

Latest Reminders for Successful Implementation of Behavioral Health Redesign

PRACTITIONER ENROLLMENT

In recent months, Ohio Department of Medicaid (ODM) Provider Enrollment has had to return many of the Medicaid provider applications due to errors or missing information. Here are tips about how to correct the most common errors:

- Qualified Mental Health Specialist (QMHS) +3
 - If applying for a QMHS +3, the application requires that the following language must be written on company letterhead and signed by the applicant's supervisor and submitted along with the Medicaid provider application:
"I attest that _____ (insert name of applicant) has a minimum of 3 years of behavioral health work experience."
- Missing National Provider Identifier (NPI)
 - The applicant's NPI is missing from the application. Having an NPI is CRITICAL to obtaining Medicaid provider enrollment. The applicant's Medicaid provider agreement CANNOT PRECEDE the date of their NPI being issued. So if any employees have not gotten an NPI, do this ASAP!
 - See the MITS Bits [HERE](#) which gives instructions about how to apply for an NPI through use of the National Plan & Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov/#/>.
- Listing the agency's Tax ID number instead of the social security number (SSN) of the applicant.
 - Federal and state laws require ODM to collect SSNs of all practitioners applying for enrollment in the Medicaid program, and all information provided on the application is kept secure and confidential.
- Signing the "W-9" form that must accompany the application.
 - This is also a federal and state requirement. However, please note that the applicant will not incur any tax liability by submitting a signed "W-9". Medicaid payment for BH agency employees goes to the agency, not the individual employees.

Provider agencies and their employees are urged to continue submitting Medicaid provider applications. ODM provider enrollment staff are working evenings and weekends to keep up with the incoming Medicaid provider applications from employees of BH agencies. Please watch closely for return email messages indicating that there might be missing or incomplete information in the application and respond as soon as possible.

BH-ENROLL AND BH PROVIDER CALL CENTER OPTIONS WILL CONTINUE AFTER JULY 1ST

ODM staff will continue to be available via the BH-Enroll@medicaid.ohio.gov email address and the 800-686-1516, Option 9 call center, to answer any questions on fee for service claims or practitioner enrollment. BH providers must contact their Medicaid managed care plans (MCPs) with any questions related to managed care contracting, claims submission or claims edits. Please refer to the Medicaid Managed Care Plan Resource Guide found [HERE](#) for more specifics.

Here are the email contacts for the MCPs:

- Aetna – MyCare only Rapid Response Team: OH_BH_Redesign@Aetna.com
- Buckeye Rapid Response Team: BehavioralHealth@centene.com
- CareSource Rapid Response Team: OhioBHinfo@caresource.com
- Molina Rapid Response Team: BHProviderServices@MolinaHealthcare.com
- Paramount – Medicaid only Rapid Response Team: ParamountBehavioralHealthTesting@Promedica.org
- United Healthcare/Optum Rapid Response Team: OhioNetworkManagement@optum.com

PRIOR AUTHORIZATION

Prior authorizations (PAs) generated by KEPRO that continue past July 1st will be transferred and honored by the respective MCP. However, each MCP will assign their own new PA number. For more information on this, please refer to the aforementioned Managed Care Plan Resource Guide found [HERE](#). Once you have opened this spreadsheet, go to the tab entitled, “PA Guide,” and refer to question #2. Please update your records with these new PA numbers and be sure to use the correct number when submitting claims.