

CBHC Practitioner Enrollment File Q&A

File	
1. What do I do if we have providers listed under our group members on the MITS portal, but the File is not showing they are affiliated with our group NPI?	Please ensure you are using the most recent version of the CBHC Practitioner Enrollment File. ODM recently redefined the parameter language for the reports which helped to increase accuracy and accounts for missing data. Please remember that the CBHC Practitioner Enrollment File is updated every week and will be posted no later than mid-week.
2. Will the File include all rendering providers even if not yet affiliated with an agency (i.e., a new hire not linked to our group yet)?	No, this File is of provider types 84 and 95 and all their active affiliated practitioners, so if a practitioner is not affiliated, they will not be on the list. If you think you have employees that need enrolled and affiliated, the practitioner needs to go to the self-service MITS portal to affiliate. Once the File is refreshed and uploaded to the BH Redesign website by ODM, you will then be able to see the affiliation and specialty designation(s).
3. Is it possible for the File to also include the last claims processed date?	The File will not include the last claims processed date. The Inactive tab accounts for other reasons besides just inactivity in billing, and it will be necessary for CBHCs to end date those affiliations in MITS.
4. Why are the Medicaid number and effective date not listed on this File?	ODM must maintain confidentiality of practitioners' information, and since the File is posted to the BH Redesign website, ODM cannot post <u>both</u> the Medicaid ID and NPI. In addition, the effective date is a data limitation for ODM in MITS and would make the File spreadsheet cumbersome given providers hold multiple specialties. It is important that ODM only releases the minimum, most important details, when providing publicly available information to practitioners.
5. Why is ODM choosing to do this File and the Universal Roster at the same time?	The CBHC practitioner enrollment file is intended to be used by CBHCs to determine if MITS has current and accurate information. The Universal Roster will be submitted by the provider to the MCPs until ODM can verify that MITS is current and the Universal Roster is no longer needed.

6. Will this File be able to be saved as perhaps a CSV file for import into provider EHR databases, billing systems, etc.?	The File will not be offered in a CSV format. Please remember that the primary purpose of this file is to reconcile your organization's staff records with the information that you have listed in MITS for those same staff members. This file is not intended to be used for EHR databases, billing systems, or any other purpose not specifically outlined by ODM.
Active vs. Inactive tabs	
7. Should all our staff who have left our agency since 7/1/18 be on either the active or inactive tabs?	If your organization has accurately maintained your affiliations, then practitioners that are no longer with your agency should not show on either the Active or Inactive tab in the File. Inactive practitioners may still have the affiliation but are not active Medicaid practitioners. Claims should pay if the practitioner was active and affiliated with their employing organization at the time the affiliated practitioner rendered services.
8. If a provider shows as inactive due to our agency group billing, should we make the provider "active" again, so claims will process?	Claims should pay if the provider was active and affiliated with their employing organization at the time the affiliated practitioner rendered services. If the practitioner is showing as inactive, then steps must be taken to re-enroll the practitioner in Medicaid.
9. What steps need to be taken if our organization is not listed on the inactive tab but have staff who are listed as inactive on the MITS portal?	None – The Inactive tab represents "inactive" practitioners who are still "actively" affiliated with their respective organizations. If your organization is not on the Inactive tab, then you have performed your due diligence at maintaining an accurate MITS record.
10. If a practitioner provided services during the gap from "active" to "inactive," would we would fill out another enrollment form and would it backdate to cover the gap?	Yes, you will need to select provision check at the end of the application, and the practitioner will be treated as a new practitioner. However, if there was a formal action involved that would prevent this, enrollment will not be allowed. Most importantly, ODM will make the final determination.
MITS	
11. What if an agency hires a new practitioner? How can we change the affiliation from one agency to	Organizations do not have the ability to manage the affiliations of practitioners across organizations. Although it is ideal that

another? Can we do this on the MITS self-portal if the previous agency end dates the employee?	organizations manage the affiliation process for its practitioners, individual practitioners do have the ability to manage their individual affiliations with other organizations via the MITS self-portal.
12.Can a practitioner's enrollment date be backdated?	There is a provision check on the application itself that asks the provider if they want it to be retro dated. This allows for a 365-day retro period depending on common variables that include NPI enumeration date or date of licensure. For example, if you apply on 1/1/19 and you check that provision box that asks you to go back to 1/1/18, if you did not get your NPI until 12/1/18, then ODM would only be able to go back to 12/1/18 (note: the end date is inclusive of that last day).
13.Can the request for updates come from our credentialing specialist or does it have to come from the employee?	ODM expects the practitioner that signed the Medicaid provider agreement is the person that is submitting requests for record changes. However, ODM is aware that practitioners grant authorization to credentialing specialists to conduct these activities on their behalf.
14.When a CBHC uploads a file into MITS, (e.g., letter of employment), is this sufficient or does it also need to be emailed to ODM Provider Enrollment?	When uploading supporting application documentation into MITS, ODM's screeners are experienced enough to know whether it satisfies the documentation needed, so it is not necessary to also send an email. In some cases, the CBHC will receive a RTP letter that asks for necessary corrections. If there is no response to the RTP letter after 30 days, the application may be denied; therefore, it is imperative to respond to necessary corrections as outlined in the RTP letter.
15.Is ODM exploring adding effective dates in the MITS secure portal?	Viewing effective dates is a current limitation on the MITS secure portal but is a topic that will be discussed in the future. ODM is hopeful the File will help mitigate this since you can go back onto the BH Redesign website each week and check your updates. Further, once the interim Universal Roster (next step to be discussed in a future webinar) is submitted by providers to report staffing changes to the managed care plans, the managed care plans will then also merge these changes in their own IT systems.
16.What tab in MITS do I use to create the File?	You cannot create this in MITS. ODM develops this File outside of MITS.

17. At this point, as a practice, the CBHC will need to go in and view the File and make all updates prior to the 4/10/2019 follow-up webinar, correct?	ODM is encouraging providers to act as quickly as possible. With that said, ODM also understands that some agencies are larger than others. ODM does not expect everything to be done by April 10 th , but sooner the better.
18. Where can we see information about the providers who are currently pending?	There is not a place in MITS or on the File to see pending applications, since the File only shows information about enrolled, active practitioners. If providers would like further guidance, they can always call the ODM provider hotline at 1-800-686-1516. In addition, providers can use the enrollment tracking search at medicaid.ohio.gov to check on individual applications.
19. What if a CBHC has practitioners that have not billed for a long time but someday may return and provide services – it would not be helpful to end date them, so how should this be handled?	ODM has a 24-month inactivity edit that is defined by Federal rule that states Provider Enrollment must term a BH practitioner if they are not shown on a claim within 24 months. However, if the practitioner needs to be turned back on, please send an email to Medicaid_Provider_Update@medicaid.ohio.gov to reactivate. Overall, it is most helpful for that practitioner to show up on a claim so the clock resets.
20. What if you have old billings from inactive staff (e.g., including those providers who have passed away)? Should they not be end dated?	If the provider rendered services prior to their end date, then you can bill for those services. MITS will adjudicate claims and check if the practitioner was affiliated on date of service, so end dating the affiliation will not affect prior dates of service. If older claims are still outstanding, then yes, you can submit, and the claims will be paid.
21. What about practitioners that practice at multiple locations. How do you manage that in MITS?	It is the responsibility of the employing agency to ensure that their practitioners are affiliated with each organizational provider ID (NPI/Medicaid ID) that they expect that individual to render services under. If your organization has multiple locations, each with their own NPI and Medicaid provider number, then that organization would be responsible for affiliating those staff with each of the locations/NPIs/Med IDs that you expect them to render services under (note: an individual practitioner can be affiliated with multiple agencies).

Licensure	
22. Why does a provider get a new Medicaid number when they upgrade their licenses? Why not use the original Medicaid provider number and just include the update in the Medicaid number?	A provider does not get a new provider number if they upgrade their licensure under the same academic/professional discipline (e.g., going from LSW to LISW). However, if a provider changes provider "types" (e.g., going from a Social Worker to a Professional Clinical Counselor) then they would need to reapply and would be issued a new Medicaid provider number. Medicaid_Provider_Update@medicaid.ohio.gov can be used to send new licensure info regarding a switch to a broader/higher scope within the same academic/professional discipline.
23. When license level changes are done, do they have dates for the change?	When ODM Provider Enrollment receives a request to upgrade a license, ODM verifies that information with the respective board and assigns the appropriate dates for that license based on the information ODM retrieves from the board.
24. Many times, the trainees go from trainee status to QMHS when they graduate, back to licensed once they pass their test, so do they have to reapply two times in that short period of time?	Since these are different provider types, the individual practitioner would need to re-apply.
25. If a clinician is a LICDC, but has LPC and LSW, is the LICDC the higher scope of licensure?	These clinician's claims can be processed either way. Rates paid for LICDC and LSW/LPC are the same where these practitioners can render the same service.
QMHS	
26. If a provider sets themselves up as a care management specialist in error, and instead should have been a QMHS, will this enrollment allow the agency to fix it?	The individual would not need to reapply/re-enroll. Since both the "Care Management Specialist" and "QMHS" specialties are housed under the Paraprofessional provider "Type," Ohio Medicaid may re-assign the correct specialty without the practitioner needing to complete a new application. Simply send a request to: Medicaid_Provider_Update@medicaid.ohio.gov with the request and required supporting documentation, if applicable.

27. When the QMHS goes to LSW, and you enroll as a new licensure, are they issued a new Medicaid provider number too?	Since these are different provider types, the individual practitioner would need to re-apply, and they would be issued a new provider number.
28. Paraprofessionals require only a certification, so how should that person be recorded in MITS?	When an applicant completes an application, there is a corresponding list of supporting documentation they may be required to upload once the application is complete. This list of supporting documents is used by ODM staff, along with other various online resources, to verify the credentials of an applicant.
Taxonomy and Specialty Codes	
29. Are taxonomy or specialty codes required to be placed anywhere?	ODM doesn't use taxonomies right now. Provider enrollment is based on specialties and, yes, there is a section on the online enrollment application that allows for the selection of specialties.
30. Will specialty codes be shown on the MITS self-portal or will we have to email ODM Provider Enrollment to change?	ODM has initiated a request to enhance the functionality of the MITS secure portal that would allow users to view the specialties along with their associated dates held by a practitioner. Please be aware that change requests that involve system updates can take some time to fully implement. Until those system enhancements take place, please utilize the current process of submitting requests to update a provider record by emailing Medicaid.Provider.Update@medicaid.ohio.gov .
31. Primary Specialty: Does this reflect the NPI primary specialty?	Not necessarily. NPI/NPPES is all self-reported. If a CBHC is not familiar with specialties, there is a possibility the wrong description is selected. Provider Enrollment performs due diligence on their end by screening applications and viewing terminologies submitted, but Ohio's may not equate exactly to NPPES; however, this also does not mean the specialty selected by the CBHC is incorrect. ODM does try to correct those specialties submitted that are far off.
Miscellaneous	
32. If a provider is restricted due to a tiered offense and is in the process of getting approval to provide services, will they be on or off the File?	If they have applied for a certificate of qualification for employment (CQE) and that information has been shared, they are currently eligible

	to be enrolled as a Medicaid practitioner, and once enrolled and affiliated they will show on the CBHC Practitioner Enrollment File.
33. Is there any thought to pushing out the File to the county boards for enrollment?	This is an agency-level responsibility, not a county board's responsibility. County boards do not handle enrollments/affiliations.