

## PsychHub on the Molina Provider Website

### Information for Behavioral Health providers

Molina members and providers now have access to PsychHub via our Provider Website. PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care.

Molina participating providers can sign up for free to access content and videos as well as have access to Behavioral Health (BH) focused learning hubs. Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry-recognized certificates delivered electronically.

**Note:** If a provider wants to enroll in one of the online courses on the PsychHub Learning Hub, they can enter the Molina defined coupon code instead of paying the fee for the course. Please reach out to [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com) to obtain the coupon code available to Molina's provider partners.

## Provider Enrollment in MITS

### Information for CBHC and SUD providers

As a reminder, ODM and Ohio Department of Mental Health and Addiction Services (OhioMHAS) have discontinued the universal roster and moved towards using the Medicaid Information Technology System (MITS) as the primary source of provider enrollment and affiliation information.

Community Behavioral Health Center (CBHC) and Substance Use Disorder (SUD) provider types 84 and 95 must update MITS with accurate information to be shared with all Managed Care Plans (MCPs) via the daily Provider Master File (PMF).

If you identify providers who have not been updated in Molina's system, but have been updated in MITS, please reach out to [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com).

## Top Denials

### Information for all network providers

Molina has identified the top denial reasons that are responsible for the highest volume of denials on BH claims, including lacking appropriate modifier, ordering provider not present on claim and invalid diagnosis.

Molina continues to see BH claim denials due to the following reasons:

- Provider is not enrolled or active in MITS with the 84/95 group that the provider is billing
- Non-contracted (out-of-network) providers are not submitting the mandatory Prior Authorization (PA) requests that have been required since Oct. 1, 2020
- Molina is seeing mismatch billing information from MITS to what BH groups are billing on the claims

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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 [OHPProviderRelations@MolinaHealthcare.com](mailto:OHPProviderRelations@MolinaHealthcare.com)

Visit our website at [MolinaHealthcare.com.OhioProviders](https://MolinaHealthcare.com.OhioProviders)

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

## Connect with Us

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Get this bulletin via email. Sign up at [MolinaHealthcare.com/ProviderEmail](https://MolinaHealthcare.com/ProviderEmail).

## Behavioral Health Provider Manual

On March 18, 2021, the [BH Provider Manual](#) was updated by ODM and OhioMHAS. Visit the ODM BH website to view the updated manual.

## Claim Reconsideration

### Information for all network providers

BH providers are required to follow the claim reconsideration process for disputing how a claim was processed. Submit a claim reconsideration form only when disputing a payment denial, payment amount or code edit.

- A Claim Reconsideration Request Form must be submitted for any dispute that is related to a claim denial that is not due to an authorization.
- An Authorization Reconsideration Form must be attached to any

## Non-Contracted Behavioral Health Providers

### *Information for Medicaid and MyCare Ohio network providers*

As of Oct. 1, 2020, non-contracted (out-of-network) CBHC providers who deliver services to Molina members were required to submit a PA for all services per Molina's standard policies. Failure of a non-contracted provider to obtain PA will result in claim denials for those services. This change was based on the July 1, 2020 update by ODM to the transition of care language in Appendix C of the Managed Care Plan (MCP) Provider Agreement, under 31. Transition of Care Requirements for Managed Care Members Receiving Behavioral Health Services. Providers who wish to join the Molina network should reach out to [MHOBHProviderTeam@MolinaHealthcare.com](mailto:MHOBHProviderTeam@MolinaHealthcare.com).

## Changing a Remittance Address

### *Information for providers in all networks*

It is important for providers to update any changes to their remittance Explanation of Payment (EOP) address with Molina directly in order to avoid delays or misrouted payments. All agency level or contractual updates need to be sent directly to Molina following the Provider Information Update process. To make these critical updates, complete the [Provider Information Update Form](#), available on the Molina website, under the "Forms" tab. Submission should include an updated W-9. The completed form can be emailed, mailed or faxed to Molina.

As a clarification, the March 2020 MITS Bits "[Universal Roster Discontinuation and Move to Provider Master File Only, Effective Immediately](#)" is critical to follow for practitioner enrollments and updates, but agency-level updates must be completed by direct contact with Molina following the process noted above.

## Changing a Service Location Address

### *Information for all network providers*

Service locations are key to claim processing, so it is important that any changes to a service location address are submitted timely to Molina to avoid claim denials. To update a service location address, complete the Provider Information Update Form, available on the Molina website, under the "Forms" tab. Submission should include any appropriate attachments for specialists or primary care providers. The completed form can be emailed, mailed or faxed to Molina.

## Urine Drug Screening

### *Information for Medicaid and MyCare Ohio providers*

ODM posted an "[Ohio Urine Drug Testing Prior Authorization Request Form](#)" to the ODM website under "Managed Care" and "For Managed Care Plans," on the "Forms" tab at <https://medicaid.ohio.gov>. The form is also posted to our website, on the "Forms" tab.

OhioMHAS has established broad guidelines for the appropriate clinical use of urine drug screening (UDS) for patients with substance use disorder (SUD). For additional information read the "[Medicaid Advisory Letter \(MAL\) No. 650: Guidelines for Urine Drug Screen Services](#)," document on the ODM website at <https://medicaid.ohio.gov>, under "Resources" by selecting "Publications" then "ODM Guidance" and on the "Medicaid Policy" tab, under the "Medicaid Advisory Letter (MAL)" header. The April 1, 2021 Prior Authorization (PA) Code List is posted on the Molina website with additional PA requirement information.

request involving an authorization denial or update.

The forms are available on our website, under the "Forms" tab.

## Reminder: Behavioral Health Limits, Audits and Edits

### *Information for Medicaid and MyCare Ohio providers*

As a reminder, when a patient is in a residential treatment and counseling program, sending the patient off-site for therapy services would not be considered a covered service.

Please refer to the ODM "[BH Workgroup Limits, Audits and Edits](#)" document on the ODM BH website, under "Provider" then "Manuals, Rates & Resources" and under "Billing and IT Resources" and "Additional Resources."

## Prolonged Services Codes

### *Information for Medicaid and MyCare Ohio providers*

On Jan. 1, 2021, two new codes were added to the Ohio Department of Medicaid's (ODM) Outpatient BH fee schedule: 99417 and G2212. Both of these add-on codes are to be billed in 15-minute increments. These codes should not be reported for any time unit less than 15 minutes. Molina Healthcare's system is configured to accept these codes.

For additional information read the [February 2021 Special Edition Behavioral Health Provider Bulletin](#), located on the Provider Website, under the "Communications" tab, on the "Provider Bulletin" page.

## BH Cash Advance Repayments

### *Information for Community BH providers in the Medicaid network*

As a reminder, providers who suspended their payments should have resumed their agreed-upon repayment schedules and monthly payment amounts as of July 1, 2020.