

Welcome to the Magellan Provider Town Hall

OCTOBER 22, 2019

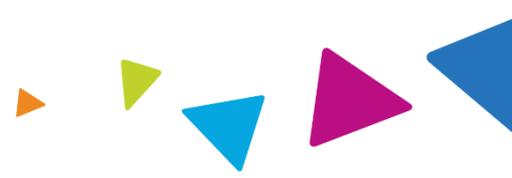
Magellan
HEALTHCARESM



Welcome and Opening Remarks

Agenda

Intro and Key Initiatives
Positive Provider Experience
Member Advisory Work Group
Medication Assisted Treatment : Resources and Outcomes
Integrated Care: Social Determinants of Health
Regulation Updates: IBHS and Outpatient MH Changes
Certified Peer Support Changes
Provider Specialty Updates and Attestations
Provider Advisory Committee



Survey for Today's Town Hall

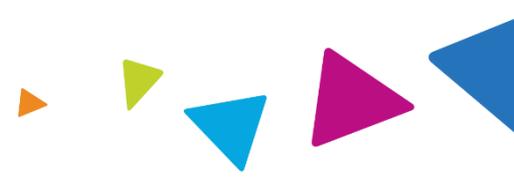
Feedback Survey: This survey is to be utilized to provide your feedback on this presentation and also future presentations. Topics for today's Town Hall were based on feedback we received from our previous Town Hall presentations.



2019-20 Priorities and Initiatives

Tracy Shultz, MS, Director of Operations, Cambria County

Integrated Models of Care and Whole Person Solutions



PH/BH
Coordination

Social
Determinants
of Health

Value Based
Purchasing

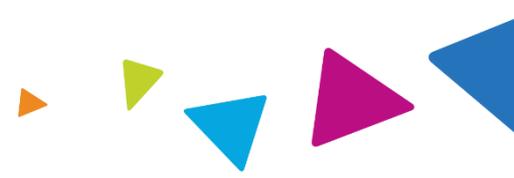
System of
Care
Partnerships



Positive Provider Experience

John Bottger, Appeals and Comments Manager

Member Complaint Trending



Magellan uses information from member complaints to identify areas where opportunity for improvement may exist. We review complaint data for trends involving individual providers or agencies, as well as trends regarding issues reported in complaints.

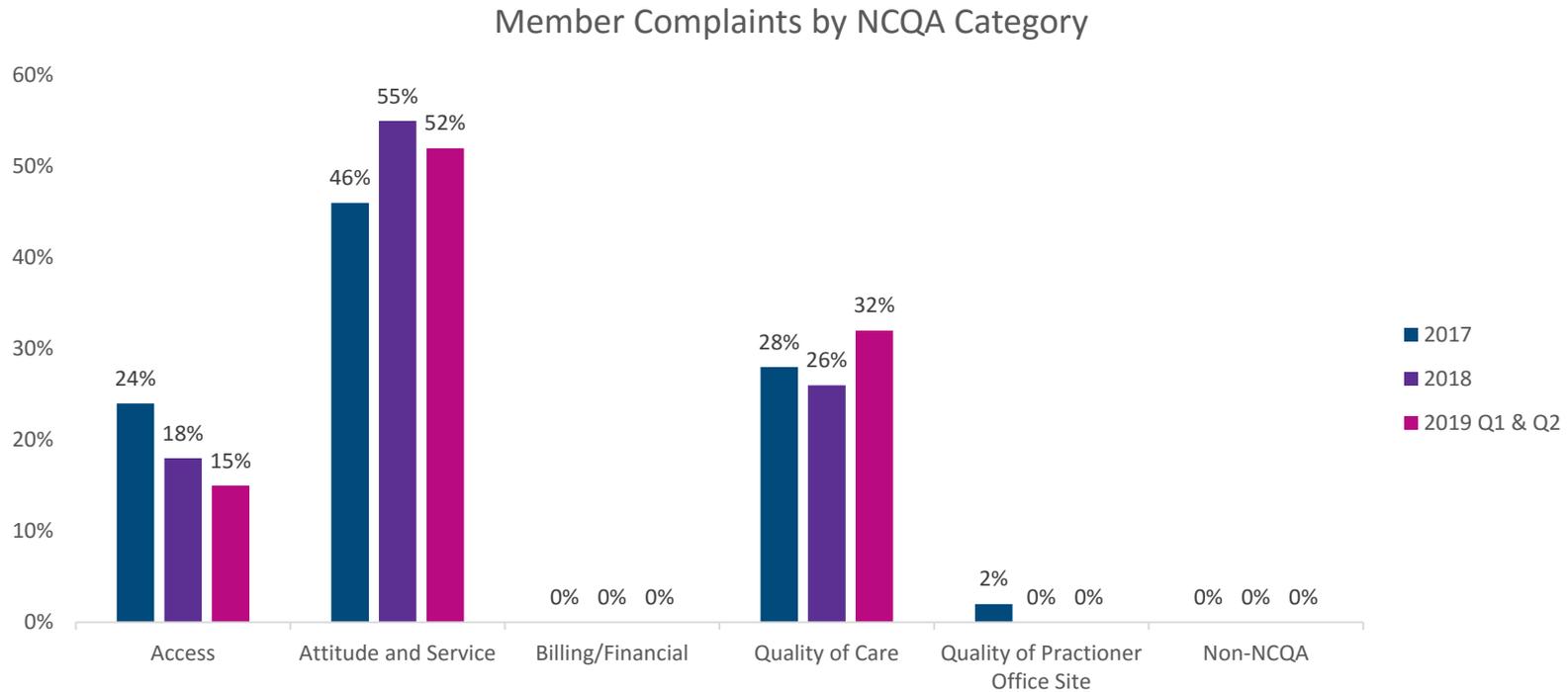
Themes of complaints are grouped using the following categories, as defined by NCQA:

- Access (i.e., not receiving approved services or general appointment availability)
- Attitude and Service (i.e., rude or unprofessional interactions, not being seen on time for appointments)
- Billing or Financial Issue (i.e., provider balance billing or co-pay dispute)
- Quality of Care
- Quality of Practitioner Office Site

Member Complaint Trending



Complaints involving Attitude and Service remain the most frequently received:



Positive Provider Experiences



We recognize how challenging it can be for agency leaders to address concerns involving Attitude and Service. It is hard to imagine a day where everything goes according to plan. Appointments may not start on time while physicians attend to emergencies. Scheduling errors or miscommunication may occur. A patient may not understand a doctor's explanation or basis for suggesting or making a change in a member's medication. How providers and support teams react and communicate in the moment when addressing these situations has great impact on the member experience.

We asked our members to share their positive provider experiences at our 2019 Member Advisory Work Groups as a way to support you in improving the member experience.

Positive Provider Experiences – Outpatient Settings



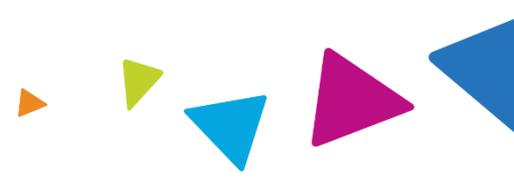
- Staff were available when I needed help. They returned my calls quickly, even after hours.
- When I called the office and the staff were not the right people to help me, they made sure to connect me with someone who could.
- Front desk staff were very nice when I needed to reschedule an appointment. They understood that “life happens” sometimes.
- The office and waiting area are clean and inviting. This makes me comfortable, and ready to have a good session.

Positive Provider Experiences – Psychiatry Services



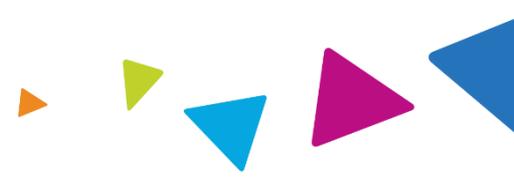
- My psychiatrist took the time to help me between appointments when I was stressed. We talked through increasing the medication I just started and he called in a prescription so I would have enough to last until my appointment. When I had my appointment, he remembered everything that was going on so we could talk it through.
- My psychiatrist makes time for me when I call. Always calls me back as soon as possible.
- My psychiatrist compliments me and reassures me.
- My doctor took extra time to explain why my medications were being changed using words I could understand.

Positive Provider Experiences – Inpatient Care



- When I went to a new hospital staff took time to show me around. It made me more comfortable being there so I could worry less about where I was and focus on getting better.
- Staff were “high energy” and motivating when I needed a lift. It gave me confidence I could get better.
- The hospital has a connection with NAMI, and NAMI was able to offer me on-site support and advocacy.
- The nurses were kind and caring. They held my hand when I was scared. I knew I was in a place where I could get better.
- My daughter lives over an hour away from the hospital and was stuck in bad traffic when coming to visit. The hospital allowed her to visit me after hours when I needed support. Rules are important, but they knew how important this visit was for me and my family.

Positive Provider Experiences - Provider Recognition



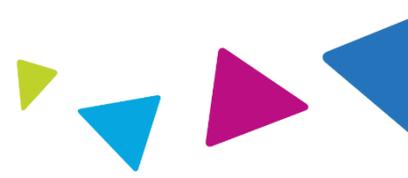
- I'd like to recognize and thank the following providers for their commitment to excellence in caring and service, as nominated by peers and colleagues:



Member Advisory Work Group

John Bottger, Appeals and Comments Manager

Purpose of the Member Advisory Work Group



- Held Semi-Annual in each of our respective counties.
- Ideally held at a provider site.
- Gives Members (and providers) a chance to interact with us within the community.
- Agenda items for discussion/feedback are identified hot topics/trends within behavioral health, local, state, or national level.
- Taking action (when applicable) based on the feedback we receive.
- Helping to shape the best possible care for our Members.

Member Advisory Work Group Meetings



- Upcoming fall Member Advisory Group (MAWGs):
 - Bucks County: 10/25/19, 10 am -12 pm, Aldie Langhorne (2291 Cabot Blvd. W, Langhorne, PA 19047)
 - Cambria County: 10/29/19, 12 pm - 2pm, Peer Empowerment Network (514 Somerset St., Johnstown, PA 15901)
 - Delaware County: 11/1/19, 10 am – 12 pm, Elwyn Welcome House (7700 West Chester Pike, Upper Darby, PA 19082)
 - Montgomery County: 11/8/19, 10 am -12 pm, Central Behavioral Health (1100 Powell St., Norristown, PA 19401)
 - Lehigh/Northampton Counties: 11/9/19, 2 pm -4 pm, Faith Lutheran Church (2012 Sullivan Trail, Easton, PA 18040)

Would you like to be a host to a future Member Advisory Work Group Meeting?



- We aim to run these groups in the spring/fall – March/April & Oct./Nov.
- If you're interested in being a host to a future Member Advisory Work Group, please email Don Beam: Dbeam@Magellanhealth.com
- Thank you and we hope to hear from you!



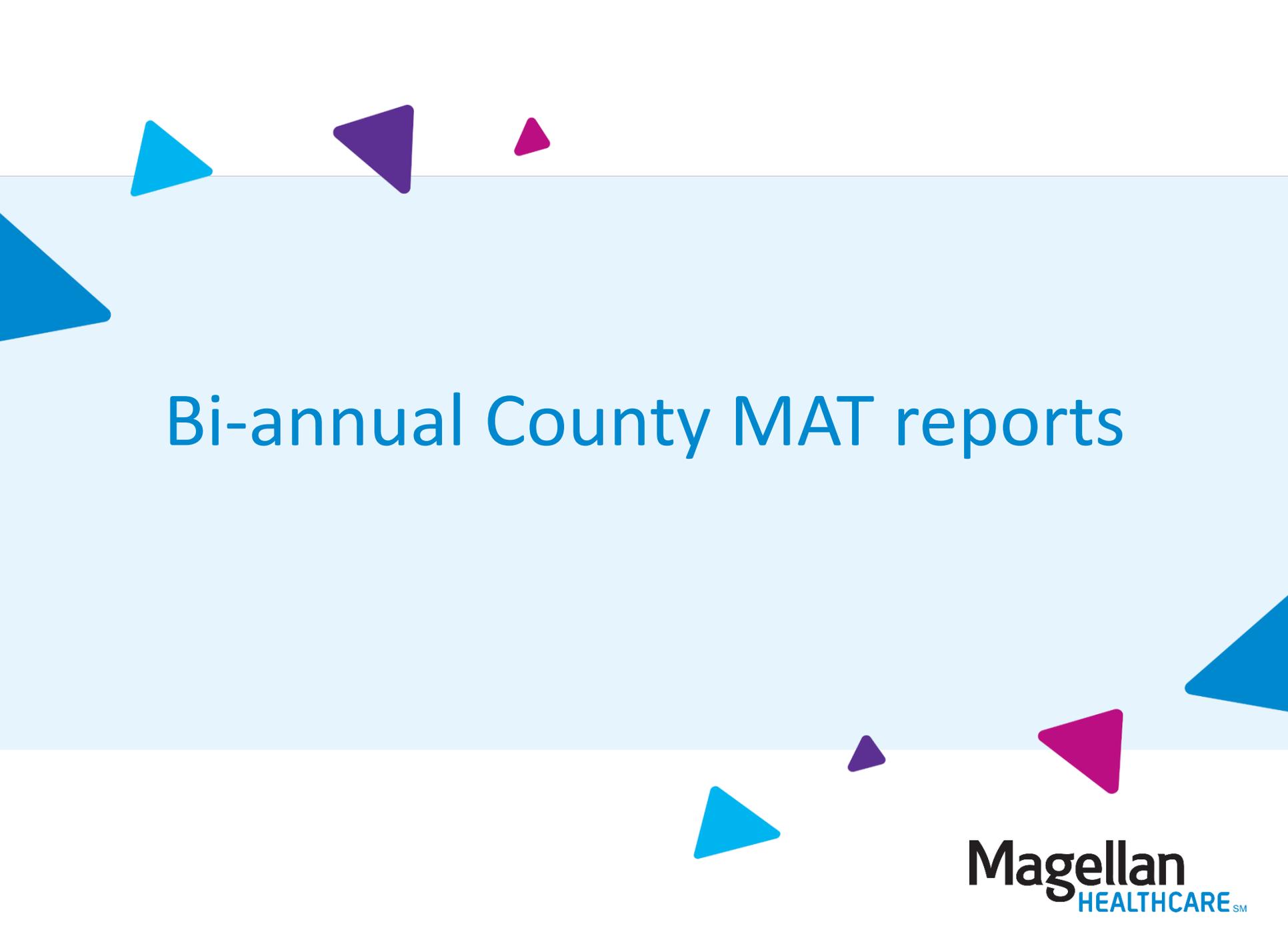
Medication Assisted Treatment: Resources and outcomes

Mark Matta, D.O. Medical Director, Cambria County



Opioid Resources and Support

[HTTPS://WWW.MAGELLANOFPA.COM/FOR-MEMBERS/COMMUNITY/OPIOID-RESOURCES-AND-SUPPORT](https://www.magellanoofpa.com/for-members/community/opioid-resources-and-support)



Bi-annual County MAT reports

Background



In 2015, Magellan initiated a Medication Assisted Treatment Initiative. There are two program objectives.

1. Increase the utilization of Medication Assisted Treatment (MAT) for members with substance use disorders.
2. Decrease hospital admissions and readmissions by increasing community tenure through the use of MAT.

MAT Reporting Scope



Presented is summary and detail information for Magellan's Medication Assisted Treatment (MAT) program. The date range for the information presented is January 1, 2018 to December 31, 2018 and is specific to County HealthChoices member cases.

Plan members with an alcohol or opioid diagnosis and an inpatient or residential admission are considered for MAT promotion. Magellan's MAT promotion efforts are presented at a high level. The report also explores:

- 1) MAT-related admissions with subsequent MAT-related 30 day and 60 day readmissions.
- 2) Discharged MAT-related admissions with subsequent MAT-related 30 day and 60 day readmissions.

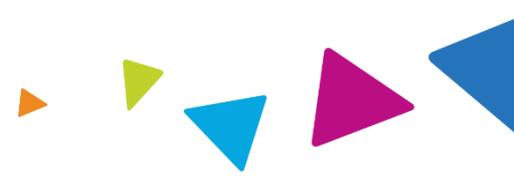
Readmission information is an indicator of overall population health.

Summary



- Readmission data supports the effectiveness of MAT Prescriptions in reducing readmissions from Residential to Residential Levels of Care among MAT-promoted for our HealthChoices members.
- Within 30 days of discharge from Residential Treatment:
 - 15.19% County HealthChoices members with No-MAT Rx readmit
 - 5.3% County HealthChoices members with MAT Rx readmit
- Within 60 days of discharge from Residential Treatment:
 - 22.43% County HealthChoices members with No-MAT Rx readmit from Residential to Residential
 - 10.39% County HealthChoices members with MAT Rx readmit from Residential to Residential

Plan for Promotion of MAT



- Care Managers:
 - Promote MAT prescription during routine reviews
 - Provide information on access to Opioid Centers of Excellence
 - Address complex cases with Magellan’s medical director and share recommendations with providers through case reviews and during rounds
 - Actively discuss aftercare with providers to ensure any barriers for the member are addressed prior to discharge
- Active participation and collaboration with County’s Drug Court program
- Care Worker follow up with members discharged on MAT prescription or considered a non-routine discharge from a drug and alcohol facility to ensure connection to services
- Magellan Clinical and Medical staff conduct visits to targeted high-volume, lower prescribing residential treatment providers to discuss barriers to MAT prescriptions
- Provide MAT education program for providers’ use with members
- Working with providers to implement Magellan Co-Occurring Disorder (COD) guidelines
- Developing outcomes program to examine impact of CRS involvement with MAT members
- Will examine MAT practices at Opioid Centers of Excellence

American Society of Addiction Medicine (ASAM)

Magellan
HEALTHCARESM

Modification to Approved Training on ASAM Criteria

Effective January 1, 2020, the Department of Drug and Alcohol Programs will expand its approved curriculum to include online training through [The Change Companies' ASAM Criteria 2013 Edition E-learning modules](#). This newly approved training will be in addition to the already approved two-day in-person training on *The ASAM Criteria, 2013*. At that time, both training options will satisfy DDAP's training requirement.

Important notes regarding these changes



- Individuals currently registered for a Train for Change two-day *ASAM Criteria, 2013* Skill Building classroom training, must fulfill their commitment to that training. **De-registering from a currently scheduled two-day classroom training to take the online course in 2020 is prohibited. Course certificates for those individuals will not be honored.** Additionally, the training hosts for these scheduled in-person trainings may charge cancellation fees, payable by the agency/individual.
- Due to the ease of access and cost effectiveness of the E-Learning Module subscriptions, it will be the responsibility of the individual and/or their employer to coordinate and absorb associated costs of this training option.

Important notes regarding these changes



- The Change Companies offers two payment modalities.
 - One payment method consists of a \$25 per module, per person fee. There are three modules, so the access fee is \$75 per individual. The registrant has 15 days from the time of registration to complete all three modules.
 - The second payment method involves a flat yearly fee of \$2000. This would allow for 26-50 people to participate in the web based training at their own pace and would expire after one year.
 - Text books may be purchased separately through the Change Companies.
- For either *ASAM Criteria, 2013* training options, Single County Authorities (SCAs) may financially support their area providers with this training expense at their discretion and based upon the availability of funds. SCAs that have questions about the use of DDAP funds for *The ASAM Criteria, 2013* trainings should contact their program officer in DDAP's County Program Oversight Section.
- Certificates are available for each of *The ASAM Criteria, 2013* training options. It is the responsibility of the individual and/or their employer to maintain those certificates for proof of course completion.
- Certificates for online trainings completed prior to January 1, 2020, will not be recognized as valid for meeting DDAP requirements.



Integrated Care: Social Determinants of Health

Tracy Shultz, MA, Director of Operations, Cambria County

Social Determinants of Health

- Healthy People 2020 defines *social determinants of health* as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” (Healthy People 2020, www.cdc.gov)
- Only 10-20% of health outcomes related to medical care (1)
- Integrated Health Model

Social determinants of health (health-related social needs) encompass a wide range of factors

(2)



Housing instability/homelessness: Having difficulty paying rent or affording a stable place of one's own, living in overcrowded or run-down conditions



Utility needs: Not being able to regularly pay utility bills (e.g., electricity, gas, water, phone), and/or afford necessary maintenance or repairs



Food insecurity (hunger and nutrition): Not having reliable access to enough affordable, nutritious food



Interpersonal violence: Being exposed to intentional use of physical force or power, threatened or actual, that results in or has a high likelihood of resulting in injury, death, psychological harm, etc.



Transportation: Not having affordable and reliable ways to get to medical appointments or purchase healthy foods



Family and social supports: The absence of relationships that provide interaction, nurturing, and help in coping with daily life



Education: Not having access to high school or other training that might help someone gain consistent employment



Employment and income: Not having the ability to get or keep a job, or gain steady income

1. Source: Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity>
2. “Social Determinants of Health” presentation by the PA Department of Human Services during the Magellan Health Conference in Lancaster, PA on Sept. 6, 2018.

Magellan's Plan To Gather Information On Social Determinants of Health



1 Care Management

Incorporating intentional discussion and documentation of factors impacting our members.

2 Analytics and Reporting

Collecting data on needs throughout treatment and across levels of care.

3 ICD-10 Z-Codes

American Hospital Association Coding Clinic changes to Official Coding Guidelines.

Magellan's Plan To Use Information On Social Determinants of Health



- Collaboration and Support
- Targeted Partnerships and Interventions
- Inform Care Management Practices
- Success Criteria

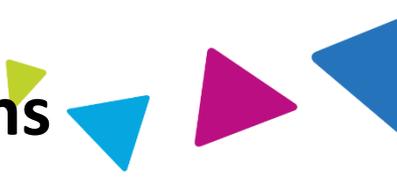
To find SDOH-related resources and other community resources, go to <https://www.magellanofpa.com/providers/community/community-online-resources/>



Regulation Updates: Intensive Behavioral Health Services (IBHS) and Outpatient Mental Health

Tina Davis, Compliance/Claims Auditor, Special Investigations Unit

Intensive Behavioral Health Services Regulations



- IBHS regulations will replace all current MA Bulletins for BHRS
- Applies to BHRS, ABA, EBP (MST, FFT etc.), CRR Host Home and group activities
- Changes to the evaluation/recommendation process
- ABA available to non-ASD children
- Elimination of the ISPTM requirement
- Enhances minimum staffing requirements
- Imposes new clinical leadership structure
- Enhances supervision requirements for all staff
- Requires annual quality reports for all providers
- Addresses restrictive procedures
- Adjusts licensing requirements

IBHS Implementation Timeline

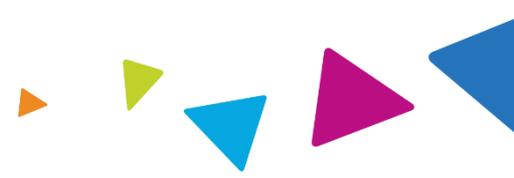


IBHS Regulations - Resources



- Link to IRRC website for posted regulations:
<http://www.irrc.state.pa.us/regulations/RegSrchRslts.cfm?ID=3220>
- DHS IBHS page:
<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>

IBHS Regulations- Magellan



- BH-MCOs have the right to enforce additional requirements beyond the regulations established by the state.
- Magellan proposed changes include:
 - Magellan will implement a transition process for members currently receiving BHRS as they move to IBHS in accordance with OMHSAS recommendations
 - Magellan will be evaluating our clinical authorization process and Care Management touch points with providers
 - All audit tools will be updated to reflect new IBHS requirements (QI, Compliance, & Network)
 - All new contracts will be issued, including new procedure codes

OMHSAS IBHS Statewide Trainings



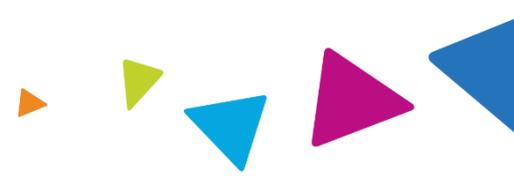
- OMHSAS is planning several statewide and regional trainings to discuss the forthcoming IBHS regulations. Trainings will include an overview of the regulatory package, instruction on the licensing process, and information sharing regarding timelines and next steps. Anyone interested in, or impacted by, these regulations is welcome to attend.
- OMHSAS will host two statewide webinars specific to the IBHS regulations. The date for the remaining webinars is:
 - November 20th
- The power point and other resources from the October 4th training are available on the state's IBHS website (see previous slide).
- Registration information for the November 20th training:
<https://register.gotowebinar.com/register/5160815511865426445>

OMHSAS IBHS Regional Forums



- OMHSAS is also hosting regional forums specific to the IBHS regulations in October and November. We hope providers are taking advantage of these opportunities.
 - WESTERN REGION
October 10th and 11th
 - CENTRAL REGION
October 16th and 21st
 - SOUTHEAST REGION
October 21st (2 separate sessions 10 AM and 2 PM)
 - NORTHEAST REGION
October 22nd and November 14th

Magellan provider and stakeholder workgroups



Upcoming:

- 11/13 - 1:00 - 3:00 PM webex only
- 12/16 - 10:00 AM -12:00 PM in person options at Montgomery County Human Services and Northampton County office with webex option as well

Completed and resources are available:

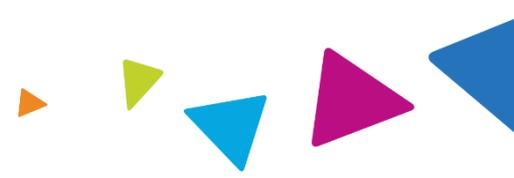
- 9/17 10 AM -12 PM – in person options at Mont Co HS (hopefully) and NH County office with webex option as well
- 10/17 1:00 -3:00 PM webex only

Upcoming Changes to Outpatient MH Regulations



- Includes the 55 PA Code Chapter 1153, Outpatient Psychiatric Services and 55 PA Code Chapter 5200, Psychiatric Outpatient Clinics Regulations
- Approved unanimously by Independent Regulatory Review Commission (IRRC) on 7/18/19. Next step is approval by the AG.
- Regulations are the result of a work group that began in late 2013.
- Updates based on requirements from the ACA, MHPAEA, OPOA, as well as Mobile Mental Health MA Bulletin 08-06-13. The changes also allow licensed professionals to work within their scope of practice in psychiatric outpatient clinics, reduce the frequency of treatment plan updates for licensed providers, and support the principles of recovery, resiliency and self-determination by updating language to reflect a person-first philosophy.
- Potential release by DHS: October 12, 2019

Upcoming Changes to Outpatient MH Regulations



Key changes to 1153 include:

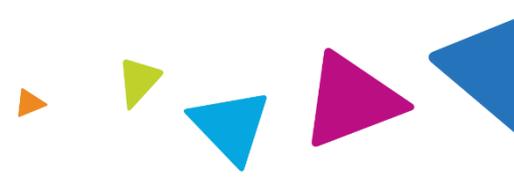
- Family Psychotherapy – Removed that sessions must be at least ½ hour in duration. No minimum duration.
- *Group Psychotherapy* – Psychotherapy group size expanded to 12 persons (previously 10 persons although providers could seek a waiver for up to 12- waiver will no longer be required). Also removed minimum session time of at least 1 hour. No minimum duration.
- *Individual Psychotherapy* – Removed that sessions must be at least ½ hour in duration.
- Re-defined *Licensed Practitioner of the Healing Arts (LCSW, LMFT and LPC now included)*
- Re-defined *Mental Health Professional and Mental Health Worker definitions and criteria for eligibility.*
- *Psychiatric clinic clozapine monitoring and evaluation visit and Psychiatric clinic medication visit* – removed that sessions must be a minimum of 15 minutes. Also expanded that services can be provided by psychiatrist, physician, CRNP, registered nurse or PA.
- *Psychiatric Evaluation* – can be face-to-face or Tele-Behavioral Health.
- Tele-Behavioral Health was explicitly defined.

Upcoming Changes to Outpatient MH Regulations

Key changes to 1153 (continued):

- Significant changes were made to Treatment Plan requirements:
 - Treatment Plans must still be reviewed and approved but it's no longer mandated that this approval be by a psychiatrist.
 - ✓ If an individual is receiving therapy and other clinic services, approval can be by a psychiatrist or Advance Practice Professional.
 - ✓ If any individual is receiving medication management only, approval must be by the Psychiatrist, CRNP, or PA who is prescribing the medications.
 - Timeframe for initiation of a Treatment Plan was extended – 30 days (previously 15 days)
 - Timeframe for updating a Treatment Plan was extended – 180 days (previously 120 days)
 - The treatment plan shall be reviewed on an annual basis by the psychiatrist or advanced practice professional throughout the course of treatment from the psychiatric outpatient clinic and the review documented in the individual record.

Upcoming Changes to Outpatient MH Regulations



Key changes to 5200 include:

- The qualifications and duties of the director/clinical supervisor were updated.
- Staffing patterns must now comply with the Outpatient Oversight Act (HB 478)
 - Regulation amends the requirements for staffing patterns and psychiatric time by allowing 50% of the treatment staff who provide psychotherapy to be mental health professionals and requiring 2 hours of psychiatric time for each FTE mental health professional and mental health worker per week.
 - 50% of the psychiatric time must be provided by the psychiatrist at the psychiatric outpatient clinic; however, the other 50% can be provided by an advanced practice professional or by a psychiatrist offsite through the use of tele-behavioral health, or by a combination of advanced practice professionals and tele-behavioral health.
- Changes to Supervision – The supervision of an Outpatient Psychiatric Clinic shall still be by a Psychiatrist, no longer through the review of Treatment Plans, but by:
 - Establishment of appropriate standards for treatment and prescribing practices.
 - Involvement in the quality management process.
 - Participation in clinical staff meetings two times per month. The psychiatric outpatient clinic shall maintain written documentation of clinical staff meetings, including attendance.
 - Consultation to all clinical staff.

Upcoming Changes to Outpatient MH Regulations



Key changes to 5200 (continued):

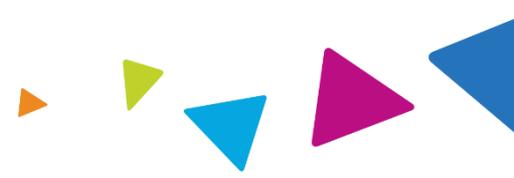
- Language was added regarding clearances in line with the Child Protective Services Law.
- Requirements were added for Quality Assurance Plans.
- Discharge Requirements – a psychiatric outpatient clinic shall complete a discharge summary for each individual at least 45 days before discharge from services that includes the following:
 - Summary of services provided and outcomes
 - Reason for discharge
 - Referral or recommendation for other services if needed



Magellan Department Changes: Recovery and Resiliency

Tracy Shultz, MA, Director of Operations, Cambria County

Recovery & Resiliency Department



- Reorganization of Peer Support Services at Magellan
 - Historically, peer support was housed within the clinical department
 - Development of peer support specific department at Magellan in 2019
- Recovery and Resiliency Manager (Emily Ferris)
 - Implement strategies designed to ensure the provision of effective peer support services through the Magellan network
 - Supervision of Recovery Support Navigation (RSN) Team
- Recovery Support Navigators
 - Direct support to members and resource navigation support
 - County projects and meetings related to peer support services



Specialty Updates and Attestations

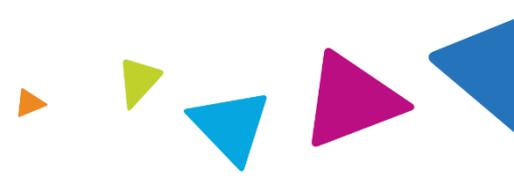
Mitch Fash – Network Manager

Provider Specialty Updates & Attestations

HOW TO UPDATE YOUR PRACTICE'S
SPECIALTY INFORMATION

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Provider Data Changes in Real Time



- ✓ Make changes to your practice data, such as e-mail address, office locations, telephone numbers, business hours and staff rosters
 - ✓ Updating specialties offered within your contracted services
 - ✓ Online on our secure and efficient website
 - ✓ Immediately upload your practice information to Magellan's systems
 - ✓ Ensure that accurate information is loaded in Magellan's systems and available to Magellan members.
-
- REMINDER: *Current practice data is vital to facilitating effective member referrals, claims processing and correspondence.*

How to Update Your Provider Specialty Information

Go to Magellan's Provider website - <https://www.magellanprovider.com>

Enter your User name and Password on the right hand side of the screen

The screenshot shows a web browser window displaying the Magellan Healthcare provider website. The address bar shows the URL <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>. The website header includes the Magellan Healthcare logo and a navigation menu with items like MyPractice, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located below the navigation menu. The main content area is divided into several sections: a 'Spotlight On...' section with a photo of two women and a link to 'Get the latest news!'; a 'WELCOME PROVIDERS' section with a brief introduction; a 'Sign In' section on the right side of the page, which is highlighted by a large blue arrow. The 'Sign In' section contains fields for 'Username:' (with 'MSDitty' entered) and 'Password:', along with a 'Remember Me' checkbox and 'Sign In' and 'New User' buttons. Below the 'Sign In' section is a 'PROVIDER focus' logo. At the bottom of the page, there is a footer with the text 'Not a Magellan provider? Join the Network!' and a maintenance notice: 'This site may be unavailable briefly for maintenance every Thursday from 5:30 - 6:30 a.m. Central time.' The Windows taskbar at the bottom shows the time as 10:39 AM on 8/14/2019.

Go to My Practice info

The Display Edit Practice Information feature is Magellan's Online Provider Data Change form located on the left side of the page. Select Edit/Change Practice Information.



The screenshot shows a web browser window with the URL <https://www.magellanprovider.com/MagellanProvider/do/LoadMain>. The page features a navigation menu on the left with categories like My Billing, My Louisiana, My Contact List, My Authorizations, My Claims, My EDI, My Outcomes, My Status, My Practice, My Reports, and My Forms. The 'My Practice' category is highlighted with a blue arrow pointing to the 'Display/Edit Practice Information' link. The main content area displays information for a specific provider, including a dropdown menu for the provider ID (452145028 GRANGER TEST RECORD, LILY (111111000)), a maintenance notice, and sections for My Messages, My Claims, and News Headlines. The My Claims section includes a table with columns for Date Received, Status, Total Billed, and Total Paid.

Date Received	Status	Total Billed	Total Paid	
12/17/2013	Paid	\$285.00	\$210.00	Details
12/13/2013	Paid	\$285.00	\$210.00	Details
12/12/2013	Paid	\$360.00	\$105.00	Details
12/10/2013	Paid	\$1,275.00	\$175.00	Details
12/06/2013	Paid	\$285.00	\$210.00	Details

Please enter the TIN and MIS combination for your specific locations.



The screenshot shows a web browser window displaying the Magellan Healthcare website. The address bar shows the URL: <https://www.magellanprovider.com/mpPDCFv2/pdcf/home>. The page title is "Magellan HEALTHCARE". The navigation menu includes "Sign Out", "FAQs", "About Us", and "Home". The main content area is titled "My Practice" and contains a search bar and a notification: "You are logged in as an internal user to view this account. No data in any application will be submitted". The "My Practice Info" section is active, showing "Practice Information" tabs for "Provider Data Change Form", "Provider Profile", "Member Ratings", and "Dashboards Reports". A dropdown menu is open for "Select Provider TIN / MIS:*" with the text "Select an option to proceed." and a "Go" button. A blue arrow points to the "Return to MyPractice Page" link below the dropdown. The Windows taskbar at the bottom shows the time as 10:34 AM on 8/14/2019.

Now select **Specialties, Languages, and Age Ranges** – This will allow you to make any changes to your identified specialties as well as add additional ones.



https://www.magellanprovider.com/mpPDCFv2/pdcf/form

Magellan Health, Inc. | Provid... x MagNET

File Edit View Favorites Tools Help

Disorder Adm
Request Member Care

My Claims

Submit a Claim Online
View Claims Submitted Online
Check Claims Status
Submit an EASI Form

My EDI

Submit EDI Files

My Outcomes

Manage Outcomes

My Status

Check Credentialing Status
Check Contract Status

My Practice

Administrator Setup
Display/Edit Practice Information
Submit Online W-9
Display/Edit Roster
Manage Mail Options
My Notifications

My Reports

Plan-Specific Reports

My Forms

Medicaid Disclosure

My Profile

Change Password
Edit My Profile
Change Challenge Question

You must click on each of the sections indicated with a **!** below, review your information (and update as needed), then click "I Attest".

I attest that I have reviewed the data contained in the following sections:

- General Information
- Appointment Availability
- Specialties, Languages & Age Range
- Mailing Address & Professional Email Address
- Service Address, Hours & Medicaid ID Information

I Attest

General Information **!** ?

Office Contacts ?

Appointment Availability **!** ?

Specialties, Languages & Age Range **!** ?

Mailing Address & Professional Email Address ?

Financial Address ?

Service Address, Hours & Medicaid ID Information **!** ?

Home Address ?

Electronic Funds Transfer ?

W-9 Form ?

Resign from Network ?

Specialties, Languages & Age Range - Review Incomplete

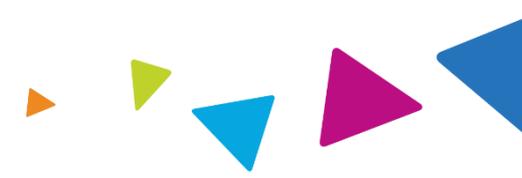
Return to MyPractice Page

https://www.magellanprovider.com/mpPDCFv2/pdcf/form#tab-4

Search the web and Windows

10:37 AM 8/14/2019

Click the Edit button and make your changes. Be sure to save changes to your Profile.



Browser address bar: <https://www.magellanprovider.com/mpPDCFv2/pdcf/form>

Browser tabs: Magellan Health, Inc. | Provid... x MagNET

Browser menu: File Edit View Favorites Tools Help

Left sidebar menu:

- Display/Edit Practice Information
- Submit Online W-9
- Display/Edit Roster
- Manage Mail Options
- My Notifications
- My Reports**
- Plan-Specific Reports
- My Forms**
- Medicaid Disclosure
- My Profile**
- Change Password
- Edit My Profile
- Change Challenge Question

Main content area:

Office Contacts ?

Appointment Availability ! ?

Specialties, Languages & Age Range ✓ ?

General Behavioral Health

- 1. EAP
 - ROUTINE EAP APPTS W/IN 3 BUSINESS DAYS: **No**
 - URGENT EAP CARE W/IN 2 BUSINESS DAYS: **No**
 - NON-LIFE THREATENING CARE W/IN 6 HR: **No**
- 2. Mental Health

Behavioral Specialties

1. ADHD
2. Addiction Medicine
3. Adolescent/Children's Issues
4. Adoption
5. Alcoholism Clinic Treatment
6. Anxiety Disorders
7. Behavior Modification
8. Bipolar Disorder
9. Hindu Counseling
10. Marriage/Family Therapy
11. Muslim Counseling
12. Obsessive Compulsive Disorders
13. PTSD
14. Svr Childhood Emotnl Disturbnc
15. Violence/Sexual Abuse
16. Women's Issues

Medical Specialties

1. Adolescent Medicine
2. Nephrology
3. Nutrition

Languages

1. AFRIKAANS
2. ALBANIAN
3. BENGALI
4. ENGLISH

Practice Age Range

- From: 21 YEARS to 65 YEARS

Edit

Mailing Address & Professional Email Address ! ?

Financial Address ?

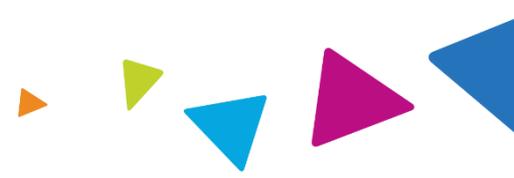
Service Address, Hours & Medicaid ID Information ! ?

Home Address ?

A large blue arrow points from the 'My Profile' menu item to the 'Edit' button.

Windows taskbar: Search the web and Windows, 10:37 AM, 8/14/2019

Specialty Updates and Attestations – Cont.



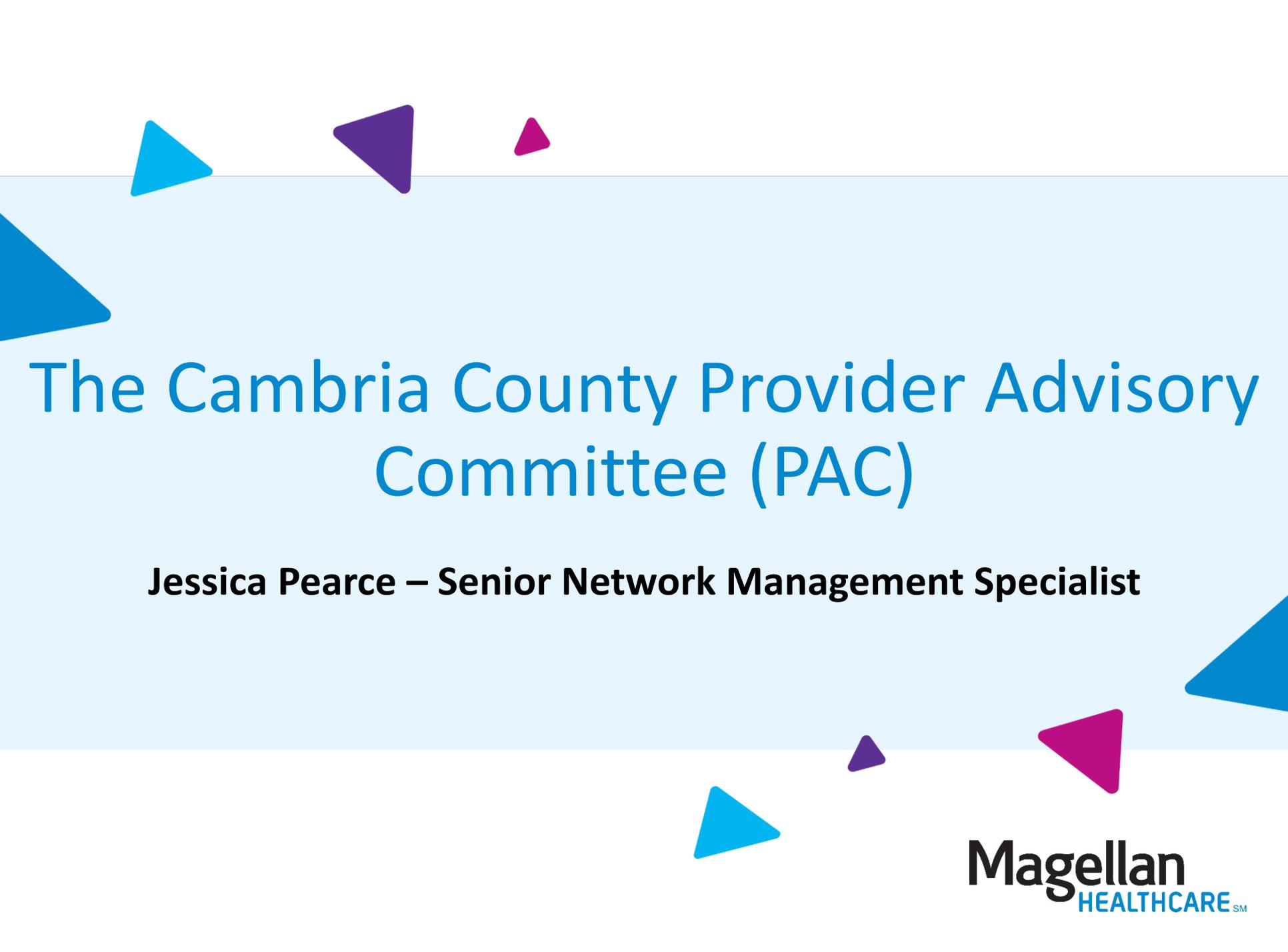
- Once a qualifying specialty is selected the following will occur:
 - Email will be sent with attestation link.
 - Provider attests to having the specialty with specific specialty criteria.
 - Provider search will then show the specialty and an asterisk next to the attested specialties.

PROMISE - Medicaid Enrollment



All contracted providers must have current valid Promise enrollments for all active services.

- ✓ Provider should review current contracted services and verify all enrollments are active and current.
- ✓ **Without current MA enrollment, providers are not able to be reimbursed for Medicaid services.**
- ✓ Base application link:
<http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm#.VjjP2U1OUW4>
- ✓ Supplemental services must complete application through BH-MCO within the county the services are rendered.
- ✓ All satellite locations much now have an enrollment.
 - ☐ This includes Outpatient School programs



The Cambria County Provider Advisory Committee (PAC)

Jessica Pearce – Senior Network Management Specialist

The Cambria County Provider Advisory Committee (PAC)

PURPOSE AND MEMBERS

Magellan
HEALTHCARESM

The Cambria County Provider Advisory Committee (PAC) Purpose

- The purpose of the committee is for members to have an active role in creating change in our system by identifying clinical needs, providing clinical consults, developing clinical best practices for specific populations, making recommendations to systems of care for various populations, as well as identifying how to best monitor Evidence Based Practices.
- The Magellan PAC meetings provide an opportunity to network with other providers in Cambria County, discuss relevant topics and talk about issues from the field.
- Magellan and BHoCC worked together to invite a group representative of the provider network to serve on the PAC. This group is made up of 13 members, at this time, as agreed upon by BHoCC and Magellan.



PAC Members

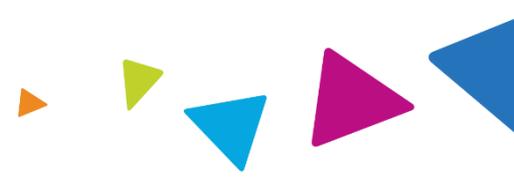
The PAC includes staff members from 13 Cambria provider agencies who represent a variety of services and ages, Magellan staff, BHoCC and the County Commissioners. The provider agency members are as follows:

- Dr. Tammy Haslett / Footsteps
- Lori Rowzer / IFS
- Dr. Ryan Dunne / Conemaugh Hospital
- Megan Knarr-Colian / ACRP
- Dr. Larry Nulton / NDTC
- Dr. Joshua Watt / Pediatric Care Specialists-Behavioral Health
- Anna Flamm / Twin Lakes
- Michelle Barnhart / Community Guidance Center
- Gina Smithbower / Impact Counseling Services
- Kelly Coldren / Skills of Central PA
- Kristyn Maikranz / FBR
- Melissa Haines / CBH
- BobieJo Balzano / Alliance Medical Services

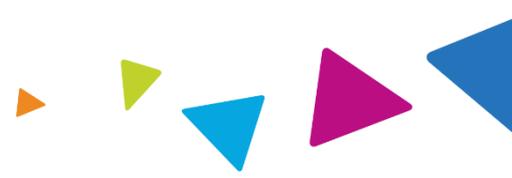
PAC Meetings

- The first Cambria PAC meeting was held on 4/23/19.
 - Magellan provided an update on Service Utilization, barriers to Follow-Up After Hospitalization (FUH), an overview of Cambria Audit trends and Community Involvement.
 - The County provided an update on Reinvestment Planning.
 - A group discussion re: the Behavioral Health Carve Out model and current legislation was held.
- The second PAC meeting was held on 7/23/19.
 - Magellan presented a brief initial meeting and survey review, an update on Service Utilization, a Magellan Cambria operations update and, a Value-Based Purchasing (VBP) breakout discussion on readiness.
 - Future reinvestment planning ideas were discussed including: more programs for transition age youth; a need for more Child RTFs; additional housing options and the creation of Wellness Recovery Teams.
- The next PAC meeting will be held in November 2019.



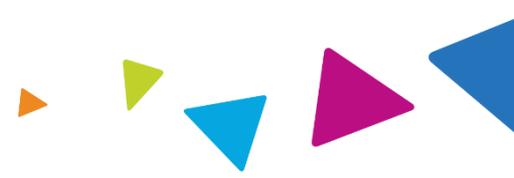


Questions?



Thank you!

Confidentiality Statement for Providers



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