

Insurance Manual

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Table of Contents

CHECKING NEW CLIENTS	2
AETNA	2
AETNA EAP	2
AETNA MEDICAID	2
AMERIGROUP	2
ALLIANCE WORK PARTNERS (AWP) / WORKERS ASSISTANCE PROGRAM (WAP)	2
AVAILITY – BCBS, CIGNA, HUMANA	3
BEACON HEALTH / COOKS CHILDREN’S HOSPITAL	3
CENPATICO / SUPERIOR HEALTH	3
CERIDIAN EAP	3
CIGNA	3
CIGNA HEALTH SPRINGS	4
MAGELLAN & MAGELLAN EAP	4
MERITAIN HEALTH	4
MOLINA HEALTHCARE	4
OPTUM – UBH/UHC	5
TMHP/ MEDICAID	5
GETTING EXPLANATION OF BENEFITS	6
READING EOBS	6

Checking New Clients

Because every insurance company is different in what they require, we encourage you to call/check online every new insurance client prior to their first session. The process will be different for each insurance company. Below is documentation for most major insurance companies, but for smaller companies you will have to get the information from the client based on what is available on their insurance card.

It is best to get this information at the time you are scheduling the appointment so you have time to do the pre-authorization before they come to their session. This will prevent using office hours doing an Intake only to find out later that you aren't on that insurance panel or are Out of Network and will not be paid by insurance.

Aetna

<https://navinet.navimedix.com/Main.aspx>

You must request login and password information from Admin to login to this website.

- Move your mouse over Work Flows, when the menu drops down select My Health Plans.
- When the menu opens on the right select Aetna Health Plan
- Highlight Eligibility in the blue menu on the left then select Eligibility and Benefits Inquiry
- Select your name as the Requesting Provider, if you are not listed notify Admin.
- Select Mental Health Provider – Outpatient – CF under Benefit Type
- Select your Search Type and enter the required information and click Search

Aetna EAP

These clients are normally sent straight from the EAP so you shouldn't need to do any preauthorization for them. Claims are submitted via Fax or mailing their claim so there is no website to login to. More information is available via their Provider Manual if you have questions:

www.aetna.com/healthcare-professionals/documents-forms/eap-provider-manual.pdf

Don't forget to send Admin a copy of your session for tracking when the payment comes in.

Aetna Medicaid

See TMHP

Amerigroup

See TMHP

Alliance Work Partners (AWP) / Workers Assistance Program (WAP)

AWP will contact you and give you the information about the client; including name, phone number, presenting issues, number of sessions and authorization number. They will instruct the client to call you and you must return their call within 24 hours. Everything you need for AWP including how to apply to be a provider, intake and session paperwork and online claims submission is on their website. No login is required.

<https://www.awpnow.com/main/provider-portal/>

Don't forget to send Admin a copy of your session for tracking when the payment comes in.

Availity – BCBS, Cigna, Humana

Availity is a clearinghouse that handles many different Insurance companies' functions like pre-authorizations/eligibility verifications and claims submissions. You can either register yourself and have Admin set your privileges or you can just request a login from Admin and they will create it and set your privileges.

- Login go to: <https://apps.availity.com/availity/web/public.elegant.login>
- Highlight Patient Registration from the far left side gray menu bar then click on Eligibility and Benefits Inquiry
- Select the Insurance company your client is on as the Payor
- Select your name for Provider and Professional as the Provider Type
- Place of Service = Office
- Benefit/Service Type = Mental Health
- Select the type of search you are doing and provide the requested Patient data and click Submit.
- Results can vary here depending on the carrier and how their individual policies are set up. You can scroll down on the Patient Information section to review their Mental Health benefits or you can click Coverage and Benefits and it may give you more specific information.
- There is also the Patient Cost Estimator button at the top middle of the screen that will sometimes tell you exactly what their coverage is projected to be.
- NOTHING IS GUARANTEED until the EOB comes back. We can only estimate at this point until the claim is filed.

Beacon Health / Cooks Children's Hospital

See TMHP for availability

There is currently no way to check benefits information for Beacon Health clients for staff. Admin does have a login so if the information is urgent you can send an e-mail request.

Cenpatico / Superior Health

See TMHP

Ceridian EAP

To obtain a login for Ceridian you have to contact our Network Provider Representative. Currently Clare Curtis @ clare.curtis@ceridian.com. Clare can send you the Portal User Guide and help you set up your login for their website. Ceridian will send you referrals via e-mail; it will include the clients name, phone number and presenting issues. The client is instructed to call you to set up an appointment. Intake paperwork, session notes and online billing are all done via the website:

<https://www.ceridianprovidersolutions.com/Pages/CeridianWelcome.aspx>

Make sure to print the paperwork from their website so that you can sign it and place it in the clients' file. Otherwise the actual intake notes should be completed on their website when you are with the client. **Don't forget to send Admin a copy of your session for tracking when the payment comes in.**

Cigna

See Availity

Cigna Health Springs

See TMHP

Humana

See Availity

Magellan & Magellan EAP

To access Magellan's site you need to first request a User ID from Admin so you can login to:

<https://www.magellanprovider.com/>

Checking Eligibility

- On the right hand side under My Authorizations click Check Member Eligibility
- Enter the clients Name and any identifying information you have to narrow down the search and click Search
- Make sure you review the Mental Health tab if there is one.

Filing EAP Claims

- After logging into the website go to the My Claims section on the left hand side menu and click Submit an EASI Form.
- Enter the Clients MAT number and click Search
- Submit all required information and click Submit. *NOTE:* This is a shell because we have no current examples for processing a claim to see how it still works. If you have a current Magellan EAP client and need further assistance contact Admin.
- **Don't forget to send Admin a copy of your session for tracking when the payment comes in.**

Meritain Health

To access Meritain's site for checking Eligibility and Claim Status you have to register via their website:

<https://www.meritain.com/>

Your Registration information must be an exact match to the information you submitted when you became a provider, so you may have to call them to have them help you create the login; 800-925-2272.

Checking Eligibility

- Login to the site and click Eligibility and Claims from the top menu bar.
- Type in the required information and click Search.

Molina Healthcare

Logins must be requested from Admin.

<https://provider.molinahealthcare.com/Provider/Login>

- Click Member Eligibility from the left hand menu bar
- Enter Search criteria and click Submit.

Optum – UBH/UHC

You will need to go to the website to create your own login, and Admin will have to approve it and set your privileges.

<https://healthid.optum.com/tb/app/index.html#/login>

- After logging in you will be directed to the UHC Link Dashboard. It has a lot of different UHC/UBH websites available from one convenient location. Click on UnitedHealthcare Eligibility & Benefits
- Click Start Here
- There is only one option available for the first 3 blanks, so just make sure that the option is selected.
- On the last box you have to click your cursor into the box and hit your Down Arrow Key on your Keyboard. That's the only way to get the list of providers to appear.
- Select your name and click Submit. If you do not see your name contact Admin.
- Select your criteria type and enter the required information then click Search.
- The Client should pop up and on the far right hand side there are two options. You can click for a look at the clients ID card to check co pay information or you can click Select and you will get a more in depth look at their benefits and eligibilities.
- This screen has several different options of information you can look at. Pick what meets your needs.

TMHP/ Medicaid

When you are set up for a new TPI under the CCD group TPI Admin will create a user name and password for you. Request that from them once you are ready to start seeing Medicaid or CPS clients. The website to use for Eligibility checks is:

<https://secure.tmhp.com/TexMedConnect/>

- Once you have signed in go to Eligibility on the left hand menu.
- Enter the date range you are searching for. It's normally good to look at a month's worth of data, so enter one month back from the current date you are searching as your start range and today's date as your end range.
- Enter search criteria based on what you have available. You can do just Date of Birth and First and Last Name, you can do Date of Birth and Medicaid ID, etc.
- Click Submit
- The next screen will either show an error like Invalid ID/Name combination, or Client is inactive for selected date range. These all mean the client does not currently have Medicaid benefits.
 - Sometimes the clients card will have outdated information, like their name. However their date of birth and Medicaid # will always remain the same, so if you are unsuccessful with the last name/first name search try using just the DOB and Medicaid #.
- Or it will show you the clients' current benefits. Make sure to scroll all the way down to see if they have benefits through a Managed Medicaid provider or if it is just traditional Medicaid.
 - Managed Medicaid is a version of Medicaid that is managed by an outside provider like: Amerigroup, Beacon Health, Cenpatco, etc. You will normally see STAR or Behavioral Health listed under the Line of Business heading.

Getting Explanation of Benefits

Whenever payments or denials come in Admin receives copies of the Explanation of Benefits (EOB's). These EOB's tell them who the payment is for, what service it was for, how much was allowed, paid, denied, etc. Admin will review them and determine if it is a payment or a denial and enter the services in Access. You will see the information on your payroll reports. If Admin has a specific concern they will e-mail you for further information but if you want a copy of the EOB for any reason send Admin an e-mail asking for the EOB for XYZ client that came in on which date.

Reading EOBs

Because every EOB looks different from others we are not going to explain them individual. Usually if you use the column headers at the top of the EOB they are pretty straight forward. Just read the information underneath and any Reason Codes they give for denials should be towards the bottom of the EOB.

If you find yourself in need of clarity just ask Admin, they are the pros and can walk you through it.