



Magellan Provider Town Hall

December 17, 2021

Magellan
HEALTHCARE®

Agenda

1 2021 Updates and 2022 Key Initiatives

2 Website Update

3 Medical Team Intro/Screening Tools

4 Clinical Department: New Care Management Design/ASAM

5 Quality Improvement

6 Network Department



Magellan Updates

Jim Leonard, LCSW, MBA
Chief Executive Officer

Our Purpose:

Leading
humanity
to healthy,
vibrant lives

HealthChoices Vision:

- **Access** to Quality Behavioral Health Services
- **Improve** Opportunities for Recovery & Growth
- **Innovate & Improve** service delivery
- **Focus** on whole person care



OWN IT



DELIVER



WIN TOGETHER



CARE

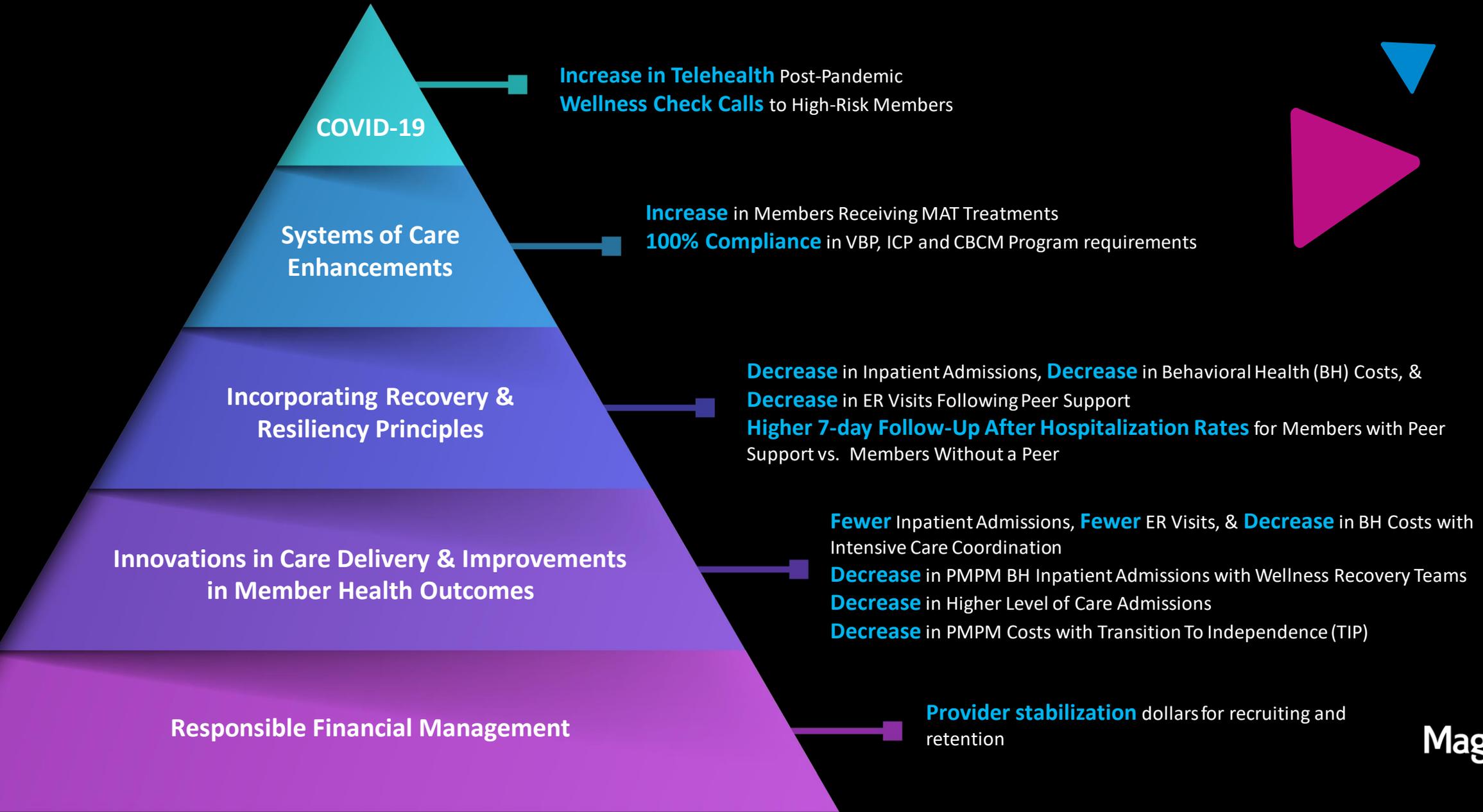


STAND TALL



EVOLVE

Building on a Strong Partnership to Improve Outcomes

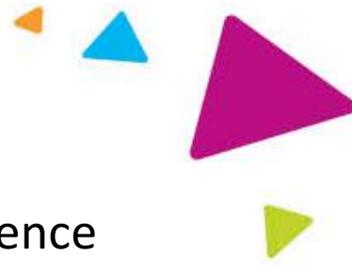




Website Update

Pamela Drager,
Marketing and Communication Coordinator

Website Updates – Coming Soon!

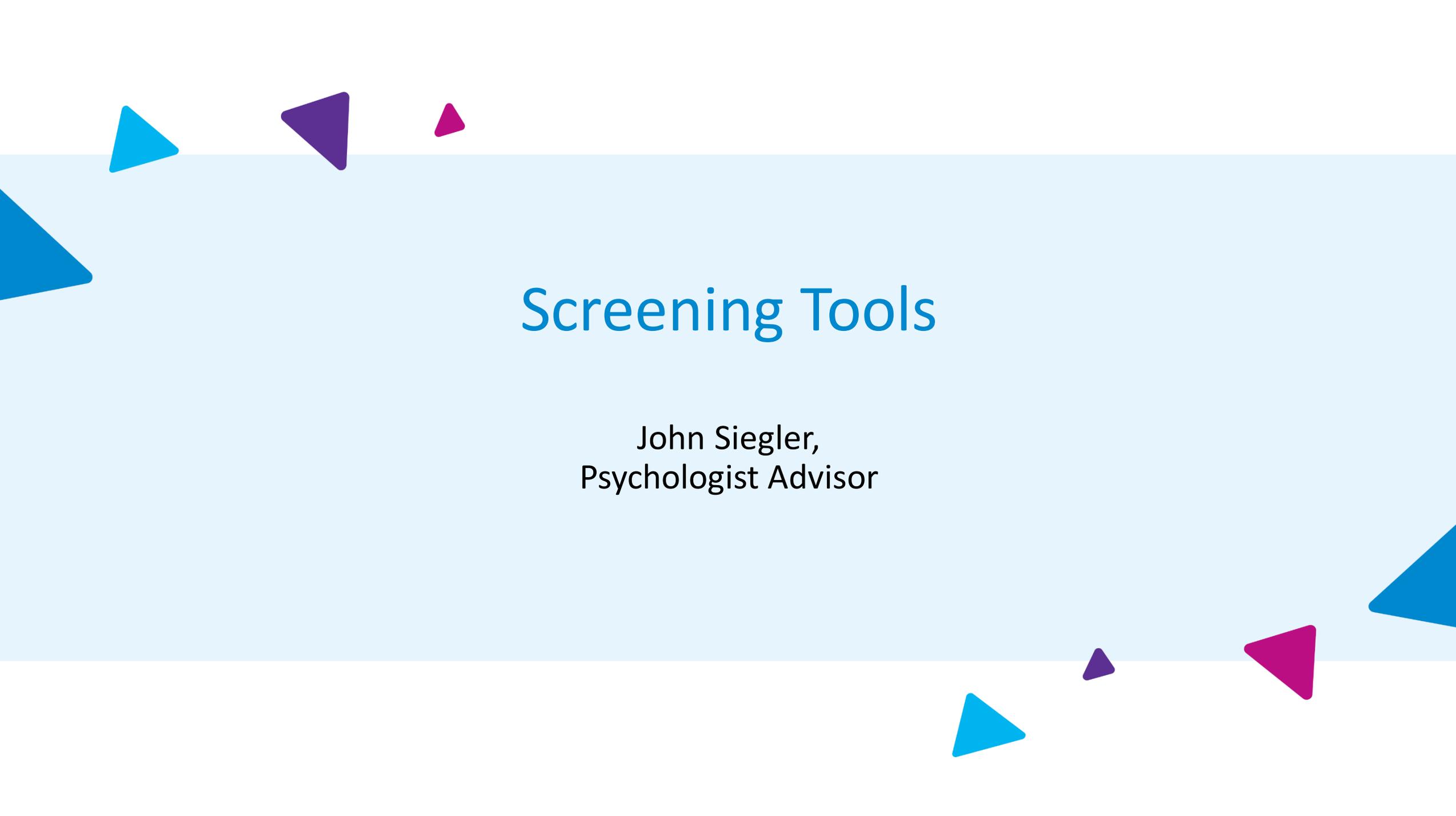


- We are upgrading our website, www.MagellanofPA.com, to ensure a more efficient user experience that is more closely aligned with our corporate brand.
- The site will feature the same content that you are accustomed to seeing on our current website – but will be more easily accessible for members, providers, and local stakeholders.
- Key features with the upgraded site will include:
 - ❑ The opportunity to translate every page of the website between English and Spanish, with just a click of an icon in the upper right-hand corner of each webpage.
 - ❑ The provider search page will be accessible at the top of each webpage to improve the search capabilities for local providers.
 - ❑ An improved accordion structure at the top of the member and provider pages to hopefully increase the speed of web searches (i.e., community resources will now be grouped per County in an accordion structure.)
- Our upgraded site is expected to launch in January 2022.
- When it's live, we encourage you to share your feedback with use so that we can continuously improve your user experience. Please email us at MBHofPA@magellanhealth.com with your thoughts.



Medical Team

Keith Brown,
Senior Medical Director



Screening Tools

John Siegler,
Psychologist Advisor

Screening Programs Available Through Magellan

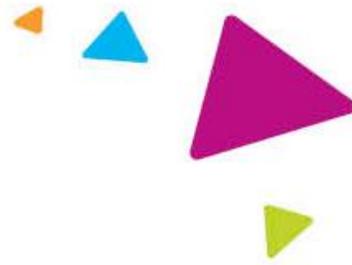


- Magellan offers to providers the CANS assessment tools.
- Materials are available at the <https://www.magellanofpa.com/for-providers/provider-resources/outcome-assessment-tools/>

The screenshot shows the Magellan Healthcare website interface. The header includes the Magellan logo and 'MAGELLAN BEHAVIORAL HEALTH OF PA'. A navigation menu is visible with 'Provider Resources' selected. The main content area is titled 'Secure Sign-In' and 'CANS'. The 'CANS' section explains that using the Child and Adolescent Needs and Strengths (CANS) tool requires training and certification. It lists several resources for training and certification, including a FAQ for certification, a FAQ for web entry, the CANS form, a reference guide, a developmental needs module, and an implementation guide. A note at the bottom states that Adobe Reader is required to view PDF files.

- Please connect with your Care Manager to discuss strategies and to learn more about opportunities related to the Screening Programs supported by Magellan.

Child and Adolescent Needs and Strengths (CANS)



- The Child and Adolescent Needs and Strengths (CANS) Assessment is a screening tool required for youth recommended for BHRS/ABA/IBHS and IRTF.
- The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.
- The CANS consist of domains that focus on various areas in a child's/youth's life, and each domain is made up of a group of specific items.
- There are domains that address how the child/youth functions in everyday life:
 - Emotional or behavioral concerns
 - Risk behaviors
 - Strengths and on skills needed to grow and develop
 - Family's beliefs and preferences
 - General family concerns/needs

Screening Tools



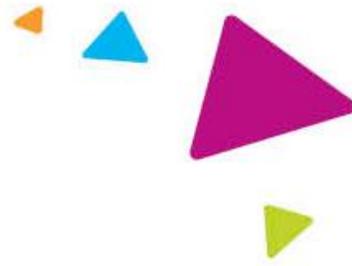
Other screening tools available as resources for providers:

- GAIN SS (screening for dual diagnosis)
- PHQ 2 (screening for depression)
- How did Magellan select these tools?
 - Based on reasonable scientific evidence adopted from nationally recognized behavioral healthcare organizations that have developed guidelines, based on scientific and research literature.
 - Based on best practices that are based on industry standards or expert opinion within proven reliability.

Materials are available at the <https://www.magellanofpa.com/for-providers/communications/provider-announcements/>

Benefits of Screening Tools

- Screening tools support providers in identifying members who need support.
- Screening tools support diagnosis, treatment, and recovery.
- The tools selected are brief and easy to understand.
- The tools can be used in a variety of settings, such as correctional facilities, emergency rooms, primary care offices, school or social services.
- The tools selected require minimal training.

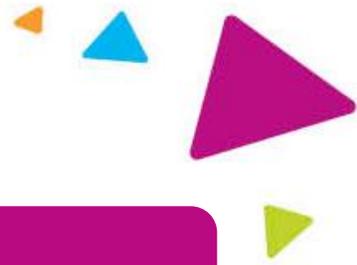


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Clinical Department

Tara Karbiner, LCSW,
Director of Clinical Services

Staff Introductions



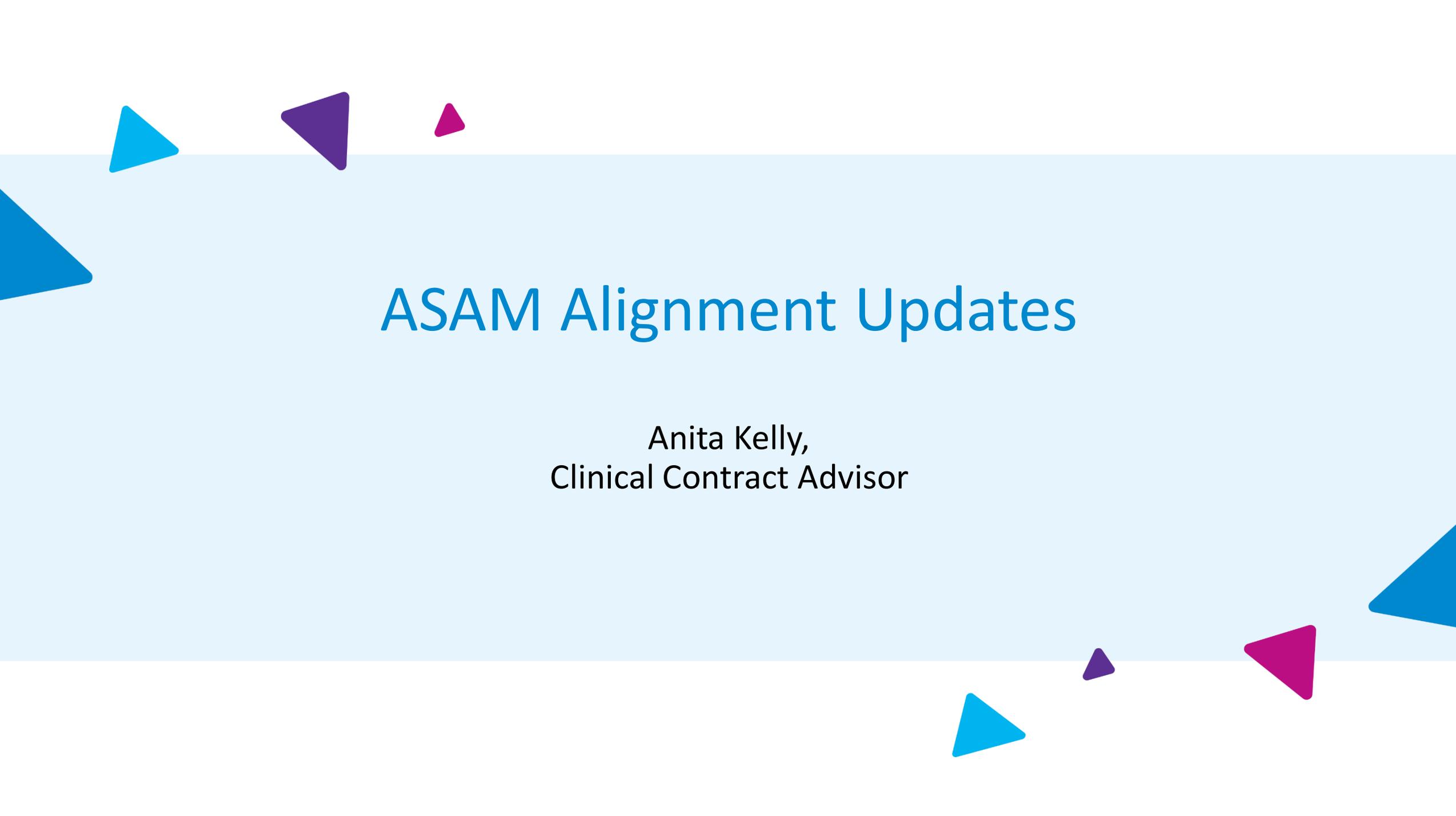
Trish Dryzga- Mental Health 24-hour levels of care (Acute Inpatient, Adult and Child Residential, Extended Acute Care)

Sue Stumm- Adult Community Based levels of care (Assertive Community Treatment, Blended Case Management, Outpatient, Intensive Care Coordination)

Carl Kist- 24-hour SUD levels of care, D&A Comprehensive Care Management, & Initial Referral Team

Kristen Scalise- Child/Adolescent Community Based levels of care (IBHS, Family Based Services, Comprehensive Care Management, and School Based Partial Hospital)

Lauren Keane- Integrated Health Team



ASAM Alignment Updates

Anita Kelly,
Clinical Contract Advisor

Therapies

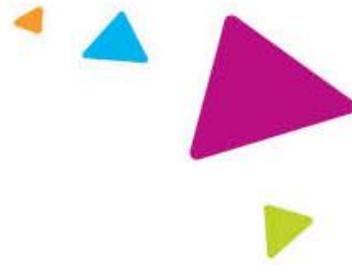


	2.1	2.5	3.1	3.5 & 3.7
Hours of therapy	9-19 hrs/week	20+ hrs/week	24-hour structure with at least 5 hours/week	At least 6 hrs/day, including weekends;
Evidenced Based Practices	Array	Array	Array	Array
Family inclusion when possible	Yes	Yes	Yes	Yes
Family referral to own therapy	When appropriate	When appropriate	When appropriate	When appropriate
Use of MI	Yes	Yes	Yes	Yes
Staff: client ratio	1:15	1:10	1:8	1:8
MAT	Must provide access	Must provide access	Must provide access	Must provide access



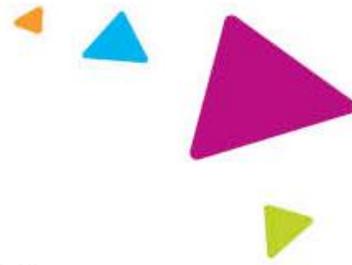
Medication Assisted Treatment-Methadone Coordination of Care Between Treatment Providers

Medication Assisted Treatment



- The coordination of care between therapeutic and pharmaceutical interventions is critical. Individuals with SUD who have a disorder for which there are three FDA-approved medications (Methadone, Buprenorphine, and Vivitrol) must have access to those treatments based upon their individual needs and preferences.

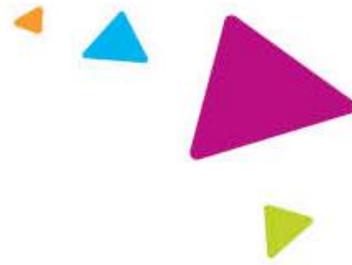
NTP Requirements



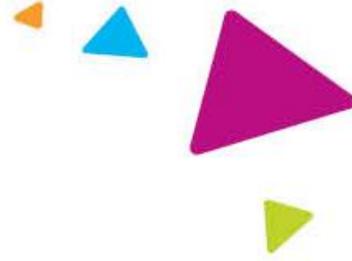
- The NTP Medical Director/physician has sole responsibility for the determination of methadone dose and schedule. (28 Pa. Code §715.17 (c)(1)(i))
- **The NTP must request an exception for off-site dosing on the SAMHSA/CSAT website:**
[https://otpextranet.samhsa.gov/request/\(S\(rl1a1gkpytc4t2hewoao40sf\)\)/default.aspx](https://otpextranet.samhsa.gov/request/(S(rl1a1gkpytc4t2hewoao40sf))/default.aspx) (28 Pa. Code §715.29)
- *The NTP will provide a copy of the approved exception to the residential facility.*
- URINE testing - Methadone patients/clients who are participating in a residential treatment program will be required to submit at least one drug screen per month. Although this is a requirement of the NTP, it can be coordinated between the providers. This should be addressed during the initial referral process. (28 Pa. Code §715.14a)

Residential Facility Requirements

- Policies and procedures should be updated to include the use and storage of methadone from the NTP. (28 Pa. Code §709.32 (c))

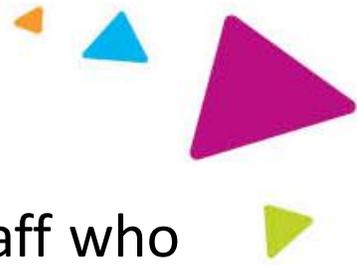


Staff Education



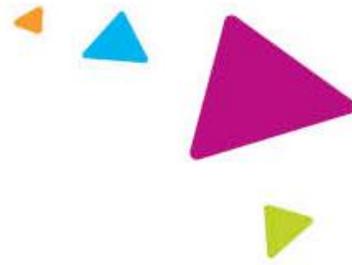
- All staff should be trained on all three forms of MAT (mechanism of action, contraindications with other substances, side effects/risks/benefits, understand the importance of consistently checking in with the patient/clients about their progress on MAT, helpful questions to ask, etc.).
- All staff should have the ability to coordinate care with MAT providers.
- Documentation regarding MAT is included on the treatment plan.
- Staff clearly document progress on MAT in clinical documentation and on the treatment plan.
- Providers should have lists of accessible Vivitrol, Buprenorphine, and Methadone treatment providers readily available for both patients/clients and staff.

Staff Education



- The residential facility, at a minimum, should train both clinical and medical staff who will have any role in providing treatment or services to the patient/client.
- Patients/clients in this program should be mainstreamed. They should not be segregated into a distinct track. This treatment model is an integrated treatment model.

Ensure contracted providers admit and provide services to individuals who use MAT for SUD.



Examples:

- Review records
 - Interview staff
 - Interview patients/clients
 - Review of data that includes information on # of patients/clients on MAT, by type of MAT
 - Ask providers for a list of MAT programs they have relationships with, and the type of MAT they provide
-
- If providers do not have relationships with a provider for one certain kind of MAT (Methadone for example), provide TA to assist them in developing a process to work through these barriers and rectify this issue.

Ensure contracted providers admit and provide services to individuals who use MAT for SUD.



- **Knowledge of treatment providers who treat patients on MAT**
- Provide stigmatizing guidance (examples: “important for you to taper off ASAP” or “you aren’t really in recovery”) or who segregate patient on MAT from the general patient population.
 - Educate the treatment providers regarding MAT
 - Offer other options for the treatment providers to consider in their approach
 - Ask for TA from DDAP to assist with provider conversations

[ASAM Transition \(pa.gov\)](http://pa.gov)



The slide features a light blue background with a white horizontal band across the middle. Several triangles in shades of blue, purple, and pink are scattered around the edges of the slide, some pointing towards the center and others away from it.

Quality Improvement

Maria Brachelli-Pigeon, LMFT, CPHQ, Quality Improvement Director
Tracy Samuelson, MSS, LCSW, Quality Manager

New Innovations in Provider Profiling



- “Provider Profile” term comes from the Program Standards and Requirements
- Magellan interprets requirement as a collaboration opportunity
 - Use of data to enhance relationships with providers
- 2022 priorities include high volume contracted providers – all levels of care
- Operational dashboards with guides for use/interpreting the material
- Quarterly touch points with Magellan
- Value-based purchasing information included
- Filters available to allow for further analysis
- Will include quality indicators and utilization within programs offered within the provider organization
- Streamlines communication with providers across Magellan and county partners

Front End Customer Service



Quality improvement activity to assess and improve member experience

- # of rings to pick-up
- Amount of time until a call back is received
- Availability of appointments
- Courtesy and professionalism of staff answering the phone

Multi-year project that will continue in 2022.

Evidence Based Practices



- Evidence-based practice (EBP) is the integration of clinical expertise, patient values, and research evidence into the decision-making process for patient care.
 - EBPs by nature offer less variation in care and may lead to fewer unnecessary treatments or procedures.
 - They promote patient safety through provision of effective and efficient healthcare.
- Currently, Magellan supports a wide range of Evidence Based Practices across Magellan’s contracted network.
- This information is vital to Magellan, as it supports our efforts to help members connect to the most clinically appropriate services for their needs.
- **Your/your organizations’ response is requested no later than December 23, 2021.**

<https://www.surveymonkey.com/r/EBPProvider>

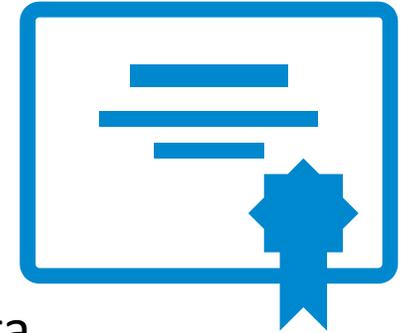
Clinical Practice Guidelines

Magellan uses evidence-based clinical practice guidelines (CPGs) as **clinical decision support tools** that guide providers, members, and Magellan's clinical staff in determining the management and clinical appropriateness of services in specific clinical circumstances for the treatment of acute and chronic behavioral health conditions relevant to the needs of Magellan's member population.

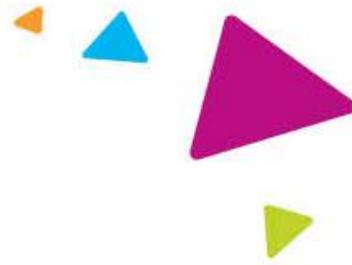


Utility of Clinical Practice Guidelines

- CPGs exist in all of healthcare, not just behavioral health
- Based on scientific evidence, review of the medical/psychiatric literature, or appropriately established authority
- A means to standardize treatment options with the most effective interventions available
- Help ensure quality care and care management
- Support the use of evidence-based practices
- Licensing regulations only establish the minimum standards
- Systematically developed, based on the best evidence and the most current data
- Ideal for helping both practitioners and patients make healthcare decisions in specific circumstances
- Identify what is a standard, acceptable practice or intervention vs what is outdated, experimental, speculative, or on the “fringe”



Limitations of CPGs



- CPGs are intended as reference guides to assist providers in the diagnosis and management of selected conditions.
- CPGs cannot substitute for the individual judgment brought to each clinical situation.
- CPGs may not apply to every person or clinical situation. Some variation is expected. Provider judgment and knowledge of an individual supersedes any clinical guidelines.
- CPGs do not determine insurance coverage of health care services. Coverage decisions are based on member eligibility, contractual benefits, and determination of medical necessity.

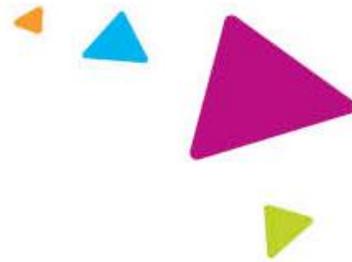
Provider Adherence to CPGs

Magellan audits include assessment of provider adherence to CPGs for individuals diagnosed with:

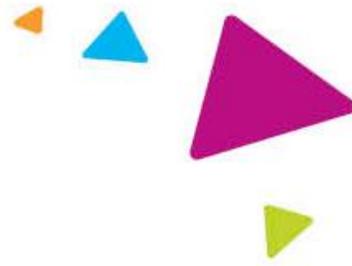
- Major Depression
- Schizophrenia
- Attention Deficit Disorder
- Substance Use Disorders
- Suicide Risk

Treatment Record Review audits assess for provider's adherence to CPGs for applicable records.

Results are expected to be >85%. Those not meeting this goal are addressed via an action plan.



CPG Audits 2020: Results & Improvements



- 85% benchmark was met across 5 of the 6 audit tools
 - Schizophrenia was not met at 83%
- Increased Scores: ADHD, Major Depression
- Decreased Scores: Suicide Risk, Schizophrenia, Substance Use Disorder

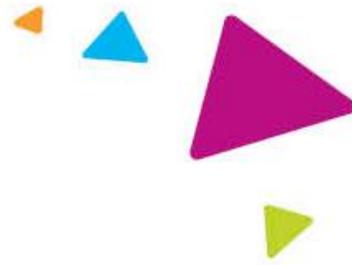
Improvements noted from 2019 ADHD CPG Audit:

- Assessment: screened for presence of several inattentive or hyperactive-impulsive symptoms in two or more settings, confirming symptoms across settings from multiple informants, specifying level of severity of DSM 5 diagnosis, coordination of care with medical providers.

Improvements noted from 2019 Major Depression CPG Audit:

- Assessment: co-morbid substance induced disorder
- Treatment: utilizing combination of psychotherapy and anti-depressant medication for MDD of moderate-severe intensity, referral for medical/psychiatric evaluation when provider is non-MD when there are concerns about severity, psychotic, or medical conditions, education being provided to patient and family when appropriate.

CPG Audits 2020: Areas for Improvement



Suicide Risk

- Assessment: Past-history of suicide ideation and attempts, lethal intent, access to weapons
- Treatment Methods: Actual family support system involvement in treatment

Schizophrenia

- Assessment: Screened for presence and duration of symptoms meeting DSM criteria, medications, potential barriers to treatment compliance
- Treatment Methods: appropriate psychosocial interventions, addressing co-morbid mental health disorders, documentation of baseline physical and lab results and periodic monitoring of these parameters when initiating second-generation anti-psychotics

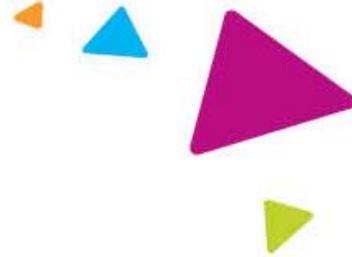
Substance Use Disorders

- Assessment: medical conditions, risk factors for relapse and readiness for change
- Treatment Methods: appropriate family/support person involvement, addressing co-morbid psychiatric disorders, self-help groups, substance use disorder and treatment education provided to member and family, assessment of progress towards goals at each visit

Accessing CPG Information on MagellanofPA.com

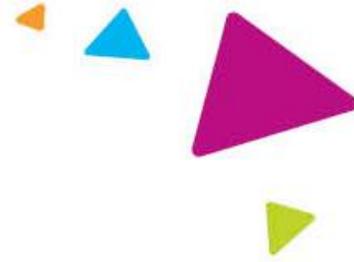
The screenshot shows a web browser window displaying the Magellan Behavioral Health of PA website. The URL in the address bar is <https://www.magellanofpa.com/for-providers/>. The page features a navigation menu with the following items: For Providers, Provider Resources, Communications, Services & Programs, Community, e-Learning Center, and County Info. The 'Provider Resources' dropdown menu is open, listing the following options: ATEC Outcome Measure, Claims/Check Eligibility/View Authorizations, Clinical Practice Guidelines (highlighted), Forms, Fraud, Waste & Abuse/Compliance, Getting Paid, Medical Necessity Criteria, Ordering/Referring/ Prescribing (ORP), Outcome Assessment Tools, Provider Directories, Provider Search, and Provider Website. An orange arrow points to the 'Clinical Practice Guidelines' link. The page also includes a search bar, a 'About Us' link, and a banner with the text 'Working closely with our customers, providers and local communities.' The footer of the page contains the text 'WELCOME PROVIDERS' and a paragraph about Magellan's history: 'to the Magellan Behavioral Health of Pennsylvania (Magellan) website. For more than two decades, Magellan has been managing behavioral health services for PA HealthChoices members in collaboration with its county customers, providers and community stakeholders.'

Accessing CPG Information on MagellanofPA.com



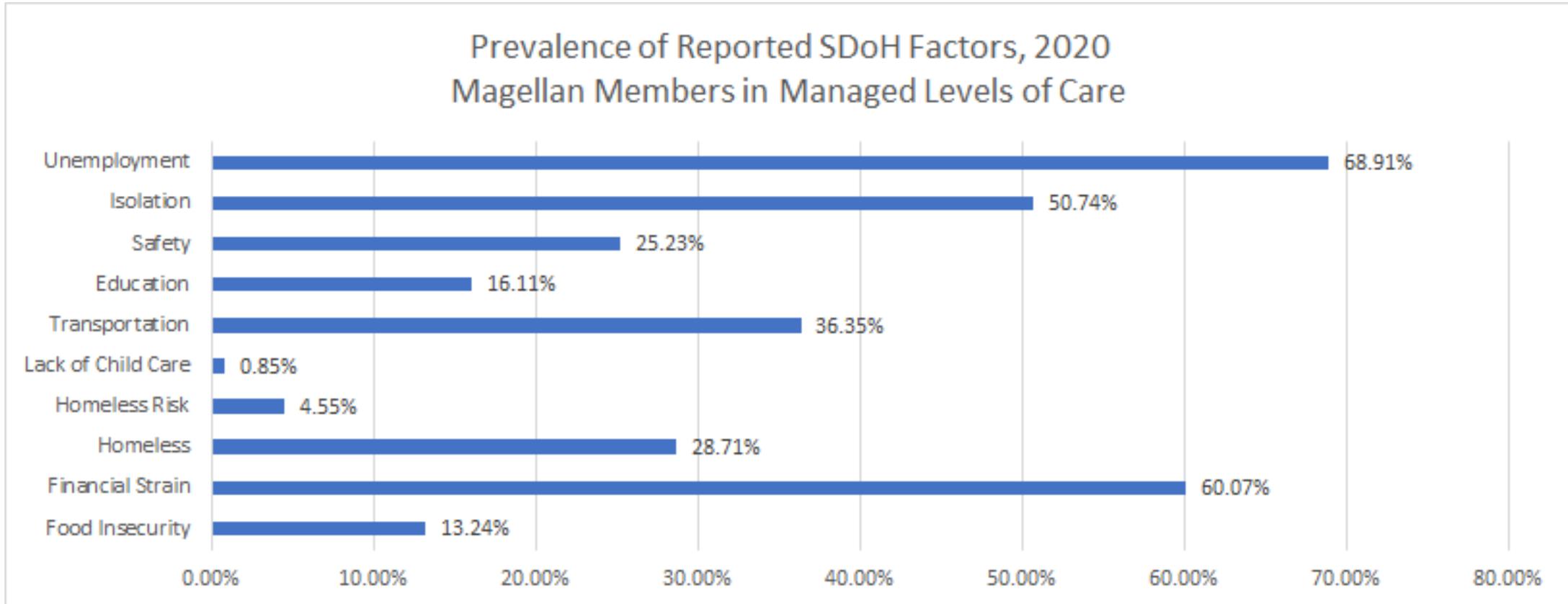
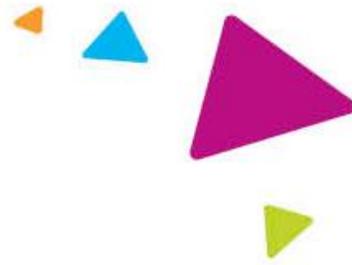
The screenshot shows a web browser window displaying the Magellan Behavioral Health of PA website. The URL is <https://www.magellanofpa.com/for-providers/provider-resources/clinical-practice-guidelines/>. The page features a navigation menu with options like 'For Providers', 'Provider Resources', 'Communications', 'Services & Programs', 'Community', 'e-Learning Center', and 'County Info'. The 'Provider Resources' menu is expanded, and the 'Clinical Practice Guidelines' link is highlighted with an orange arrow. The main content area is titled 'Clinical Practice Guidelines' and includes a breadcrumb trail: 'For Providers / Provider Resources / Clinical Practice Guidelines'. The text explains that Magellan develops or adopts clinical practice guidelines to assist providers in screening, assessing, and treating common disorders. It also mentions that guidelines are reviewed every two years and updates are reported through the 'Provider Focus' newsletter. A 'Consumer Guidelines' section is also visible at the bottom of the page.

Accessing CPG Information on Magellan's Provider Site

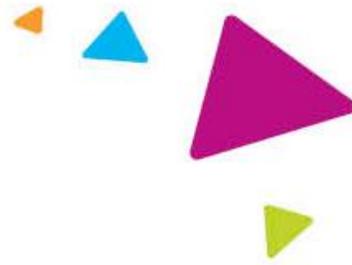


The screenshot shows a web browser window displaying the Magellan Healthcare provider site. The URL is <https://www.magellanprovider.com/providing-care/clinical-guidelines/clinical-practice-guidelines.aspx>. The page features a navigation menu with links for Sign In, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located below the navigation menu. The main content area is titled "Clinical Practice Guidelines" and includes a sidebar with a list of categories: Initiating Care, Request Outpatient Authorizations, Clinical Guidelines (highlighted with an orange arrow), Medical Necessity Criteria, Psychological Testing Guidelines, Prescribing Guidelines, Substance Use Treatment, and Autism Services. The main text describes the process of developing and adopting clinical practice guidelines, mentioning a multi-disciplinary panel and the importance of updates. It also lists several quick links for various conditions, including Acute Stress Disorder & Post-Traumatic Stress Disorder, ADHD, Autism, Bipolar Disorder, Depression, Eating Disorders, Generalized Anxiety Disorder, Managing Suicidal Patients, Obesity, Obsessive-Compulsive Disorder, Panic Disorder, Schizophrenia, Substance Use Disorders, and Audit Tools. The page footer shows the system tray with the date 1/10/2020 and time 2:19 PM.

Magellan's Annual Population Assessment 2020: Focus on Social Determinants of Health (SDoH)



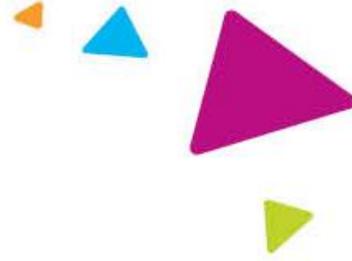
Magellan's Annual Population Assessment 2020: Focus on Social Determinants of Health (SDoH)



Understanding Needs of Our Community:

- **“Isolation”** increased substantially between 2019 and 2020, likely related to pandemic effects.
- **“Transportation”** remains a significant barrier for many members.
- **“Safety”** is often cited by providers when the member has presented risks to others, not just when the member is at risk.
- **“Homelessness”** may be reported for children/youth in 24-hour care when caregivers report that they are not yet comfortable accepting the member back into the home.

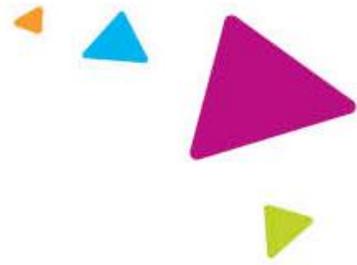
Sharing of Language Needs Across the Network



- In 2020, **Thai** surpassed Spanish as the #2 preferred language by HealthChoices members in two of Magellan's counties served (Cambria and Delaware). Thai is the #3 preferred language in Bucks, Lehigh, Montgomery, and Northampton Counties.
- In 2020 we had no providers reporting that they can deliver services in Thai.



Magellan's Annual Population Assessment: Language Needs



- Only 22 provider organizations reported in 2020 that they had staff who can use **American Sign Language**.
- Please regularly update your information, especially race, ethnicity, and language information, in the Magellan Directory.

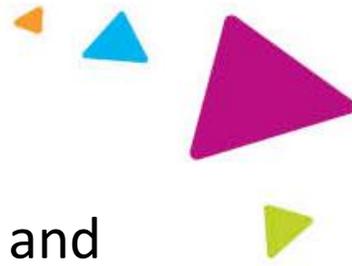




Network Updates

Mitch Fash, Senior Network Manager

Claim Submission Reminders



- Timely claim submissions. Please remember the timeframes for submitting claims and allow a couple day buffer when submitting so it does not come in late.
- Each weekly Explanation of Payment (EOP) should be reviewed for denials and then resubmit when appropriate. Important to have all clean claims processed.
 - Future Rate considerations
 - Value Based Scores and incentives
- Place of service codes are specific and need to be used correctly for the codes you are contracted with and submitting for payment. Please be sure to verify these codes for appropriate billing.
- Diagnosis codes are required for a claim to be processed. It is also important to add ALL identified diagnosis on your claim submission. Please check with your clearinghouse to see that all diagnosis codes are being sent with your files.

MA Enrollment



- ❖ **All contracted providers must have current and valid Promise enrollments for all active services and locations.**
 - ✓ 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.

- ❖ **MA Revalidation is required every 5 years.**

Medical Assistance Revalidation



- Process was initiated in 2016.
- All services that were enrolled prior to March 25, 2011 must Revalidate.
- Supplemental services must complete application through BH-MCO within the county the services are rendered. You will not need to complete multiple applications for each BH-MCO. The Revalidation is good for all counties.
- Revalidation process will be every five years. Allow time for any issues that may occur with the application submission process.
- <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>

Your Provider ID	Status	Active
NPI	ePEAP Access	Full Access
Service Location		
Provider Type	Revalidation Date	03/24/2013

New communication process



- Magellan has begun using DocuSign for some documents including attestations and contracts.
- These emails can be reassigned within your agency and does not need to be resent by Magellan.
- Email is not an effective or efficient communication method for exchanging documents related to funding, contracting etc.
- We are moving to this as the preferred method of document exchange.
- Should a document go out through DocuSign we will NOT accept it back via email.

Updating Provider Information



Reporting Updates to Service Locations and Other Changes



- Providers should notify Magellan in writing or through the provider website (www.magellanprovider.com) within ten (10) days of any changes, additions or deletions related to their site including:
 - o Service, Mailing or Financial address; Telephone number; Business hours; E-mail address; Taxpayer identification or NPI number
 - o Inability to accept referrals for any reason
 - o Additions or deletions of practitioners to a Group Practice
- Providers also have a responsibility to notify Magellan if any of the following credentialing information changes:
 - o **Licensure status (i.e., provisional license) Even if challenging audit**
 - o Certification(s)
 - o Hospital privileges
 - o Insurance coverage
 - o Past or pending malpractice actions



Maintenance of Provider Information



Schedule routine intervals to provide updates: Magellan recommends providers set time aside to keep current service capabilities and contact information up-to-date, at a minimum quarterly



Focus on addressing cultural preferences: All providers should consider updating the racial, ethnic, and language options for their organizations to help us and our members understand availability across the network



Benefit to members: When providers keep their information about staff availability and language abilities current, it allows Magellan to support members in accessing the care they need

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.
- **Specific contacts** within your agency for targeted communications from Magellan.
- **Update specialties** offered within your contracted services.
- It is completed online via 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.
- This should be reviewed and **updated** on a **quarterly** basis, at a minimum
- As earlier noted, Magellan encourages providers to provide detailed updates with a focus on race, ethnicity, and language fields
- **REMINDER:** *Current practice data is vital to facilitating effective member referrals, claims processing and correspondence.*

Provider Handbooks



- The Provider Handbook outlines the policies and procedures with which providers are required to comply when serving members whose care is managed by Magellan and/or its affiliated companies.
- Providers also must comply with the policies and procedures contained in the [Pennsylvania HealthChoices supplement](#), and any [other applicable handbook supplements](#), including the Magellan Organizational Provider Handbook Supplement, and state-, plan- or EAP-specific supplements.
- The Magellan National Provider Handbook is located at: <https://www.magellanofpa.com/for-providers/communications/provider-manual/>
- The Provider Handbook is updated annually. Once the final version is approved a notification is sent to all providers that the newest version has been posted to the Magellan website.
- **Annual update is now online for reference and use.**

Phone Resources



Provider Services Contact Information

Bucks/Montgomery: (877) 769-9779

Cambria: (800) 424-3711

Delaware: (800) 686-1356

Lehigh/Northampton: (866) 780-3368

Fraud & Abuse: (800) 755-0850

Member Services Contact Information

Bucks: (877) 769-9784

Cambria: (800) 424-0485

Delaware: (888) 207-2911

Lehigh: (866) 238-2311

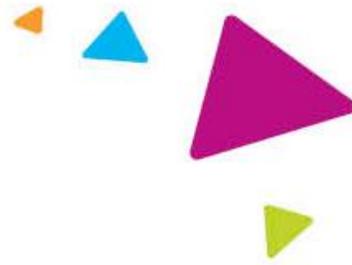
Montgomery: (877) 769-9782

Northampton: (866) 238-2312

THANK YOU!



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