



# Behavioral Health

## Provider Cheat Sheet

Use this Cheat Sheet to assist your office with identifying important information regarding Behavioral Health. For complete guidelines, refer to our *MSCAN and CHIP Provider Manuals* available at: <https://www.molinahealthcare.com/providers/ms/medicaid/home.aspx>. Our websites are best viewed using Google Chrome as the browser.

## Networks with Behavioral Health

Molina members must access behavioral health provider based on their associated benefit plan network.

MississippiCAN	MSCAN Provider Network
Children's Health Insurance Program (CHIP)	CHIP Provider Network

**Providers must verify eligibility each time prior to rendering services.** At no time should a member be denied services because his/her name does not appear on the PCP's Member Roster. If a member does not appear on the Member Roster the provider should contact the Plan for further verification.

Possession of an ID card is not a guarantee of Member eligibility or coverage. Please verify eligibility upon each visit. For more information, download our *Member Eligibility Cheat Sheet*.

## Prior Authorizations

Prior Authorizations are required for all inpatient behavioral health services and some outpatient behavioral health services. **The below list is not all inclusive.** Please access this link for the complete PA list for Behavioral and Mental Health Services. <https://www.molinahealthcare.com/providers/ms/medicaid/forms/fuf.aspx>

### Behavioral Health Service that require Prior Authorizations

- Applied Behavior Analysis (ABA)
- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Psychiatric Residential Treatment Facility (PRTF)
- Intensive Community Outreach and Recovery
- Residential Crisis Stabilization

Utilize our Prior Authorization LookUp Tool to determine if behavioral health outpatient services requires a prior authorization

### Prior Authorization LookUp Tool

<https://www.molinahealthcare.com/members/ms/en-us/health-care-professionals/home.aspx>

Providers must complete the Behavioral Health Prior Authorization Form located on our Frequently Used Forms pages to submit all behavioral health prior authorization request.

### Behavioral Health Prior Authorization Form

<https://www.molinahealthcare.com/providers/ms/medicaid/forms/fuf.aspx>

### Behavioral Health - Inpatient Fax

(844) 207-1622

### Behavioral Health - All Non-Inpatient Fax

(844) 206-4006

**Website:** <https://www.molinahealthcare.com/providers/ms/medicaid/home.aspx>

### Provider Relations/Provider Services:

**LaKeida Ward – Behavioral and Mental Health Provider Services Representative**  
[LaKeida.Ward@molinahealthcare.com](mailto:LaKeida.Ward@molinahealthcare.com)

### Department Mailbox

[MSBHProviderServices@molinahealthcare.com](mailto:MSBHProviderServices@molinahealthcare.com)

## Transition of Care and Post Discharge Standards

### Transition of Care (ToC)

Our ToC program enrolls members who admit or readmit to the hospital with a behavioral health diagnosis. Molina members need an appointment with a behavioral health or primary care practitioner within 7 days of discharge.

It is important the Discharge Planning Checklist is completed and returned to Care Management for successful follow-up.

**Completed Post-Discharge Checklist** may be return via secure email to [MHMS\\_CM\\_Referrals@MolinaHealthCare.Com](mailto:MHMS_CM_Referrals@MolinaHealthCare.Com) or by fax at **1-844-206-0435**.

### Discharge Planning Form

<https://www.molinahealthcare.com/providers/ms/medicaid/forms/fuf.aspx>

## Behavioral Health Excellence Program

Molina's Behavioral Health Excellence Program seeks to collaborate with BH providers through active discharge planning and data sharing. Our goal is to improve BH readmission rates and increase adherence with 7-day and 30-day post hospitalization follow up appointments.

Provider may learn more about the BH Excellence Program by contacting their Provider Relation Representative or emailing CM directly at:

[MHMS\\_CM\\_Referrals@MolinaHealthCare.Com](mailto:MHMS_CM_Referrals@MolinaHealthCare.Com)

## Care Management

All Molina members are eligible and may receive Care Management services. Care Management offers care coordination.

Providers may send Care Management Referrals, include ToC to: [MHMS\\_CM\\_Referrals@MolinaHealthCare.Com](mailto:MHMS_CM_Referrals@MolinaHealthCare.Com)

Contact us via Provider Services at: **1-844-826-4335, Option 5**

## Claims

### Electronic Claims

Electronically filed claims must use EDI Claims/ Payor ID number 77010.

### Electronic Claims Submission

- Through your clearing house
- Through Molina Provider Portal:  
<https://provider.molinahealthcare.com/Provider>

### Paper Claims

The Claims Department is located at our corporate office in Long Beach, CA. All hard copy (CMS-1500, UB-04) claims must be submitted by mail to the address listed below.

Molina Healthcare of Mississippi, Inc.  
PO BOX 22618  
Long Beach, CA 90801

***To verify the status of your claims, please call our Provider Claims Representatives at (844) 826-4335.***

Providers must ensure the appropriate modifiers are filed on claims for Behavioral and Mental Health Services. Please view the **Fee Schedules** to reference these modifiers:

<https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>