

Welcome to the Magellan Provider IBHS Workgroup

SEPTEMBER 22, 2020

Magellan
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Welcome and Opening Remarks

Another Zoom poll?



This will be the last month Magellan requests access information as the new access survey should be fully functional by the end of September.

Getting information about your agency's status for IBHS licensure is helpful in answering questions from OMHSAS and our county partners and understanding how our network is transitioning.



Please hold your questions until the end of the PowerPoint. We hope this will assist in participants being able to more actively listen to the content.

We will answer new questions but may defer other answers to specific resources in order to encourage providers to use the resources available and be efficient with everyone's time.

Agenda



- Review/Important Notes
- IBHS Billing Guidance
- IBHS rates & network changes
- Authorization Transition Process from BHRS to IBHS
- Draft Reporting Information
- Access Survey
- Referral list transition
- Best Practices for Referral list
- Group Assessment
- Group Services
- Providers communication to families around transition
- Service Description Process
- Upcoming Forums and Technical Assistance
- Magellan Workgroups and Technical Assistance Calls
- OMHSAS Updates
- Questions
- Next Steps



Review & Important to Note

New and Important to Note



- Reminder: OMHSAS did release the IBHS Individual, Group and ABA Medical Necessity Guidelines. Agencies need to become familiar with these new guidelines and use them when completing written orders and assessments for IBHS.
- OMHSAS presented the BH-MCOs with some draft reporting documents. Discussions are ongoing but will likely require some additional tracking items. Magellan will share information as it becomes available.
- OMHSAS released the regulation suspension bulletin. It was noted that when the pandemic/emergency order is lifted, signed treatment plans are expected to be in the member's record. Providers are encouraged to gather signatures now if possible. OMHSAS plans to release additional written guidance about these expectations.
- OMHSAS has not yet provided an update on their re-consideration of office based 1:1 ABA being delivered as ABA vs the current expectation of within the group IBHS category.

A large blue triangle points from the top-left towards the bottom-right, filling the left and center of the page. Several smaller, colorful triangles are scattered around it: a large orange triangle on the left edge, a lime green triangle above it, a purple triangle in the upper right, a cyan triangle to its right, and a magenta triangle below the purple one.

Billing Guidance

Auth codes vs Billing codes



Auth codes

These codes will be the ones you will see on the authorizations as noted on the TAR.

Billing codes

These codes are specific to your contract, services/tasks provided, and staff credentials.

Reminder



Medicaid is always the payer of last resort.

Magellan cannot reimburse as primary payer because your agency is out of network with the primary insurance.

Magellan can reimburse as primary payer if primary plan terms, benefit is exhausted, or service is not a covered benefit.

ABA Services- Behavior Consultation – Assessment



Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.

- **Billable:** Face to Face consultation and assessment with team members; attendance at meetings related to the member; development of treatment plan (including observations, behavior tracking, defining antecedents and, consequences etc.); administering assessments; such as a Functional Behavior Assessment or the CANS; discussing findings and recommendations; non-face-to-face analyzing of past data; scoring/interpreting the assessment; and preparing the report/treatment plan, reviewing observational data. Identification and analysis of skill deficits and/or targeted behaviors. Discussing findings and recommendations with member/guardian.
- Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in an authorization period. Magellan will be implementing either a unique POS code or Proc/code modifier to bill for telephonic.
- **Not Billable:** Not inclusive of writing the treatment plan or online research for treatment plan development. Training and research is not billable- role of consultant is to give information to team. Clerical time is not billable. Travel time is not billable.
- Billing codes 97151 HO and 97151 HO HA

*need to bill based on staff credentials

ABA Services- Behavior Consultation - Adaptive Behavior Treatment



Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes.

- **Billable:** Face to face with the member to monitor protocol or make changes. Includes direction of behavior technician with the member. Includes 1:1 interventions provided face to face identified in the treatment plan
- Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in an authorization period. Magellan will be implementing either a unique POS code or Proc/code modifier to bill for telephonic.
- **Not Billable:** Any non-face to face with member is not billable. Travel time is not billable.
- Billing codes 97155 HO and 97155 HO HA

*need to bill based on staff credentials

ABA Services- Behavior Consultation – Family Adaptive Behavior



Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.

- **Billable:** Face to face with the guardian/caregiver (inclusive of teachers/day care workers etc..) with or without the member present. Includes coaching, modeling or teaching.
- Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in an authorization period. Magellan will be implementing either a unique POS code or Proc/code modifier to bill for telephonic.
- **Not Billable:** Non face to face with guardian/caregiver (inclusive of teachers/day care workers etc..) and any non face to face with non-guardian or caregiver. Travel time is not billable.
- Billing codes 97156 HO and 97156 HO HA

*need to bill based on staff credentials

ABA- Behavior Health Tech Services- Assessment



Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes.

- **Billable:** Face to face with child only, includes data collection as needed. RBT's are also permitted to bill for face to face time with caregiver in absence of child as it relates to the implementation of the treatment plan.
- **Not Billable:** Non face to face time. BHT should not be conducting or doing parts of the assessment as its beyond their scope of what they are trained to do. Travel time is not billable.

*need to bill based on staff credentials

ABA- Behavior Health Technician Services- Adaptive Behavior Treatment



Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.

- **Billable:** Face to face with the member. RBT's may bill for face to face time with caregiver in absence of child as it relates to the treatment plan implementation.
- **Not Billable:** Non face to face time. BHT should not be conducting or doing parts of the assessment as its beyond their scope of what they are trained to do. Travel time is not billable.

*need to bill based on staff credentials

Place of Service Codes



POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

Potential New Code



- Based on the draft reporting requirements Magellan will be adding a new Assessment procedure code/modifier so that it can be distinguished from traditional services. We will share when it is confirmed.

Individual IBHS:					
Code	Mod 1	Mod 2	Mod 3	Code Description	Place of service
H0032	HA	EP		Indiv - Initial Assessment Unl	12, 03, 99
H0032	HA	EP	U1	Indiv - Initial Assessment Lic	12, 03, 99

Grp IBHS:					
Code	Mod 1	Mod 2	Mod 3	Code Description	Place of service
H2021	HA	EP		IBHS -GRP Assessment Unl	12, 03, 99
H2021	HA	EP	U1	IBHS -GRP Assessment Lic	12, 03, 99

ABA IBHS:					
Code	Mod 1	Mod 2	Mod 3	Code Description	Place of service
97151	HA	EP		ABA Initial Asses BC ABA	12, 03, 99
97151	HA	EP	U1	ABA Initial Asses - Behav Analytic	12, 03, 99



IBHS Codes & Network Changes

Written Order and Evaluation Codes



The written order and evaluation codes have officially been added to all service levels. The state will be sending an announcement to confirm. The codes were added to the most recent HealthChoices covered services grid issued in July 2020.

Code	Mod 1	Mod 2	Mod3	Mod4	Name	Type	Spec	POS
90791	UB	EP			Psych Diag Eval no med svcs	11	590, 592, 593	11, 12, 99
90791	UB	UC			Psych Diag ReEval no med svcs	11	590, 592, 593	11, 12, 99
H0031	UB				Written Order other lic	11	590, 592, 593	11, 12, 99
H0031	UB	U6			Written order other MD/PhD	11	590, 592, 593	11, 12, 99



Authorization Transition Process from BHRS to IBHS

Recommendations until IBHS contracted...



- Please consider prescription recommendations which recommend both BHRS and IBHS. The BHRS script will be authorized for the duration of the authorization period, and then be adjusted (as described on next slide) once the provider is contracted for IBHS.

Example- Recommend Behavior Specialist Consultant up to 12 hrs/per month under BHRS and transition to Behavior Consultation (BC) up to 12 hours per month under IBHS from 7/20/20-1/20/21

- MBH CM will review MNC for both BHRS and IBHS at the time of packet submission.
- If MNC is met, MBH CM will enter a full BHRS authorization for the duration of the authorization period.

Ways to transition BHRS auths to IBHS auths...



Your agency has the following BHRS to IBHS authorization transition options:

- Option 1. Utilize the transition tracker which was reviewed during our webinars and is posted on our provider IBHS webpage. This document is strictly for members who already have a written order which contains an IBHS recommendation and was approved by Magellan already.
- Option 2. Have your members naturally transition over to IBHS authorizations as their BHRS authorizations expire.
- Option 3. Once IBHS contracted, begin getting updated written orders containing recommendations for IBHS which would be submitted as a change packet. Ensure that the packets contain: WO with IBHS recommendations, Assessment with IBHS recommendations, ITP with IBHS staffing, BHRS TAR (to reflect the units and date frame for your BHRS auth), and IBHS TAR. Remember the last covered day of your IBHS authorization must be the same as it was for your BHRS authorization; WO updates cannot extend an authorization.



Draft Reporting Requirements

Possible Reporting Information



- Date of written order
- Date written order received
- Date assessment began
- Date assessment complete
- Date ITP completed
- Date services began - If the client has been involved in BHRS services with your agency, please continue to write the first date they started BHRS services. For new members, this will be the first date of the services recommended in the written order and assessment. We will need to report all levels of service.
- Plan to add to the online authorization system for providers to data enter.

*OMHSAS has verbally confirmed that the above data points will be tracked. They are continuing to work on capacity reporting requirements.



Access Surveys

New Access Survey



- First survey was sent on September 1st to all providers who offered contact information.
- The 1st of every month, the short Access survey will be sent.
- A reminder email goes out the next day.
- Survey should be completed by the 5th of every month.
- On the 15th of each month a more detailed survey will be sent.
- Survey should be completed by the 20th of every month.
- Results will be shared in real time.



Referral List Transition

Changes and Expansion of Referral List

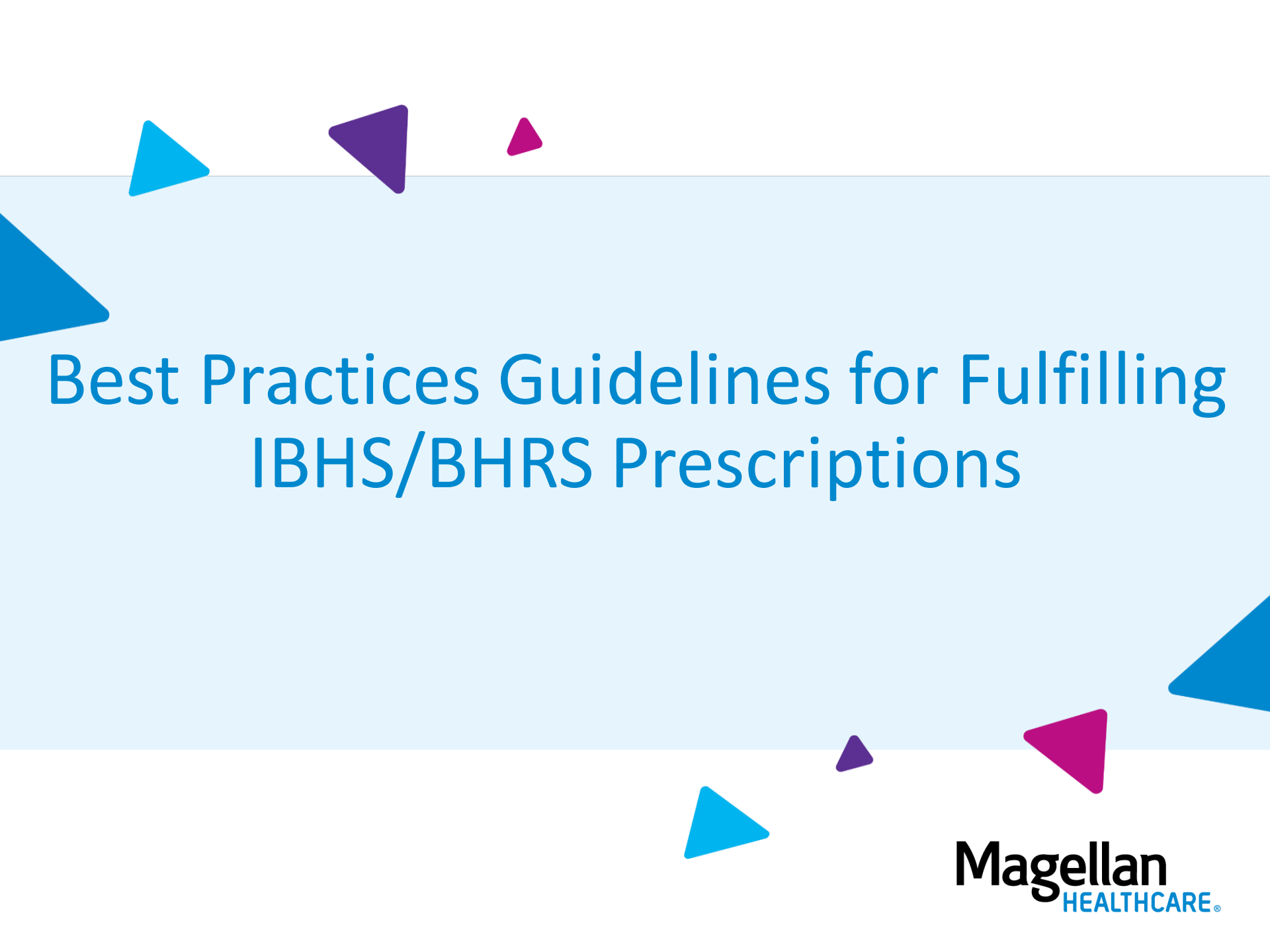


Starting January 17, 2021

- All initial referrals to the referral list will stop
- All splits/transfers referrals to the referral list will stop
- Current splits/transfers on the referral list will return to referred provider, with referral options given by Magellan. Referring provider will be responsible for follow up.
- All initial cases on the referral list will remain active. Magellan will continue to assist with provider identification.
- Magellan will accept and identify staffing for all new IBHS WO recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Your agency can outreach to Magellan (Liz) for assistance staffing members with complex needs as well as members with prolonged access issues.

Magellan will continue to monitor this process for effectiveness.

It will be critical that all providers complete and use the new access survey to support our members in being connected to IBHS.



Best Practices Guidelines for Fulfilling IBHS/BHRS Prescriptions



In an effort to partner with IBHS/BHRS providers and better serve youth, Magellan is requesting your support through improved coordination and collaboration. We have outlined best practice guidelines for member/family support if your agency has a member whose IBHS/BHRS prescription is not fully staffed.

- Provide members/families with a document detailing the staffing process within your agency. This document should include:
 - ✓ Clear parameters around staffing options such as option to wait for staffing within your agency, transfer to another agency, or attempt to split staffing with another agency
 - ✓ A single point of contact within your agency for any staffing related inquiries
 - ✓ How often staffing updates will be provided to the family (ex. Weekly, every other week check in). Contact should be offered minimally every other week.
 - ✓ An agreed upon method of communicating the updates (ex. phone, email)
- Provider should document in the members record the member/family review of the staffing process and the agreed upon option and communication method and frequency.



- Discuss any additional resources including and beyond HealthChoices services which may be helpful to the member/family especially during a lapse in service (ex. Respite, home health aide, case management, outpatient therapy, advocacy, family supports).
- Please review the staffing options at each determined check in to confirm the member/family is still in agreement with the current plan. All outreaches should be documented in the members' record.



If the member/family wants to explore staffing options outside of your agency, please consider the following:

- ✓ Review the most recent Magellan Access Survey Report, together with the member/family, considering county, service, and member availability needs
- ✓ Choose a few possible agencies to outreach based on this discussion
- ✓ Discuss and decide who will outreach to these providers (ex. member, family, agency)
- ✓ Obtain any necessary Releases of Information for each provider
- ✓ Keep documentation of which provider was called, phone number used, agency person spoken to, results of the call, and date of the outreach
- ✓ Provider and member/family should review the outcomes of the outreaches during their regularly scheduled check in according to the frequency decided on in the written agreement unless needed sooner

Your agency can outreach to Magellan for assistance with members with complex needs as well as prolonged access issues. Elizabeth Saeger, Senior Care Worker for the Children's Outpatient Department can be reached at (877)769-9782 or via email at EMSaeger@magellanhealth.com.

Once a new provider is identified, with member/family consent, both agencies should speak on the phone to develop a transition plan and share necessary details. It is important if there is a transfer occurring that these 2 agencies and member/family decide on a mutual date that the transfer would start. The approved packet paperwork should be shared with the new provider.

All BHRS/IBHS agencies should have a policy that details their process for fulfilling BHRS/IBHS prescriptions, inclusive of expectations for family communication and frequency.



Group Assessment

Group Assessment



For members transitioning from one group service (ex STAP) to another group service (ex TASP), Magellan will accept a group assessment completed within the last 6 months as long as the member's clinical presentation has not changed significantly. In addition, the assessment should measure skills or track observations which are specifically being address in each group. For instance, a member just completed a social skills group and is now transitioning to an ABA group specifically addressing behavioral issues. It would not seem appropriate to utilize the social skills assessment since it will not likely capture the behavioral assessment needed for this next ABA group.



Group Services

New Groups under IBHS



*Please only initiate this process when your agency is ready to begin implementing group services if approved.

For those who are planning to deliver IBHS Group Services who have not provided group services before (excludes current STAP/TASP providers), please follow the following process:

Submit a detailed program description to IBHS@MagellanHealth.com inclusive of:

- target population (including primary & MA secondary participants)
 - clinical model of program
 - size of each group
 - frequency of each group
 - length of group (program duration and each sessions)
 - if group is closed or open
 - location of group
 - family involvement
 - Authorization period
 - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.

1:1 Center Based ABA Services



- OMHSAS has shared clarification to the BH-MCO's that center-based ABA services should be **primarily** provided in a **group format** with the treatment plan also including individual interventions needed to address the therapeutic needs of the member. Providing only 1:1 center-based ABA services is not considered IBHS.
- The only IBH services allowed in a center would be group services.
- OMHSAS is still in open conversations about changing the minimum number of members present in a group to two in their billing code definitions. Once this is decided, an updated bulletin will be released.
- As we receive more information, we will share it.



Providers communication to families around transition



- Providers should be communicating to members and families about the pending transition to IBHS.
- Communication should include direct conversations with the member and family about their current services and what services will be provided under IBHS.
- Providers should provide written documentation to families related to the new IBHS staff terms, process and procedures for IBHS.
- Providers should document this in each member's medical record.
- Providers may direct families to the Magellan of PA website to view the March 5, 2020 webinar.



Service Description Process

WHERE IS YOUR AGENCY IN THE IBHS LICENSING PROCESS?



- Have you submitted your Service Description to OMHSAS and have been waiting more than 2 weeks without any contact or approval?
 - Outreach your Regional Field Office Representative
- Has your agency applied for the IBHS MA enrollment but have not heard anything for at least 2 months?
 - Outreach your Regional Field Office Representative

What happens after my agency is IBHS licensed and enrolled?



- ✓ If you are an existing group provider and receive your license you would need to email Magellan through the IBHS mailbox to start the credentialing process.
- ✓ If you are an organization and received your license, enrollment and are credentialed you should email Magellan with that information. Magellan is also monitoring the PROMISe site for completed enrollments.
- ✓ Magellan will begin sending out contracts (If you are a new provider) or an amendment to add IBHS to your existing contracts.
- ✓ Your agency will be contacted by Magellan's clinical team to start planning for authorization process.

IBHS Service Descriptions



Magellan has received has 64 approved Service Descriptions for IBHS.

Waiting on 13 more...

Please send:

- ✓ Approved IBHS Service Descriptions
- ✓ Copy of the approval letter to IBHS@magellanhealth.com



Upcoming Forums & Technical Assistance

Technical Assistance calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- We would like any provider needing to transition members as well as agencies proposing to provide group services for the first time to sign up.
- Please use the sign-up genius link to sign up and we will email you the zoom connection. <https://www.signupgenius.com/go/9040C44ADA72DA5FD0-ibhs>

Additional IBHS Provider Forums



Wednesday October 21, 2020 12:00-1:30 P.M. Via Zoom

<https://magellanhealth.zoom.us/j/98055015319?pwd=SEtDa0p2KytqQlFtejJLYmIHdzBXdz09&from=msft>
Password: eM@6w2

Wednesday November 18, 2020 12:30-2:00 P.M. Via Zoom

<https://magellanhealth.zoom.us/j/91683084639?pwd=c0xVSEJyL1FVQmJTVWNheWtYVVYvQT09&from=msft>
Password: 439SDC

Tuesday December 15, 2020 10:00-11:30 A.M. Via Zoom

<https://magellanhealth.zoom.us/j/93419160080?pwd=MWpOYnZWbm9USy9iSnczR05PWSt2UT09&from=msft>
Password: Hj.4z*

Registration is required for all future forums so we can maximize Zoom capabilities. Please register in advance.

Q&A Call for only IBHS contracted agencies



- October 5, 2020 1:30-2:30
- Invitations will be sent to those agencies contracted by that date.
- Magellan will continue to host these monthly through the fall or until no longer needed.

OMHSAS Updates



OMHSAS website link:

<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>

Submit questions to RA-PWIBHS@pa.gov

Medical Necessity Guidelines have been released.

The Medical Necessity Guideline Bulletin can be found here: [Bulletin OMHSAS-20-05](#).

- [IBHS Individual Services](#)
- [ABA Services](#)
- [Group Services](#)

OMHSAS recently published their updated FAQ on their IBHS webpage. The link is now located on the righthand side of the webpage.



ABA Resources:

- <https://casproviders.org/april-3-2020-casps-telehealth-task-force-presents-the-new-practice-parameters-for-telehealth-implementation-of-applied-behavior-analysis-continuity-of-care-during-the-cov/>
- [https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA Guidelines - Practicing During COVID-19 Pandemic 040920.pdf](https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA_Guidelines_-_Practicing_During_COVID-19_Pandemic_040920.pdf)

Additional ABA Billing Guidance Resources:

- <https://abacodes.org/frequently-asked-questions/>
- [https://www.abainternational.org/ABAIUploads/Practice/FINAL CPT Supplemental Guidance 1 9 19.pdf](https://www.abainternational.org/ABAIUploads/Practice/FINAL_CPT_Supplemental_Guidance_1_9_19.pdf)



Questions? Suggestions?

Magellan Contact



Please send all questions to IBHS@MagellanHealth.com



Thank you!

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