



**Ohio Department  
of Medicaid**

# Behavioral Health Provider Webinar

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February 8th, 2024

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**We appreciate your understanding and cooperation.**



# Agenda

| Topic   | Time      | Duration | Facilitator |
|---|-----------|----------|-------------|
| <b>Announcements</b>  |           |          |             |
| Information, Updates, and Resources To Support You<br>Timely Filing<br>CPSE Report Update<br>Clarification on IHD Behavioral Health Provider Questions<br>Additional Training for IHD Staff<br>Register Now for PNM Refresher Training<br>Other Key Resources<br>PNM Updates  | 2:00-2:30 | 30 min   | ODM         |
| <b>Refreshers</b>   |           |          |             |
| Timeline Expectations for Revalidation, Affiliation, and Enrollment<br>Source of Truth  | 2:30-3:00 | 30 min   | ODM         |
| <b>Progress Made</b>  |           |          |             |
| Provider Network Management Enrollment and Credentialing<br>Average Processing Time<br>Average Time to Credential a Provider & Screen a Provider<br>Continued Provider Education and Support<br>OMES EDI Month-Over-Month Progression<br>OMES Work In Progress<br>Claims Payments by Provider Type<br>EDI Transaction Volumes | 3:00-3:30 | 30 min   | ODM         |

# Information, Updates, and Resources To Support You

| Topic Areas  |   |
|--|---|
| <b>Timeline Expectations</b><br>(Revalidation, Affiliation,<br>Enrollment)<br><b>Source of Truth</b><br><b>FFS</b><br><b>Filing Extension</b><br><b>Date Stamp</b> | <b>Provider Notification</b><br><b>Member Eligibility</b><br><b>IHD/Issue Resolution</b><br><b>System Functionality</b><br><b>Training</b><br><b>Other Expectations</b> |

ODM has received your questions related to these topic areas and intends to support you in addressing these concerns through the following channels.

- ◆ There are several existing materials, including the [PNM FAQ](#) and [Quick Access Guides](#) that can be used to support you with questions.
- ◆ There is ongoing PNM Training. Training is scheduled for February 6 – 15, and the training schedule is available on the [PNM and Centralized Credentialing page](#).
- ◆ ODM is providing IHD staff additional resources to support their knowledge of Behavioral Health provider issues.
- ◆ The CPSE Report will allow all providers a way to monitor system updates and receive information on timelines for system changes.
- ◆ Certain topics, including Timeline Expectations and Source of Truth, will be addressed today.

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# Announcements

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## Timely Filing: FFS Medical/Dental, OhioRISE



The Ohio Department of Medicaid (ODM) has been working diligently with vendors to resolve system challenges following implementation of the Provider Network Management (PNM) module on October 1, 2022 and Fiscal Intermediary (FI) on February 1, 2023.



Considering these challenges, ODM is relaxing the timely filing requirements for all claims submitted through electronic data interchange (EDI) and subsequently processed in the Fiscal Intermediary (FI). For dates of service or inpatient hospital discharge dates beginning 2/01/2023, EDI-submitted claims will be considered timely if submitted by 9/30/2024 – with appropriate CLM 20 Delay Reason Code.



Post payment reviews will be performed to validate reasons are related to OMES Go-Live.



Additional instructions will be sent via email and posted on the NextGen website to confirm the detailed instructions.



For any other dates of service or discharge, timely filing requirements and exceptions in Ohio Administrative Code rule [5160-1-19](#) will apply.

# Comprehensive Payment Systemic Error (CPSE) Report Update


## Comprehensive Payment Systemic Error (CPSE) Report

All defects and change requests related to payments are aggregated and documented on the CPSE report.

The IHD leads are included in the CPSE meeting to keep them up to date on the progress of systems changes. The call centers will direct callers to the CPSE report when appropriate for updates without needing to call. CMS and other stakeholders have also been given access to the report.

The report is now public and can be found by navigating to the following location: [News for Providers](#).

MC Procurement / News / **News for Providers**




### News for Providers

#### Comprehensive Payment Systems Errors report

Ohio Department of Medicaid's (ODM) Comprehensive Payment Systems Errors (CPSE) report is updated on the first Tuesday of every month to provide Next Generation program providers with updates on the status of resolution of issues they may be experiencing when submitting claims or accessing information from the Ohio Medicaid Enterprise System.

- [January 31, 2024 - CPSE Report](#)

Providers experiencing issues can check the CPSE report to see if their issue is a known issue being addressed. If the issue is not included in the report, providers should contact the ODM Integrated Helpdesk (IHD) at 800-686-1516 to report their issue. Issues reported through the IHD are documented, a ticket number assigned and tracked through ServiceNow by ODM. The resolution status of issues identified as defects can be found in the CPSE report. IHD representatives can also provide updates on issue resolution status.

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# Clarification on IHD Behavioral Health Provider Questions

**ODM has distributed a memo to the call centers to update the guidance on how to handle claim questions.**



Providers have similar questions across their claims and call center agents need to balance answering current questions and providing service to those in the queue.

To provide a better balance **ODM has instructed the FI call center to allow questions on five claims instead of the previous three.** This limit applies to the number of claims being reviewed – not the number of questions on those claims.

Call scripts have also been updated to account for these changes.



Providers are encouraged to pick **example claims** for those five so that the responses provided will apply to more than one claim.

**\*Additional AI technology is being tested and added to the system and will help providers have better access to information without connecting to a live agent for common questions. This will allow the call centers to focus on the more complex issues.**



# Additional Training for IHD Staff



ODM has scheduled additional training for IHD agents to increase their understanding of topics and issues specific to behavioral health providers.

This is expected to increase efficiency and effectiveness when supporting behavioral health providers who call the IHD for assistance by creating a foundation of shared understanding.

# Register Now for PNM Refresher Training

## Register now for Provider Network Management module refresher training\*

Ohio Department of Medicaid, in partnership with Maximus, the Provider Network Management (PNM) module vendor, is excited to share that we are continuing our provider awareness and training efforts. **Training is scheduled for February 6 – 15**, and the training schedule is available on the [PNM and Centralized Credentialing page](#).

### Training Topics

- Provider Administrator User (PNM Dashboard/Homepage).
- Provider Administrator User (Application).
- Provider Agent User.
- Updating/Managing Affiliations.
- Updating Individual Practitioner Records.
- Updating Group/Organization Records.
- Maintaining Behavioral Health Provider Records.

#### \*Registration steps for enrolling through the learning management system:

Access the Absorb learning management system to register for the training. If you do not have an Absorb account, you must create one to access all training sessions, answer forms, and view various PNM module resources. For help, please see our job aid and follow the steps to create your account and/or register for training.

# Other Key Resources

## Key Resources and Links

[Provider Education & Training Resources](#) – these links can be found under the “Learning” tab within the PNM and include **Quick Reference Guides** for new provider applications, revalidation, updating provider information, and other functions.

- [Frequently Asked Questions](#)
- [Behavioral Health Individual Practitioners](#)
- [Behavioral Health Organization](#)

[Provider Webinars & Training](#) - includes recordings of past trainings and other one pagers and FAQs.

[Resources for Providers – Billing/Trading Partners](#) - includes past editions of “News for Trading Partners” communications which share updates about the Electronic Data Interchange (EDI), Fiscal Intermediary (FI), and other important information.

[PNM and Centralized Credentialing](#) - provides information on the Provider Network Management module, what it means for providers, and available training.

[Centralized Credentialing FAQ](#) - provides answers to the most common questions regarding Centralized Credentialing at Ohio Department of Medicaid.

# PNM Updates

## Revalidation Updates:

- Work in progress to move a total of 8000+ revalidation dates out to three years for non-credentialed providers. ODM will publish all 2024 and 2025 provider revalidation dates on the Ohio Medicaid website once this is completed.
- Reported issues of individual providers trying to revalidate were having issues caused by 'Individual Requires Revalidation' affiliation status. Some individual practitioner types are required to have an affiliation to a group in order to be enrolled. If the individual was only affiliated to one group, the individual's affiliation page was not recognizing the affiliation because of the revalidation status and the provider could not proceed. This issue was reported by multiple providers and is now resolved.
- If a provider completes and **submits** their revalidation prior to the due date (the Medicaid Agreement End Date), there is no impact to billing for that provider. Provider remains active while ODM is completing and finalizing the revalidation.



# PNM Updates

**Issue:** Dependently licensed practitioners are erroneously sent through Credentialing panels in PNM during initial enrollment. This happens when the 995 specialty is present on the provider record.

**Solution:** There is workaround available now, but a permanent fix to remove specialty from these provider PNM records will be implemented by June 2024.

Work around: On the Education/Work History page, enter the following:

- 'Other' for any drop-down selections required.
- 'Not required for LSW/LPC' for any free form selections required.
- Generic dates where dates are required.

**Issue:** When provider practitioners change provider types that require a new enrollment application, misaligned dates between two enrollments cause issues downstream.

**Solution:** Behavioral Health auto enroll/disenroll functionality is being developed in PNM. This change request will allow to 'Request New Provider Type Enrollment' to specific PT Types when reactivating a previous Medicaid ID.

*Example: Provider started as type 96, became a 54 CDCA trainee, then need be a type 96 again for some period where they do not have an active license. Providers will however need to ensure the disenrollment is completed appropriately if they chose to revert to a previous PT type.*

This will be implemented by June 2024.

**Issue:** License data misalignment when practitioners are out of state or have multiple licenses.

**Solution:** Licenses Data clean-up is in progress to ensure the license details in PNM are up to date. This includes review of state code and license number. Approximately 2,000 Behavioral Health practitioners could be positively impacted by this work.

This alignment will be implemented by 02/13/2024.

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# Refreshers

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# Timeline Expectations for Revalidation, Affiliation, and Enrollment

## Affiliations

**This PNM functionality is completely self-service. These particular updates are transmitted through the PNM system automatically and do not require staff intervention.**

## Enrollment/ Revalidations

**Ohio Medicaid strives to complete the screening and review of new enrollments and revalidation applications within 30 business days from the date of submission.**

- Although our average enrollment processing timeline is 7 days and our average revalidation processing timeline is 13 days, our goal is to process new enrollments, updates and revalidations within 30 business days. We do acknowledge that there are instances/outliers, which represent less than 1% of our total body of work, that may surpass 30 business days.
- Examples of instances where processing may exceed 30 days are: the risk level of the provider, incomplete applications that need to be returned to the provider for updates, credentialing requirements, or, in very rare instances, reporting errors where a provider revalidation, update, or application has failed to be assigned to staff for review.

# Source of Truth

## PNM as the Source of Truth

In August 2023, ODM issued guidance to providers and MCEs implementing the PNM as the source of truth for all Medicaid provider data.

When implemented, MCEs will:

- ✓ Ingest the PNM daily
- ✓ Update provider data as early as the next day
- ✓ Direct providers to PNM to update their data (demographics, affiliations, locations etc.)
- ✓ NOT accept rosters from providers
- ✓ Deny claims submitted with information that doesn't match PNM data (not address or demographics)



Based on feedback from provider stakeholders, ODM delayed this implementation to give providers more time to update data in PNM.

**ODM is committed to the successful implementation of PNM as the source of truth and has engaged MCEs to begin planning next steps.**

No transition date has been set.

*Providers should continue to use PNM to update their data.  
PNM is the only official source for providers to verify data for accuracy and billing information.*



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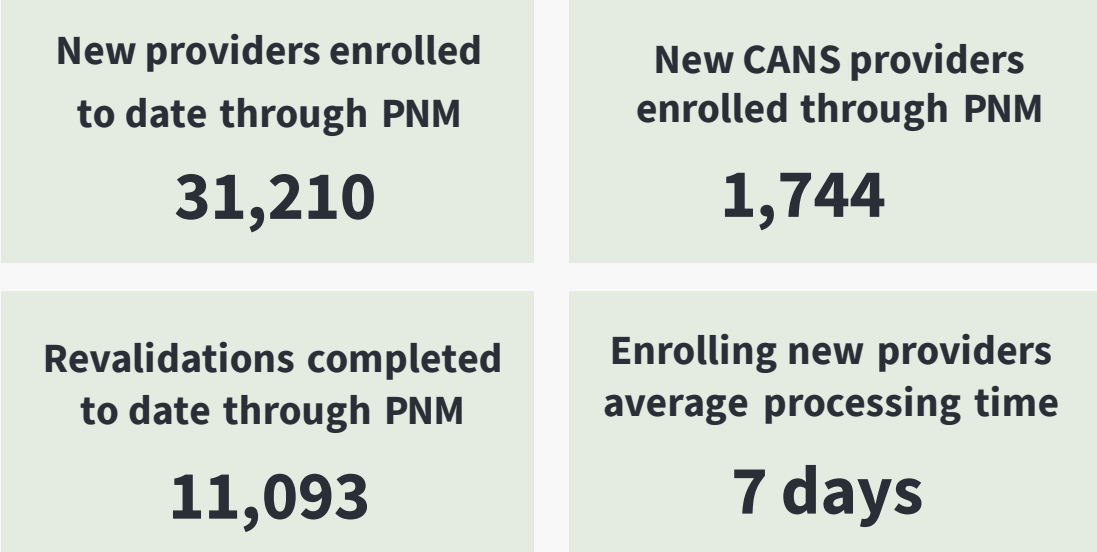
# Progress Made

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# Provider Network Management Enrollment and Credentialing

The Provider Network Management (PNM) module serves as the single-entry point for 200,000+ providers, redirecting from the PNM module to the appropriate MITS functionality.

## Enrollment and Revalidation



## Credentialing

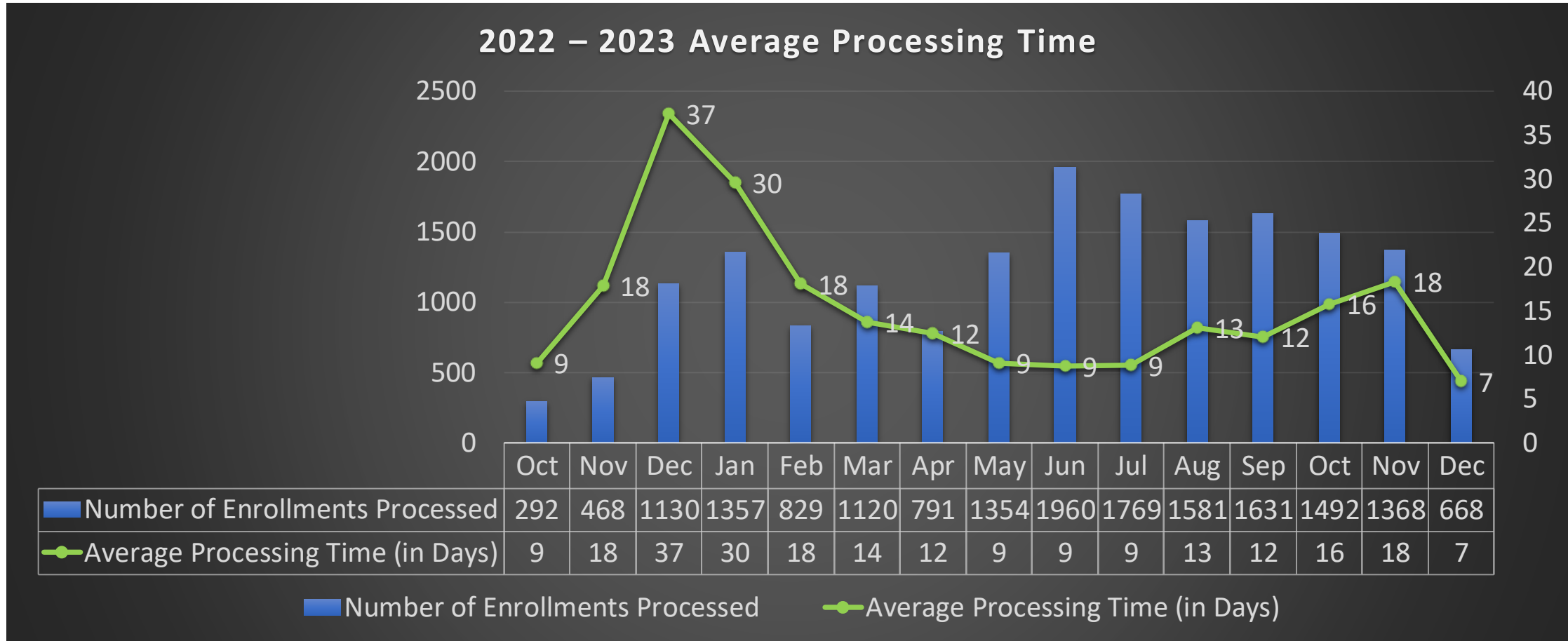


Note: The average processing time for all PNM transactions (e.g., new enrollments, self-service updates, revalidations, and other updates) is 6 days.

\*A Credentials Verification Organization (CVO) performs accreditation.

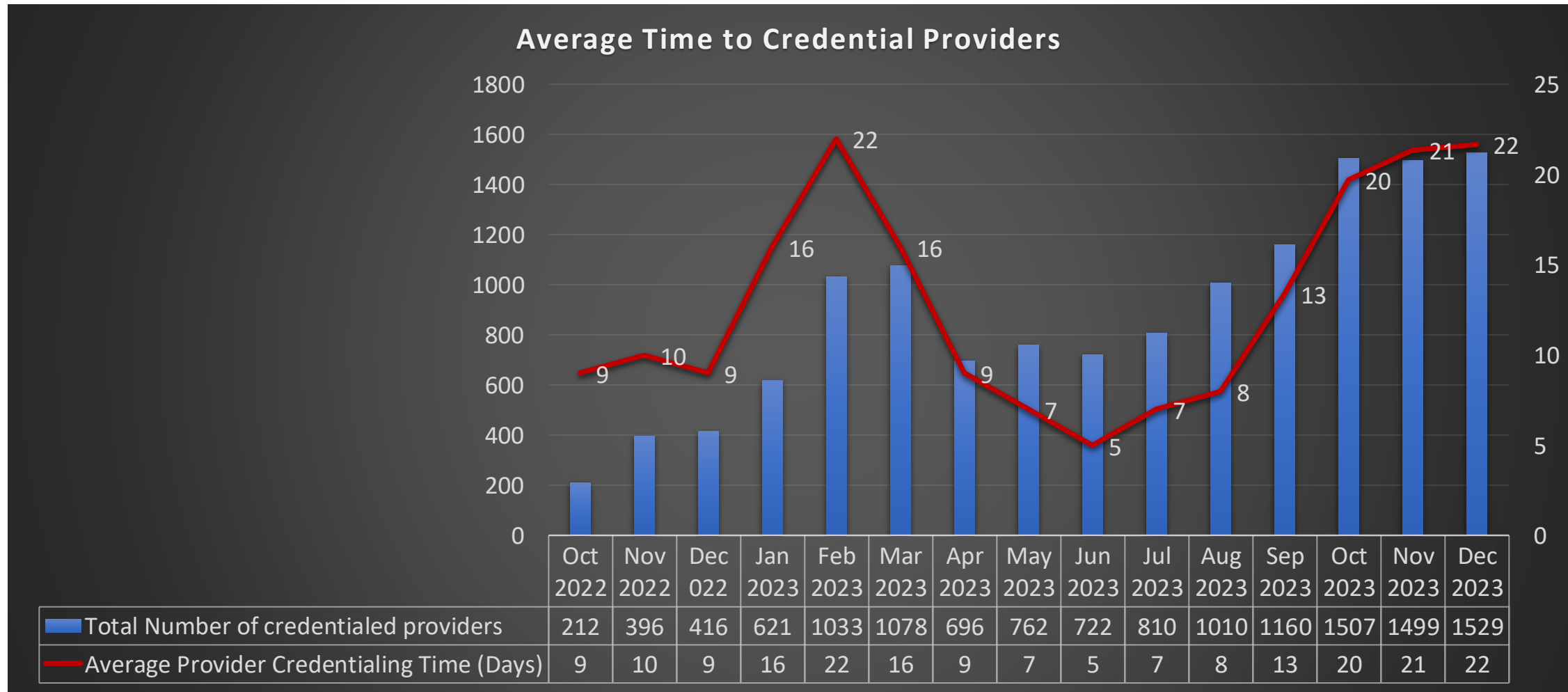
# Average Processing Time

Metric: Average time in days to process enrollments in a given month.



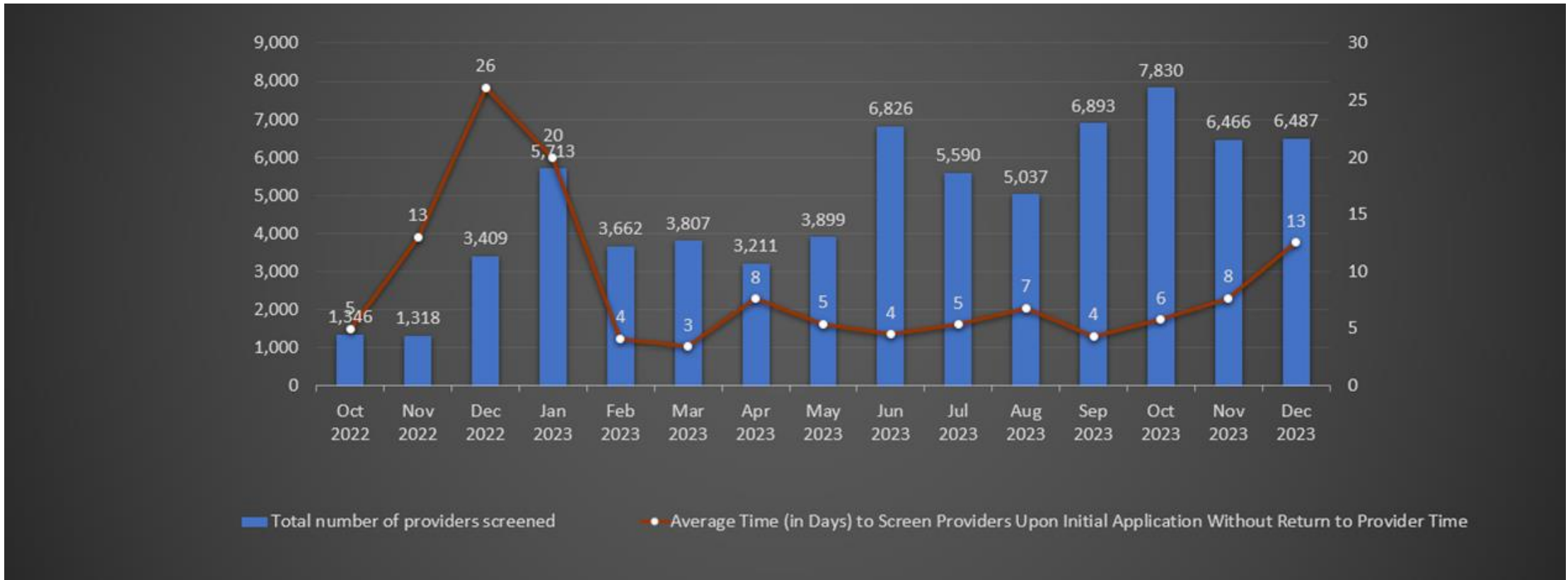
# Average Time to Credential a Provider

Metric: Total credentialing time divided by the total number of providers credentialed in a given month.



# Average Time to Screen a Provider

Metric: Average Time to screen providers upon initial application, revalidation, re-enrollment and update without Return to Provider time.



# Continued Provider Education and Support

Ohio Department of Medicaid (ODM) and the Provider Network Management (PNM) vendor provide ongoing support and engagement to providers.

## 1 Reference tools

Developing new quick reference guides, user manuals, and updated FAQs based on provider feedback.

## 2 1:1 meetings

Meeting individually with providers to resolve PNM issues experienced by providers.

## 3 FAQ training

Conducting PNM training for providers based on frequently asked questions.

## 4 Go- live training

Offered training sessions leading up to go-live:  
124 sessions  
90 virtual  
34 in person

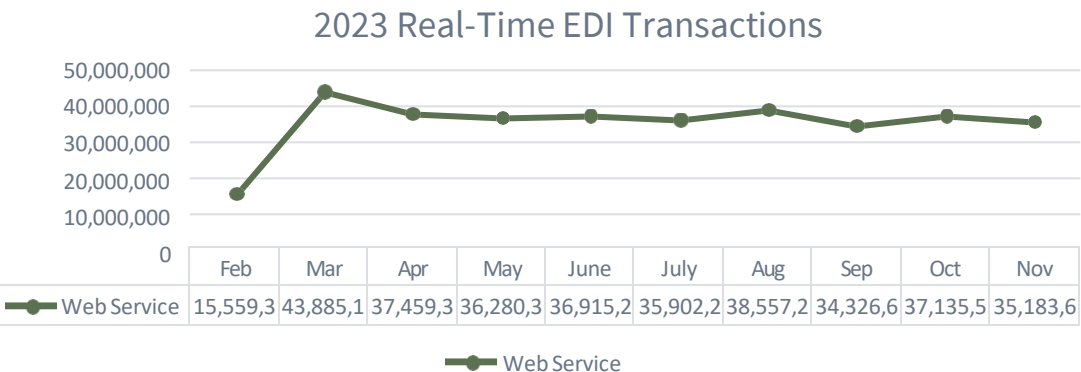
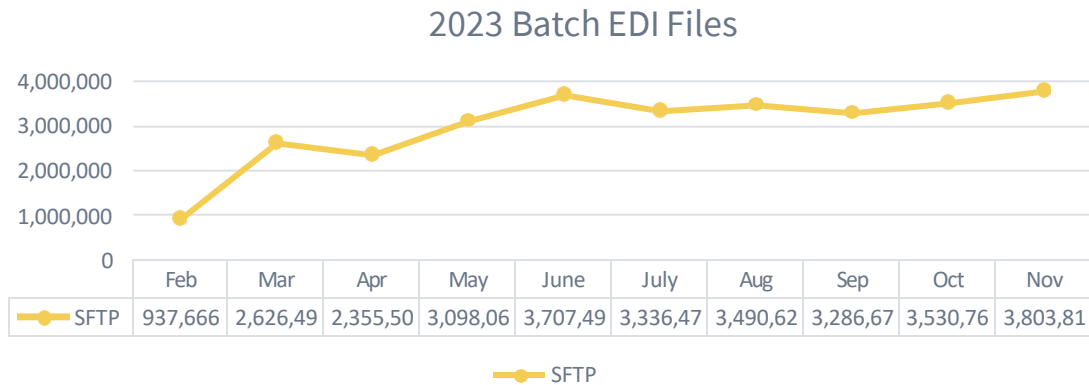
## 5 Go-live reflection

Offering training sessions post go-live  
10/1/2022 to current:  
125+ sessions

# OMES EDI Month-Over-Month Progression

OMES EDI has provided the foundation to implement ODM’s modularity concepts and provided significantly increased flexibility to scale for future needs.

## EDI Monthly Volume









## Key Highlights

-  **Record Volumes** of EDI files and real-time transactions have been processed successfully on a month-over-month basis and efforts continue to further optimize processing times
-  **Significant Progress** has been made in stabilizing the overall OMES solution by providing swift resolution to key issues keeping Trading Partner and business priorities in mind
-  **Close Engagement** with the Trading Partner community has provided a forum to discuss critical issues and provide a mechanism to brainstorm short-term and long-term resolutions
-  **Effective Communication** with OMES stakeholders has been a priority since go-live and continuous improvements are being incorporated to increase transparency and timeliness of dispersing information

# Ohio Medicaid Enterprise System - Work in Progress

Upcoming Fixes and Upcoming Deliverables – as of December 2023

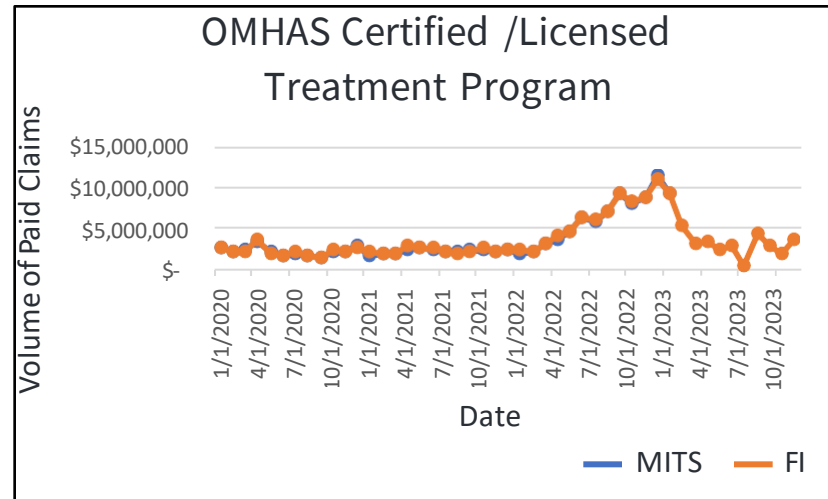
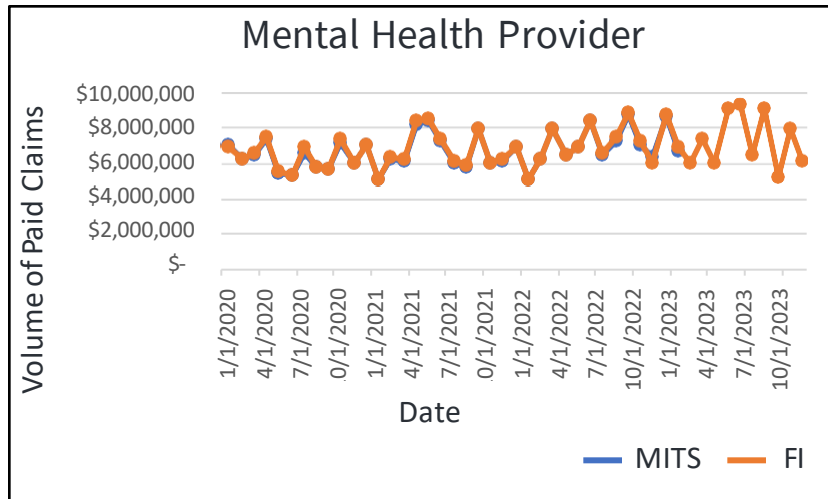
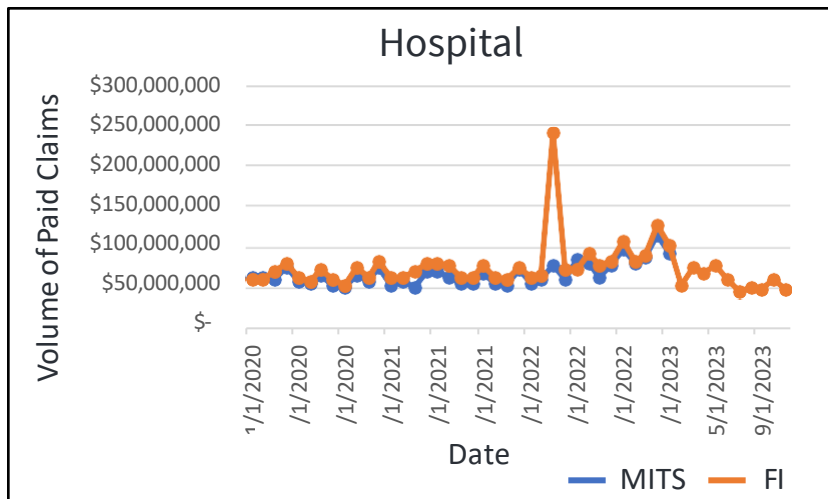
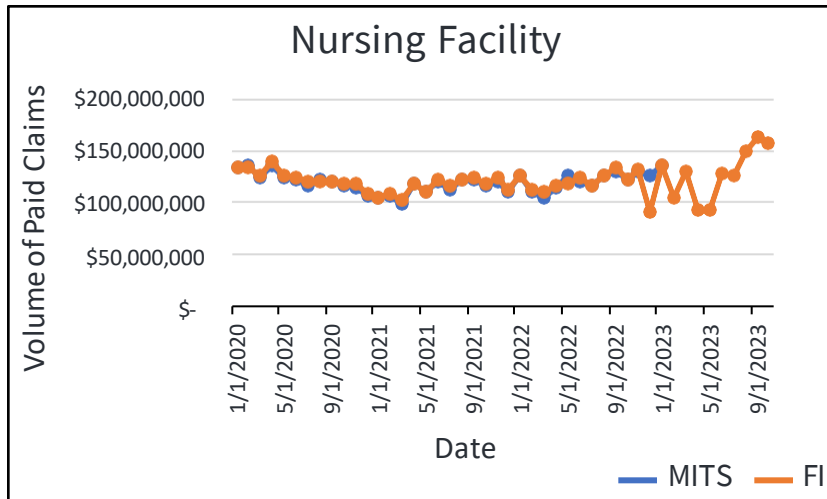
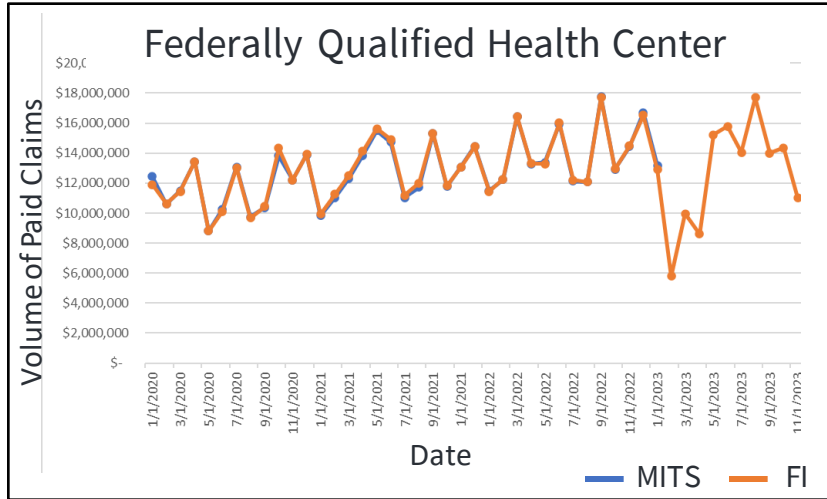
| Domain   | Defects   | Projects*  | Total      |
|--|-----------|------------|------------|
|  Business Operations  | 20        | 20         | 40         |
|  Claims Adjudication  | 12        | 56         | 68         |
|  Eligibility          | 7         | 10         | 17         |
|  Financial            | 5         | 25         | 30         |
|  Prior Authorization | 0         | 1          | 1          |
|  Other              | 4         | 19         | 23         |
| <b>Grand Total</b>   | <b>48</b> | <b>131</b> | <b>179</b> |

\*A “project” is a bundle of related programming changes; described in hours: “small” project is couple of hours, “medium” is several hundred hrs., large is several thousand hours; involving teams of multiple people.



# Claims Payment by Provider Type

Comparing the volume of paid, fee-for-service claims over time in the Fiscal Intermediary (FI) to the old Medicaid Enterprise Technology System (MITS) by type of provider.



# EDI Transaction Volumes

|   |  |                             |                             |                             |                             |
|---|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Batch Inquiry Transactions<br/>FFS + MCE</b> | <b>TPs Using Batch Transactions</b><br>206 | <b>Batch 270</b><br>285,828 | <b>Batch 271</b><br>280,779 | <b>Batch 276</b><br>671,549 | <b>Batch 277</b><br>286,272 |
|---|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

|                            |            |                           |   |            |                            |  |
|----------------------------|------------|---------------------------|---|------------|----------------------------|--|
| <b>Claims Transactions</b> | <b>FFS</b> | <b>Total</b><br>1,123,812 | <b>EDI Compliance Pass</b><br>1,088,183 (97%) | <b>MCE</b> | <b>Total</b><br>11,251,617 | <b>EDI Compliance Pass</b><br>10,958,309 (97%) |
|----------------------------|------------|---------------------------|---|------------|----------------------------|--|

|                             |            |                        |  |            |                         |   |
|-----------------------------|------------|------------------------|--|------------|-------------------------|---|
| <b>ERA/835 Transactions</b> | <b>FFS</b> | <b>Total</b><br>37,808 | <b>EDI Compliance Pass</b><br>37,475 (99%) | <b>MCE</b> | <b>Total</b><br>272,797 | <b>EDI Compliance Pass</b><br>267,997 (98%) |
|-----------------------------|------------|------------------------|--|------------|-------------------------|---|

|  |  |                             |                                     |                                |                                       |
|--|--|-----------------------------|-------------------------------------|--------------------------------|---------------------------------------|
| <b>Real-Time Inquiries</b><br><small>270/271 and 276/277</small> | <b>TPs Using Real-Time Inquiries</b><br>45 | <b>FFS Requests</b><br>>17M | <b>FFS Responses</b><br>>17M (100%) | <b>MCE Requests</b><br>502,283 | <b>MCE Responses</b><br>498,814 (99%) |
|--|--|-----------------------------|-------------------------------------|--------------------------------|---------------------------------------|

|   |                         |   |                              |   |                        |   |
|---|-------------------------|---|------------------------------|---|------------------------|---|
| <b>PACDR Transactions &amp; Breakdown</b> | <b>Total</b><br>421,154 | <b>EDI Compliance Pass</b><br>416,072 (99%) | <b>Non MyCare</b><br>419,384 | <b>EDI Compliance Pass</b><br>414,402 (99%) | <b>MyCare</b><br>1,770 | <b>EDI Compliance Pass</b><br>1,670 (94%) |
|---|-------------------------|---|------------------------------|---|------------------------|---|

**Thank you!**