



Promoting wellness and recovery

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February 24, 2017

Memorandum

To: OMHAS Certified Community Mental Health Providers

From: Monica Peck

Title: Psychiatrist Prior Authorization Exemption for 2nd Generation Antipsychotic Drugs for Ohio Medicaid Managed Care Plans (MCPs)

This letter provides information regarding the ongoing process for psychiatrist prior authorization exemptions for certain 2nd generation (also known as atypical) antipsychotic drugs and antidepressants for Medicaid consumers enrolled in Medicaid MCPs and for Medicaid consumers receiving services through the traditional fee-for-service program. **Please be aware that advanced practice nurses or residents are not eligible to receive the psychiatrist prior authorization exemption.**

Psychiatrist Prior Authorization Exemption through Managed Care Plans

As in the past, the Ohio Department of Mental Health Addiction Services' (OMHAS) Office of Health Integration is coordinating this effort. In order for Community Mental Health Center psychiatrists to qualify for the prior authorization exemption, providers must submit information for each psychiatrist that is directly employed by or contracting with your agency.

Since this is an ongoing process, providers must submit this information using the form for each new psychiatrist that becomes employed by or begins contracting with your agency so the list can be updated. Also, to keep the list as up-to-date as possible, psychiatrists that need to be removed from the list should be emailed to the MHAS-BHSupport@mha.ohio.gov mailbox along with their Prescriber DEA Number and First/Last Name.

Instructions for completing the spreadsheet:

- All fields marked by an asterisk (*) are required and must be completed.
- *Name, Title, Agency of Person Completing Report.
- *Email Address & Phone Number of Person Completing Report.
- *Effective date of service: Date that the psychiatrist employed or contracted with provider.
- *Prescriber Ohio Department of Medicaid (ODM) 7-Digit Medicaid Number: DO NOT USE ANY ODM 7-DIGIT MEDICAID NUMBERS ASSIGNED TO YOUR AGENCY ONLY THE PRESCRIBER NUMBER. If the prescriber does not have an ODM 7-Digit Medicaid number then leave this space blank.
- *Prescriber NPI: DO NOT USE ANY NPI NUMBERS ASSIGNED TO YOUR AGENCY ONLY THE PRESCRIBER NPI NUMBER. Please note that if the psychiatrist has already obtained an individual National Provider Identifier (NPI Type-1), you can gather or confirm some of the identifying information through the NPI

registry available at <https://npiregistry.cms.hhs.gov/>. Select “Individual Provider” and enter the psychiatrist’s name and state. If the provider has not obtained an individual NPI they must apply for one and can do so at the same Web site. Once they receive confirmation then enter that number in the appropriate space.

- *Prescriber DEA Number
- *Prescriber First Name
- *Prescriber Last Name
- *Primary Provider Practice Address
- *Primary Provider Practice City
- *Primary Provider Practice State
- *Primary Provider Practice Zip Code
- *Primary Provider Practice Phone Number
- *Primary Provider Practice County Name
- *Primary Community Mental Health Center 1: Your primary provider name.
- *Primary MACSIS Unique Provider Identifier (UPI) Number (if available, otherwise leave blank): 4 or 5 numeric digits.
- *If a psychiatrist is contracting with multiple agencies, then there is space on the spreadsheet to add up to two additional Affiliated Community Mental Health Centers and their respective UPI #s. If they are not, then leave these areas blank.
- Send completed Excel form only (no pdfs or scans) to MHAS-BHSupport@mha.ohio.gov.

Providers experiencing unexpected delays or other issues with psychiatrist prior authorization exemptions through a Medicaid MCP should use the Ohio Department of Medicaid (ODM) Bureau of Managed Health Care Provider Complaint Form available at:

<http://medicaid.ohio.gov/PROVIDERS/ManagedCare/ProviderComplaint.aspx> to report the issue.

Prior Authorization Exemption through Traditional/Fee-for-service Medicaid

The ODM policy on prior authorization of antidepressants and 2nd generation antipsychotics is available in the Preferred Drug List document posted at: <http://pharmacy.medicaid.ohio.gov/>. Psychiatrists sent to OMHAS through the process described in this letter will be updated by ODM to show the psychiatry specialty.

If you have any questions concerning the information in this letter, please contact us via email MHAS-BHSupport@mha.ohio.gov or by phone at 614-752-8360.