

Welcome to the Magellan Provider IBHS Workgroup

OCTOBER 21, 2020

Magellan
HEALTHCARE®

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Welcome and Opening Remarks



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
- Evaluation and Written order requirements and billing
- IBHS Billing Guidance
- Authorization Transition Process from BHRS to IBHS
- Draft Reporting Information
- Written Order Template updated
- Access Survey
- Reminders
- IBHS Provider Status
- Upcoming Forums and Technical Assistance
- Magellan Workgroups and Technical Assistance Calls
- OMHSAS Updates
- Questions
- Next Steps

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Review & Important to Note

New and Important to Note



- 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 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.
- OMHSAS and BH-MCOs have talked about whether BHT/BHT-ABA could be delivered with Family Based Services.
- Field Offices report that many are hopeful to have all providers licensed and MA enrolled by the end of 2020. MA enrollment is reported to be moving more quickly. There are delays due to providers having all of the necessary paperwork at the time of submission.
- OMHSAS shared a draft bulletin about CRR Host Homes. CRR Host Home will not be licensed as IBHS. Enrollment and codes will not change. Magellan will maintain the current CRR HH MNG. OMHSAS plans to have another stakeholder meeting for CRR HH providers in end of November/early December 2020.



Evaluation and Written Order requirements and billing

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.

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

Changes for 90791



- The 90791 code- Psych Diag Eval no med svcs and Psych Diag ReEval no med svcs have changed from a per occurrence to a 30-minute billable unit.
- Only face to face time is billable.
- The Compliance Guidance issued in May 2013 still applies.

Compliance Guidance for 90791



- Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time of the face-to-face interview is included on the evaluation as well as on the signed encounter form.
- Minimum face-to-face for re-evaluations are 1 hour. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Collaboration with the current clinical team (behavior specialist consultant and/or outpatient therapist) in writing, via phone or in person for all evaluations.
- Collaboration with the treating physician regarding treatment and progress/lack of progress for any member prescribed psychotropic medication.
- Review and summary of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools etc.) and their relation to current symptoms and recommendations.
- A summary of the interventions being implemented by the treatment team, their effectiveness and/or ineffectiveness, and recommendations for adjustments based upon a review of a segment of the treatment team progress notes.
- The Recommendations section will include suggested treatment plan changes based upon the above collaborations and review.
- The Recommendations section will indicate if the evaluator agrees with the current treatment plan and offer information regarding the interventions which are most appropriate for the member's diagnosis and symptoms.
- Recommendations will indicate if the treatment interventions are consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.
- Evaluations should not contain "ruleout" (R/O) diagnoses for more than one re-evaluation. If an R/O diagnosis is given, the evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.
- If the member is identified as having a developmental delay, the IQ range should be provided and factored into treatment recommendations and expectations.

Guidance for the H0031 Written Order Code



- H0031 is a 30-minute unit.
- Only face to face time is billable.
- A written order requires a minimum of 1 unit of face to face time.
- Additional units may be billed as needed based on the needs of the member.

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IBHS Billing Guidance

ASSESSMENT

IBHS – Initial Assessment Codes for Individual, Group and ABA services



These codes are only to be used and requested for **INITIAL** assessments only at the start of services.

You can only request this code if your agency has a contract amendment for IBHS. These codes cannot be used before you are IBHS contracted. If you are still only BHRS contracted, continue to request the BSC/BSC-ASD codes.

These are the authorization codes for initial assessments you can choose when completing the Registration TAR for IBHS:

Name	Authorization Code	Authorization Modifier
IBHS - Individual Initial Assessment	H0032	HA
IBHS -GRP Initial Assessment	H2021	HA
IBHS - ABA Initial Assessment	97151	HA

Initial Assessment billing codes for Individual, Group and ABA services



These are the **billing codes** for initial assessments you can choose when completing the Registration TAR for IBHS:

Individual IBHS - Initial Assessment by Unlicensed BC	H0032	HA	EP	
Individual IBHS - Initial Assessment by Licensed BC	H0032	HA	EP	U1
Group IBHS – Initial Assessment by Unlicensed Assessor	H2021	HA	EP	
Group IBHS – Initial Assessment by Licensed Assessor	H2021	HA	EP	U1
ABA IBHS - Initial Assessment by BC-ABA	97151	HA	EP	
ABA IBHS - Initial Assessment by Behavior Analytic	97151	HA	EP	U1

MST/FFT & Initial Assessment Codes



MST/FFT programs will bill for their assessments using the Individual Assessment codes.

MST/FFT will NOT be requesting authorization for their assessments.

MST/FFT can direct bill for assessments.

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.

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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.

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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.

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Written Order Template *Updated*

Updated Written Order Template



IBHS Treatment Services		
IBHS Individual	<input type="checkbox"/> Behavior Consultant (BC)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT) School/Camp/Daycare/Preschool/After school Please indicate service location: <input type="text"/>	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT) Home/Community	Up to <input type="text"/> hours/month
	Brief Treatment Model (BTM)	
	<input type="checkbox"/> Behavior Consultant (BC)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Multisystemic Therapy (MST)	
<input type="checkbox"/> Functional Family Therapy (FFT)		
IBHS Group	<input type="checkbox"/> Up to <input type="text"/> hours/month	
IBHS ABA Group	<input type="checkbox"/> Graduate Level Professional (GLP)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT)	Up to <input type="text"/> hours/month
IBHS ABA	<input type="checkbox"/> Behavior Consultant - ABA (BC-ABA)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician – ABA (BHT-ABA) School/Camp/Daycare/Preschool/After school Please indicate service location: <input type="text"/>	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician – ABA (BHT-ABA) Home/Community	Up to <input type="text"/> hours/month

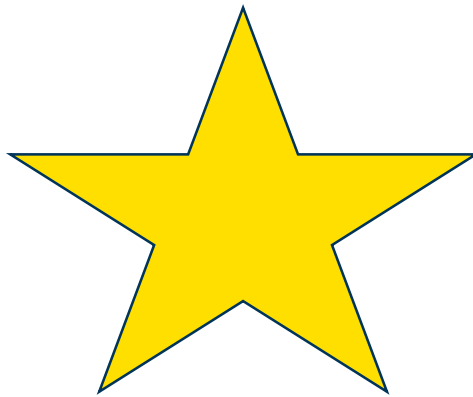
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Access Surveys



A BIG thank you!

We had a really strong provider
completion rate for our
new Access Survey.



New Access Survey



- Surveys will go out to the two provider contacts on the 1st and 15th of every month.
- If not completed right away, a reminder email goes out the 2nd and 16th.
- Survey should be completed by the 5th and 20th of every month.

Survey result reports will go out to both provider contacts, additional provider contacts, and county contacts twice per month. Other levels of care, such as Family Based providers and Residential Treatment Facilities, may request to receive these survey results for better ease of discharge planning. Magellan staff, Care Managers and CSA's, will also have access to the survey results on staff availability.

★ Quick tip: If your agency only provides ABA and not Individual (or vice versa), please click “None” for county choice on the service section your agency does not provide.

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Reminders

ISPT meeting for school TSS/BHT



ISPT meetings are required to be held when:

- TSS/TSS-ABA/BHT/BHT-ABA is requested in the school/camp/preschool/daycare setting.
- **The school must have a representative attend this meeting if services are being recommended in that setting.**
- The meeting summary is required for the authorization packet.

TSS/BHT recommendations by setting



- The IBHS regulations require that Written Orders for Individual and ABA services specify the settings where services will be provided for payment.
- Just like BHRS, please have your Written Order and Assessment recommendations divide out the BHT/BHT-ABA hours by setting.
 - Ex. BHT up to 20hr/month in daycare and 6hr/mon in the home/community

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.

- Ex. BC-ABA up to 12hrs/month

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

- Ex. BC-ABA up to 12hrs/month

- 97151 4hr/mon

- 97155 4hr/mon

- 97156 4hr/mon

BCBA required for primary insurance



If a member's primary insurance requires ABA be delivered by a BCBA specifically, the provider must deliver BC-ABA services by a BCBA. HealthChoices does allow for IBHS ABA to be delivered by a BCBA. A provider cannot bypass a funding sources requirements if they cannot provide the proper staffing credentials. This should be discussed with the family and they should be offered the option to find a provider who can provide this service with the expected staffing credential.

Reminder to use the IBHS Resources



- Magellan's Provider IBHS webpage contains:
 - All the webinar presentations and Power Points
 - FAQ document
 - WO template
 - Assessment template
 - Excel transition auth tracker
 - QM program
 - All upcoming webinars scheduled

<https://www.magellanofpa.com/for-providers/services-programs/ibhsbhers/>

- HealthChoices IBHS webpage contains:
 - IBHS regulations and preamble
 - OMHSAS IBHS FAQ
 - Service Description checklist - License Application instructions
 - Provider search for licensed IBHS providers
 - IBHS Training Approval form
 - OMHSAS' IBHS webinars

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

Reminder to use the IBHS Resources continued



- Magellan's IBHS email: IBHS@magellanhealth.com
- IBHS Technical Assistance calls with clinical and network reps:
<https://www.signupgenius.com/go/9040c44ada72da5fd0-ibhs>
- Monthly IBHS contracted provider Technical Assistance

*Please use these resources and get familiar with how to access information. Providers should exhaust these resources before reaching out to Magellan for support. This will allow our staff to focus on supporting your day to day functions as well as continuing to plan for the full transition to IBHS in January 2021.

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IBHS Provider Status

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 has begun 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 65 approved Service Descriptions for IBHS.

Waiting on 10 more...

Please send:

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

IBHS Contracted & Licensed Providers



Magellan has 7 **contracted** IBHS providers within all 6 counties.

Magellan has 29 IBHS **licensed** providers within all 6 counties.

89 days until January 17, 2021.

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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 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*

Wednesday January 20, 2021 1:00-2:30 P.M. Via Zoom:

<https://magellanhealth.zoom.us/j/95626431083?pwd=bVpCWfhObklZZFZ4NEpUeHJmMkhEdz09&from=msft>

Password: 4386M^

Wednesday February 17, 2021 1:00-2:30 P.M. Via Zoom:

<https://magellanhealth.zoom.us/j/92391248876?pwd=Mm5ob05ZaHRuRTBmMkxKUURNNE5ydz09&from=msft>

Password: 30Y\$#b

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



- November 17, 2020 12:00 PM-1:00 PM
- December 16, 2020 1:00 PM-2:00 PM
- 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/1FDDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA Guidelines - Practicing During COVID-19 Pandemic_040920.pdf](https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDDBDD2-5CAF-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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