

# Episodes of Care Announcements

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## Episodes of Care PAP Reports Will be Delayed in 2018

Many providers are aware of Arkansas Medicaid's effort toward an upgrade to a new Medicaid Management Information System (MMIS) called *InterChange*. The "go live" date is anticipated to be November 1, 2017. The Health Care Innovation (HCI) unit which manages the programs Episodes of Care (EOC), Patient Centered Medical Home (PCMH) and Medical Neighborhood Performance Reports (MNPR) are "downstream" users of MMIS claims data.

There are significant changes to the structure, content, form and format of the adjudicated claims data used to process EOC, PCMH and MNPR reports. These complexities require re-programming of retrospective calculations to accommodate this new data. ***This will result in the delay of reports usually produced in the first quarter of 2018.***

For the Episodes of Care reports usually published in January, the actual release date is currently unknown. We are working diligently to minimize the delay. Once we receive sufficient "new" data to assure the quality and accuracy of reports, normal processing will resume. The latest information will be posted on the Health Care Payment Improvement Initiative website: [www.paymentinitiative.org](http://www.paymentinitiative.org).

## Proposed Policy Rule Change Affecting Episodes of Care ADHD and ODD

Arkansas Medicaid's Health Care Innovation unit is ***proposing a policy rule change*** that will affect the Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) Episodes of Care. With the implementation of Behavioral Health Transformation, the calculations in the Episodes of Care ADHD and ODD will be inaccurate, duplicative, and superseded by Behavioral Health Transformation as of January 1, 2018.

There are two reasons this rule change is needed. First reason, with the implementation of the Behavioral Health Transformation on July 1, 2017, the cost of care for Tier 1 Behavioral Health beneficiaries will be the responsibility of primary care physicians who are enrolled in the Patient Centered Medical Home (PCMH) program. Second reason, is a component of Behavioral Health Transformation will be new, modified and deleted procedure billing codes, quantity measurements (units) and rates.

The implementation of a new billing code structure will cause erroneous outcomes in the ADHD and ODD Episodes of Care. The accountability of the cost of care for Tier 1 services will now be with the PCMH program; ADHD and ODD Episodes of Care are no longer required as a cost and quality control mechanism.

## New Report Planned for Behavioral Health Providers

Arkansas Medicaid's Health Care Innovation unit is preparing to launch a new informational report for providers who serve the behavioral health population. This report will be published along with the Episodes of Care PAP reports beginning in early 2018. Although this report will be published alongside the Episodes of Care reports, it will not have a gain or risk sharing component.

The initial phase of this new report will categorize, summarize and report the actual non-adjusted costs of all behavioral health services provided. The report will summarize the cost of all behavioral health diagnoses across all beneficiary ages. The report will also include sub-totals for each beneficiary for each service provider.