Medicaid Managed Care Plan Behavioral Health Provider Enrollment and Credentialing

Beginning March 25, 2019, the Ohio Department of Medicaid (ODM) will begin using new tools to assist community behavioral health center (CBHC) providers with practitioner enrollment and affiliation as well as ongoing credentialing with the managed care plans (MCPs). CBHCs are MITS provider types 84 and 95 only.

What are the new tools?

The new tools are intended to assist behavioral health providers with managing the enrollment and affiliation of their rendering practitioners and include:

» Step 1: CBHC Practitioner Enrollment File – an online spreadsheet listing all BH agencies and all affiliated practitioners, including specialties, that cannot be seen in the MITS secure portal.

» Step 2: CBHC Universal Roster – a single roster submitted by providers when reporting staff changes to Medicaid MCPs. It includes practitioner changes and is intended as an interim step to migration to the ODM-Generated Roster.

» Step 3: ODM-Generated Roster – an ODM-generated report using information from MITS, which will replace the use of each of the MCP-specific rosters and the CBHC Universal Roster for ongoing changes to practitioner enrollment and affiliation. After the interim phase is complete, the ODM-Generated Roster will serve as the main communication link between ODM and the MCPs and will allow for the CBHC Universal Roster to be discontinued.

Additional notes:
» These new tools do not address initial agency contracting and enrollments.
» All practitioner enrollment changes must first be captured in the MITS secure portal and all changes should be reflected in the CBHC Universal Roster.
» It is expected that through the use of these tools, practitioner enrollment in MITS and MCP systems will be more accurate and that will, over time, end the need for MCP rosters to report staffing changes.

How can the online CBHC Practitioner Enrollment File benefit my BH agency?

» The CBHC Practitioner Enrollment File will be posted at https://bh.medicaid.ohio.gov/manuals and will be refreshed every two weeks.

» The report will include a master listing of all CBHCs (provider types 84 and 95 only) and their affiliated practitioners. It will reflect the enrollment information in MITS as of the effective date and will include practitioner specialties which cannot currently be viewed in the MITS secure portal.

» The information posted will be limited to details that are not confidential in nature.

» All CBHCs need to review the data specific to their organization and any corrections or updates must be submitted to ODM/MITS using the process described below.

If I find an error in the CBHC Practitioner Enrollment File, how do I fix it?

» CBHCs need to make corrections in MITS to fix these issues.

» Changes to individual provider specialties and supporting documentation should be submitted to ODM by e-mail to: MEDICAID_PROVIDER_UPDATE@medicaid.ohio.gov. If you have questions about a specific situation, please contact ODM Provider Enrollment at 1-800-686-1516 and follow the prompts for Provider Enrollment Customer Service Assistants.

» Please remember the e-mail request for updates should include the following information:
  o Provider name
  o NPI
  o Medicaid ID
  o A statement describing the request
  o Supporting documentation (i.e., if the request for a new specialty is due to a new license, a copy of the license)

» All agency affiliation changes can be completed at any time as a self-service feature through the MITS secure portal. It is imperative that all affiliations be maintained and up to date in MITS on an ongoing basis with the move toward the CBHC Universal Roster and using MITS as a single point of provider updates.

» For all changes made within the MITS secure portal related to affiliation, the changes are immediate. For requested changes that are sent to the Ohio Medicaid Provider Enrollment via MEDICAID_PROVIDER_UPDATE@medicaid.ohio.gov, ODM staff will send out a reply-all email response to those individuals that made the request.

What is the CBHC Universal Roster?

» CBHCs have had to report any staffing changes to all MCPs, each with their own roster. To streamline this process, ODM worked with the MCPs to create a single, simplified roster across all MCPs, known as the CBHC Universal Roster.

- » The CBHC Universal Roster will be used for a limited time while the ODM-Generated Roster is being tested. Once the ODM-Generated Roster is determined to be accurate, the CBHC Universal Roster will be discontinued.
- » In some cases, MCPs may still need to contact providers for clarifications.

How often does our CBHC have to submit the Universal Roster to the MCP?

- » The CBHC Universal Roster will be used to communicate changes to the plans and should be submitted monthly at a minimum, or as changes occur. Providers only need to include changes such as new hires, terminations, and current employees with new license/certification.

What is the ODM-Generated Roster?

- » When ODM worked with the MCPs to create a single, simplified roster across all MCPs, known as the CBHC Universal Roster, work was also done to review information in MITS that the MCPs need to have for their systems.
- » This roster will provide the plans all information they will need for any staff changes that occur after the initial agency contracting and credentialing roster is done. In some cases, MCPs may still need to contact providers for clarifications.
- » Once ODM is confident the information in MITS is accurate and complete, the ODM-Generated Roster will replace the CBHC Universal Roster sent from providers to the MCPs for ongoing updates. At that time, providers will only have to update MITS and will only be required to submit rosters to MCPs at the time of initial contracting.

Will CBHCs continue to enroll and affiliate practitioners in MITS?

- » Yes. The new process relies on MITS to be the system of truth for provider enrollment and affiliations. Implementation of this process makes updating MITS just as important as prior to Managed Care Integration.

How will I get in touch with an MCP when I have questions about initial contracting and enrollment?

- » Please remember that in order to contract with the MCPs, the organization must be enrolled as an Ohio Medicaid provider type 84 and/or 95 in MITS.
- » Each MCP has a provider services line. Please reference the BH MCP Integration Document found at: https://bh.medicaid.ohio.gov/Provider/Medicaid-Managed-Care-Plans
- » In addition, the Ohio Medicaid Provider Hotline at 1-800-686-1516 is available for inquiries.

» As a reminder, to provide ongoing updates regarding your CBHC, please be sure to update what is currently displayed in the MITS secure portal.

If a service is pended or denied for incorrect rendering practitioner information, what do I do?

» If an MCP is unable to verify the rendering practitioner has the level of certification/licensure required to perform the service, the claim will either pend or deny appropriately. For instance, if a practitioner's NPI indicates QMHS and the practitioner is enrolled in MITS as a QMHS, a plan would deny or pend a claim where a QMHS rendered psychotherapy.
» Providers must ensure their information is accurate in MITS by checking the provider portal and/or the CBHC Practitioner Enrollment File. Once information is updated in MITS, the subsequent ODM-Generated Roster will provide the necessary updates to the MCPs.
» Note: CBHCs may have to reprocess claims and should work with the MCPs on claims payment issues.

Will CBHCs ever have to use the managed care plans' specific rosters?

» New provider organizations who are initially contracting with an MCP will need to complete the MCP-specific contracting process which may include a different roster or other documentation needed for credentialing.
» Under 42 CFR 438.602, all MCP-contracted providers must enroll with the state Medicaid agency. Therefore, new providers will also be enrolled in MITS.

What is the CBHC's responsibility?

» CBHCs must ensure that staff providing Medicaid covered services are enrolled in MITS as a Medicaid provider.
» CBHCs must review the online CBHC Practitioner Enrollment File to ensure it is complete and accurate. The file will be posted at https://bh.medicaid.ohio.gov/manuals and will be refreshed every two weeks for providers to access and review.
» Changes (new hire, terminations, and individual licensure/credentialing changes) should be made in the MITS provider portal (maintaining accurate affiliation of rendering providers) or by e-mailing ODM at MEDICAID_PROVIDER_UPDATE@medicaid.ohio.gov for updates to provider specialties. Please remember the e-mail request for updates should include the following information:
  o Provider name
  o NPI
  o Medicaid ID
  o A statement describing the request
  o Supporting documentation (i.e., if the request for a new specialty is due to a new license, a copy of the license)

» CBHCs must review the CBHC Practitioner Enrollment File and update MITS with any changes. This is an important step to creating this new process and ODM will not move forward with an ODM-Generated Roster until we can be sure MITS is accurate.

» CBHCs must continue to update MITS with accurate information so that it is shared with all MCPs and reduces the possibility of pended or denied claims.