

Update: Provider Enrollment in MITS

Information for all Community Behavioral Health Center providers

As a reminder, the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) have discontinued the Universal Roster and moved forward with using one system, Medicaid Information Technology System (MITS), as the primary source of provider enrollment and affiliation information.

For additional information visit the ODM Behavioral Health (BH) website and under “MITS Bits & Newsletters” select “[Universal Roster Discontinuation and Move to Provider Master File Only, Effective Immediately.](#)”

It is imperative that Community Behavioral Health Center (CBHC) providers update MITS with accurate information so that it is shared with all Managed Care Plans (MCPs) via the daily Provider Master File (PMF). There are several steps CBHC providers should take in order to achieve the single system goal, including:

- View the ODM training presentation and webinar recordings for step-by-step instructions on how rendering practitioners can enroll in MITS, become affiliated with their employing agency and make changes to licenses, provider specialties and names.
- Review the online CBHC Practitioner Enrollment File for correct provider type, specialty and affiliation, and make any updates in MITS.

Coronavirus: Provider Authorization Extension

Information for providers in all networks

Due to the current situation concerning the coronavirus disease 2019 (COVID-19) virus, we would like to assure providers that Molina Healthcare is monitoring coronavirus developments daily. Our corporate chief medical officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers.

Molina updates for Prior Authorization (PA) extensions include:

- If you have a patient with a PA that is time limited for a procedure that was found to be medically necessary and approved, they may reschedule up to May 31, 2020.
- If you have patients who are not able to get to their physical therapy (PT), occupational therapy (OT) or speech therapy (ST) appointments they may reschedule up to May 31, 2020.

NOTE: No additional PT, OT, or ST visits may be approved but the same number of visits may be extended with the authorization not to expire before May 31, 2020.

Additional information for PA:

- New procedures that were not previously approved and new physical therapy requests must go through the normal approval process at this time but once approved will not expire before May 31, 2020.
- Medical necessity review for inpatient stay and concurrent review will follow normal processes at this time.
- This includes eviCore authorizations.

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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 BHPProviderServices@MolinaHealthcare.com

Visit our website at
MolinaHealthcare.com/OhioProviders

Visit the ODM BH website at
<https://bh.medicaid.ohio.gov/manuals>

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Behavioral Health Provider Manual

On Nov. 27, 2019, the [Behavioral Health \(BH\) Provider Manual](#) was updated by ODM and OhioMHAS. Visit the ODM BH website to view the updated manual.

Provider Training Sessions

Information for all network providers

Monthly It Matters to Molina Provider Forum Topic: General Question and Answer (Q&A)

Session: Molina is hosting an open forum. In addition to general questions, the Q&A session can be utilized for billing and claims questions.

- Thurs., April 30, 12 to 1 p.m.
meeting number 804 152 460

Monthly Provider Portal Training:

Please note: Visits for our members to primary care and specialist provider offices, urgent care or the emergency room do not require PA.

No action is required on your part for the PA extensions. For more information contact Molina Provider Services at (855) 322-4079 or email your Provider Services Representative.

Changes are occurring rapidly in response to the impact of coronavirus on our healthcare system; which may include additional updates to the PA process. Molina continues to monitor this situation and will send out communications to our provider network with updates as they evolve.

Telehealth During a State of Emergency

Information for Medicaid and MyCare Ohio providers

ODM and OhioMHAS are expanding access to medical and behavioral health services using telehealth in order to give healthcare providers maximum flexibility to shift as many services as possible away from in-person visits. Changes include the following items:

ODM Emergency Rule 5160-1-21 Telehealth during a state of emergency:

- A new telehealth rule that is in effect during any time period in which the Governor of the State of Ohio declares a state of emergency and when authorized by the Medicaid director. During this time period, 5160-1-21 supersedes Medicaid's other telehealth rule, 5160-1-18.
- Allows individuals with Medicaid to receive telehealth services – regardless of the last time they had a face-to-face visit with their health care provider and regardless of their status as a new or existing patient.
- Defines telehealth as activities that occur at the same time involving real-time, interactive audio and visual communications, as well as activities that do not occur at the same time and do not have both audio and video elements. Some examples of telehealth services include videoconferences, telephone calls, images transmitted via facsimile machine and electronic mail.
- Allows Medicaid billing regardless of patient and practitioner locations, with the exception of patients residing in penal facilities or a public institution, as defined in rule 5160:1-1-03 of the Administrative Code.
- Offers a wide range of medical and behavioral health services that can be billed to Medicaid when delivered through telehealth.

OhioMHAS Emergency Rule 5122-29-31 Interactive videoconferencing:

- Allows the definition of "interactive videoconferencing" to include activities not occurring at the same time and that do not have both audio and video elements. Some examples of these activities include telephone calls, images transmitted via facsimile machine and electronic mail.
- Allows both new and established patients to receive services through interactive videoconferencing, and explicitly overrides the initial face-to-face visit requirement previously needed to initiate telehealth services.
- Adds new behavioral health services that can be delivered via interactive videoconferencing, including peer recovery, substance use disorder (SUD) case management, crisis intervention, assertive community treatment (ACT) and intensive home-based treatment (IHBT) services.
- For additional information visit the ODM Behavioral Health (BH) website at <https://bh.medicaid.ohio.gov/manuals> and under "MITS BITS

- Fri., April 24, 1 to 2 p.m. meeting number 804 780 866
- Tues., May 19, 3 to 4 p.m. meeting number 804 335 992

Monthly Claim Submission Training:

- Mon., April 13, 10 to 11 a.m. meeting number 800 719 190
- Thurs., May 14, 1 to 2 p.m. meeting number 802 879 754

Quarterly Provider Orientation:

- Tues., May 26, 2 to 3 p.m. meeting number 802 334 861

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into [WebEx.com](https://www.webex.com), click on "Join" and follow the instructions. Meetings do not require a password.

CVS Pharmaceutical Delivery Service and Refills

Information for all network providers

CVS Health is working to ensure individuals have access to needed medications during the coronavirus outbreak. Changes include:

- Relaxing Refill Restrictions
- Encouraging Members to Refill Maintenance Medications
- Free Home Delivery from CVS Pharmacy

For additional information visit www.cvs.com/content/coronavirus for updates on COVID-19 as well as details on free delivery of prescriptions and other essentials from CVS.

Coming Soon: Molina CPSEs on the Provider Website

Information for all network providers

Coming soon: Molina will be adding a Claims Payment Systemic Errors (CPSE) page to the Molina Website, under the "Communications" tab.

As a reminder, effective for dates of service on and after July 1, 2018, Ohio Managed Care Plans are required by the Medicaid Managed Care Provider Agreement to communicate to providers when claims adjustments are processed for incorrectly underpaying, overpaying or denying claims when certain criteria is met. Cases that meet these criteria are defined as CPSEs.

Behavioral Health Recoupment Process

& Newsletters” select [“03/20/2020 – Emergency Rules Expand Access to BH Services Using Telehealth.”](#)

MAT Videos on Molina Provider Website

Information for all network providers

Medicated-Assisted Treatment (MAT) is the use of Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (SUD).

Molina Healthcare of Ohio added MAT videos on the homepage of our website to assist providers with the following topics:

- Addiction: Addiction is Not a Choice
- Basics: The Basics of MAT
- Safety: MAT Safety and Compliance

Behavioral Health Cash Advance Repayments

Information for all Community Behavioral Health Center providers

As communicated on March 16, 2020, Molina is voluntarily suspending BH provider advance repayments for the next 60 days to help support our provider network’s response to the coronavirus (COVID-19) public health crisis. Providers also have the option of continuing to make cash advance payments during this timeframe, if they so choose.

For additional questions, please email your Molina Provider Services Representative at BHProviderServices@MolinaHealthcare.com.

Active Medicaid ID Number

Information for all network providers

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019. Providers without a Medicaid ID number will need to submit an application to ODM. Enrollment is available through the MITS portal or providers can start the process at <https://medicaid.ohio.gov>. Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

Behavioral Health Timely Claim Submission

Information for CBHC providers

On July 1, 2019, CBHC providers passed the initial 365 days of claims being submitted to the MCP. Timely filing requirements may impact claims going forward. For additional information, please visit the ODM BH website and under “Provider,” select “Overview” and “MITS Bits” and read [“Reminder About Timely Claim Submission.”](#)

Behavioral Health FAQ

Information for all network providers

Our [Behavioral Health Frequently Asked Questions \(FAQ\)](#) is available to help answer questions about the Provider Portal, contracting, claims, prior authorizations and more! Look for it on our website under the “Health Resources” tab.

Information for CBHC providers

Outstanding AR Advances

Recoupment Process: In Feb. 2019, Molina made advance payments to CBHC, provider types 84 and 95, who were identified as having outstanding AR for denied claims submitted with July 2018 dates of service. On Nov. 1, 2019 Molina began first dollar claim recoupment of these advances until funds are recovered. Visit the ODM BH website for additional information, under “MITS BITS & Newsletters” select 2019 and [“Medicaid Advance Payment Agreements and the Initiation of Recoupment.”](#)

Contingency Funds Recoupment

Process: In June 2018 advance payments were made available through the ODM and MCPs to CBHCs (provider types 84 and 95) that needed assistance to transition to managed care billing during the BH Redesign and Integration. Visit the ODM BH website for additional information, under “MITS BITS & Newsletters” select 2018 and [“Contingency Plan for Behavioral Health Providers – Medicaid Managed Care Advance Payment Agreements.”](#)

ODM has been working with MCPs regarding the BH Redesign progress and claims payments, and with providers to develop individualized repayment plans. Recoupment will begin when agreement is reached with ODM and a date to begin recoupment is established.

Service Codes Billable to Medicare and Third Party Liability

Information for all network providers

Visit the ODM BH website and select [“Final Services Billable to Medicare and Commercial Insurance”](#) under “Billing and IT Resources” to view a list of services billable to Medicare and Commercial Insurance. This document also provides a list of codes that can bypass Medicare/Third Party Liability (TPL) since they are only covered in the Medicaid benefit.