BH Frequently Asked Questions

8/11/2017
How do I Contact Provider Services?

Provider Service: 1-844-385-2192, Nebraska Relay Service 711
What can Provider Service do for me?

- Provider Functionality
- Verify member demographic information
- Check claim status
- Obtain benefit information such as office, emergency room, inpatient and outpatient coverage
- Obtain co-payment information when checking member eligibility
- Connect to medical management, referral specialist
- Connect with our vendors who supply medically necessary covered services
Who is my Provider Relations Specialist?

MeLisa Brott
BH Regions 1, 2, 3
Cell: (308) 641-7424
MeLisa.Brott@NebraskaTotalCare.com

TJ Fegenbush
BH Regions 4, 5
Cell: (531) 375-6377
Office: (531) 329-8459
Trenton.Fegenbush@NebraskaTotalCare.com

Mariana Johnson
Network Development Manager
Cell Phone: (402) 590-9113
Mariana.I.Johnson@NebraskaTotalCare.com

Angela Murray
BH Region 6
Cell: (402) 669-2370
Office: (531) 329-8533
Angela.Murray@NebraskaTotalCare.com
What can my PR Specialist do for me?

This team serves as the primary liaison between the Plan and our provider network and is responsible for:

Provider Education

- HEDIS/Care Gap Reviews
- Financial Analysis
- Assisting Providers with EHR Utilization
- Demographic Information Updates
- Initiating credentialing of a new practitioner
- Facilitating with inquiries related to administrative policies, procedures, and operational issues
- Monitoring performance patterns
- Contract clarification
- Membership/Provider roster questions
I would like to have a Provider Relations Specialist visit my agency. How do I reach out?

You should be hearing from your Provider Relations representative on a regular basis by phone, e-mail and in person. To set up an on-site visit, please feel to reach out to your representative directly.
Where do I find BH training opportunities?

https://www.nebraskatotalcare.com/

- Click “For Providers”
- Click “Provider Resources”
I have a new NPI/TIN/Address, etc.?

• An updated W9 will be required to change/update NPI/TIN/Address.
How do I register for PaySpan?

Call 1-877-331-7154 for your unique registration code.

Go to www.payspanhealth.com and click the Register Now button.

Enter your Registration Code, NPI and Tax ID Number (TIN) in the boxes provided. Click the Start Registration button to begin the registration process.
What can the Provider Portal do for me?

The Secure Provider Portal offers:

- Member Eligibility & Patient Listings
- Health Records & Care Gaps
- Authorizations
- Claims Submissions & Status
- Corrected Claims & Adjustments
- Payments History
- Monthly PCP Cost Reports
How frequently should I check NTC’s website?

The website is a robust tool for our provider network to utilize on a daily basis.

Provider Relations encourages providers to review the public website on a daily basis. The provider portal should be used for claim, enrollment, member, and authorization data on a daily basis as well.
Where do I submit authorizations?

Prior Authorizations can be submitted by:

• Electronically through the Secure Provider Portal
• Fax 866-535-6974
  - Certificate of Need
  - Discharge summaries
  - Inpatient clinical documentation
• Fax to 866-593-1955
  - Outpatient Treatment Request
  - Outpatient clinical documentation

Behavioral Health forms can be accessed via:
https://www.nebraskatotalcare.com/providers/resources/behavioral-health-forms.html
Can I use the provider portal to obtain authorizations?

• Yes! Behavioral Health providers are able to submit electronic authorization requests for the following services:
  – Community Based Service
  – Day Treatment
  – ECT (Electroconvulsive Therapy)
  – IOP (Intensive Outpatient Therapy)
  – Psychological Testing
  – Psychiatric Evaluation

• *All other higher levels of care require prior authorizations to be submitted via fax.*
Do my authorizations display in the provider portal?

Yes, as a provider you are able to see your authorizations in the provider portal.
What’s the change to authorizations for OP Services?

Yes, as outlined in the DHHS, Health Plan Advisory (HPA) No. 17-08:

All Heritage Health Plans effective July 24, 2017 suspend authorizations of or concurrent review of outpatient behavioral health individual, family, and group services.

http://dhhs.ne.gov/medicaid/Documents/HPA-17-08.pdf
How do you define those services outlined in HPA No. 17-08

- Individual, Family and Group therapy is broadly defined as those CPT (90XXX) codes.
- Prior authorization is still needed for Intensive Outpatient, MST, etc.
How do we obtain retro authorizations?

• Retro authorizations will only be granted in rare cases, such as eligibility issues.
• All requests for retro authorizations must be submitted within 180 days of the date of service and should include a cover letter explaining why authorization was not obtained.
• Provide medical records that will be used to determine if medical necessity was met for the services provided.
• Submit retro authorizations to 1-866-593-1955.
What is a claim project?

• A claim project is done when 10 or more claims are in need of reprocessing.
• A claim projects are done based on a variety of reasons.
• As a rule of thumb this takes between 30-45 days.
What’s NTC’s fee schedule?

NTC does not have its own fee schedule. NTC aligns to the Nebraska Medicaid Fee Schedule. For more quick tips on aligning to the Nebraska BH Fee schedule check out:

https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/BehavioralHealthforms/BH%20Quick%20reference%20document%20July%202017.pdf
Where do I find the specialty number on the Fee Schedule?

- The provider specialty is identified on the Nebraska Medicaid Fee Schedule.
What is a Provider Specialty Code?

- It is the numeric code indicating the classification of the provider rendering the service(s) as approved under the Nebraska Medicaid or as licensed by the applicable state licensing agency.

- For example:
  45 = Day Rehabilitation
  58 = Provisionally Licensed Drug & Alcohol Counselor
  44 = Community Support
What impact does the specialty code have on my claims?

- Nebraska Total Care aligns to the Nebraska Medicaid fee schedule.
- Provider claims must align to the specialty type noted on the fee schedule to ensure a clean claim.
Can NTC tell me what specialties I can bill for?

Please check with Maximus to update, change or find out what specialty you have been enrolled to provide services under and bill for.