

JUNE 17, 2020



Welcome and Opening Remarks



Thank You



We want to thank you for all you are doing to support our members and families during this national health crisis. Your continued flexibility to provide services to those in need is commendable. We hope you and your staff remain healthy and safe in these trying times.



Request



Please ensure this information is shared with your clinicians and office staff. We are finding through our discussions that agency case managers are not aware of some of these workflows or expectations. We know there is quite a big learning curve so we understand that this will take time for all of us.

Anyone from your agency who may benefit from the information in these webinars is welcome to attend. We will continue to post all of the recordings and Power Points on Magellan's provider IBHS webpage.





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.



Transition to IBHS



Magellan expects all providers to begin transitioning to the IBHS expectations relating to the Written Order and Assessment Process.

A provider does not have to be IBHS licensed before meeting this expectation.

A provider should not stop seeing or refuse to service members seeking BHRS because they cannot meet these expectations.

Please outreach your Magellan care manager related to any specific issues or barriers with this expectation.



Agenda

- ➤ Review/Important Notes
- ➤ Enrollment
- ➤ Proposed Codes and Authorization/Billing Combinations
- ➤ STAP and Summer Camp
- ➤ Attestation process and workflow
- ➤ Provider Search
- ➤ Transition Scripts from BHRS to IBHS
- ➤ Overview of Brief Treatment
- Referrals from IBHS to Family Based
- Draft Reporting Information
- >Access Survey
- ➤ Written Order & Assessment: Highlights
- ➤ Group Services
- >FAQ Update
- ➤ Approved Service Description Submissions
- ➤ Magellan Workgroups and Technical Assistance Calls
- ➤ OMHSAS Updates
- **≻**Questions
- ➤ Next Steps



Review & Important to Note



New and Important to Note



- OMHSAS has indicated that they will delay enforcement of licensing timeframes due to COVID-19
- OMHSAS has indicated that they will suspend certain IBHS requirements during COVID-19. These are currently still undergoing the formal vetting process at the state level.
- Providers who are seeking to hire BHTs now in preparation for IBHS should be aware that these BHT staff must also meet the criteria for TSS if they are planning to utilize and bill for them as TSS until contracted for IBHS.
- All documentation and progress notes should match the service being billed.
- MNG is in final sign offs at the state level. They hope to have it released this month.
- OMHSAS is preparing a MA Bulletin on the new reporting requirements.
- OMHSAS is preparing an updated Bulletin to include additional codes for Group and ABA for assessment and evaluation.
- BHRS cannot be prescribed or billed after 1/17/2021- please begin recommending both BHRS and IBHS if authorization period extends past 1/17/21 (more details to come).
- OMHSAS has released the IBHS Attestation process.
- OMHSAS plans to release an update to their FAQ document for IBHS. It's in approval process currently.



Functional Behavioral Assessments



An interactive, self-paced, virtual FBA training to replace the existing train-the-trainer model

Who will benefit from this training?

- Any new Behavioral Specialist in any system who needs an FBA training to meet qualifications
- Any existing Behavioral Specialist who wants a refresher course in FBA
- Any new or existing Behavioral Specialist who wants annual training hours

What content will the training include?

- Assessment and replacement of challenging behaviors
- Development of a treatment or behavior support plan that can be used across settings and across the lifespan

Other Key Features

- Eight modules
- Responsive to the individual learner's progress on tests and quizzes throughout the training
- Traditional and Fast-Track options (dependent on test/quiz scores)
- Downloadable forms, documents, and samples to view in a larger format or save for future use

For questions, concerns, or feedback about the course, please feel free to email RA-BASTrainings@pa.gov



MA Eligibility During Covid-19 Emergency



Individuals having MA coverage on March 18, 2020, should retrain their MA eligibility unless:

- They are no longer a resident of PA.
- The individual requested their MA benefits be closed.
- The individual passed away.
- The individual is incarcerated.

County Assistance Offices are instructed not to close or decrease MA benefits during the disaster declaration. The Office of Medical Assistance Programs (OMAP) is aware of individuals whose MA eligibility was incorrectly closed. Members whose MA benefits have terminated on or after March 18, 2020 will have them reinstated.



Review



- Expect all BHRS/ABA contracted agencies to accept calls from new families seeking BHRS/IBHS for evaluation/assessment/written order process regardless of ability to staff the prescribed services.
- If an agency does not have capacity to accept new calls from families for written order or assessment, we ask that you follow the required procedure to alert the Magellan Network team of your access issue so we can hold new referrals to your agency until you are prepared.
- Providers should continue to prescribe BHRS until the network is able to accommodate requests for IBHS.
- Magellan will issue contracts for IBHS after agencies are licensed <u>and MA</u> <u>enrolled</u> for IBHS. Provider contracts will keep BHRS and IBHS codes for 2020.



OMHSAS Recent Clarification



Regulatory rules says if regulations do NOT say "business" then it is meant to be calendar days.

- Assessments should be completed within 15 CALENDAR days (non-ABA) and 30 CALENDAR days (ABA)
- A written Individualized Treatment Plan (ITP) shall be completed within 30 CALENDAR days for Individual and Group services and 45 CALENDAR days for ABA services after the initiation of a service and based on the completed assessment.



OMHSAS Recent Clarification



 Under IBHS Behavior Consultation and ABA Behavior Consultation may not bill for telephonic services. Once an agency is contracted for Behavior Consultation or ABA Behavior Consultation they may no longer bill for any telephonic services. Some of the Behavior Consultation rates have been enhanced to account for this change.



Enrollment





All current groups contracted for BHRS that receive a license for IBHS will be required to be contracted as an organization. Each of these providers will receive a new Magellan MIS provider number. These providers will also need to go through credentialing with Magellan prior to contracting. A Network communication will be issued with more details.

*Licensure visits have resumed. Please outreach to your local OMHSAS field office to schedule your licensure visit once your Service Description is approved.



Codes



Codes Update

The codes have been released January 31, 2020 for an effective date of January 17, 2020.

Magellan has created 3 Fee Schedules for the IBHS program. Each of the below services will have its own schedule associated with it.

- 1. Individual Services (Prov Type: 11 Spec: 590). This will include the Assessment and Evaluation codes and all Individual codes identified in the bulletin.
- 2. Group Services (Prov Type: 11 Spec: 591). This will only have one code with three specific modifiers to identify Group size. This will also now include the Assessment and Evaluation codes.
- 3. ABA Services (Prov Type: 11 Spec: 592). This will be new codes for PAHC but have been utilized for commercial plans. There will also be group codes associated with this fee schedule and modifiers based on group sizes.

 This will also now include the Assessment and Evaluation codes.

All IBHS Services unit durations will be <u>15-minute</u> units on new Magellan contracts

Fee schedules will be issued with contract amendments once providers are Licensed and Medicaid Enrolled.



Billing Guidance Companion Document



- Magellan will be creating a Billing Guidance Companion Document that we will share with providers as soon as it is approved by OMHSAS. Magellan and the other BH-MCO's collaborated on shared expectations for each code.
- Under IBHS Behavior Consultation and ABA Behavior Consultation may not bill for telephonic services. Once an agency is contracted for Behavior Consultation or ABA Behavior Consultation they may no longer bill for any telephonic services. Some of the Behavior Consultation rates have been enhanced to account for this change.



IBHS Proposed Authorization and Billing Code Combinations



Individual Services Behavior Consultation



Service	Authorization Codes	Billing Codes
Behav Consult - Unlic Prac	H0032 UB	H0032 UB HO EP
Behav Consult - Lic Prac	H0032 UB	H0032 UB HP EP
Behav Consult - Brief Tx PhD	H0032 U1	H0032 U1 UB HP EP
Behav Consult - Brief Tx - MA	H0032 U1	H0032 U1 UB HP



Individual Services Mobile Therapy



Service	Authorization Codes	Billing Codes
Mobile Therapy- Lic Prac	H2019 UB	H2019 UB EP
Mobile Therapy- Unlic Prac	H2019 UB	H2019 UB U4
Mobile Therapy Brief Tx- Lic	H2019 U1	H2019 U1 U7 EP
Mobile Therapy Brief Tx- Unlic	H2019 U1	H2019 U1 U7 U4 EP



Individual Services Behavioral Health Technician



Service	Authorization Codes	Billing Codes
Behavior Health Tech	H2021 AH	H2021 AH UB EP



Individual Services Multisystemic Therapy and Functional Family Therapy



Service	Authorization Codes	Billing Codes
MST	H2032 UB	H2032 UB
FFT	H2019 U6	H2019 U6



Group Services



Service	Authorization Codes	Billing Codes
Group Services 13-20 members	H2021 U6	H2021 U8 HQ
Group Services 4-8 members	H2021 U6	H2021 U6 HQ
Group Services 9-12 members	H2021 U6	H2021 U7 HQ



Applied Behavior Analysis - Behavior Consultation



Service	Authorization Codes	Billing Codes
ABA Services- Behav Consult - Assess	97151 HO	97151 HO
ABA Services- Behav Analytic Servc- Assess	97151 HO	97151 HO HA
ABA Services- Behav Consult - Ad Bh Tx	97151 HO	97153 HO
ABA Services- Behav Analytic Servc- Ad Bh Tx	97151 HO	97153 HO HA
ABA Services- Behav Consult - Family	97151 HO	97156 HO
ABA Services- Behav Analytic Servc- Family	97151 HO	97156 HO HA

ABA Services Behavioral Health Technician



Service	Authorization Codes	Billing Codes
ABA- Behavior Health Tech Services- Asses	97152 HO	97152 HO
ABA Services Assistnt Behav Consul - Assess	97152 HO	97152 HO HA
ABA- Behavior Health Tech Services- Ad Bh Tx	97152 HO	97153 HO
ABA Services Assistnt Behav Consul – Ad Bh Tx	97152 HO	97153 HO HA



ABA Group Services



Service	Authorization Codes	Billing Codes
BHT-ABA Group Services Up to 3 members	97154 HO	97154 HO
BHT-ABA Group Services 4- 6 members	97154 HO	97154 HO HA
BHT-ABA Group Services 7- 12 members	97154 HO	97154 HO HA EP
ABA Group Services 7- 12 members	97158 HO	97158 HO
ABA Group Services Up to 3 members	97158 HO	97158 HO HA
ABA Group Services 4- 6 members	97158 HO	97158 HO HA EP



STAP/Summer Camp Requests



STAP Operations for Summer 2020



 Due to Covid-19 each STAP program has reassessed how they will deliver STAP. Dates and lengths of sessions have changed. Many providers will be delivering STAP via telehealth and have shortened the duration of the daily sessions. Please outreach to your local STAP program before making referrals to ensure the new program model will meet the needs of the member and family.



Cancelled summer camps



- Question: Can TSS or TSS-ABA services that were approved for a summer camp setting, which has been cancelled, provide those services in the home during the disaster emergency declaration period?
- Answer: Yes if clinically appropriate. Please be mindful that the individualized treatment plan would likely need to be updated to reflect a change in setting. No paperwork needs to be submitted to Magellan to reflect these changes.



IBHS Attestation Process



IBHS Attestation Form and Next Steps



- Per the recent IBHS Attestation Bulletin, a provider can sign the attestation form if the
 provider employs a clinical director and an administrative director who meet the
 qualifications in the IBHS regulations for the services the provider is providing and the
 provider's staff who are providing IBHS for which the provider is seeking payment for
 meet the qualification, training and supervision requirements included in the IBHS
 regulations. All completed attestation forms should be submitted to
 IBHS@magellanhealth.com.
- All providers that are currently approved to provide BHRS and complete the attestation form can receive payment through the MA Program for IBHS, without an IBHS license, until October 19, 2020.
- If a provider wishes to move forward with this process, Magellan will work with your agency on a billing workaround that will allow for payment now. However, in the future when the live IBHS contracts are issued, claims will need to be reconciled or rebilled. The attestation is only temporary, so billing for BHRS will still be allowed until the IBHS process is completed. As rates/codes/configuration are being finalized, the IBHS rates provided by MA FFS may be utilized for this temporary process which is lower than current BHRS/ABA rates. Magellan has been mentioning this during the provider webinars, but now an attestation is required.
- Please reach out to Magellan at IBHS@magellanhealth.com if you have any questions.





- MA FFS rates for IBHS will be utilized at this time.
- If a provider is on an APA for Covid-19 that covers BHRS, the provider will need to determine which they prefer- the APA or FFS payments.
- Providers must attest to meeting all requirements of the IBHS regulations for service delivery to receive payment.
- An additional meeting with Magellan may be requested for those who submit a signed attestation. This time will be used to review authorization and billing process.
- Payment is only through 10/19/20. After this time period, providers must be fully licensed, enrolled and contracted to receive payment for IBHS services.
- If you are interested in pursuing this, please outreach to the Network team to discuss next steps. You will need to attest to meeting all IBHS requirements.



Provider search for IBHS



IBHS Provider Search on Magellan website



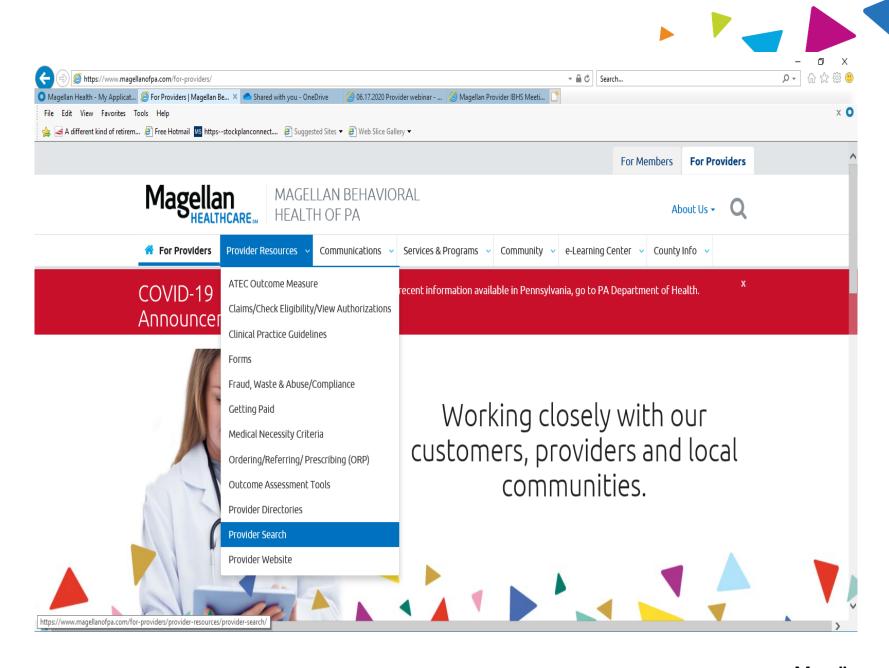
Magellan website's provider search tool has been updated to include IBHS providers.

Specific specialties will be searchable based on provider's contract for:

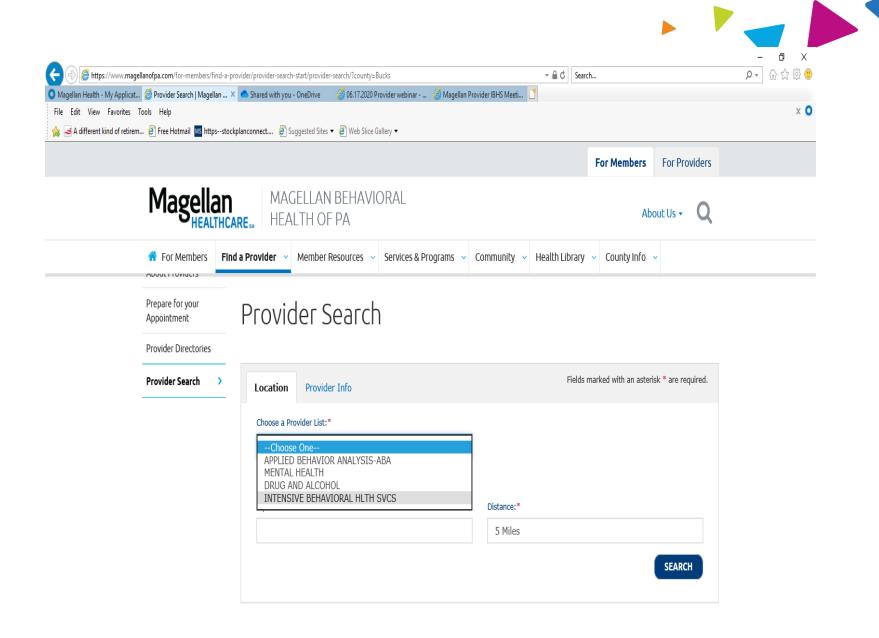
- Individual
- Group
- ABA

The search tool will be updated as contracts are complete and loaded into Magellan's system.











Authorization Transition Process from BHRS to IBHS



Transition Scripts from BHRS to IBHS



- Starting July 17, 2020, please consider prescription recommendations which recommend both BHRS and IBH services. The BHRS script will be authorized for the duration of the authorization period, and then be adjusted (as described below) 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.
- Once the provider is contracted for IBHS with MBH, the provider will submit a spreadsheet (template to be provided) with the member info, BHRS units/dates, and IBHS units/dates in order to update all authorizations. BHRS authorizations will be ended and IBHS authorizations will be added.
- IBHS authorizations will be only be added for those members who had prescriptions that included IBHS in the original recommendation.
- Providers also have the option to submit new IBHS packets once IBHS contracted.





- Magellan will enter BHRS authorizations that extend past 1/17/2021 at this time, but all of those BHRS authorizations will be pulled back and end dated once IBHS is contracted.
- IBHS authorizations will be entered for the remainder of the authorization period as described on the prior slide.



Brief Treatment





- Brief Treatment will be contracted under IBHS Individual Services for all providers, all Counties.
- The BHRSCA/IBHS Brief Treatment Model is a treatment option available to all HealthChoices members.
- The BHRSCA/IBHS Brief Treatment Model serves the needs of children, youth, and young adults under the age of twenty-one (21) who would benefit from a less intensive form of BHRSCA/IBHS treatment.
- The Brief Treatment Model, which includes Mobile Therapy (MT) or Behavioral Specialist Consultant (BSC)/Behavior Consultation (BC) only, may be provided to members meeting Medical Necessity Criteria for low level BHRSCA/IBHS with one of these services.
- Goals of the BHRSCA/IBHS Brief Treatment Model include:
 - reducing challenges in accessing services as prescribed;
 - eliminating potential duplication of services.





- Members may be considered for the Brief Treatment Model (BTM) if the member does not require the intensity of Therapeutic Support Staff (TSS)/Behavioral Health Technician (BHT)/Registered Behavior Technician (RBT) or co-occurring MT and BSC/BC.
- BTM will address the needs of individuals that are less intensive, and support can be transferred more easily to natural resources such as school staff, less intensive services, etc. II.
- BTM must be prescribed through a Life Domain Evaluation or written order, followed by an assessment which specifies Brief Treatment BHRSCA/IBHS Behavior Specialist Consultant/Behavior Consultation or Mobile Therapy with a recommended amount of hours per month.
- A BHRSCA/IBHS packet must be submitted according to BHRSCA/IBHS requirements.
- BTM can be provided up to six (6) hours per week/twenty-four (24) per month.
- BTM is prescribed for a maximum duration of up to thirty-six (36) weeks.





- Individuals prescribed BTM who are found to have more significant needs will be re-assessed for medical necessity for more intensive and/or longer duration treatment such as BHRSCA/IBHS, Family Based Services, etc.
- The member's eligibility for BTM will be determined during the process of completing psychological or psychiatric evaluations or written order process and will be authorized for six (6) months (180-day authorization) and then if needed, re-evaluated/re-assessed for up to an additional twelve (12) weeks of BTM services. The recommendation can list up to six (6) hours of BTM services per week/twenty-four (24) hours per month.
- Under the Brief Treatment Model, the provider provides behavioral interventions and collateral therapy, performed and billed as the Behavior Specialist Consultant/Behavior Consultation or Mobile Therapist. This may include:
 - individual and family therapy;
 - consultation with parents, school officials, and other persons concerning the behavioral health needs of the child;
 - attendance at meetings involving the child's behavioral health issues;
 - designing, developing and directing the implementation of a treatment plan that includes a behavior management plan and involves data collection and analysis;
 - providing collateral therapy to other members in the home (collateral therapy is therapy related to the primary member).





- Following the completion of the Brief Treatment Model the member is eligible for booster sessions as needed. Booster sessions may be requested, as necessary, for stabilization for the child/family within one (1) year upon completion of the service.
- Three (3) non-consecutive booster sessions can be authorized for a period of two (2) weeks.
- Booster sessions should be used to assist the child/family in periods of change or crisis involving BSC/BC or MT treatment.
- Booster sessions can be requested up to six (6) hours per week/twenty-four (24) hours per month and must be preauthorized by a Magellan Care Manager after telephonic consultation between the provider and Magellan Care Manager.





- If the provider determines that BTM is not addressing the needs of the member and another level of care is indicated, a referral will be made for a new evaluation/written order to explore other services such as case management, outpatient, family based or BHRSCA/IBHS.
- All necessary documentation will be forwarded to Magellan for review and authorization, if medical necessity is met.
- If a child has been discharged from BHRSCA/IBHS for thirty (30) or more consecutive days and BHRSCA/IBHS (Brief Treatment or Traditional BHR/IBH services) are recommended, this will be considered a new initial BHRSCA/IBHS packet.



Referral from BHRS to Family Based Services

Referrals from IBHS to Family Based Services (FBS)



- In order to initiate Family Based Services, a Life Domains Evaluation completed within 60 days recommending FBS is required. Requirements for Family Based have not changed with IBHS regulations. Therefore a Written Order may only be utilized if it is in the form of an evaluation and completed within 60 days.
- If IBHS is recommended on the initial Life Domain evaluation but then the assessment determines that FBS is the more appropriate level of care, MBH will allow the original evaluator, if they are in agreement with the recommendation, to complete a Life Domain addendum to make the formal FBS recommendation if it is completed within 60 days of the original Life Domain evaluation.



Draft Reporting Requirements



Possible Reporting Information



- Date of written order
- Date written order received
- Date assessment began This will be considered the first date of services for new members.
- Date assessment complete
- 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 assessment.

*OMHSAS has not released their reporting requirements yet. They hope to have a draft for BH-MCOs to review for our July meeting.



Access Surveys



New Access Surveys in Development



- Magellan is actively working on creating a more streamlined access survey.
 This will combine and therefore eliminate multiple surveys from a variety of sources.
- Short survey 2x/month asking timely access questions.
 - These results will be shared in real time.
 - Goal is to give providers and Magellan the information of providers' availability to assist members in accessing services in a timely manner.
- Expanded Survey once a month inquiring about flow of members coming in and leaving services, barriers, and special accommodations available which can better inform our network and clinical processes.
- These surveys will be pushed out through an online platform.

More info to come in our July webinar.



Written Order & Assessment: Highlights



Written Order Template



- We are in the process of updating the Written Order template and would like feedback on the tool. Please use the chat feature to let us know what you like about the tool, what you don't like, and suggested changes you may have.
- We would like the tool to be more user friendly.



Written Order and Assessment Recommendations



- If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet
- If the assessment recommendations differ from the written order recommendations:
 - Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
 - If provider is unable to collaborate with the order writer and is able to complete
 a new order with new recommendations, then this should be completed. Packet
 should include original order, assessment, and new order. All will be reviewed for
 medical necessity.



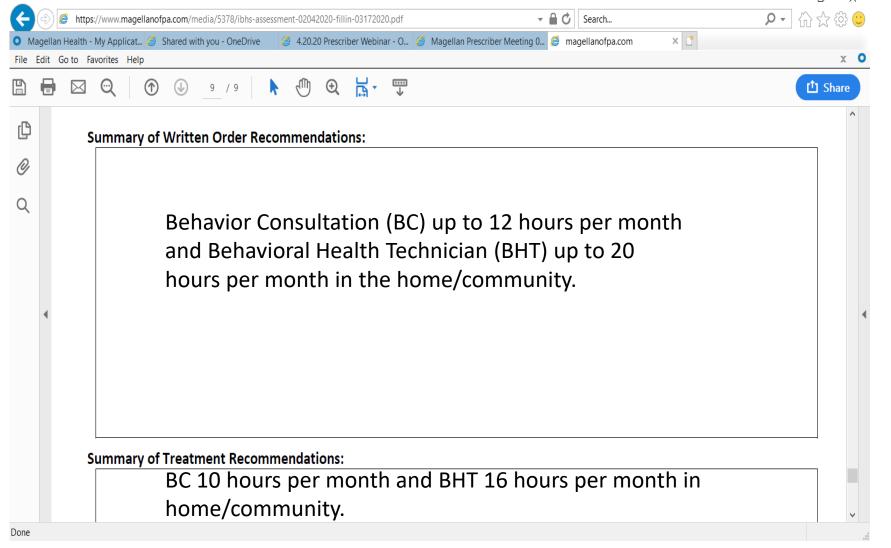
Written Order/Assessment Recommendations



- Assessment recommendations should be based on the thorough assessment that was completed and may refine the recommendation of hours accordingly.
- The Assessment prescription does not have to match the maximum prescription noted in the Written Order.

Each Assessment, whether using Magellan's template or not, needs to contain a specific treatment service recommendation.





Standardized Tool with Assessment



A standardized assessment tool or process such as an FBA is required as part of the assessment process.

Please submit those results and the analysis of these results with your packets (including the assessment template if used).



Group Services



New Groups under IBHS



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
 - clinical model of program
 - size of each group
 - frequency of each group
 - length of group
 - if group is closed or open
 - location of group
 - family involvement
 - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.



Frequently Asked Questions



Magellan has posted a FAQ document on the IBHS page on the www.Magellanofpa.com website. This gets updated as new questions are asked. Please continue to refer to this document prior to sending in questions.



Service Description Process

IBHS Service Descriptions



Magellan has received has 40 approved Service Descriptions for IBHS.

Waiting on 36 more...

Please send:

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



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



Tuesday July 21, 2020 10:00 - 11:30 A.M. Via Zoom

https://magellanhealth.zoom.us/j/93579576896?pwd=NzR1dFcvaUdJdFBBYmF6SEhzNmt0QT09

Password: 679325

Monday, August 24, 2020 3:00 – 4:30 P.M. Via Zoom

https://magellanhealth.zoom.us/j/92831025387?pwd=TIFPanQyTXBTOURZUW9SNUUxQWxtZz09

Password: 679325

Tuesday September 22, 2020 10:30 - 12:00 P.M. Via Zoom

:https://magellanhealth.zoom.us/j/94672640376?pwd=SUx5eEYzd3Nq WVNsK0FrWEs2SmhRUT09

Password: 679325

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



OMHSAS Updates



OMHSAS website link:

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

Submit questions to RA-PWIBHS@pa.gov

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



Recent OMHSAS Bulletins



IBHS Attestation Bulletin

IBHS Attestation Bulletin:

https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMH SAS/IBHS%20Provider%20Attestation%20Bulletin%20-%20OMHSAS-20-04%20-%20Final%205.12.20.pdf

The attachment is also on the bulletin search website, here is the link for the attestation form:

https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMH SAS/IBHS%20Provider%20Attestation%20Form%20-%20OMHSAS-20-04%20-%20Final%205.12.20.docx





Questions? Suggestions?



Magellan Contact



Please send all questions to IBHS@MagellanHealth.com





Thank you!



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