Welcome and Opening Remarks

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Agenda

- Welcome
- OMHSAS Updates
- Network Updates
- Provider Spotlights
- Dr Torres-O'Connor's Corner
- Clinical Updates/Reminders
- Availity/Online Authorizations
- Upcoming Forums, Technical Assistance, and Resources
- Questions

OMHSAS Updates

OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

CHILDREN'S CRISIS INTERVENTION FORUM

Hilton Harrisburg
April 29th and 30th
Cost: $45 per professional
Youth and family, cost can be waived

REGISTRATION OPEN NOW

https://noncredit.temple.edu/public/interestArea.do?method=load&selectedInterestAreaId=209492004

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Children's Crisis Community of Practice

Wednesday, February 26, 2025

10:00-11:30am EST

Registration Link: Registration

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Worried that someone you know is moving from **anger** to **hate**?

Let's talk.
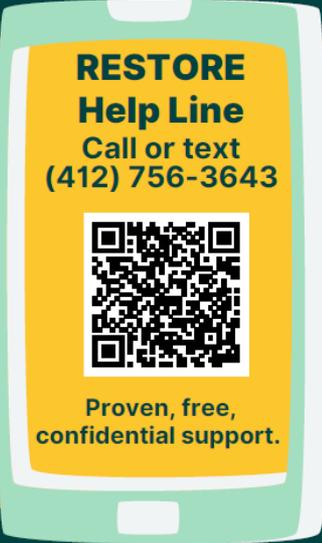
RESTORE Help Line
Call or text
(412) 756-3643

Proven, free, confidential support.

restore-project.org

Violence Prevention Network USA, Inc.

RESTORE Help Line

If you're worried that someone you know may be vulnerable to embracing violent extremism, please get in touch. Often people reach out because they just need some support in figuring out whether there's even reason to be concerned. We're experts on this and can help with that. No one should carry that alone. You can contact the RESTORE Help Line (even anonymously):

• Phone: (412) 756-3643
• Email: help@restore-project.org

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Assessment Timeframes
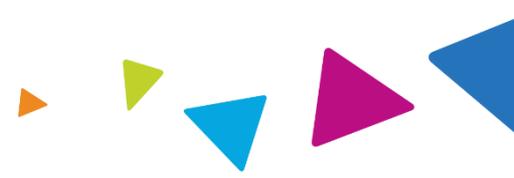
Licensing visit citations are being given when providers are not completing initial assessments within the regulatory timeframes.

- Regulations are the regulations.

- Encourage talking to families at intake or first call about what is needed from them and the time commitment to complete the assessment within regulatory timeframes.

- It should be rare to have extenuating circumstances preventing a provider from completing the regulatory requirements around the assessment.

Assessments across settings

Some providers have shared that they were unable to access certain settings despite attempts to do so.

- This should not be the standard. However, if it occurs, clear documentation of attempts to engage and access the setting is helpful.

- MCOs including Magellan continue to hear that some providers do not believe assessing in settings where services are not being delivered is not needed. The standard is for assessment observations to occur across settings to inform the clinical case conceptualization as well as help to inform where services are most needed. Service settings should not be recommended based on parent request or clinician choice. Settings should be based on the clinical presentation with consideration for the least restrictive where a child can reasonably be expected to achieve success.

PA Insurance Department – Primary Insurance issues

Hearing complaints from IBHS providers about being able to access Primary Insurances or Third Party Liabilities (TPL).   Multiple calls and lack of response from TPLs.

Some IBHS providers have declined to accept any members with TPLs regardless of whether there is a benefit or not. This impacts members with TPL and Medicaid being able to access this service.

Providers and members/guardians who have been impacted can file a complaint via the complaint portal at:
https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx
If they can't use the portal, can call 877-881-6388 or submit online via the link.

- OMHSAS proposed including "**IBHS Coding concern**" in the subject line of emails/faxes and/or in the first line of the description of the problem (followed by the details of the particular case).

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Network Updates

Network Team

Mitch Fash – Sr. Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County- jpearce@magellanhealth.com

Michael Ditty – Network Management Specialist – Lehigh/Northampton Counties - msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Montgomery County - cedevine@magellanhealth.com

Jessica Torano – Network Management Specialist – Bucks County - toranoj@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing - jrstumm@magellanhealth.com

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

Billing Usual & Customary
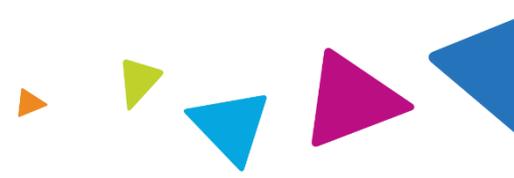
When submitting claims please use your usual and customary charges vs contracted amount.

Why is this important?

When Magellan provides a rate increase, sometimes the rate increase will be effective prior to the rates being loaded into the system. If a provider bills above their contracted amount (U&C), Magellan will be able to adjust the claims without the provider needing to resubmit their claims again. If the claim billed is under the new amount Magellan will not be able to adjust to the new amount contracted.

With the most recent rate increases, it is important to check that current rates are paying at the higher amounts. Please verify all claims have been submitted with the higher contracted amounts. If claims were submitted and paid with a billed amount lower than your current contracted rates, you will need to resubmit for the higher amount.

Magellan is automatically sweeping claims to adjust to the higher amounts as long as they were billed at the new rates. No additional actions are needed by providers. Please be aware that this process will take some time to complete, but feel free to reach out with any questions.

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Billing Reminders
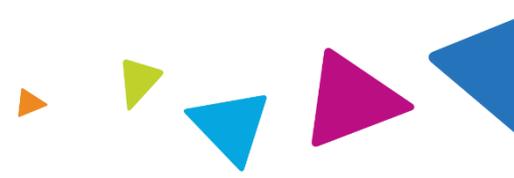
- Do not bill member's home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifies. Authorization codes may differ than what is listed on your fee schedule. Modifiers must be listed in the order that they show on the fee schedule.
- For any corrected claims, it is required to resubmit with the original claim number.
- For ACT 62 covered members, claims must go through the primary payer first before submitting to Medicaid, who is always the payer of last resort.

Claims Resolution

- Claims that providers feel were denied _incorrectly_ or have questions about a denied claim, these are considered "Claims Inquiries".

- Providers should contact the Magellan provider line and speak to a customer service associate.

Provider Services Contact Information:

Bucks/Montgomery: (877) 769-9779
Cambria: (800) 424-3711
Lehigh/Northampton: (866) 780-3368

- If necessary, the customer service associate will submit a Service Request Application (SRA) to Magellan's claims resolution team for further investigation.

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Satellite Sites & Licensing
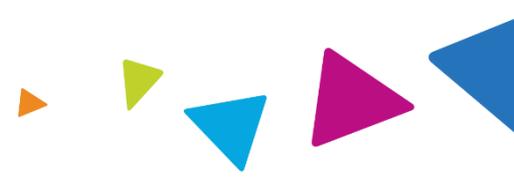
- IBHS licenses are issued regionally. There are 4 regional field offices: Western Field Office, Northeast Field Office, Southeast Field Office, and Central Field Office. A provider is only required to get multiple licenses if it provides services in multiple regions.

- 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 as well as services being provided.
  - Example: Home, Community, and site based

- 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

- 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 <u>Group/ABA Group Service Description</u> 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.

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Provider Expansion or Provider Changes
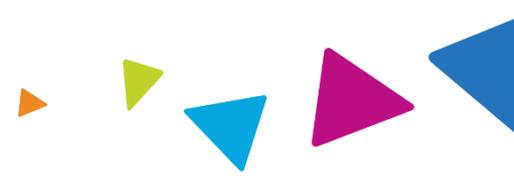
For Magellan, is your agency*…?

❑ 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.

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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

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Network Reminders
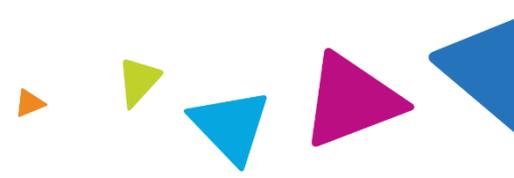
- Magellan Credentialing is updated every 3 years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
    - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are 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.

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Provider Spotlight

A look back on 2024….

Individual Services in 2024

Bucks County = 907 members served

Montgomery County = 810 members served

Cambria County = 104 members served

Lehigh County = 309 members served

Northampton County = 246 members served

2376 unduplicated members served

in Individual IBHS in 2024 throughout 5 PA counties
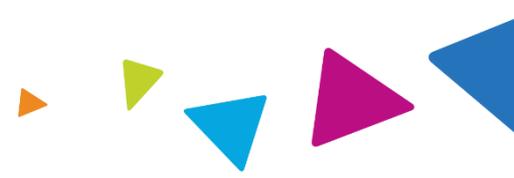
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Top 3 *Bucks County* providers who served the most Magellan members in 2024 for Individual IBH Services are:

3. Malvern (12%)

2. Horizons (18%)

1. Milestone (34%)
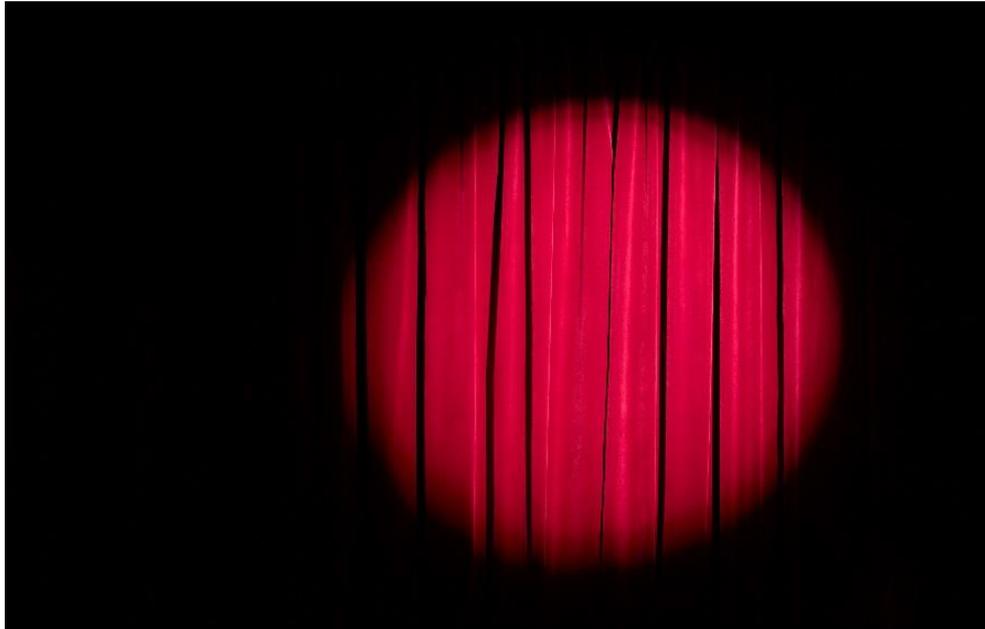
Provider Spotlights

Top 5 *Bucks County* providers who reported *discharging* the most Magellan members in 2024 from Individual IBH Services are:

5.   Penndel

4. Malvern

3. Milestone

2.   Lenape Valley

1. Horizons

Data comes from the IBHS Access Surveys of 2024.

Provider Spotlights

Top 3 *Montgomery County* providers who served the most Magellan members in 2024 for Individual IBH Services are:

3. PA Mentor SE (10.8%)

2. Creative Health (11.4%)

1. Indian Creek Foundation (13%)

Provider Spotlights

Top 5 *Montgomery County* providers who reported *discharging* the most Magellan members in 2024 from Individual IBH Services are:

5.   Child and Family Focus

4. Merakey

3. Creative Health

2.   Family Therapy

1. Indian Creek Foundation

Data comes from the IBHS Access Surveys of 2024.

Top 3 *Cambria County* providers who served the most Magellan members in 2024 for Individual IBH Services are:

3. Children's Behavioral Health (21%)

2. Footsteps (23%)

1. ACRP (34%)

Top 5 *Cambria County* providers who reported *discharging* the most Magellan members in 2024 from

Individual IBH Services are:

5. ACRP Ebensburg

4. Nulton

3. Footsteps

2. Assist

1. Children's Behavioral Health

Data comes from the IBHS Access Surveys of 2024.

Top 3 *Lehigh County* providers who served the most Magellan members in 2024 for Individual IBH Services are:

3. Omni LV (12%)

2. Access LV (15%)

1. PA Mentor LV (37%)

Provider Spotlights

Top 5 *Lehigh County* providers who reported *discharging* the most Magellan members in 2024 from

Individual IBH Services are:

5.   Neurabilities

4. Omni

3. Team Counseling Concepts

2.   Access

1. PA Mentor

Data comes from the IBHS Access Surveys of 2024.

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Top 3 *Northampton County* providers who served the most Magellan members in 2024 for Individual IBH Services are:

3. Matrix (10%)

2. Concern (18%)

1. PA Mentor LV (39%)

Provider Spotlights

Top 5 *Northampton County* providers who reported *discharging* the most Magellan members in 2024 from

Individual IBH Services are

Neurabilities/Access/Concern (tied)

CIU20/Omni (tied)

PA Mentor

Data comes from the IBHS Access Surveys of 2024.

ABA Services in 2024

Bucks County = 359 members served

Montgomery County = 960 members served

Cambria County = 174 members served

Lehigh County = 741 members served

Northampton County = 573 members served

2807 unduplicated members served

in ABA IBHS in 2024 throughout 5 PA counties

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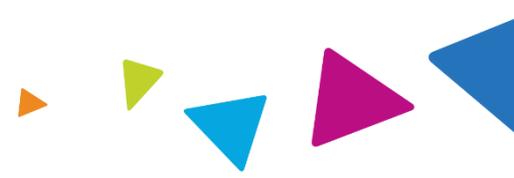
Top 3 IBHS Providers who served the most Magellan members in 2024 ABA IBH Services are:

Top 3 *Bucks County* providers who served the most Magellan members in 2024 for ABA IBH Services are:

3. Maternal Child Consortium (8%)

2. Sunny Days (11%)

1. Potential Inc (16%)

Provider Spotlights

Top 5 *Bucks County* providers who reported discharging the most Magellan members in 2024 for

ABA IBH Services are:

5. Brandstein Family Services

4. MCC Family Services

3. Sunny Days

2. Potential Inc.

1. Piece of our Puzzle

Data comes from the IBHS Access Surveys of 2024.

Top 3 *Montgomery County* providers who served the most Magellan members in 2024 for ABA IBH Services are:

2(tie). Neurabilities (7%)

2 (tie). First Children's Learning (7%)

1. Behavior Interventions (38%)

Provider Spotlights

Top 5 *Montgomery County* providers who reported discharging the most Magellan members in 2024 for

ABA IBH Services are:

5. Vision Behavioral Health

4. CCIU

3. Indian Creek Foundation

2. Aspire Child & Family Services

1. Behavior Interventions

Data comes from the IBHS Access Surveys of 2024.

Provider Spotlights

Top 3 *Cambria County* providers who served the most Magellan members in 2024 for ABA IBH Services are:

3. Footsteps (21.8%)

2. Gray Skies Blue/Silver Linings (22.4%)

1. Children's Behavioral Health (33%)

Provider Spotlights

Top 5 *Cambria County* providers who reported discharging the most Magellan members in 2024 for

ABA IBH Services are:

5. ACRP Ebensburg

4. Silver Lining

3. ACRP Johnstown

2. Footsteps

1. Children's Behavioral Health

Data comes from the IBHS Access Surveys of 2024.

Provider Spotlights

Top 3 *Lehigh County* providers who served the most Magellan members in 2024 for ABA IBH Services are:

3. Matrix (8%)

2. Neurabilities (12%)

1. PA Mentor LV (41%)

Provider Spotlights

Top 5 *Lehigh County* providers who reported discharging the most Magellan members in 2024 for

ABA IBH Services are:

5. Matrix ABA

4. Team Counseling Concepts

3. PA Mentor

1&2. KidsPeace (tie)

1 &2. Neurabilities (tie)

Data comes from the IBHS Access Surveys of 2024.

Provider Spotlights

Top 3 *Northampton County* providers who served the most Magellan members in 2024 for ABA IBH Services are:

3. Neurabilities (9%)

2. ABA Support Services (10%)

1. PA Mentor LV (31%)

Provider Spotlights

Top 5 *Northampton County* providers who reported discharging the most Magellan members in 2024 for

ABA IBH Services are:

5. Team Counseling Concepts

4. Attain

3. CIU20

2. Neurabilities

1. Backyard Treehouse

Data comes from the IBHS Access Surveys of 2024.
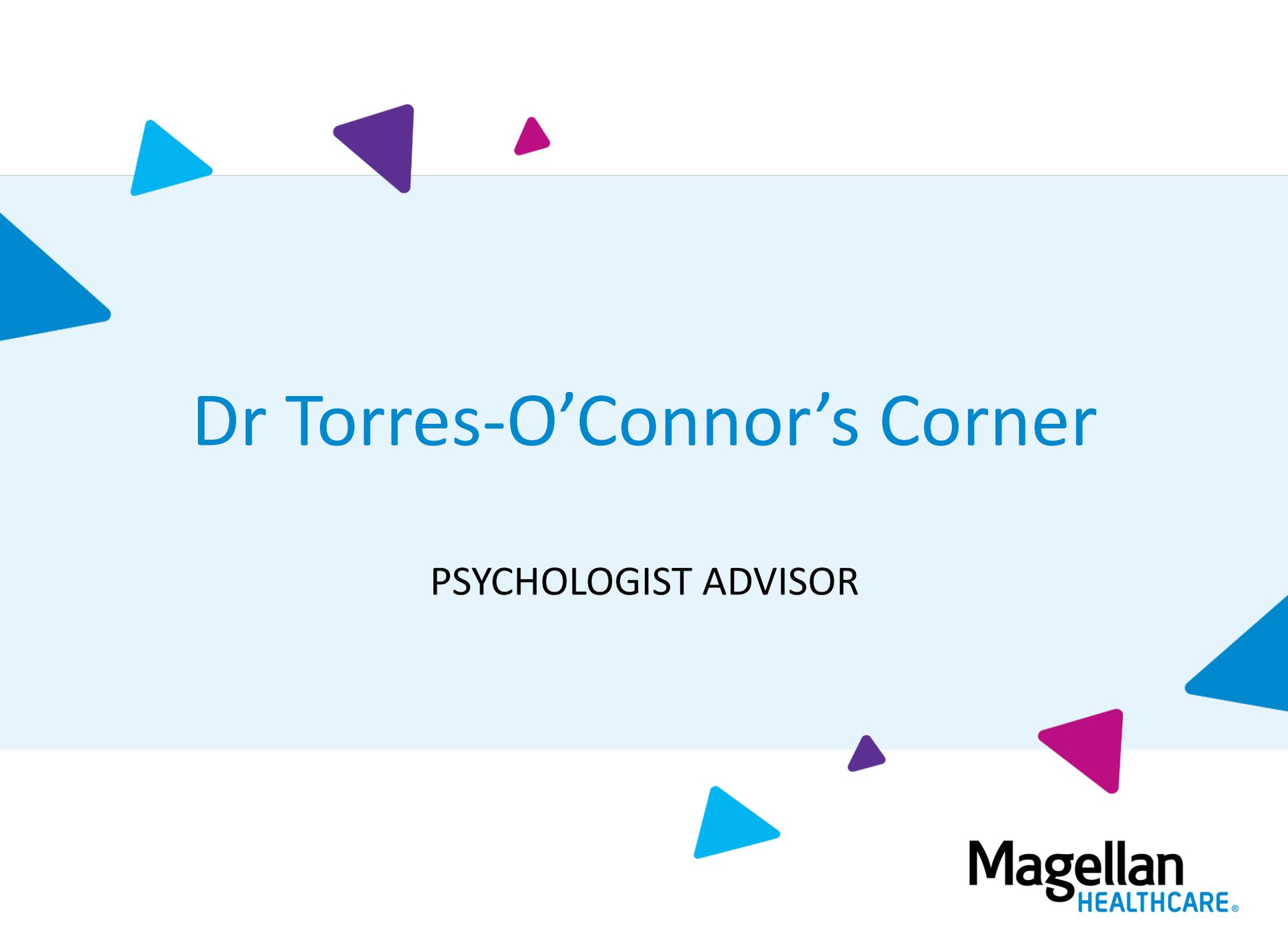
Dr Torres-O'Connor's Corner

PSYCHOLOGIST ADVISOR

Multi-Tiered System of Support (MTSS)

- On Dec 10, 2015, under bipartisan support the Every Student Succeeds Act (ESSA) was signed into law by President Obama

- It replaced the No Child Left Behind (NCLB) Act as the federal education law governing K-12 public education in the U.S.

- Approximately 90% of states have adopted MTSS

- Went into effect in Pennsylvania around 2021

- 2 primary goals:
  - Improve teacher instruction through the utilization of evidence-based pedagogy
  - Increase students' chances of succeeding
    - Socially
    - Emotionally
    - Behaviorally
    - Academically

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Multi-Tiered System of Support (MTSS)

- An integrated, multi-tiered system, at the school level, of instruction, assessment and intervention designed to meet the academic and behavioral health needs of **ALL** learners.

- Includes a continuum of evidence-based supports and services
  - Academic
  - Behavioral
  - Social-emotional

- Meets the needs of <u>**ALL**</u> students including students with disabilities

- At the center of the MTSS framework is the **classroom teacher**
  - **Responsible for :**   - Delivering core instruction
    - Delivering interventions
    - Assessing student achievement
    - Progress monitoring
    - Behavior management

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Multi-Tiered System of Support (MTSS)

3 Tiers

Tier 1: Core Universal Instruction and Supports

Approximately 80% of students in Tier 1 are expected to meet learning targets.

School-wide climate/culture

Tier 2: Targeted Supplemental Interventions and Supports

Approximately 10% - 15% of students

Meet the needs of students who are at some risk for academic failure

Tier 3: Intensive and individualized help and support

Approximately 1% - 5% of students

Student at high risk for failure due to academic and/or behavioral challenges

The goal of Tiers 2 and 3 is to help students succeed with less intensive support over time. If a student continues to require high levels of support after receiving evidence-based interventions, they may be evaluated for special education services.

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Multi-Tiered System of Support (MTSS)

Majority of public schools in PA counties have adopted MTSS - to date

- Bucks   12

- Cambria   10

- Lehigh   9

- Montgomery   17

- Northampton   5

Multi-Tiered System of Support (MTSS)

MTSS helps ensure equity by providing all students with a welcoming learning environment, strong instruction and providing extra help to students who need it in areas of academics, behavior, or mental or physical health.

Tier 3: consideration for an evaluation for special education, specialized programming for special education students, BCBA services, emotional support programming at the MS and HS, school-based partial programming, alternative placements, SAP program with mentoring, more direct involvement with school nurses, school counselors/school psych 1:1meetings, 504 plans, consultation with outside agencies

Intensive Intervention 1-5%

Tier 2: School counselors/school psych meetings 1:1 with students, specific intervention/behavior plans, Project Success, LINC, SAP program

Specific Interventions for At-Risk Students 5-10%

Tier 1: Classroom teacher conversations with students, school-wide positive behavior program, LINC, Project Success, Freshman Academy, parent workshops, health curriculum topics on mental health, guest speakers, assemblies, activity groups at the high school, teen counselors, administrative trainings, staff trainings, crisis support hotlines on the website

School-Wide/District-Wide Interventions- reaching 80-90% of the students

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IBHS is Collaborative

- IBHS (Intensive Behavioral Health Services) is one of the highest levels of care within school setting as well as home/community.

- IBHS is a supplement to school services and supports **<u>NOT</u>** a replacement

- School supports and IBHS are meant to be collaborative.

- For collaboration to be optimal it's important to:
  - * Know the challenges, goals and strategies/interventions in the IEP
  - * Know the challenges, goals and strategies/interventions in the Positive Behavioral Support Plan
  - * Date of most recent IEP review
  - * School staff that are part of school climate and MTSS team

- For strategies/interventions to be most effective and transferred successfully, trainer the trainer model is recommended
  - * MTSS and school climate/intervention team members are ideal

Clinical Updates/Reminders

Data

- Data given per sessions should be given more specifically because session times can vary. It then makes it hard to compare data.

- Could offer data per hour instead

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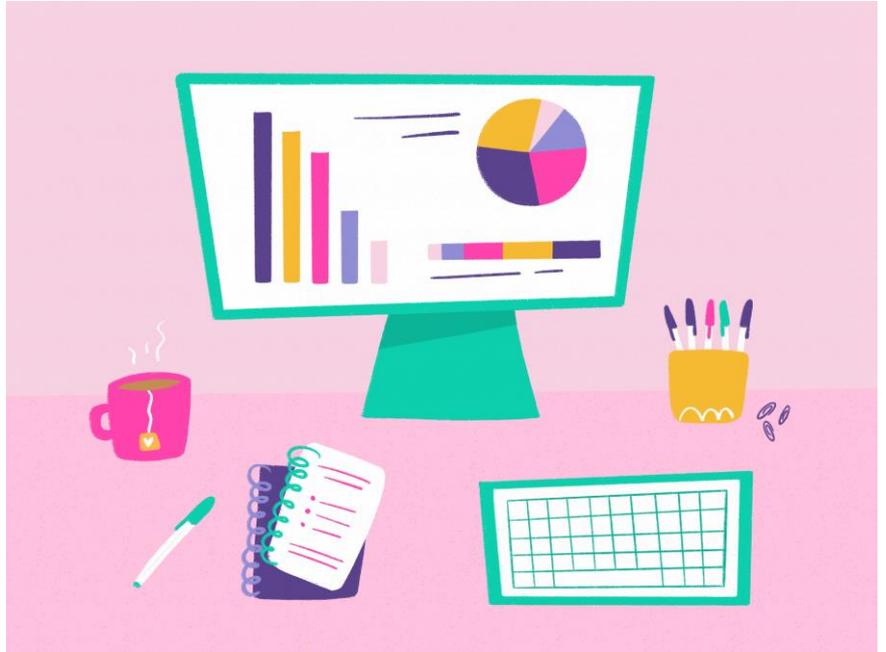
BC-ABA Family Adaptive code
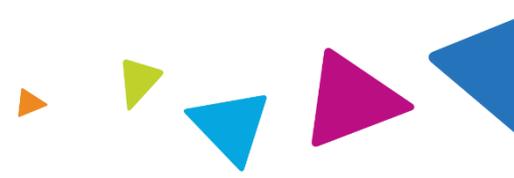
97156 ABA code does allow for face-to-face work with a guardian or caregiver including a teacher or daycare staff, etc. *Please note that this is a **billing** code and will not show up on your authorizations.

Please utilize Place of Service (POS) code 99 for this scenario.

Appendix AA in PS&R – 2021- Peer to Peer Reviews
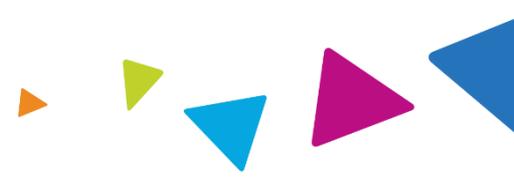
"If the Member is under 21 years of age the reasonable effort to consult with the prescriber must include a request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO. If a Member is under 21 years of age, the BH-MCO must document its attempts to reach the prescriber, including its request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO."

Based on this, please note that if we are uncertain based on the information received whether Medical Necessity is met, a Magellan Care Worker (CW) will be outreaching the member's Written Order (WO) writer to schedule a peer to peer.

Does the Written Order Writer have to attend the Peer to Peer? If they are unable to or unwilling to, they can inform the Magellan CW.

Why is the IBHS provider getting invited to the Peer to Peer? Magellan is aware that the IBHS provider/treatment team is often more knowledgeable about the treatment being delivered than the WO writer. As a result, Magellan extends an invitation to the agency as they can likely provider more answers to support the Medical Necessity.

Who should attend the Peer to Peer? WO Writer if willing/able, IBHS provider representative if willing/able, Magellan Psychologist or Psychiatrist.

Should parents attend? No. It is an insurance process with a provider to discuss clinical recommendations.

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

Magellan CANNOT accept any packet documents
or requests which contain PHI via email.

BHT/BHT-ABA recommendations by setting

- The final assessment recommendation needs to be broken down **per setting.**

- Preschool, daycare, afterschool program, summer camp, school, ESY are all considered SCHOOL for BHT-ABA/BHT

- Example – Assessment Recommendation:

BC-ABA 16 hours/month in home/community and daycare

BHT-ABA 25 hours/month in daycare and 15 hours/month in the home/community

FAQ - IBHS Assessments
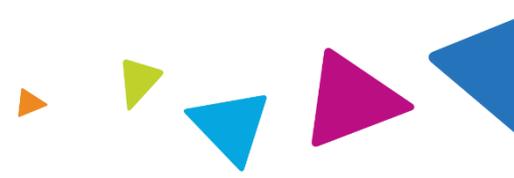
Q: How can BC/BC-ABA observe the client in a setting where BHT/BHT-ABA services will be provided (i.e. camp, ESY) if this setting has not yet started?

A: If it is not possible to gather data from a particular setting, data should be obtained from a similar setting. Equally as important would be to include as much information about the camp/program as possible including their schedule, # of participants, staffing ratio, previous experience in that setting if applicable.

Reminder - Camp Request Observations from 2024

- Missing camp details – Name of the camp, hours/days of the camp, dates of the camp, daily schedule of activities/structure to the day.

- Lack of documentation around specific behaviors which would require support within the camp setting.

- Some providers did a nice job breaking down the summer dates and connecting to specific hours and settings. Ex. BHT 40hr/mon in camp 7/5-8/2/24 and BHT 25hr/mon home/community 8/3-9/4/24.

- Some providers are using those summer break down of dates to appropriately figure out the total units based on actual dates/hours vs requesting a lump of summer units.

- We have seen some ISPT meetings which include camp participation. ☺

Packets into Summer & Next School Year

- Dates should reflect the end of the 2024-2025 school year, start of ESY, camps, etc., to accurately determine hours and corresponding units requested across services.

- Requests for services in different settings and or the next school year should include an ISPT with a representative from that setting.

Q: If a child is receiving services in multiple settings, do assessments need to be conducted in every setting that IBHS will be provided? What about summer camp settings?

A: The child should be assessed for each service that will be provided. As required by sections 5240.21(c)(7) and 5240.85(c)(6) of the IBHS regulations, the child should be assessed across the home, school, and other community settings. If a child is attending a camp, the graduate level professional should determine if the existing community assessment identifies the child's needs in the new environment or if an assessment in the new environment (camp) is needed.

OMHSAS Q&A: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/services/mental-health-in-pa/documents/ibhs-documents/Final%20-%20IBHS%20Webinar%20QA%205.11.21.pdf

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IBHS Assessments should contain….

- The regulatory biopsychosocial information

- Standardized tool

- Data (baseline and current) & analysis of data

- Summary of Progress

- Barriers for progress if applicable and plan to address the barriers

- Service recommendations – *specify service hours per month and per setting**

*Magellan still sees BHT/BHT-ABA service hours per month combined to multiple settings. This makes determining MNC more challenging in addition to not meeting regulatory requirement and often result in a Request for Additional Information (RAI).

Q: I have plenty of information and data around the severity of behaviors or needs in this packet.
That's enough for a concurrent authorization, right?

A: No. The MNC for Individual Services, ABA, and Group Services must take into account:

- Measured improvement and/or alternative/replacement behaviors

Or

- Reasonable expectation that services will reduce or ameliorate the therapeutic needs and increase coping strategies

Show the impact of the service.

What difference has the service made on their treatment goals?

If there is not progress, document the barriers for progress and

how they are being addressed.

*Please ensure your clinicians know where to find the IBHS MNC:
https://www.pa.gov/en/agencies/dhs/resources/medicaid/bhc/ibhs.html

Considering referring to Family Based Services (FBS)?

- Changing requirement for 2025.

- Unsure if FBS is an appropriate fit/referral for a current IBHS member? Call your Care Manager for consultation.

- If IBHS team feels confident with a FBS referral being appropriate, make the referral to a FBS provider.

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What's the process for….? Question?

Check our Magellan's Provider Manual

https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf

- Initial Assessments   - Initial & Concurrent Authorizations   - IBHS Change of Prescription
- IBHS Transfer Process   - Discharge   - Retrospective Review Process   - Billing

Magellan Behavioral Health of Pennsylvania, Inc.*

Provider Handbook Supplement for HealthChoices' Program Providers for Bucks, Cambria, Lehigh, Montgomery, and Northampton Counties

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How to pick up a case currently unassigned?

1. A provider completes an initial assessment and submits the initial IBHS packet request to Magellan for MNC review via fax. They are unable to staff the case and have shared that openly with the family. On the TAR, in the provider section, please write "Unassigned".

2. Magellan does the MNC review and enters an authorization for an unassigned provider.

3. Once a provider has been identified to deliver the approved services, that provider should submit to Magellan a TAR in order to have the authorization entered for the staffing provider.

How to pick up an initial assessment that was approved via a denial?

This initial assessment was administratively authorized as the most appropriate alternative level of care. Your agency will receive the paperwork from the original level of care requested along with the denial letter reflecting approval of the initial assessment.

1. Submit to Magellan via fax a Registration TAR so the authorization can be created for your agency.

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.

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

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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

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Provider Authorization Transfer Requests

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

- A copy of the <u>approved packet</u> (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 <u>does **NOT**</u> 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)

Member County Transfer Requests

- **MBH County to County**

    1. Provider submits a letter noting the change in MA Magellan county coverage. Provider submits via the online provider portal:
    2. Letter noting change in MA counties within Magellan Health
    3. TAR with new county authorizations needed based on MA effectiveness date

- **MBH County to Non-MBH County**

    Provider completes an online discharge form.

- **Other BH-MCO County to MBH County**

    Magellan will honor a current IBHS authorization approved by another BH-MCO for the remainder of the current authorization.
    Provider must submit to their care manager via <u>fax</u>
    1. Original packet from the other BH-MCO
    2. Proof of authorization from previous BH-MCO
    3. TAR with authorization based on start with MBH to approved last covered day

Please submit this documentation within 14 calendar days of member's MA status changing. If the request is beyond the 14 calendar days, submit the request for the services going forward but follow the retrospective review procedure as referenced in the Provider Manual for services prior to the 14 days.

Authorization Discharge Requests
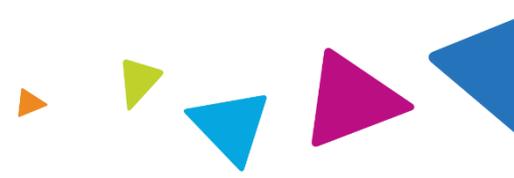
The IBHS identifies conditions under which a discharge might be necessary in section **5240.31. Discharge.**

MBH Online Discharge Summary Submission - https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/pa-healthchoices-discharge-form.aspx

- Complete within 7 days of discharge
- Discharge date should be last billable service, not date completing the form
- Please include the Mental Health aftercare plan
- Please complete only when member is discharging from all IBH Services.

Availity/
Online Authorizations

Viewing Auths in Availity

How can I view my authorization?

Providers can view authorizations by:

o Authorization #

o Member information

o Provider ID/MIS#

Instructions located here:

[System (magellanprovider.com)](magellanprovider.com)

Provider Notice
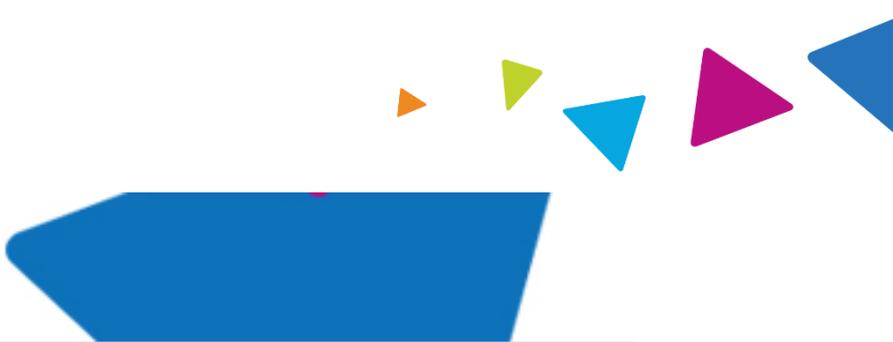
Solutions for finding members in Availity and viewing member authorizations in Magellan Authorization System

Magellan's provider portal Availity and Magellan's Authorization System have been presenting difficulty when attempting to view member information. The scenarios are:

- A member that has two last names and/or hyphenated last names.
- An inability to view some or all member authorizations.

The guidance for each scenario is available as follows: **Unable to locate member in Availity**; **Viewing authorizations**.

This guidance provides concrete steps to do within Availity and the Magellan Authorization System to find members and view member authorizations which previously could not be viewed. We have tested both resources and deemed them successful ways to work around these issues, while we continue to work with our vendors to resolve these known errors. We hope this helps to proactively provide you with resources needed that facilitate smooth business operations for you and your teams.

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Unable to locate member in Availity
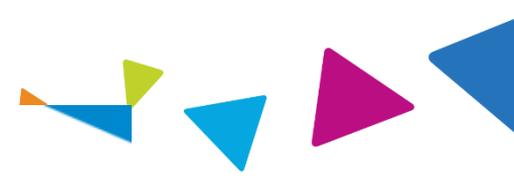
Use this temporary workflow when the member's name is truncated or shortened due to length or unable to locate member when attempting to access Magellan's Authorization System through Availity.

magellanofpa.com/documents/2024/11/112624_unabletolocatememberinavaility.pdf/

How to View Authorizations in Magellan's Authorization System

1. After logging into Availity and getting into the Authorization of a member via Magellan's Authorization System, make sure you are on the member's **Dashboard**.

magellanofpa.com/documents/2024/11/112624_viewingauthorizations.pdf/

Concurrent online authorizations

"This is so much easier and faster!"

Recent random data shows 24% are using the "extension" function in Availity to submit concurrent authorization requests.

*Please share with your staff submitting authorizations this Power Point and the step-by-step resources located System (magellanprovider.com)

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"Extending" a Service/Procedure Authorization

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

   RESULT: The **Services** screen will display.

4. Select the **EXTEND** button once the authorization appears.

   RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Concurrent requests in Availity

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

2. Select the **FILTER** button.

Concurrent requests in Availity

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

**RESULT:** The **Services** screen will display.
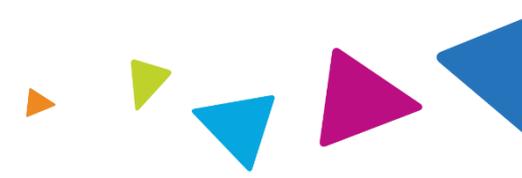
4. Select the **EXTEND** button once the authorization appears.

RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

THANK YOU! THANK YOU!
We continue to have over 75% of IBHS providers submitting 1 attachment within Availity.

For those still attaching each document separately, the Magellan team may be outreaching to inquire further about any barriers.

Having Availity issues??

Kristen can try to help triage next steps if you email IBHS@magellanhealth.com with the following information:

- Details of the issue and exactly where/what screens this is occurring on

- Submit a screenshot or 2 of where the problem is occurring

- **Gold Star** Approach would be generating a .HAR file if using Chrome browser.

There are some directions on the next slide on how to do this. Kristen also has these directions along with screenshots if you want that handy for help as well.

Generating a .HAR file
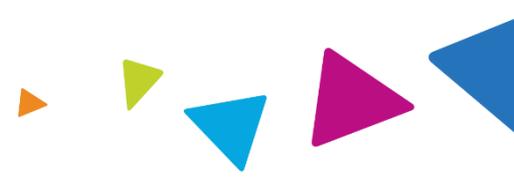
- Re-create the issue in Chrome, but stop right before clicking submit or whatever button is getting the error. Do a screenshot (#1) of as much of the screen as possible and send it to me.

- Then click the 3 vertical dots in upper right-hand corner.

- Choose more tools, developer tools:

- A tab opens to right of screen (on mine it opens as a separate window).

- At the top of the right-hand part, click Network, if it isn't chosen already:

- Now go back to the left part (TruCare screen) and finish clicking the submit button. Do a screenshot (#2) of the error message and send that to me. If the error message says something like "click here for technical details", click it and do a screenshot (#3) of the technical details and send that to me.

- Go back to the right part and click the down arrow button. On my screen it is toward the right, but on yours it may wrap around to the next line on the left. This will download the .HAR file.

- It will prompt for a file location and file name. You can use the default values. It usually defaults to C:\Users\userName\downloads\ for the location. Send me that file.

- Also, make note of the current date/time, because IT may ask to look in the log file at the approximate time to see any error messages that were recorded.

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Upcoming Forums, Technical Assistance & Resources

Compliance

- <u>Compliance Blasts:</u> [Providers Page | Magellan of PA](#)

Quality Newsletter

Q2 | JUNE 2024

MAGELLAN EXPLORER

QUALITY IMPROVEMENT QUARTERLY NEWSLETTER

- ✓ **Updates on key initiatives**
- ✓ **Advance notification of upcoming activities**
- ✓ **Summary sharing of significant outcomes (e.g., performance measures, member experience)**
- ✓ **Data sharing (e.g., from Population Assessments, language thresholds)**
- ✓ **Reader's Nook**
- ✓ **Feature Articles**
- ✓ **Safety Standouts**
- ✓ **Rewinds**
- ✓ **Notifications of upcoming trainings**
- ✓ **Other resources**

Email Mbhofpa@magellanhealth.com if you'd like to be added to the distribution.
Archives available at magellanofpa.com>Providers Page>Quality Improvement

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IBHS Summary Video

Caregiver FAQ
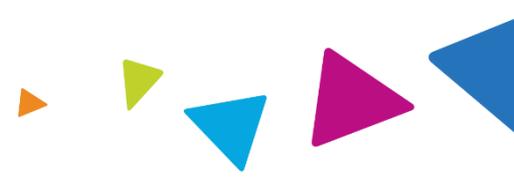
- Offered on the IBHS Member Page as well as the IBHS Provider Page.

- Developed in collaboration with the Autism Action Committee along with Lehigh and Northampton county partners and IBHS providers.

- A tool to use with parents, schools, and caregivers when discussing the role of IBHS.

https://www.magellanofpa.com/for-members/services-programs/ibhs/

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

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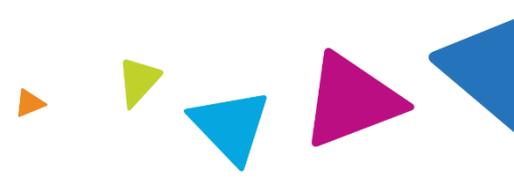
Self-Service Provider Training Materials are available at
www.MagellanProvider.com/authsystem: You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:

- 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….

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External Written Orders/Assessments - REVIEW

- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes. Ex. A WO completed by a Developmental Pediatrician.

- Please e-mail ibhs@magellanhealth.com the following information when you encounter a member with an external Written Order and/or when you have a member with an external WO/assessment (outside billable codes) and are awaiting treatment.

Member Name	Member ID	EXTERNAL SOURCE WO	NAME OF EXTERNAL SOURCE WO WRITER/ ORGANIZATION	COMPLETED WO/ASSESSMENT (EXTERNAL SOURCE) PENDING TREATMENT (YES/NO)	AGENCY NAME	AGENCY MIS
Maeve Whaland	MNT12345678	YES	CHOP	Yes	NeurAbilities	601453949

Thursday, May 8, 2025 - 9:00am to 11:00 A.M.

Registration link:

https://events.teams.microsoft.com/event/16b6e0ce-ef98-443e-a41c-709aa6d717f0@a9df4fcb-7f39-49f4-9d70-1ee81b27a772

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/
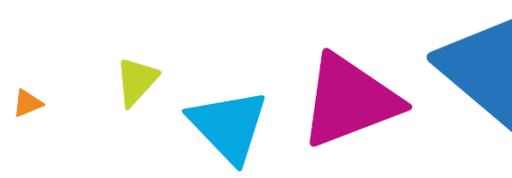
Questions?

Thank you!
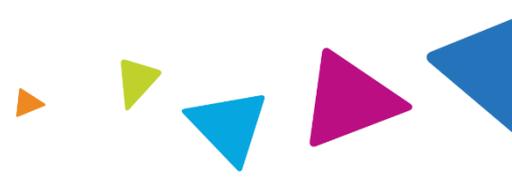
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