

Enrollment Updates for BH Agencies

It is time for Ohio Behavioral Health (BH) agencies (Medicaid provider types 84 and 95) to begin enrolling dependently licensed and BH paraprofessional practitioners in Ohio Medicaid and affiliating them with employing/contracting community behavioral health agencies.

For detailed information on how to complete this process, please see the Ohio Department of Medicaid (ODM) "01/31/2018 Enrollment of Dependently Licensed and BH Paraprofessional Practitioners in MITS" at http://mha.ohio.gov/, under "News & Events" and "MITS Bits Updates."

Claims for services between Jan. 1 and June 30, 2018 should not include these practitioners' NPIs in the rendering field or claims will deny.

Common Billing Errors that Cause Claims to Deny

No member enrollment for claim dates of service: It is the responsibility of the providers to check eligibility at every encounter prior to rendering the service by logging into https://www.ohmits.com.

Claims billed for Medicaid members: Claims for Medicaid Members should be submitted to the Ohio Department of Medicaid (ODM) Fee for Service (FFS) for dates of service through June 30, 2018.

Providers combining type 84 (MH) and type 95 (SUD) services under one NPI: Claims cannot be processed with an incorrect NPI number. Providers must use separate NPIs for Mental Health (MH) and Substance Use Disorder (SUD) services. An NPI can be obtained by visiting https://nppes.cms.hhs.gov/NPPES/Welcome.do.

Provider type 84 (MH) and 95 (SUD) using NPIs not registered or inactive in MITS: Providers must have NPIs registered as active in MITS.

Providers entering a NPI on claim for dependent practitioners: Services performed by a dependent practitioner should *NOT* bill with an NPI number. Box 31 and 24 J on the HCFA 1500 should be left blank and a practitioner modifier should be used on the service line.

Practitioner modifier or rendering practitioner NPI missing on claim: When a claim is submitted with the practitioner modifier or the rendering practitioner's NPI missing, a corrected claim can be submitted via the Provider Portal or through EDI. Please see the "MCO Resource Document for CBHC Providers" on our website for additional details.

Behavioral Health Redesign Claims Testing

MyCare Ohio's BH Redesign went live on Jan.1, 2018. Community BH Providers will transition to billing Medicaid Managed Care plans for their services on July 1, 2018.

Molina Healthcare would like to invite MyCare Ohio and Medicaid providers to test our billing systems as we finalize our preparations for the

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Questions?

Provider Services – (855) 322-4079 8 a.m. to 5 p.m., Monday to Friday (MyCare Ohio available until 6 p.m.)

Email us at <u>BHProviderServices@</u>
MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Connect with Us

www.facebook.com/MolinaHealth www.twitter.com/MolinaHealth

Join Our Email Distribution List Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Provider Support Available

Molina Healthcare has multiple channels to assist BH providers with Prior Authorization (PA), billing support and claims payment issues:

- Utilization Management contact (855) 322-4079 for assistance with PA requests
- Molina Healthcare Rapid
 Response Team providers can
 route issues to BHProvider
 Services@Molinahealthcare.com
 and the Molina Healthcare will
 monitor, route and track emails for
 quick resolution

Requesting Prior Authorization for New Services

Effective Jan. 1, 2018, Prior Authorization (PA) is required from Ohio Mental Health and Addiction Services (OMHAS) certified providers for the following services: BH Redesign and Carve-In. The EDI and Provider Portal are available for BH claims testing. Test claims can be submitted by:

- Completing the EDI registration process through Molina Healthcare's clearinghouse, Change Healthcare. Providers/clearinghouses without an existing Change Healthcare account can register for the cost-free service at http://providernet.adminisource.com with our payer ID 20149
- Providers can submit an excel spreadsheet with test claims to Molina Healthcare at BHProviderServices@MolinaHealthcare.com

Providers without Molina Healthcare members should contact Molina Healthcare for test member information. Providers may repeat 10 test members over an unlimited number of test claims. Test scenarios should:

- Incorporate the new codes and requirements.
- Use 2018 Dates of Service. For example, on Jan. 5, 2018, only submit claims for Jan. 1-5, 2018
- Reflect the current scope of services being offered in your practice
- Align with current HIPAA billing guidance and standards

If a provider is interested in testing, fill out the Intake Form on the last page. Once it is submitted, email the testing reference number to Molina Healthcare. Our claims testing team will use this number to pull the test files from Change Healthcare for processing and will notify providers individually with the results.

For guidance on billing, please visit the Ohio Department of Medicaid website at http://bh.medicaid.ohio.gov/manuals. Providers may request to join the Molina Healthcare network by completing the "Non-Participating Provider Contract Request Form" on our website under the "Forms" tab.

Upcoming Behavioral Health Sessions

Molina Healthcare is hosting BH Provider WebEx Sessions. In addition to general questions, the Q&A sessions can also be utilized for billing, claims and testing questions.

Question and Answer WebEx Sessions:

- Thurs., March 8, 2 to 3 p.m. meeting number 806 905 953
- Wed., March 14, 1:30 to 2:30 p.m. meeting number 807 581 716
- Mon., March 26, 11:30 a.m. to 12:30 p.m. meeting number 803 333 248
- Mon., April 9, 10:30 to 11:30 a.m. meeting number 809 749 425
- Wed., April 25, 2:30 to 3:30 p.m. meeting number 804 429 252

Provider Portal Claims Training WebEx Sessions:

- Tues., March 20, 10:30 to 11:30 p.m. meeting number 803 724 628
- Wed., April 4, 10:30 to 11:30 a.m. meeting number 801 661 260
- Mon., April 16, 2:30 to 3:30 p.m. meeting number 801 308 183
 To join WebEx, call (855) 665-4629 and follow the instructions. To view sessions, log into www.WebEx.com, click on "Join" and follow the instructions. Meetings do not require a password.

BH Provider Forums:

- Toledo: Mon., March 12, 10:30 a.m. to 1:30 p.m.
- Columbus: Thur., March 15, 10:30 a.m. to 1:30 p.m.

Register for the forums at http://www.eventbrite.com and search "MCO BH Provider Forum."

- Assertive Community Treatment
 (ACT)
- Intensive Home-Based Treatment (IHBT)
- Substance Abuse Disorder (SUD) Partial Hospitalization
- SUD Residential Services (when annual limit is reached)

Resources on our website include:

- The standard PA form developed by the Ohio Association of Health Plans (OAHP) BH Collaborative for community behavioral health services. Please fax the standard PA form along with clinical information that demonstrates medical necessity for the service to our Utilization Management (UM) team at (866) 449-6843
- A resource document developed collaboratively by Managed Care Plans containing information on the PA process, billing procedures, contracting/ credentialing, and other topics requested by providers

For a list of services that require PA prior to the initiation of the service or after an annual limit is reached, see the Provider Manual on the Molina Healthcare website under the "Manual" tab. The Molina Healthcare UM team can be reached for questions at (855) 322-4079.

BH Redesign Testing Guidance

Molina Healthcare has guidance on BH Redesign claims testing on our website the "Health Resources" tab, under "Behavioral Health."

Claims Features Training

The Provider Portal is secure and available 24/7. Online Claims Features include the ability to:

- Submit new claims
- · Submit a corrected claim
- Submit claim reconsiderations
- Export claims
- Void a claim
- · Check status of claims
- Build and submit batches of claims
- Create a claims template
- Add supporting documents

Additional information is available at on our website under the "Manual" tab, select "Provider Manual & Training" then under 'Provider Orientation and Trainings" click on "Claims Features Training."

Molina Healthcare Behavioral Health Request for Claims Testing Intake Form

	vider Information	
Nan	ne:	Medicaid ID:
		Wiedicald ID.
City	, State & Zip:	
	ntact Information	
Nan Pho	ne: one:	Title: Email:
Wha	at Testing Platform Do	pes Provider Wish to Use (Please check) nange) Molina Provider Portal
EDI If El		g as their own Trading Partner or utilizing a third party
Moli		althcare for EDI claims submission. Do you or third party have existing Healthcare? Testing Ticket #
	ina's Web Portal provider or third party h	nave existing account set up with Molina Web Portal?
perf	form claims testing	olina is requesting 5 rendering providers from each facility wishing to
1.	Name:	
	NPI:	
	NPI:	
3.		
	NPI:	
4.		
	NPI:	
5.		
	NPI:	
	Addross:	

Please submit completed form to: <u>BHProviderServices@MolinaHealthcare.com</u>

^{*}Note - In order to conduct testing via EDI, provider or third party must have account set up with Change Healthcare and have logged a ticket for testing.

^{**}Note - In order to conduct testing via Molina's Web Portal, provider must have account set up with Molina.