

Behavioral Health – Frequently Asked Questions

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

New Opioid Education Resources Available

Provider Education Resources on Opioid Safety and Guidelines is 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 Healthcare is committed to doing our part to help improve the safety of members who suffer from opioid use disorders, and to helping prevent problems related to opioid use. If you have any questions, please email our BH Provider Representative.

Rendering Providers in Provider Portal

The Molina Healthcare 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.

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 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

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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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

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

Connect with Us

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Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

BH Redesign Testing Guidance

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

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

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 BHPProviderServices@MolinaHealthcare.com. Molina Healthcare staff will enter this information into our Provider Portal for processing

Providers need to use active Molina Healthcare members whenever possible. Providers without Molina Healthcare members should leave the name field blank and contact Molina Healthcare when submitting a file. Molina Healthcare will populate test member information in these files.

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
- Providers submitted on test file must match the providers submitted on the testing intake form

If a provider is interested in testing, email Molina Healthcare at BHPProviderServices@MolinaHealthcare.com for the intake form. 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 (ODM) 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.

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 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

Enrollment Updates for BH Agencies

It is time for Ohio 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 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.

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:

- 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

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.

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:

- 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
- Thurs., May 10, 8 to 9 a.m. meeting number 808 276 842
- Mon., May 21, 12 to 1 p.m. meeting number 801 598 161

Provider Portal Claims Training WebEx Sessions:

- 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
- Tues., May 1, 8 to 9 a.m. meeting number 800 243 130
- Wed., May 16, 12 to 1 p.m. meeting number 800 331 389

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.

Healthcare website under the "Manual" tab. The Molina Healthcare UM team can be reached for questions at (855) 322-4079.

Claims Features Training

The Provider Portal is secure and available 24/7. Register for the Provider Portal on our website or at <http://Provider.MolinaHealthcare.com>. 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 on our website under the "Manual" tab, under "Provider Orientation and Trainings" click on "Claims Features Training."

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.