

MHNET Kentucky Practitioner Information Guide

Thank you for partnering with **MHNet** to provide quality services for our members. The following information is intended to clarify some of our procedures and provide contacts for you to receive authorization, payments, and resolution of any problems that may arise.

Eligibility & Benefit Information

The Commonwealth of Kentucky has the latest eligibility information available on their website. Providers can also contact MHNet at **888-604-6106** to verify eligibility and obtain benefit information.

Outpatient Authorization

For members seeking **new services** on or after November 1, 2011, treatment must be preauthorized by submitting the CoventryCares of Kentucky Outpatient Treatment Report (OTR) unless the service is exempt from precertification requirements. MHNet does not require preauthorization for the first three evaluation sessions (billed as 90804, with any number of units needed for that date of service) per member, to cover the assessment needed to complete the first OTR for submission.

MHNet's **precertification guidelines** are as follows. An OTR will be required for these non-acute services: CPT codes 90804 (after the first three sessions), 90816, 90847, 90853, 96101 and HCPCS codes H0012, H0015, H0031, H0046, H2012, H2019, H2021, H2036. Please submit the OTR after the evaluation to cover these services.

For all other services, no precertification will be required, including CPT codes 90801, 90862, 90887, 96150, 99201, 99221 and HCPCS codes H0001, H0006, H0024, H0025, H0036, H0047, H2011. Simply bill for these services once performed. For a complete list of services that do NOT require precertification for CoventryCares of Kentucky, please go to our website at www.mhnet.com.

When completing the OTR, request all the services needed for a 90 day period. **MHNet will require an updated OTR every 90 days**, to coincide with each treatment plan review scheduled within your organization. Our website, www.mhnet.com, has the current Kentucky OTR form and instructions for your reference. It is recommended that you send in the OTR before the expiration of the existing authorization, to insure ongoing services will be authorized. OTRs can be faxed to the fax number at the bottom of the form, **800-961-1224**. The "CovKY" OTR is also available to complete online. Please contact Jay Mingus in PR to confirm your NPI and he will email the link to you for online OTR submissions.

Once received, the OTR is scanned and reviewed for authorization. In approximately 4 to 5 days after receipt of the OTR, an authorization letter will be mailed to your main "pay to" address on file for the TIN used on the OTR. The authorization is backdated two business days as a courtesy. For example, an OTR received on Wednesday will be authorized with an effective date of the prior Monday. If a faxed OTR is incomplete, a notification letter will be sent.

Authorization for Higher Levels of Care

For **higher levels of care**, defined as inpatient, CSU admissions, Impact Plus, and residential, providers must **call MHNet at 888-604-6106 to pre-certify** all services that begin on or after November 1, 2011. [Acute care starting before November 1, 2011 will continue to be the responsibility of the Commonwealth of Kentucky.]

Please have clinical information prepared to give to the Case Manager, who will make a determination based on MHNet's Medical Necessity Criteria (available at www.mhnet.com for your reference). Specific clinical information that is requested during the verbal reviews is available from Jay Mingus in PR.

Claims

Kentucky Medicaid Providers have 365 days from the date of authorization to submit a claim. All **claims** to MHNet should be submitted on a CMS 1500 or UB04/CMS1450. We have two options for claims submission, electronic or paper claims. Emdeon is our clearinghouse. Contact your practice management system vendor or clearinghouse to initiate the process. Electronic claim submissions will be routed through Emdeon who will review and validate the claims for HIPAA compliance and forward them directly to MHNet. Electronic claims are submitted to MHNet via Emdeon. The Emdeon Payer ID for MHNet is **74289**.

Providers can also submit directly to Emdeon. Emdeon will provide the electronic requirements and set-up instructions. Providers should call **877-363-3666** and follow the appropriate prompts or go to www.emdeon.com for information on direct submission to Emdeon.

MHNet can provide a Billing Companion Guide (835 Specifications/837 Specifications) upon request from Jay Mingus. Testing for the submission of 835 and 837 files would be done with Emdeon.

Send traditional paper billing/claims to: MHNet, P.O. Box 7802, London, KY 40742.

For all claims questions, call our claims department, Service Now, toll free at **866-99CLAIM** or **866-992-5246**.

Electronic Funds Transfer (EFT)

MHNet does offer Electronic Funds Transfer (EFT). The EFT enrollment form can be found at our website, www.mhnet.com. From the home page, click on the "Providers" link, and then on the sub-link "Provider Forms." The EFT enrollment form can be found under "Additional Forms" at the bottom of the page. Once a provider is enrolled for EFT, we will be able to provide our ERA service as well.

Claims Form Requirements

To ensure timely claims payment, all submitted claims must meet the definition of a *clean claim*. MHNet defines a clean claim as a claim that has no defect or impropriety (including any lack of required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payments from being made on the claim. To be considered a clean claim, the following items must be met:

- Have all required fields completed on a CMS 1500 or CMS1450/UB04 Form
- Include any additional data elements required by MHNet as specified in this notice or other official notices from MHNet issued periodically.
- Include all necessary attachments required by MHNet
- Include any primary payer's Explanation of Benefits (EOB) or payment voucher showing amount paid by the third party, if the member is covered by another insurance or carrier other than MHNet
- Indicate service(s) which are provided consistent with any referrals or authorizations necessary. Please note, service billed must match the service authorized
- Be complete, legible and accurate
- Be filed in a timely fashion in accordance with the practitioner contract
- Include all product line specific requirements as denoted by State or Federal guidelines

Regardless of your method of submission of claims information, in order for claims to be processed swiftly and accurately, the below fields are the minimum required to have your claim processed. Note: if additional information is available or needed to support the claims, please provide as appropriate.

CMS-1500 REQUIRED INFORMATION:

1. Patient's ID Number
2. Patient's Full Name
3. Address and Phone Number
4. Date of Birth
5. Signature or Signature on File
6. ICD-9 Diagnosis Code(s)
7. Date(s) of service
8. Place of Service Code/Type of Bill
9. Procedure Code/Revenue Code
10. Modifier(s) (if applicable)
11. Diagnosis Pointer
12. Procedure Charge
13. Units
14. Rendering Provider NPI
15. Rendering Provider Medicaid ID (if applicable)
16. Payee Tax ID
17. Total Charges
18. Rendering Provider Name
19. Group/Pay-to Provider Name
20. Group/Pay-to Provider NPI
21. Group/Pay-to Provider Medicaid ID (if applicable)

CMS-1450/UB04 REQUIRED INFORMATION:

1. Patient's ID Number
2. Patient's Full Name
3. Address and Phone Number
4. Date of Birth
5. Signature or Signature on File
6. ICD-9 Diagnosis Code(s)
7. Admission Diagnosis

8. Statement Covers Period
9. Date(s) of service
10. Place of Service Code/Type of Bill
11. Procedure Code/Revenue Code
12. Modifier(s) (if applicable)
13. Diagnosis Pointer
14. Procedure Charge
15. Units
16. Rendering Provider NPI
17. Rendering Provider Medicaid ID (if applicable)
18. Payee Tax ID
19. Total Charges
20. Rendering Provider Name
21. Group/Pay-to Provider Name
22. Group/Pay-to Provider NPI
23. Group/Pay-to Provider Medicaid ID (if applicable)

Contacts

- General information: www.mhnet.com
- Provider Representative: Jay Mingus, Senior Provider Relations Representative: jtmingus@mhnet.com, (office) 502-264-3484, (fax) 502-239-8737
- Benefits/Eligibility/Authorizations: National Service Center 888-604-6106
- National Service Center contacts: Chris Slocum, Regional Executive Director; Robert Naceanceno, Clinical Manager; David Turner, Inpatient Clinical Supervisor
- OTRs should be submitted every 90 days, fax 800-961-1224 or online submission
- Claims: 866-992-5246, also 866-99CLAIM
- Emdeon: www.emdeon.com and our payor ID is 74289
- Mail paper claims to:
MHNet, P.O. Box 7802, London, KY 40742

Website Information

Our website, www.mhnet.com, offers several resources at your fingertips!

Under the provider tab, you can access the below subsets and find the following:

- Provider Billing: CMS 1500 form, CMS 1450 form, W-9
- Provider Resources: Provider manual, Medical Necessity Criteria
- Provider Forms: Kentucky OTR, OTR instructions, Provider Information Change Request Form, EFT enrollment form, EDI claims submission guide

Note: This is just a sample of information that can be found on the website.