Provider Services

August 2023

Updates and Reminders

Kentucky Certified Behavioral Health Clinics ((CCBHC) PT16

DMS received additional guidance from CMS relative to some pregnant adults who receive benefits under the S-CHIP benefit category and their inclusion in the CCBHC Demonstration. For Kentucky Medicaid, this specific S-CHIP benefit category is identified within MMIS as Program Code KP with a Program Status code of P3.

Eligibility				
Eligibility 5 Year History				
Eligibility Group	**Program Code**	**Program Status**	**From Date**	**To Date**
KY Managed Care Organization without Co-Pay	KP - Pregnant Woman	P3 - Pregnant adult at least 19 and under 65	05/16/2023	05/31/2023

This CMS guidance confirms that individuals enrolled in the S-CHIP benefit category, including the Eligibility Group shown above, are **excluded** as eligible to receive services in the CCBHC demonstration.

DMS directs that providers must verify an individual's eligibility when providing services. Review of claims confirms that PT 16 (CCBHC) claims have been submitted for these enrollees. Beginning June 1, 2023, if verification of eligibility confirms a program code of KP and a status code of P3 (as shown above), services for that enrollee must be billed through your PT 30 (CMHC) provider number.

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Updates and Reminders

Explanation of Payment Refund and Forwarding Balance Reporting Enhancement

Effective 07/24/23 there will be an enhancement. The goal of the enhancement is to provide clearer reporting of these transactions.

- Updates Include:
  - Reference ID on the EOP adjustment section will reflect the claim ID for the transactions related to each refund posting, and no longer use the check history ID.
  - Changes to the PLB segment on the 835.
    - Items labeled as Provider Return/Refund credit will be reflected on your 835 as adjustment code type 72 with a reference ID of the claim ID for each refund.
    - Items labeled as Overpayment Recovery will be reflected on your 835 as adjustment code type WO with a reference ID of the claim ID for each refund.
    - This is our method of recording refunds received and will result in a net total of $0.00 on your payment.

Additionally, an update will be deployed in the next several weeks regarding the adjustments section on the 835 for forwarding balances.

- When a Forwarding Balance is created (reflected as a negative FB adjustment on the 835), the reference ID would reflect a Draft number in some cases, rather than the CHKHST ID. This will be corrected and will be reflected as a CS, followed by the CHKHST ID. This will allow for clearer tracking, as the Forwarding Balance (FB) when a positive, always references the CHKHST ID.

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Updates and Reminders

Kentucky Department for Medicaid Services is reaching out to providers, stakeholders, Medicaid members, and representatives from the advocacy community to continue to engage Medicaid members in the renewal process.

As partners in ensuring health care access for Kentuckians, it is imperative we work together to raise awareness about the return of renewals as well as necessary action steps on the part of Medicaid members to assure individuals are not disenrolled or, if they are no longer eligible, are informed about alternative coverage options. This might include Qualified Health Plans offered via kynect or employer-sponsored health insurance.

As part of this effort, we are requesting that you share this flyer with your respective audiences. The informational piece can be shared digitally or downloaded and printed for display in provider offices, at advocacy organizations, or shared at community events.

PsychHub Overview and Updates

PsychHub is an online platform for digital behavioral health education. Passport Providers, like yourself are able to access PsychHub's online learning courses through PsychHub's Learning Hub for FREE.

[Click here to visit PsychHub and create your free account.](#)

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POD Update - No Surprises Act - Data Verification

The federal No Surprises Act includes a regulation that calls for plans to verify provider data every 90 days. The objective is to make it easier for members to contact providers and find the care they need in our public provider directory.

The specific data elements called out in the regulation are:
- Name
- Address/Location
- Digital Contact Information (Website)
- Phone Number
- Specialty

The No Surprises Act only applies to Marketplace plans, but we will be capturing this data for all lines of business/programs to improve our overall data quality and reporting.
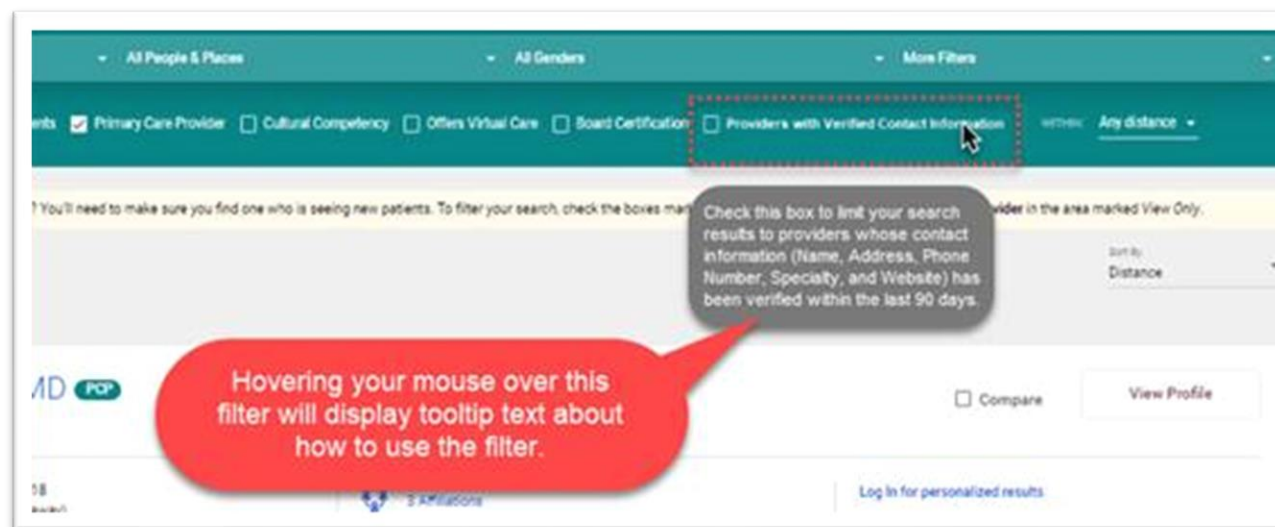
Availity Essentials - Trainings

We know you've been busy so we're offering a few more training opportunities to fit with your schedule. Join Availity and Molina for Availity Essentials Provider Portal Overview for Molina Healthcare Providers on these dates.

- Tuesday, August 8 @ 3:00 p.m. - 4:15 p.m. ET

- Monday, August 28 @ 12:00 p.m. -1:15 p.m. ET

We'll show you how to work with Molina on Availity and access popular Single Sign On (SSO) capabilities. Here's a preview of what you'll learn:

- View and submit claims

- Upload supporting documentation using the Send Attachments feature

- Directly message Molina Healthcare from within the Claim Status and E&B transactions

- Access these SSO capabilities through Molina's Payer Space: Appeals/Correct Claims, Authorizations, Member Roster, HEDIS® Profile, and Reports

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Monthly Member Benefit Highlight – 24-Hour Nurse Advice Line

Members can call Passport's Nurse Advice Line 24 hours a day, 365 days a year. Our nurses are ready to answer your medical questions. Members can talk to a nurse for health care advice in their language. They will help members get the care they need.

Every year, our Nurse Advice Line receives more than 350,000 calls from Passport members across the United States. Our call center has been reviewed and approved by a national quality review organization (URAC) since 2007.

How do I reach the Nurse Advice Line?
24 hours a day, 7 days a week, call:
(800) 606-9880

TTY for Deaf and Hard of Hearing: 711

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GLP-1 Benefit Change August 11

Appendix - Payment Policies Online

Passport payment policies can be found on our website [here](#).

- DRG Clinical Validation

- Newborn and NICU

- Payment Policy Early Elective Delivery

- Outpatient Definitive & Presumptive Drug Testing Medicaid, Medicare

- PI Payment Policy Corrected Claim Reimbursement Policy

- PI Payment Policy Duplicate claim reimbursement policy

- PI Payment Policy Facility Emergency Department Evaluation and Management leveling

- PI Payment Policy NDC Reimbursement Policy

- PI Payment Policy Non-Emergent use of the Emergency Room Reimbursement Policy

- Payment Policy Observation Reimbursement Policy

- PI Payment Policy Timely Filing Reimbursement Policy

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Appendix - Resources

- **Provider Contact Center**   **(800) 578-0775**

- **Contracting Inquiries**   **KY_Contract_Management@MolinaHealthCare.com**

- **Credentialing Inquiries**   **Contracting@passporthealthplan.com**

- **Appeals and Grievances**   **MHK_Provider_GnA@passporthealthplan.com**

- **Dental Inquiries**   **KentuckyProviders@DentaQuest.com**

- **Vision Inquiries**   **www.marchvisioncare.com**

- **Pharmaceutical Inquiries**   **http://kyportal.medimpact.com**

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Appendix - Online Tools

Provider Manual	Quick Reference Guide	Prior Authorization Look-up Tool	eNews
Provider Portal: Availity	Passport Advantage	Marketplace	KHIE

Molina KY 1974_APP 9/19/2023

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