

Behavioral Health Services of Somerset and Bedford Counties & Magellan Behavioral Health of Pennsylvania

PROVIDER FORUM

AUGUST 12, 2025



Agenda

- 1 Welcome/Introductions
- **5** Systems Transformation

- **2** Organizational Snapshot
- **6** Quality Improvement

3 Clinical

7 Compliance

4 Network

8 Member Services



Organizational Snapshot



Magellan at a Glance

Market leader in managing BH services across the spectrum of complexity...

...with recognition for quality & innovation

Our mission

Magellan is committed to ensuring the delivery of highquality behavioral health care to help individuals and families achieve their goals.

Decades of experience

Nationwide scale

Broad network

50+

years in behavioral health management

> 5,000 employees

24mm+

distinct members under practitioners management

states

115k/10k

facilities

1,000+

customers

We Currently Support Five Pennsylvania HealthChoices **Counties, Serving almost 350K Members**



Our Vision for Somerset and Bedford Counties

Partner with BHSSBC

Ensure successful, seamless transition

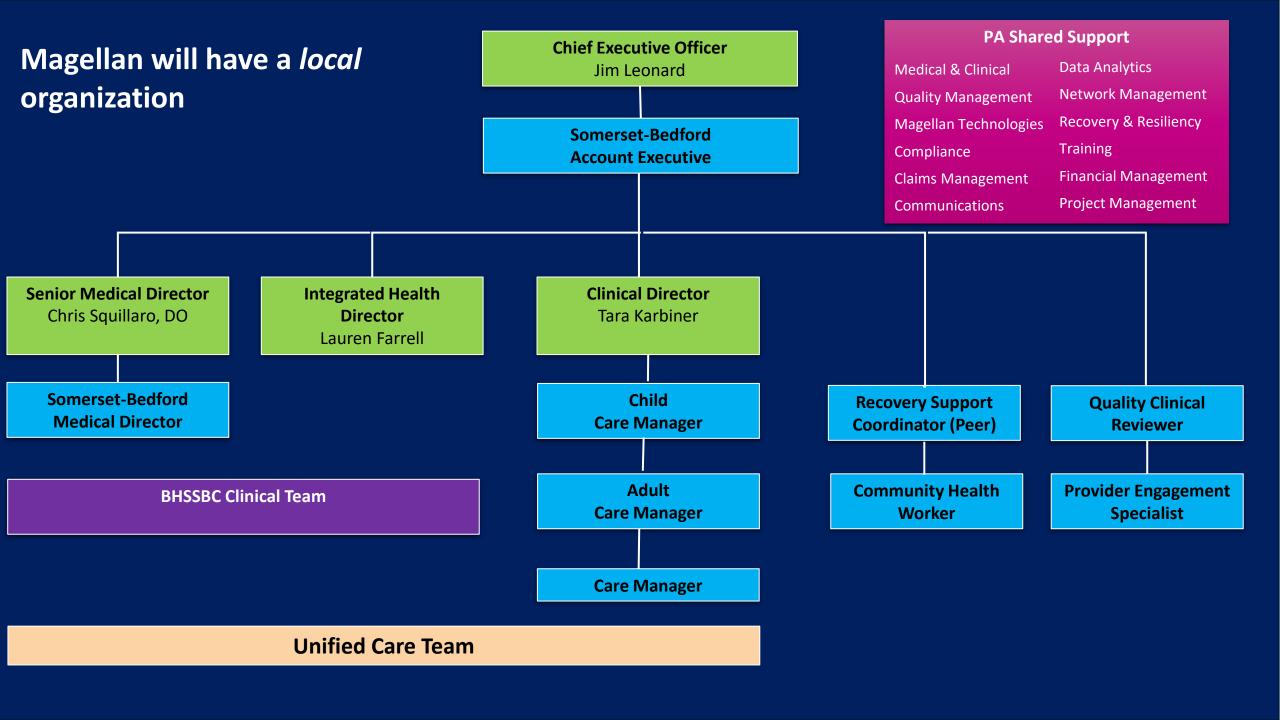
Provide a **local presence**

Promote evidence-based, clinical best practices

Measurement-informed care using local data

Deliver integrated care coordination

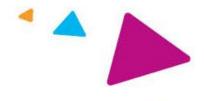




Clinical



Clinical Department Scope

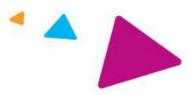


How can the Clinical Department provide assistance?

- Provide clinical oversight of all services/ levels of care
- Participate in treatment planning meetings as needed
- Provide pre-authorization review and authorization of services utilizing medical necessity
- Provide assistance with clinical discussion regarding case needs
- Provide assistance on coordination of care
- Assess need for specialty care programs
- Provide coordination with county partners and Physical Health Managed Care Organizations
- Evaluate presenting clinical information for care concerns
- Provide support to members in connecting to services and supports



Clinical Department Structure



• Magellan and Behavioral Health Services of Somerset and Bedford Counties (BHSSBC) Clinical teams will work in partnership to support Somerset and Bedford members and providers.



- BHSSBC will continue to have a Clinical Director and 4 BHSSBC employed Care Managers to provide Care Management support to their assigned caseload.
- Magellan will employ additional Care Managers to support the remaining members of Somerset and Bedford Counties. These staff will report to Magellan of PA Managers and be supported by Magellan of PA Clinical Directors.
 - 24 Hour Level of Care (MH and SUD) Care Manager
 - Children's Care Manager: IBHS, Family Based, MST, FFT, Partial
- The teams will work in partnership to provide cohesive support.



Member Transition



- 10/15/2025 Magellan will begin receiving files that will identify all Somerset and Bedford Counties HealthChoices members who are receiving behavioral health services.
- Magellan will honor the authorizations, enter them into our clinical system, and authorization end dates will be staggered.
- Providers will be able to access the authorizations via Magellan's Provider Website.
- Magellan's clinical team members will be available starting in October to assist with member transition.





Special Needs and Priority Populations

Magellan works with a broad range of local and state agencies, community stakeholders, health plans, members, families, and caregivers on issues across the PH-BH care continuum to support the needs of Special Needs and Priority Populations.

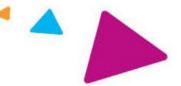
Magellan works closely to coordinate care and services across all systems to optimize whole-person care and outcomes for our members and their families.

Magellan utilizes the <u>eMbraceCare Care Model</u> to support our most vulnerable populations, including, but not limited to, adults with serious and persistent mental illness; youth who have, or who are at risk for, serious emotional disturbance; individuals who are transitioning from the State Hospital back to the community; Transition Age Youth; individuals with Mental Health – Intellectual Disability [MH-ID]; and individuals with Substance Use Disorders.





eMbraceCare - to support our most vulnerable populations



eMbraceCare uses a person-centered approach that is designed to support an individual's achievement of improved personal health outcomes and wellness by encouraging positive living and the provision of services that meet the person's needs in a whole health manner.

Positive Living includes a focus on all 8 Dimensions of Wellness including: emotional, environmental, financial, intellectual, occupational, physical, social and spiritual –helping individuals achieve positive living goals in each of these domains.

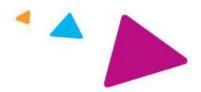
Magellan empowers individuals to living meaningful lives in the community of their choice and achieve their personal goals and their full potential. At Magellan, we know recovery is real. Our Care Management process fully supports and enables a tailored recovery experience, with the ultimate goal of helping each individual achieve aspects of positive living and embrace positive living.

Mage

Utilization Management Reviews



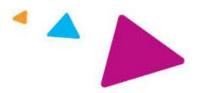
Medical Necessity Criteria



- Magellan is committed to the philosophy of promoting treatment at the most appropriate, least-restrictive level of care needed to effectively meet an individual's biopsychosocial needs.
 We see the continuum of care as a fluid treatment pathway where individuals may enter treatment at any level and be moved to more or less-intensive settings or levels of care as their changing clinical needs dictate. At any level of care, such treatment is individualized, active, and takes into consideration the individual's stage of readiness to change and readiness to participate in treatment.
- The Pennsylvania Department of Human Services publishes and maintains behavioral health "Medical Necessity Criteria" for the Pennsylvania HealthChoices program: <u>HEALTHCHOICES</u> <u>BEHAVIORAL HEALTH SERVICES GUIDELINES for MENTAL HEALTH MEDICAL NECESSITY</u> CRITERIA



Medical Necessity Criteria (cont'd)



- HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria (Appendix S&T)
- Magellan's Supplemental Guidelines for Mental Health Utilization Management and Treatment Planning (levels of care that are not included in Appendix S&T)
- American Society of Addictive Medicine (ASAM) 3rd edition
- All criteria can be accessed on our PAHC website: https://www.magellanofpa.com/for-providers/provider-resources/medical-necessity-criteria/



Requesting Authorization for Services

Service provision <u>may or may not</u> require authorization prior to the services starting.

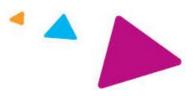
 Magellan and our providers use state-approved guidelines to determine the best services and levels of care for individuals that we serve.



- Each service/level of care has different guidelines for authorization.
- Please verify need for prior authorization via Magellan's provider website or contact Magellan by phone.
- Clinical Pre-Authorization requests can be obtained via:
 - Telephonic review
 - Paper submission
 - Online submission
- For services that do not require a pre-authorization, the provider directly bills
 Magellan after each episode of care.



Levels of Care- No Prior Authorization Required*



- Case Management- MH & SUD
- CBIT
- Certified Peer Specialist
- Certified Recovery Specialist
- Clozaril Monitoring and Support
- ASAM 2.5 & 2.1
- Methadone Maintenance
- Routine Outpatient and Intensive Outpatient
 Music Therapy

- Opioid Centers of Excellence
- Drug and Alcohol Level of Care Assessments
- Parent Child Interaction Therapy (PCIT)
- Crisis (Mobile, Telephonic and Walk-in)
- Psychiatric Evaluations
- Psych Rehab Mobile and Site Based
- Mobile Mental Health Treatment
- *For contracted providers only



Authorization Request Process (contracted providers only) ** ^*



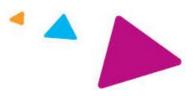


Level of Care	Availity	Telephonic	Packet submission
Mental Health AIP	Initial only*	Initial and Concurrent	
Level 4, 3.7, 3.5; & 3.1	Initial only*	Initial and Concurrent	
Residential Treatment (Children and Adolescents)	Concurrent only	NA	Initial and Concurrent
Family Based Services	Initial only	Extension Requests	
IBHS (Individual, ABA, MST & FFT)	Initial and Concurrent	NA	Initial and Concurrent
Acute Partial Hospital	Initial and Concurrent	NA	NA
Non-Acute Partial Hospital (Adults)	Initial and Concurrent	NA	NA
Non-Acute Partial Hospital (Children and Adolescents)		Initial and Concurrent	
Psychological Testing	Initial	NA	

^{*} Available November 2025



Online submissions - What you need to know



<u>Online submission</u> – Treatment request submitted online to Magellan though the Availity Essential system for clinical review of treatment needs and medical necessity. Authorization is visible via the Magellan Provider Website.

- Additional training on the Availity Magellan Authorization system can be found here:
 Magellan Provider Website (magellanprovider.com)
- Please be sure to:
 - Include all pertinent clinical information remember, you know these members better than Magellan staff. When in doubt include it!
 - Type the information
 - Know your Magellan provider website login or who at your agency has permission to login
 - > Refer to the Magellan Provider. com online training for online submission assistance



Telephonic Review - What you need to know

<u>Telephonic review</u> – a live phone call with a Magellan Care Manager to review the member's clinical treatment needs and medical necessity. If approved, an authorization will be verbally provided during the call. Authorization will also be visible via the Magellan Provider Website.

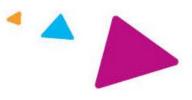
- Please have the following ready to be discussed for the member's care:
 - ✓ Diagnosis with ICD-10 codes
 - ✓ Medication update
 - ✓ Changes in Psychosocial status including updates on living arrangements, cultural issues, legal/ court related concerns, school status if applicable
 - ✓ Physical health concerns
 - ✓ Substance use concerns including use pattern
 - ✓ System involvement legal, child services, other
 - ✓ Behavioral concerns/referral behaviors leading to this episode of care
 - ✓ Treatment plan with interventions to target referral behaviors
 - ✓ Crisis plan/ relapse prevention plan
 - ✓ Summary of progress related to referral behaviors
 - What is working

- ✓ Barriers to Recovery
 - What is not working
- ✓ Coordination of care with other programs and referrals made
 - Agency name[s], contact person[s] and phone contact information
- ✓ Discharge/ aftercare plan with related appointments confirmed
 - Date/Time/Contact person for this appointment to be provided
- ✓ Any other areas that have not been covered





Paper submissions - What you need to know



<u>Paper submission</u> – Treatment request faxed to Magellan for clinical review of treatment needs and medical necessity. Authorization is visible via the Magellan Provider Website.



- Please be sure to:
 - Include all pertinent clinical information remember, you know these members better than Magellan staff. When in doubt include it!
 - Print or type the information must be legible for review
 - Be aware of your computer or fax machine's quality of transmission
 - Know your Magellan provider website login or who at your agency has permission to login
 - > Refer to the MagellanProvider.com online training for online submission assistance





Services Not Covered

Medical Services

- Examples Nursing Home Care, Dental Care,
 Vision Care, Hearing Care, Chiropractic Care, X-rays, Transportation Services, Family planning-birth control, pregnancy testing
- These services are available through your
 Physical Health Managed Care Organization [PH-MCO]

Prescription Coverage

- Most medication is covered by your Physical Health Managed Care Organization [PH-MCO]
- Some medications require prior approval

Each Physical Health Managed Care Organization [PH-MCO] has a Special Needs Unit [SNU] — these units help with physical health issues that may affect behavioral health and can be a great resource.

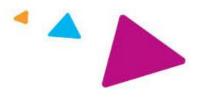




Provider Network



Network Department Scope

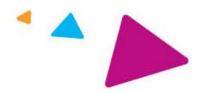


How can the Network Department provide assistance?

- Our responsibility is to provide information and guidance to ensure your contractual relationship with Magellan is appropriate to your provider category.
- We can assist with credentialing and re-credentialing.
- We can provide assistance with billing.
- We offer provider assistance with contractual and provider handbook questions.
- We provide support with Medicaid Promise Enrollment.



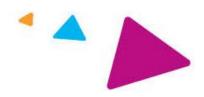
Provider Handbooks



- Magellan's Provider Handbooks outline 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.
- HealthChoices Providers must comply with the policies and procedures contained in the <u>Pennsylvania HealthChoices Supplement</u>, and any other applicable handbooks, including the <u>National Provider Handbook</u> and the Magellan <u>Organizational Provider Handbook</u> Supplement.



Questions? Outreach for support



Provider Services Contact Information

Bedford: (800) 424-3711

Bucks: (877) 769-9779

Cambria: (800) 424-3711

Lehigh: (866) 780-3368

Montgomery: (877) 769-9779

Northampton:(866) 780-3368

Somerset: (800) 424-3711

Provider Fax line: (866) 667-7744

Member Services Contact Information

Bedford: (800)-424-5860

Bucks: (877) 769-9784

Cambria: (800) 424-0485

Lehigh: (866) 238-2311

Montgomery: (877) 769-9782

Northampton: (866) 238-2312

Somerset: (800) 424-5860



Billing and Claims

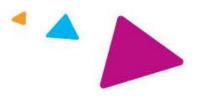


Claims Requirements

- 1 1
- All claims for covered services provided to HealthChoices Members must be submitted to and received by Magellan as follows:
 - Within <u>sixty (60) calendar days from date of service</u> for most levels of care except as provided below
 - Within sixty (60) calendar days from date of discharge for 24/hr levels of care
 - Within sixty (60) calendar days of the last day of the month or the discharge date, whichever is earlier, when billing monthly for longer treatment episodes of care at a 24/hr level facility
 - Within sixty (60) calendar days of the claim settlement for third party claims. This date is based on the date of the other carrier's decision.
- <u>If Magellan does not receive a claim within these timeframes, the claim will be denied for timeliness.</u>



Claims Processing



- In accordance with applicable law, Magellan will pay clean claims within 45 days of the date of receipt. Clean claims are defined as claims that can be processed without obtaining any additional information from the provider or from a third party (Magellan pays 90% of all claims within 30 days of receipt).
- Upon receipt of a claim, Magellan reviews the documentation and makes a payment determination. As a result of this determination, a remittance advice, known as an Explanation of Payment (EOP) is sent to you. The EOP includes details of payment or the denial. It is important that you review all EOPs promptly.
- Check runs are weekly:
 - Somerset & Bedford = Thursday



Claims Submission

1 4

- Accepted Methods for Submission of Claims:
 - 1. Electronic Data Interface (EDI) via Direct Submit
 - 2. EDI via a Third-Party Clearinghouse
 - 3. "Claims Courier"—Magellan's Web-based Claims submission tool (www.MagellanProvider.com)
 - 4. Paper Claims: CMS-1500 (Non-Facility-Based Providers) or UB-04 (Facility-Based Providers)

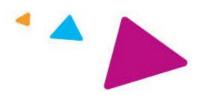


Electronic Data Interface (EDI) Direct Submission

- Provider sends HIPAA transaction files directly to and receives responses from Magellan without a clearinghouse.
- If you are able to create an 837 in a HIPAA compliant format, we *recommend* EDI Direct Submission.
- There is a simple testing process to determine if Direct Submit is right for you.
- Direct Submit supports HIPAA 837P and 837I claims submission files.
- It's free to providers.
- EDI Testing Center:
 - Self-enroll by creating a unique user ID and password
 - Download EDI guidelines
 - Upload and test files
 - Obtain immediate feedback regarding the results of the test
 - Independently validate EDI test files to ensure compliance with HIPAA rules and codes



EDI Testing Center Process (Direct Submission)



- Web-based testing is easy to follow
- Simple six-step process
- You will be assigned an IT analyst to guide you through the process and address any questions
- The process typically takes about 3 to 4 weeks to complete the process, so allow ample time to complete your independent testing.
- Go to <u>www.edi.MagellanProvider.com</u> to start the process.
- EDI Hotline 1-800-450-7281

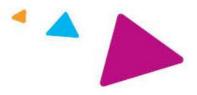


Claims Address:

- Paper Claims must be submitted to the below addresses (claims are not accepted at the Care Management Centers):
 - MBH-Somerset & Bedford, PO Box 1808, Maryland Heights, MO 63043



Reviewing of Claims



• Use Availity Essentials for Magellan eligibility, benefits and viewing claim transactions/EOBs



- Availity (magellanprovider.com)
- 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



Claims Resolution

- Claims that providers feel were denied incorrectly are considered "Claims Inquiries".
- If supporting documentation is not required for Magellan to review your claim, providers should contact the Magellan provider line, at 877-769-9779 or 800-686-1356, and speak to a customer service associate. If necessary, the customer service associate will submit a service request application (SRA) to Magellan's claims resolution team for further investigation.
- If you receive a claim denial that cannot be corrected with the help of customer service and the SRA process, you have <u>one year (365 days)</u> from the date of service to file a written inquiry. Your inquiry must include supporting documentation that refutes the reason for the denial, including the Medicaid member ID number(s), claim number(s), date(s) of service, and outstanding amount owed per county.



Claims Resolution (cont'd)

• If you have supporting documentation to reconsider payment for your claim, you may submit a written claim inquiry, with your supporting documentation, to Magellan at:

Magellan Behavioral Health of Pennsylvania, Inc.
Attn: Claims Resolution
790 Township Line Rd, Suite 120
Yardley, PA 19067

or by email

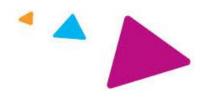
ClaimAppealsPAHC@magellanhealth.com



System Transformation



System Transformation Department Scope



How can the System Transformation Department provide assistance?

- Supports providers to develop an understanding of data, measures and Value Based Models
- Develops, monitors and reports on outcomes and performance of all services/ levels of care
- Coordinates internally and externally for provider profiling activities
- Engages, supports, shares data with providers at predictable cadences and supports provider requests
- Oversees Provider Performance Standards
- Supports New Provider Implementation Oversight
- Develops and oversees value-based care models, tracks and identifies trends in performance



Quality Improvement Overview



Key Quality Improvement Initiatives

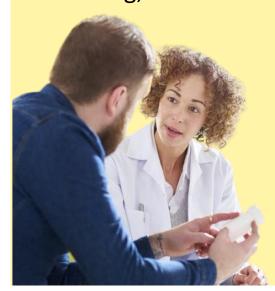




Member Complaints

Member Complaint Definition:

A dispute or objection filed with Magellan by a Member, the Member's representative, or health care provider regarding a participating health care provider, or the coverage, operations, or management policies of Magellan, including, but not limited to:



- A denial of authorization because the requested service is not a covered service
- The failure of a provider or Magellan to meet the required time frames for providing a service
- The failure of Magellan to decide a complaint or grievance within the specified time frames
- A denial of payment by Magellan after a service(s) has been delivered, because the service(s) was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program
- A denial of payment by Magellan after a service(s) has been delivered, because the service(s) is not a covered service(s) for the Member
- A denial of a Member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Member financial liabilities
- A Member's dissatisfaction with Magellan or a provider



Grievances



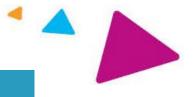


Magellan and the Pennsylvania HealthChoices Program Standards and Requirements defines a grievance as: A request by a member, the member's representative or health care provider (with written consent of the member), to have Magellan or a utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service.

A Grievance may be filed regarding a Magellan medical necessity decision to:

- Deny, in whole or in part, payment for a service
- Deny, or issue a limited authorization of a requested service, including a determination based on the type or level of a service
- Reduce, suspend, or terminate a previously authorized service
- Deny the requested service but approve an alternative service

Incidents Reported to Magellan





Magellan anticipates that all providers, but especially larger programs, would have some volume of reportable incidents each year, regardless of quality performance of the provider.





The types of incidents that are reported to Magellan include: Death, Attempted Suicide, Significant Medication Error, Need for Emergency Services, Abuse/Childline Report, Neglect, Injury/Illness, Missing Person, Seclusion, Restraint, Involvement with the Media, Other



Magellan encourages every network provider and practitioner to review the adverse incident definitions to ensure that your practices are congruent with expectations for reporting.



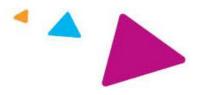
Reporting requirements for Magellan have not changed. These remain consistent and in line with the PA DHS Bulletin, OMHSAS-15-01.



Magellan provides an electronic format for incident reporting to ease provider burden.



Magellan's Auditing Philosophy



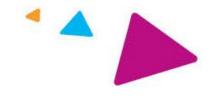
Continual readiness is critical to high quality of care. Magellan's auditing practices are a collaborative effort between providers and Magellan staff.

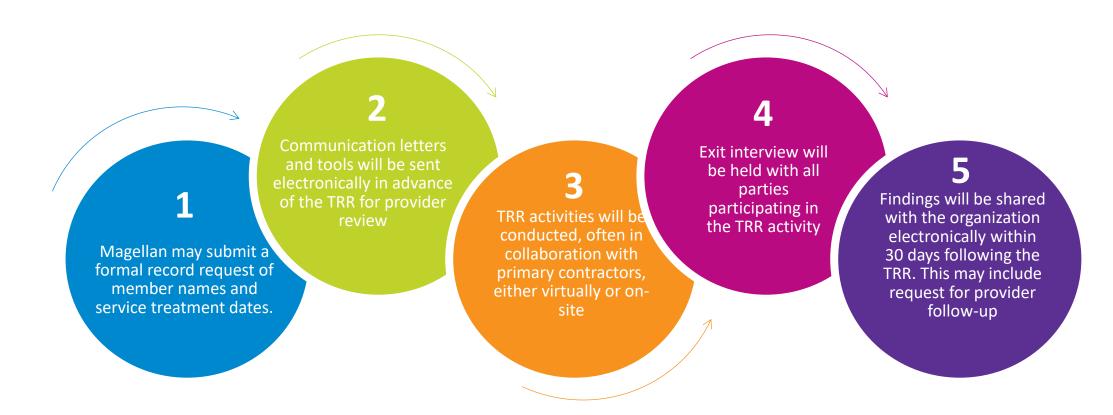
Why do we audit?

- To ensure a consistent approach to treatment between providers, Magellan and the Counties
- To monitor for practices consistent with standards of care/best practices/evidence-based practices/Clinical Practice Guidelines, as applicable
- As a proactive patient safety activity
- As part of Magellan's recredentialing process
- To measure adherence to standards set by CMS, Pennsylvania DHS and Magellan's national and local teams



Stepping Through the Audit Process







Types of Audits



- ✓ Routine: statistically valid random sample selected at the beginning of the calendar year
- √ Targeted: conducted on ad-hoc situation/in response to a specific concern, e.g., member complaint, utilization oversight
- ✓ Integrated: either Routine or Targeted, conducted any combination of QI, Compliance, Clinical, and/or Network teams
- ✓ Implementation Oversight: an audit conducted for a new provider or program (contracted 6-12 months previously)
- ✓ Follow-up: re-audit to assess provider implementation of findings from a prior review
- ✓ ASAM Alignment: required for all substance use services as a Program Standards & Requirement responsibility to demonstrate provider compliance to ASAM Criteria.



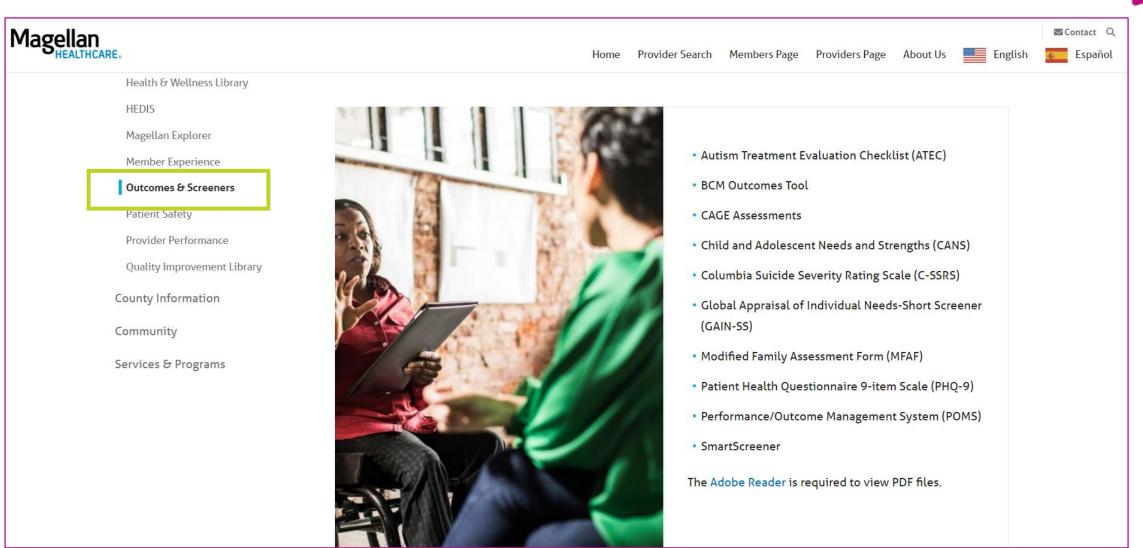
Provider Performance Standards



Home Provider Search Members Page Providers Page About Us English HEDIS Provider Performance Standards Magellan Explorer Assertive Community Treatment (Posted February 4, 2022) Member Experience Crisis Residential (Posted June 11, 2021) Outcomes & Screeners Crisis Services (Posted June 11, 2021) Provider Performance Family Based Mental Health Services (Posted September 23, 2021) Quality Improvement Library Federally Qualified Health Centers (Posted March 1, 2022) County Information IBHS- ABA Best Practices (Posted July 25, 2022) Magellan would like to extend a Community LGBTQIA+ Members (Posted February 10, 2022) special thank you to our Provider Services & Programs Mental Health Case Management (Updated March 21, 2022) **Quality Advisory Committee for** Mental Health Outpatient/Intensive Outpatient (Updated July 4, 2022) the feedback on how to make Methadone Treatment (Posted June 8, 2021) the Provider Performance Opioid COE (Posted July 22, 2022) Peer Support Services (Posted June 8, 2021) Standards user-friendly for years Psychiatric Rehabilitation Services (Updated March 21, 2022) to come! Recovery Support Services (Posted September 23, 2021) Residential Treatment Facility (RTF) & Intensive Residential Treatment Facility (IRTF) (Posted June 8, 2021) School Based Outpatient Mental Health Services (Posted February 10, 2022) Substance Use Disorder Case Management (Posted June 11, 2021) Substance Use Disorder Outpatient and Intensive Outpatient (Posted June 8, 2021) Telehealth (Posted May 2, 2022) The Adobe Reader is required to view PDF files.

Behavioral Health Screeners & Outcome Tools







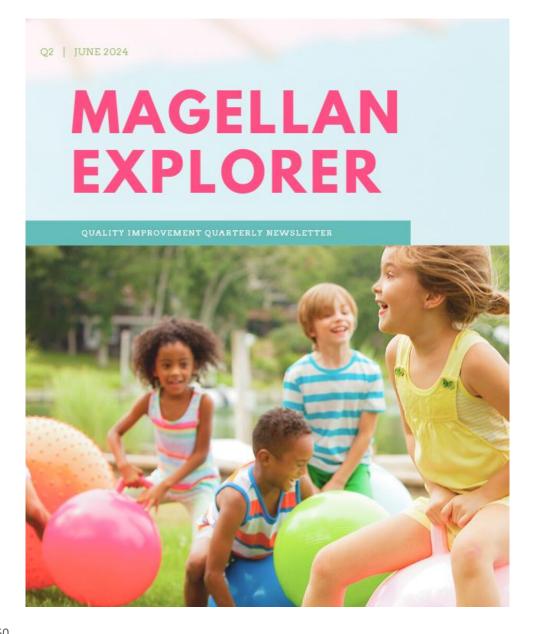
Accessing Interpretation Services and Trainings

- How does Magellan make this available to providers when needed?
 - Interpreter services are not billed as a separate behavioral health service in the HealthChoices' Program.
 - While it is the responsibility of network providers to accommodate the specialized needs of HealthChoices' members, including securing interpreter services, Magellan can offer assistance securing these services as needed.
- Network providers may not decline a member's access to treatment based on their need for language assistance.
- Magellan offers language assistance services
 educational resources for network providers.
 These are located on Magellan's website at the following <u>location</u>.





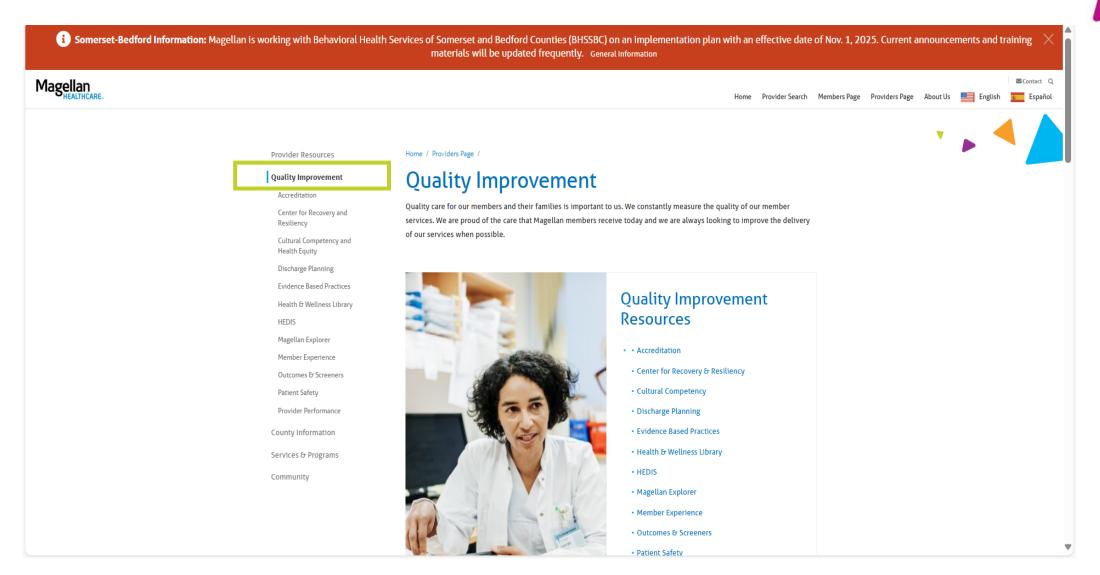
Quality Newsletter



- ✓ 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



QI - Where to Access Resources



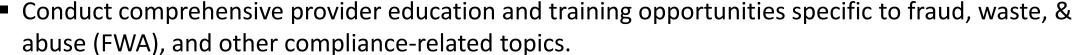


Compliance Overview



Compliance Department Scope

What do we do?



e, &

- Dedicated provider trainings on compliance
- Monthly E-mail Blasts
- Maintain compliance resources on our website
- Collaborate and partner with the Special Investigations Unit, Magellan's dedicated subject-matter experts on mitigating and investigating FWA.
 - Routine Auditing and Monitoring including Data Mining Activities
 - Targeted Audits and Investigations based on issues or complaints
 - Monitor/Process Provider Self-Reports of Potential FWA
 - Employ Member Service Verification Surveys
- Oversee Magellan's compliance with federal and state laws including the HealthChoices Program Standards and Requirements (PS&R)
- Ensure compliance with privacy and confidentiality regulations and oversee consent process
- Develop and ensure compliance with all Magellan Policies and Procedures



Program Integrity Partnership



- Magellan (Managed Care Organizations); County Customers; Bureau of Program Integrity (BPI); Office of Attorney General (OAG) Medicaid Fraud Control Section; Centers for Medicaid and Medicare Services (CMS)
- ☐ The shared goal is to protect the financial integrity of the PA Medicaid Program.

 Overspending= budget cuts
- ☐ HealthChoices Behavioral Health Program -- Program Standards & Requirements (PS&R)
- ☐ Quarterly BH-MCO-BPI-MFCS-OMHSAS Meetings
- ☐ Program Integrity Audits
- Customer Oversight





Commitment to Compliance Education

1 4

- Proactive Auditing
- Corrective Action Activities
- Compliance Program Audit
- Staff Interviews
- Provider Training
- Monthly E-mail Blasts
- Availability of Compliance staff
- Dedicated Compliance Page on Magellan's website (https://www.magellanofpa.com/for-providers/provider-resources/fraud-waste-and-abuse-compliance/)





Authorization to Use and Disclose Protected Health Information (AUD) Form

- Except as otherwise permitted or required by law, Magellan does not use or disclose a Member's PHI without first obtaining a valid Authorization to Use and Disclose Protected Health Information (AUD) Form.
- If the standard AUD Form is modified, prior approval must be obtained by Magellan before any PHI is used or disclosed pursuant to such form. When presented with Magellan's standard AUD Form, approval must also be obtained before any PHI is used or disclosed pursuant to such form.
- Please refer to the Magellan website for the most updated AUD forms:
 - See Release Forms & Member Access Portal on the Members Page: https://www.magellanofpa.com/for-members/
- Submission options:
 - Online: https://www.magellanofpa.com/consent-to-release-phi-online/ (Preferred)
 - Fax to: 1-866-667-7744
 - Mail to: 790 Township Line Rd., Suite 120, Yardley, PA 19067



Compliance Resources

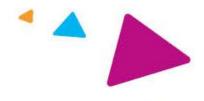
- Magellan Special Investigations Unit: 1-800-755-0850; or <u>SIU@MagellanHealth.com</u>
- Magellan Corporate Compliance Department: 1-800-915-2108 or Compliance@MagellanHealth.com
- Magellan Website Compliance page: https://www.magellanofpa.com/for-providers/provider-resources/fraud-waste-and-abuse-compliance/
 - Find guidance including:
 - Preparing for an Audit
 - Trainings/ Education
 - FWA Resources
 - Making a FWA Referral
 - Audit Trends
 - Compliance Best Practices
 - Confidentiality Resources
 - Monthly E-mail Blasts on a compliance related topic- see Compliance Alerts for history going back to 2013: https://www.magellanofpa.com/for-providers/



Member Services



Prior to 11/1/25



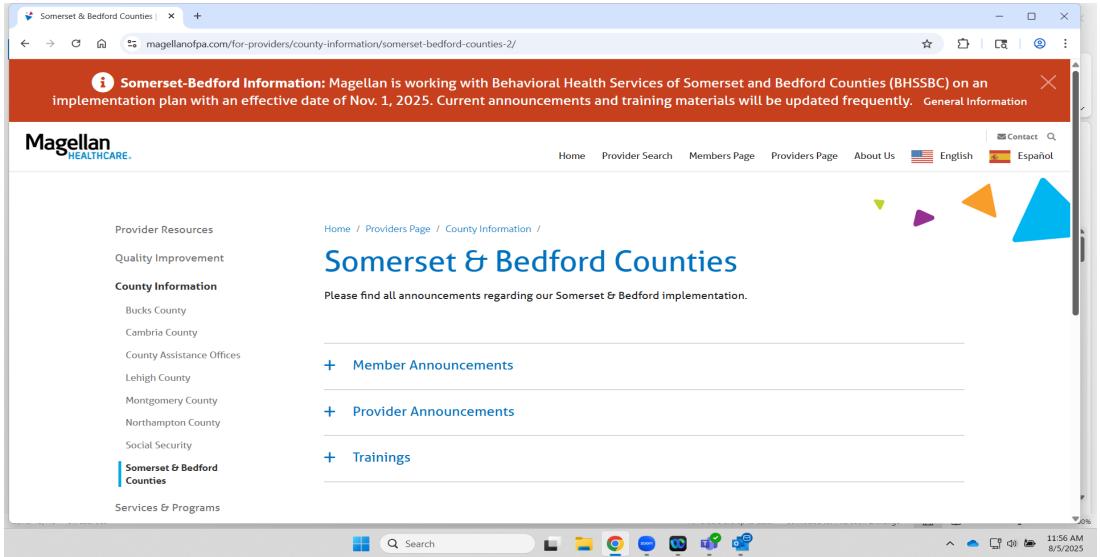
Magellan of PA Website

- Monthly FAQ updates starting on July 1 will be followed by comprehensive updates across entire website starting in mid-October to include Somerset-Bedford webpage updates.
- Health and Wellness Library
 - Provides health information definitions and health assessment tools for member and provider use
- Whole Health Section
 - Provides access to resources for those with dual physical and behavioral health needs, such as Magellan's PCP toolkit, whole health tipsheets, tobacco recovery resources, and contact information for both the physical health and Community HealthChoices plans.



<u>www.MagellanofPA.com/for-providers/county-information/somerset-bedford-counties/</u>







Prior to 11/1/25

1 1

Magellan e-mail box used to answer member questions prior to go-live:

SomersetBedfordMemberQ@magellanhealth.com

<u>Information Posters & Flyers</u>

Starting in mid-September we will have posters and flyers available for display and distribution at provider offices, drop in-centers and other community locations.

Includes key Magellan contact information for members and families.



Post 11/1/25 Implementation

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Member Services Department

Customer care associates trained to educate members on available benefits and the process to access services.

Member Handbook

Information guide for members on benefits, services, access standards, rights and responsibilities, and community resources.

Welcome Letter

Letter mailed to existing HealthChoices members in Somerset and Bedford Counties.



BEHAVIORAL HEALTH MATTERS



Magellan HEALTHCARE

Check out our podcast, with new episodes posted every 4–6 weeks.



The show aims to promote positive mental health, increase our understanding of behavioral health topics and services, and reduce stigma.

MagellanofPA.com

Recovery and Resiliency Services



Recovery Support Coordination Magellan's "Lived Experience" Team





- Magellan of PA is committed to integrating recovery and resiliency principles into everything we do
- ➤ Each member of the Recovery & Resiliency team holds a certification in Peer Support and/or Recovery Support, along with the National Certified Peer Specialist credential
- Promote member voice and choice



The Role of Recovery Support Coordinator (RSC)

The RSC serves as a liaison between our county partners, providers, and members How we help:

- ➤ Provide short-term peer support to members
- > Provide education on peer support
- Facilitate community-based referrals
- ➤ Assist members in accessing community resources
- ➤ Open office hours at drop-in centers

- > RR Trainings, presentations, and discussion forums
- ➤ Attend and table community events
- Support self-advocacy, member choice and voice, and RR principles
- ➤ Attend weekly rounds
- ➤ Support members in 24-hour LOC
- ➤ And much, much more!



Member Advisory Workgroup (MAWG)

- MAWG meetings are held in all contracted counties on a routine basis
- Magellan members over the age of 18 and/or family/caregivers of youth Magellan members are welcome to attend
- MAWG meetings are a place to discuss and obtain feedback regarding overall service and program quality, membership information (including newsletters and other means to distribute information), service gaps, as well as topics that are of interest to the membership
 - Topics vary on county needs, current events, or opportunities identified from other activities
 - Topics pertaining to cultural competency, diversity, inclusion, and/or health equity in behavioral health services

Information from these forums are shared with our contracted counties. This information helps shape programs and services provided by Magellan. Workgroup summaries are shared publicly to create high-level archive of advisory topics and member feedback.

Meeting dates, times, and location are shared on our website 30 days prior to meetings.

www.magellanofpa.com/for-members/community/member-advisory-groups



Confidentiality Statement



• The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.



Appendices



Meet Your Magellan Team

Jim Leonard, LCSW, MBA

Chief Executive Officer 215-504-3964

Erin Reilly, LCSW, MBA

Chief Operating Officer 215-504-3937

Chris Squillaro, DO

Senior Medical Director 610-814-8072

Tara Karbiner, LCSW

Director of Clinical Care Services & UM 215-504-3973

Lauren Farrell, LPC

Director, Integrated Health 215-504-3960



Sr. Manager, Network 215-504-3922

Monica Collins, MA, MBA

Sr. Director, System Transformation 973-526-5426

Maria Brachelli-Pigeon, LMFT, CPHQ

Director of Quality Management 215-504-3935

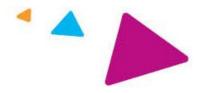
Karli Schilling, MA

Compliance Officer 215-504-3967

Steph Cassanese, BS, CPSS

Manager, Recovery and Resiliency Services 814-915-0569

PA HealthChoices Quality Improvement Contact List



For questions specifically about complaints or grievances, please contact:

John Bottger,
Appeals and Comments Manager
215-504-3982
JWBottger@magellanhealth.com

For questions about Incident Reporting, please contact:

Dawn Haurin,
Quality Data Specialist
215-504-3900 X63800

DMPrenoHaurin@magellanhealth.com

For other questions pertaining to the Quality Improvement Department, please contact:

Tracy Samuelson,
Quality Manager
215-504-3926
SamuelsonT@magellanhealth.com

Maria Brachelli-Pigeon, Director,
Quality Improvement
215-504-3935
MBrachelliPigeon@magellanhealth.com



Magellan's Local Compliance/ SIU Contacts

- PAHC Compliance Department Mailbox:
 <u>PAHCCompliance@magellanhealth.com</u>
- SIU Claims and Compliance Auditors:
 - Patty Marth, CFE
 Team Lead
 610-814-8009
 PMarth@magellanhealth.com
 - Caitlin Vossberg, LSW
 215-504-3947
 vossbergc@magellanhealth.com
 - Tina Davis, M.Ed., CFE
 814-961-0689
 TMDavis1@magellanhealth.com

- Magellan Compliance/ Privacy Officer:
 - Karli Schilling, MA
 - 215-504-3967
 - kmschilling@magellanhealth.com
- SIU Senior Investigator:
 - Diane Devine, CFE610-814-8052

ddevine@magellanhealth.com

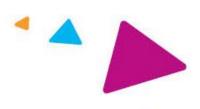


Magellan's Network Contact

- Sr Manager, Network Department:
 - Mitch Fash

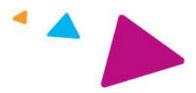
215-504-3922

MFash@magellanhealth.com





Magellan Preferred Clearinghouses



- Veradigm/AllScripts
 304 Church at North Hills Street
 Suite 100
 Raleigh, NC 27609
 1-800-877-5678
 www.veradigm.com
- Availity (formerly THIN)
 PO Box 550857
 Jacksonville, FL 32255-0857
 800-282-4548
 Web site: www.availity.com
- Change Healthcare (formerly Emdeon and Relay Health) 3055 Lebanon Pike Nashville, TN 37214 615-932-3000 Web site: http://www.changehealthcare.com/

Trizetto Provider Solutions, LLC.

One Financial Plaza 501 North Broadway 3rd Floor St. Louis, MO. 63102 800-969-3666

Web site: <u>www.trizetto.com/providersolutions</u>

Office Ally

PO Box 872020 Vancouver, WA 98687 1-866-575-4120

Web site: <u>www.officeally.com</u>



Submission of Clean Claims

- Claims TIPs can be found at the following location:
 https://www.magellanprovider.com/getting-paid/preparing-claims/claims-tips
- Several tools are available including:
 - Elements of a clean claim
 - Claim DO'S
 - Claim DON'T'S
 - Coordination of benefits





Submission of Clean Claims (cont'd)

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- Considerations for the Submission of Clean Claims
 - Submitting claims correctly
 - Submitting claims timely
 - HealthChoices rate setting process with OMHSAS
 - The Office of Mental Health and Substance Abuse Services (OMHSAS) reviews
 paid claims to determine the cost of care in Per Member/Per Month capitation
 fee that is paid monthly for consumers based on their recipient group.
 - Verifying member eligibility
 - Correct service location (rendering address and place of service)
 - Claims reconciliation



Electronic Claims Submissions: Claims Courier

1 1

- No-cost web-based data entry application
- Professional claims only (no institutional claims)
- For credentialed and participating providers
- Access <u>www.MagellanProvider.com</u>; Sign-in and go to "Submit a Claim Online"
- For low volume claim submitters who don't want to use a clearinghouse
- Similar to the CMS 1500 claim form, with additional fields to make the application HIPAA-compliant
- A Claims Courier Demo can be accessed at: <u>www.MagellanProvider.com</u>





THANK YOU!

