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1. Will the MyCare Ohio plans adopt the same coverage policy for BH services as described for MITS? Will Medicare coverage be consistent with Medicaid?	Yes, per MyCare Provider Agreement requirements Aetna will adopt the same coverage policy for BH services as described for Medicaid FFS ICD-10 implementation. The ICD-10 codes that will be valid for behavioral health claims submitted by OMHAS certified providers starting on October 1, 2015 can be found on the OMHAS website at this link: http://mha.ohio.gov/Default.aspx?tabid=240 in a document titled "Diagnosis Codes - Behavioral Health ICD-10-CM"	Yes, per MyCare Provider Agreement requirements Buckeye Health Plan will adopt the same coverage policy for BH services as described for Medicaid FFS ICD-10 implementation. The ICD-10 codes that will be valid for behavioral health claims submitted by OMHAS certified providers starting on October 1, 2015 can be found on the OMHAS website at this link: http://mha.ohio.gov/Default.aspx?tabid=240 in a document titled "Diagnosis Codes - Behavioral Health ICD-10-CM"	Yes, per MyCare Provider Agreement requirements CareSource will adopt the same coverage policy for BH services as described for Medicaid FFS ICD-10 implementation. The ICD-10 codes that will be valid for behavioral health claims submitted by OMHAS certified providers starting on October 1, 2015 can be found on the OMHAS website at this link: http://mha.ohio.gov/Default.aspx?tabid=240 in a document titled "Diagnosis Codes - Behavioral Health ICD-10-CM"	Yes, per MyCare Provider Agreement requirements Molina will adopt the same coverage policy for BH services as described for Medicaid FFS ICD-10 implementation. The ICD-10 codes that will be valid for behavioral health claims submitted by OMHAS certified providers starting on October 1, 2015 can be found on the OMHAS website at this link: http://mha.ohio.gov/Default.aspx?tabid=240 in a document titled "Diagnosis Codes - Behavioral Health ICD-10-CM"	Yes, per MyCare Provider Agreement requirements United Healthcare will adopt the same coverage policy for BH services as described for Medicaid FFS ICD-10 implementation. The ICD-10 codes that will be valid for behavioral health claims submitted by OMHAS certified providers starting on October 1, 2015 can be found on the OMHAS website at this link: http://mha.ohio.gov/Default.aspx?tabid=240 in a document titled "Diagnosis Codes - Behavioral Health ICD-10-CM"
2. Will MyCare Ohio plans have separate coverage policies for MH and AOD services attached to provider NPIs for AOD and NPIs for MH?	Aetna currently processes MH and AOD claims under separate NPIs as required in Medicaid FFS for reporting purposes, and will follow the same coverage policies for MH and AOD services as described for Medicaid FFS ICD-10 implementation as noted above.	Buckeye Health Plan currently processes MH and AOD claims under separate NPIs as required in Medicaid FFS for reporting purposes, and will follow the same coverage policies for MH and AOD services as described for Medicaid FFS ICD-10 implementation as noted above.	CareSource currently processes MH and AOD claims under separate NPIs as required in Medicaid FFS for reporting purposes, and will follow the same coverage policies for MH and AOD services as described for Medicaid FFS ICD-10 implementation as noted above.	Molina currently processes MH and AOD claims under separate NPIs as required in Medicaid FFS for reporting purposes, but will follow the same coverage policies for MH and AOD services as described for Medicaid FFS ICD-10 implementation as noted above.	United Healthcare currently processes MH and AOD claims under separate NPIs as required in Medicaid FFS for reporting purposes, but will follow the same coverage policies for MH and AOD services as described for Medicaid FFS ICD-10 implementation as noted above.
3. What is the claims testing process? When and where will providers need to submit test files? (Testing with clearinghouse AND Plan?)	Aetna is only testing our direct submitters, which are our clearinghouses. There will be no testing with providers in these final months. Providers are strongly encouraged to ensure they are validated with their claim submitters/clearinghouses. Providers who upload batches of files through Emdeon WebConnect, via the Aetna Better Health of Ohio website, can test a batch of files submitted with ICD-10 codes. This service is not available to providers who directly key in individual claims. Please send an email to emdeonoffice5010@emdeon.com and indicate that you would like to do an ICD-10 test. Emdeon will contact you and provide further instructions on how to validate/test a file. Providers who do not use Emdeon WebConnect but who have a separate account with Emdeon should contact their Emdeon tech support and/or their vendor to receive further instructions as to how to request an ICD-10 test.	Providers that submit claims via EDI or are interested in submitting claims via EDI can test with Cenpatco. For questions, please contact the EDI service desk at 1-800-225-2573, ext. 25525 or EDIBA@centene.com . Testing instructions for direct EDI submissions are posted in the Cenpatco public site under the following link: http://www.cenpatco.com/providers/countdown-to-icd-10-compliance/?state=Florida .	Selected Partners can submit claims via a clearinghouse and the testing process mimics the complete claims process (through check payment) with each provider. http://workspace.caresource.com/sites/ENTPO/PPSites/ICD10/Shared Documents/(3) Executing/Provider Testing Documents/CareSource ICD-10 Testing Process.docx	All providers are encouraged to do their own testing in MITS and with their clearinghouse if utilized. Providers are not required to do claims testing with our clearinghouse. Emdeon will be providing limited opportunities for testing and providers can refer to Molina's ICD-10 Provider testing presentation at the following location: http://www.emdeon.com/icd10/icd10_testing.php for more information.	United Healthcare and Optum Behavioral Health have completed testing of our online claim entry available on Provider Express for Professional (outpatient) MH/SUD and EAP service claims. We are in the process of "end-to-end" testing that includes submission through Electronic Data Interchange (EDI) clearinghouses. Optum will be ready to pay claims in accordance with the ICD-10 mandate.
4. What is each plan's timeline for completing (passing) file testing for ICD-10?	Aetna began testing in 2014 and the crosswalk between ICD-9 and ICD-10 was completed in 2014. We are ready to accept ICD-10 codes.	Cenpatco's ICD-10 implementation approach aligns with CMS guidance and recommended timeframes. Cenpatco began performing HIPAA compliance testing with providers, clearinghouse vendors and state agencies in July 2013. Providers can test anytime, it is pass or fail, there is no end date for testing.	Provider testing began in April 2015 and will be completed by August, 2015. Test claims are received weekly and processed and test remittances sent back to providers within 2 weeks.	Molina intends to complete all external testing by August 31, 2015.	United Healthcare and Optum Behavioral Health Testing will be fully complete by August 2015.
					
5. For prior authorization, will providers be able to submit either DSM-5 or ICD-10 codes?	For procedures/services requiring prior authorization, if the anticipated date of discharge (end of service) is prior to 10/1/15, the PA request should be submitted with ICD-9 codes. For procedures/services requiring prior authorization, if the anticipated date of discharge (end of service) is ON or AFTER 10/1/15, the PA request should be submitted with ICD-10 codes.	DSM codes will only be accepted for dates of service prior to or with a through date of service beyond October 1. Claims for services provided after that date will require the appropriate ICD-10 code to be processed.	If the prior authorization is being submitted prior to October 1 [regardless of the actual date of service (DOS)], the authorization will be submitted in ICD-9. When the claim for the service is submitted, if the actual DOS is on or after October 1 the claim needs to be coded in ICD-10. Claims may not contain a combination of ICD-9 & ICD-10 codes; individual claims can contain only one code-set. If ICD-9 & ICD-10 are submitted on the same claim, the claim will reject. Outpatient services are based on the Date of Service. Inpatient services are based on the Date of Discharge.	Providers should not use DMS-5 coding for services that will occur after October 1, 2015. Molina staff will have to build the authorizations in our system using ICD-10 codes only, so it is recommended that providers submit using ICD-10 codes or the PA process could be delayed.	Providers should not use DMS-5 coding for services that will occur after October 1, 2015. The legislation requires full and immediate transition to ICD-10 for billing for all DOS October 1, 2015 and later. There is no transitional grace period for ICD-10.

6. How will PA requests be handled/processed that are submitted around Oct 1 related to diagnosis codes?	PA submission requirements for post-October 1 procedures are being finalized with our Medical Management Team, and will be communicated in the near future. If the service/procedure/inpatient stay will end prior to 10/1/15, the Prior Authorization/Claims request should be submitted using ICD-9 codes. If the service/procedure/inpatient stay will end on or after 10/1/15, the Prior Authorization/Claim should be submitted using ICD-10 codes.	DSM codes will only be accepted for dates of service prior to or with a through date of service beyond October 1st. Claims for services provided after that date will require the appropriate ICD-10 code to be processed.	All prior authorization requests submitted prior to October 1, 2015 must be submitted with ICD-9 codes regardless of the anticipated date of service. All prior auth requests submitted after Oct. 1, 2015 must be submitted with ICD-10 codes. Non-institutional and outpatient PA requests will not be accepted with ICD-10 diagnosis codes prior to October 1.	Molina will accept both ICD-9 or ICD-10 coded prior authorization requests for a trial period leading up to the official implementation date of October 1, 2015. As of October 1, 2015 all authorization requests must be submitted with ICD-10 codes only.	Existing authorizations will not require any action by providers to update or change the authorization to reflect ICD-10 codes.
7. What clinical policy changes can providers expect with ICD-10 implementation?	Coverage policies, medical policies and requirements, medical necessity criteria, pre-authorization criteria, clinical documentation requirements will be updated to refer to ICD-10 code sets.	Coverage policies, medical policies and requirements, medical necessity criteria, pre-authorization criteria, clinical documentation requirements will be updated to refer to ICD-10 code sets.	Coverage policies, medical policies and requirements, medical necessity criteria, pre-authorization criteria, clinical documentation requirements will be updated to refer to ICD-10 code sets.	Coverage policies, medical policies and requirements, medical necessity criteria, pre-authorization criteria, clinical documentation requirements will be updated to refer to ICD-10 code sets.	Coverage policies, medical policies and requirements, medical necessity criteria, pre-authorization criteria, clinical documentation requirements will be updated to refer to ICD-10 code sets.
8. How will ICD-10 implementation impact provider portal utilization?	Provider Web Portal inquires or CareWeb QI PA approval and submissions processes will not be impacted beyond the standard ICD-10 utilization requirements based on Dates of Service/Discharge.	Slight changes have been made to the CMS 1500 online claim screen in the Cenpatco Secure Provider Portal effective May 15th, 2015. These changes will align and assist with the implementation of ICD-10 and ensure compliance with claims submissions. The portal allows users to view, bill, and correct claims within an 18 month period of time, which should give more than enough time to bill claims and correct any as needed.	Overall portal functionality will remain the same. When submitting prior authorization requests and/or claims through the portal, the appropriate code set must be used based on date of service. If ICD-10 codes are not used after October 1, 2015 claims will be rejected but providers will have the opportunity to correct the claim in the portal.	Overall portal functionality will remain the same. When submitting prior authorization requests and/or claims through the portal, the appropriate code set must be used based on date of service. If ICD-10 codes are not used after October 1, 2015 claims will be rejected but providers will have the opportunity to correct the claim in the portal.	Provider Express Claim Entry has been tested, will go live for ICD-10 on October 1, 2015.
					
9. Will ICD-10 implementation/ transition be based on DOS for both EDI and web portal claims submission?	Yes. Aetna is following CMS guidelines for both EDI and web portal submission and will require ICD-10 codes for dates of service on or after Oct. 1, 2015.	Yes. Buckeye Health Plan is following CMS guidelines for both EDI and web portal submission and will require ICD-10 codes for dates of service on or after Oct. 1, 2015.	Yes. CareSource is following CMS guidelines for both EDI and web portal submission and will require ICD-10 codes for dates of service on or after Oct. 1, 2015.	Yes. Molina is following CMS guidelines for both EDI and web portal submission and will require ICD-10 codes for dates of service on or after Oct. 1, 2015.	Yes. United Healthcare is following CMS guidelines for both EDI and web portal submission and will require ICD-10 codes for dates of service on or after Oct. 1, 2015.
10. Will web portals contain drop down lists for both ICD-9 and ICD-10 for some period of time? If so, how long?	Our web portal functions only consist of data inquiries and secure message deliveries. However, providers can access Care Web QI through the web portal to submit PA requests. PA submission requirements for post-October 1 procedures are being finalized with our Medical Management Team, and will be communicated in the near future.	No, Buckeye Health Plan will accept ICD-9 coded claims only for dates of service prior to Oct. 1, 2015 and will accept ICD-10 codes only for dates of service on or after Oct. 1, 2015.	No, CareSource will accept ICD-9 coded claims only for dates of service prior to Oct. 1, 2015 and will accept ICD-10 codes only for dates of service on or after Oct. 1, 2015.	No, Molina will accept ICD-9 coded claims only for dates of service prior to Oct. 1, 2015 and will accept ICD-10 codes only for dates of service on or after Oct. 1, 2015.	No, United Healthcare will accept ICD-9 coded claims only for dates of service prior to Oct. 1, 2015 and will accept ICD-10 codes only for dates of service on or after Oct. 1, 2015.

<p>11. What resources will you have in place to assist providers if ICD-10 codes result in unanticipated claim rejections or denials?</p>	<p>The existing Provider Services resources will still be available for claim rejection/denial inquiries due to ICD 10. Providers are encouraged to call 1-855-364-0974, option 2, then, option 5, or email us at OH_ProviderServices@Aetna.com.</p>	<p>The Secure Provider Portal will not allow users to submit individual claims with a DOS prior to 10/01/15 with ICD-10 codes and will not allow claims past 09/30/15 to be submitted with ICD-9 codes. However, any batch files uploaded through the portal with an incorrect diagnosis will cause rejections as if they were submitted through EDI. We are training providers through the Q3 training sessions and throughout the rest of the year as needed. We feel the training and resources posted on our website will be sufficient to reduce the number of errors in batch files submitted through the portal. We will work very closely with our clearinghouse to ensure we provide the best customer service experience for our users who choose to submit claims through EDI transactions.</p>	<p>Caresource will work with our partners to ensure a smooth transition to ICD-10. We anticipate some increase of claim rejections and denials for the first 30 to 60 days after the go-live date of October 1. The call center is expected to have an increase of call volume causing longer than normal wait times which will be remediated by 3rd party assistance. Our claims department will be impacted with larger than normal claim resolutions which will be remediated with additional resources for at least 30 to 90 days after October 1st.</p>	<p>Providers will have typical timely filing timeframes (120 days from DOS) if billing software is not yet compliant on October 1 or if they need to submit corrected claims. We recommend that providers utilize their assigned Provider Service Representative (PSR) to communicate any issues or concerns, although the increase in volume of claims issues could lead to longer than normal wait times. If providers need to escalate issues with rejections or denials they can contact Emily Higgins, our Director of Behavioral Health at 614-212-6298 or at emily.higgins@molinahealthcare.com.</p>	<p>There will be email and fax notices to providers supporting the transition. Information about the ICD-10 transition has been posted and will be updated on Provider Express: https://www.providerexpress.com/content/openprovexpr/us/en/admin-resources/dsm5_icd10.html</p>
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