

Information Session Questions

Session: 10/27

Credentialing

- We have been working on planning a credentialing of the new providers and STILL have not been confirmed. Can this be improved? Response: Contracting and credentialing processes vary by Bayou Health Plan. As indicated in IB-15-18 and 15-19, while all providers are strongly encouraged to obtain confirmation of contracting and credentialing before 12/1/2015, claims will not be denied solely because provider is not in network on date of service until 3/1/16. Contact information for each health plan is included below, so that providers might follow up on status of their application, contract, and credentialing:
Aetna: 1-855-242-0802; www.aetnabetterhealth.com/louisiana
Amerigroup: 1-800-600-4441; www.myamerigroup.com/la
AmeriHealth Caritas: 1-888-756-0004; www.amerihealthcaritasla.com
Louisiana Healthcare Connections (Cenpatico): 1-866-595-8133; www.louisianahealthconnect.com
United Healthcare (Optum): 1-866-675-1607; www.uhccommunityplan.com

Authorizations

- For an adult admitted (in-patient) on 11/29 and discharged on 12/6:
 - Magellan authorizes on 11/29 and 11/30
 - Who do we call on 12/1 for continued authorization? –Magellan or Bayou Health Plan that member is enrolled in? Information Bulletin 15-18 and 15-19 address the stay beyond 12/1. However, for stay beyond 12/6 a PA with the Health Plan will be required.
- How are clients informed that their authorizations have expired?
It will depend on the individual Health Plan. Please consult with each Health Plan.
- Will prior authorizations (PA's) be required for CPST, PSR, FFT, MST, homebuilders?
It will depend on the individual Health Plan. Please consult with each Health Plan.
- I am an FQHC provider/s. Do I need prior authorization? I didn't need one prior to this change. *It will depend on the services that are being sought as to whether or not PA will be needed, as well as the individual Health Plan's requirements.*
- Preauthorization is currently not required for outpatient substance abuse. Will this be the same with all five health plans? *It will depend on the individual Health Plan. Please consult with each Health Plan.*

Reimbursements / Fees

- Does your plan reimburse for services provided by LPC's, LMFT's and LAC's, assuming they meet your credentialing requirements? *Yes, all Health Plans will be required to reimburse for LMHPs for children.*
- Would OBH consider increasing the reimbursement rate with an equal reduction in units authorized for PSR and CPST services? Why? This would increase quality and reduce the need for community MH specialists to frantically "chase units" to catch up with the same client 3x/week at school or home. *For services rendered post 12/1/15, the Health Plans will establish rates for services but the minimum floor will be the current Medicaid rate per the fee schedule found at makingmedicaidbetter.com.*
- If a child is enrolled in CSoC, do we bill Magellan for CPST / PSR services? *Yes, that is correct.*
- If we are contracted with the Bayou Health Plan now, can we start filing claims with them instead of Magellan? *Behavioral health services will not be covered by the Health Plans prior to 12/1/2015.*

Assessments

- Pathways are no longer doing 1915i is their another agency in Baton Rouge that are doing 1915i until the change or until 12/1? *Not to our knowledge. Please contact Magellan for further information.*
- Will plans accept assessments and LOCUS summary sheets completed by independent assessors (not the contracted provider) that were completed in last 365 days? *Yes. Magellan should accept such assessments.*
- Will plans require both a LOCUS and a separate assessment or just the LOCUS? *As the question uses the word "plans," this implies 12/1/2015 and beyond. For adults 21 years and older, Bayou Health Plans will require both an assessment and a LOCUS Score sheet for individuals seeking rehabilitation services (i.e., CPST, PSR, CI, and ACT).*
- Can the behavioral health agencies complete their own 1915i's? *Magellan issued a release on October 28, 2015 with respect to assessments for 1915(i) services. This release is located on the DHH website under Provider Resources.*

- What is taking the place of the 1915i's? *DHH intends to offer the services that are currently being offered through the 1915(i) as Medicaid State Plan services. We believe that this change will make these services available to more Medicaid members. LMHP services will be available to all adult Medicaid members for whom the services are medically necessary. The rehabilitative services available under the 1915(i) will be available to persons who meet certain criteria and for whom the services are medically necessary.*

Client Coverage

- For patients currently covered with Molina as a secondary coverage, will they be assigned to a Bayou Health plan, or only Magellan patients? *Only dual eligibles who currently receive secondary coverage with Magellan will be able to enroll with a Health Plan or be assigned to a Health Plan if they fail to select a plan by November 6, 2015.*
- I need more information regarding the statement about Molina – Do I have to be enrolled in Molina to find out which Bayou Health Plan my client is enrolled in? I think that is what I heard. *Please refer to Informational Bulletin (IB) 15-13 which is located at www.makingmedicaidbetter.com. You will find all information regarding how to verify Medicaid eligibility and patient's Health Plan enrollment in that informational bulletin. In addition, the bulletin provides instructions on establishing an online account with Louisiana Medicaid in order to access eMEVS, the web-based tool that provides this information to providers.*

Incentives

- Will your company be offering any kind of incentive plan for performance improvement? *This is up to the individual Health Plans.*

Site Visits / Site Audit

Will you be doing a site visit and / or site audit of our health centers in 2016? *The answer is, the Health Plans make this decision. According to the Bayou Health Plan contract amendment for behavioral health, "The MCO shall conduct reviews at all LMHP sites serving fifty (50) or more members and practice sites which include both individual offices and large group facilities. The MCO shall review each site at least one (1) time during each two (2) year period. Bayou Health Plans may elect to conduct additional on site and/or record audits at their own discretion.*

Integrated Treatment Meetings

- Will you require regular “huddles” and dynamic integrated treatment team meetings relative to specific patients?

Members with Special Health Care Needs (SHCN) must be assessed by the MCO within 90 days of identification. MCO LMHPs and PCPs must identify to the MCO those members who meet SHCN criteria. All SHCN members shall be referred for, and if found eligible, offered case management, including an individualized treatment plan or a person-centered plan of care. The individualized treatment plans must be developed by the member’s primary care provider and/or other lead provider as appropriate PCP, with member participation, and in consultation with any specialists caring for the member, and must be approved by the MCO in a timely manner, as defined and required by the MCO. SHCN members who are identified must have a person centered plan of care that serves as the basis of service authorization for specialized behavioral health services and is thus inclusive of all treatment plan elements requiring authorization.

For the behavioral health population, individuals with special health care needs include:

- Individuals with co-occurring mental health and substance use disorders;
- Individuals with intravenous drug use;
- Pregnant women with substance use disorders or co-occurring disorders;
- Substance using women with dependent children;
- Children with behavioral health needs in contact with other child serving systems who are not eligible for CSOC;
- Nursing facility residents approved for specialized behavioral health services recommended as a result of PASRR Level II determination; and
- Adults, 21 years or older, receiving mental health rehabilitation services under the state plan and children/youth who qualify for CSOC as assessed by the CSOC program contractor and have declined to enter the CSOC program.

Bayou Health Plans

- Which is the default Bayou Health Plan for members who do not choose a plan? *There is not a default Health Plan. Auto assignments are made using a round robin system.*

24 Session Pass

- Can you clarify how the 24 session pass through sessions work?
 - Will it still be in effect? *It will be up to the individual Health Plans to determine if any “pass through” sessions will remain in place once integration occurs on 12/1/2015, and for which services, if any.*

Provider Call Details

- What is the provider call phone number? 1-888-636-3807, Access Code: 1133472 These calls are held Mondays, Tuesdays and Wednesdays.

Event Presentation Deck

- Which website will the PowerPoint slides be on? makingmedicaidbetter.com, Under “Helpful Information,” click on the Medicaid Behavioral Health Provider Resources link, and the slides can be found at the second bullet under “Resources”.