

Behavioral Health Overview

September 2022

Agenda

- 1 Claims submission update
.....
- 2 Contracting/Credentialing requirements
.....
- 3 Change Healthcare and Echo Health
.....
- 4 Provider Service managers

Claims submission update



Electronic Data Interchange (EDI) and paper claims submission information

- We strongly encourage all providers to submit claims electronically to Molina Healthcare. EDI streamlines the submission process and can expedite receipt and payment for covered services provided to our members.
- Paper submissions and/or claims requiring supporting documentation can also be submitted by U.S. mail.
- We also offer an electronic funds transfer (EFT) option to our participating providers who register for EFT via our provider portal.



Electronic claims submission

- EDI clearing houses:
 - Availity
[availity.com/molinahealthcare](https://www.availity.com/molinahealthcare).
- Payer ID: MCC02



Paper claims submission

Molina Complete Care
PO Box 22656
Long Beach, CA 90801



Electronic funds transfer

Enrollment information:
<https://enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare>

Paper claims submission

- In order to accurately process paper claim submissions, they must be billed on acceptable claim forms to ensure accuracy of the data being input into our systems:

**CMS guidelines state: “For both CMS-1500 and UB-04 Claims, the only acceptable claim forms are those printed in Flint OCR Red, J6986, (or exact match) ink. Although a copy of the CMS-1500 and UB-04 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form.

Timely filing and payment timeframes

- Clean claims for covered services must be received no later than one hundred and eighty (180) days from the date of services to ensure
- Processing and payment for covered services are generally made within 30 days upon receipt of clean claim and any required supporting documentation
- Processing and payment for clean claims for Nursing Facilities, LTSS (including when LTSS services are covered under ESPDT), ARTS and Early Intervention providers are processed within 14 calendar days of receipt
- Payments are made twice weekly (Tuesday, Thursday)



Corrected claims are subject to a timely filing period equal in length to the initial timely filing period, starting from the first denial or most recent payment

Effective 11/1/2022

Using correct license-level modifiers on your claims

Molina Healthcare organizational providers and individual providers submitting professional claims as part of an organization (using the organization's Taxpayer Identification Number) must submit claims with the license-level modifier that represents the treating provider's license level.

- We process claims using the organization's record and the license-level modifier provided.
- We base reimbursement on the treating provider's licensure.
- We reimburse professional services rendered by clinical practitioners licensed at the independent practice level only. Regulatory or customer requirements may require an exception.

Which modifier should I use for my claims?

Degree/Licensure *	HIPAA** Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH	Clinical psychologist or doctoral level
	HP	
Social worker	AJ	Clinical social worker
Master's level counselor	HO	Master's degree level
Clinical nurse specialist/physician assistant***	SA	Nurse practitioner
	TD	RN
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification****	HF	Substance Abuse Program
Bachelor's level counselors	HN	Bachelor's degree level
Less than bachelor's level counselors	HM	Less than bachelor's degree level

Using correct license-level modifiers on your claims (con't)

**Reimbursement is based on the treating provider's licensure and Magellan's credentialing requirements for that discipline, and is not based on the provider's academic credentials alone.*

***Public sector (e.g. state-sponsored or government-funded) programs may have unique HIPAA modifiers. Please reference state-specific information for public sector coding guidelines.*

**** Select the modifier that best applies. Nurses may only provide services and bill for CPT codes that fall within scope of practice allowed by their professional training and state licensure. Physician assistants should use the SA modifier, as there is no HIPAA modifier for physician assistants.*

***** Actual credentials may vary depending on state, e.g., CAC, CCDC, CCDAC.*

Where should I insert HIPAA modifiers on claims?

- On electronic claims, for 837P, insert the modifier in SV101-3 (additional modifiers in SV101-4, SV101-5, and SV101-6). For 837I, insert the modifier in SV202-3 (additional modifiers in SV202-4, SV202-5, and SV202-6).
- On a CMS-1500 form, insert the modifier in Field 24d under "Modifier."
- On a UB-04 form (HCFA 1450), insert the modifier with CPT or HCPCS code in field 44 (e.g., "90791 AH").

How should I bill telehealth services?

Organizational providers providing services via telehealth should bill the license level modifier in the first modifier field and the telehealth modifier in the second modifier field (e.g., 90791 AH, GT).

Contracting/Credentialing requirements



DMAS registration portal (MES)

- As a Molina participating provider, you will need to initiate enrollment through the new PRSS enrollment wizard, located here: virginia.hppcloud.com/.
- Go to “Enroll as a new provider or check your enrollment status.” Only one enrollment application is necessary in PRSS, even if you participate with more than one MCO.
- The application process allows for selection of one or more MCO plans. Once approved, providers will need to create a PRSS portal online account in order to revalidate their enrollment, make changes to personal or business information and check member eligibility.
- You may be asked to provide evidence of your submission. You can find helpful training resources on the MES website, here: vamedicaid.dmas.virginia.gov/provider.
- Contact PRSS Provider Enrollment Helpline at (804) 270-5105 or (888) 829-5373 and Provider Enrollment email address at vamedicaidproviderenrollment@gainwelltechnologies.com.

Credentialing required documents

Facility documents

- Health Delivery Organization (HDO) Application
- MHI Ownership and Control Disclosure Form
- Virginia Guide to Provider Information Form (PIF)
- W9
- Insurance
- Licenses for all services you provide
- Roster (if applicable)

Please refer to Molina's website:

[Provider Forms | Molina Complete Care \(molinahealthcare.com\)](https://www.molinahealthcare.com)

Credentialing required documents (continued)

Group documents

- Virginia Guide to Provider Information Form (PIF)
- W9
- Licenses for all services you provide
- Roster (5 or more providers)

Please refer to Molina's website:

[Provider Forms | Molina Complete Care \(molinahealthcare.com\)](https://www.molinahealthcare.com)

Change Healthcare and Echo Health



Change Healthcare and ECHO Health, Inc

Molina Healthcare partnered with Change Healthcare and ECHO Health, Inc. (ECHO) to provide these new electronic methods.

Payment options and any action items required by your office:

1. Existing Electronic Funds Transfer (EFT) Payments: NO ACTION IS NECESSARY if you are currently receiving EFT payments from Molina Healthcare.

Please note: Payment will appear on your bank statement from Huntington National Bank and ECHO as “HNB – ECHO”.

2. New to EFT Payments: If you are interested in receiving payment via EFT, setting up EFT is a fast and reliable method. In addition to your banking account information, you will need to provide an ECHO payment draft number and payment amount as part of the enrollment authentication.

Please note: Payment will appear on your bank statement from Huntington National Bank and ECHO as “HNB – ECHO”.

To sign up for EFT, through ECHO Health, Inc. for Molina Healthcare only, visit <https://enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare>. No fees apply.

EFT/ERA Contact information

Molina Healthcare

- **Phone:** (866) 409-2935
ERA/EFT Email: EDI.ERAFT@MolinaHealthcare.com

Change Healthcare/ECHO Health

- **EFT/ERA/835 Assistance**
Phone: (888) 834-3511
Email: edi@echohealthinc.com
- **Virtual Credit Card Processing Assistance**
Phone: (888) 983-5580
- **Provider Portal Assistance**
Phone: (888) 686-3260
- **Website:** <https://enrollments.echohealthinc.com/afteradirect/molinaHealthcare>
Provider Portal (ECHO): <https://providerpayments.com/>

Provider Service Managers



Provider Service Managers

Tongela Robinson – Behavioral Health Specialties

- Northern VA, Roanoke/Allegheny, Far SWVA, Central Counties
- Email: Tongela.Robinson@MolinaHealthcare.com
- Phone: (804) 239-8557

Kimberly Hudson – Behavioral Health Specialties

- Tidewater, Charlottesville/Western, Central Counties
- Email: Kimberly.Hudson@MolinaHealthcare.com
- Phone: (804) 221-6148

Questions?



Thank you for being a valued MCC network provider and helping us provide high quality health care services to our members.



Disclaimers

- *This presentation may include material non-public information about Molina Healthcare, Inc. (“Molina” or the “Company”). By receipt of this presentation each recipient acknowledges that it is aware that the United States securities laws prohibit any person or entity in possession of material non-public information about a company or its affiliates from purchasing or selling securities of such company or from the communication of such information to any other person under circumstance in which it is reasonably foreseeable that such person may purchase or sell such securities with the benefit of such information.*
- *The information presented in this presentation is confidential and expected to be used for the sole purpose of considering the purchase of Molina services. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential. The attached material shall not be photocopied, reproduced, distributed to or disclosed to others at any time without the prior written consent of the Company.*
- *By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Molina Healthcare, Inc.*
- *The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.*
- *The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Molina members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Molina Healthcare, Inc.*