Behavioral Health Redesign

Training for providers in Molina Healthcare's network

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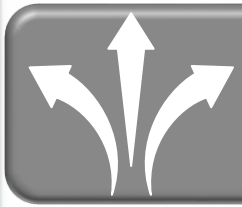
MHO-3030

Ohio Medicaid Behavioral Health Redesign Initiative

The Redesign Initiative is an integral component of Ohio's comprehensive strategy to rebuild community behavioral health system capacity

The Initiative is based on key Medicaid behavioral health reforms implemented in four steps:

Elevation
Financing of Medicaid behavioral health services moved from county administrators to the state.



Expansion
Ohio implemented Medicaid expansion to extend Medicaid coverage to more low income Ohioans, including 500,000 residents with behavioral health needs.

Modernization
ODM and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need

Integration
Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.

BH Redesign Changes Support the Treatment of Mental Illness

Efforts

- ✓ Expanding Mental Health (MH) Benefit package
- ✓ Adding family psychotherapy both with and without the patient
- ✓ Adding primary care services, labs & vaccines
- ✓ Adding coverage for psychotherapy, psychological testing
- ✓ Adding evidence based/state best practices:
  - Assertive Community Treatment - adults with SPMI
  - Intensive Home Based Treatment - youth at risk of out of home placement
- ✓ Expanding community based rehabilitation: Therapeutic Behavioral Services & Psychosocial Rehabilitation & maintaining coverage of CPST
- ✓ Maintaining prior authorization exemption for second generation antipsychotic medications when dispensed by physicians with a psychiatric specialty and in the standard tablet/capsule formulation
- ✓ Expanding eligibility for children's respite care

Medicaid Mental Health Benefit – Current Benefits

Psychotherapy CPT Codes

Individual, group, family and crisis

Psychiatric Diagnostic Evaluation

Assessing treatment needs & developing a plan for care

Medical
(Office/Home, E&M, Nursing)

Medical practitioner services provided to MH patients

Office Administered Medications

Long Acting Psychotropics

Group Day Treatment

Teaching skills and providing supports to maintain community based care

Crisis Services

Covered under crisis psychotherapy and other HCPCS codes

CPST

Care Coordination

Medicaid Mental Health Benefit – New Benefits

Assertive Community Treatment (ACT)

Comprehensive team based care for adults with SPMI

Intensive Home-Based Treatment (IHBT)

Helping SED youth remain in their homes and the community

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Screening and brief interventions for substance use disorder(s)

Psychological Testing

Neurobehavioral, developmental, and psychological

Therapeutic Behavioral Service (TBS)

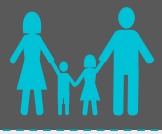
Provided by paraprofessionals with Master's, Bachelor's or 3 years experience

Psychosocial Rehabilitation (PSR)

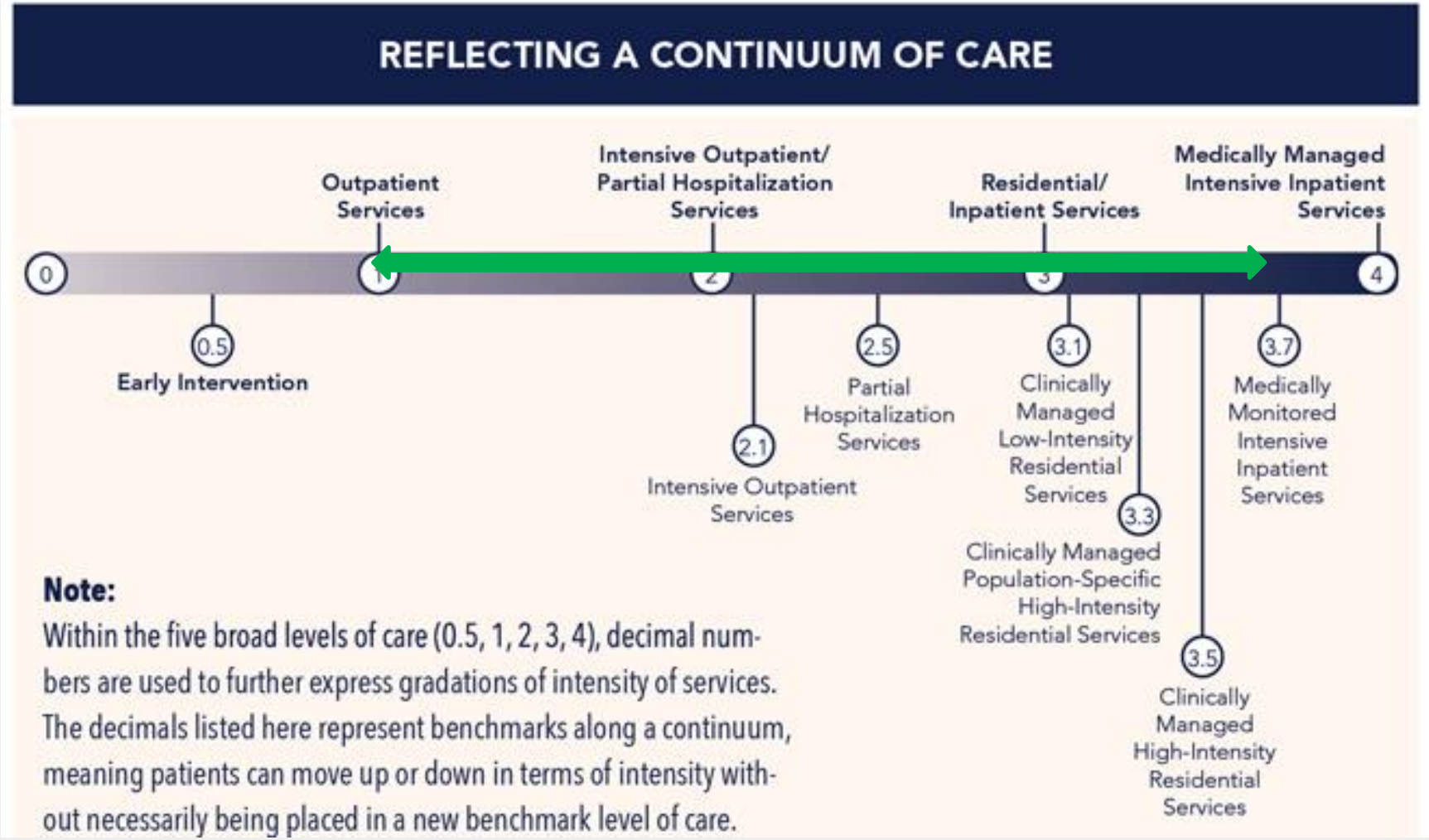
Provided by paraprofessionals with less than Bachelor's or less than 3 years experience

Respite for Children and their Families

Providing short term relief to caregivers



American Society of Addiction Medicine (ASAM) Levels of Care



The green arrow represents the scope of Ohio's Medicaid BH Redesign.

BH Redesign Benefit Package: Substance Use Disorder (SUD) Services

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Substance Use Disorder (SUD) Benefits

Outpatient

Adolescents: Less than 6 hrs/wk
Adults: Less than 9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Level 1 Withdrawal Management (billed as a combination of medical services)

Intensive Outpatient

Adolescents: 6 to 19.9 hrs/wk
Adults: 9 to 19.9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

Substance Use Disorder (SUD) Benefits

Partial Hospitalization

Adolescents: 20 or more hrs/wk
Adults: 20 or more hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

Residential

- Per Diems supporting all four residential levels of care including:
  - clinically managed
  - medically monitored
  - two residential levels of care for withdrawal management
- Medications
- Buprenorphine and Methadone Administration
- Medicaid is federally prohibited from covering room and board/housing

- Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem

Coding Changes to Existing Services

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MH/SUD Outpatient: Medical Services

Medical Service CPT Codes
99201-99205 – Evaluation and Management, Office, New Patients
99211-99215 – Evaluation and Management, Office, Established Patients
99341-99345 – Evaluation and Management, Home, New Patients
99347-99350 – Evaluation and Management, Home, Established Patients
+99354 – Prolonged service-first hour
+99355 – Prolonged Service-each add. 30 mins
+90833 – Psychotherapy add on, 30 min
+90836 – Psychotherapy add on, 45 min
+90838 – Psychotherapy add on, 60 mins
+90785 – Interactive Complexity
96372 – Therapeutic Injection

All codes are subject to NCCI edits

Psychotherapy for Crisis Situations*

90839

A CPT code has been added for psychotherapy for a patient in crisis

+90840

When a crisis encounter goes beyond 60 minutes there is an add-on code for each additional 30 minutes

All codes are subject to NCCI edits

* Guidance from - National Council for Behavioral Health, *CPT Code Changes for 2013: Impact on Behavioral Health Webinar*; November 9, 2012.

Psychotherapy for Crisis Services*

Presenting Problem

- Typically life-threatening or complex and requires immediate attention to a patient in high distress
- Codes include:
  - Urgent assessment and history of crisis state
  - Mental status exam
  - Disposition

Treatment Includes

- Psychotherapy
- Mobilization of resources to diffuse crisis and restore safety
- Implementation of psychotherapeutic interventions to minimize potential for psychological trauma

Codes for crisis services CANNOT be reported in combination with:

- 90791, 90792 (diagnostic services)
- 90832-90838 (psychotherapy)
- +90785 (interactive complexity)

- Time does not have to be continuous but must occur on same day
- Provider must devote full attention to patient and cannot provide services to other patients during time period.

*** Guidance from National Council for Behavioral Health, *CPT Code Changes for 2013: Impact on Behavioral Health Webinar*; November 9, 2012.**

MH and SUD Crisis Services by Licensed Practitioners

Guidance for Licensed Practitioners Providing Crisis Services

Licensed practitioners may provide crisis care regardless of:

- Whether or not the individual is on their case load; or
- Whether or not the individual is a current patient with the agency (i.e., not requiring a recommendation of care).

90839	Psychotherapy for crisis; first 60 minutes	MD/DOs and psychologists All other licensed practitioners*
+90840	Psychotherapy for crisis; each additional 30 minutes	MD/DOs and psychologists All other licensed practitioners*
90832	Based on Medicare, can be billed with a UT crisis modifier if crisis service does not reach 31 minutes	MD/DOs and psychologists All other licensed practitioners*

*** Review supervision requirements for billing guidance**

All codes are subject to NCCI edits

Psychotherapy for Crisis Services*

- 90839 Psychotherapy for crisis; first 60 minutes
- +90840 Each additional 30 minutes
- Used to report total duration of face-to-face time with the patient and/or family providing psychotherapy for crisis
- Time does not have to be continuous but must occur on same day
- Provider must devote full attention to patient and cannot provide services to other patients during time period.

- 90839 (60 min) used for first 30-74 minutes
- Reported only once per day
- +90840 (each additional 30 min) report for up to 30 minutes each beyond 74 minutes
- Example: 120 min of crisis therapy reported:
  - 90839 X 1
  - +90840 X 2
- Less than 30 minutes reported with codes 90832 or +90833 (psychotherapy 30 min)

***Guidance from - National Council for Behavioral Health, *CPT Code Changes for 2013: Impact on Behavioral Health Webinar*; November 9, 2012.**

National Correct Coding Initiative (NCCI)

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National Correct Coding Initiative

National Correct Coding Initiative Overview

- Required by the Affordable Care Act
- Goals: Assure practitioners work within scope, control improper coding, prevent inappropriate payment by Medicare and Medicaid.
- Implemented, governed and regularly updated by Centers for Medicare & Medicaid Services (CMS)
- **Providers should check NCCI quarterly updates and adjust IT and billing systems accordingly (next quarterly update April 1)**
- Implemented October 1st, 2010, in rest of Ohio's Medicaid program – not in BH
- To be implemented for Ohio Medicaid BH providers

What Does This Mean For You?

- NCCI policies are applied as edits (claims denials) to Medicaid health care claims
- Two types of edits:
  - Procedure to procedure edits: Pairs of codes that may not be reported together when delivered by the same provider for the same recipient on the same date of service. Applied to current and historic claims.
  - Medically unlikely edits: These edits define the maximum number of units of service that are, under most circumstances, billable by the same provider, for the same recipient on the same date of service.

Procedure to Procedure (PTP) Edits Overview

PTP Edits Overview

Defines HCPCS and CPT codes that should not be reported together for a variety of reasons. **The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported**.

Medicaid PTP (including those that can be overridden by specific modifiers), MUE edits and other relevant information can be found at: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/ national-correct-coding-initiative.html

What Does This Mean For You?

For PTP edits that have a Correct Coding Modifier Indicator (CCMI) of "0," the codes should never be reported together by the same provider for the same beneficiary on the same date of service. If they are reported on the same date of service, the column one code is eligible for payment and the column two code is denied. For PTP edits that have a CCMI of "1," the codes may be reported together only in defined circumstances which are identified on the claim by the use of specific NCCI-associated modifiers.

Where services are "separate and distinct." it may be necessary to override the procedure-to-procedure edit using a specific modifier. Documentation must support "separate and distinct" services.

What is an example?

Example 1: The same physician performs a psychotherapy service and E&M service on the same day to the same client (significant and separately identifiable services). NCCI will not allow the psychotherapy code 90834 to be billed with an E&M office visit code 99212, as there are separate add-on codes (+90833, +90836, and +90838) for psychotherapy services provided in conjunction with E&M services. This cannot be overridden with the modifier.

NCCI Medically Unlikely Edits (MUEs)

NCCI MUEs

MUEs define, for each HCPCS / CPT code, **the maximum units of service (UOS) that a provider would report** under most circumstances for a single beneficiary on a single date of service.

What Does This Mean For You?

Medically Unlikely Edits will review anything that, from a medical standpoint, is unlikely to happen. MUEs **cannot be overridden** with the 59, XE, XS, XP, XU modifiers.

For more information:
August 2010 (Questions and Answers Section 6507 of the ACA, NCCI Methodologies)
September 1, 2010 (State Medicaid Director Letter [SMD] 10-017)
September 29, 2010 (CMS letter to The National Medicaid EDI Healthcare Workgroup)
April 22, 2011 (SMD 11-003)
CMS website: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html

What is an example?

Example 1: The same licensed independent social worker (LISW) performs two diagnostic evaluations (2 units of 90791) with the same client on the same day. NCCI will deny the second evaluation, as it is medically unlikely that one client would need two complete diagnostic evaluations in the same day.

Benefit Administration Timeline, Policies, and Program Integrity

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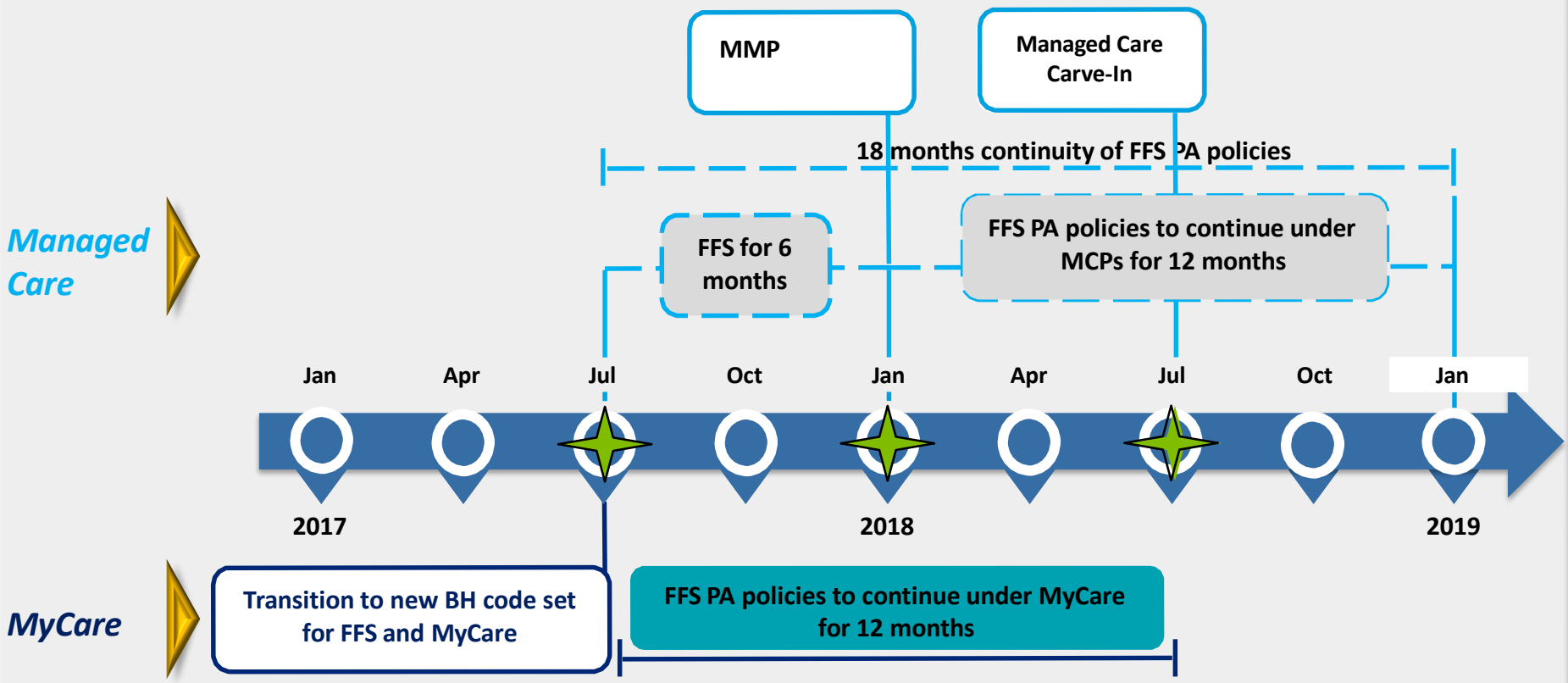
Timeline: 2016 – 2019



- Plans will follow state benefit administration policies for one year.
- MCP year is administered on a calendar year basis (Jan-Dec).
- Any prior authorizations approved by Medicaid prior to carve-in will be honored by the plans, and the plans will assume the responsibility for the prior authorization process when authorizations under FFS expire.

Milestone

Services
- ALWAYS Prior Authorized -

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ALWAYS Prior Authorized:
Assertive Community Treatment (ACT)

DESCRIPTION	CODE
Assertive Community Treatment (ACT)	H0040

Prior Authorization Requirement

ACT must be prior authorized per person and all SUD services (except for medications) must be prior authorized for ACT enrollees.

All codes are subject to NCCI edits

ALWAYS Prior Authorized:
Intensive Home Based Treatment (IHBT)

DESCRIPTION	CODE
Intensive Home Based Treatment (IHBT)	H2015

Prior Authorization Requirement

IHBT must be prior authorized and a maximum of 72 hours can be authorized per authorization.

All codes are subject to NCCI edits

ALWAYS Prior Authorized:
SUD Partial Hospitalization (PH) Level of Care (LoC)

DESCRIPTION	CODES
SUD PH LoC **20 or more hours of SUD services per week per adult or adolescent**	**Combination of CPT and HCPCS codes**

Prior Authorization Requirement

SUD PH LoC must be prior authorized for an adult or adolescent to exceed 20 hours of SUD services per week.

All codes are subject to NCCI edits

Services With Prior Authorization
- Per Billing Provider

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Prior Authorization:
Psychiatric Diagnostic Evaluation

DESCRIPTION	CODES
Psychiatric Diagnostic Evaluation	90791 – with out medical 90792 – with medical

Prior Authorization Requirement

*1 encounter per person per calendar year per code **per billing provider** for 90791 and 90792. Prior authorization may be requested to exceed the annual limit.*

All codes are subject to NCCI edits

Prior Authorization:

Screening, Brief Intervention and Referral to Treatment (SBIRT)*

DESCRIPTION	CODES
Screening Brief Intervention and Referral to Treatment (SBIRT)	G0396 – 15 to 30 minutes G0397 – greater than 30 minutes

Prior Authorization Requirement

One of each code (G0396 and G0397), per billing provider, per patient, per calendar year. Prior authorization may be requested to exceed the annual limit.

*Can not be billed by provider type 95 (SUD treatment programs)

All codes are subject to NCCI edits

Prior Authorization: Alcohol and/or Drug Assessment

DESCRIPTION	CODE
Alcohol and/or Drug Assessment by an unlicensed practitioner	H0001

Prior Authorization Requirement

2 hours (2 units) per person per calendar year per billing provider. Does not count toward ASAM level of care benefit limit. Prior authorization may be requested to exceed the annual limit.

All codes are subject to NCCI edits

Services With Prior Authorization - Per Medicaid Enrollee

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Prior Authorization: Psychological Testing

DESCRIPTION	CODES
Psychological Testing	96101 – psychological testing by a psychologist/physician 96111 – developmental testing, extended 96116 – neurobehavioral status exam
	CODE
	96118 - neuropsychological testing by psychologist/physician

Prior Authorization Requirement

Up to 12 hours/encounters per calendar year per Medicaid enrollee for 96101, 96111, and 96116.
Up to 8 hours per calendar year per Medicaid enrollee for 96118.
Prior authorization may be requested to exceed the annual limits.

All codes are subject to NCCI edits

Prior Authorization:

SUD Residential (Non-Withdrawal Management)

DESCRIPTION	CODES
SUD Residential	H2034 H2036

Prior Authorization Requirement

Up to 30 consecutive days without prior authorization per Medicaid enrollee.

Prior authorization then must support the medical necessity of continued stay; if not, only the initial 30 consecutive days are reimbursed.

Applies to first two stays; any stays after that would be subject to prior authorization.

All codes are subject to NCCI edits

Services with No State-Defined Benefit Limits

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No Benefit Limit:
*RN/LPN Nursing Services**

DESCRIPTION	CODES
RN/LPN Nursing Services (MH)	H2019 (RN) H2017 (LPN)
RN/LPN Nursing Services (SUD)	T1002 (RN) T1003 (LPN)

*This is a change according to March 17, 2017 newsletter (previous prior authorization guidance was set at 24 hours (96 units) combined per year per Medicaid enrollee)

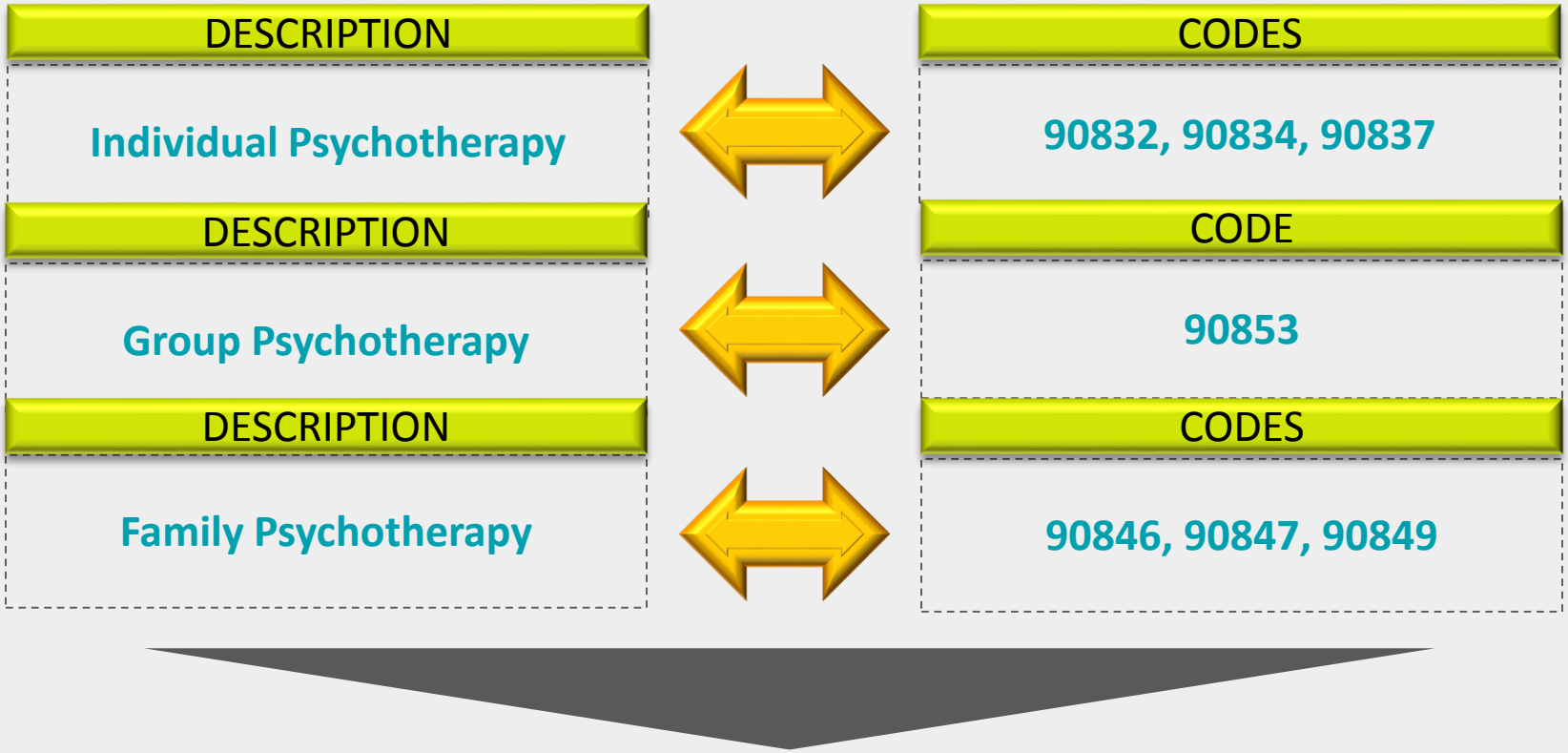
All codes are subject to NCCI edits

No Benefit Limit: *Mental Health*

DESCRIPTION	CODE
Therapeutic Behavioral Services	H2019
Psychosocial Rehabilitation	H2017
Community Psychiatric Support Treatment	H0036

All codes are subject to NCCI edits

No Benefit Limit: *Psychotherapy*



Services will accrue to ASAM outpatient, IOP, and PH levels of care.

All codes are subject to NCCI edits

No Benefit Limit: *E&M (Medical) Visits*

DESCRIPTION	CODES
Evaluation and Management – Office Visit	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215
DESCRIPTION	**CODES**
Evaluation and Management – Home Visit	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Services will accrue to ASAM outpatient, IOP, and PH level of care hours.

All codes are subject to NCCI edits

No Benefit Limit: *SUD Withdrawal Management*

Residential SUD Treatment Programs

DESCRIPTION	CODES
Level 3-WM All Staff	H0010 or H0011 - Per Diem

DESCRIPTION	CODE
Level 2-WM All Staff * Level 2-WM RN/LPN Services	H0012 – Per Diem H0014 – Hourly (up to 4 hours)

Outpatient SUD Treatment Programs

DESCRIPTION	CODE
* Level 2-WM RN/LPN Services	H0014 – Hourly (up to 4 hours)

DESCRIPTION	CODE
* Level 1-WM RN Services * Level 1-WM LPN Services	T1002 (RN) T1003 (LPN)

* Note: Per diems cover all services provided by medical and clinical staff. When RN/LPN hourly or 15 minute services are provided, services provided by other medical staff are billed using evaluation and management coding. Services provided by clinical staff are billed accordingly. Level 1 RN/LPN services will be subject to prior authorization after 24 hours.

All codes are subject to NCCI edits

No Benefit Limit: *Group MH Day Treatment*

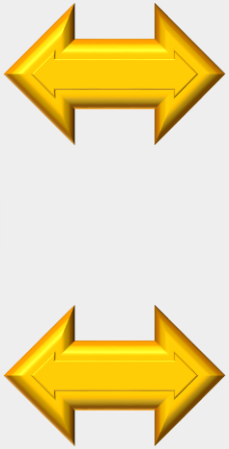
DESCRIPTION	CODES
Group MH Day Treatment (Adult and Youth)	**H2012/HQ – Hourly** **H2020 – Per Diem**

Only one "per diem" day treatment unit will be paid per day per enrollee.

All codes are subject to NCCI edits

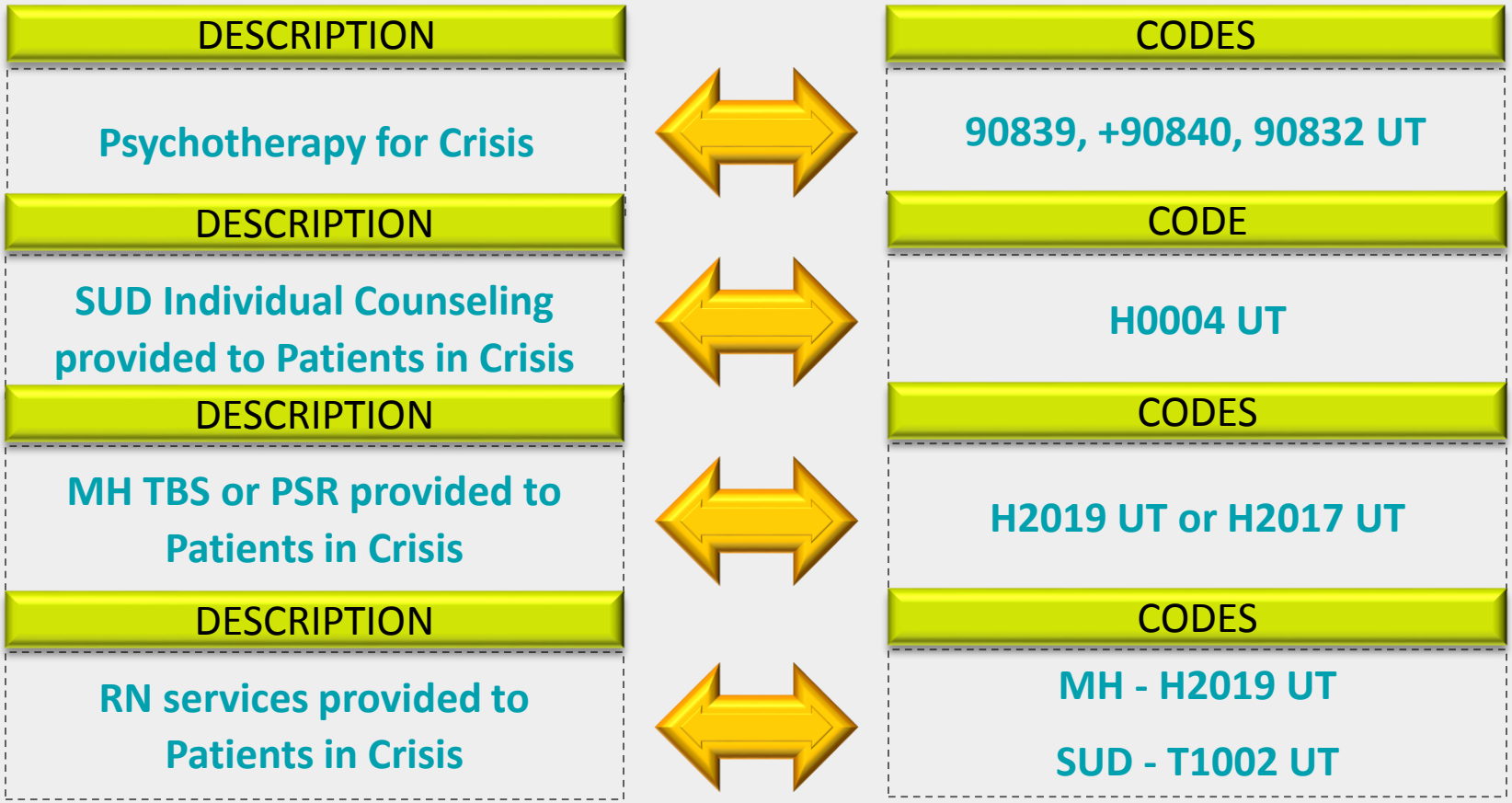
No Benefit Limit: *SUD Intensive Outpatient (IOP) and Outpatient (OP) Levels of Care (LoC)*

DESCRIPTION	CODES
SUD IOP LoC 6-19.9 hours of SUD services per week per adolescent 9-19.9 hours of SUD services per week per adult	Combination of CPT and HCPCS codes
SUD OP LoC Less than 6 hours of SUD services per week per adolescent Less than 9 hours of SUD services per week per adult	



All codes are subject to NCCI edits

No Benefit Limit: *Crisis Services*



All codes are subject to NCCI edits

Medicaid Covered Behavioral Health Practitioners *

Behavioral Health Professionals (BHPs)				
Medical BHPs	**Licensed BHPs**		**BHPs**	**BHP Paraprofessionals**
Physicians (MD/DO)	Licensed Independent Chemical Dependency Counselors	Licensed Independent Social Workers	Chemical Dependency Counselor Assistants	Care Management Specialists
Certified Nurse Practitioners	Licensed Chemical Dependency Counselors	Licensed Social Workers	Counselor Trainees	Peer Recovery Supporters
Clinical Nurse Specialists	Licensed Independent Marriage and Family Therapists	Licensed Professional Clinical Counselors	Marriage and Family Therapist Trainees	Qualified Mental Health Specialists
Physician Assistants	Licensed Marriage and Family Therapists	Licensed Professional Counselors	Psychology Assistants, Interns or Trainees	Qualified Mental Health Specialists III
Registered Nurses	Licensed Psychologists		Social Work Assistants	Individualized Placement and Support-Supported Employment (IPS-SE)
Licensed Practical Nurses			Social Worker Trainees	

* When employed by or contracted with an OhioMHAS certified agency/program

Rendering Practitioners Required to Enroll in Ohio Medicaid,

Rendering Practitioners	
Physicians (MD/DO), Psychiatrists	Licensed Independent Social Workers
Certified Nurse Practitioners	Licensed Professional Clinical Counselors
Clinical Nurse Specialists	Licensed Independent Marriage and Family Therapists
Physician Assistants	Licensed Independent Chemical Dependency Counselors (LICDC)
Registered Nurses	Licensed Psychologists
Licensed Practical Nurses	

Exception: Prescribers already registered with ODM as Ordering, Referring or Prescribing providers need not re-enroll.

ADDITIONAL GUIDANCE

- Practitioners must be affiliated with their employing/contracted agency or agencies; either the agency or practitioner may perform the affiliation in MITS
- Practitioner or agency/agencies may “un-affiliate” rendering practitioners listed above when necessary

Medicare Participation Rendering Practitioners

Rendering Practitioner	Guidance
Physician Advanced Practice Registered Nurse Physician Assistant Psychologist Licensed Independent Social Worker	A CBHC employing or contracting with any of these rendering providers **must bill the Medicare program prior to billing Medicaid if the service is covered by Medicare.**
Licensed Professional Clinical Counselor Independent Marriage and Family Therapist Licensed Independent Chemical Dependency Counselor Licensed Professional Counselor Marriage and Family Therapist Licensed Chemical Dependency Counselor Licensed Social Worker School Psychologists	A CBHC employing or contracting with any of these rendering providers **may submit the claim directly to Medicaid**.

Medicare Certification vs. Medicare Participation

Medicare Certification

- ✓ CMHCs have the option to enroll as an institutional provider to deliver Medicare services such as partial hospitalization.
- ✓ Certification requires accreditation or survey performed by the CMS designated state survey agency (In Ohio, ODH).

Medicare Participation

- ✓ CBHCs (MH, SUD or both) have the option to enroll as a group practice.
- ✓ Eligible practitioners employed by CBHCs should also enroll as individual practitioners (to be listed as the rendering provider on claim).
- ✓ Once the Medicare Administrative Contractor (MAC) has received an application it has 60 days to review and approve or deny it. In Ohio, the MAC is CGS Administrators LLC.

Reporting Supervisor on Claims

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Reporting Supervisor on Claims – General Supervision

Reporting Supervisor on Claims

In response to stakeholder feedback, identification of a practitioner's supervisor on a Medicaid claim will be OPTIONAL for practitioners working under general supervision.

Practitioners for CPT/HCPCS:
Licensed professional counselor
Licensed chemical dependency counselor II or III
Licensed social worker
Licensed marriage and family therapist
Psychology assistant, intern, trainee

Practitioners for HCPCS:
Psychology assistant, intern, trainee
Chemical dependency counselor assistant
Counselor trainee
Social worker assistant
Social worker trainee
Marriage and family therapist trainee
Qualified mental health specialist
Care management specialist
Peer recovery supporters

Note: Appropriate supervision must be provided and documented in the medical record

Unlicensed Practitioners Under Direct Supervision Providing CPT-Coded Services

Practitioner Providing the Service	Billing Provider Field	Supervisor field	Rendering field	Practitioner Modifier
Chemical dependency counselor assistant	Agency NPI	Direct Supervisor NPI	Blank	U6
Counselor trainee	Agency NPI	Direct Supervisor NPI	Blank	U7
Social worker trainee	Agency NPI	Direct Supervisor NPI	Blank	U9
Marriage and family therapist trainee	Agency NPI	Direct Supervisor NPI	Blank	UA

In these instances, Medicaid claims must include the supervisor's NPI in the supervisor field on the claim in order for payment to be processed for the CPT code. The practitioners listed above are unable to perform these services without the direct supervision of an independently licensed practitioner.

IT Resources

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IT Resource Documents – *BH.Medicaid.Ohio.Gov*

- **Services Billable to Medicare (Final Version)** - Identifies those codes that require third party billing as well as those that do not
- **Supervisor Rendering Ordering Fields** - Identifies what information is in these fields for all CPT and HCPCS codes
- **Services Crosswalk** - Details what codes can be billed on same date of service
- **ACT-IHBT** - What is allowed to be billed with these two new services, what is not allowed and what requires prior authorization
- **Dx Code Groups** - Allowable diagnoses for behavioral health services
- **Limits, Audits and Edits** - Includes benefit limits as well as audits to limit some combination of services on same day
- **EDI/IT Q-and-A** - Contains responses to questions received from EDI/IT work group

Checklist for BH Redesign Go-Live

BH Providers should complete these steps prior to Go Live for BH Redesign:

☑ **Practitioners Required to Enroll in Medicaid**
- Obtain NPI
- Complete your Ohio Medicaid enrollment application – see instructions and webinar training on this posted here http://bh.medicaid.ohio.gov/training
- Respond quickly to any communication from Ohio Medicaid regarding your application
- Once enrolled, the practitioner must be "affiliated" with their employing agency

☑ **Medicare: Agencies and Practitioners** should enroll to ensure readiness. See MITS BITS here: http://mha.ohio.gov/Portals/0/assets/Planning/MACSISorMITS/REVISED-mits-bits-medicare-enrollment-4-22-16_rev.pdf

☑ **IT Systems**
- BETA Testing Open Oct. 25 until Nov. 30, 2017
  - Existing trading partners may begin submitting test EDI files.
- New trading partners will be accepted after the migration has been completed.
- Trading partner testing region will be open 24/7.
- See extensive IT guidance on BH.Medicaid.Ohio.gov and
- Provider staff and your IT System Designers should participate in IT Work Group Meetings

☑ **Train all staff on BH Redesign changes**
- Attend trainings
- Watch webinars
- Study documents at BH.Medicaid.Ohio.gov

Contacts:

Molina Healthcare Provider Call Center:
Phone (855) 322-4079

BH Provider Services Email Address:
BHProviderServices@MolinaHealthcare.com

BH Redesign Website:
http://bh.medicaid.ohio.gov

Molina Healthcare of Ohio Website:
http://www.molinahealthcare.com/providers/oh

Thank you

Any Questions?