Mercy Managed Behavioral Health Provider Manual

1630 Des Peres Road, Suite 300
St. Louis, MO 63131
Phone: 314-729-4600 or 800-413-8008
Fax: 314-729-4636

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Mercy Managed Behavioral Health

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Welcome to Mercy Managed Behavioral Health and thank you for your participation. Your professional health care skills together with that of other area health care providers are integral to the provision of quality and cost effective behavioral health care to our members.

The Provider Manual has been developed to assist you in the provision of care to Mercy Managed Behavioral Health (MMBH) members. The manual contains key phone numbers for coverage or billing issues, instructions for prior authorization and certification, and essential policies and procedures. Our goal is to make MMBH friendly and administratively simple to our providers and our members. This manual is subject to revision, modification, amendment and/or deletions in whole or in part, from time-to-time as may be appropriate in the practical administration of Mercy Managed Behavioral Health. This is in accordance with the statutes, rules and regulations of the State of Missouri and in accordance with the agreements between Mercy Managed Behavioral Health and the Health Plans MMBH services.

Please do not hesitate to phone or fax me or our Provider Relations with suggestions, problems or questions concerning MMBH.

Thank you. We look forward to working with you and developing a mutually beneficial relationship.

Sincerely,

Scott Frederick

Scott Frederick, Ph.D., LPC, LCSW
Executive Director
Mercy Managed Behavioral Health

Key Information

MMBH Contacts	Phone Numbers
MMBH 24 Hour Helpline (Prior Authorization/Certification)	(800) 413-8008 extension 1 OR (314) 729-4600 extension 1
MMBH Provider Relations	(314) 729-4600 extension 3
MMBH Fax Number	(314) 729-4636
MMBH Business hours	8:00 A.M. to 5 P.M. Monday – Friday (Company representatives are available 24-hours a day, seven days a week.)
MMBH Employee Assistance Program	(314) 729-4600 extension 2
MMBH Website URL	www.mbh-eap.com

Additional phone numbers may apply to specific benefit plans. Please use the phone numbers on the back of the members ID card for best results.

For any Provider changes, please complete the Provider Change Form located on our website (http://www.mbh-eap.com/resources-forms/providers/) and fax or mail to:

F: (314) 729-4636

Or

Mercy Managed Behavioral Health
Attn: Provider Relations
1630 Des Peres Road, Suite 300
St. Louis, MO 63131

Pre-Certification of all Mental Health Services

Pre-certification is a utilization management tool that ensures that members receive medically necessary and cost-effective health care. Individual Providers and Facilities are required to comply with the pre-certification policies and procedures. Noncompliance may result in delay or denial of payment for services. Pre-certification is required for all facility-based care. Some Health Plans require pre-certification for outpatient behavioral health services. Please contact us to verify pre-certification requirements prior to seeing the member.

To pre-certify services or to check on an authorization, contact:
(314) 729-4600 or (800) 413-8008, extension 1 or use the phone number printed on the member ID card.

Provider Checklist

The following steps should be taken ***prior to*** rendering services to our members:

- Verify Member's current Health Plan coverage
- Verify eligibility by checking ID card and/or call Member Services
- Verify member's identity, if unknown
- Verify if Prior Authorization is needed
- If needed, secure Prior Authorization or Certification
- Bill third party administrator located on the back of members ID card

MMBH Pre-certification review includes:

- Verification of the member's plan enrollment at the time of the request
- Verification that the requested service is a covered benefit
- Determination whether the requested service is medically necessary and appropriate
- Notification to provider regarding authorization status

Criteria

Mercy Managed Behavioral Health utilizes nationally recognized medical necessity criteria (as contractually required) and clinical practice guidelines. Our Medical Directors and clinical staff apply community standards of care as well as individual clinical needs in our care decisions. A copy of the specific medical necessity criteria used in our UM decisions is available by mail, fax, or secure email upon request.

Patient Safety

Providing safe treatment is a primary focus in health care today. Legible documentation in your medical records, coordinating care with the member's PCP and other mental health providers, and identifying a crisis plan with the client are all examples of activities that demonstrate a commitment to improving safe clinical practice.

Denials and Appeals

If an adverse decision (a denial) is issued, the provider is given oral and written notification of the decision and the appeals procedures. The MMBH Health Plan partners have specific appeal procedures. Submitting an appeal as soon as possible is important for the claim and service to be considered.

MMBH Quality Improvement Program

Mercy Managed Behavioral Health is a comprehensive managed behavioral health organization operated by Mercy Health Services. Managed care services including Call Center, Utilization Management, Quality Improvement, Provider Networks, and Administrative services are provided by MMBH staff, while direct clinical services are provided by the network of contracted providers.

MMBH Program Structure

Mercy Managed Behavioral Health, integrating utilization management and quality improvement programs, provides continuous monitoring and evaluation of the quality of behavioral health care delivery resources. The MMBH program emphasizes responsiveness to members and providers. Network hospitals and the affiliated networks of providers have a strong tradition of health care mission.

The Mercy Managed Behavioral Health Quality Improvement Plan has been designed to provide a formal process for continuously and systematically monitoring, evaluating and improving the delivery and administration of the services it provides.

Quality Improvement activities are carried out by clinically qualified health care staff. The MMBH Medical Directors are involved in advising, implementing, and reviewing of operational and clinical quality improvement data and activities. The UM staff and leadership report directly to the Executive Director, and the Chief Medical Director, a board certified psychiatric physician.

The MMBH Clinical Quality Oversight Committee oversees MMBH clinical, service, and operational activities. The governing body is responsible for the development, approval, implementation and enforcement of administrative, operational, personnel and patient care policies, procedures, and related documents for the operation of behavioral health care services. Other MMBH Committees include the Credentialing and Administrative Appeal Review Committees.

Mercy Managed Behavioral Health annually adopts and reviews Clinical Practice Guidelines. Satisfaction surveys, and monitoring of utilization, service, and clinical indicators are ongoing activities.

We encourage providers to participate in our quality improvement activities. If you have an interest in participating in one of the MMBH Quality Committees, please contact the MMBH Executive Director or the QI Manager.

Access to Services

Mercy Managed Behavioral Health has a network of more than 4,000 individual, group and facility providers to serve the diverse needs of our membership through the continuum of behavioral health care. We annually review access and availability of the network providers to ensure that our members can obtain the care they need in a timely manner.

Members can access our call center 24 hours/7 days/week. A call center representative answers the phone within 30 seconds. Telephone response abandonment rate does not exceed 5%. Clinical calls will be forwarded to a psychiatric nurse, master level clinician, or other qualified mental health professional trained in triage and experienced in behavioral health care.

MMBH considers access to a broad and diverse network of behavioral health professionals central to the delivery of quality behavioral health care and services.

Following are the MMBH access standards:

Emergent-Life Threatening	Immediate
Emergent Non-Life Threatening	Within 6 hours
Urgent Care	Appointment within 24 hours
Routine Care	Appointment within 10 business days
Routine w/out Symptoms	Appointment within 30 calendar days

MMBH complies with State required access and availability standards. MMBH works with Health Plan partners to determine growth areas for service, and to develop quality behavioral health networks for members in those areas.

Treatment Compliance

HEDIS studies (nationally benchmarked quality indicators) repeatedly indicates the lack of adherence with treatment for certain patients with behavioral health disorders. This is particularly true around medication initiation and long-term treatment. It is imperative that you, as a provider, include in your treatment planning and patient therapy, education about the importance of treatment adherence and coordination of services with other care providers.

Provider Partnership

MMBH publishes a provider newsletter regularly to update the network on developments and activities. The MMBH Provider Manual is issued at the time of credentialing for new providers and is reviewed annually.

Provider Network Development and Coordination

Mercy Managed Behavioral Health Network

Mercy Managed Behavioral Health's panel of participating physicians, hospitals and other health care providers is carefully developed to include only those participating health care professionals who meet the Plan's credentialing criteria, and who are approved for participation by the Credentialing Committee.

Each participating provider is required, by contract, to comply with MMBH guidelines for services requiring Prior Authorization or Certification, and cooperation with Mercy Managed Behavioral Health Quality Improvement activities.

The Mercy Managed Behavioral Health provider network is limited to providers who agree to participate and comply with provisions detailed in this provider information manual and their specific provider agreement.

Credentialing Committee

Contracted licensed health professionals are required to be credentialed by MMBH. Providers are responsible for timely completion of all Credentialing steps and for providing supplemental documentation as requested. After careful review, the Credentialing Committee approves the providers participation within the network. The Credentialing Committee activities, policies and procedures are overseen by the Mercy Clinical Quality Oversight Committee. MMBH Credentialing policies and procedures are available upon request.

Provider's Voluntary Termination of Participation or Practice Closure

Providers may voluntarily terminate their participation in MMBH by providing at least ninety (90) day notice in writing to MMBH and to the affected members, as per contract. Termination will include ending participation with all Health Plans managed by MMBH. Upon notice, provider is responsible for submitting a list of members actively being seen. The provider will remain responsible for medically indicated health care services to members until the member has secured another provider. See your individual provider agreement for more information.

Compliance

By signing your provider agreement, you agree to cooperate with MMBH's utilization management process, quality management program and all other policies and procedures. In addition, you must comply with all applicable federal, state, and local regulations and standards of professional ethics.

Communication with Primary Care Physician

The National Committee on Quality Assurance (NCQA) has identified coordination of care between mental health providers and primary care physicians (PCP's) as an indicator of quality. Your communication with the member's PCP is extremely important in treating the patient safely and effectively.

Claims and Reimbursement

General Policies

While MMBH makes every effort in maintaining accurate member eligibility records during the authorization process, continued verification is your responsibility. Authorization does not guarantee payment. Payment is dependent upon member eligibility and benefit coverage per Health Plan.

Payment for authorized services is defined by your contracted rate schedule. Other than co-payments, coinsurance and/or deductibles you may neither collect any monies from the member, nor bill the member for any balance resulting from a difference between your billed rate and MMBH's reimbursement rate. Contact the Health Plan for detailed information regarding the member's co-payment, coinsurance and/or deductible. Contact information for the Health Plan can be found on the member's ID card.

All claims for behavioral health services should be submitted on either a standard CMC 1500 form (professional) or UB-04 form (facilities). **Claims must have the MMBH authorization number in Box 23 on the CMS 1500 form or in Box 63 on the UB-04 form.** Claims are paid according to the applicable fee schedule at the time of service.

To be accepted, service claims must match pre-authorization reports that detail:

1. Authorization number
2. Health Plan name
3. Patient name, address, gender, date of birth and ID number
4. Date and place of service
5. Authorized service level
6. Authorized service date(s)
7. Authorized provider name, address and telephone number
8. Tax Identification Number (TIN)
9. Rendering provider NPI and billing NPI numbers
10. Provider signature
11. ICD-10 diagnostic codes
12. CPT codes and/or revenue codes consistent with the pre-authorization and approved fee schedule*

*** Refer to your MMBH contracted rate schedule. These codes must be used for correct payment of claims.**

Claims Submission and Payment

List of Accounts managed by Mercy Managed Behavioral Health

Effective Date: 7/01/2021

**Send claims directly to the third-party administrator.

<table>
<tr><th>PLAN</th><th>ADDRESS
Electronic Claims Address</th><th>CLAIM STATUS/ PROVIDER RELATIONS</th><th>APPLICABLE STATE</th></tr>
<tr><td>Essence Healthcare</td><td>Essence Healthcare
PO Box 5907
Troy, MI 48007

Emdeon #20818, Gateway #57082
SSI Payer ID & Sub ID 99999-0648</td><td>(314) 209-2700
or

(866) 597-9560
Option 5, then
Option 2</td><td>MO</td></tr>
<tr><td>IBEW Local 309
Collinsville, Illinois</td><td>Meritain Health
PO Box 853921
Richardson, TX 75085-3921

WEBMD/Emdeon #41124,
Mckesson/Relay Health #1761</td><td>(618) 344-2002</td><td>MO
IL</td></tr>
<tr><td>IBEW Local No. 1 Health and Welfare</td><td>IBEW Local 1
Health & Welfare Fund
PO Box 6088
St. Louis, MO 63139

Relay Health #44602
Trizetto / Office Ally / Practice Insight #44602</td><td>(314) 752-2330
or (877) 281-2430</td><td>MO
IL</td></tr>
<tr><td>LHN
(Labor Health Network)</td><td>Meritain Health
PO Box 853921
Richardson, TX 75085-3921

WEBMD/Emdeon #41124,
Mckesson/Relay Health #1761</td><td>(866) 209-3063</td><td>MO
IL</td></tr>
<tr><td>Missouri -
Mercy Co-Workers – Anthem Alliance EPO & Blue Access Choice PPO</td><td><table><tr><th>MO ONLY: EPO & PPO Product</th></tr><tr><td>Anthem
PO Box 105187
Atlanta, GA 30348</td></tr></table>
Electronic Claim Submission:
www.anthem.com/edi</td><td>(888) 571-9054</td><td>MO</td></tr>
<tr><td>Arkansas –
Mercy Co-Workers – Anthem Alliance EPO & Blue Access Choice PPO</td><td><table><tr><th>AR - EPO ONLY:</th><th>AR – PPO ONLY:</th></tr><tr><td>Anthem
PO Box 105187
Atlanta, GA 30348</td><td>File claims with the local Blue Cross and Blue Shield Plan in the state where services were provided.</td></tr></table>
Electronic Claim Submission:
www.anthem.com/edi</td><td>(888) 571-9054</td><td>AR</td></tr>
</table>

Illinois, Oklahoma, Kansas – Mercy Co-Workers – Anthem Alliance Options **PPO**	**Anthem Alliance PPO:** File claims with the local Blue Cross and Blue Shield Plan in the state where services were provided. *Electronic Claim Submission:* www.anthem.com/edi	(888) 571-9054	IL OK KS

Direct contracts in network with Mercy Managed Behavioral Health

PLAN	ADDRESS **Electronic Claims Address**	CLAIM STATUS/ PROVIDER RELATIONS	APPLICABLE STATE
Direct Contracts – with various Employer Groups	Please see the back of the member's insurance card for the appropriate claim submission address.	Found on the back of the member's insurance card.	MO, IL, AR, KS, OK

MMBH is responsible for managing prior authorization requests on behalf of the Health Plan. If you have obtained prior authorization through MMBH and experience claim issues, your claim inquiry should be directed to the Health Plan, not MMBH. Please refer to the phone number on the back of the member's insurance card.

Please note:

- Failure to obtain prior authorization will result in a denied claim.
- **ABA ONLY**: Failure to include the modifier (HP/HO/HN/HM) may result in a denied claim.
- **NEW Providers** should hold their claims for 30 days from their assigned effective date listed on your Welcome Letter, to allow our TPA's time to get your information loaded into their claims payment system.

Mercy Managed Behavioral Health

Medical Record Standards

The following medical documentation standards are based on NCQA Medical Record Standards and represent best practice documentation for behavioral health providers. These standards will be utilized for medical record reviews completed by Mercy Managed Mental Health staff for the purposes of credentialing, re-credentialing and or quality improvement activity.

1. Each page in the treatment record contains the client name or ID number.
2. Client address, employer or school, home and work telephone numbers including emergency contacts, marital or legal status, appropriate consent forms and guardianship information if relevant is documented.
3. All entries include the responsible clinician's name, professional degree and relevant ID number if applicable.
4. All entries are dated.
5. The record is legible to someone other than the writer.
6. Relevant medical conditions and/or chronic disabilities are listed, prominently identified and revised or noted as not present.
7. A DSM-IV diagnosis is documented consistent with the presenting problems, history and mental status exam. Changes in diagnosis are documented with clear justification.
8. Mental status exam, including presenting problem, risk assessment, mood, affect memory and speech are documented.
9. Special status situations, when present, such as imminent risk of homicide/suicide/elopement or other harm are prominently noted, documented and revised in compliance with written protocols.
10. Each record indicates what medications are prescribed with dosages of each and the dates of the initial prescription and/or refills. Changes in prescriptions and medication education including potential side effects are noted.
11. Medication allergies, adverse reactions (or lack of known allergies) are noted in prominent place.
12. Medical and psychiatric history is documented including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data and relevant family information.
13. For children and adolescents, prenatal and perinatal events and developmental history (physical, social, intellectual and academic) must be documented.
14. Significant family psychiatric history, or lack of, is noted.
15. There is documentation of screening for domestic violence, abuse/neglect or other socio-economic factors.
16. Clients over the age of 12 years must have documentation of past and present use of cigarettes and alcohol, as well as illicit, prescribed, and over the counter drugs.
17. Treatment plans are consistent with diagnosis and include objective and measurable goals with time frames for goal attainment or problem resolution and may include preliminary discharge plan if applicable to client's condition.
18. The member is provided basic teaching/instructions regarding behavioral health condition.
19. Informed consent (education) for medication and diagnosis, and the patient's understanding of the treatment plan are documented.
20. Progress notes include changes in patient's behavioral health symptoms/behaviors.
21. Appropriate referrals are made for suicidal/homicidal and high risk situations.
22. Recommendations/referrals for preventative services (support groups, wellness, programs, lifestyle changes) are documented.
23. There is documentation of coordination of care with the primary care physician (PCP).
24. Continuity and coordination of care activities with other Mental Health providers or institutions is documented.
25. Dates of follow up appointments and/or discharge plan are documented.

ABA Authorization Information

The following Health Plans allow ABA benefits and are managed by MMBH:

- Mercy Coworkers with Anthem Alliance EPO
- Mercy Coworkers with Blue Access Choice S PPO
- Anthem Alliance Options PPO
- Blue Cross Out of Area PPO
- Anthem Alliance EPO (NON-Mercy Coworkers)
- IBEW-MO

ABA services require prior authorization.

To ensure appropriate and timely review and determination of your request, please complete the MMBH ABA Treatment Request Form located on our website (www.mbh-eap.com/resources-forms/providers/). Services delivered by different provider types can be requested on one Treatment Request Form.

Include your recent:

- Diagnostic evaluation (initial request only) or BCBA assessment including baseline measures, symptom detail, progress made over the past 6 months of treatment, and graphed data demonstrating frequency & intensity of behavior occurrence compared to baseline measures.

- Current treatment plan including targeted behaviors, treatment goals, statement of medical necessity, parental involvement in the treatment, behavioral plan (if recommended), and indicators for discharge.

- If you are requesting 30 hours a week or more of direct services, provide a schedule of ABA services including the location of service delivery and member specific indicators for the titration of services.

- Identify other service providers (including school based) and demonstrate how this member's care is being coordinated between providers.