PROVIDER BULLETIN

MOLINA HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

Behavioral Health Contingency Funds Repayment Process

Information for all Community Behavioral Health Center providers

In June 2018 advance payments were made available through the Ohio Department of Medicaid (ODM) and Managed Care Plans (MCP) to Community Behavioral Health Centers (provider types 84 and 95) that needed assistance to transition to managed care billing during the Behavioral Health (BH) Redesign.

Over the last several months ODM has been working with MCPs regarding the BH Redesign progress and claims payments. Based on this progress ODM will begin working with providers and MCPs to start repayment of the remaining advance payments.

ODM will work with providers to develop individualized repayment plans. Repayment will begin when agreement is reached with ODM and a date to begin repayment is established.

For additional information visit https://bh.medicaid.ohio.gov, and under "Provider" select "Overview" and "MITS Bits." In 2019, select "Medicaid Advance Payment Agreements and the Initiation of Repayment." For additional details on the advance payment in June 2018, select "Contingency Plan for Behavioral Health Providers – Medicaid Managed Care Advance Payment Agreements" under 2018.

Behavioral Health Provider Manual Updates

Information for all Behavioral Health providers

On March 4, 2019, the BH Provider Manual was updated by ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

For a list of changes visit https://bh.medicaid.ohio.gov, and under "Provider" select "Overview" and "MITS Bits." In 2019, select "Behavioral Health Provider Manual Updates Notification."

BH Question and Answer WebEx Training Sessions

Molina is hosting question and answer sessions for BH providers. In addition to general questions, the Question and Answer (Q&A) sessions can also be utilized for billing and claims questions.

BH Q&A Sessions:
- Fri., June 14, 8 to 9 a.m. meeting number 800 093 626
- Wed., June 26, 1 to 2 p.m. meeting number 807 727 000

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

Upcoming Provider Portal WebEx Training Sessions

Molina offers training sessions:
- **Provider Portal:** These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!
- **Provider Portal Claim Submission:** Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

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

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Enrollment Updates for BH Agencies

Ohio community Behavioral Health (BH) agencies (Medicaid provider types 84 and 95) must enroll all dependently licensed and paraprofessional BH practitioners in Ohio Medicaid and affiliate them with employing/contracting community BH agencies in the MITS system.

For detailed information on how to complete this process, please see the ODM 01/31/2018 Enrollment of

The Behavioral Health Special Provider Bulletin is a newsletter distributed by Molina Healthcare of Ohio.

Monthly It Matters to Molina Provider Forum:
- **Topic: Meet the Provider Engagement Team (PET)**. Learn the perks of the Provider Engagement Program and ask questions of our Provider Services Team.
  Thurs., June 20, 9 to 10 a.m. meeting number 800 738 563
- **Topic: Federally Qualified Health Center (FQHC) 101**. Molina is hosting a forum for FQHCs to provide guidance on challenges faced in your office and to assist with questions.
  Tues., July 30, 1 to 2 p.m. meeting number 807 946 690

Monthly Provider Portal Training:
- Thurs., June 27, 1 to 2 p.m. meeting number 801 044 389
- Tues., July 23, 2 to 3 p.m. meeting number 806 047 762

Monthly Claim Submission Training:
- Thurs., June 13, 2 to 3 p.m. meeting number 806 080 385
- Tues., July 9, 2 to 3 p.m. meeting number 806 699 554

Quarterly Provider Orientation:
- Tues., Sept. 17, 1 to 2 p.m., meeting number 802 543 270

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

Provider Enrollment and Credentialing
Information for CBHC providers

The Ohio Department of Medicaid (ODM), along with the Managed Care Plans (MCPs), is working towards a new process to ease the burden on Community Behavioral Health Centers (CBHCs) related to credentialing practitioners. The goal is for CBHC providers to update information only in the Medicaid Information Technology System (MITS) system when changes to provider status occur.

There are several steps that will require providers to actively participate in order to achieve the single system goal. The steps include:
- CBHCs should review the online CBHC Practitioner Enrollment File for correct provider type, specialty and affiliation, and make any updates in MITS. This file is **now** available under Enrolling Practitioners in Medicaid at https://bh.medicaid.ohio.gov/manuals (Provider Type 84 and 95).
- ODM will notify providers when MITS is up-to-date and the CBHC Universal Roster will be implemented across all MCPs. The CBHC Universal Roster is a standardized roster that can be submitted to all plans in lieu of plan-specific rosters to report any new hires, changes in certification, etc.
- MCPs will then use an ODM-generated roster, a MITS report that will replace the use of provider-submitted rosters for ongoing practitioner changes. ODM will determine when the MCPs will begin to use the MITs report.

For more information visit https://bh.medicaid.ohio.gov/manuals, and under Enrolling Practitioners in Medicaid view the "CBHC Practitioner Enrollment File Training" or read the "Frequently Asked Questions."

Narcan Nasal Administration Coding
Information for all network providers

Dependently Licensed and BH Paraprofessional Practitioners in MITS at http://mha.ohio.gov/.

Claims for services between Jan. 1 and June 30, 2018, should NOT include these practitioners' National Provider Identifiers (NPIs) in the rendering field or claims will deny.

Rendering Providers in Provider Portal

The Molina Provider Portal now has the ability to allow multiple rendering providers per claim.

Example: Jane Smith, RN (NPI 9876543210) and John Jones, RN (NPI 9876543211) each provide two, 15-minute nursing services (H2019) to Betty Brown. The correct way to bill these services is by submitting two detail lines on a single claim.
1. Claim detail one would be: Jane Smith, RN, NPI in rendering provider field: 9876543210, with two units of H2019.
2. Second claim detail would be: John Jones, RN, NPI in rendering provider field: 9876543211, with two units of H2019.

Providers who are not required to individually enroll in Medicaid must leave the rendering provider field blank and detail at the same date of service, same supervisor NPI, same place of service, same provider and other modifiers.

Provider Portal Status for Non-Licensed Provider Records

Providers utilizing the Provider Portal will have the option of selecting "Non-Licensed Provider" in the "Rendering Provider" drop down menu of the Claim Status lookup and the Create Claims section of the Claims tab for claims for dates of service (DOS) from January 1 to June 30, 2018. Providers will need to select the "Non-Licensed Provider" status to view claims with a dependent practitioner as the rendering provider for this date range.

Active Medicaid ID Number

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with Ohio Department of Medicaid (ODM) at both the group practice and individual levels by Jan. 1, 2019.

Effective immediately Healthcare Common Procedure Coding System (HCPCS) code J3490 has been added to the Substance Use Disorder (SUD) benefit package to cover the nasal form of Narcan for provider type 95 and specialties 951 or 953. Providers must also submit both the appropriate National Drug Code (NDC) and dosage on the claim with HCPCS code J3490. The dosage should be reported in the notes section.

Under the BH Redesign, HCPCS code J2310 was the only HCPCS code recognized for Narcan, but this code was intended to only cover the intramuscular form of Narcan. The Ohio Department of Medicaid (ODM) developed HCPCS code J3490 to cover the nasal administration form of Narcan retroactively to Jan. 1, 2018.

ODM will manually price J3490 based on the NDC code and dosage administered. ODM implemented this in the MITS Fee-For-Service claims payment system retroactively effective Jan. 1, 2018. Molina is currently working on making system changes to align with the ODM methodology. Coverage will be retroactively applied for Medicaid members to July 1, 2018 and for MyCare Ohio members to Jan. 1, 2018. Molina will identify previously denied claims and send them for adjustment.

Billing in the Provider Portal
Information for all network providers

The Molina Provider Portal is secure and available 24/7. Register on our website or at https://Provider.MolinaHealthcare.com.

Online Claims Features include the ability to:
- Submit new claims
- Submit claim reconsiderations
- Check status of claims
- Build and submit batches of claims
- Add supporting documents
- Submit a corrected claim
- Export claims
- Void a claim
- Create a claims template

Additional information is available in the Claims Features Training and the Provider Web Portal Quick Reference Guide located on our website. Providers will need their Tax Identification Number (TIN) and Molina Provider Identification Number to register for the Provider Portal. Providers without a Molina ID can email our BH Provider Representative for assistance.

ERA and EFT for Providers
Information for all network providers

Molina offers Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) with our contracted vendor solution ProviderNet. This is a free service for providers and benefits include:
- Faster payments
- Ability to search for historical Explanation of Payment (EOP) by claim number, member name, etc.
- Ability to view, print, download and save a PDF version of the EOP
- Ability to have files routed to associated clearinghouse

An initial check payment to the agency Tax ID associated with the National Provider Identifier (NPI) of at least one affiliated provider is necessary to become eligible for EFT through ProviderNet. To sign up visit the Molina website and follow the Change Healthcare ProviderNet Registration Instructions under the "EDI ERA/EFT" tab.

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. Contact your Molina Provider Services Representative with questions.

Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

Psychological Testing CPT Codes

As of Jan. 1, 2019, important changes were made to the psychological testing prior authorization requirements and Current Procedural Terminology (CPT) codes 96101, 96111, 96116 and 96118 that are included in community behavioral health services.

For additional information visit the Ohio Mental Health & Addiction Services website at https://mha.ohio.gov, under "News & Events," select "MITS Bits Updates," then "2018" and "Psychological Testing CPT Codes – Updated."

Service Codes Billable to Medicare and Third Party Liability

Visit the ODM website at http://bh.medicaid.ohio.gov/manuals 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

Identifying a Molina Healthcare Member

Molina requires the Medicaid Management Information System (MMIS) Identification (ID) number for all Medicaid only members and MyCare Program members who have only Medicaid coverage with us. If the member has both Medicare and Medicaid coverage with Molina in the MyCare Ohio Program, we require the Medicare ID for Coordination of Benefits (COB) purposes.

Member Eligibility

NOTE: If your organization bills under multiple NPI numbers, you will need to register each NPI in the ProviderNet system.

New Opioid Education Resources
Information for Medicaid, MyCare Ohio and Marketplace providers

Opioid Safety Provider Education Resources are now available on our website under the "Health Resources" tab for the Medicaid, MyCare Ohio and Marketplace lines of business. Information includes fact sheets, links to articles and to external trainings. These resources:

- strengthen our commitment to opioid safety for our members
- support our providers to aid their clinical decision making

Molina is committed to doing our part to help improve the safety of members who suffer from opioid use disorder, and to helping prevent problems related to opioid use. If you have any questions, please email our BH Provider Representative.

Requesting Prior Authorization for New Services
Information for all network providers

Prior Authorization (PA) is required from Ohio Mental Health & Addiction Services (OhioMHAS) certified providers for the following services:

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

Molina online resources 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 Managed Care Plan 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 our website. The Molina UM team can be reached for questions at (855) 322-4079.

BH Redesign and Integration – Ongoing Assistance
Information for all network providers

The ODM has implemented several strategies to help providers and managed care plans resolve challenges that may have resulted in outstanding accounts receivable, including:

- Extension to allow non-par providers to provide services until June 30, 2019
- Extension of the timely claim submission period from 180 days to 365 days through Dec. 31, 2019, for Medicaid managed care

To learn more visit the Ohio Mental Health & Addiction Services website at https://mha.ohio.gov, under "News & Events," select "MITS Bits Updates," then "2019" and "Behavioral Health Redesign and Integration – Ongoing Assistance for Behavioral Health Providers."

Behavioral Health (BH) services were carved in to the Ohio Medicaid Managed Care Plans.

Providers should use the Electronic Data Interchange (EDI) 270/271 Eligibility transaction from the Ohio Department of Medicaid (ODM) to identify Managed Care Plan enrollment for members who are enrolled in the Ohio Medicaid program.

If you are not currently authorized to send the EDI 270/271 transaction and have an interest in adding this transaction please contact the EDI Support team by calling (844) 324-7089 or by email at OhioMCD-EDI-Support@dxc.com for assistance in sending your first test file.

A clearinghouse can help you check member eligibility more efficiently, as well as submit EDI claims and receive ERA (835) files. If you do not want to use a clearinghouse, you can submit EDI files and receive ERA files through Molina's contracted clearinghouse Change Healthcare free of charge. To register, follow the Change Healthcare ProviderNet Registration Instructions under the "EDI ERA/EFT" tab.

Provider Support Available

Molina 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 BHProviderServices@Molinahealthcare.com and Molina will monitor, route and track emails for quick resolution

Behavioral Health FAQ

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