Behavioral Health Provider Orientation

2025 | Molina Healthcare

MOLINA® HEALTHCARE

AGENDA

- Provider Resources
- Availity Essentials Portal
- Behavioral Health (BH) Provider Enrollment
- ODM BH Provider Manual
- BH Provider Types and Specialties
- Health Care Services
- BH Prior Authorization
- Claims and Billing
- Unique Billing & Third Party Liability
- OhioRISE
- PsychHub
- Contact Molina

Provider Relations

| Satisfaction	Communication	Technology
• Provider Relations Representatives and Engagement Teams • Annual Assessment of Provider Satisfaction • The You Matter to Molina Program that includes Monthly Forums, surveys and an Information Page on the Provider Website	• Provider Bulletin and Provider Newsletters • Online Provider Manuals • Online Trainings, Health Resources and Provider Resource Guides • Secure Messaging on the Availity Essentials Portal	• 24-hour Provider Portal • Online Prior Authorization (PA) and Claim Dispute Submission • PA Lookup Tool on Provider Portal and Provider Website • MCG Auto-Authorization for Advanced Imaging PA Submission • Availity Essentials Overpayments

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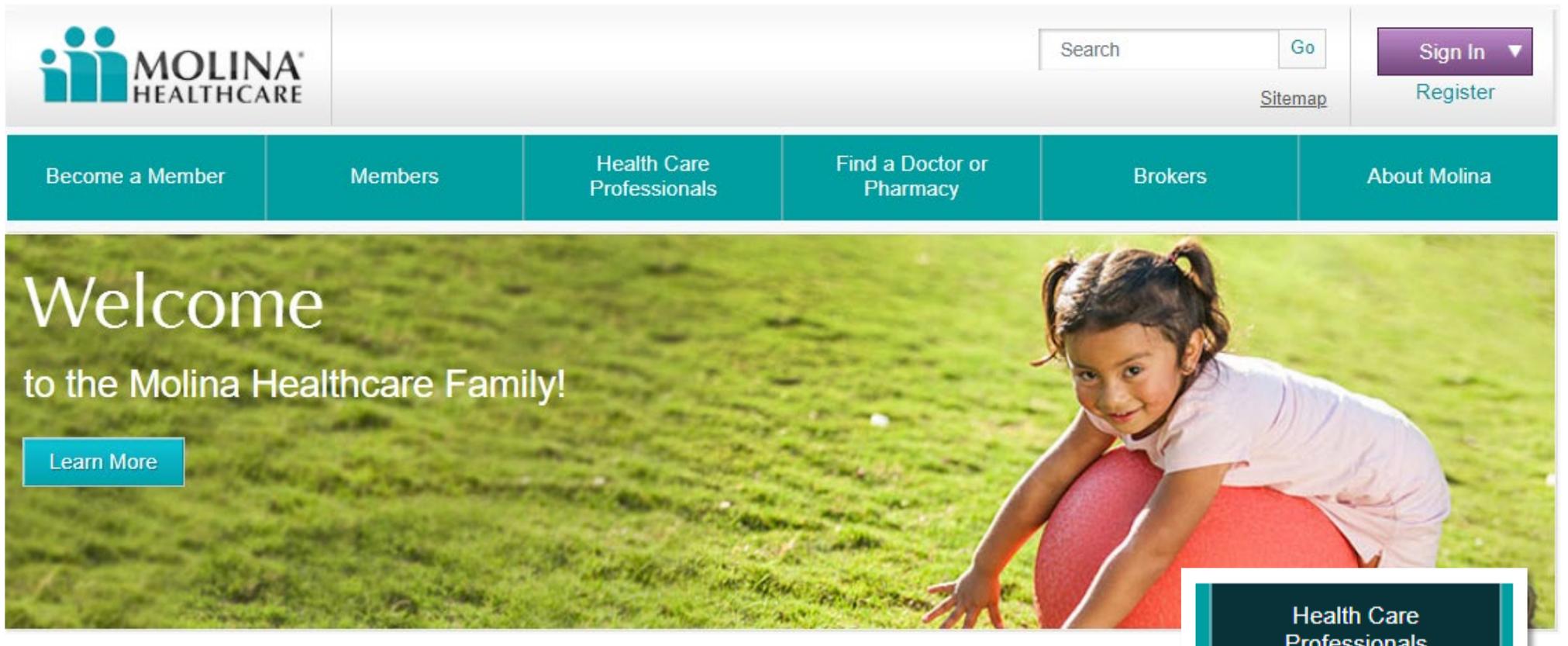
Provider Website

Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Manual	Dental Manual	Claims Information	You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page	Contact Information

Provider Online Directory

Availity Essentials Portal

Member Rights and Responsibilities

Preventive and Clinical Care Guidelines

Prior Authorization Information

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Fraud, Waste and Abuse Information

Advanced Directives

Molina Payment Policies
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and Accountability Act (HIPAA)

Frequently Used Forms

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Provider Manual Highlights

Provider Manuals are <u>specific to each line of business</u>. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

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Provider Bulletin

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
 - Payment
  - Disputes & Appeals (Reconsiderations)

To join our distribution list, visit our Provider Website at MolinaHealthcare.com and under the "Communications" tab, on the "Provider Bulletin" page select "click here."
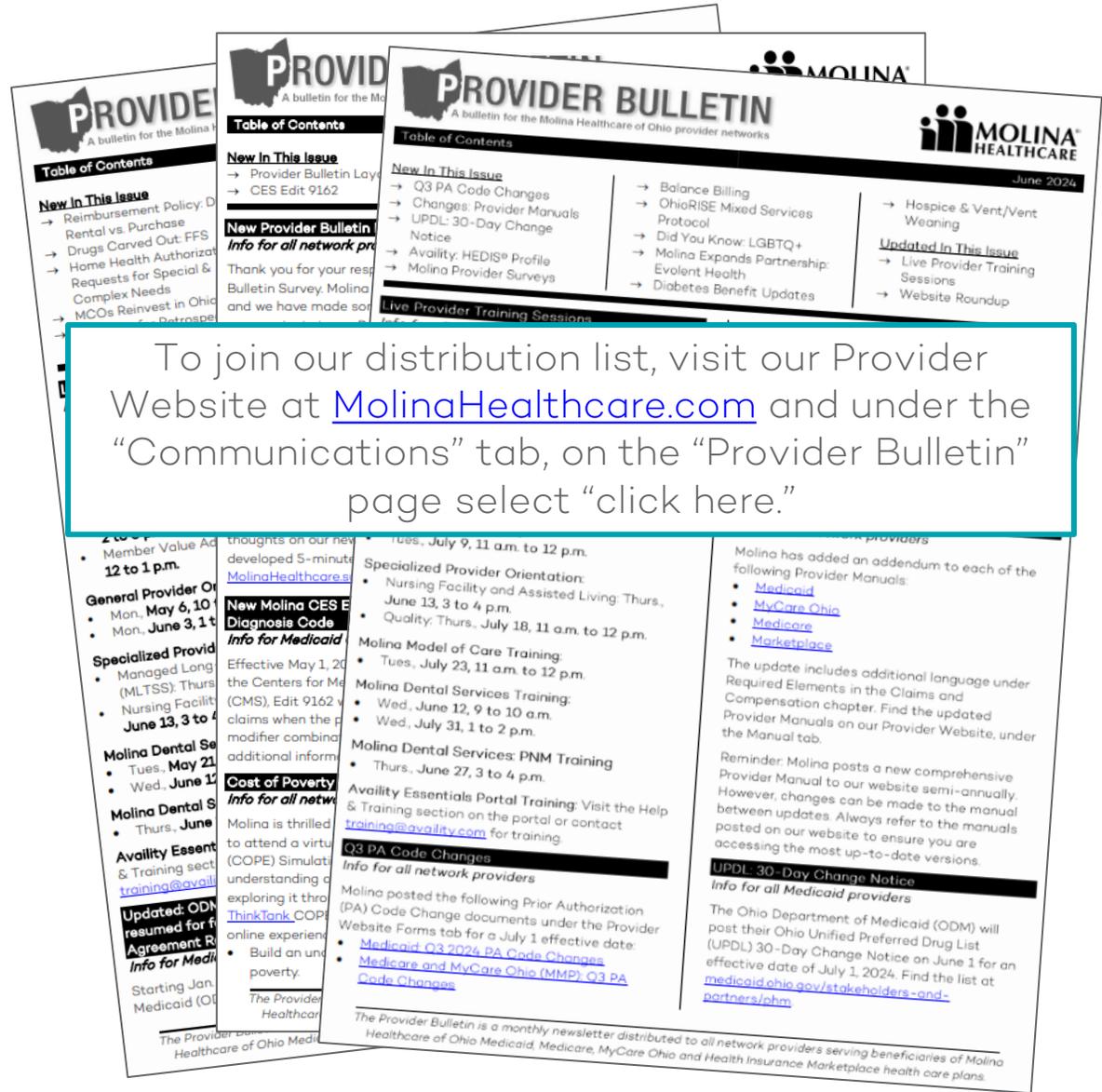
Molina Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

User-friendly and intuitive navigation

Provider profile cards for quick access to information

Key Benefits

Browsing by category, search bar and common searches

Expanded search options and filtering for narrowing results

Provider information that can be saved to use later
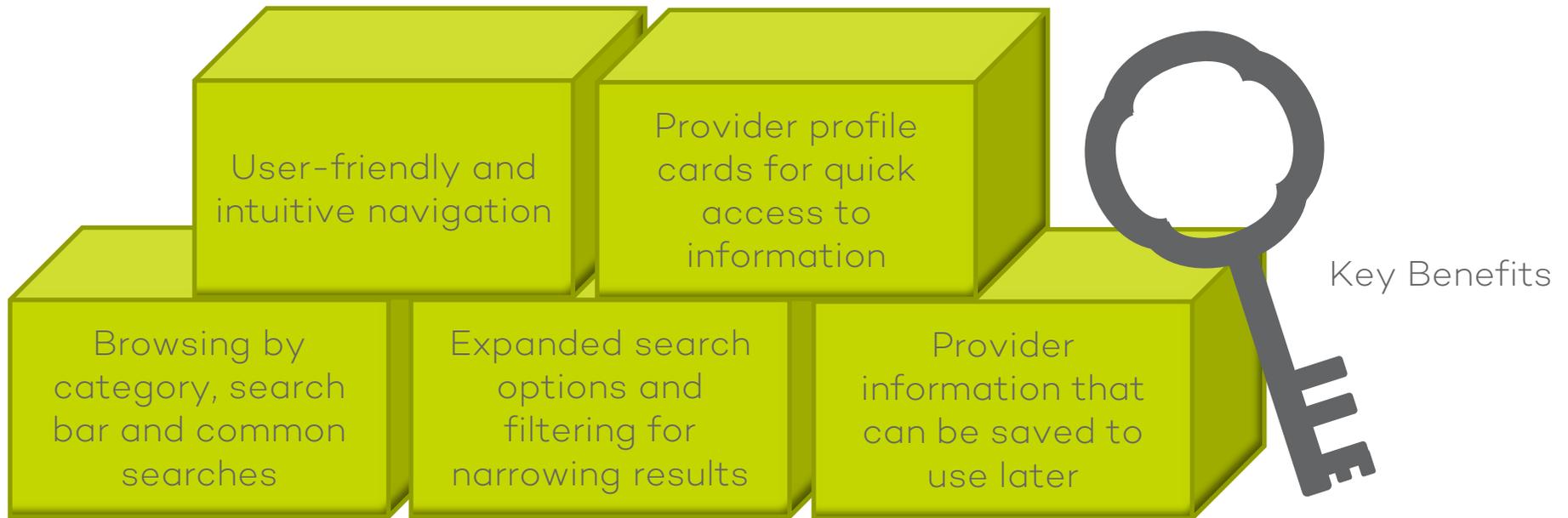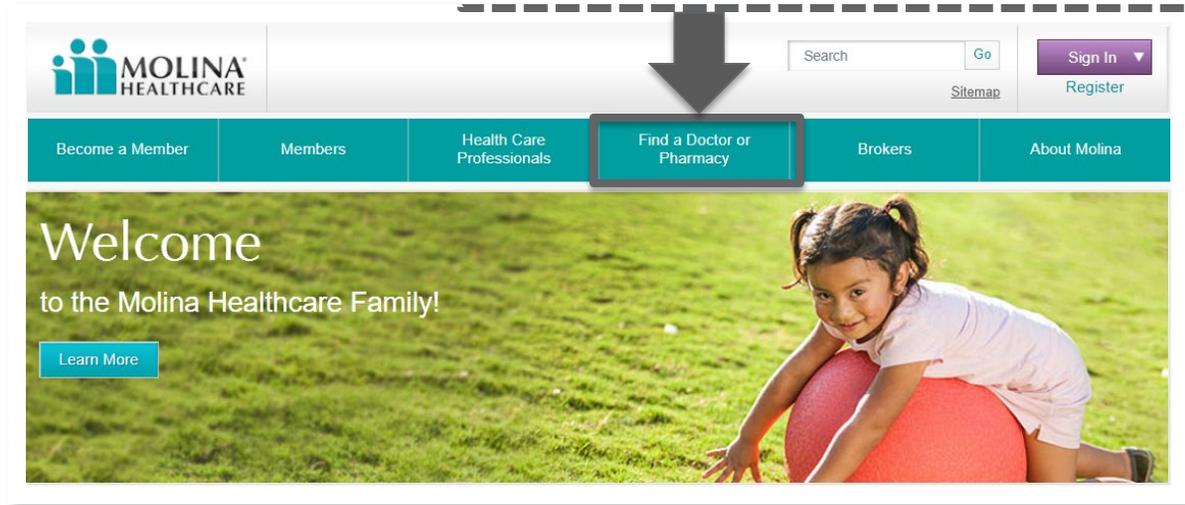
Reminder: Members should be referred to participating providers.

ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the ODM Quick Reference Guides to learn more.

Important! Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at Create Account | OH|ID | Ohio's State Digital Identity Standard.

An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs and services—all with a single username and password.
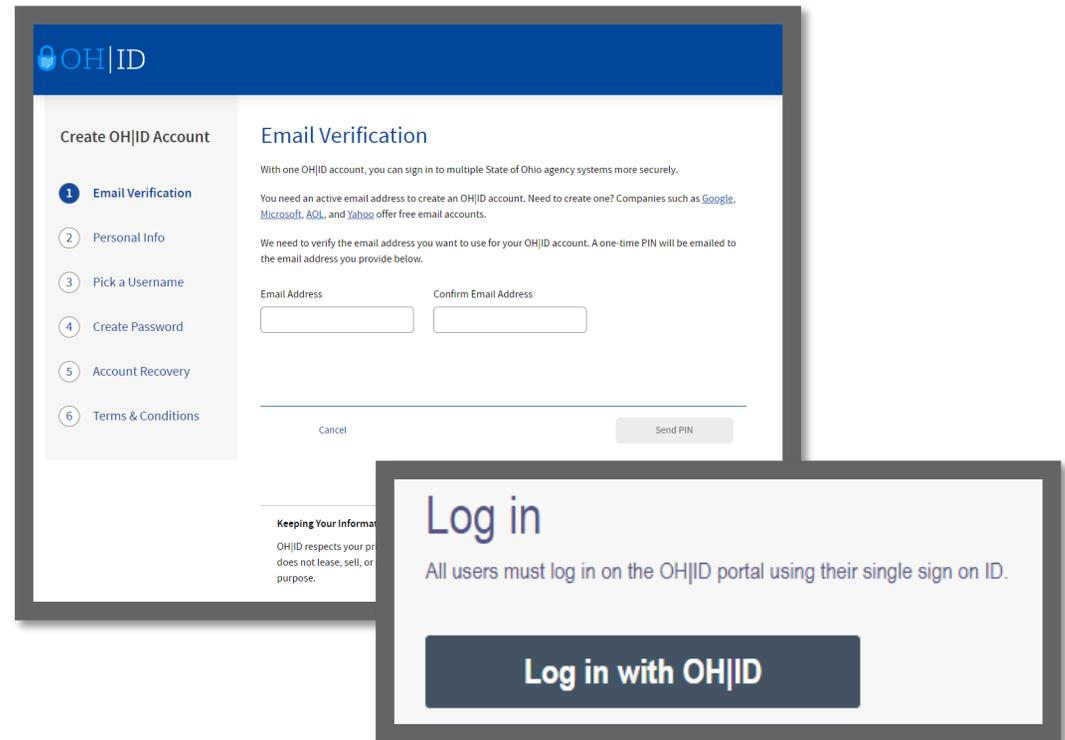
Find out more in the ODM Provider Network Management Frequently Asked Questions.

Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.

Medicaid and MyCare Ohio: On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the [ODM Quick Reference Guides](#) for more information. Note: The [Provider Information Update Form](#) may still be required for some Medicaid and MyCare Ohio updates.

Medicare and Marketplace: Providers can update their information via the [Council for Affordable Quality Healthcare (CAQH) DirectAssure](#) application or by submitting a [Provider Information Update Form](#) to Molina.

Important Reminders:
- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
  - Change in office location, office hours, phone, fax or email
  - Addition or closure of an office location
  - Addition or termination of a provider
  - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
 - Open or close your practice to new patients (PCP only)

Molina ID Cards

Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at MolinaHealthcare.com on the "Manual" page.

- Medicaid Member Cards

- MyCare Ohio Member Cards

- Medicare Member Card

- Marketplace Member Card

Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the "Provider Responsibilities" section of the Provider Manual, located at MolinaHealthcare.com under the "Manual" tab. Topics include:
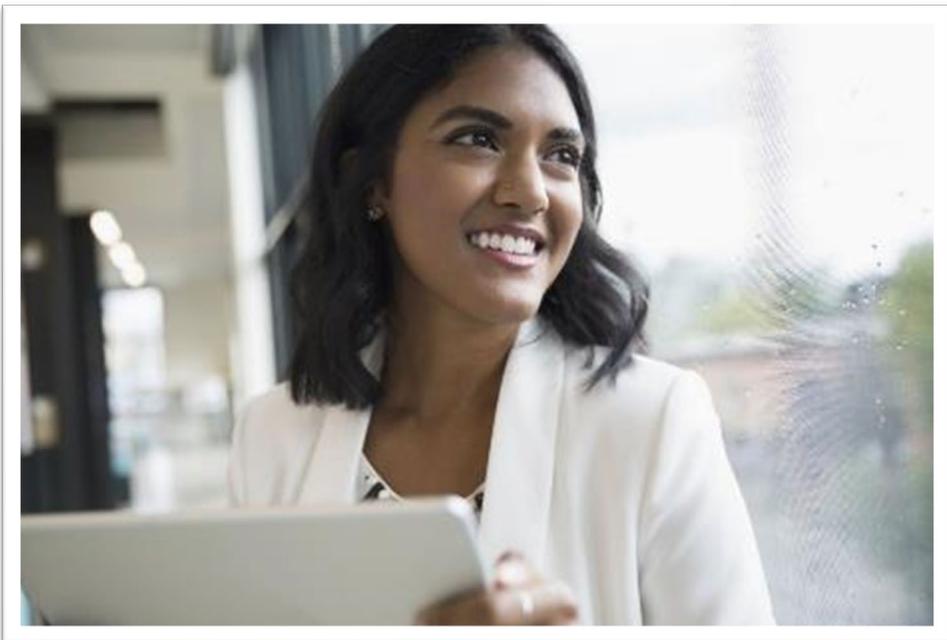
- Non-Discrimination of Health Care Service Delivery
- Provider Data Accuracy and Validation
- National Plan and Provider Enumeration System (NPPES) Data Verification
- Electronic Solutions/Tools Available to Providers
- Primary Care Provider (PCP) Responsibilities

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You Matter to Molina

At Molina of Ohio, our providers matter! Our "You Matter to Molina" program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.

- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.

- Availity Essentials Portal access and training resources.

- Learn more now at MolinaHealthcare.com/OH/YouMatterToMolina.
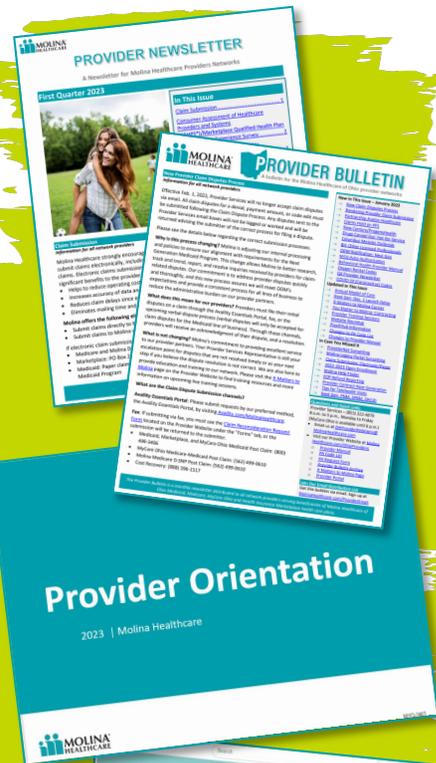
Thank you for being part of the Molina family.

Availity Essentials Portal

Availity Essentials (Availity) Provider Portal

Register for the Availity Essentials Portal at availity.com/provider-portal-registration and select your organization type.

Log into the Availity Essentials Portal at:
apps.availity.com/availity/web/public.elegant.login.

Availity Essentials Provider Portal

Once registered providers will have access to the Availity Essentials Portal training by following these steps:

Select Help & Training > Get Trained

In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog and enroll for this title: Availity Overview for Molina Providers - Recorded Webinar

Log in to Availity Essentials Portal

Atypical Providers:
Under "News and Announcements" select "Atypical Providers: Here's your Ticket to Working with the Availity Essentials Portal" to view training sessions.

Availity Essentials Provider Portal

The Availity Essentials Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

- Online Claim Submission
- Claims Status Inquiry
- Corrected Claims
- Member Eligibility Verification and Benefits
- Secure Messaging
- Check Status of Claim Dispute
- Manage Overpayment Request
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests
- Care Coordination Portal
- Remittance Viewer
- View PCP Member Roster
- Submit and Check Status of PA Requests
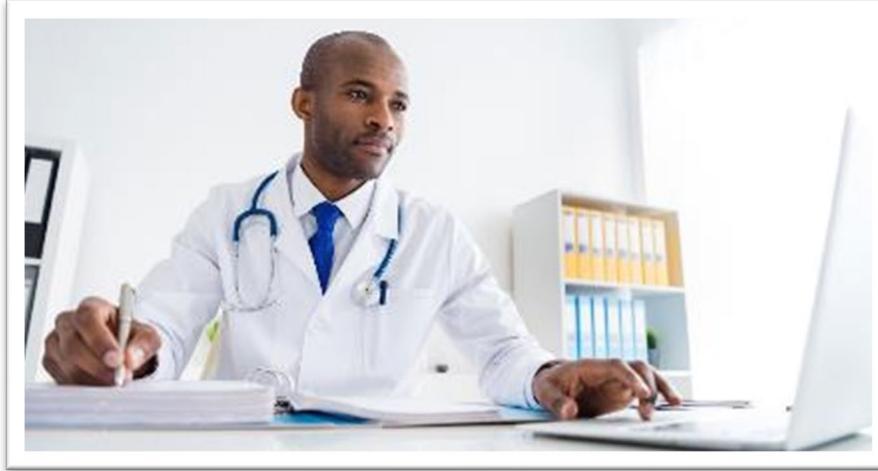
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Behavioral Health Provider Enrollment

# How to Enroll as a Type 84/95 Behavioral Health Provider

- Prior to enrollment in the Ohio Medicaid program, a provider must be certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) as a provider of behavioral health services.

- Information on OhioMHAS's service certification can be obtained from the OhioMHAS Bureau of Licensure & Certification by calling (614) 752-8880 or by visiting the [OhioMHAS Licensure & Certification](#) website.

- During the enrollment process, a provider specialty will need to be selected for each provider type. ODM will add or change specialties as necessary based upon the OhioMHAS/Substance Abuse and Mental Health Services Administration (SAMHSA) certification(s) and/or OhioMHAS licensure documentation received with the application.

- Once you are registered with OhioMHAS, if you need additional information about enrolling with Medicaid, please visit the ODM [About the PNM Module & Centralized Credentialing](#) website.

84/95 Provider Contracting and Credentialing

Credentialing will be completed at the facility level
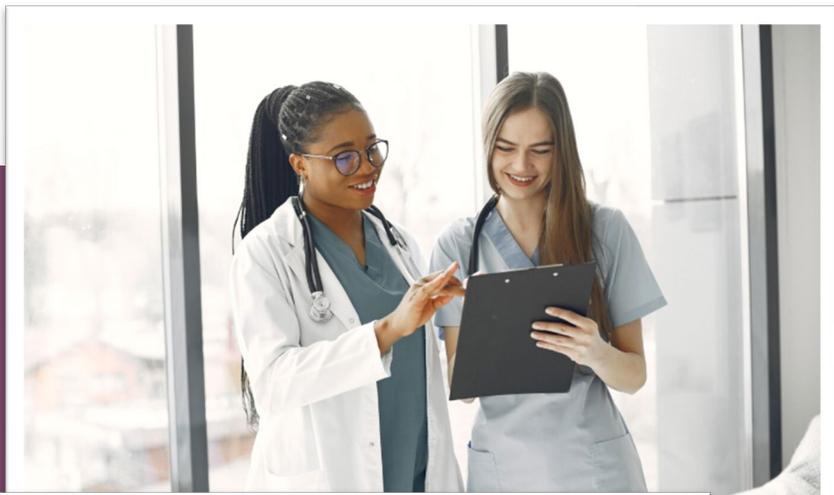
- Once credentialed, all rendering providers will be loaded participating (par) to the lines of business matching the facility contract at the time the information is received from ODM System of Record reports.
- If adding a provider type 84 to a par 95 or a provider type 95 to a par 84, ensure that the new provider type is active in PNM. No additional credentialing is required, and the effective date will match the effective date provided in the Provider Network Management (PNM).

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Changing from a Provider Type 21 to a Provider Type 84/95

- All provider enrollment applications must be submitted using Ohio Medicaid's PNM module.
- The PNM module is the single point for providers to complete provider enrollment, centralized credentialing and provider self-service.
  - For more information about the PNM please visit the ODM PNM & Centralized Credentialing website.

- When adding or changing provider specialty types, additional documentation may be needed, such as the Provider Information Update Form (PIF) and the Health Delivery Organization (HDO) credentialing form.

Service Locations

New service locations are not captured on ODM System of Record reports from PNM.

The service location effective date for Medicaid and Dual Options MyCare Ohio Plan (MMP) lines of business will be the date in the PNM.

The service location effective date for Medicare and Marketplace lines of business will be the day after Molina's credentialing completion date.

Note: A PIF is required to update service location information.

The ODM Behavioral Health Provider Manual

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ODM Behavioral Health Provider Manual

The ODM [Behavioral Health Provider Manual](#) is the main source for manuals, rates and resources for behavioral health providers.

Molina aligns with the Behavioral Health Provider Manual on all information including but not limited to:

- Provider Rates
- Prior Authorization Forms and Information
- Information on Provider Enrollment
- Billing Resources
- Third Party Liability Resources
- National Correct Coding Initiative (NCCI) Edit Information
- Assertive Community Treatment – Intensive Home-Based Treatment (ACT-IHBT) Services

Note: The ODM Behavioral Health Provider Manual is only used for provider type 84 Community Mental Health Center (CMHC) and provider type 95 Substance Use Disorder (SUD) providers.

Behavioral Health Provider Types and Specialties

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Provider Types 84 and 95

- A type 84 provider is a CMHC
- A type 95 provider is an SUD provider

Note: A type 95 provider may not bill for type 84 services, or vice versa.

Reference the ODM Behavioral Health Provider Manual for more information on covered services.

Mental Health (MH)/SUD: Organizations providing both services need to enroll as both a provider type 84 and a provider type 95.

Laboratory Services

- Provider type 95 providers with appropriate Clinical Laboratory Improvement Amendments (CLIA) certification may provide laboratory services.
- A provider must obtain the appropriate CLIA certification and enroll as a laboratory Medicaid provider with Ohio Medicaid. ODM must have the CLIA certification on file for the SUD provider to access the appropriate laboratory codes.
  - o Once the certificate is uploaded to the PNM, the appropriate laboratory contract will be made available to the SUD agency.
  - o Find information on the CLIA certification process on the Ohio Department of Health's (ODH) Laboratory Certification – CLIA page.
- Additional information may be required by Molina to add a Laboratory Contract Amendment.
- Please reference our Provider Website for additional information on Place of Service and coding requirements:
  - o Laboratory Testing Payment Policy
  - o Physician Office Laboratory Testing

Opioid Treatment Program (OTP)

Opioid Treatment Program (OTP) providers must be enrolled with Ohio Medicaid as provider type 95.

The provider agency must be licensed as an OTP by OhioMHAS and certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to bill Medicaid for OTP specialty services.

Medicaid OTP provider specialties differ by type:
- Providers of Methadone enroll as Medicaid provider specialty 951
- Providers of Buprenorphine enroll as Medicaid provider specialty 953
- Providers of both Methadone and Buprenorphine enroll with both specialties 951 and 953

Note: A contract amendment will be required.
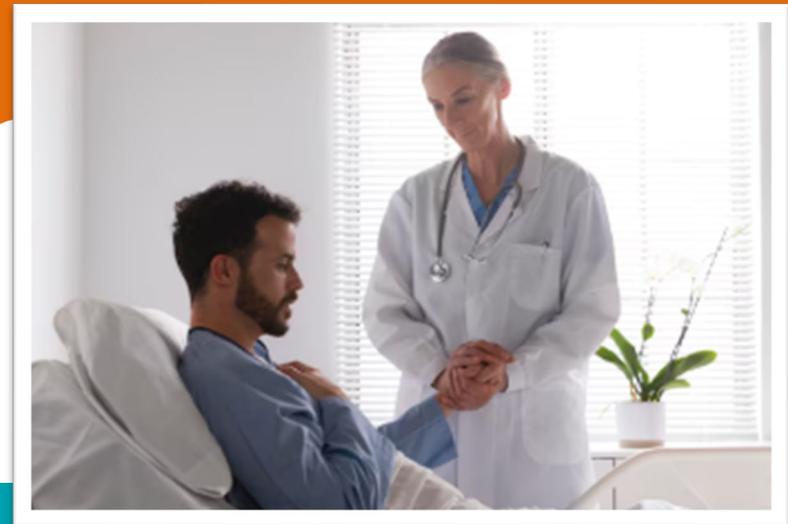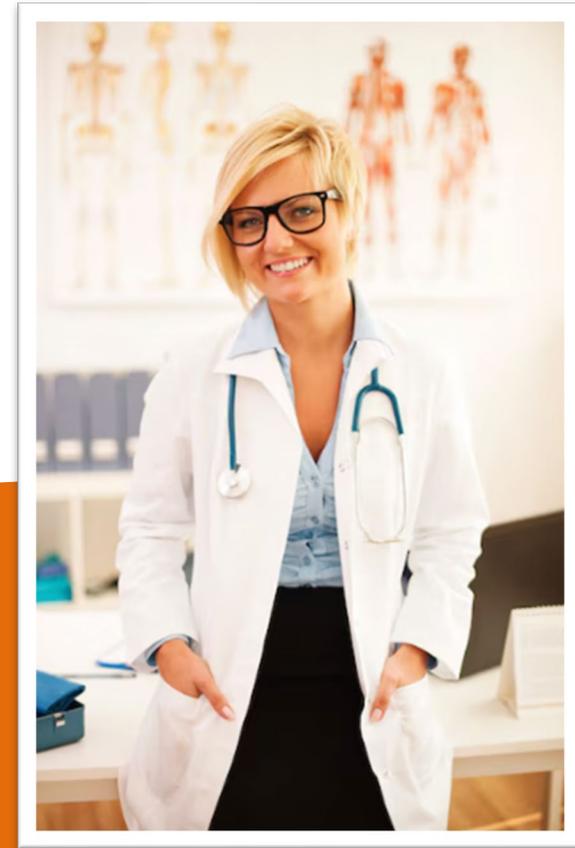
Health Care Services (Utilization Management/ Care Management)

Health Care Services

Health Care Services is comprised of:

Utilization Management (UM)

Care Management (CM)
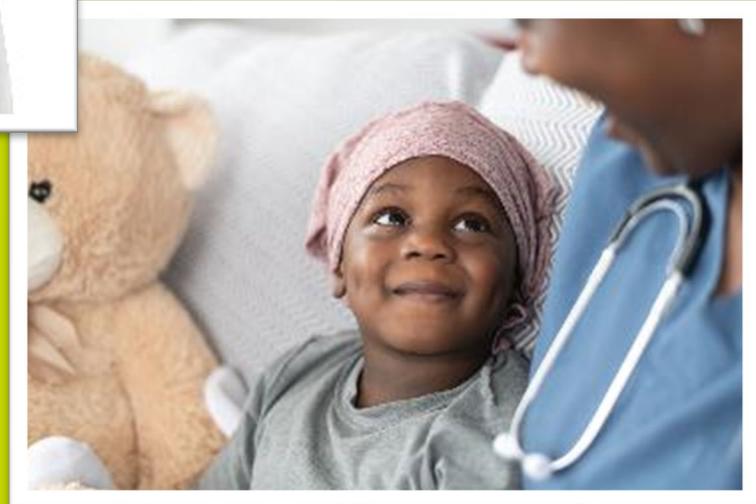
The Health Care Services Department:
- Conducts concurrent review on inpatient cases
- Processes prior authorizations and service requests
- Performs care management for members who will benefit from care management services

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Key Functions

Resource Management

- PA and referral management
- Pre-admission, Admission and Inpatient Review
- Referrals for Discharge Planning and Care Transitions
- Staff education on consistent application of UM functions

Eligibility and Oversight

- Eligibility verification
- Benefit administration and interpretation
- Verifying current Physician/hospital contract status
- Oversight of UM Delegates
- Ensure authorized care correlates to member's medical necessity need(s) and benefit plan

Quality Management

- Satisfaction evaluation of the UM program using member and provider input
- Utilization data analysis
- Quality oversight
- Monitor for possible over or under-utilization of clinical resources
- Monitor for adherence to Centers for Medicare and Medicaid Services (CMS), NCQA, state and health plan UM standards

Note: "Medical Necessity" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient.

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Initial Organization Determination/Pre-Service Authorization Request

A request for expedited determinations may be made. A request is expedited if applying the standard determination timeframes could seriously jeopardize the life or health of the member, or the member's ability to re-gain maximum function.

Standard Request vs. Expedited Initial Request

Standard/Elective: Must be made as soon as medically necessary

- Medicaid, MyCare Ohio, and Marketplace: Within a maximum of 10 calendar days after receipt of the request
- Medicare:
    - Non-Part B or D: Within a maximum of 14 calendar days after receipt of request
    - Part B and D: Within a maximum of 72 hours after receipt of request

Expedited/Urgent: Must be made as soon as medically necessary

- Medicaid, MyCare Ohio, and Marketplace: Within 48 hours (including weekends and holidays) following receipt of the validated request
- Medicare:
    - Non-Part B or D: No later than 72 hours after receipt of initial request for services
    - Part B and D: No later than 48 hours after receipt of initial request for services

A list of PA fax numbers is available on the Molina Prior Authorization Request Form and Instructions for each line of business.

Clinical Information

Molina requires copies of relevant clinical information be submitted for documentation to ensure accurate and timely clinical decision-making.

Clinical information includes but is not limited to:

- Pertinent Physician Emergency Department Notes
- Inpatient History/Physical Exams
- Discharge Summaries
- Physician Progress Notes
- Physician Office Notes
- Physician Orders
- Regulatory Required Forms
- Nursing Notes
- Results of Laboratory or Imaging Studies
- Therapy Evaluations
- Therapist Notes

The preferred method of PA submission is through Availity Essentials.
- If portal submission is not feasible, access the Provider Website Forms page for the most current PA forms and fax numbers.
- Note: The maximum clinical information fax size threshold Molina can accept is no more than 100 pages (10 MB) for the total size of the fax transmission.

Clinical Information: Inpatient Authorization

Inpatient admission prior authorization requests should be submitted within two days following the written order for inpatient admission.
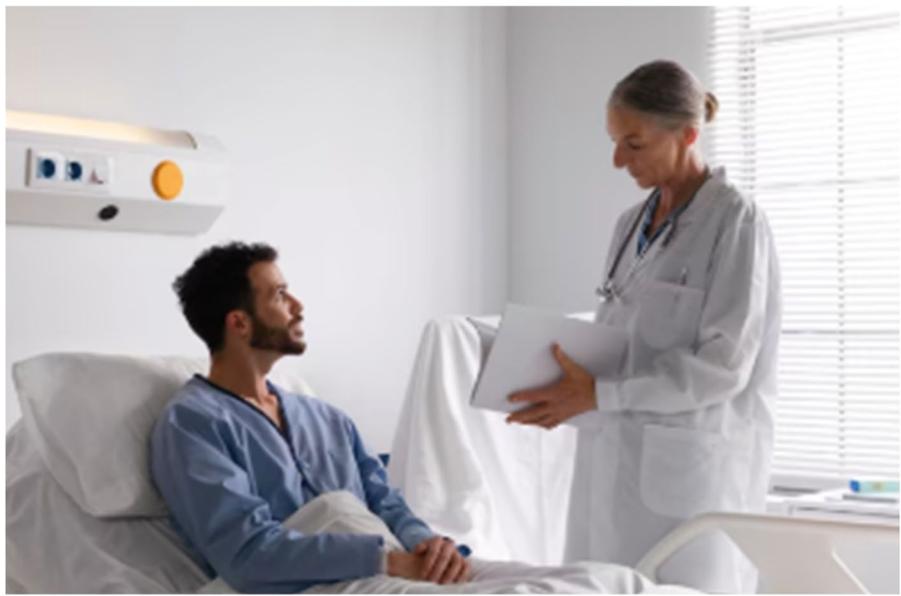
Notification must include the following documentation:

- Specific request for inpatient level of care
- Practitioner order specifying level of care requested
- Clinical notes resulting from a period of observation (48 hours) – please note if member was observation at another facility prior to transferring to you
- Reason for inpatient level of care
- Estimated length of stay

Note: The receipt of hospital demographics in the absence of a specific prior authorization request for review of inpatient level of care and supporting clinical documentation will not prompt an inpatient review.

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Reminder: Out-of-network services always require PA, including authorization for observation days.

Care Management

Molina provides care management services to members to address a broad spectrum of needs, including chronic conditions that require the coordination and provisions of health care services.

Care Management focuses on members who have been identified for Molina's Integrated Care Management (ICM) Program.

	The ICM Program:	
Provides care coordination and health education for disease management		Identifies and addresses psychosocial barriers to accessing care
Maintains the goal of promoting high quality care that aligns with a member's individual health care goal		To initiate, the member is screened for appropriateness for ICM Program enrollment using specified criteria

Referral to care management may be made by any of the following:

Member/ Representative

PCP/Specialist

Hospital Staff

Molina Staff

Home Health Staff

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Care Manager

The Role of a Care Manager Includes:		
Coordination of quality and cost-effective services	Appropriate application of benefits for the member	
Assistance with transitions between care settings and/or providers	Attention to member preference and satisfaction	
Referral to, and coordination of, appropriate resources and support services	Promotion of interventions in the least restrictive setting of the member's choice	Collaboration to address Physical Health needs for youth aged 20 and under enrolled in the OhioRISE Behavioral Health program
Promote utilization of multidisciplinary clinical, behavioral and rehabilitative services	Creation of Individualized Care Plan (ICP), updated as the member's conditions, needs and/or health status change	Provision of ongoing analysis and evaluation of the member's progress towards ICP adherence

Members may receive health risk assessments that help identify physical health, behavioral health, medication management problems, and social determinants of health to target high-needs members who would benefit from assistance and education from a Care Manager.

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Health Care Services Online Resources

Molina has a variety of online Health Resources that are available to providers, including:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Healthchek Resources

Opioid Safety Provider Education Resources

Clinical Practice Guidelines and Preventive Health Guidelines

Provider Toolkits and Resources

Behavioral Health Resources, including PsychHub

Molina Clinical Policies

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Behavioral Health Prior Authorization

Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals
- Medicaid
- Medicare
- MyCare Ohio
- Marketplace
- Provider Portal
- Prior Auth LookUp Tool

Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required.

PA is designed to:

- Create a collaborative approach to determining the appropriate level of care
- Prevent unanticipated denials of coverage
- Improve coordination of care
- Assist in benefit determination
- Identify care management and disease management opportunities
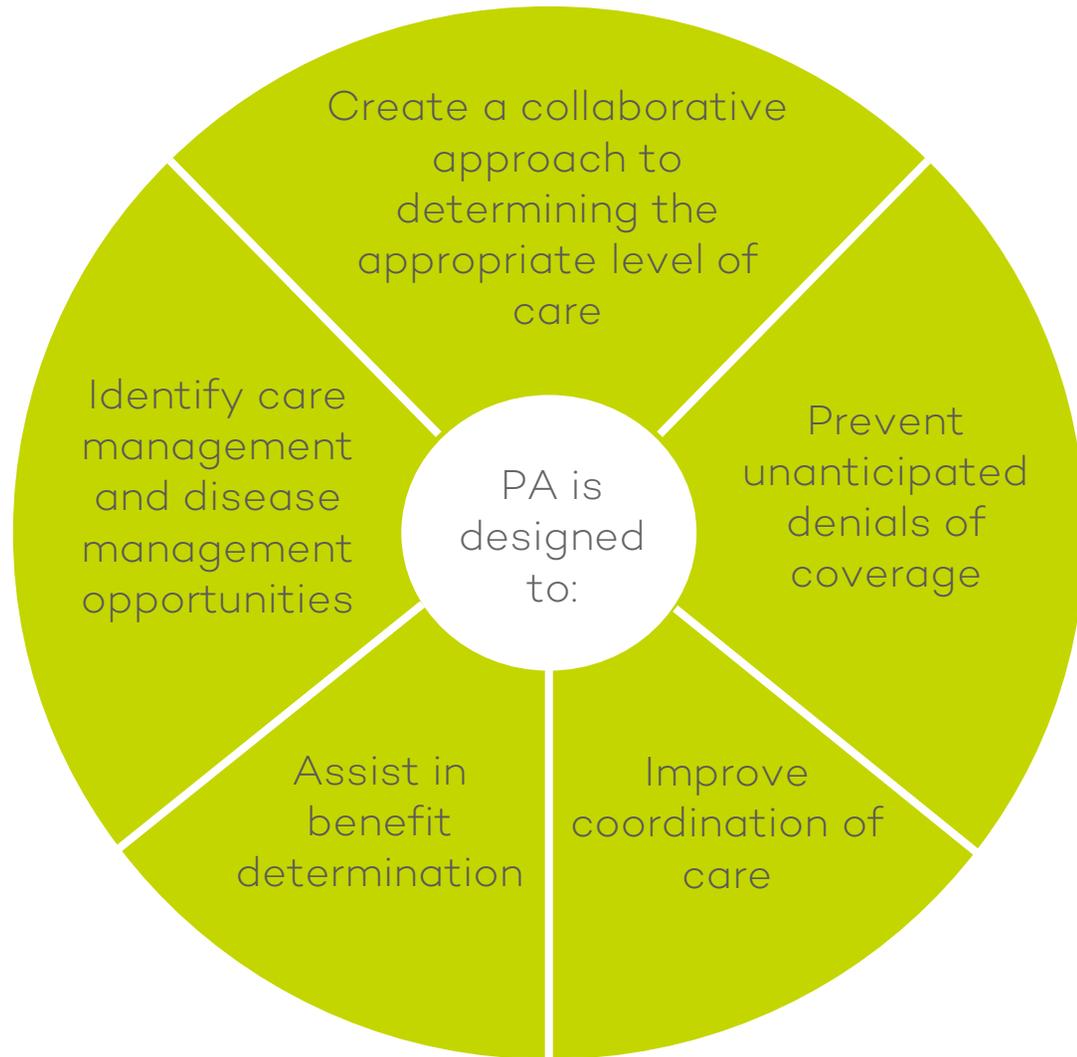
Behavioral Health Prior Authorization (PA) Requirements

- There are behavioral health services and/or levels of care that are subject to PA.

- Certain services may have PA requirements when provided on the same day as other services.
    - Refer to Ohio Administrative Code (OAC) 5160-27 and OAC 5160-8-05 Behavioral health for services-other licensed professions for information on service-specific requirements.
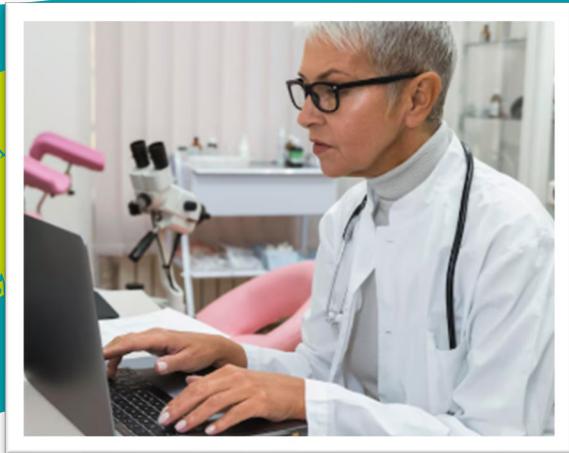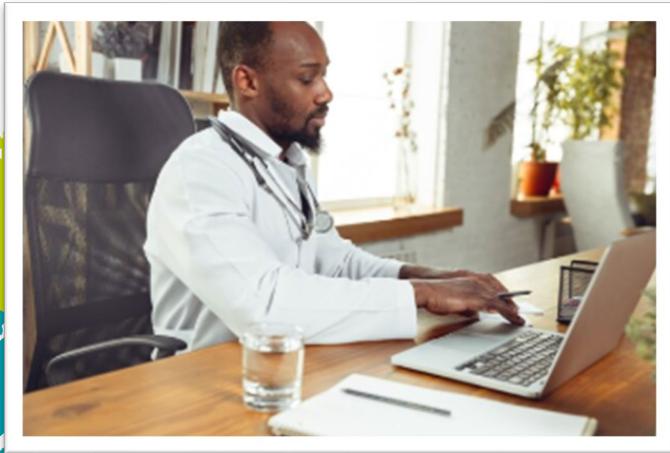
- To verify current PA requirements, please navigate to the Molina Healthcare of Ohio Provider Website and choose the Code Lookup Tool button to search current authorization requirements by line of business.

- Prior date of service authorization requirements can be located in the Archived Prior Authorization Code Lists available on our Provider Website.

Behavioral Health PA Requirements, Continued

Services that require PA include, but are not limited to the following:

- Assertive Community Treatment (ACT) H0040
- Intensive Home-Based Treatment (IHBT) H2015
- Functional Family Therapy (FFT) H2015 TF
- SUD Partial Hospitalization H0015 TG
- Psychiatric Diagnostic Evaluations 90791, 90792
- Psychological Testing 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137
- Screening Brief Intervention and Referral to Treatment (SBIRT) G0396, G0397
- Alcohol or Drug Assessment H0001
- Therapeutic Behavioral Services (TBS) Group Per Diem H2020
- SUD Residential H2034, H2036
- SUD Peer Recovery H0038
- Mobile Response and Stabilization Services (MRSS) S9482

Find additional information in [Table 1-5 Prior Authorization](#) of the ODM Behavioral Health Medicaid Manual.

Claims and Billing

Payer IDs

Medicaid providers utilizing Electronic Data Interchange (EDI) transactions on and after Feb. 1, 2023, must use the ODM Ohio Medicaid Enterprise System (OMES) Fiscal Intermediary for the transaction types noted in the Payer ID grid.

Medical Claims	
Line of Business	Payer ID
Ohio Aged, Blind, or Disabled (ABD) (Medicaid)	0007316
Ohio Adult Extension (Medicaid)	0007316
Ohio Healthy Families (Medicaid)	0007316
Molina SKYGEN Dental	D007316
Molina March Vision	V007316
Ohio Marketplace Program	20149
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149
Medicare-Medicaid Plan (MMP) Medicare (MyCare Ohio)	20149
MMP Medicaid (MyCare Ohio)	20149
MMP Opt-Out/MMP Medicaid Secondary (MyCare Ohio)	20149
Medicare Advantage Prescription Drug (MAPD)	20149

Claims Submission Options

Providers must utilize electronic billing through a Clearinghouse, the Availity Provider Portal, or the ODM OMES EDI process as the One Front Door*:

Option #1 Clearinghouse

- SSI Group is the outside vendor used by Molina MyCare Ohio, Medicare and Marketplace
    - o Providers may use any clearinghouse
- Trading Partners must connect to OMES as the ODM EDI system for Medicaid claims submission

Option #2 Provider Portal

- Availity Essentials Portal: Online submission is available for Medicaid, MyCare Ohio, Medicare and Marketplace
- PNM System for Medicaid: Once launched by ODM, direct data entry claims must be submitted via the PNM Portal

*Applies only to Medicaid line of business.

SSI Group ERA/EFT

Molina contracts with our payment vendor, **the SSI Group**, who has partnered with ECHO Health, Inc., for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

Access to the SSI Group is **FREE** to our providers. We encourage you to register for ECHO at ECHO Health after receiving your first check from Molina.

If you have any questions about the registration process, contact the SSI Group at (844) 834-3511 or via email at edi@echohealthinc.com.

Visit the EDI ERA/EFT pages at MolinaHealthcare.com for additional information.

If there is no payment preference specified on the ECHO platform, the payment will be issued via a Virtual Card. Find out more about the Virtual Card in the Molina Provider Manual.
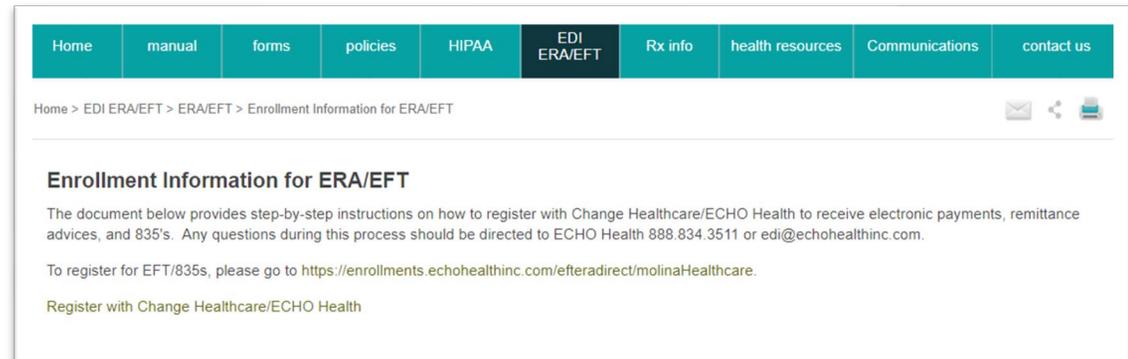
Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

Authorization Appeal

Formerly known as an "authorization reconsideration." A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax.

Clinical Claim Dispute

Formerly known as an "authorization reconsideration." A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). May be submitted via Availity, fax, or verbally.

Non-Clinical Claim Dispute

Formerly known as a "claim reconsideration." This process is used only for disputing a payment denial, payment amount, or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). May be submitted via Availity, fax, or verbally.

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MyCare Ohio, Medicare and Marketplace Definitions of Terms: Authorization Reconsideration and Claim Reconsideration

Authorization Reconsideration is either:
- A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form and submitted via fax.
- A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form. May be submitted via Availity or via fax.

Claim Reconsideration is used only for disputing a payment denial, payment amount, or a code edit. The Claim Reconsideration must be submitted on the Claim Reconsideration Form. May be submitted via Availity or via fax.

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Medicaid External Medical Review

An External Medical Review can be requested by a provider as result of:
- Molina's service authorization denial, limitation, reduction, suspension, or termination (includes pre-service, concurrent, or retrospective authorization requests) based on medical necessity; or
- Molina's claim payment denial, limitation, reduction, suspension, or termination based on medical necessity.

Denials, limitations, reductions, suspensions, or terminations based on lack of medical necessity include, but are not limited to decisions made by the plan where:
- Clinical documentation or medical record review is required in making the decision to deny (includes preservice, concurrent, and retrospective reviews).
- Clinical judgement or medical decision making (i.e., referred to a licensed practitioner for review) is involved.
- A clinical standard or medical necessity requirement (e.g., MCG®, ASAM, or Ohio Administrative Code (OAC) 5160-1- 01, including EPSDT criteria, and/or the MCO's clinical coverage or utilization management policy or policies) is not met.

View the External Medical Review section of the Provider Manual for how to request an external medical review.

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Unique Billing and The Behavioral Health Third Party Liability Bypass

Rendering Providers

ODM requires the rendering practitioner for behavioral health services to be listed on claims submitted to Ohio Medicaid for payment.
Their personal NPI must be reported in the rendering field on the claim for each service they provide (Box 24J on HCFA 1500).

All rendering practitioners are required to have a National Provider Identifier (NPI) to render services to Medicaid enrollees **and** they are required to enroll in the Ohio Medicaid program and affiliate with their employing/ contracting agency. An NPI can be obtained by visiting the [NPPES Website](#).

Licensed Practical Nurse (LPN) and Ordering, Referring and Prescribing (ORP)

Under Ohio Law, an LPN cannot administer any medication or procedure without an order from a licensed healthcare professional. Find additional information OAC 5160-27-11 Behavioral health nursing services.


LPN Covered Services are listed in the ODM Behavioral Health Provider Manual.

Claim Payment for Behavioral Health Providers

Payment amounts for behavioral services rendered by a community behavioral health center is the lesser of the provider's submitted charge or the amount specified in OAC 5160-27-03 Reimbursement for community behavioral health services.

All other behavioral health providers are reimbursed the lesser of the provider's submitted charge or the applicable percentage of the amount specified in the appendix to OAC 5160-1-60 Medicaid payment.
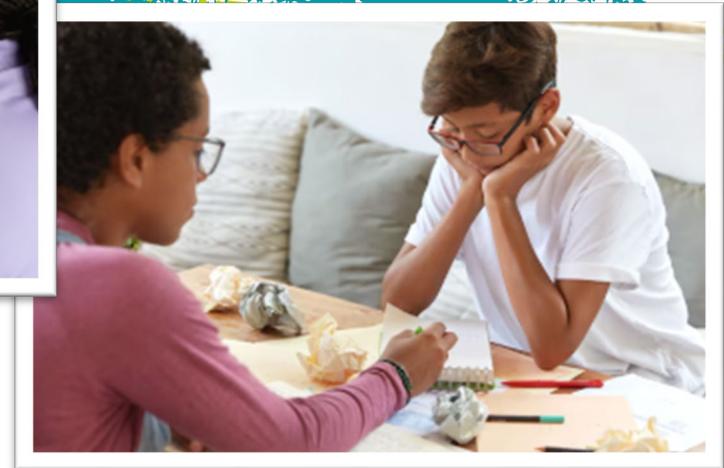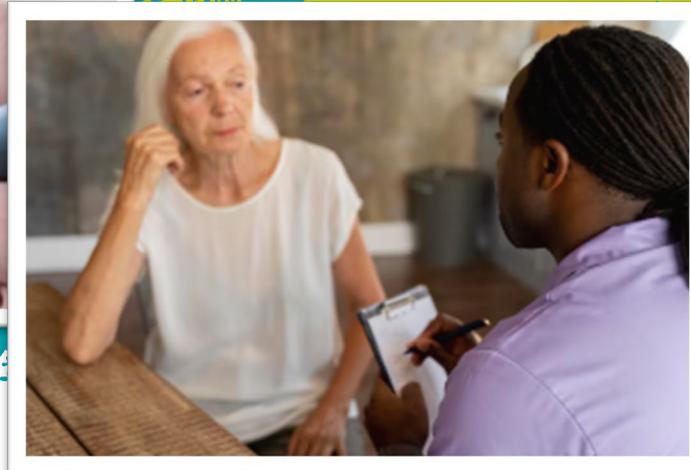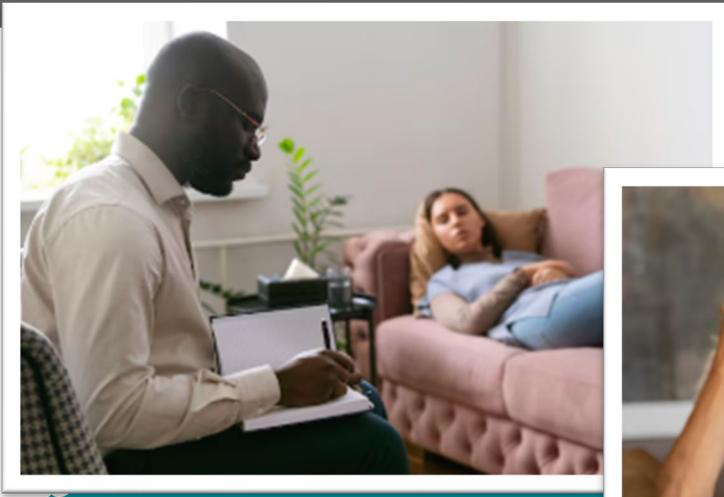
Find additional information in OAC 5160-8-05 Behavioral health services-other licensed professionals.

Behavioral Health Third Party Liability Bypass List
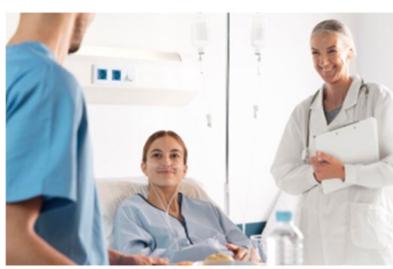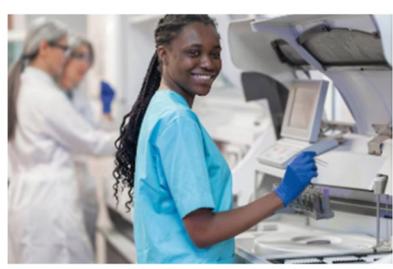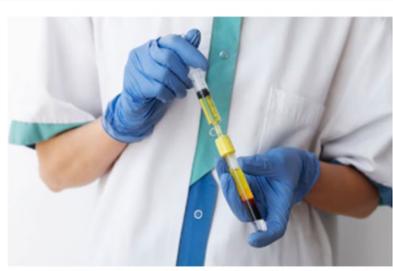
The Medicare and TPL Bypass List (also known as the Behavioral Health Third Party Liability Bypass List) contains specific service procedure codes that are covered by Ohio Medicaid but may not be covered by commercial payers or Medicare. The list is separated into three sections:

- **Medicare Bypass**: This list includes procedure codes that are only considered "non-covered" when rendered by certain types of practitioners not recognized by Medicare
- **Medicare Opioid Treatment Program (OTP)**
- **TPL Bypass (for commercial payers)**

For these service procedure codes and payers, the provider may "bypass" the requirement to first bill the Third Party Payer (TPP) (commercial or Medicare payer) and submit the claim directly to Medicaid.
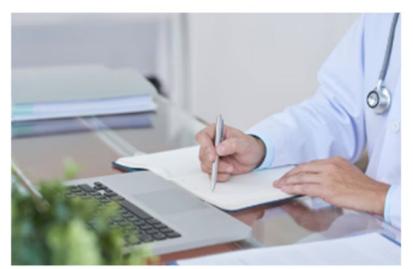
Find the Medicare and TPL Bypass List on the ODM Website, under the Billing Resources drop-down menu.

OhioRISE (Resilience through Integrated Systems and Excellence)

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What is the OhioRISE Program?

Launched on July 1, 2022, the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) is a specialized managed care program for youth, ages 0-20, with serious/complex behavioral health and multisystem needs.

The OhioRISE Plan is:
- A single, statewide specialized managed care program for youth with complex behavioral health and multisystem needs.
- Designed to provide comprehensive and highly coordinated behavioral health services for children with serious/complex behavioral health needs involved in, or at risk for involvement in, multiple child-serving systems.

OhioRISE aims to shift the system of care and keep more kids and families together by creating new access to in-home and community-based services for children with the most complex behavioral health challenges.

Who Qualifies for OhioRISE?

Children or youth who may be eligible include:

- Are age 0-20

- Are eligible for Ohio Medicaid (either managed care or fee-for-service)

- Are not enrolled in a MyCare Ohio plan

- Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment

- Children and youth may also be eligible for OhioRISE due to certain urgent conditions, such as if a child or youth is in a hospital for behavioral health reasons or is admitted into a Psychiatric Residential Treatment Facility (PRTF)
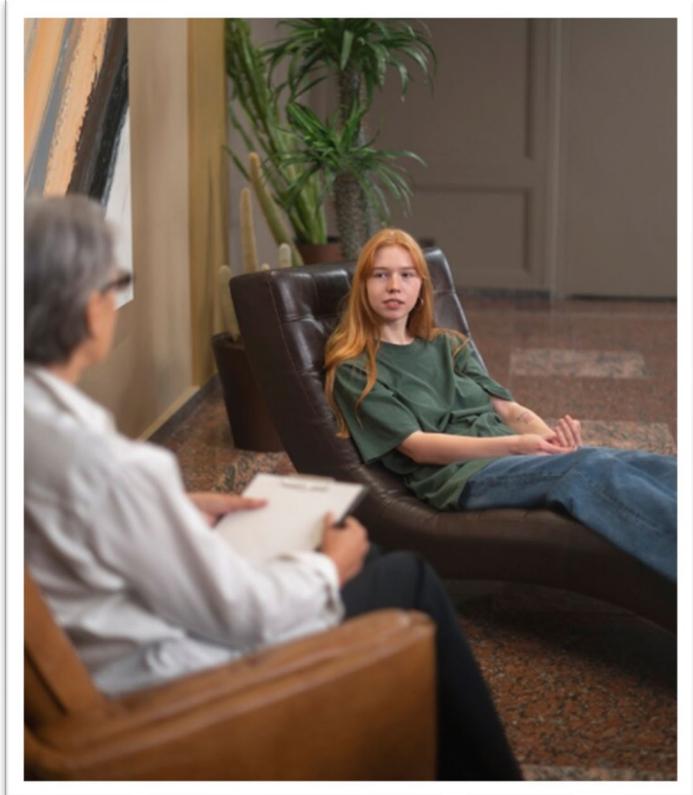
Find additional information on the CANS assessment the [ODM OhioRISE Website](#).

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What is the Aim of the OhioRISE Program?

OhioRISE aims to improve care and outcomes by:
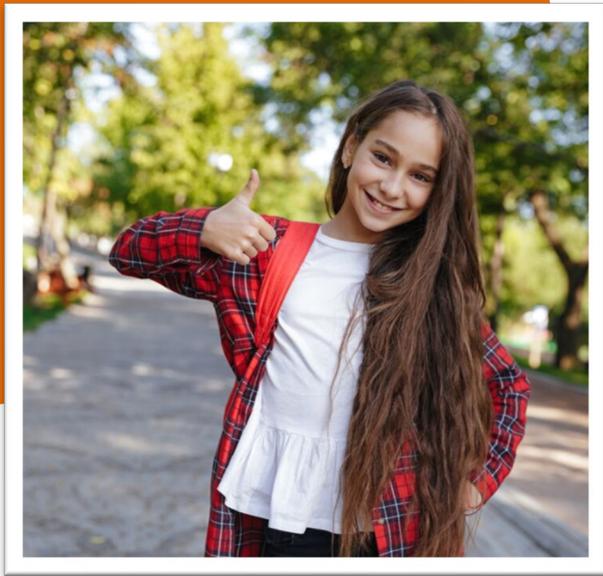
- Creating a seamless delivery system for children and youth, families/caregivers and system partners.

- Providing a "locus of accountability" by offering community-driven comprehensive care coordination through local Care Management Entities (CMEs).

- Assisting youth, families, state and local child-serving agencies and other health providers to locate and use these services.

- Expanding access to critical behavioral health treatment services and supports needed for this population such as Intensive and Moderate Care Coordination, Mobile Response and Stabilization, Behavioral Health Respite, Intensive Home-Based Treatment and Flexible Funds.

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OhioRISE References

- For more information about billing for the new and enhanced services for youth enrolled in OhioRISE, please refer to the [ODM OhioRISE](#) Website.

- For youth enrolled in OhioRISE, existing behavioral health services will be covered in accordance with the [OhioRISE Mixed Services Protocol](#) and will be billed consistent with the billing policies outlined in the appropriate provider type billing guidelines.

- For additional information please reference the ODM [OhioRISE FAQ](#) sheet.
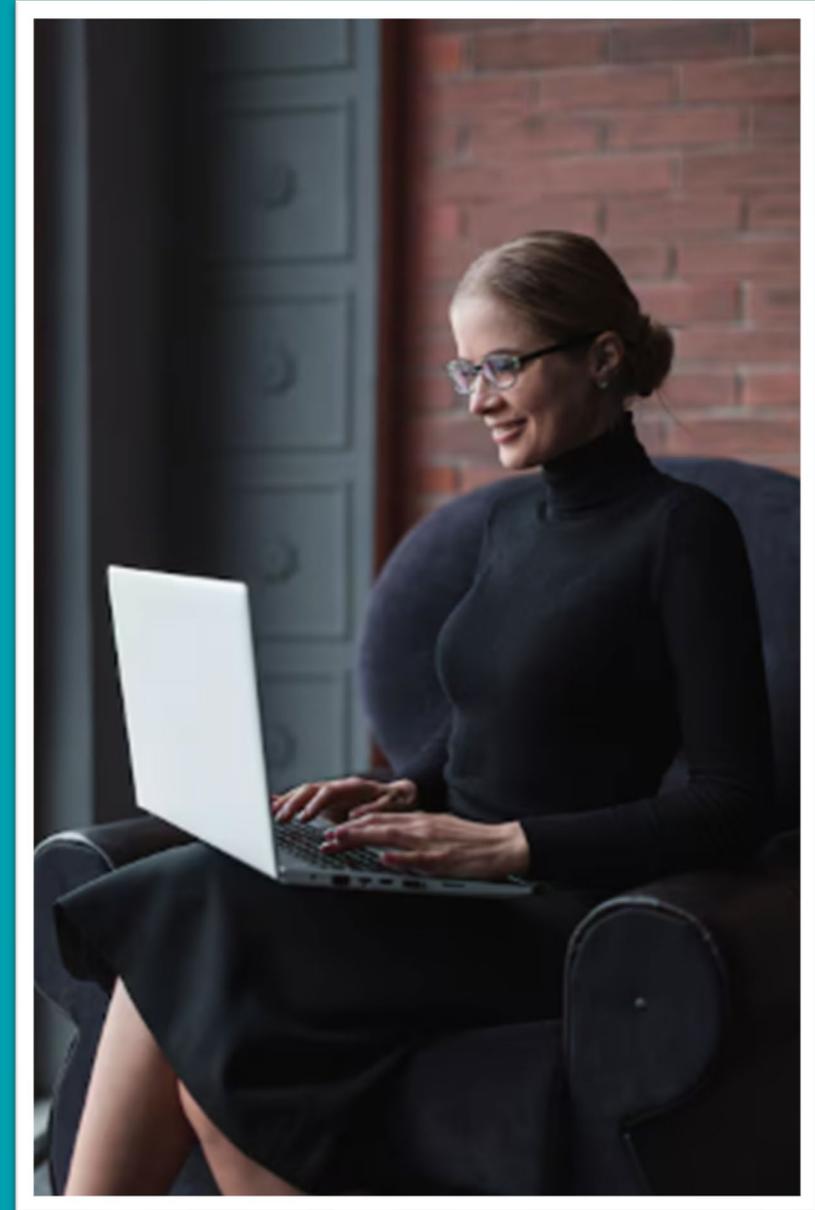
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PsychHub's Mental Health Educational Platform

Access to PsychHub for Molina Providers

PsychHub is an online platform for digital mental health education.

Molina providers can sign up for free at [PsychHub Provider Sign-Up](#).

PsychHub contains more than 180 consumer-facing animated videos focused on improving mental health literacy.

Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers and Licensed Professional Counselors.

View the PsychHub: Access Your Mental Health Practitioner HUB document on the Molina [You Matter to Molina](#) page, under Tools and Resources for more details.

Contact Molina

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.

Please share your feedback with us so we can continue to provide you with excellent customer service!
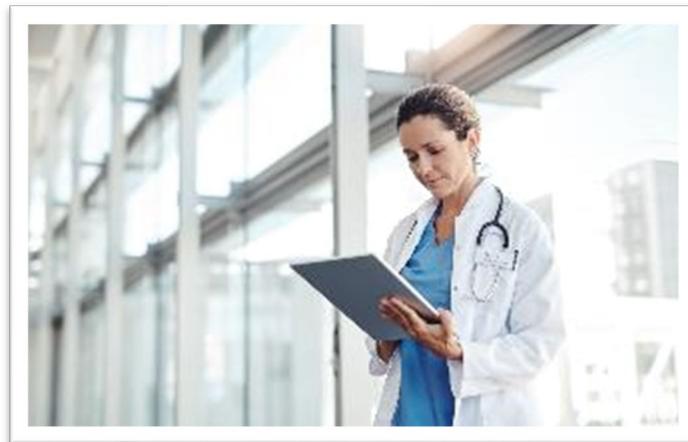
Please take a few minutes to complete the Molina Provider Training survey to provide feedback on this session. The survey is located on the You Matter to Molina Page of our Provider Website, under the "Communications" tab.

Molina wants to hear about what other topics you'd like training on in the future.

Molina of Ohio Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/ Radiology, Ambulatory Surgical Centers, Anesthesiologists and Hospitalists	Jeanneen Williams	OHProviderRelationsPhysician @MolinaHealthcare.com
Skilled Nursing, Long Term Acute Care, Hospice and Assisted Living Facilities	Yevette Wright	OHProviderRelationsNF@ MolinaHealthcare.com
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@Molina Healthcare.com
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@Molina Healthcare.com
Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@Molina Healthcare.com

Jeanneen

Yevette

Alex

Mariah

Sarah

Molina Provider Relations Contact Information, Continued

Jeremy

Christopher

Andrea

Crysta

Bill
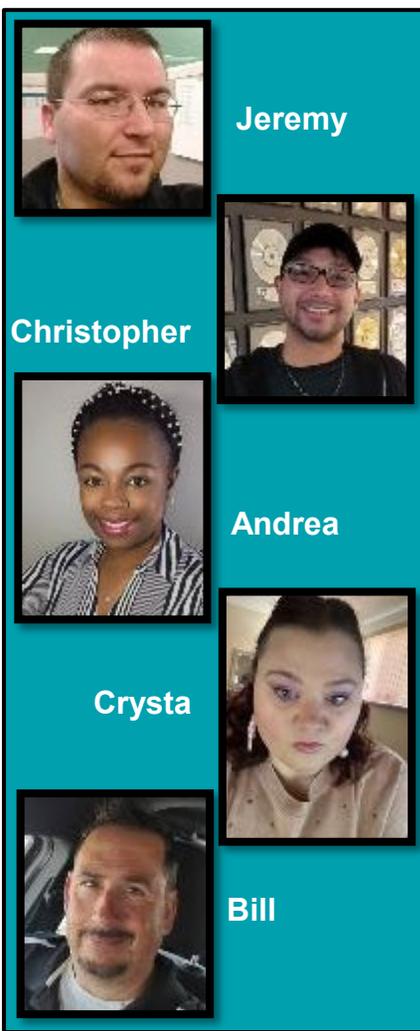
Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthCare.Com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthCare.Com

Thank You

YOUR VOICE MATTERS!

Questions

Open Discussion

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Thank you for participating in today's meeting!