



Date: 09/16/11

Web Announcement 409

Re-Enrollment Deadline Approaches for Behavioral Health Providers

The Oct. 31, 2011, deadline to re-enroll is approaching for Behavioral Health provider types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment). Providers who do not re-enroll will have their provider contract terminated effective Oct. 31, 2011. The result of the termination is that no payment will be made to the provider for dates of service after the effective date of the termination.

Enrollment reminders:

- When submitting the [Provider Enrollment Application and Contract](#), remember that the medical, clinical and direct supervisors indicated on the QMHP, QMHA and QBA [Provider Enrollment Checklists](#) must match the medical, clinical and direct supervisors indicated on the group's Provider Enrollment Checklist.
- Any change in the medical, clinical or direct supervisor must be reported to Magellan Medicaid Administration, Inc. by completing and submitting the [Provider Information Change Form \(FA-33\)](#) and the appropriate Provider Enrollment Checklist. Per Medicaid Services Manual (MSM) Chapter 100, Section 103.3: Medicaid providers, and any pending contract approval, are required to report, in writing **within five working days**, any change in ownership, address, or addition or removal of practitioners, or any other information pertinent to the receipt of Medicaid funds.
- If the individual and group applications do not match, the applications will be returned. When re-submitting the application, please ensure that the medical, clinical and direct supervisors are the same on the individual and group Enrollment Checklists.

Urgent note: The individual servicing provider's National Provider Identifier (NPI) must be linked to the group's NPI in order for claims to pay. If the individual's NPI is not linked to the group's NPI, then claims will deny.

Reminder: Submission of a re-enrollment application does not guarantee the provider's current enrollment will continue. If it is found that providers/groups do not meet the criteria for their provider type and/or specialty, their re-enrollment will be denied and their current enrollment will be terminated.