

March 4, 2020

Universal Roster Discontinuation and Move to Provide Master File Only, Effective Immediately

The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are discontinuing the Universal Roster, **effective immediately**, and moving forward with using one system – MITS – as the primary source of provider enrollment and affiliation information.

It is imperative that community behavioral health centers (CBHCs, provider type 84s and 95s) update MITS with accurate information so that it is shared with all Medicaid managed care organizations (MCOs) via the daily provider master file (PMF) and reduces the possibility of denied claims.

The CBHC Practitioner Enrollment File will remain available online at <https://bh.medicaid.ohio.gov/manuals> under “Enrolling Practitioners in Medicaid.” Please refer to the trainings and FAQs on this webpage for information about the CBHC Practitioner Enrollment File.

MCOs will continue to process and pay claims appropriately based on practitioner enrollment in MITS. Please note that if a practitioner does not revalidate with Ohio Medicaid within the 5 years allotted per the federal requirement in the Affordable Care Act (ACA), and their Medicaid ID expires, the daily PMF will reflect the termination which will cause MCO(s) and ODM to deny claims. If a CBHC submitted claims during this time, the CBHC will be required to resubmit those claims once the practitioner’s revalidation is confirmed and Medicaid ID is reinstated.

ODM’s daily PMF that is shared with the MCOs is not a real-time data transfer. It may take up to 15 calendar days for MCOs to update their systems with provider enrollment or changes. During that time, claims for new providers will typically pend while the MCO is updating their system. When provider specialty or licensure changes, it is important to know that a claim may pay according to prior enrollment during that 15-day timeframe.

If your claim(s) deny after 15 calendar days, or pay at an incorrect rate, please work directly with the MCO to resolve the issue. See below for MCO contact information:

MCO Contact Information for Questions Related to Claims Denials or if Paid at Incorrect Rate	
Aetna	1-855-364-0974 (press “star” then 1) or OH_ProviderServices@Aetna.com
Buckeye	1-866-296-8731 or BehavioralHealth@centene.com
CareSource	1-800-488-0134
Molina	BHProviderServices@MolinaHealthCare.com
Paramount	1-419-887-2564 or PHC.BehavioralHealth@ProMedica.org
UnitedHealthcare	OhioNetworkManagement@optum.com

After working with the MCO, if the issue is not resolved, you may send an inquiry to the ODM Managed Care Policy email box: ManagedCarePolicy@medicaid.ohio.gov. ODM staff will work with the CBHC and the MCO to ensure systems are accurate. When submitting an inquiry to the ODM Managed Care Policy email box, please include: all practitioner NPIs in question, the date the information was updated in MITS, and the nature of the change (addition, deletion or change). Please also include the date you reached out to the MCO and any response from the MCO.

With the discontinuation of the Universal Roster, CBHCs will only be required to submit rosters to MCOs at the time of initial contracting, contingent upon CBHCs ensuring MITS is updated and accurate. Plans may request their specific rosters in these instances and may not use the Universal Roster.

INSTRUCTIONS FOR MAKING A CHANGE TO CURRENT ENROLLMENT

Practitioners may change their provider type and/or specialty. Depending on what is changing will determine what steps need to be taken:

- Upgrade to current license/certification – If the person has achieved a higher licensure within the same provider type, e.g., an LSW earns their LISW, then an email must be sent to ODM Provider Enrollment (Medicaid_Provider_Update@medicaid.ohio.gov) requesting this change. Please provide:
 - Name of practitioner
 - NPI
 - The requested change (scan of license – optional)
- Change provider type – If the person is changing their provider type, e.g., paraprofessional to counselor trainee, a new application must be submitted. See section below for training on provider enrollment.

WEBINAR ON BH ENROLLMENT AND AFFILIATION STEPS IN MITS

ODM hosted a webinar on July 17, 2019, that provided step-by-step instructions for how rendering practitioners can enroll in MITS, become affiliated with their employing agency, and make changes to licenses, provider specialties, and names. The presentation and webinar recording are available at either <https://bh.medicaid.ohio.gov/manuals> or <https://bh.medicaid.ohio.gov/training>. Please note that practitioners may select their primary specialty at the time of enrollment.

For more information on Behavioral Health Medicaid Redesign, visit <http://bh.medicaid.ohio.gov>. We value your feedback and questions. Submit inquiries