

Welcome to the Magellan Provider IBHS Workgroup

AUGUST 21, 2025

Magellan
HEALTHCARE®



Welcome



Agenda

- Welcome
- OMHSAS Updates
- Network Updates
- Updated Authorization Forms
- Availity/Online Authorizations
- Clinical Updates/Reminders
- Upcoming Training & Webinar
- Questions

OMHSAS Updates





In the works...

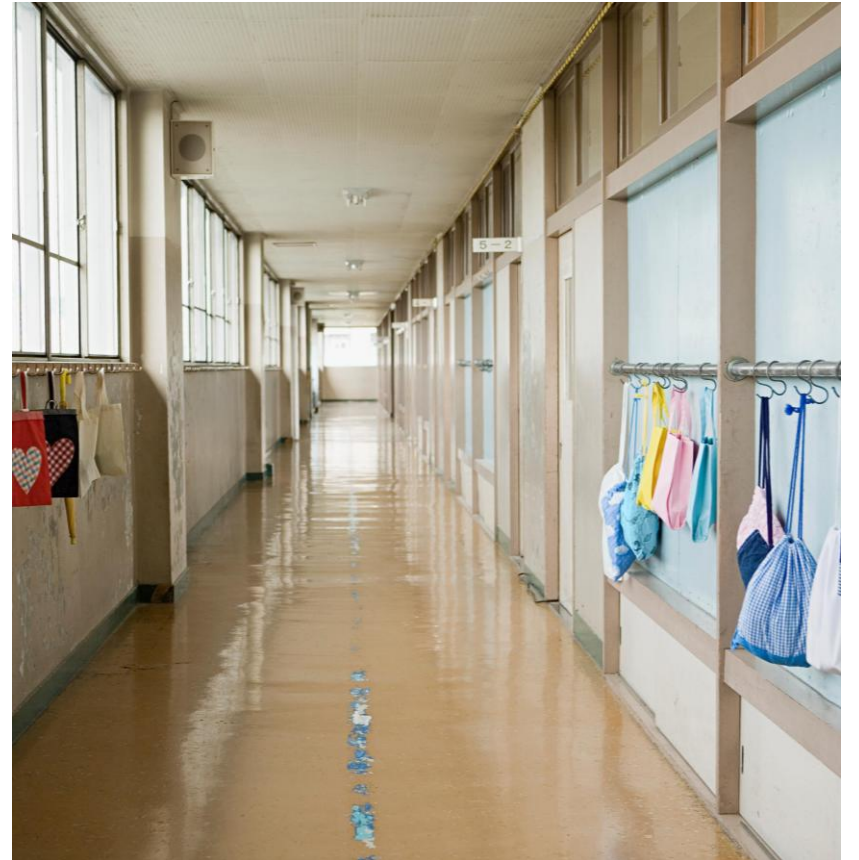
OMHSAS and OCDEL are in the early stages of developing a collaborative bulletin around center-based programs for young children.

Myth: OMHSAS and OCDEL will require joint licensure. FALSE

IBHS trends

OMHSAS and BH-MCOs talked about:

- Seeing an increasing number of BHT/BHT-ABA requests for kids who have IEPs and other school supports in place with little to no discussion around long term planning and titration.
- ABA Assessment observations should be occurring across settings even if member is receiving services primarily in a center.
- Families are requesting services in a center or school. Some providers are saying they can only deliver services in certain settings.



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.

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

Provider Services Contact Information:

Bucks/Montgomery: (877) 769-9779

Cambria: (800) 424-3711

Lehigh/Northampton: (866) 780-3368



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 one 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

By emailing the inbox above, an automatic response will be sent to providers with a direct link to our application. This application will request submission of some documents for Magellan's review. Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

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

Provider Expansion or Provider Changes

For Magellan, is your agency*...

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

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

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

Availity Contact Information

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



Network Reminders

- Magellan Credentialing is updated every three 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.

Updated Authorization Forms



IBHS Authorization Request Checklist



**Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Authorization Request Checklist**

This checklist is intended as a resource for providers when submitting Intensive Behavioral Health Services (IBHS) authorization requests. Completion of this checklist may be required by Magellan in specific circumstances.

Initial Assessment Request	
<input type="checkbox"/>	Online authorization request
<input type="checkbox"/>	Registration Treatment Authorization Request (TAR) Form
<input type="checkbox"/>	Individual or Group Initial Assessment – 60 units for 30 days
<input type="checkbox"/>	ABA Initial Assessment – 96 units for 45 days
<input type="checkbox"/>	Written Order – Completed within 1 yr of submission

Pre-Service Request	
<input type="checkbox"/>	Online authorization request
<input type="checkbox"/>	Treatment Authorization Request (TAR) Form
<input type="checkbox"/>	Written Order – Completed within 1 yr of submission
<input type="checkbox"/>	Assessment – Please be sure this includes specific service(s) recommendation.
<input type="checkbox"/>	Individualized Treatment Plan (ITP)
<input type="checkbox"/>	ISPTM summary note if BHT/BHT-ABA services are requested in school/daycare/preschool/camp/afterschool programs
<input type="checkbox"/>	CANS summary report – To be completed for all members 3 years of age and older.

Concurrent Service Request	
<input type="checkbox"/>	Online authorization request
<input type="checkbox"/>	Treatment Authorization Request (TAR) Form
<input type="checkbox"/>	Written Order – Completed within 1 yr of submission
<input type="checkbox"/>	Assessment – Please be sure this includes specific service(s) recommendation.

Why a Checklist?

- Ensure all necessary documents are received at the time of submission.
- Assist providers and new staff in knowing which documents are needed for the various auth requests.
- Provide fidelity checklist.



Brand new IBHS TARs – Individual/ABA TAR



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Individual & ABA Intensive Behavioral Health Services (IBHS)**

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

Via Fax: ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request

☐ Pre-Service MNC Request without a known provider ☐ Data Entry Request ☐ Error Correction Request



<input type="checkbox"/> Bucks County	<input type="checkbox"/> Cambria County	<input type="checkbox"/> Lehigh County	<input type="checkbox"/> Montgomery County	<input type="checkbox"/> Northampton County
Member Name:	<input type="text"/>	MA ID #:	<input type="text"/>	Date of Birth: MM/DD/YYYY
Provider Name:	<input type="text"/>	Magellan Provider MIS #:	<input type="text"/>	Packet Contact:

Authorization Information					Assessment Recommendations				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY <small>Start date must be within 2 business days of submission</small>	End Date MM/DD/YYYY <small>6 months maximum</small>	Hours per Month	Setting	New Service or Change in hours? <small>Currently approved hours/month if applicable</small>	Dates by Setting	Units by Setting & Dates
Individual IBHS									
<input type="checkbox"/> BC	H0032UB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MT	H2019UB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> BHT	H2021AH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
					<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
					<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
ABA IBHS									
<input type="checkbox"/> BC-ABA	97151HO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> BHT-ABA	97152HO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
					<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>
					<input type="text"/> hrs/month	<input type="text"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text"/> hrs/month	<input type="text"/>	<input type="text"/>

DSM-5 DIAGNOSIS with ICD-10 Code	Medications
<input type="text"/>	<input type="text"/>

Select all identified Social Determinants of Health (SDOH) Concerns:			
<input type="checkbox"/> Not Assessed	<input type="checkbox"/> None Known	<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Financial Instability
<input type="checkbox"/> Housing Insecurity	<input type="checkbox"/> Lack of Childcare	<input type="checkbox"/> Medical Cost Barrier	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education/Low Literacy	<input type="checkbox"/> Interpersonal Violence	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Unemployment/Underemployment

☐ By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.

Additional Information
<input type="text"/>

Diving into new TAR – Individual & ABA Services



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Individual & ABA Intensive Behavioral Health Services (IBHS)**

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

Via Fax: ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service MNC Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

Call outs -

- ✓ Availity or Fax?
- ✓ Label fax cover sheet with type of auth request if applicable.
- ✓ Ensure all packet documents are contained based on the new IBHS Checklist.

Diving into new TAR – Individual & ABA Services

<input type="checkbox"/> Bucks County	<input type="checkbox"/> Cambria County	<input type="checkbox"/> Lehigh County	<input type="checkbox"/> Montgomery County	<input type="checkbox"/> Northampton County	
Member Name:		MA ID #:		Date of Birth: MM/DD/YYYY	
Provider Name:		Magellan Provider MIS #:		Packet Contact:	

Call outs -

- ✓ Check the county member's Medicaid is associated with.
- ✓ Magellan Provider MIS# - Ensure giving the # of site you want authorization tied to.
- ✓ Packet Contact – Who should Magellan outreach about this packet request?

Diving into new TAR – Individual & ABA Services

Authorization Information					Assessment Recommendations				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY <small>Start date must be within 2 business days of submission</small>	End Date MM/DD/YYYY <small>6 months maximum</small>	Hours per Month	Setting	New Service or Change in hours? <small>Currently approved hours/month if applicable</small>	Dates by Setting	Units by Setting & Dates
Individual IBHS					Individual IBHS				
<input type="checkbox"/> BC	H0032UB				hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		
<input type="checkbox"/> MT	H2019UB				hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		
<input type="checkbox"/> BHT	H2021AH				hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		
					hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		
					hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		

Call outs -

- ✓ Removed some columns.
- ✓ Divided into Authorization Information (gray) and Assessment Recommendations (blue)

Diving into new TAR – Individual & ABA Services – Auth Info

Authorization Information				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY <small>Start date must be within 2 business days of submission</small>	End Date MM/DD/YYYY <small>6 months maximum</small>
Individual IBHS				
<input type="checkbox"/> BC	H0032UB	288	8/1/2025	1/27/2026
<input type="checkbox"/> MT	H2019UB			
<input type="checkbox"/> BHT	H2021AH	992	8/1/25	1/27/26
ABA IBHS				
<input type="checkbox"/> BC-ABA	97151HO			
<input type="checkbox"/> BHT-ABA	97152HO			

Call outs -

- ✓ Check off which services you are requesting
- ✓ Enter the total # of units needed for the entire auth period
- ✓ Enter the entire auth date period for each service level
- ✓ Start date must be within 2 business days of the submission
- ✓ Magellan auths are all a maximum of 6 months.

Diving into new TAR – Individual & ABA Services – Assessment Info

Assessment Recommendations				
Hours per Month	Setting	New Service or Change in hours? <small>Currently approved hours/month if applicable</small>	Dates by Setting	Units by Setting & Dates
Individual IBHS				
12 hrs/month	H/c, school, ESY	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input checked="" type="checkbox"/> No Change Currently approved 12 hrs/month	8/1/25-1/27/26	288
hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		
16 hrs/month	ESY	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month	8/1/25-8/15/25	32
40 hrs/month	Home/community	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved 50 hrs/month	8/1/25-1/27/26	960
hrs/month		<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved hrs/month		

Call outs -

- ✓ Look at clinician's assessment recommendations to complete this blue Assessment Rec section
- ✓ Enter hours per month of service based on setting
- ✓ 3 lines are given for BHT/BHT-ABA for different hours based on different settings
- ✓ Do these hours reflect a change in hours from current authorization? What are the currently authorized hours?
- ✓ Are there specific dates per setting? How many units are needed per setting?

Diving into new TAR – Individual & ABA Services – Example

Current authorization –

BC-ABA 16hr/mon h/c & school (2/17-8/15/25)

BHT-ABA 10hr/mon in h/c (2/17-8/15/25) and 60hr/mon school (2/17-6/15/25)

Concurrent authorization request –

BC-ABA 12hr/mon h/c & school (8/16/25-2/11/26)

BHT-ABA 10hr/mon in h/c (8/16/25-2/11/26) and 60hr/mon school (8/25-2/11/26)

ABA IBHS					ABA IBHS				
<input checked="" type="checkbox"/> BC-ABA	97151HO	288	8/16/2025	2/11/2026	12 hrs/month	h/c & school	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved 16 hrs/month	8/16/2025	2/11/2026
<input checked="" type="checkbox"/> BHT-ABA	97152HO	1608	8/16/25	2/11/2026	10 hrs/month	h/c	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input checked="" type="checkbox"/> No Change Currently approved [] hrs/month	8/16/25	2/11/2026
					60 hrs/month	school	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input checked="" type="checkbox"/> No Change Currently approved [] hrs/month	8/25/25	2/11/2026
					[] hrs/month	[]	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved [] hrs/month	[]	[]

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
8/16/2025	2/11/2026	180	10	240
8/25/2025	2/11/2026	171	60	1368
		0		0
		0		0
		0		0
		0		0
		0		0
Totals		351		1608

TAR - Bottom

DSM-5 DIAGNOSIS with ICD-10 Code		Medications	
<div></div>		<div></div>	

Select all identified Social Determinants of Health (SDOH) Concerns:			
<input type="checkbox"/> Not Assessed	<input type="checkbox"/> None Known	<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Financial Instability
<input type="checkbox"/> Housing Insecurity	<input type="checkbox"/> Lack of Childcare	<input type="checkbox"/> Medical Cost Barrier	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education/Low Literacy	<input type="checkbox"/> Interpersonal Violence	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Unemployment/Underemployment

<input type="checkbox"/> By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.

Additional Information
<div></div>

Call Outs:

- ✓ No changes to Diagnosis, Medications, or Social Determinants of Health boxes
- ✓ New section for “Additional Information” – May need additional room to document if there are multiple settings for a service line above that does not fit.

New Group/ABA Group TAR



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Group Intensive Behavioral Health Services (IBHS)**

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

Via Fax: ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

<input type="checkbox"/> Bucks County		<input type="checkbox"/> Cambria County		<input type="checkbox"/> Lehigh County		<input type="checkbox"/> Montgomery County		<input type="checkbox"/> Northampton County	
Member Name:	<input type="text"/>	MA ID #:	<input type="text"/>	Date of Birth: MM/DD/YYYY)	<input type="text"/>				
Provider Name:	<input type="text"/>	Magellan Provider MIS #:	<input type="text"/>	Packet Contact:	<input type="text"/>				

Authorization Information					Assessment Recommendations	
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY <small>Start date must be within 2 business days of submission</small>	End Date MM/DD/YYYY <small>6 months maximum</small>	Hours per Month	New Service or Change in hours? <small>Enter currently approved hours/month if applicable</small>
Group IBHS					Group IBHS	
<input type="checkbox"/> IBHS Group	H2021U6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Previously approved <input type="text"/> hrs/month
ABA Group IBHS					ABA Group IBHS	
<input type="checkbox"/> ABA Group - GLP	97158HO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Previously approved <input type="text"/> hrs/month
<input type="checkbox"/> ABA Group BHT	97154HO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs/month	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Previously approved <input type="text"/> hrs/month

Availity/Online Authorizations



Concurrents in Auality

Save time! Submit via “extension”

- **53% of providers are submitting concurrents in Auality correctly. This has improved by 17% from Q2.**
- Please review the step-by-step guides on how to submit concurrent auths in Auality as well as previous provider webinar helpful hints.



“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.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By

Member ID:

Authorization Number: **1**

Diagnosis Type:

Date of Service From Date: 03/08/2023

Date of Service To Date:

Inpatient Service Types:

Service/Procedure Service Types:

☐ Include Closed

☐ Requested By Me

2 FILTER

2. Select the **FILTER** button.

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

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

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXX359

- Inpatient Authorizations Summary

EXTEND VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

- Service / Procedure Authorizations Summary

3 ADD/EXTEND SERVICE VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
SIMPSON, RYAN R	OPXXXXXX359	Approved	12/09/2022	03/20/2023	Open

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.

Extend Service/Procedure Behavioral Health Authorization

Prescreen Authorization Details Services Confirmation

Service Type: Electroconvulsive Therapy (ECT) Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

4 EXTEND

Clinical Updates/Reminders



Magellan Staffing Updates

New Autism Care Manager, Michelle Boutron, BCBA.

New IBHS Care Manager, Tara Benson.

Larysa Miller, Lead Autism Care Manager, will be leaving Magellan. Her last day is 8/29/25.



ABA Assessment Recommendations

If a member has a primary insurance, the provider must meet the requirements of both funders.

Magellan requires recommendations be made BC-ABA and BHT-ABA. Should not be listed as CPT codes.

Magellan Assessment Recommendations:



BC-ABA 14hr/mon across settings BHT-ABA 80hr/mon in preschool & 10hr/mon home/community

Magellan and Primary Insurance (suggestion):

BC-ABA 14hr/mon across settings



97151 4hrs, across settings

97155 2hrs/week, across settings

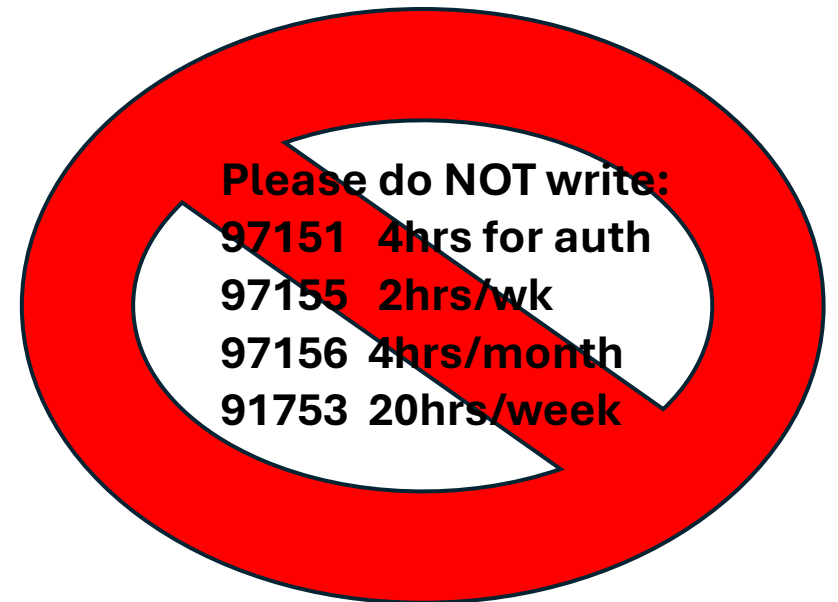
97156 4hrs/month, across settings

BHT-ABA 80hr/mon in preschool & 10hr/mon home/community

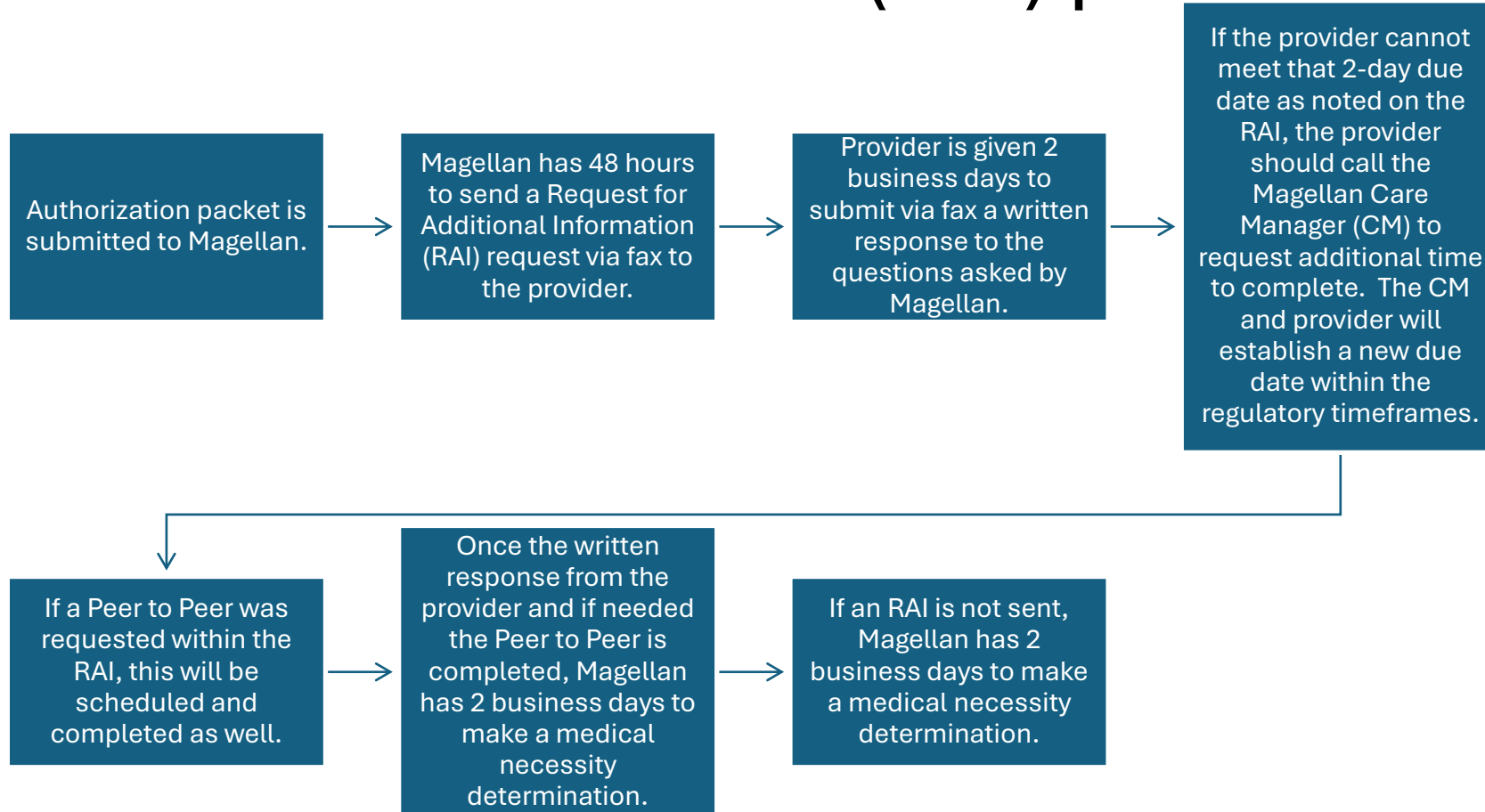


97153 80hr/mon, in preschool

97153 10hr/mon, in home/community



Request for Additional Info (RAI) process



- RAI Provider Response: ☒ Written response to questions faxed back to Magellan within 2 business days.
- ☒ Attend Peer to Peer if requested.

* It is most helpful when the RAI written response is faxed to the Care Manager *prior* to the Peer to Peer.

Member County Switches

Data Entry Request	
Option A. Member's Medical Assistance (MA) switched from one Magellan County to a different Magellan County	
<input type="checkbox"/>	Submit via online portal
<input type="checkbox"/>	Letter noting the change in MA Magellan County coverage
<input type="checkbox"/>	TAR noting new county authorization needed based on MA effectiveness date
Option B. Magellan County to Non-Magellan County change	
<input type="checkbox"/>	Provider completes an online discharge form located HERE
Option C. Member's MA switched from non-Magellan County to Magellan County and already has IBHS authorization with another BH-MCO. <i>Magellan will honor the current IBHS authorization approved by another BH-MCO. Please submit this documentation within 14 calendar days of member's MA status change. 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.</i>	
<input type="checkbox"/>	Fax request
<input type="checkbox"/>	Original packet from the other BH-MCO
<input type="checkbox"/>	Proof of authorization from previous BH-MCO
<input type="checkbox"/>	TAR with authorization based on start with MBH to approved last covered day
Option D. Picking up authorization already approved	
<input type="checkbox"/>	Fax request
<input type="checkbox"/>	TAR with the services, dates, and units needed for already approved IBHS request

Camp Request Observations from 2025

- Missing camp details – Name of the camp, hours/days of the camp, dates of the camp, daily schedule of activities/structure to the day.
- Have they previously attended this camp? If so, how did they do? Where did they struggle? What helped them be successful?
- Lack of documentation around specific behaviors which would require support within the camp setting.
- Please differentiate hours per month by “school” settings. How many hours/month in school? How many hours/month in camp?
- 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.
- Please know this information **before** submitting the authorization request.
- Please submit paperwork which is clear and consistent. We had teams reporting different dates and settings than the paperwork during Peer Reviews.



Clarification - Change of Prescription TAR

Example:

Current authorization is for BHT 10hr/mon, 4/1-9/27/25, 240units.

Change to add BHT 90 hrs/mon in camp, 8/1-8/22/25.

- TAR – Enter total new units for entire authorization. Put enter date span for authorization.

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
4/1/2025	9/27/2025	180	10	240
8/1/2025	8/22/2025	22	90	264
		0		0
		0		0
		0		0
		0		0
		0		0
Totals		202		504

Services Being Requested		# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
					Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
Individual IBHS											
<input type="checkbox"/>	BC				536	H0032	001	UB			
<input type="checkbox"/>	MT				536	H2019	001	UB			
<input type="checkbox"/>	BHT	504	4/1/25	9/27/25	536	H2021	001	AH			



CANS Help Needed?

If you are having an issues with CANS and need Magellan assistance, please outreach IBHS@magellanhealth.com.

Please include:

- The issue with as much detail as possible
- Provider administrator for Magellanprovider & log in (not password)
- Screenshots if applicable

Upcoming Training & Webinar



FREE live online interactive webinar:

Behavioral Interventions: Review of Cognitive Behavioral Therapy (CBT)
and Behavioral Therapy
How To Use in IBHS

Thursday, September 25, 2025

Location: Zoom
9:00 A.M. – 10:00 A.M.

Presented by Dr. Adriana Torres-O'Connor, PsyD, MBA, MSW

This workshop is a skill-building opportunity to help staff increase their knowledge of Cognitive Behavioral Therapy (CBT) and Behavioral Therapy. Attendees will also learn how to apply learned knowledge to IBHS practices.

Who Should Attend: This training is intended for IBHS clinicians, support professionals, and system partners. All interested participants from these groups are encouraged and welcome to attend.

Magellan's Best Practices Training:

Register:
https://magellanhealth.zoom.us/join/register/t4_x0_TsSZKYHqbJDgvf8w



Magellan Provider Town Hall Meeting

In support of our ongoing commitment to provide high quality service, and to strengthen our relationship with our providers, Magellan Behavioral Health of Pennsylvania, Inc. is pleased to invite you to attend Magellan's Provider Town Hall meeting for PA HealthChoices.

Presentations include:

- Update on 2025 Plan for Provider Rates and Program Expansion Requests – Presented by Magellan's Chief Executive Officer
- Clinical Department – Expansion of Magellan's Authorization System, Clinical org updates, ASAM, and COE
- Quality Department – Suicide Prevention PIP, CPGs, Behavioral Health Screeners, Member Rights
- Compliance Department – AUD Forms, Annual Compliance Forum, and Medicaid Disclosures
- Systems Transformation – Automated Email Notifications
- Network Department: Enrollment Reminders, Provisional Licensure Communication, updating provider information on Magellan's website.

Who should attend from our providers?

*Operations/Office Managers *QI/Compliance Officers *Clinical Leaders

When: September 17, 2025, 3:30 PM

Subject: Magellan Provider Town Hall - PA HealthChoices

Please register by clicking the link below:

<https://magellanhealth.zoom.us/meeting/register/U6oMjWabSJOLRq2YooAQ0Q>

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

Q4 2025 IBHS Provider Webinar

Thursday, October 30, 2025

9:00am to 11:00 A.M.

Please register:

<https://events.teams.microsoft.com/event/98220bf7-ea31-4b2f-b049-decf1ec8848b@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/providers/services-programs/intensive-behavioral-health-services-ibhs/>

The background of the image is a repeating pattern of light gray speech bubbles, each containing a dark teal question mark. The bubbles are arranged in a staggered, overlapping grid. Centered over this pattern is the word "Questions?" in a white, sans-serif font.

Questions?

The image features a dark blue background with the text "THANK YOU!" centered in white. There are two clusters of colorful triangles. The upper cluster, located in the top right, includes a large white triangle pointing right, a medium blue triangle pointing down, a small white triangle pointing up, a medium magenta triangle pointing down, and a small green triangle pointing left. The lower cluster, located in the bottom left, includes a medium white triangle pointing left, a large magenta triangle pointing right, a medium green triangle pointing right, a small white triangle pointing right, and a small blue triangle pointing right.

THANK YOU!

Confidentiality statement

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