Agenda and Objectives

- Transition of credentialing and claims functions to Psychcare
- Review of Psychcare’s Authorization Process
- Psychcare eServices
  - Eligibility and Authorizations
  - Claims Submission
- Questions
First Coast Advantage LLC sold its membership to Molina Healthcare of Florida effective December 1, 2014.

Psychcare is the mental health vendor for Molina.

- Effective December 1\textsuperscript{st}:
  - Claims and credentialing functions managed by ValueOptions
  - Authorization functions managed by Psychcare

NEW: Effective March 1\textsuperscript{st}:

- Authorizations, claims, and credentialing functions transferred to Psychcare
In order to participate in Molina’s Region 4 Medicaid network:

- Providers must be fully credentialed and contracted with Psychcare.

- Providers must either be participating in the Florida Medicaid program and have an existing Medicaid ID number; or

- Complete a Managed Care Treating Provider Registration Form to obtain a Medicaid Registration number.
  - If you have previously registered with another plan, there is no need to register again.
Molina Health Care: MMA Region 4
Psychcare FAQ
Utilization Management
Region 4 Counties impacted by the transition to Psychcare:

- Baker
- Clay
- Duval
- Flagler
- Nassau
- St. Johns and
- Volusia
What services are covered?

- Inpatient Mental Health services
- Inpatient Hospital Detox services
- Statewide Inpatient Psychiatric Program Services (SIPP)
- Crisis Intervention Mental Health Services
- Members residing in ALF’s with mental health licenses can receive services at the ALF
- Outpatient services for psychiatric and substance abuse conditions
- Specialized Therapeutic Foster Care.
- Therapeutic Group Services (TGCS)
- Behavioral Health Overlay Services (BHOS)
- Comprehensive Behavioral Health Assessments
- Telemedicine in rural areas with contracted providers
- Community behavioral health services
- Targeted Case Management
- Intensive Targeted Case Management
- Psychological Testing
- Medication Management
- Psychosocial Rehabilitation
- Club house Services
- Day Treatment
What is the authorization process?

- Pre-certify all inpatient services through our 24/7 triage team by calling (800) 221-5487
  - Note: ALL inpatient admissions require live telephonic prior authorization.

- Outpatient providers can obtain authorizations via our E-Services Portal
How do I obtain authorizations online?

- Providers can register for eServices via https://provider.beaconhs.com/registrationlander.aspx
- If you need additional assistance you may email: Miami_Partners@psychcare.com
Yes. The below services do not require authorization:

- Individual / Family Therapy (H2019 HR)
- Day Treatment (H2012 and H2012 HF for SA)
- Psychiatric Evaluation by a Physician (H2000HP)* limit 2/fiscal year
- Medication Management (T1015)* up to 1x/month
What is Psychcare’s Medical Necessity Criteria?

- Psychcare’s medical necessity criteria is available online at [www.psychcare.com](http://www.psychcare.com)
- Psychcare adheres to AHCA Medicaid Provider Handbook medical necessity criteria and designated approved services
- Any Psychcare clinician can provide our approved medical necessity criteria upon request
Effective 12/1/2014, Psychcare will **honor** a 6 month (180 day) transition period for all Out of Network providers treating Molina (MMA) members.

- Out of Network providers will need to contract in order to continue to see Molina (MMA) members.

**Or**

- Transition members to an In Network provider.
How do I Contact Psychcare?

- Members would call the number on the back of their card.
- Providers would contact (800) 221-5487 and choose from available options to speak to the correct department.
This is a free service that Beacon offers to all contracted and in-network providers. The goal of using eServices is to make clinical, administrative, and claims transactions easy to do. By utilizing eServices you will be able to perform the following:

- **Submit claims and outpatient services requests (when needed)**
- **Verify member eligibility**
- **Confirm outpatient services status**
- **Check claim status**
- **View claims performance information**
- **Access to provider manuals, forms, bulletins and mailings**
- **View or print frequently asked questions (FAQs)**
Welcome to eServices, Beacon's web tool for providers.

All eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. eServices allows providers to:

- Verify member eligibility quickly and easily
- Request authorizations – eAuthorizations receive priority review
- Confirm the status of authorizations and print all authorization details, including the number of units utilized
- Submit claims, including reconsiderations
- Check the status of claims
- View and print explanation of benefit (EOB) information
- View and print claims performance information
- View, update and print provider demographic and directory information
- View, print and download provider documentations such as manuals, forms, bulletins, mailings etc.

If you are not registered for eServices, simply click the Register link on this page to start!

Read more about eServices andEDI: How network providers save time & money with electronic tools.

Provider Materials  |  Contact Us  |  Help  |  EDI Gateway

Version 4.0.1.1. Copyright © Beacon Health Strategies, 2015. All rights reserved. Terms and Conditions of Use & Disclaimer.
eServices is simple to log into and use. You create your own username and password.
Choose to register if you don’t have an account.
We were asked to cover the items below Psychcare to help alleviate confusion - I boxed this out for that reason - feel free to adapt as necessary.

Guardino, Doreen, 3/6/2015
Enter your (or your organization’s) NPI and tax identification number.
Create your own user name, password and security question.
Start by verifying member’s eligibility by entering plan ID, date of birth, and last name.
Once your member has been found, you can verify their benefits by clicking **Yes**.
After you have clicked on the **Yes** button, this will allow you to view benefits. At the bottom you will see the number of outpatient visits billed in the past twelve months. Click on **More** for co-pay information.
After clicking on the **More** link, there is additional eligibility information and member co-pay details.
Please start by choosing the site where services are being requested.
There's no real transition between slides 24 & 25 - should there be?

Guardino, Doreen, 3/6/2015
Enter the clinician’s name and dates and units you are seeking for authorization.
Continue by entering the communication with other providers, DSM diagnosis codes and GAF score.
Provide the treatment status and targeted behavioral goals.
Continue with the risk assessment. If the member has been in continuous treatment with you, answer yes. Then hit submit.
If the member has NOT been in continuous treatment with you, please administer these questions to the client. Then hit submit.
Once you have submitted the request, you will receive a transaction number. This page can be printed for your records.
All outpatient authorization requests can be viewed online for eServices.
Claim submission is simple and easy to complete.
Choose the type of service from the drop down menu.
Enter all of the appropriate and required fields for claims submission.
Now that your claim has been submitted, you will receive a transaction number. You may also print the page for your records.
Inpatient claims may also be submitted through eServices.
Claim reconsiderations may be done online, for claims that were submitted and denied and require an in depth review.
Once you have entered your claim info and explanation, you can submit.

### Use the free text box to enter your explanation

### Always make sure to enter the original claim’s RecID
Claims that may have denied for an incorrect procedure code or diagnosis code may also be re-submitted electronically.
Once the claim has been chosen, click on the resubmit link.
After you have clicked on re-submit, the information will auto fill from the previous submission. You can then make corrections and re-submit. Re-submissions must be made within the timely filing limit.
Important Contact Information

Psychcare, LLC

**Clinical:** (800) 221-5487  
Authorizations, member eligibility, utilization and quality management, medical necessity and appeals

**Claims:** (800-)221-5487  
Claims status and inquiries

**Provider Relations:** (800) 221-5487  
Credentialing, contracting, and eService questions  
Provider relations: miami_partners@psychcare.com  
eServices: eServices@beaconhs.com
Questions?