

Welcome to the Magellan Provider IBHS Workgroup

AUGUST 3, 2023

Magellan
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Welcome and Opening Remarks

Agenda



- Network Updates
- Magellan Authorization System
- Authorization Packet Process Reminders
- ISPT Meetings
- IBHS in School
- Upcoming Forums, Technical Assistance, and Resources
- Questions



Network Updates

Network Team



Mitch Fash – Network Manager – MFash@magellanhealth.com

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

Telehealth Code



On August 16, 2022, as a result of multiple requests for clarification regarding MA Bulletin OMHSAS-22-02, OMHSAS issued a [Telehealth Frequently Asked Questions](#) document.

In accordance with MA Bulletin OMHSAS-22-02, Magellan would like to advise providers that it is now able to accept informational modifier **FQ** when providing audio-only telehealth services. Effective for dates of service July 1, 2022, and beyond, providers should add informational modifier FQ in the last available position along with your current contracted code and modifier combination every time a service is provided over the telephone. Providers who offer services that currently require the use of four modifiers should continue to use those modifiers in accordance with your contract (four modifiers are the maximum allowable, so in this case, providers would not be able to utilize informational modifier FQ).

Magellan Updated Telehealth FAQ – October 6, 2022

https://www.magellanofpa.com/documents/2022/10/100622_telehealthfaq.pdf/

Satellite Sites & Licensing



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

New IBHS Group Process - Changes



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

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

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

Provider Expansion or Provider Changes



For Magellan, is your agency....?

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

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

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

Availity Contact Information



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

Network Reminders



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



Magellan Authorization System

Question #1



In the new Magellan Online Authorization System, the Provider ID is the same as the MIS#?

TRUE

The Provider ID and Magellan MIS Number are the same. An MIS Number is the Provider ID that Magellan has assigned to you. This number allows us to process your claim efficiently and ensure the claim is paid to the appropriate provider rendering location and at the appropriate rates. You can find your MIS number on your contract.

Question #2



When choosing your Provider ID/Servicing agency in the online auth system, the "Type" should be...

ORGANIZATION



Provider Search Result(s) [Go to Provider Search](#)

H Location Name:		
Provider ID 82	Tax ID	NPI
Type Organization	Servicing address	

Question #3



To go in and check an authorization status from the main screen, I should go into...

REQUEST MEMBER CARE

The old process seems to work but it will not always be accurate so please go into Request Member Care to find the authorizations submitted through Availity.

Question #4



A Provider is able to find authorizations...

By looking up the individual member

&

By searching the Provider ID# for all authorizations.

Question #5



This member needs 1050 units for BHT. At this time, I need to submit this as...

BHT 999 units, Add a Service, BHT 51 units

The Magellan authorization system presently allows you to add up to 999 units to an authorization. If the authorization requires more than 999 units, you will need to add the excess units as a secondary service by clicking the ADD SERVICE button on the Services screen.

Question #7



My agency should be submitting which CPT/modifier combination....

The authorization CPT/modifier combination like on the TAR.

Even though the system shows you the modifiers you bill with, there is no change to the Magellan process that authorizations have their own unique CPT/modifier combination as it is currently on the TAR.

Question #6



When submitting a request for services, I will NEVER need to enter a modifier?

FALSE – YOU WILL ALWAYS BE REQUESTING A CPT & MODIFIER FOR ALL IBHS REQUESTS



Normally I submit my packets within 30 days of the last covered day but there was an unexpected delay. I need to submit an authorization request with a start date of 2 business days ago. The system is not letting me. Why?

Ex. Authorization request date – Monday, August 7, 2023

Start Date needed – Friday, August 4, 2023

At this time, Magellan's Online Authorization System is only allowing for start dates to go back 48 hours vs 2 business days. This is in process of being adjusted and providers will be informed when the change is in effect. In the meantime, please FAX those requests and make a note on the fax cover sheet that it is being faxed because the start date is more than 48 hours from request date.



Why do we still have to submit TARs with our Online Authorization Request packet attachments? I thought Magellan said we wouldn't have to anymore.

In an effort to quickly and easily correct any errors submitted, the TAR allows Magellan to confirm the intent of the request and allows us to make the edits once identified without further delay. Authorization errors and delays in correcting them all lead to the possibility for more denied claims which we want to avoid.

Why might my auth status still say “pending” after 48 business hours have passed?



- Check to see if your agency has received a Request for Additional Information
- There are no changes to Magellan’s timeframes. Magellan has 48 hours to send a Request for Additional Information (RAI) request to the provider. Once the full RAI response is received, Magellan has 2 business days to make a decision.
- If an RAI is not sent, Magellan has 2 business day to make an MNC determination.
- Please wait this allotted time and check the Online Authorization System *before* outreaching the Magellan Care Manager.



**KEEP
CALM
AND
DOUBLE CHECK
YOUR WORK**





Auth Packet Process Reminders

Helpful Resources...



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

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

Online Auth System or Fax?



Online Auth Request	Fax
Initial Assessment request	Extension requests
Initial Service request	Change of Prescription requests
Concurrent Service request	Stop/Start Auth requests
	Transfer requests
	Initial packets which your agency is not planning to staff (unassigned authorization)
	Error corrections

Initial Assessment Registration



Packet submission for IBHS should submit the following documents through the online provider portal:

1. Registration Treatment Authorization Request (TAR) Form
 - Initial Individual Assessment – 60 units for 30 calendar days, H0032 HA
 - Initial ABA Assessment auth- 96 units for 45 calendar days, 97151 HA
2. Written Order – Magellan template available (optional)
 - Must recommend the completion of an Initial Assessment

Initial Service Request



Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the initial authorization packet request for IBHS (Individual/ABA) should be submitted.

- Packet submission for IBHS should submit the following documents through the online provider portal:
 1. Treatment Authorization Request (TAR) Form
 2. Written order – Magellan template available (optional)
 3. Assessment – Please be sure this includes specific service(s) recommendation. Magellan template (optional).
 4. Individualized Treatment Plan (ITP)
 5. ISPTM summary note if BHT services are requested in school/daycare/preschool/camp/afterschool programs
 6. CANS summary report – To be completed for all members 3 years of age and older.

- ***If there is TPL involved, packet still needs to be submitted to MBH with all required PAHC required documents**

Authorization Extension Requests



A provider may have the need for a member's current authorization to be extended and/or additional units needed. If this occurs, please submit the following paperwork via fax:

1. TAR – Please calculate the updated total # of units (if additional units are needed) for the entire authorization as well as entering the start/end dates from the initial start date to the newly requested last covered day.
2. Letter of explanation explaining the reason for the delay, need for additional time, as well as the additional units if needed and dates needed if approved.

Concurrent Service Request



Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the initial authorization packet request for IBHS (Individual/ABA) should be submitted.

- Packet submission for IBHS should submit the following documents through the online provider portal:
 1. Treatment Authorization Request (TAR) Form
 2. Written order – Magellan template available (optional)
 3. Assessment – Please be sure this includes specific service(s) recommendation. Magellan template (optional).
 4. Individualized Treatment Plan (ITP)
 5. CANS summary report – To be completed for all members 3 years of age and older.
 6. ISPTM summary note if BHT services are requested in school/daycare/preschool/camp/afterschool programs
- ***If there is TPL involved, packet still needs to be submitted to MBH with all required PAHC required documents.**

Change of Prescription/Mid Authorization Change Request



Option A. Change of hours in the same setting as currently authorized request

1. Written Order
2. Updated assessment
3. Updated TAR (Providers to use current auth start and end date with the new units for the entire auth timeframe)

Option B. Adding a new service OR location to currently authorized request that is not already in the Written Order

1. Original WO
2. Updated WO (not Face to Face) within current authorization by original WO writer
3. Updated assessment
4. TAR – Containing just the newly requested service(s)
5. Updated ITP
6. ISPT meeting notes if adding BHT/BHT-ABA in school

Option C. Changing from Individual IBHS to ABA & vice versa during authorization

1. Original WO
2. Updated WO (not Face to Face) within current authorization by original WO writer
3. Updated assessment
4. TAR for new LOC
5. ITP for new LOC
6. ISPT meeting notes if adding BHT/BHT-ABA in school

Stop/Start Authorization Requests



Providers may want to stop an authorization prior and submit for a brand new 6-month MNC concurrent request prior to completing the full authorization on file

- Provider should write “stop/start” on the TAR and submit packet AS USUAL

Provider Authorization Transfer Requests



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

- A copy of the approved packet (if not already sent by Magellan)
- A statement on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- A Magellan discharge summary does NOT need to be submitted

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

- The letter from the authorized provider acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- A letter from receiving provider on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- TAR (Treatment Authorization Request)

Helpful Hints/Reminders



- CANS will still be completed by clinicians on Magellanprovider.com
- Discharges are still be submitted online: <https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/pa-healthchoices-discharge-form.aspx>
- Once a provider submits an auth request, you cannot go back and add additional attachments to the request.
- Authorization requests can be submitted up to 30 days prior to the start date of services.
- Magellan can only back date a start date 2 business days from the submission of the authorization request.



ISPT Meetings

Interagency Service Planning Team (ISPT) Meetings



Primary reason is to review the written order and assessment recommendations, discuss progress, review treatment plan goals, and see if everyone is in agreement with the recommendations.

- ISPTM's are not required for every authorization or reauthorization except:
- when BHT/BHT-ABA is requested in the school/daycare/preschool/afterschool/camp setting
- The meeting summary is required for the authorization packet.
- ISPT note (free form or template)

Why do we do ISPT meetings?



Coordination of Care - The CASSP principles involve a collaboration of multiple systems in order to build on the strengths of the child, family, and community. The collaboration is to result in use of the most appropriate, least restrictive, and least intrusive service available to meet the child and family's needs. Representatives from each system are to participate in goal development.

When BHT/BHT-ABA services are recommended, the ISPT meeting shows evidence that the multi-system approach to treatment is being utilized currently for this child's services and agreement or disagreement with the planned treatment by the parent, child, and all involved agencies including the county MH/MR representative.

Who should attend the ISPT meeting?



- Parent/Guardian
- IBHS Agency representative (ideally the primary clinician assigned)
- "School" representative(s) – Ideally someone who can speak to the school's commitment to engage with this treatment. In addition, the school staff would receive the skill transfer.

Recommended ISPT Meeting Discussion Questions



- What strategies currently work?
- Where has progress been seen?
- Are there any barriers for progress? If so, how can those be addressed?
- What are areas of need/concern within the school setting and how are they being addressed?
- What does the child need to learn to succeed?
- How will school staff reinforce replacement behaviors?
- What is the child expected to do and how can school staff reinforce in a way that the child can understand?
- Titration Plan
- Next steps by provider and school

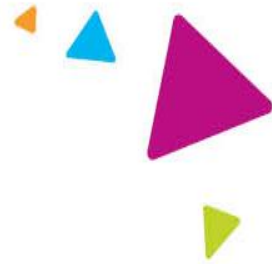


IBHS in Schools

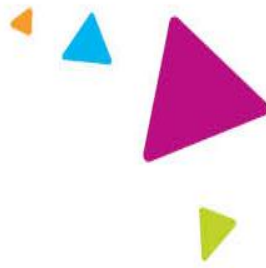
JOHN SIEGLER, PSYD

3 Tasks for Successful School-based IBHS

- Initial and ongoing assessment of the school culture
- Establish/Maintain a Collaborative Relationship with School/Classroom Staff
- Developing/Implementing the ITP



Task #1: Initial and ongoing assessment of the school culture

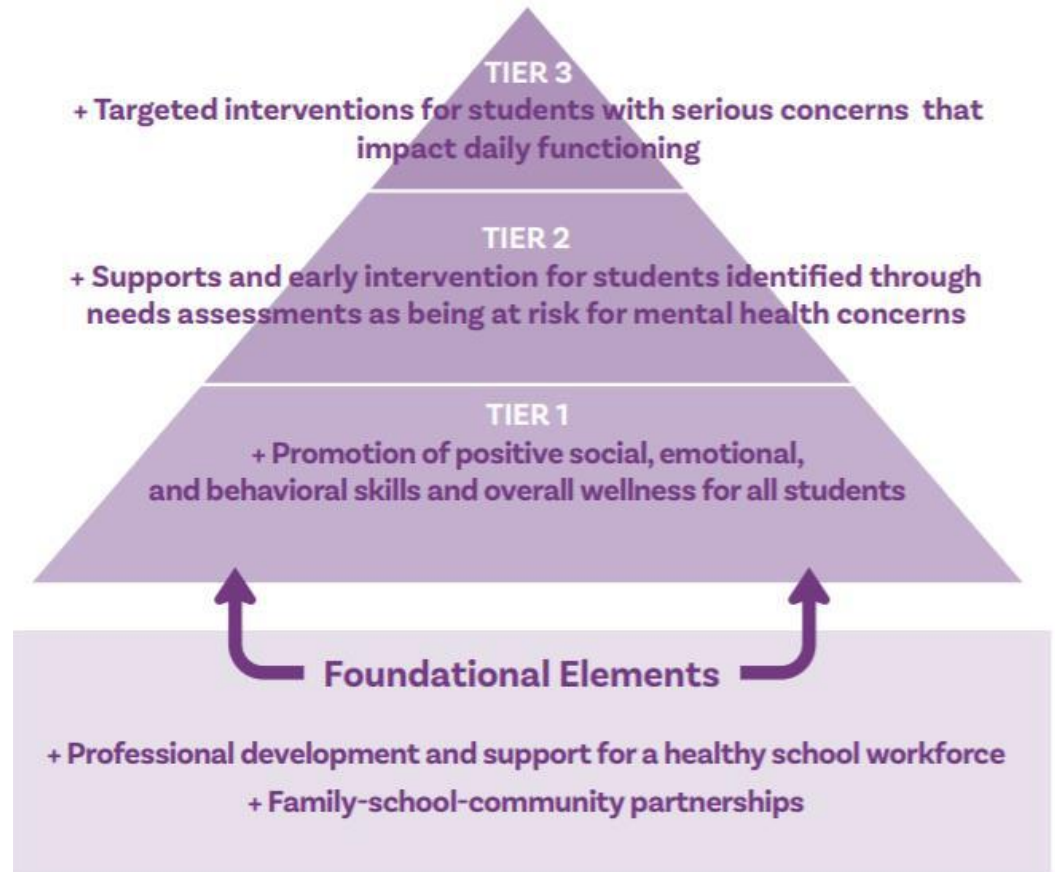


- To what extent does the school embrace evidence-based practices?
- How well and consistently do teachers/classroom staff implement evidence-based classroom management strategies?
- Are Social-Emotional Learning skills being practiced in the classroom?
- Are classroom staff using agreed upon interventions transferred from the IBHS team?

Multi-tiered Systems of Support (MTSS)



- A framework for service delivery
- Promotes prevention and wellness
- 3 levels of service intensity
- Systematically identifies student needs
- Monitors progress

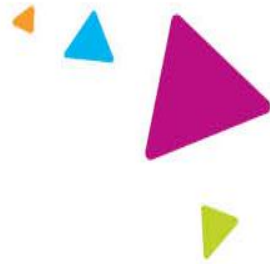


(Framework for Safe and Successful Schools, 2013)
(Hoover et al., 2019)

https://www.magellanofpa.com/documents/2022/08/082422_ibhsbestpracticeswebinaronapril252002.pdf/

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

Task #2: Establish/Maintain a Collaborative Relationship with the School/Classroom Staff



- Who attends the ISPT meeting?
- Is the ISPT meeting utilized to gather information about the child's educational program? (IEP, ER/RR, PBSP)
- Is the ISTP utilized to engage the school team in group problem solving?
- Does the ISPT result in the school/classroom staff committing to support/participate in specific practices that are included in the ITP?

Task #3: Developing/Implementing the ITP



- What specific interventions are school staff to learn, practice, master?
- How will you measure progress in transferring skills to school staff?
- What is a barrier?
- Who is the primary point of contact (person at school responsible for student progress) who you go to with problems?



Magellan's Data Driven Process 2023

Clinical Measurement Tools & Collaborative Case Reviews 2023



Q1 & Q2 2023	Providers A-I	Providers J-Z
Clinical Measurement Tool	Q1	Q2
Collaborative Case Reviews based on Outlier data	Q2	Q1
Collaborative Case Reviews based Clinical Measurement Tool	Q2	Q3
Q3 & Q4 2023	Providers A-I	Providers J-Z
Clinical Measurement Tool	Q3	Q4
Collaborative Case Reviews based on Outlier data	Q4	Q3
Collaborative Case Reviews based Clinical Measurement Tool	Q4	Q1 2024

Changes to Clinical Measurement Tool for Q3 2023



Starting Q3 2023, for the Clinical Measurement Tool, Magellan will be eliminating the 3 questions in the Coordination of Care section. Although we continue to believe coordination of care is critically important, based on the data already received, we do not see evidence that this is being captured accurately within these questions.

36	Coordination of Care	Dx matches use of medication		
37	Coordination of Care	ISPT as applicable with all appropriate parties in attendance		
38	Coordination of Care	Documented collaboration with other service systems		



Upcoming Forums, Technical Assistance & Resources

Protected Health Information (PHI)



Magellan's Consent to Release Protected Health Information Form has an instruction guide.

<https://www.magellanofpa.com/documents/2021/04/aud-form-instructions.pdf/>

Members can complete this form:

- Online - <https://www.magellanofpa.com/consent-to-release-protected-health-information-phi/>
- Paper form - https://www.magellanofpa.com/documents/2022/07/070122_pahcaudform.pdf/

Consent for Mental Health Treatment, Act 65



- Children under 14 years of age must have their parent's or legal guardian's permission to get mental health care. Children 14 years or older do not need their parent's or legal guardian's permission to get mental health care. They can consent to mental health care and have the right to decide who can see their records if they consented to the mental health care. All children can get help for alcohol or drug problems without their parent's or legal guardian's permission. In addition, a parent or legal guardian can consent to mental health care for a child who is 14 years old or older, but under 18 years of age.
- It is important for everyone that supports a child to work together and be part of the planning for the child's care. Everyone that supports a child should, whenever possible, share information necessary for the child's care.

Consent for Mental Health Treatment, Act 65



The chart below explains who can consent to treatment.

If the child is	Then he or she
Under 14 years of age	Must have parent's or legal guardian's permission to get mental health care
14 years of age or older	Can get mental health care without parent's or legal guardian's permission
Any age	Can get help for alcohol or drug problems without parent's or legal guardian's permission

There are a lot more details and specifics to know about Act 65 and the Mental Health Procedures Act. Department of Human Services has an "Overview of Act 65 of 2020" which also may be of assistance. <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/updated%20Act%2065%20PowerPoint.pdf>

Dr. Siegler's Next Best Practices' Training



Dr. Siegler will be offering

Suicide Risk Reduction training again...

Assessment & Crisis Planning – September 20, 2023 1:00-2:30pm

*CEs pending approval.



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



Here are some helpful resources:

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



Thursday, October 5, 2023, 9:00 to 11:00 A.M. Via Zoom

Register in advance for this meeting:

<https://magellanhealth.zoom.us/meeting/register/tJUld-iqrz4sGNWjUBC8HnPEVMv1dhrf42Q->

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

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

IBHS provider webpage:

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



Questions?



Thank you!

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