Behavioral Health Made Easy

2023 Annual IHCP Works Seminar

Presenter: Carolyn Valachovic Monroe, Provider Engagement Administrator II

Agenda

- Who is MHS
- Behavioral Health Provider Types
- Covered Services
- Opioid Treatment Program
- Opioid Online Resource Center
- Substance Use Disorder (SUD) Residential Treatment
- Behavioral Health and Physical Health Integration
- Provider Enrollment
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- NCCI Edits
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- MHS Portal
- Provider Relations Resources
- Questions

Who is MHS?

- Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for more than 25 years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.

- **MHS is your choice for better healthcare**

MHS Products

Behavioral Health Provider Types

MHS Behavioral Health Network

Provider Types

- Hospitals
- Community Mental Health Centers (CMHC)
- BH Practitioners within FQHC/RHC setting
- Behavioral Health Agency
- Prescribers
  - Psychiatrist –(MD/DO)
  - Psych Nurses (RN, APRN, ARNP, LPN)
- Psychologist (PHD, PSYD, HSPP)
- Non-Licensed & Substance Abuse Providers
- Master Level Clinicians
  - Licensed Clinical Social Worker (LCSW)
  - Licensed Marriage and Family Therapist (LMFT)

MHS Behavioral Health Network

Please note that professional covered services can only be billed and reimbursed to IHCP enrolled:

- Psychiatrists
- Psychologists (HSPP Only)
- Mid-level practitioners
  - Licensed psychologist
  - Licensed independent practice school psychologist
  - LCSW
  - LMFT
  - LMHC
  - A person holding a master's degree in social work, marital and family therapy or mental health counseling
  - An APN who is licensed, registered nurse holding a master's degree in nursing, with a major in psychiatric or mental health nursing, from an accredited school of nursing
- Behavioral Analyst (ABA Services)
- Nurse Practitioners
  - Independently Practicing
  - Enrolled with IHCP & employed by a physician or group

Covered Services

Behavioral Health Covered Services

Inpatient and Outpatient Facility Services:

- Inpatient Admission for Mental Health or Substance Abuse
- Inpatient Eating Disorders
- Observation (limited to 72-hour stay)
- Telehealth Services
- Intensive Outpatient Program (IOP) for Mental Health or Substance Abuse
- Partial Hospitalization
- Psychiatric Clinic
- Psychiatric Outpatient Hospital Services
- SUD Services Residential Treatment

* Listing is not all-inclusive and subject to change

Behavioral Health Covered Services

Professional Services

- Psychiatric Diagnostic Evaluation
- Individual/Family/Group Psychotherapy
- Crisis Psychotherapy
- Psychoanalysis
- Psychological Testing
- Neuropsych Testing
- Applied Behavioral Analysis (ABA) Services
- Evaluation and Management
- Observation Care Discharge Services
- Initial Observation Care
- Initial Hospital Care
- Office Consultations
- Inpatient Consultations
- Smoking Cessation
- Alcohol and/or Substance Abuse structured screening and brief intervention
- Opioid Treatment Program (OTP)

* Listing is not all-inclusive and subject to change

Opioid Treatment Program

Opioid Treatment Program (OTP)

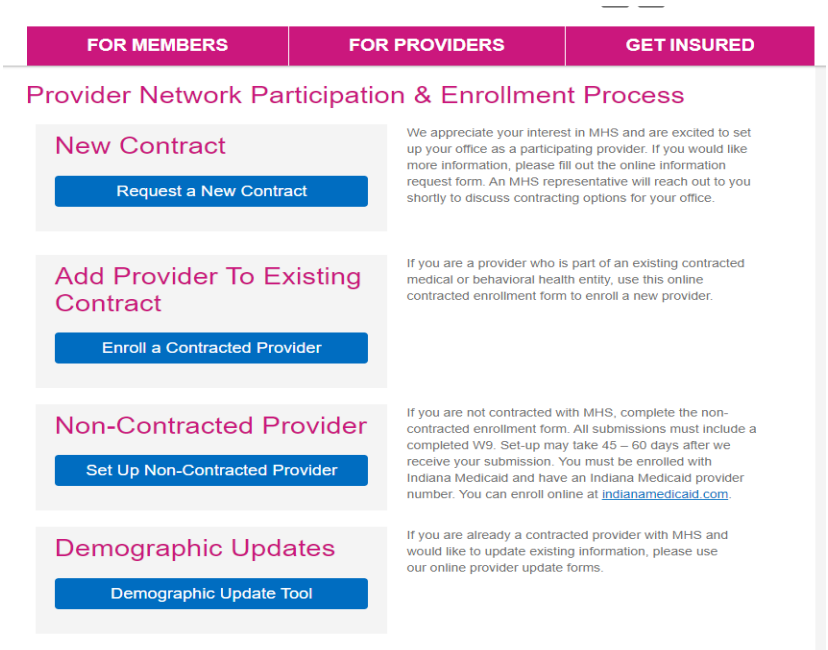
- The Indiana Health Coverage Programs (IHCP) has broadened the BH specialties to add specifications for addiction treatment, the OTP specialty type is 835, the provider type code would still be 11 (BH).

- All OTP providers enrolling with IHCP under the Addiction Services provider type and OTP specialty code will be required to have a Drug Enforcement Administration (DEA) license, as well as certification from the State's Division of Mental Health and Addiction (DMHA).

- Out-of-state (OOS) providers are ineligible for IHCP provider enrollment for OTP.

Opioid Treatment Program (OTP)

- Providers may enroll with MHS through the website at [Become a Provider | Indiana Medicaid | MHS Indiana] once active with IHCP.
- Current providers will need to enroll their new NPI with the Methadone taxonomy code 261QM2800X by selecting “Add Provider to Existing Contract” option.



Opioid Treatment Program (OTP)

- New and Existing Contracted Providers: All forms needed for enrollment are provided within the “Become a Provider” process outlined on our website.
- For Existing Contracted Providers: Please ensure that the rendering providers that will be submitting OTP related claims have been submitted for enrollment linking the rendering provider to the new OTP facility NPI.
- Taxonomy 261QM2800X is recommended for Mental Health providers registering and enrolling with an NPI specific to Methadone administration.
- Providers planning to use the same NPI (as their current BH enrolled group/clinic) must ensure that for OTP services they are billing with a service location (address, zip+4) or Taxonomy code (261QM2800X) unique from all other already enrolled locations/taxonomy codes to avoid claim processing issues.

Opioid Treatment Program (OTP)

- OTP services will be covered for members enrolled with IHCP, except for those in the benefit plans identified in *BT201744.* https://provider.indianamedicaid.com/ihcp/Bulletins/BT201744.pdf
- Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria.
- Prior authorization (PA) is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and that the coverage criteria were met, as well as indicating the individual's length of treatment.

***Please note OTP Providers must be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment**.

Opioid Online Resource Center

Opioid Online Resource Center

MHS has taken a thoughtful approach to policy changes, recognizing that healthcare staff on the front lines need practical, realistic solutions. The provider resource center will help educate about best practices for:

- Opioid treatment
- Prescribing limits and alternatives
- Patient resources
- Links to statewide support services
- A companion member resource center offers links to helpful materials and statewide support services

Access this tool online at: https://www.mhsindiana.com/providers/opioid-resources.html

Substance Use Disorder (SUD) Residential Treatment

SUD Residential Treatment Services

- To enroll, a facility must meet the following requirements and submit proof of both:
  - DMHA certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a child care institution or private secure care institution; and
  - DMHA designation indicating approval to offer ASAM Level 3.1; or Level 3.5 residential services (Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both with their enrollment application)

***Please note SUD facilities have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.**

SUD Residential Treatment Services

- **To enroll with MHS for Residential SUD Treatment:**
  - Non-Contracted BH facilities will need to “Request a New Contract” from the MHS *Provider Enrollment and Updat*es website: https://www.mhsindiana.com/providers/become-a-provider.html
  - Current contracted BH facilities, please:
    1. Complete the Hospital and Ancillary Credentialing Form from our site: www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-McePproviderCredentialing.pdf.
    2. Email the Provider Relations (Regional Mailbox) with the subject “SUD Enrollment” and include in the body of the email the IHCP enrolled NPI(s) for SUD and attach the Hospital and Ancillary Credentialing Form and all requested documents as detailed within the “Application Instructions” section of the form.

SUD Residential Treatment Services

- A facility enrolled as a SUD residential addiction treatment facility (35/836 provider type and specialty) is limited to billing only the following procedure codes with modifiers under that enrollment:
  - H2034 U1 or U2 – Low-Intensity Residential Treatment
  - H0010 U1 or U2 – High-Intensity Residential Treatment
- Reimbursement is limited to one unit per member per provider per day.
- Facilities should bill using a professional claim:
  - Specialty 836 (SUD Residential Addiction Treatment Facility): IHCP does not have or allow rending practitioners to be attached which means the provider/facility level itself must bill
  - Claims MUST be submitted at the facility level with the facility NPI as rendering (box 24J) on the *CMS-1500* claim form

***Practitioners may not bill or be listed as the rendering**

SUD Residential Treatment Services

- Providers will be reimbursed for residential stays for substance use treatment on a *per diem* basis.
- The following services are included within the *per diem:*
  - H2034 U1 or U2 – Low-Intensity Residential Treatment:
    - Individual Therapy
    - Group Therapy
    - Medication Training and Support
    - Case Management
    - Drug Testing
    - Peer Recovery Supports
  - H0010 U1 or U2 – High-Intensity Residential Treatment
    - Individual Therapy
    - Group Therapy
    - Medication Training and Support
    - Case Management
    - Drug Testing
    - Peer Recovery Supports
    - Skills Training and Development

SUD Residential Treatment Services

- SUD residential addiction treatment facilities rendering services other than those included in the *per diem* must bill for those additional services using another, appropriate IHCP enrolled provider type and specialty:
    - Services that are reimbursable outside the daily per diem rate include Physician Visits and Physician-administered medications.
- Services included in the per diem payment will not be reimbursed separately for a member for the same DOS as the per diem payment is reimbursed.
- Refer to IHCP Bulletin BT201801 BT201801 (indianamedicaid.com) and BT202104 BT202104 (in.gov) for further policy and reimbursement related details.
- Further info on this can also be found in IHCP Bulletin BT202104.

SUD Residential Treatment Services

- SUD residential addiction treatment services require Prior Authorization;
- Please see the Provider Resources/Forms section of our website: https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html
- The following forms are available for SUD Prior Authorization submission:
  - Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form;
  - Initial Assessment Form for Substance Use Disorder Treatment Admission (PDF)
  - Reassessment Form for Continued Substance Use Disorder Treatment
- Please refer to IHCP Bulletin BT201906 BT201906 (indianamedicaid.com) for additional instructions

Behavioral Health and Physical Health Integration

Behavioral Health and Physical Health Integration

How does this affect me as a PMP?

- PMPs can assist in coordinating care for members with known or suspected behavioral health needs by helping them access an MHS Behavioral Health Provider.
- PMPs have access to complete claim history via the online MHS Secure Provider Portal that includes details regarding Behavioral Health services received by their Members.
- Members may also self-refer for outpatient Behavioral Health services by scheduling an appointment directly with an MHS provider; these services **DO NOT** require a referral from the PMP.

Behavioral Health and Physical Health Integration

How does this affect me as a PMP?

- Training is available to assist in the identification of members who may be in need of behavioral health services in order to ensure coordination of both physical and behavioral healthcare among all providers.

- MHS encourages the use of the Behavioral/Physical Health Coordination Form so that providers can easily, efficiently, and legally exchange information.

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-Behavioral-Health-form.pdf

Behavioral Health and Physical Health Integration

- MHS offers a variety of live training opportunities. Attendees will need to log into the GotoTraining room and will also need to call into the conference number. For a list of upcoming trainings and to register, go to the GoToTraining page.

- www.mhsindiana.com/providers/behavioral-health/bh-education-training.html

Behavioral Health and Physical Health Integration

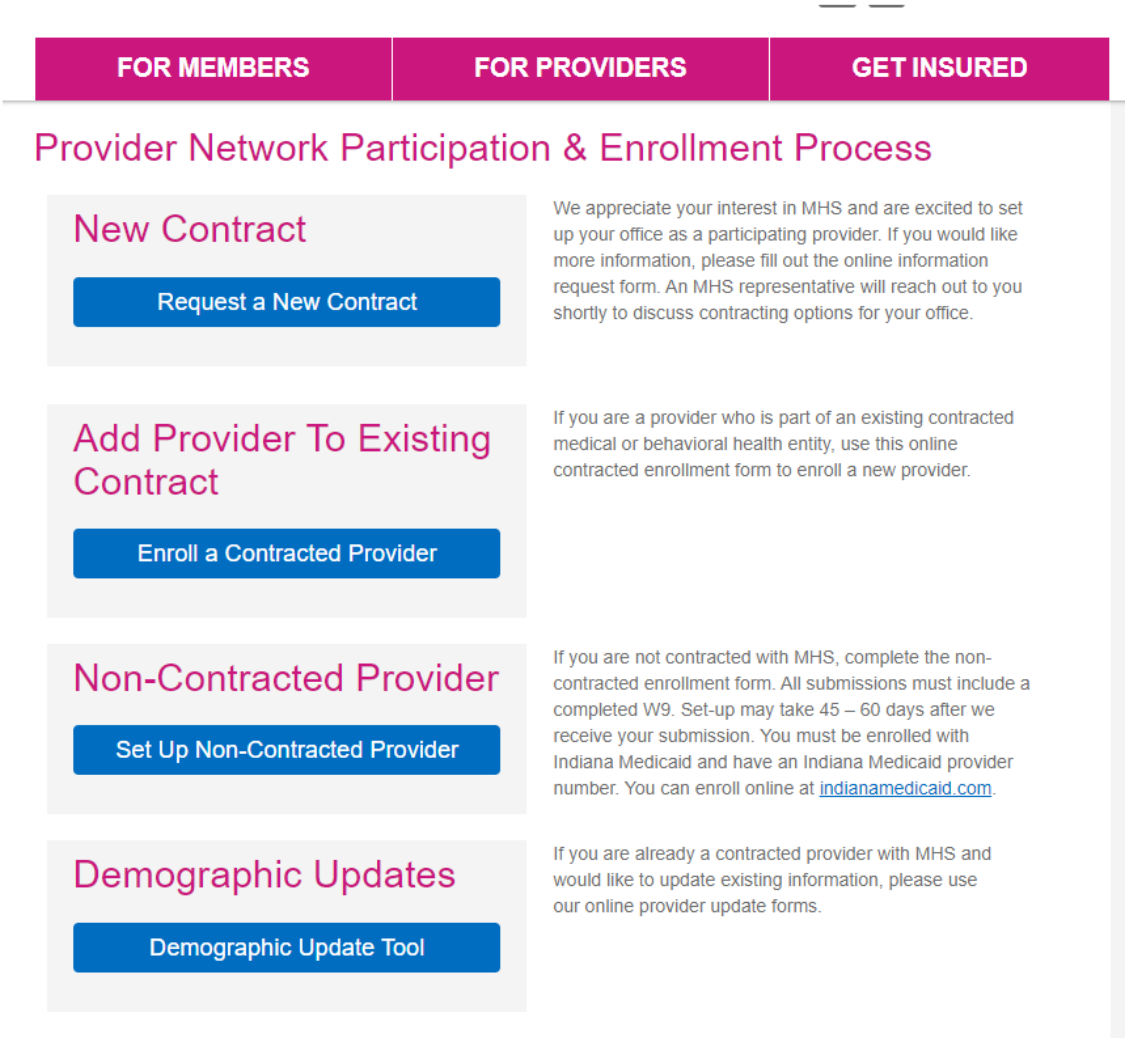
- Examples of applicable trainings:
  - Substance Related and Addictive Disorders, Module 1
  - Behavioral Health 101 Series Anxiety
  - DSM 5 Module 1
  - Motivational Interviewing Level 1 Part 1
  - Behavioral Health 101 Series Bipolar Disorder

Provider Enrollment

Provider Enrollment

- We have updated the Contract Request Process to give a more streamlined approach.
- This process will allow us to track the contract and credentialing throughout the process and allow visibility to all.
- Providers can call Customer Service (877) 647-4848 to obtain the status of their credentialing and contracting.
- All contract requests will be initiated through www.mhsindiana.com/providers/become-a-provider.html

Provider Enrollment



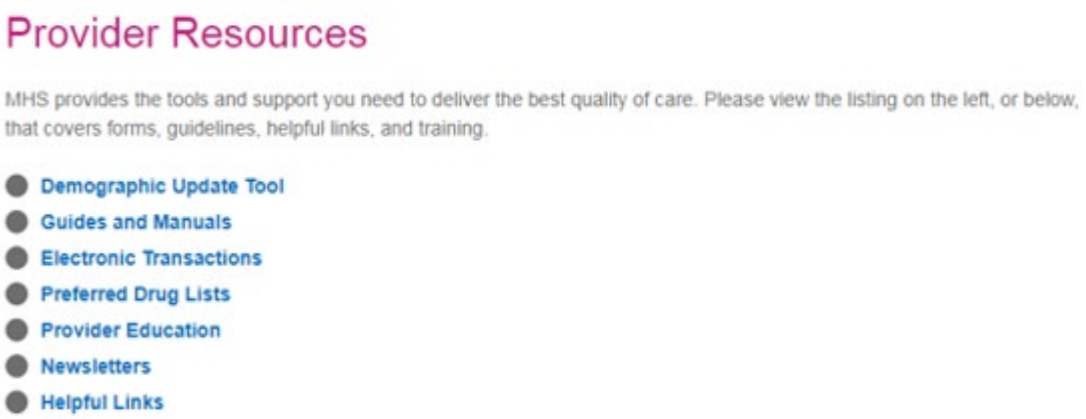
Provider Enrollment for New Contract Requests and Adding a Provider to an Existing Contract

- The effective date for a brand-new provider that is not part of **an existing contract with MHS** will be the first of the month following receipt of the network participation request from the provider.
- A provider **that is being added to an existing contract** will also be effective the first of the month following receipt of the network participation request from the provider.
- The network participation receipt date is the date that MHS receives the provider's **complete** network participation request electronically via our online portal.
- All required fields must be completed, and all required supporting documentation must be provided to MHS for the network participation request to be considered complete.

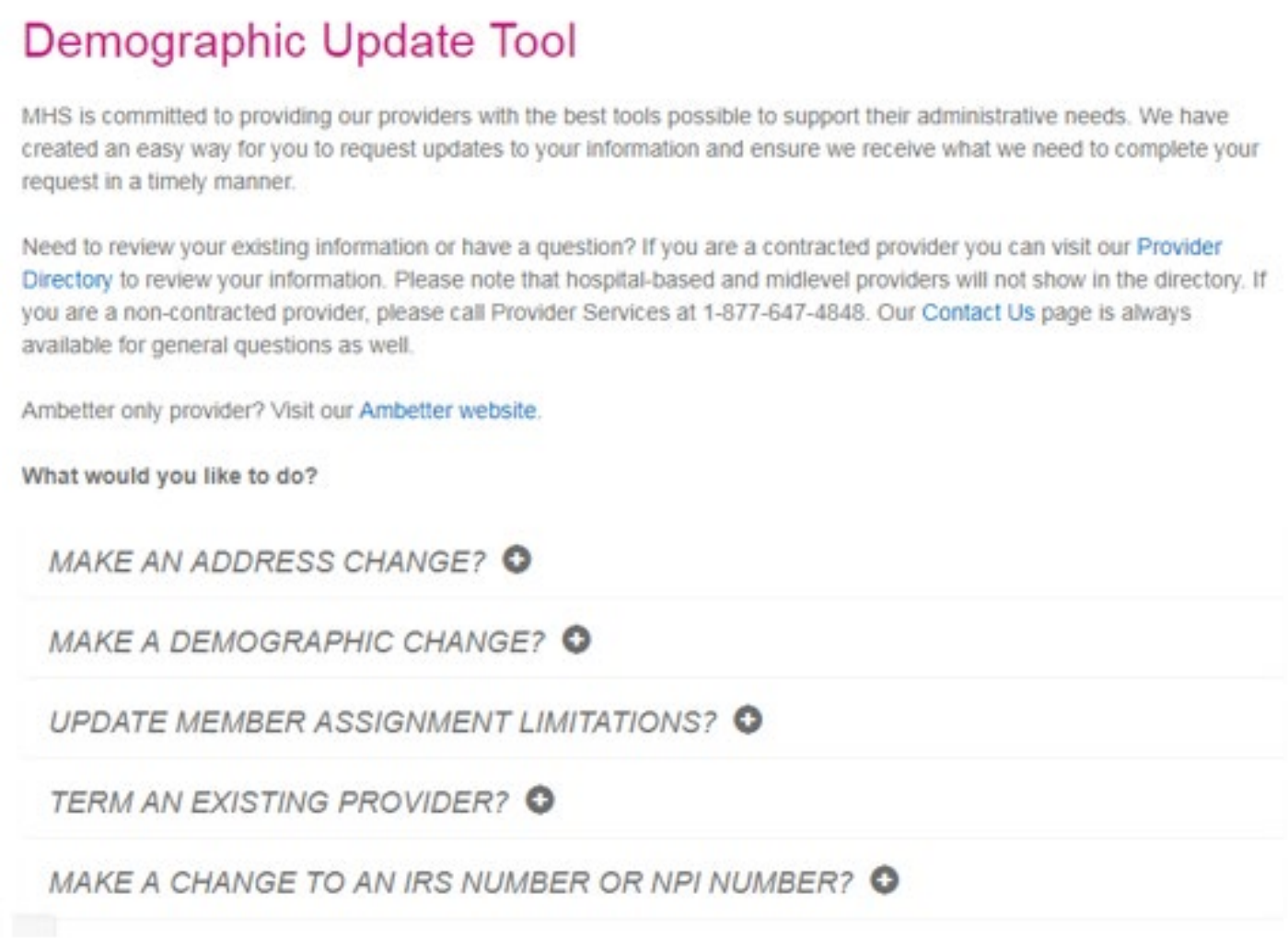
Demographic Updates

Demographic Updates

- Providers can utilize the Demographic Update Tool https://www.mhsindiana.com/providers/become-a-provider/demographic-update-tool.html to update information, such as:
  - Address Changes.
  - Demographic Changes.
  - Term an Existing Provider.



Demographic Updates



Demographic Update Tool

MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Need to review your existing information or have a question? If you are a contracted provider you can visit our Provider Directory to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at 1-877-647-4848. Our Contact Us page is always available for general questions as well.

Ambetter only provider? Visit our Ambetter website.

What would you like to do?

MAKE AN ADDRESS CHANGE?

MAKE A DEMOGRAPHIC CHANGE?

UPDATE MEMBER ASSIGNMENT LIMITATIONS?

TERM AN EXISTING PROVIDER?

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?

NCCI Edits

NCCI Edits

- The National Correct Coding Initiative in Medicaid: The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare/Medicaid claims.
- Types of NCCI Edits:
  - NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.
  - Medically Unlikely Edits (MUEs) define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single member on a single date of service.

NCCI Edits

- According to NCCI claims must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session, etc.:
  - Examples of modifiers are XE or XP.
- Most individual and group therapy is **allowable** on the same date of service with the appropriate modifier.
- 90853 and 90832 are **allowed** with the appropriate modifier.
- 96151 and 96152 for ABA Therapy is **allowed**:
  - Must contain the appropriate U modifier to indicate services are for ABA therapy, as well as to specify the educational level of the rendering provider; plus
  - Must be submitted including an appropriate modifier to identify a distinct and separate procedure, encounter, session etc.

NCCI Edits

- It continues to be appropriate for the behavioral health practitioner to bill the stand-alone psychotherapy service and the applicable medical practitioner may bill the evaluation and management service.
- If after submitting claims, for same patient rendered on the same date of service with the appropriate modifiers, you receive an EXys denial response (REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES), please appeal the claim providing medical records to support the determination of both services being separate and distinct.
- 90837 when billed with 90832 is **not allowed** as they are considered mutually exclusive.
- 90832 is **not allowed** with 90834 they are considered mutually exclusive.

Prior Authorization

Prior Authorization

- **Prior Authorization:**
  - Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848.
  - Follow prompts to Behavioral Health
    - Inpatient and Partial Hospitalization requires facilities to **fax** in the clinical information to 1-844-288-2591
  - MHS accepts the IHCP Universal Prior Authorization form for BH services.
  - Providers also have the option of using the MHS template BH PA forms available on our website.

Prior Authorization

- **Prior Authorization (cont.):**
  - MHS Authorization forms may be obtained on our website: https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html
    - Outpatient Treatment Request (OTR) Form; Fax: 1-866-694-3649
    - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency; Fax: 1-866-694-3649
    - Applied Behavioral Analysis Treatment (OTR); Fax: 1-866-694-3649
    - Psychological & Neuropsych Testing Authorization Request Form Fax: 1-866-694-3649
    - Residential/Inpatient Substance Use Disorder Treatment Prior Auth Form:
      - Fax Inpatient: 1-844-288-2591; Fax: Outpatient: 1-866-694-3649
      - Initial Assessment and Re-Assessment Forms
  - If using the IHCP Universal form, please fax to the numbers listed above to reduce fax transfers.

Prior Authorization

- **Prior Authorization (cont.):**
  - If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 24-48 hours to call us back.
  - Medical Necessity appeals must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Medical necessity behavioral health appeals should be mailed or faxed to:

    MHS Behavioral Health

    ATTN: Appeals Coordinator

    12515 Research Blvd, Suite 400

    Austin, TX 78701

    FAX: 1-866-714-7991

Prior Authorization

Services Requiring Prior Auth:

- Facility Services:
  - Inpatient Admissions
  - Intensive Outpatient Treatment (IOT)
  - Partial Hospitalization
  - SUD Residential Treatment

Prior Authorization

Services Requiring Prior Auth (Cont.):

- Professional Services:
  - Psychiatric Diagnostic Evaluation (Limited to 1 per member per 12 month rolling year without authorization)
  - Behavioral Health Outpatient Therapy "**BHOP Therapy**" (Limited to 20 visits per member, per practitioner, per calendar year)
  - Electroconvulsive Therapy
  - Psychological Testing
    - Unless for Autism: then no auth is required
  - Developmental Testing, with interpretation and report (non-EPSDT)
  - Neurobehavioral status exam, with interpretation and report
  - Neuropsych Testing per hour, face to face
    - Unless for Autism: then no auth is required
  - ABA Services

Prior Authorization

Limitations on Outpatient Mental Health Services:

- MHS follows The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited to 20 units per member, per provider, per calendar year. Do not request authorizations to span after 12/31 of current year.

Code	Description
90832 – 90834	Individual Psychotherapy
90837 – 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 – 90847 90849 – 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

Prior Authorization

Limitations on BHOP Therapy (Cont.):

- Claims exceeding the limit will deny EXTh: “Services exceeding 20 visits require Prior Authorization.”
- If the member requires additional services beyond the 20-unit limitation, practitioners may request prior authorization for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
  - Please do not submit for BHOP Prior Auth until the 20 allowed visits have been fully exhausted. Requesting Prior authorization pre-maturely will result in the loss of a portion or all 20 allowed visits as the PA will take precedent over the 20 allowed visits.
  - Do not request authorizations to span after 12/31 of current year.
- “Per Practitioner” is defined by MHS as per individual rendering practitioner NPI being billed on the *CMS-1500* claim form (Box 24J).

Prior Authorization

Limitations on BHOP Therapy (Cont.):

- For submission of prior authorization:
  - BH prior authorization outpatient treatment request (OTR) forms located: https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html
  - Fax number for submission at the top: 1-866-694-3649.
  - It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
  - MHS typically approves authorizations with a date span of 3-6 months depending on medical necessity determination.
  - MHS internal turn-around time on OTR request is 5 days and urgent PA requests within 48 hours.
  - Decision letters, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request.

Prior Authorization Form Submission (Helpful Tips)

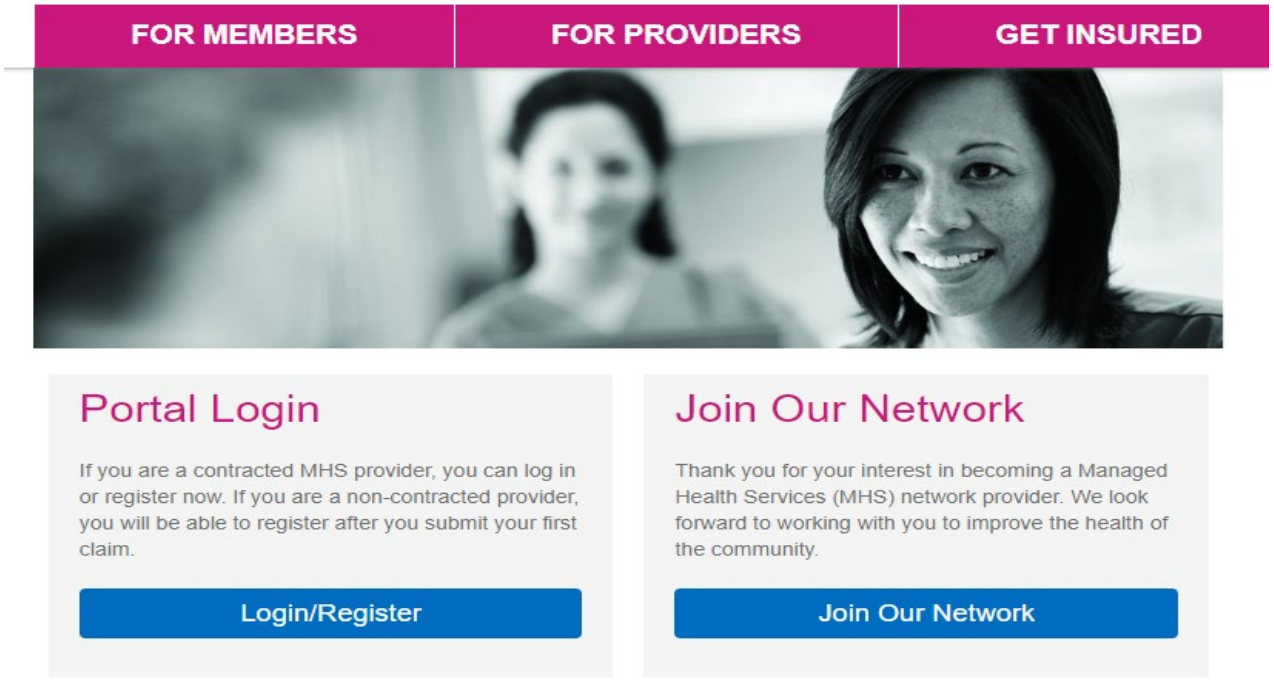
- Please Note: Previously approved PA's can be updated, within 30 days of the original request submission, for changes to:
  - Practitioner, and/or;
  - Dates of Service;
    - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
    - The DOS includes retro days (dates more than 1 business day prior to the initial request)

- Updates/Corrections to Prior Authorizations must be requested prior to related claim denials.

MHS Portal

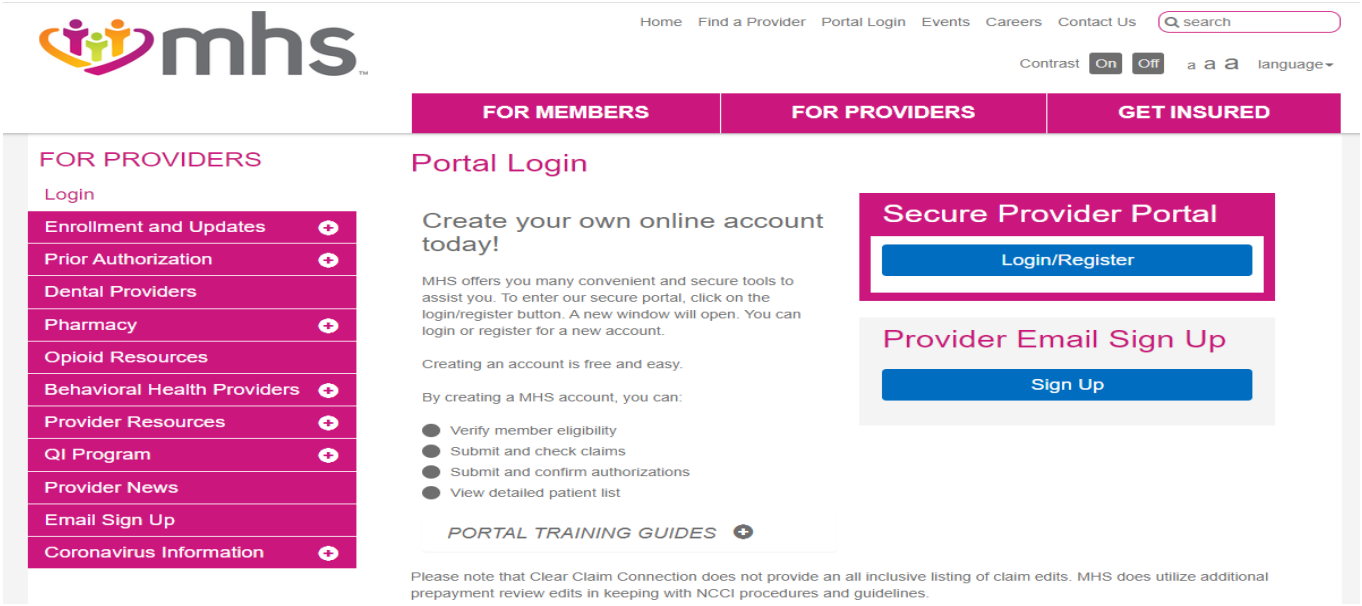
Secure Web Portal Login or Registration

- Login/Register is the same for MHS, Ambetter from MHS, Wellcare by Allwell and Behavioral Health Providers.

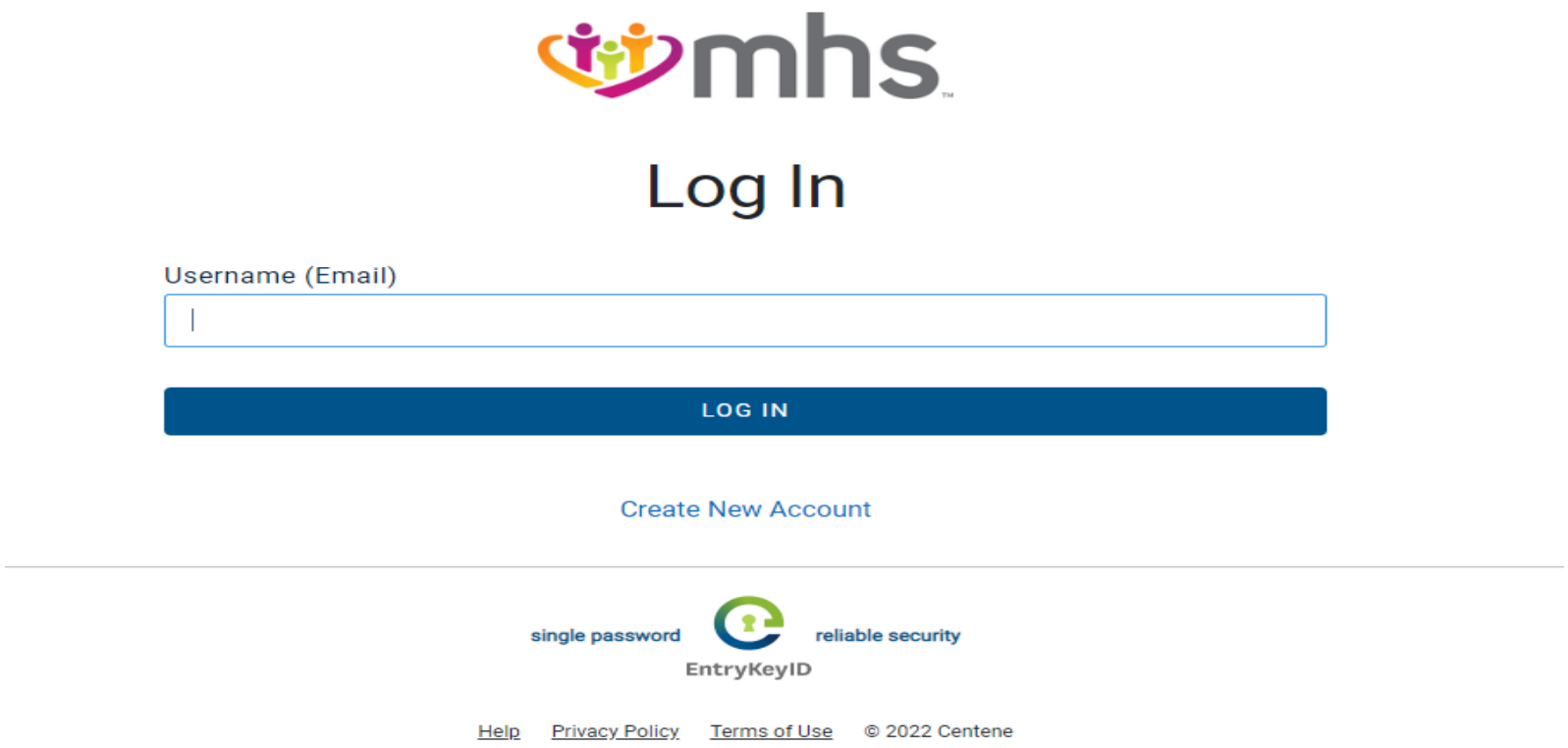


Web Portal Training Documents

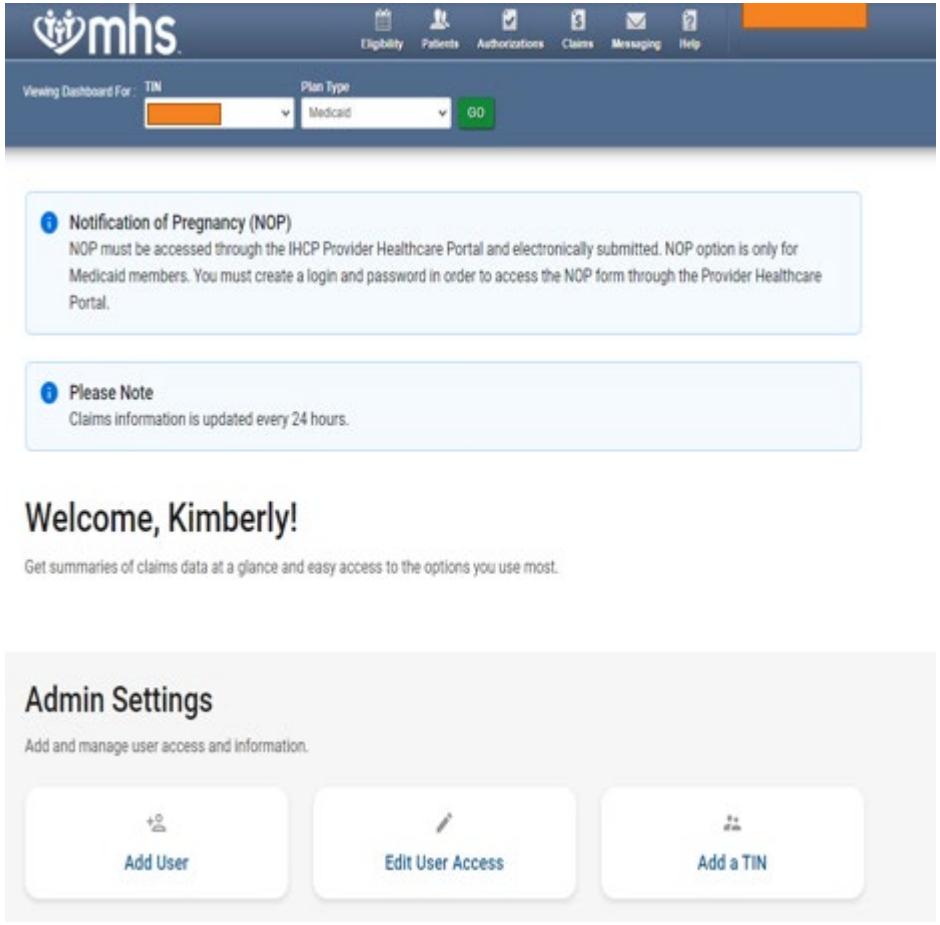
- Login/Register is the same for MHS, Ambetter from MHS, Wellcare by Allwell and Behavioral Health Providers.

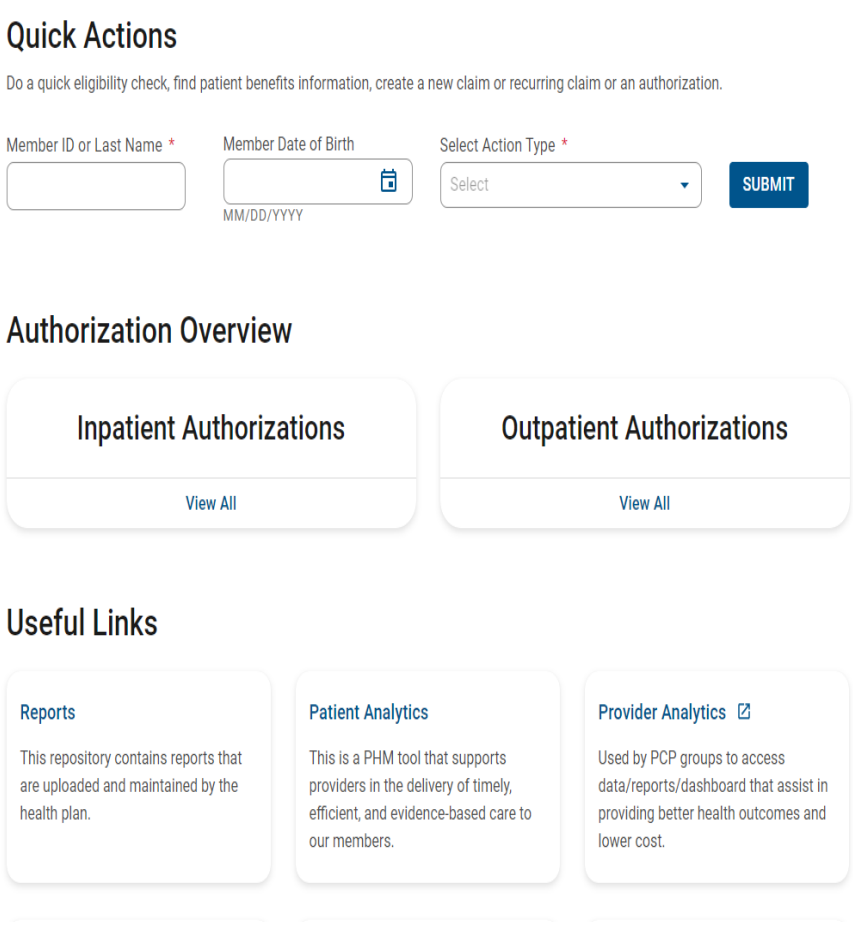


Complete Registration or Login



Homepage-MHS (Medicaid)

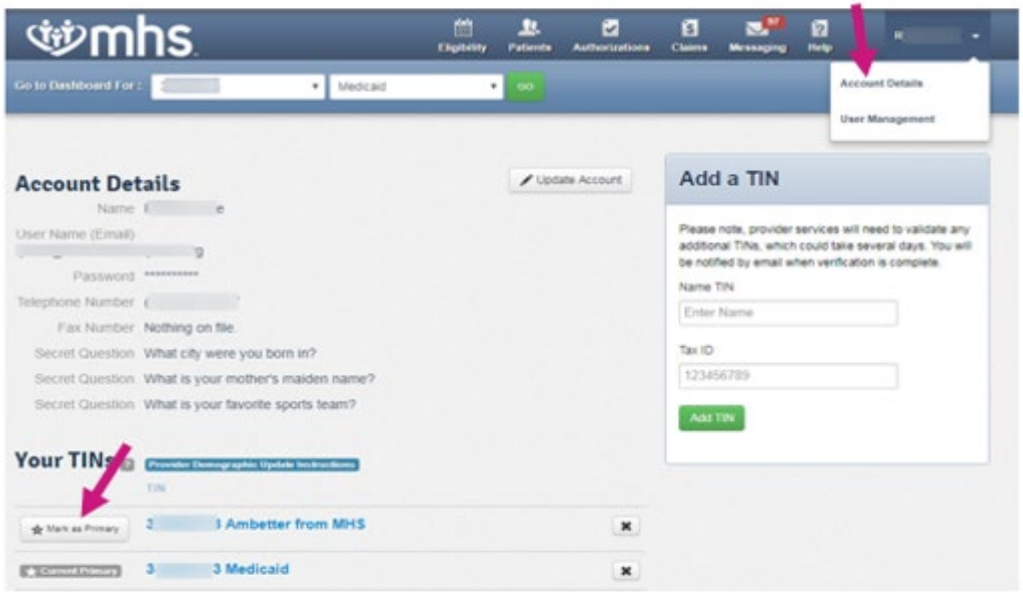




Account Details

- To view your account details:
  1. Select the drop-down arrow next to the username in the upper right corner of the dashboard
  2. Click Account Details

Note: Under Your TINS you will see the current primary default TIN for the account. You can select another TIN to Mark as Primary or remove a TIN by clicking on the X.



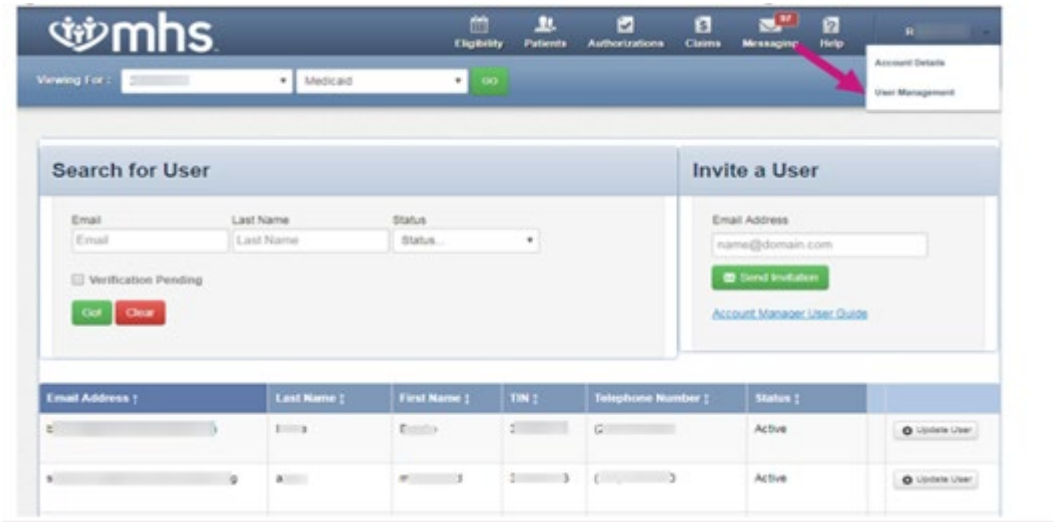
Account Manager

User Management:

For **Account Managers** to manage their office staff/users associated to their practice:

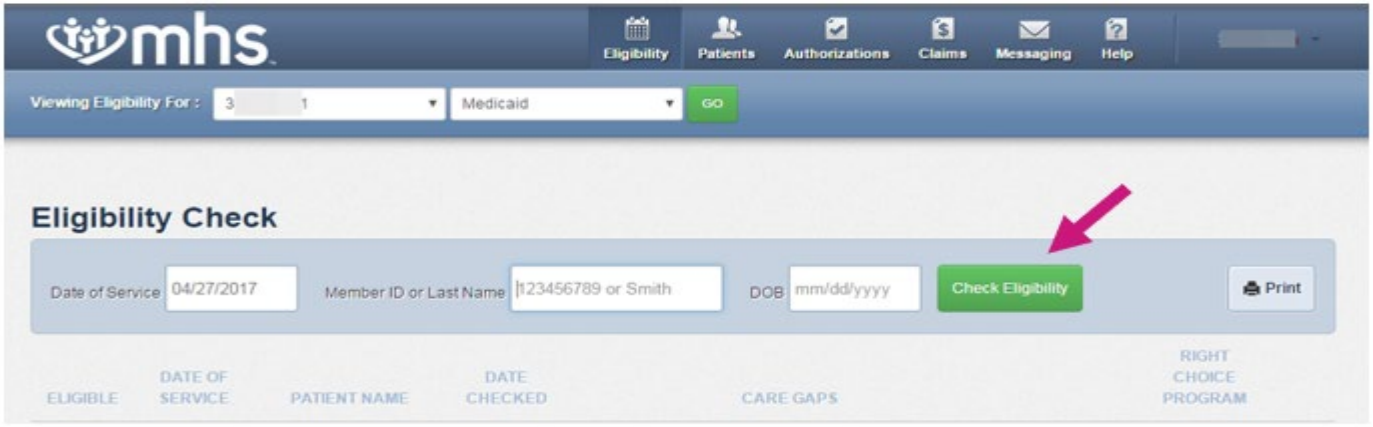
When using this feature, you can disable/enable users and manage permissions for your account.

1. Select the drop-down arrow next to your name in the upper right corner.
2. Select **User Management.**
3. Click **Update User** next to the username.



Check Eligibility

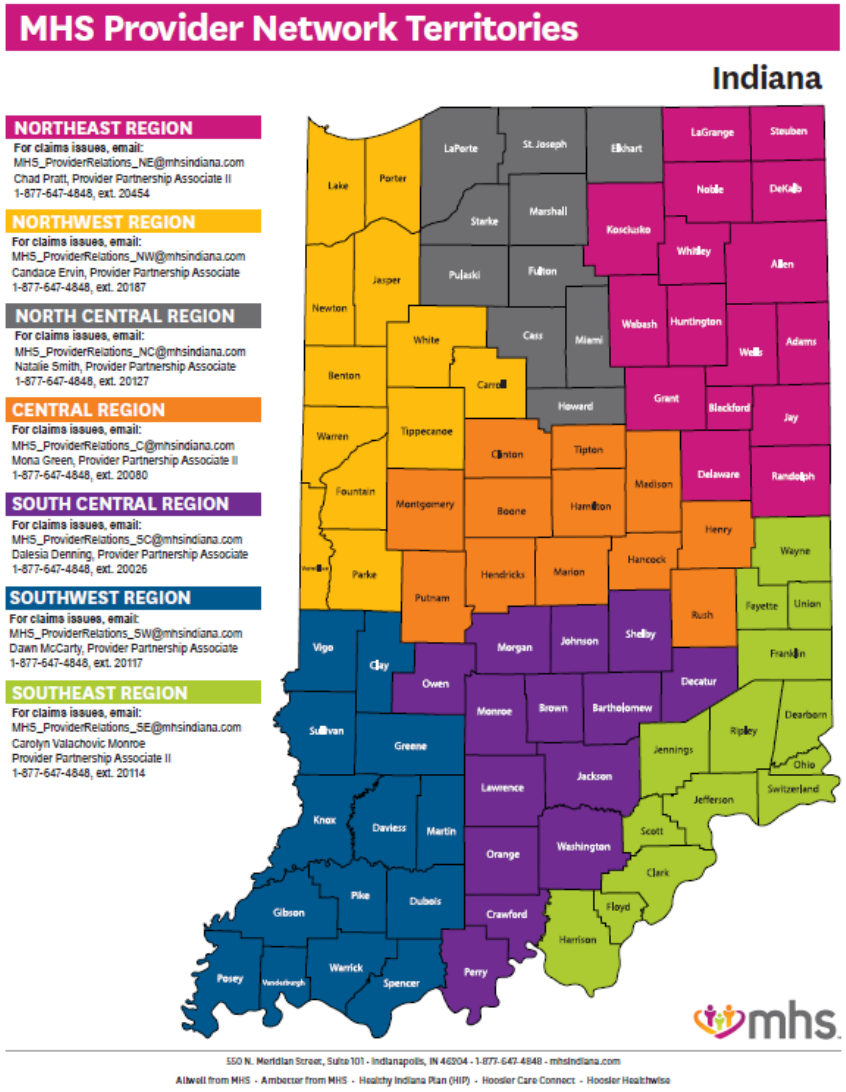
- The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member:
  - Update the **Date of Service,** if necessary.
  - Enter the **Member ID** or **Last Name** and **DOB (Date of Birth).**
  - Click **Check Eligibility.**



MHS Team

MHS Team

MHS Provider Network Territories



NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate II
1-877-647-4848, ext. 20454

NORTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate II
1-877-647-4848, ext. 20080

SOUTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
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Questions

Thank you for being our partner in care.