. From there, they select "Change my Plan/Provider" next to the member that they want to change the plan for.

d. As far as the member ID goes, here is what we found out. (We recommend having the patients choose their plans and create patient accounts to verify their number asap)

i. Oklahoma Complete Health said that they believe the Member ID will remain the same, the member will just have a new card from OK Complete Health. *I emailed them to confirm this.

1. They will mail a new member ID card to the member within 7 days after the member enrolls with them to the address the member has on file with OHCA.

ii. Aetna Better Health said that they believe the Member ID will remain the same, the member will just have a new card from Aetna. *we emailed them to confirm this

2. They will mail a new member ID card to the member within 7 days after the member enrolls with them to the address the member has on file with OHCA.

iii. Humana Healthy Horizons said that the members Medicaid ID will change AND the member will get a new ID card from Humana.

I know there is much in this email and more questions than answers. I want all of you to know how bad this process is going. My team is calling and emailing at least twice a week, sometime every day trying to get information. Please, contact everyone you know because this process is headed for a major crash.

Regards,

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From ChartCaddy

Greetings Gentle Administrators!

There isn't a lot of new information about the upcoming changes related to the OKCHA's MCO initiative effective April 1, 2024 but there is some. The latest significant change is ODMHSAS will officially not require you to send CDC information for clients assigned to one of the three new contracted entitles. Since in CC the new contracted entities are just new payer sources, the "Main Payer" assigned to a request, plan, or discharge summary will determine if the CDC information is submitted to ODMHSAS. They would really like you to submit CDC information anyway so we will add an organization level configuration option should any organization want to always submit CDC information for every client even though they are not required to do so.

This would have a major impact on the authorization process for the contracted entities, but we still have no idea what the authorization process will be for them other than there will be none for at least the first 90 days. The authorization process will stay the same for clients still assigned to a DMH contract and/or "legacy" SoonerCare. This means that if you may or may not utilize your ODMHSAS contract for a client you will still need to submit CDC information for that client just in case. My best guess right now is that there eventually will be some sort of authorization process for the contracted entities and it will be different for each of them. Of course in that case ChartCaddy will help you reduce that complexity just like it does elsewhere.

As for eligibility we are still hearing encouraging noises that the current OKHCA provider portal and the existing OKHCA batch eligibility process will (eventually) contain eligibility information for the contracted entities. Not only does this mean you should be able to continue to look up eligibility for any Oklahoma Medicaid client on the OKCHA website, but ChartCaddy should be able to retain the current batch eligibility process **AND** daily eligibility verification process in ChartCaddy for standard SoonerCare, ODMHSAS contracts, as well as the new contracted entities. If this change happens soon enough we should also be able to do a one time mass update all clients with their new eligibility information so that staff does not have to look up that information and then update ChartCaddy one client at a time. By April there should also be a new "wizard" available to make it easier to add plan modifications for clients.

We encourage every organization to sign up for a (free) Availity account and then link that account to ChartCaddy before April. By default ChartCaddy uses AdminisTEP as a clearinghouse and that should be sufficient to submit claims to the contracted entities and receive payment, but again we highly recommend that organizations switch to using Availity for their clearinghouse. The process to link your account is fairly painless so please contact customer support for more details how do that. Actually Availity is only free for most payers (including the new contracted entities), and you will need to pay $35 a month to Availity if you also want to bill certain "premium" payers like Medicare.

Seven weeks before a change that will fundamentally change how you do business, the OKCHA may be starting to inform us of the details. Maybe, if we are lucky. First there is the OKCHA webpage that should mention updates as they are announced. Then there are the OKHCA town halls happening next week where we might learn something new. Finally the contracted entities

are starting to have their own provider training, although so far we have only heard about Aetnaso far.

Finally, you can expect more frequent periodic updates until the changes are unleashed and at least the initial consequences occur. If you hear any news or even any juicy gossip about the upcoming changes please let us know so we can pass it on. Hold on to your butts people, we think it's going to be an exciting ride the next few months, and we will try to assist as best as we can.