

Welcome to the Magellan Provider IBHS Workgroup

JUNE 25, 2024

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Welcome and Opening Remarks

Agenda

- Updates from OMHSAS
- Network Updates
- Provider Spotlight
- Clinical Updates/Reminders
- Upcoming Forums, Technical Assistance, and Resources
- Questions



Updates from OMHSAS

Treatment Plan Timeframes



Field office - When the last required signature is added to the Individualized Treatment Plan (ITP), the update is considered complete. Providers need to go by the date of last signature on the updated ITP updated and not exclusively by the reauthorization timeframes. Field office has offered technical assistance around this. However, this can result in citations.

OMHSAS – Adding ABA codes to Outpatient



- PA Bulletin announcement and subsequent bulletin adding ABA national codes to the outpatient level of care.
- BHSRCC will likely be available in Jan 2025.
- PA Bulletin – will have public comment periods for 30 days.
- Review the comments for possible edits.
- Release Medicaid bulletin; have 30 day comment periods.
- Anticipate this to be a slow roll out.
- Hope that this will increase access and create preventative and step-down options.





Network Updates

Network Team



Mitch Fash – Sr. Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County- jpearce@magellanhealth.com

Michael Ditty – Network Management Specialist – Lehigh/Northampton Counties - msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Montgomery County - cedevine@magellanhealth.com

Jessica Torano – Network Management Specialist – Bucks County - toranoj@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing - jrstumm@magellanhealth.com

Alyssa Gorzelsky – Claims Resolution Specialist – amgorzelsky@magellanhealth.com

Billing Usual & Customary



When submitting claims please use your usual and customary charges vs contracted amount.

Why is this important?

When Magellan provides a rate increase, sometimes the rate increase will be effective prior to the rates being loaded into the system. If a provider bills above their contracted amount (U&C), Magellan will be able to adjust the claims without the provider needing to resubmit their claims again. If the claim billed is under the new amount Magellan will not be able to adjust to the new amount contracted.

With the most recent rate increases, it is important to check that current rates are paying at the higher amounts. Please verify all claims have been submitted with the higher contracted amounts. If claims were submitted and paid with a billed amount lower than your current contracted rates, you will need to resubmit for the higher amount.

Magellan is automatically sweeping claims to adjust to the higher amounts as long as they were billed at the new rates. No additional actions are needed by providers. Please be aware that this process will take some time to complete, but feel free to reach out with any questions.

Billing Reminders



- Do not bill members home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifies. Authorization codes may differ than what is listed on your fee schedule. Modifiers must be listed in the order that they show on the fee schedule.
- For any corrected claims, it is required to resubmit with the original claim number.



Claims Resolution



- Claims that providers feel were denied *incorrectly* or have questions about a denied claim, these are considered “Claims Inquiries”.
- Providers should contact the Magellan provider line and speak to a customer service associate.

Provider Services Contact Information:

Bucks/Montgomery: (877) 769-9779

Cambria: (800) 424-3711

Lehigh/Northampton: (866) 780-3368

- If necessary, the customer service associate will submit a Service Request Application (SRA) to Magellan’s claims resolution team for further investigation.

Satellite Sites & Licensing



- IBHS licenses are issued regionally. There are 4 regional field offices: Western Field Office, Northeast Field Office, Southeast Field Office, and Central Field Office. A provider is only required to get multiple licenses if it provides services in multiple regions.
- If a provider has multiple locations in one region, they do not need each site licensed, unless the site provides on-site services. However, your service description must include all locations under the regional license as well as services being provided.
 - Example: Home, Community, and site based
- A provider is required to submit 1 service description for each IBHS license.
- If a provider's service changes, an updated service description must be submitted to the licensing field office for approval. If a provider's address changes, a provider must notify OMHSAS's licensing field office and, if the provider is enrolled in MA, it must also notify MA enrollment.
- ***Not all locations in the region require MA enrollment unless providing on-site services.***



New IBHS Group Process



- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
 - ✓ IBHS Group
 - ✓ IBHS ABA Group
 - ✓ Both

Network will respond by sending a link via DocuSign to be completed. This application will request submission of some documents for Magellan's review. Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

Once all the paperwork is received and reviewed, Magellan's clinical department will outreach to schedule a time to meet with your agency to verbally review and ask any outstanding questions. After, there is an internal, cross-department review process which will conclude with Magellan's decision and contracts as applicable.

Provider Expansion or Provider Changes



For Magellan, is your agency....?

- Moving locations
- Adding a new location
- Want to begin delivering 1:1 site-based services
- Want to begin delivering ABA Services or Individual Services

Please outreach Magellan's Network department identifying your expansion request or change to MBHInterestedProviderApplication@magellanhealth.com.

***Magellan should be notified prior to any changes as this can impact reimbursement.**

Availity Contact Information



- Availity provider support is available via Availity Client Services (ACS):
- E-ticketing – Available 24/7 on <https://www.availity.com>.
- Chat – Available throughout the day via Community Support on <https://www.availity.com>.
- Phone –1.800.AVAILITY (282.4548) Monday-Friday 8a.m. - 8p.m.ET

Network Reminders



- Magellan Credentialing is updated every 3 years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
 - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are sent to the correct person.
 - Promise Medicaid Enrollment is due for revalidation every 5 years. This revalidation date is found directly on the Promise website.
 - Providers are encouraged to review this date and are responsible to revalidate as needed.
 - This is for all enrolled locations and for all provider type/specialty types
 - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.
- *Without active enrollment providers will be potentially affected with being reimbursed.



Provider Spotlight



Team Counseling Concepts – Nadine

- Helping families navigate benefits



Children's Health Insurance Plan (CHIP) Health Insurance Premium Payment (HIPP)



- [CHIP Eligibility and Benefits Handbook 2017 May2021.pdf \(pa.gov\)](#)
- [HIPP Informational Guide excerpt:](#)

Steps taken by HIPP when a client has issues locating a provider:

- If a client contacts their HIPP Operations Specialist (HOS) and states that they cannot find a provider who participates with FFS, or their current provider states that they do not bill FFS, the HOS refers that client to the FFS Recipient Service Center at 1-800-537-8862.
 - The client is instructed to request a list of providers in their county who have been contracted with the state to provide services for FFS recipients.
- If the FFS Recipient Service Center is unable to find providers or the client states that they were unable to find a provider from the list and the services needed are Mental Health or Behavioral Health, the HOS gives the client the name and number for the CASSP Coordinator and/or the County MH office.
 - The client is instructed to request assistance finding providers who participate with FFS.

Outcomes

- Attempts to find providers for the services needed must be made for each case.
- If the CASSP coordinator/County office needs clarification on anything HIPP related, please reach out to the HIPP Program's Policy Unit
- If no providers can be located, or if there are significant wait lists for FFS providers, please reach out to the HIPP Program's Policy Unit.
- Do not direct the client to contact HIPP and ask to be removed.
 - We need OMHSAS, CASSP or the County MH office to reach out to us and explain what steps were taken to assist the client in finding a provider.



HIPP Program Policy Unit

- Tara Gilligan – HIPP Policy Manager – tgilligan@pa.gov
- April Bonelli – Human Services Program Specialist – abonelli@pa.gov
- Myhy Ho – Human Services Program Specialist – mho@pa.gov

- **Contact information for Medicaid Providers**
- [Contact Information for MA Providers | Department of Human Services | Commonwealth of Pennsylvania](#)



Clinical Updates/Reminders



Please submit requests for CANS assistance to IBHS@magellanhealth.com.

Emily W. is on maternity leave and will not be able to respond to inquiries for awhile.

Caregiver FAQ



- Offered on the IBHS Member Page as well as the IBHS Provider Page.
- Developed in collaboration with the Autism Action Committee along with Lehigh and Northampton county partners and IBHS providers.
- Hope this is one tool to use with parents, schools, and caregivers when discussing the role of IBHS.

<https://www.magellanofpa.com/for-members/services-programs/ibhs/>

<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>

Provider IBHS FAQ



The Magellan team is currently making updates to this document. It will be posted on the IBHS Provider page once complete.

Regulatory Reminders – Written Orders



- Each Written Order must indicate the ***type of services*** that are ordered within Individual Services, ABA Services, and Group Services.
- Must include the ***maximum number of hours*** of each service per ***month***.
- Must include ***settings*** where services may be provided.

Source:

<https://www.pa.gov/content/dam/copapwppagov/en/dhs/documents/services/mental-health-inpa/documents/ibhsdocuments/IBHS%20Updates%20Webinar%20Presentation%205.11.21.pdf>

Assessment recommendation Reminders



- Assessment must indicate the ***type of services*** that are ordered within Individual Services, ABA Services, and Group Services.
- Must include the ***number of hours*** of each service ***per month, per setting.***
- Must breakdown the number of BHT/BHT-ABA monthly hours per ***setting.***

BC-ABA recommendations



BC-ABA Written Order recommendations should be made based on the maximum number of hours per month. Assessments should specify the exact amount of hours to be provided consistent with the Written Order.

- WO - Ex. BC-ABA up to 12hrs/month in the home/community
- Ax – Ex. BC-ABA 10hrs/month in the home/community

If a member has a primary insurance, the provider must meet the requirements of both funders.

Ex. BC-ABA 10hrs/month in the home/community

97151 4hr/month

97155 4hr/month

97156 2hr/month

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

Spot the error(s) #1



- Written Order recommendation: BC up to 12hrs/month in home, school, and community. BHT up to 40hrs/month in home, school, and community.
- Assessment recommendation: BC 12hrs/month in home, school, and community. BHT 40hrs/month in home, school, and community.

Spot the error(s) #1 - Results



- Written Order recommendation: BC up to 12hrs/month in home, school, and community. BHT up to 40hrs/month in home, school, and community.
- Assessment recommendation: BC 12hrs/month in home, school, and community. BHT 40hrs/month in home, school, and community.

Assessment must breakdown the number of BHT/BHT-ABA monthly hours per *setting*.

Spot the error(s) #2



- Written Order recommendation: BC-ABA up to 14hrs/month in home, daycare, and community. BHT-ABA up to 60hrs/month in home/community and daycare.
- Assessment recommendation: BC-ABA up to 14hrs/month in home, school, and community. BHT-ABA up to 60hrs/month in home/community and daycare.

Spot the error(s) #2 - Results



- Written Order recommendation: BC-ABA up to 14hrs/month in home, daycare, and community. BHT-ABA up to 60hrs/month in home/community and daycare.
- Assessment recommendation: BC-ABA up to 14hrs/month in home, school, and community. BHT-ABA up to 60hrs/month in home/community and daycare.

Assessment must include the ***number of hours*** of each service ***per month***. The assessment should not include the “up to” language, only the Written Order should.

Assessment must breakdown the number of BHT/BHT-ABA monthly hours ***per setting***.

Spot the error(s) #3



- Written Order recommendation: MT up to 3 hours per week in home/community.
- Assessment recommendation: MT 3 hours per week in home/community.

Spot the error(s) #3 - Results



- Written Order recommendation: MT up to 3 hours per week in home/community.
- Assessment recommendation: MT 3 hours per week in home/community.

Written Order must include the maximum number of hours of each service per ***month***, not per week.

Assessment must include the number of hours of each service ***per month, not per week.***

Spot the error(s) #4 -



- Written Order recommendation: BC-ABA up to 16hrs/month in home/community. BHT-ABA up to 80hrs/month in home/community.
- Assessment recommendation: BC-ABA 12hrs/month in home, school, and community. BHT-ABA 40hrs/month in home/community and BHT-ABA 40hr/month in school.

Spot the error(s) #4 - Results



- Written Order recommendation: BC-ABA up to 16hrs/month in home/community. BHT-ABA up to 80hrs/month in home/community.
- Assessment recommendation: BC-ABA 12hrs/month in home, school, and community. BHT-ABA 40hrs/month in home/community and BHT-ABA 40hr/month in school.

Written Order must include *settings* where services may be provided. This Written Order does not allow for services to occur within the school setting as the assessment recommends.

Camp Request Observations



- Missing camp details – Name of the camp, hours/days of the camp, dates of the camp, daily schedule of activities/structure to the day.
- Lack of documentation around specific behaviors which would require support within the camp setting.
- Some providers did a nice job breaking down the summer dates and connecting to specific hours and settings. Ex. BHT 40hr/mon in camp 7/5-8/2/24 and BHT 25hr/mon home/community 8/3-9/4/24.
- Some providers are using those summer break down of dates to appropriately figure out the total units based on actual dates/hours vs requesting a lump of summer units.
- We have seen some ISPT meetings which include camp participation.



Aftercare Plan from IBHS



- What supports, services or resources does this member/family need in order to continue to work on their goals after IBHS?

Psych Rehab

Blended Case Management

Outpatient Therapy

Social Skills Group

Extracurricular activity

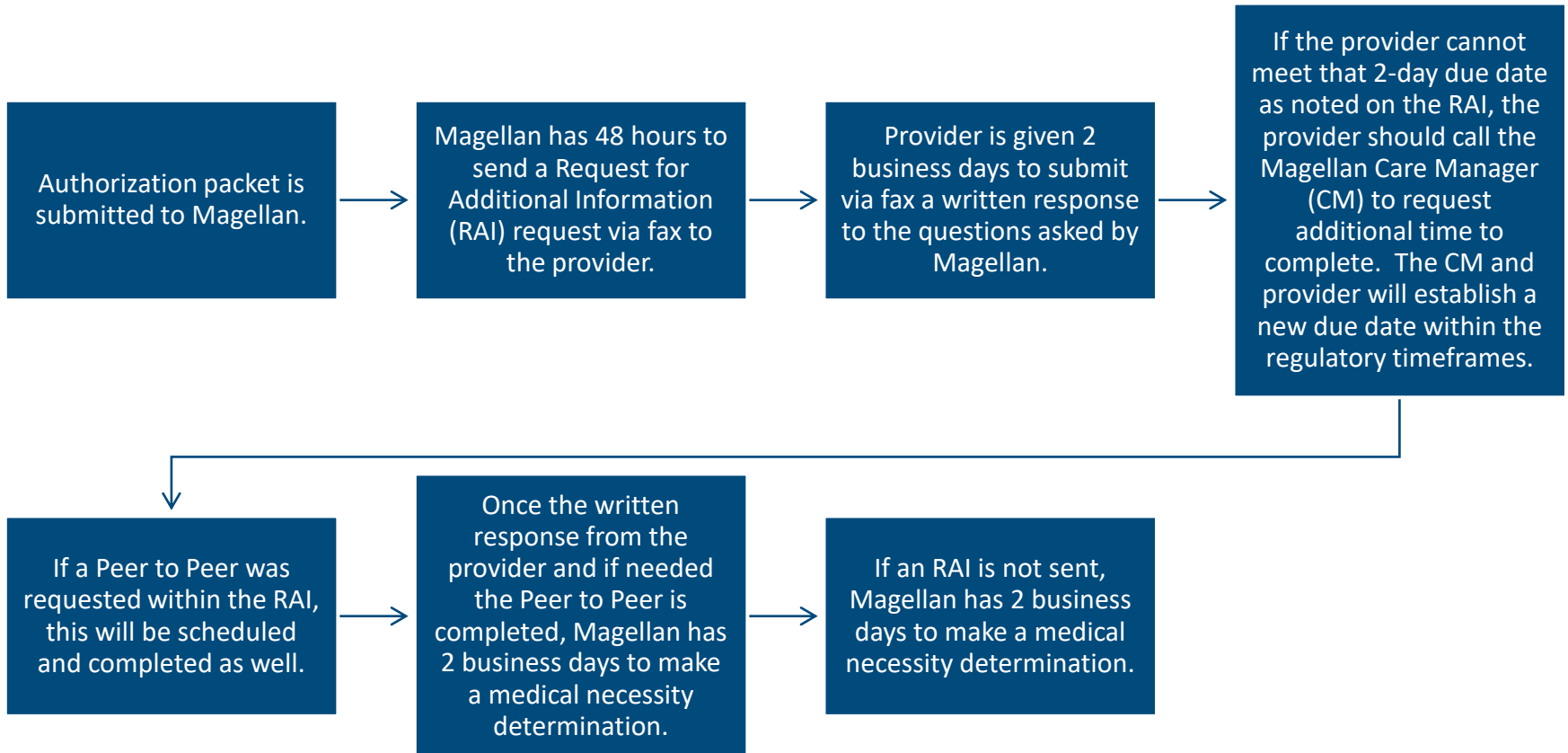
Certified Peer Support

HiFidelity Wraparound

Caregiver Support Group

TIP

Request for Additional Info (RAI) process



Magellan's Transfer Process



Once a receiving provider has been identified, the **currently** authorized provider should send the receiving provider:

- A copy of the approved packet
- A statement on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- No Magellan discharge form needs to be submitted.

The **receiving** provider submits the following to Magellan via fax:

- The letter from the current provider acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- A letter from receiving provider on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- TAR to ensure accuracy of new authorization

Unassigned Requests



What is an Unassigned Auth and how does one happen?

A provider completes an initial assessment and prepares the initial IBHS packet request to send to Magellan. If the provider is unable to staff the case and have shared that openly with the family, they can submit the packet via fax to Magellan for MNC review. On the TAR, in the provider section, please write “Unassigned Provider”. If approved, an authorization for an “unassigned provider” will be entered.

How to pick up a case currently unassigned/approved?

Once a provider has been identified to deliver the approved services, that provider should submit to Magellan a TAR via fax noting that they will be assuming the currently unassigned authorization for this member.

MT only cases



- **How do you assess/re-assess treatment progress?** Complete a standardized assessment tool. Interpret the results/data. Compare to previous scores. Does this reflect therapeutic progress within the tool? This can be used to support the ongoing need for continued services.
- **How do you support this request?** Operationally define the problem. Create goals that are measurable. Set yourself up to measure progress over time. Clearly document why MT vs outpatient therapy is needed. Be clear about what will be needed or accomplished before being able to transition the member to outpatient therapy if appropriate.

Packet Attachments

Starting August 15, 2024, Magellan will be outreaching any providers who are not submitting their online packets as 1 file attachment. Please work with your team to explore ways to make this possible.



“Extending” a Service/Procedure Authorization



1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By

Member ID: Authorization Number: 1 Diagnosis Type:

Date of Service From Date: 03/08/2023 Date of Service To Date: Inpatient Service Types: Service/Procedure Service Types:

Include Closed Requested By Me

FILTER **RESET**

2. Select the **FILTER** button.
3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

RESULT: The **Services** screen will display.

4. Select the **EXTEND** button once the authorization appears.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By: Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXXX359

Inpatient Authorizations Summary

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

Service / Procedure Authorizations Summary

Member Name	Authorization #	Determination Status	Start Date	End Date	State
SIMPSON, RYAN R	OPXXXXXXX359	Approved	12/20/2022	03/20/2023	Open

ADD/EXTEND SERVICE **VIEW AUTH DETAILS**

RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Extend Service/Procedure Behavioral Health Authorization

Prescreen | Authorization Details | Services | Confirmation

Service Type: Electroconvulsive Therapy (ECT) Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

EXTEND

View Authorizations



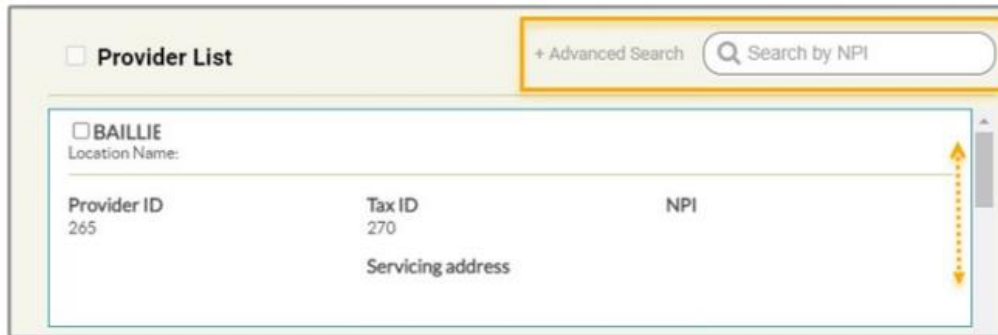
View All Authorizations for One Provider

To view all authorizations for a specific provider, you must first select the provider using the **Provider Filter** feature.

- a. Click on **PROVIDER FILTER**.



- b. Scroll to select the desired provider or perform a search using “Search by NPI” or the **Advanced Search** feature.



Authorization Edits



Once an authorization request is submitted to Magellan either online or via fax and then an error is found, please email IBHS@magellanhealth.com with the following information:

- Auth # (if already approved)
- Who submitted the auth request?
- Date of the auth request?
- What was the error?
- Reason for error?
- How was the error discovered?
- Are there denied claims as of result of this error?

External Written Orders/Assessments - REVIEW



- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes. Ex. A WO completed by a Developmental Pediatrician.
- Please e-mail ibhs@magellanhealth.com the following information when you encounter a member with an external Written Order and/or when you have a member with an external WO/assessment (outside billable codes) and are awaiting treatment.

Member Name	Member ID	EXTERNAL SOURCE WO	NAME OF EXTERNAL SOURCE WO WRITER/ ORGANIZATION	COMPLETED WO/ASSESSMENT (EXTERNAL SOURCE) PENDING TREATMENT (YES/NO)	AGENCY NAME	AGENCY MIS
Maeve Whaland	MNT12345678	YES	CHOP	Yes	NeurAbilities	601453949



Upcoming Forums, Technical Assistance & Resources

Motivational Interviewing Training

Provider Notice

Save the Date - Motivational Interviewing Training on August 20

Magellan Behavioral Health of Pennsylvania invites you to attend the next virtual education conference for Motivational Interviewing on August 20 from 1:30-4:30 p.m.

- The training overview is [here](#).

Registration details will be shared within the next month and if you have any questions, please send an email to: Kearneyc@magellanhealth.com.

www.MagellanProvider.com

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<https://www.magellanofpa.com/for-members/services-programs/ibhs/#>



IBHS Summary Video



CHIP and HIPP Resources



- **Children’s Health Insurance Program (CHIP)** – As of April 17, 2023, the PA Dept of Human Services (DHS) are determining eligibility for CHIP applications and renewals.

CHIP FAQ: <https://www.dhs.pa.gov/CHIP/CHIP-Resources/CHIP-Resources/Documents/CHIP-Transition-Enrollee-FAQ.pdf>

- **Health Insurance Premium Payment (HIPP) Program** – Administered by PA DHS. If the MA costs are greater than the cost of the employer insurance, the client is enrolled into the HIPP Program.

DHS HIPP Program Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

COMPASS is an online tool to apply for many health and human service programs and manage benefit information.

<https://www.compass.state.pa.us/compass.web/Public/CMPHome>

Helpful Resources for Online Authorizations



Self-Service Provider Training Materials are available at www.MagellanProvider.com/authsystem: You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:

- Create an Intensive Behavioral Health Services (IBHS) Authorization
- IBHS Tips, Tricks, and Troubleshooting
- View Authorization Status
- Understanding the Provider Filter
- Authorization system FAQs
- Live video demonstration from 3/22/23
- And many more resources....

Do you have a new IBHS staff at your agency who needs to understand Magellan processes?



Here are some helpful resources:

- Online Authorization System www.MagellanProvider.com/authsystem
- Availity <https://www.availity.com>
- Magellan IBHS forms, previous Provider Workgroups, Best Practice Trainings <https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>
- Ask your Care Manager for a copy of the **New Provider training** which is given to new providers as they come in network.



Tuesday, September 10, 2024, 9:00 to 11:00 A.M. Via Zoom

Register in advance for this meeting:

<https://magellanhealth.zoom.us/meeting/register/tJwofuigrj4tHtP37KFBLvq0FJJcW-0sgVY->

After registering, you will receive a confirmation email containing information about joining the meeting.

No invites are sent. This info can always be found at the bottom of our

IBHS provider webpage:

<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>



Questions?



Thank you!

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