

Clarifying Medicaid Policy Re: Prior Authorization of Behavioral Health Services

This MITS BITS reiterates Ohio Department of Medicaid (ODM) policy regarding the required prior authorization (PA) of certain services within the Medicaid behavioral health redesign benefit package that went into effect January 1, 2018.

MEDICAID POLICY FOR PRIOR AUTHORIZATION OF BH SERVICES CONTINUES POST-MANAGED CARE INTEGRATION

Medicaid policy for the PA of behavioral health services is outlined on page 21 of the Medicaid Behavioral Health Provider Manual posted [HERE](#). For dates of service January 1, 2018 – June 30, 2018, prior authorization clinical review was performed by Kepro on behalf of ODM. Prior authorization for MyCare Ohio recipients has been, and will continue to be, the responsibility of the MyCare Ohio plans.

Beginning July 1, 2018, prior authorization of Medicaid behavioral health services for individuals enrolled in a managed care plan (MCP) became the responsibility of the MCP. MCPs are required to follow Ohio Medicaid policy, as described in the Medicaid Behavioral Health Provider Manual and Ohio Administrative Code (OAC) Medicaid rules in Chapter 5160-27, until June 30, 2019.

- All services which required prior authorization prior to July 1, 2018, continue to require PA for dates of service AFTER July 1, 2018. This is true regardless of whether the behavioral health providers have current contracts with MCPs.
- Be sure to include all necessary details and clinical documentation with prior authorization requests to ensure timely approval by MCPs. This is imperative for plans to meet the 48-hour turnaround time required for ACT, IHBT, and SUD residential treatment services.
- ODM does not dictate the span of time for which services are approved. The approved time span is up to the discretion of the MCP based upon their review of clinical documentation submitted.

REPLACEMENT PRIOR AUTHORIZATION NUMBERS WILL BE ASSIGNED BY EACH MANAGED CARE PLAN

- *PLEASE NOTE: Due to confidentiality required by 42 CFR Part 2, ODM is not able to provide all information about approved Kepro authorizations to the Medicaid MCPs. This may delay the assignment of new authorization numbers. If you haven't yet received a new authorization number, providers are encouraged to contact the Utilization Management (UM) team at each MCP to provide a copy of the Kepro approval and obtain a new authorization number for claims. Contact information for each UM team is listed below the next paragraph.*

MCPs must honor all PAs that were in effect prior to July 1, 2018, until the end of the approved date span. PAs requested in MITS and reviewed by Kepro received a ten-digit number beginning with "2018." This PA number is required to be listed on the Medicaid claim in order for MITS to pay for the services delivered. **For dates of service on or after July 1, 2018, most MCPs will assign a DIFFERENT PLAN-SPECIFIC PA NUMBER. The new MCP assigned number MUST BE INCLUDED ON ALL CLAIMS for dates of service July 1, 2018 and after.** Managed care plans will be

communicating REPLACEMENT PA NUMBERS to each behavioral health provider serving clients with approved PAs. Please refer to the Medicaid Managed Care Plan Resource Guide found [HERE](#) for more specifics. Once you have opened this spreadsheet, go to the tab entitled, "PA Guide," and refer to question #2.

<p style="text-align: center;">AETNA – MYCARE ONLY</p> <ul style="list-style-type: none"> • Prior Authorization Questions: 1-855-364-0974, option 2, then 4 • 24/7 Notification Fax: 1-855-734-9393 	<p style="text-align: center;">BUCKEYE</p> <ul style="list-style-type: none"> • 24/7 Notification Phone Line: 1-866-296-8731 • 24/7 OH Notification Fax: 1-866-535-6974
<p style="text-align: center;">CARESOURCE</p> <ul style="list-style-type: none"> • 24/7 Notification Fax: 1-937-487-1664 • 24/7 UM Notification e-mail: mm-bh@caresource.com 	<p style="text-align: center;">MOLINA</p> <ul style="list-style-type: none"> • 24/7 Notification Phone Line: 1-855-322-4079 • 24/7 Notification Fax: 1-866-449-6843
<p style="text-align: center;">UNITED HEALTHCARE/OPTUM</p> <ul style="list-style-type: none"> • 24/7 Notification Phone Line: 1-800-600-9007 • 24/7 Provider Prior Authorization Request: 1-866-261-7692 	<p style="text-align: center;">PARAMOUNT – MEDICAID ONLY</p> <ul style="list-style-type: none"> • 24/7 Notification Phone Line: 1-419-887-2557 or 1-888-891-2564 • 24/7 Notification Fax: 1-567-661-0841

NEW PRIOR AUTHORIZATION REQUESTS

[HERE](#) is the common prior authorization form that the managed care plans developed. Managed care plans will accept new requests on this form or any other form that contains all of the same items.