

Claim Reconsideration Training for BH Providers

Information for all Behavioral Health providers

Effective Jan. 1, 2020, claim processing disputes should no longer be sent to the Molina Healthcare Behavioral Health (BH) Provider Services Representatives. BH providers will be required to follow the current claim reconsideration process when disputing how a claim was processed.

Molina is offering claim and authorization reconsideration training for BH providers. Learn how to use the Provider Portal to request a claim reconsideration when disputing a payment denial, payment amount or code edit and more.

Claim Reconsideration Training:

- Wed., Oct. 16, 11 a.m. to 12 p.m. meeting number 800 868 151
- Thurs., Oct. 31, 2 to 3 p.m. meeting number 803 947 735
- Fri., Nov. 8, 1 to 2 p.m. meeting number 804 102 450
- Tues., Nov. 19, 9 to 10 a.m. meeting number 808 576 180

To join 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.

Behavioral Health Recoupment Process

Information for all Community Behavioral Health Center providers

Outstanding AR Advances Recoupment Process: In Feb. 2019, Molina made advance payments to Community Behavioral Health Centers (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 will begin first dollar claim recoupment of these advances until funds are recovered.

Contingency Funds Recoupment Process: In June 2018 advance payments were made available through 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.

ODM has been working with MCPs regarding the BH Redesign progress and claims payments. Based on this progress ODM has begun working with providers and MCPs to start recoupment of the remaining advance payments. ODM will continue to work with providers to develop individualized recoupment plans. Recoupment will begin when agreement is reached with ODM and a date to begin recoupment is established.

For additional information visit ODM BH website, 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.

Annual Mandatory SNP Model of Care Training

Information for all Behavioral Health providers in the MyCare Ohio and Medicare networks

In This Issue – October 2019

- [Claim Reconsideration Training](#)
- [BH Recoupment Process](#)
- [Model of Care Training](#)
- [PA Requirements for UDS](#)
- [BH Timely Claim Submission](#)
- [Enrollment and Credentialing](#)
- [Billing in the Provider Portal](#)
- [Rendering Providers](#)
- [Provider Portal Training](#)
- [BH Provider Manual Updates](#)
- [Non-Licensed Provider Status](#)
- [Active Medicaid ID Number](#)
- [Billable Service Codes](#)
- [Provider Support](#)
- [Behavioral Health FAQ](#)

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 the ODM Behavioral Health website for updates and resources <https://bh.medicareid.ohio.gov/manuals>

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

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

Provider Training Sessions

Information for all network providers

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!

Monthly It Matters to Molina Provider Forum:

Topic: General Question and Answer (Q&A) Session. Molina is hosting an open forum. In addition to

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including Behavioral Health providers and dentists.

SNP Model of Care should be completed by providers in the MyCare Ohio and Medicare lines of business. Providers who only participate in the Medicaid and Marketplace lines of business do not need to complete this training. Read the "[Model of Care](#)" Provider Bulletin on our website, under the "Communications" tab for more details.

Prior Authorization Requirements for UDS

Information for providers in all networks

On Oct. 7, 2019, Molina began to require Prior Authorization (PA) on each Urine Drug Screening (UDS) test **per member, per calendar year** for:

- greater than 30 tests for Presumptive and/or
- greater than 12 tests for Definitive

The requirement is not facility based. Molina will be utilizing the [Ohio Urine Drug Screen Prior Authorization \(PA\) Request Form](#) that has been published by ODM on the ODM Behavioral Health website, under "Providers" select "Medicaid Managed Care Plans." The Ohio Urine Drug Screen PA Request Form will be posted on Molina's provider website under the "Forms" tab, under "Prior Authorizations" in coming weeks.

Behavioral Health Timely Claim Submission

Information for all Community Behavioral Health Center providers

On July 1, 2019, CBHC providers passed the initial 365 days of claims being submitted to the Managed Care Plans (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." Read "[Reminder About Timely Claim Submission](#)" to learn about:

- Claims Submitted to Medicaid Managed Care Plans
- "Fee-for-Service" Claims Submitted to MITS

Provider Enrollment and Credentialing

Information for Community Behavioral Health Center providers

ODM, along with the MCPs, is working towards a new process to ease the burden on 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' active participation 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 on the ODM BH website (Provider Type 84 and 95).
- ODM will notify providers when MITS is up-to-date and it can be used by the MCPs for claims adjudication (see MITS Bits "Updates on Enrolling and Affiliating Agency Practitioners" dated July 1, 2019). In the meantime, the CBHC Universal Roster is a standardized roster that can be submitted now to all plans in lieu of plan-specific rosters to report any new hires, changes in certification, etc.

general questions, the Q&A sessions can also be utilized for billing and claims questions.

- Thurs., Oct. 24, 1 to 2 p.m. meeting number 808 179 336

Monthly Provider Portal Training:

- Tues., Oct. 22, 2 to 3 p.m. meeting number 806 258 171
- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438

Monthly Claim Submission Training:

- Thurs., Oct. 17, 2 to 3 p.m. meeting number 802 209 822
- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380

Quarterly Provider Orientation:

- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

To join 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.

Behavioral Health Provider Manual

On July 23, 2019, the [Behavioral Health \(BH\) Provider Manual](#) was updated by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Visit the ODM BH website to view the updated manual.

Provider Portal Status for Non-Licensed Provider Records

Providers utilizing the Provider Portal 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 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 ODM at both the group practice and individual levels by Jan. 1, 2019.

Providers without a Medicaid ID number will need to submit an

For more information visit ODM BH website, and under Enrolling Practitioners in Medicaid view the "[CBHC Practitioner Enrollment File Training](#)" or read the "[Frequently Asked Questions](#)."

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 or void a claim
- Submit claim reconsiderations
- Build and submit batches of claims
- Add supporting documents
- Submit a corrected claim
- Export claims
- Check status of claims
- 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.

Rendering Providers in the Provider Portal

Information for all network providers

The Molina [Provider Portal](#) 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.

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.

Service Codes Billable to Medicare and Third Party Liability

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

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
- Molina 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 and more! Look for it on our website under the "Health Resources" tab.