

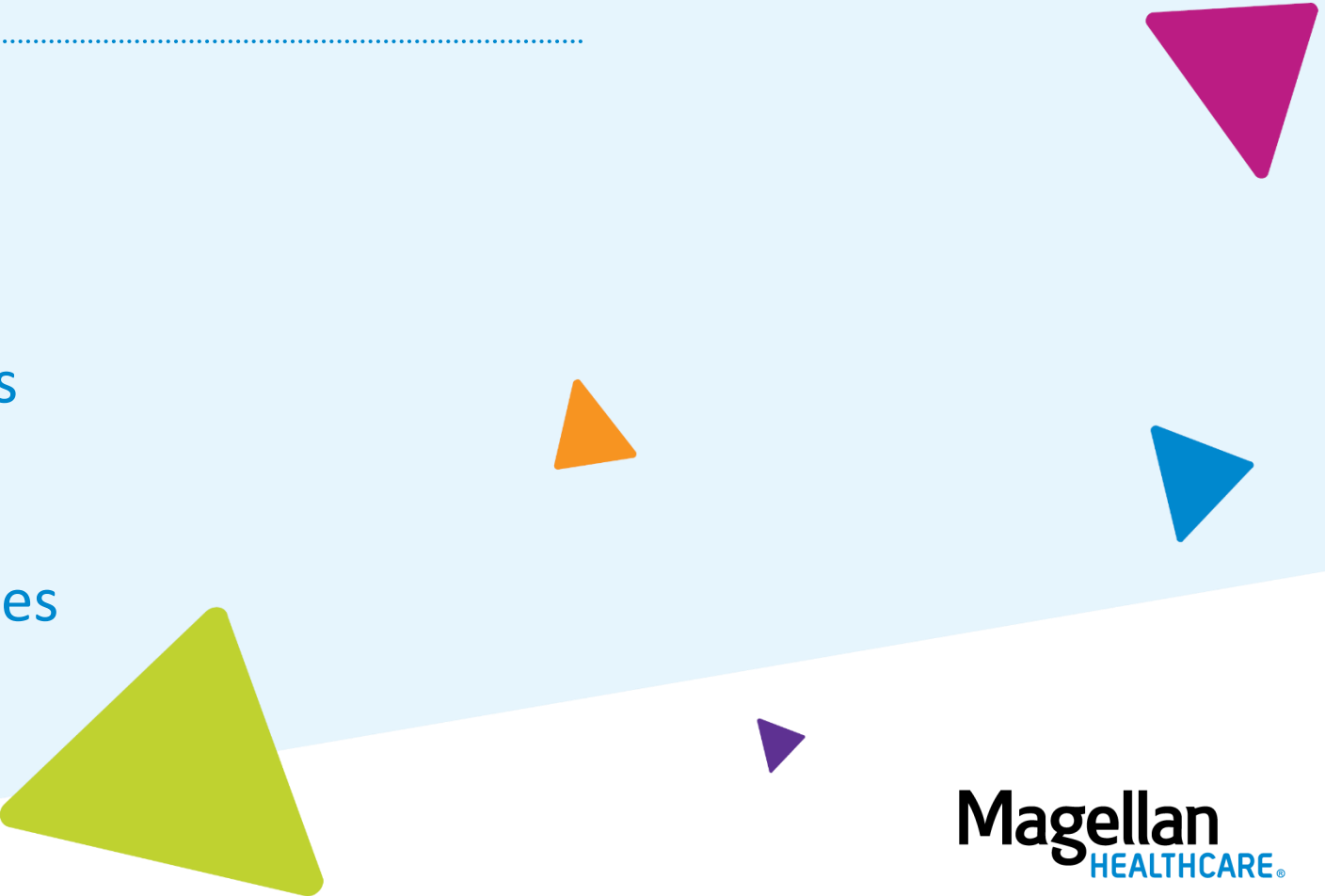


# Magellan Provider Town Hall

December 15, 2025

**Magellan**  
HEALTHCARE®

# Agenda

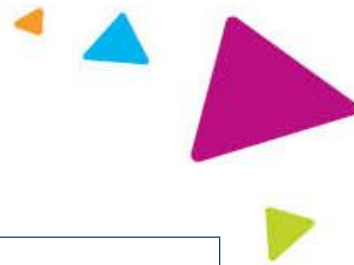
- 1 Organizational Updates
  - 2 Clinical Updates
  - 3 Quality Improvement Updates
  - 4 System Transformation Updates
  - 5 Network Updates
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# Organizational Updates

Jim Leonard, LCSW, MBA, CEO, Magellan Behavioral Health of PA

# Update on 2025 Medical Spend by County and 2026 Capitation Rates



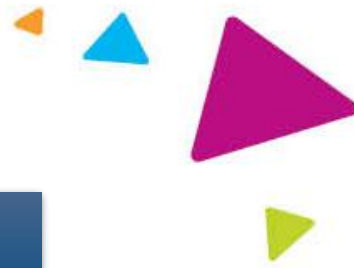
## Rate Increases

- **Bucks, Montgomery, Lehigh, and Northampton Counties:** Funding available for 2025 retrospective rate increases that will be sustained.
  - Level of care priorities: community based, non-24-hour levels of care.
  - Bucks and Montgomery Counties only: mental health acute Inpatient and children's residential treatment facilities.
- **Cambria County:** No funding for 2025 retrospective rate increases.
  - Medical expenditure is fully allocated.
  - The potential for rate increases in 2026 remains under analysis.
- **Next steps:**
  - Retrospective rate increases for 2025 will be distributed as lump sum payments.
  - Providers receiving sustained rate increases will receive updated fee schedules and amendments in December. These provider contract updates will be "Silence is Acceptance" (do not require provider execution). Effective dates will be 1/1/2026.

## Program Expansion

- Remains paused except for some providers that will be individually contacted in Bucks County.
- Magellan continues to evaluate the network for adequacy and geographic needs.
- We continue to regularly review and prioritize new and existing provider requests for network entry or expansion.
- When an immediate need is identified, we will proactively reach out to providers.
- Decisions are individualized by county.

# 2026 Priorities



Medicaid  
Program Changes

Advocacy for  
Program Funding

Advancing Value  
Based Care

Data Sharing

Trauma Informed  
Care

ASAM Alignment

Integrated Health  
and Collaborative  
Care

Suicide  
Prevention

Crisis  
Intervention



# Clinical Updates

Tara Karbiner, LCSW, Director of Clinical Services  
Anita Kelly, MA, CAADC, LPC, Clinical Contract Advisor

# Availity



- Effective November 1, 2025, Magellan expanded the levels of care available for online authorization submission through the Availity system.
- The portal allows self-service for authorization creation, modification, and checking status and allows providers to see all authorization details.
- **Digital Authorization Request and Tracking System:** Self-service training materials and instructional videos are available at [www.MagellanProvider.com/authsystem](http://www.MagellanProvider.com/authsystem)

## You can access the Availity Learning Center by taking the following steps:

- Log in to the [Availity Portal](#) (for login assistance please contact, Availity Customer Support at 1-800-282-4548).
- Click **Help & Training | Get Trained** in the top navigation bar. The Availity Learning Center displays in a separate tab/window.
- Locate and search by keyword or filter by category to locate the course.
- Once the course is located, click **Enroll** at the top right of the screen.
- Once you have selected enroll and start, you'll also be able to access a handout.



Availability can only be used by the accepting contracted facility once the member arrives.



This will eliminate the need for verify arrival calls.



Initial 24-hour level of care requests should still be completed telephonically when the referring facility needs assistance with a bed search, or a nonparticipating provider is being considered.



Care Managers will be available 24/7 to review the 24hr level of care requests submitted electronically and telephonically.



If the request was not complete, a Magellan Care Manager will reach out to the submitting facility to gather any additional information or to facilitate scheduling a Peer Advisor Review.



Members who were admitted under Primary Insurance or Medicare and stepping down to Magellan as primary need to be requested telephonically.

# ProAuth/Availity Helpful Tips



PROVIDERS NEED TO INCLUDE  
SUFFICIENT CLINICAL INFORMATION  
TO SUPPORT THE REQUEST



REQUESTS FOR SUBSTANCE USE  
DISORDER LEVELS OF CARE REQUIRE  
THE FULL ASAM TO BE SUBMITTED

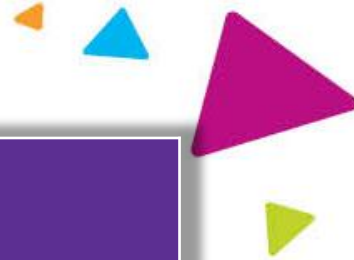


PROVIDERS NEED TO ENSURE THE  
CORRECT MIS # WITH THE CORRECT  
CORRESPONDING ADDRESS ARE  
SELECTED



A CONTACT PERSON WHO WILL BE  
AVAILABLE FOR A CARE MANAGER  
CALL BACK WHEN NEEDED SHOULD  
BE IDENTIFIED

# Levels of Care and Maximum Days through ProAuth



New Levels of Care	Initial	Concurrent	Note	Attachment	Days Authorized
MH Acute Inpatient ( <b>Inpatient Psychiatric</b> )	X		X		initial 3 days
ASAM Level 4 ( <b>ASAM Level 4 Sub Related Disorder</b> ) & ASAM Level 4 WM ( <b>ASAM Level 4 Detox</b> )	X		X		initial 5 days
ASAM Level 3.7WM ( <b>ASAM Level 3.7 Detox</b> )	X		X		Up to 5 days
ASAM Level 3.7 ( <b>ASAM Level 3.7 Sub Related Disorder</b> )	X		X		Up to 16 days
ASAM Level 3.5 ( <b>ASAM 3.5 Sub Related Disorder</b> ) and 3.5E ( <b>ASAM 3.5 Enhanced Sub Related Disorder</b> )	X		X		Up to 16 days
ASAM Level 3.1 ( <b>ASAM Level 3.1 Sub Related Disorder</b> )	X		X		Up to 30 days

[Claims/ Check Eligibility/  
View Authorizations](#)

[Clinical Practice Guidelines](#)

[Forms](#)

[Fraud, Waste and  
Abuse/Compliance](#)

[Getting Paid](#)

[Medical Necessity Criteria](#)

[Ordering/Referring/Prescribing  
\(ORP\)](#)

[Provider Directories](#)

[Provider Portal](#)

[Provider Website](#)

**| [Trainings](#)**

[Quality Improvement](#)

[County Information](#)

[Services & Programs](#)

[Community](#)

## Trainings

Magellan is committed to providing up-to-date and relevant trainings and webinars for our providers. Please see the categories below for current trainings. Other helpful resources include:

- [Provider Website Trainings](#)
- [Tip Sheets](#)

Note: We apologize, but the transcript in some cases will not completely match the video.

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### + [Children's Services](#)

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### + [Clinical/Medical](#)

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### — [Micro Trainings](#)

**[Availity Essentials](#)**

**[Individual Provider Credentialing Process](#)**

**[Organizational Provider Credentialing Process](#)**

**[October 23, 2025 Webinar – Magellan Online Authorization System](#)**

**[October 23, 2025 Powerpoint – Magellan Online Authorization System](#)**

**[Claims Courier Demos](#)**

- [Correct a Claim](#)
- [Copy a Claim](#)
- [View Rejected Claims](#)
- [Submit a Claim Online](#)
- [View Submitted Claims](#)



# ASAM Updates



**3.0 Reviews continue  
CAPS issued for scores  
below 2**

**Ambulatory levels of care  
reviews begin 1.1.26**

**Ambulatory includes:  
1.0, 2.1, 2.5, and  
Methadone Clinics**



- Alignment with the American Society of Addiction Medicine (ASAM) Criteria **is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements** with Single County Authorities (SCAs) and/or **Managed Care Organizations (MCOs)**.
- SUD providers of **ASAM 1.0, 2.1, and 2.5 will be reviewed in 2026** to ensure that services offered through HealthChoices programming are in alignment with ASAM and Medication Assisted Treatment (MAT).
- Note: in July 2025, DDAP offered technical assistance for ASAM Ambulatory Level of Care Alignment Review via a recorded webinar that can be accessed here:
- [The ASAM Criteria 3<sup>rd</sup> Edition:](#) Magellan will request contracted providers to attest to watching this recording.
- Additionally, DDAP shares Q&A resources and sample policies for programs [here](#).

# Opioid Centers of Excellence



**Fidelity Guidelines effective  
January 1, 2026**

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**Alignment audits to begin in  
January 2026**

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**Use AUD/ROI for MBH to help with  
referral needs**



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# Quality Improvement Updates

Maria Brachelli-Pigeon, LMFT, CPHQ  
Quality Improvement Director

# QI Updates

- Incident Reporting
- Provider Performance Standards
- Population Assessment (Regional Language Needs and Health Related Social Needs)
- Performance Improvement Project: Improving Suicide Prevention and Community Resiliency
- Care Opportunities: Intersection of Severe and Persistent Mental Illness (SPMI) and Physical Health
- Magellan Explorer
- ASC Kudos

# Incident Reporting

quality-improvement/patient-safety/

1

Home / Providers Page / Quality Improvement /

## Patient Safety



Providers are required to report incidents within 24 hours of the occurrence involving a HealthCare worker at the provider's location.

Contractually, providers are required to submit electronic incident reports for any death, suicide, medication error, fire, or other incident involving alleged

<https://www.magellanoftpa.com/for-providers/quality-improvement/patient-safety/>



Home Provider Search Members

As part of Magellan's incident management process, the designation of an incident as a "Sentinel Event" has been added. This designation will allow for clearer communication between the provider and Magellan so that we can provide timely responses to situations of imminent patient safety concern.

To view the provider training for incident reporting, go [here](#). For a video and audio recording of the incident reporting training, go [here](#).

2



PA DHS Bulletin, OMHSAS-15-01  
Community Incident Management and  
Reporting System →

## Resources



OMHSAS -02-01 The Use of Seclusion and  
Restraint in Mental Health Facilities and  
Programs →

Magellan will soon release an updated form for incident report submission.

This will be accessed from the same location on magellanoftpa.com



## **Essential Information to Complete Reporting**

- **Program specific MIS number**
- **Member Medical Assistance Recipient Identification Number**

**The member's Medical Assistance Recipient ID number is a 10-digit number assigned by the State**

# How to complete a report?



## Magellan Behavioral Health of Pennsylvania, Inc. Incident Report Form

Submit this shortform to report an incident.

### Requirements:

1. Providers are required to report as much information as possible within 24 hours the incident. In the event an incident occurs on a weekend or holiday, report the incident on the next business day.
2. Magellan of PA only accepts incident reports submitted electronically.
3. Please have available the applicable 9-digit **provider MIS Number** and the **member's Medicaid ID Number** when entering the incident report.

### For questions, please contact:

Email: [dmpreohaurin@magellanhealth.com](mailto:dmpreohaurin@magellanhealth.com)

Phone: (314)394-8456

Next →



**Please attend to the introductory page where “Requirements” are listed. You must have your correct Provider MIS number for your organization, as well as the member’s Medicaid ID number. Your incident report will not be accepted by the system if either of these numbers is missing or invalid.**



## Enter the provider's information.

Please note that fields with asterisk are required fields.

**Enter your organization's Provider MIS number and click "Verify."**

**If your program under that MIS# has one address, this will appear. Click the address. If there are multiple addresses associated with that MIS number, please click the search box to view the drop-down list, and click the correct address. Now you can click "Next."**

## Provider Information

Provide the following information about the provider reporting the critical incident

☆ Required

Provider MIS☆

123456789

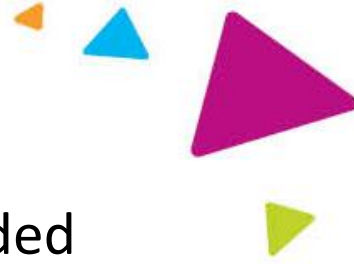
Verify

9-digit number

← Back

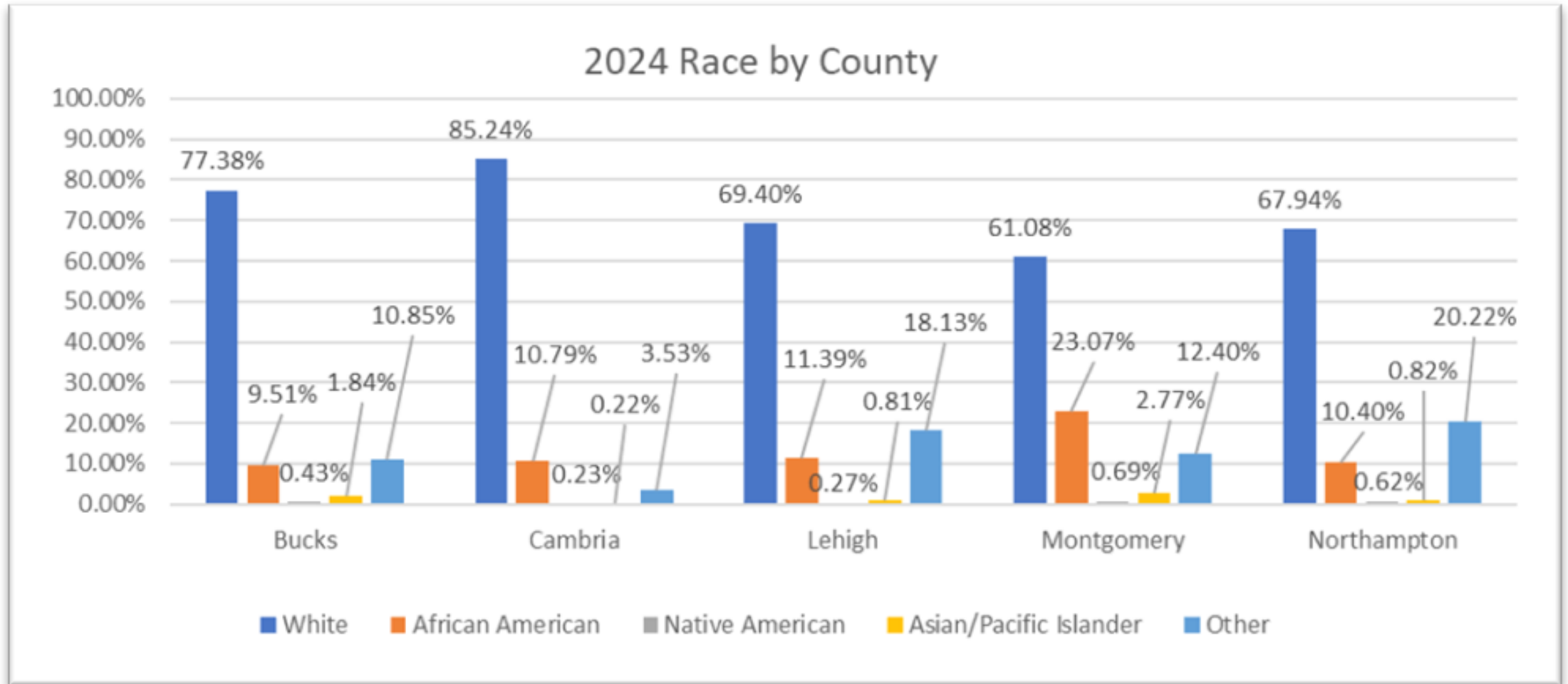
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# Provider Performance Standards

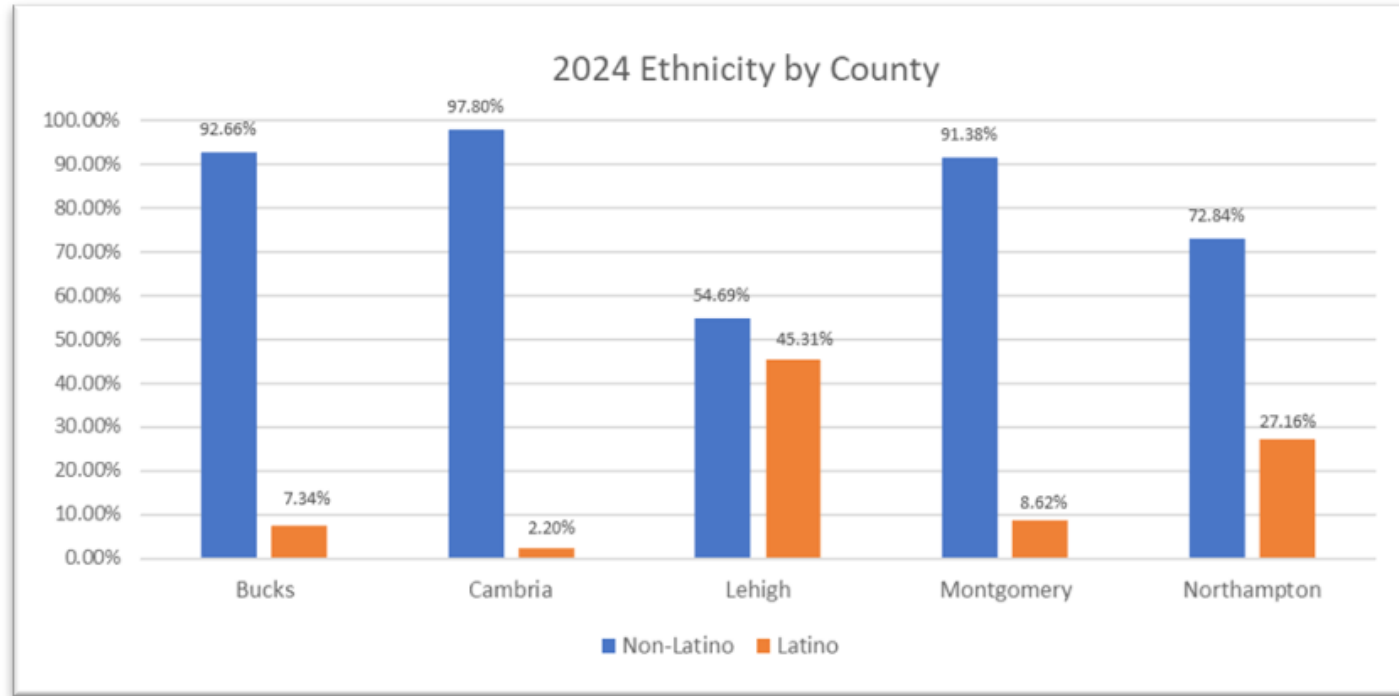


- Magellan maintains Provider Performance Standards for many HealthChoices funded services. These tools are intended to promote best practices, continuous quality improvement, and improvement of member outcomes. It is important for program leaders to keep current with these Standards, as **anything included in these guidelines may be reviewed** during Treatment Record Reviews (TRRs).
- The Standards will add to current licensing guidelines and regulations and are not intended to replace regulations. Providers are encouraged to refer to these documents and utilize the Standards in the development of internal quality improvement and monitoring activities. These Standards will periodically be reviewed and revised. To review the list of available Standards, please click [here](#).

# Member Race by County



# Member Ethnicity by County



- Lehigh County has the highest percentage of members identifying as Hispanic/Latino, followed by Northampton. But the portion in Northampton is considerably lower.
- It's also important to not conflate ethnicity (Hispanic/Latino) and language preference (Spanish). Only a small portion of Hispanic/Latino members prefer to use Spanish.

# Top 5 Member Preferred Languages by County



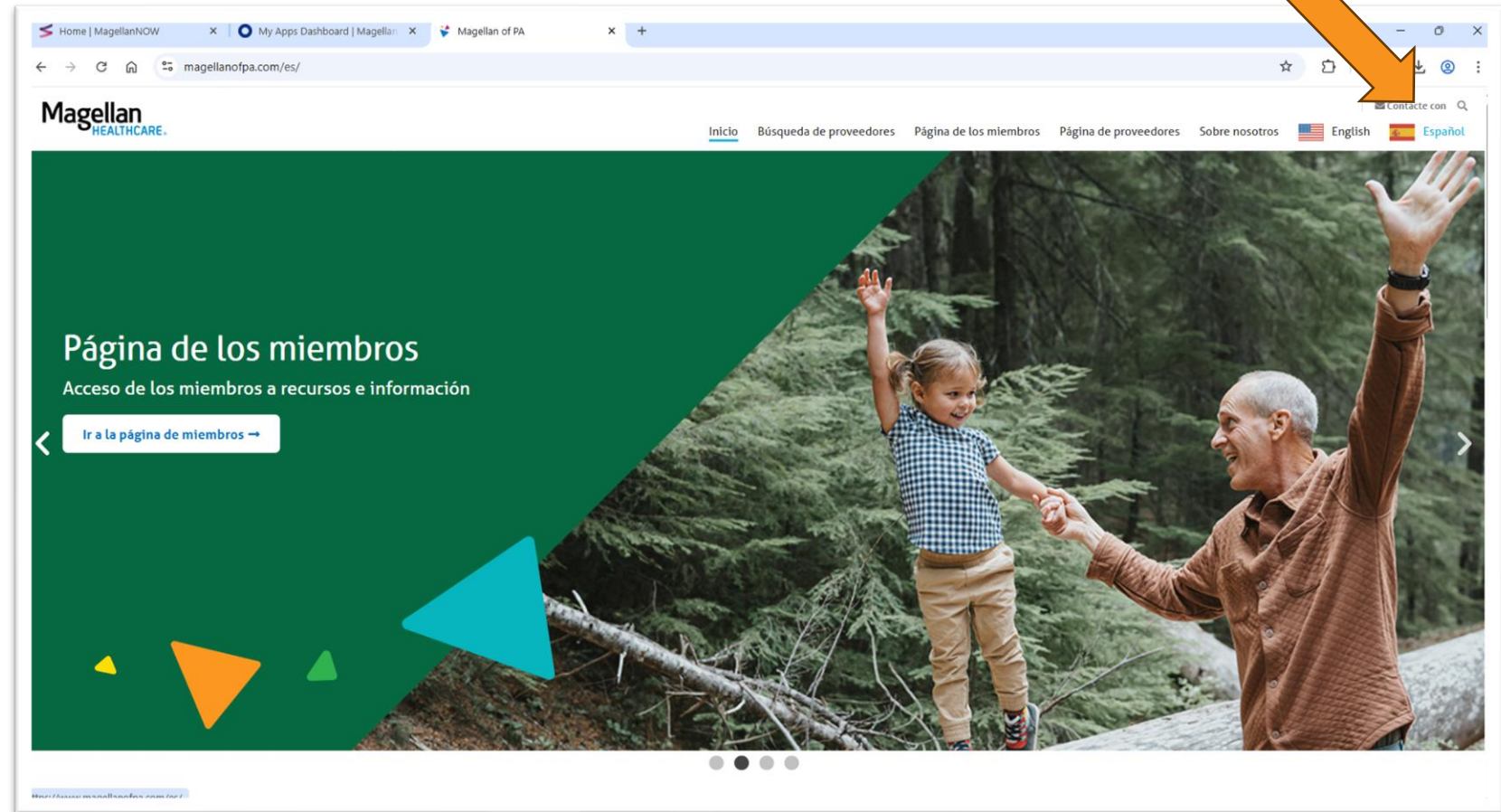
Bucks			Cambria		
ENGLISH	15360	96.23%	ENGLISH	7745	98.05%
SPANISH	252	1.58%	THAI	36	0.46%
RUSSIAN	113	0.71%	SPANISH	19	0.24%
THAI	57	0.36%	PERSIAN	4	0.05%
UKRAINIAN	20	0.13%	ARMENIAN	3	0.05%

Lehigh			Montgomery			Northampton		
ENGLISH	13669	77.35%	ENGLISH	18279	94.90%	ENGLISH	10119	89.01%
SPANISH	3677	20.81%	SPANISH	584	3.03%	SPANISH	1059	9.31%
THAI	77	0.44%	THAI	64	0.33%	THAI	57	0.50%
ARABIC	40	0.23%	BENGALI	32	0.17%	CZECH	14	0.12%
FRENCH	11	0.06%	ARABIC	30	0.16%	ARABIC	11	0.10%

The expected appearance of Ukrainian in the top-5 for Bucks and Montgomery since 2022 seemed to be delayed. Ukrainian finally appeared in the top-5 in Bucks only in 2024, and Russian increased slightly.

# Need for Spanish

- In 2024, 7.79% of Magellan members reported that Spanish was their preferred language (5,591 individuals)
- Among calls to Magellan in 2024 in which language assistance was needed, 86.90% were for Spanish
- Among all network providers organizations, 5.04% report having staff that can deliver services in Spanish
- Because over 5% of members prefer Spanish, Magellan ensures that all vital information is translated into Spanish
- The Magellan of PA website also has a button that translates everything into Spanish



# Third Most Prevalent Language Among Magellan Members: Thai



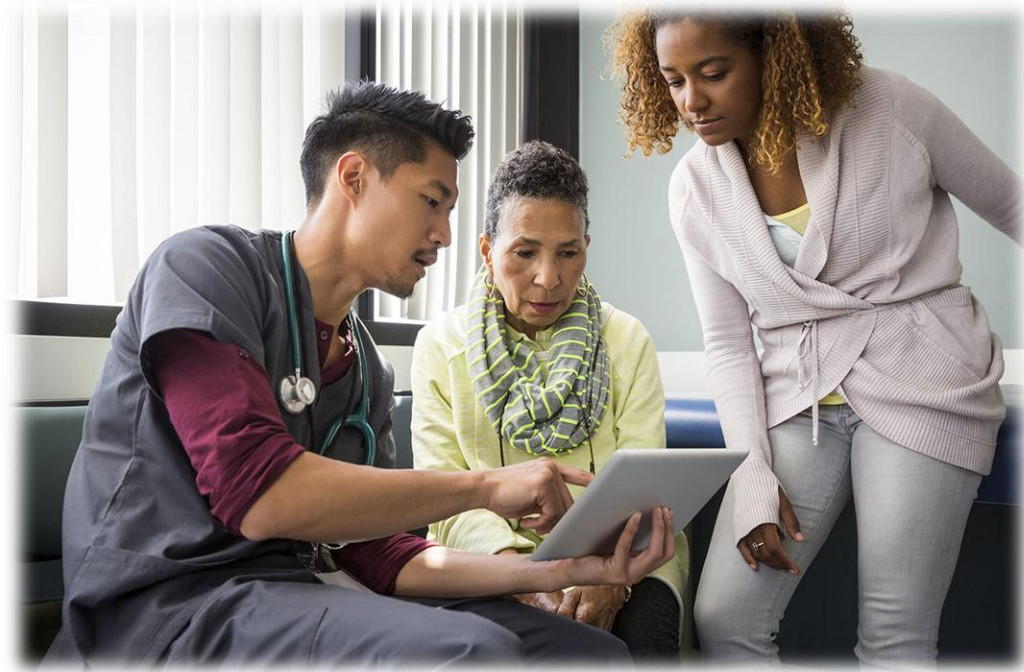
PA zip codes with the most Thai speaking residents, and residents who identify their ethnic background as Thai.

Zip code	Municipality	County
19020	Bensalem, Andalusia, Cornwells Heights, Eddington	Bucks
18915	Colmar, Line Lexington (Hilltown, New Britain, Hatfield)	Montgomery, some Bucks
19406	King of Prussia, Gulph Mills, West Norriton	Montgomery
19440	Hatfield, Line Lexington (Hilltown, New Britain, Hatfield), Wynmere Hunt, Yorkshire Commons	Montgomery, some Bucks
18031	Breinigsville	Lehigh
19446	Lansdale, Montgomeryville, West Point, Worcester, Kulpsville, Cedars	Montgomery

Does your organization serve these areas?

# Preferred Language vs Limited English Proficiency

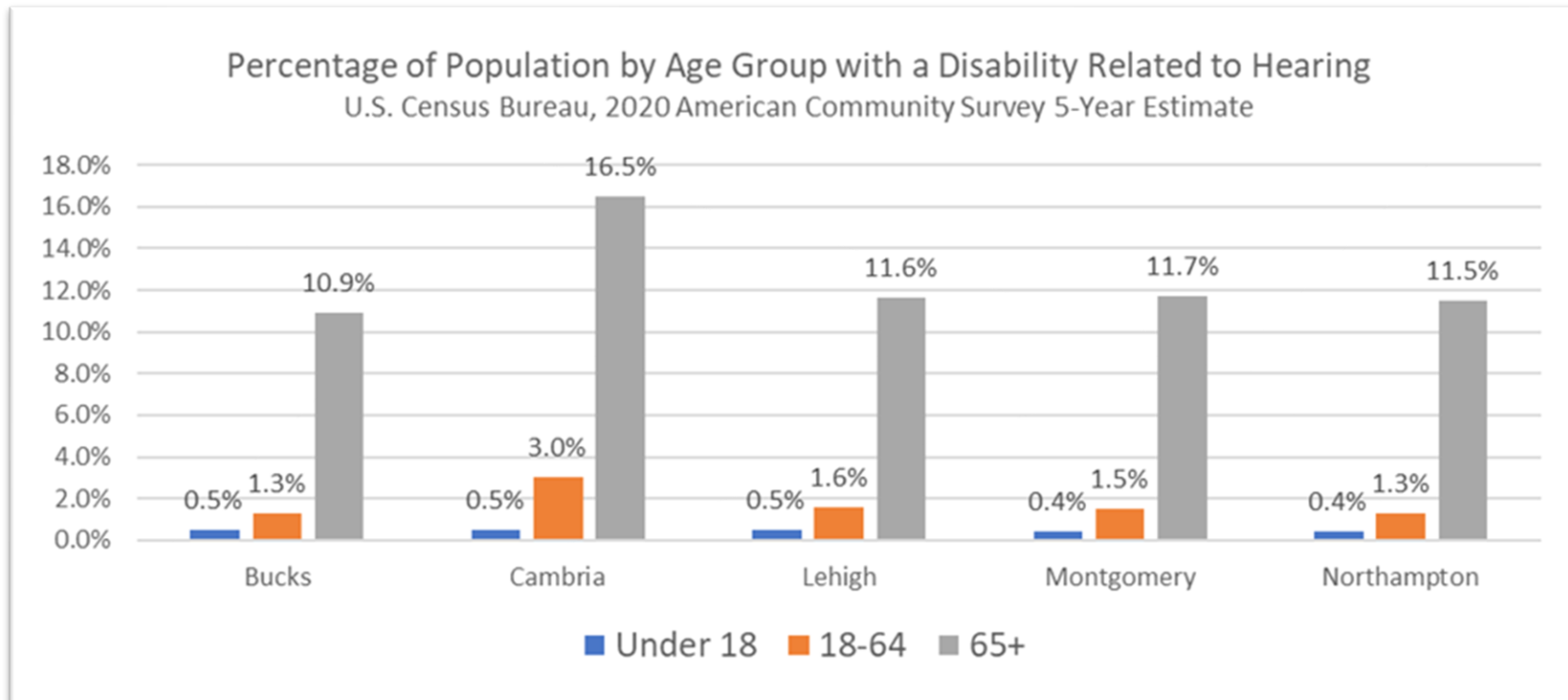
- People may indicate a language preference other than English in their HealthChoices enrollment, but also be fluent in English
- Multilingual people may have indicated English as their preferred language, but might prefer their native language when in a stressful or emotional situation or when discussing detailed or technical information (like diagnoses, treatment recommendations, medications)
- Be sure to check-in with any bilingual/multilingual clients about any temporary need for language assistance
- A child or youth might be proficient in English, but their parent might have limited English proficiency-- need to ensure that all family members fully understand



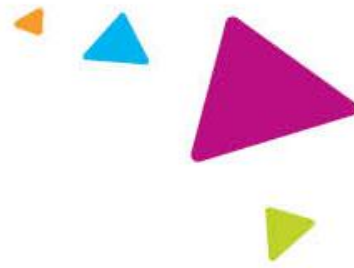
How do you know if someone may not be fully understanding written or spoken communication in English? Examples of how to ask, and offer language assistance?

# Members who are Deaf or Hard of Hearing

- We've seen an increase in the past several years of providers reporting they have staff who are able to use American Sign Language
- However, the majority of people who have a hearing-related disability are older adults with later-onset hearing loss, and are not likely to be users of sign language

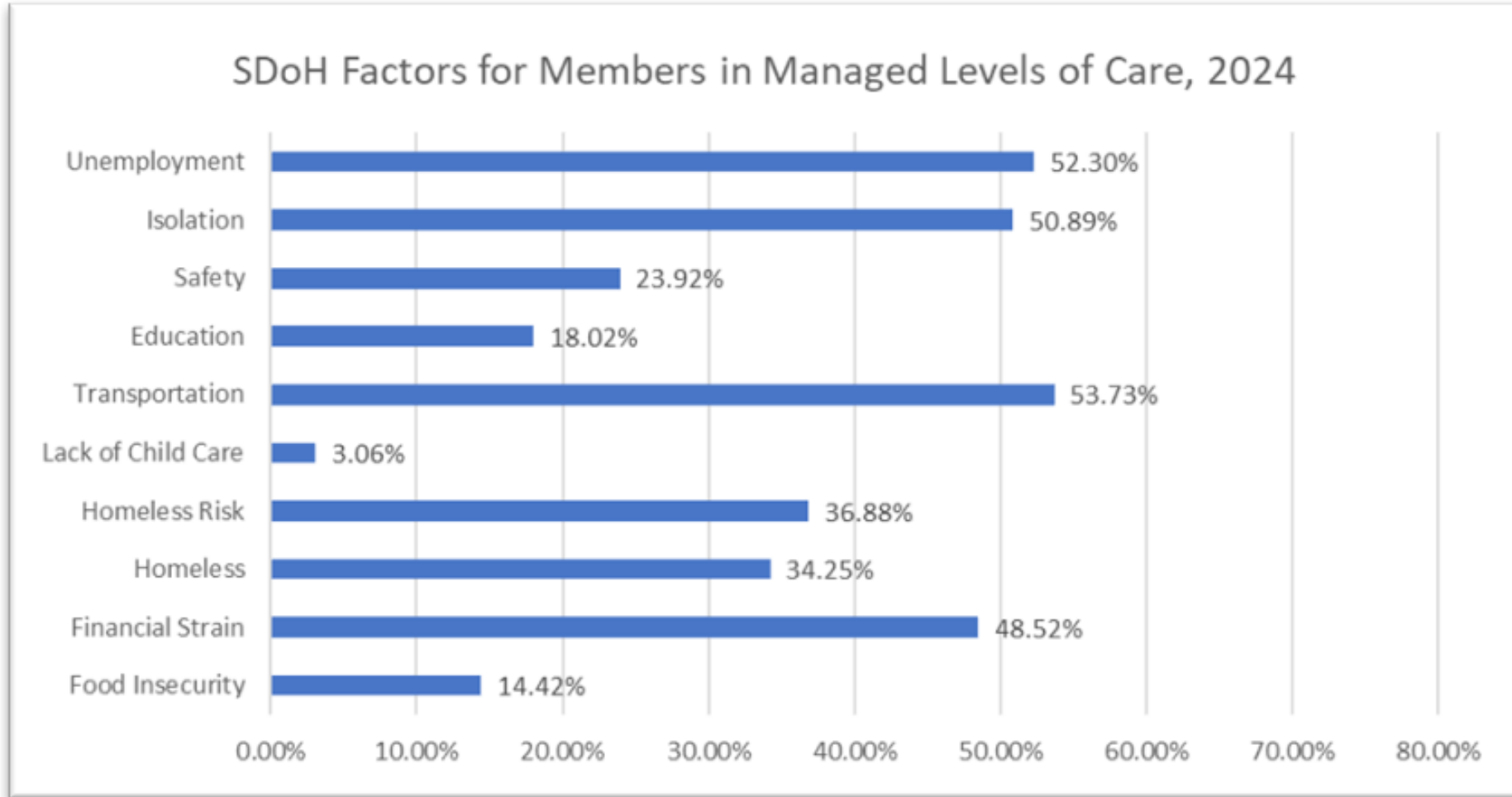


# Upcoming Performance Improvement Project: **Improving Suicide Prevention and Community Resiliency**



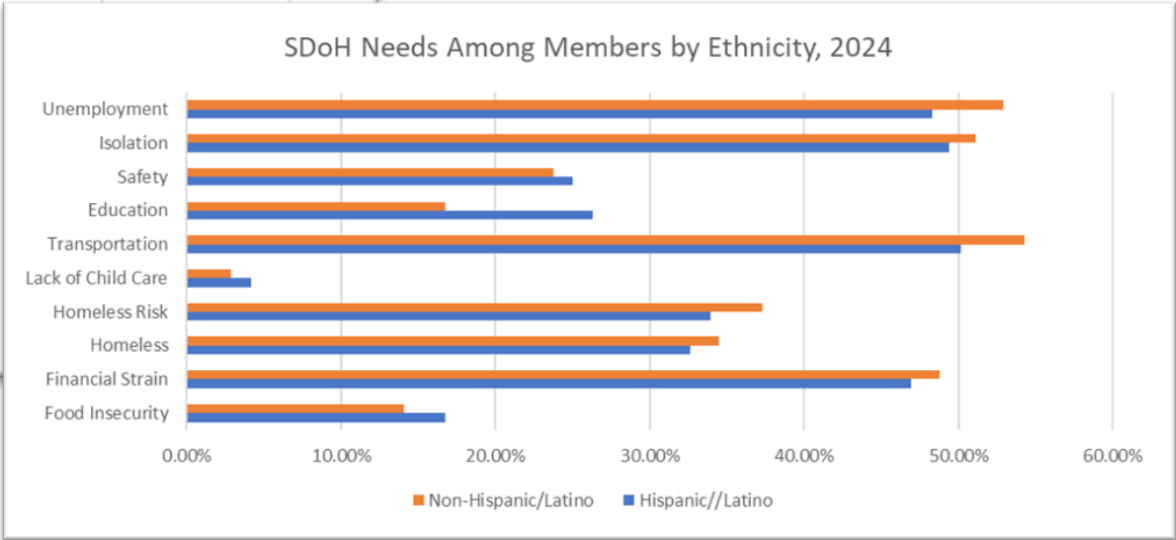
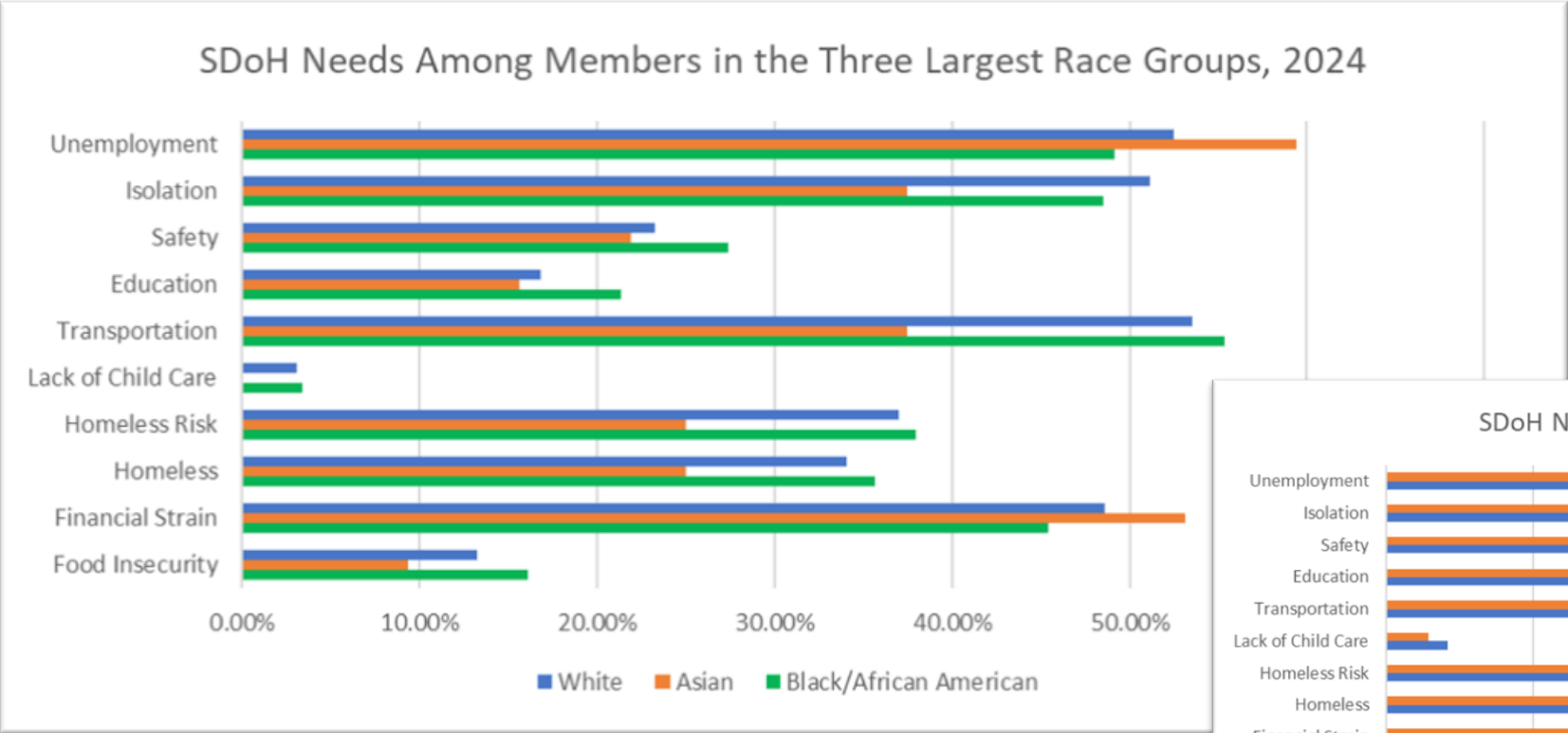
- Monitoring of :
  - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
  - Depression Screening & Follow Up for Adolescents & Adults (DSF-E)
  - Social Need Screening and Intervention (SNS-E)
  - Postpartum Depression Screening and Follow-up (PDS-E)
  - Depression Remission or Response for Adolescents & Adults (DRR-E)
- How this impacts providers:
  - Focus on g: codes
  - Assessment for social determinants of health needs
  - Depression screening
  - Suicide risk screening
  - Follow up after emergency department visits
  - Prioritizing health equity

# Snapshot: Prevalence of Documented SDoH Factors



Note: In 2026, the term SDoH (Social Determinants of Health) will begin to transition to HRSN (Health Related Social Needs) but there will likely be several years of overlap.

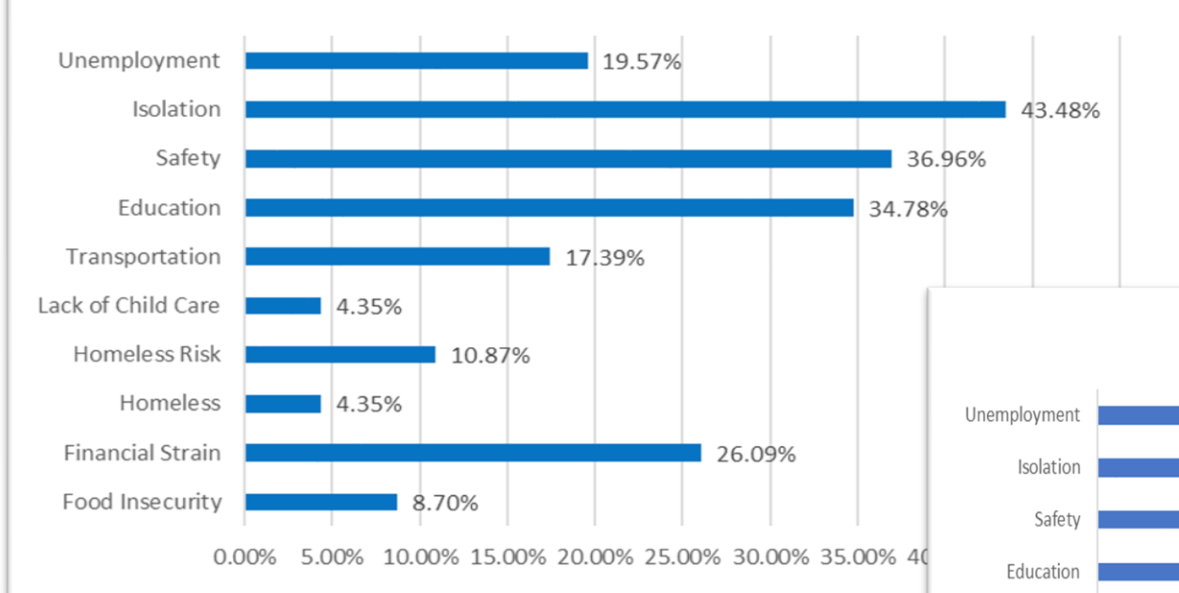
# Snapshot: Difference in SDoH Prevalence by Race and Ethnicity



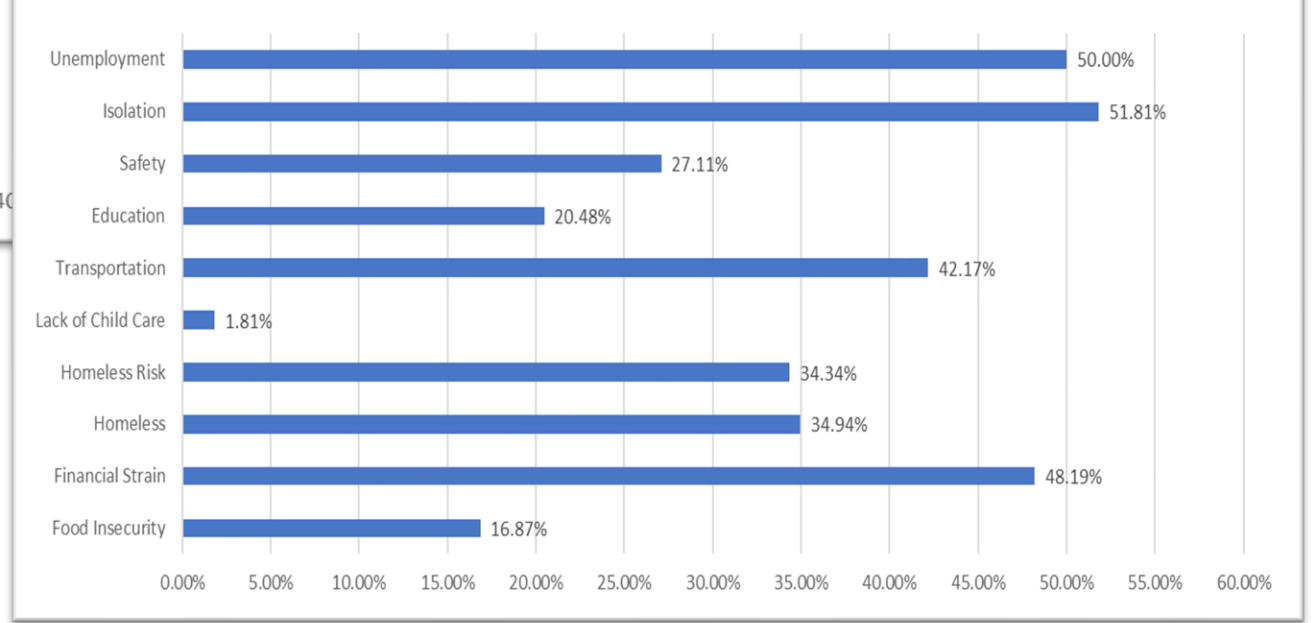
# Prevalence of Social Isolation in Some Subpopulations



Prevalance of SDoH Factors for Members with Intellectual/Development Disabilites, 2024



SDoH Needs Among ICC Members, 2024



# Helping With Social Isolation



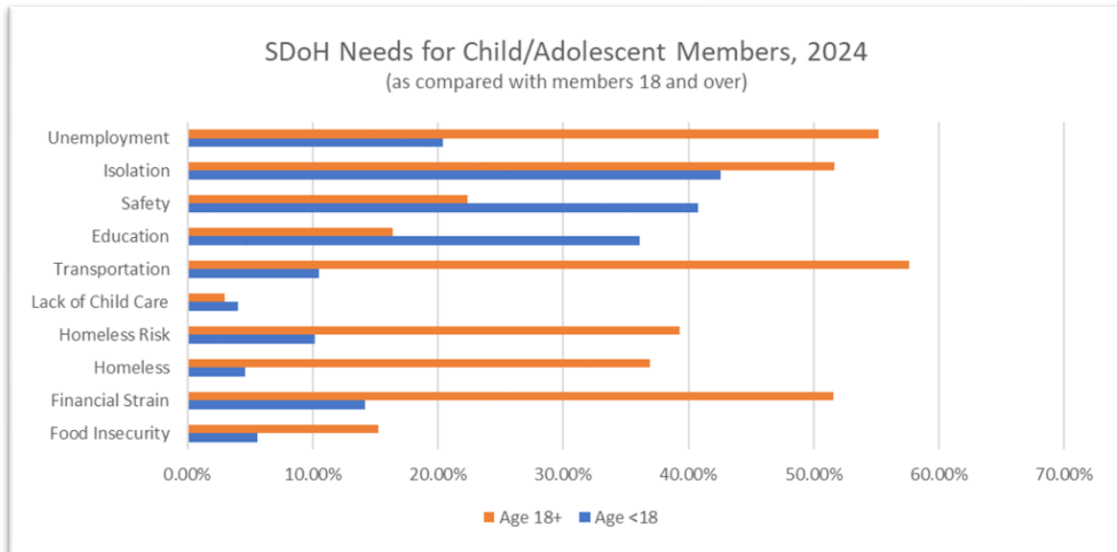
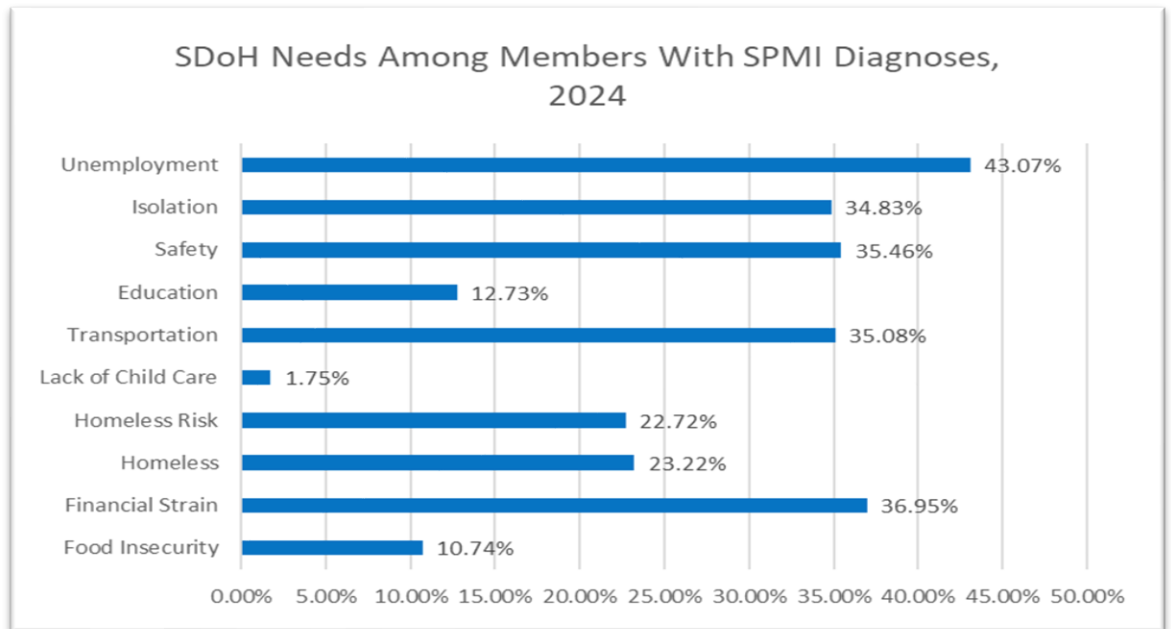
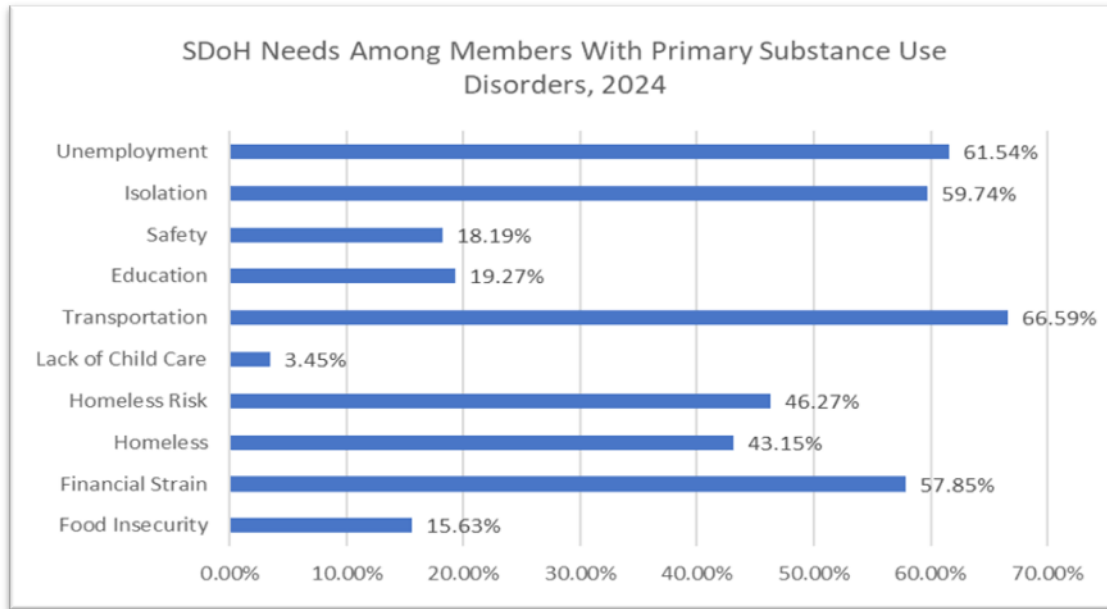
How do your teams help clients address social isolation?

- Referral and linkage to social supports and recreational resources?
- Assist with connection to community resources & supports?
- Including developing social skills in individual therapy?
- Social skills psychoeducation in group settings?

# Transportation Needs: Very Prevalent



- This was the most prevalent SDoH issue among members with SUDs
- This was the most prevalent SDoH issue among adults
- One of the top SDoH issues faced by members with SPMI



# Do your staff know how to help clients connect with MATP services?



State site for all Medical Assistance Transportation Program (MATP) providers by county:

<http://matp.pa.gov/>

Find My Ride:

<https://www.pa.gov/services/penndot/apply-for-the-find-my-ride-transportation-assistance-program.html>

# Care Opportunities: Intersection of SPMI and Physical Health



Data included in the Population Assessment revealed that:

- Members with Severe and Persistent Mental Illness (SPMI) and chronic health issues are reporting high prevalence of **chronic physical pain** that may or may not be getting addressed
- Members who identified as Black/African American who have SPMI and take antipsychotics are showing **lower rates of diabetes screening** compared with White members
- Members with SPMI who identified as Black/African American or Hispanic are showing **high utilization of emergency departments/ERs**



- Accreditation
- Center for Recovery and Resiliency
- Cultural Competency and Health Equity
- Discharge Planning
- Evidence Based Practices
- Health & Wellness Library
- HEDIS
- Magellan Explorer**
- Member Experience
- Outcomes & Screeners
- Patient Safety
- Provider Performance

# Magellan Explorer

Our Quality Improvement Quarterly Newsletter is intended to inform our provider network of changes and quality innovations in healthcare, including key priorities from Magellan.



## 2025 Q2 Edition

- Tobacco Recovery
- Inviting Feedback
- Upcoming Trainings
- 2024 Provider Experience Survey Feedback

[Click here](#)

Join the distribution list by registering [here](#).



## 2025 Q1 Edition

- Text Consents for Appointment Reminders
- Have you Heard about ASC?
- Upcoming PIP Activity: Seeking Provider Partnership
- Consumer Family Satisfaction Teams & Member Experience Opportunities

[Click here](#)

Access prior editions of the Magellan “Explorer” here:

[Magellan Explorer | Magellan of PA](#)

# Thank you! Assess Shape Collaborate (ASC) Kudos from Magellan Staff

**Matt Wilson** at Conemaugh Memorial Medical Center

**Angela Burkey** at Pyramid Healthcare

**Toni Keaton** at Haven Behavioral Services

**Emilie Hempstead and Donna Sutton** at White Deer Run

**Brandy Bortnyik Hegedus** at Conemaugh Memorial Medical Center

**Bryan Cunningham** at Pyramid Quakertown (recognized twice this quarter!)

**Steve Ellis** at Belmont Behavioral Health

**The Horizons IBHS Team with Child & Family Focus**

**Bernadette Gaumer** at Pathway to Healing Counseling Services

**Taylor Behavioral Health Services**

**Korin Danchise-Curtis** at St Luke's Penn Foundation

**Zachary Lugiano** at Pyramid Healthcare

**Tina Efthimiou** at Horsham Clinic

**Sharon LeFaver-Franckowiak** at Tower Behavioral Health-Reading

**Lauren Hostetter** at Horizon House- Robbins Bower

**Dr Burkins, Carrie Deprill and the team** at Lehigh Valley ACT

**Teal Messner** of Pyramid



The slide features a light blue horizontal band across the middle. Above and below this band are white areas containing several triangles of different sizes and colors (blue, purple, magenta).

# System Transformation

Kristen Peak, Manager, Delivery System Transformation

# Value Based Purchasing Performance



## OMHSAS Requirements 2024

- 30% of the medical expenses/medical spend must be expended through VBP payment strategies
- At least 50% of the 30% of medical expenses/medical spend must be from a combination of medium or high financial risk categories

## Magellan overall performance 2024

- 39.80% of total medical spend under VBP arrangements
- 52.72% of the 39.80% in medium risk models (20.98% of total medical spend in medium risk models)

Overall expectations were exceeded

# Eligibility for Participation



Eligibility for participation is determined based on several factors including:

Member volume  
License status  
Individual provider considerations  
Specialty considerations



Somerset-Bedford is not yet included



Additional requirements (completion of access surveys, etc.) must be met

# Included Levels of Care



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Acute Inpatient

---

Assertive Community Treatment

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Blended Case Management

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Centers of Excellence

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Enhanced Community Based Intensive Treatment

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Family Based Services

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Mental Health Outpatient

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Peer Support Services

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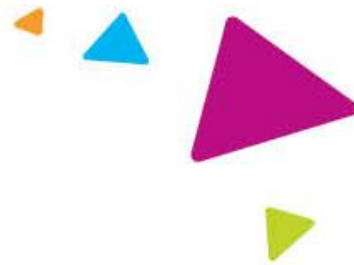
Transition to Independence Process

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Wellness Recovery Team/Nurse Navigator

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# Outcomes Highlights



## Acute Inpatient

- 57% of VBP providers reduced readmission rate compared to baseline for one or both data periods in 2024

## Assertive Community Treatment

- 77% decrease in PMPM AIP admissions when comparing 6-month pre period to 6-month post period
- 50% decrease in PMP spending when comparing 6-month pre period to 6-month post period
- Positive return on investment when comparing both 6-month and 12-month post periods to 6-month pre period

## Family Based Services

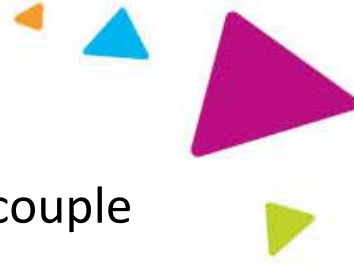
- 61% decrease in PMPM higher level of care utilization from pre to post period
- 36% decrease in PMPM spend from pre to post period

The slide features a light blue horizontal band across the middle. Above and below this band are several triangles in blue, purple, and magenta, some pointing left and some right, creating a modern, abstract design.

# Network Updates

Mitch Fash, Senior Network Manager

# Claim Submission Reminders



- Timely claim submissions. Please remember the timeframes for submitting claims and allow a couple day buffer when submitting so it does not come in late.
- Each weekly Explanation of Payment (EOP) should be reviewed for denials and then resubmit when appropriate. Important to have all clean claims processed.
  - Future Rate considerations
  - Value Based Scores and incentives
- Place of service codes are specific and need to be used correctly for the codes you are contracted with and submitting for payment. Please be sure to verify these codes for appropriate billing.
- Diagnosis codes are required for a claim to be processed. It is also important to add ALL identified diagnosis on your claim submission. Please check with your clearinghouse to see that all diagnosis codes are being sent with your files.
- **Be sure to use the codes and modifier combos on your contracted fee schedules. Modifiers must be in the exact order as they are listed on your contract.**
- **Do not use a Member's address for rendering service location on a claim. The rendering address must be the contracted service location.**

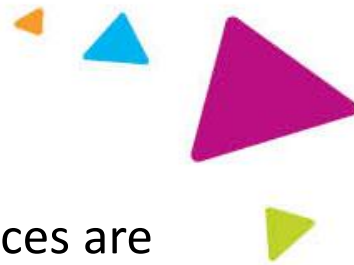
# MA Enrollment



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

- ✓ Providers should review current contracted services and verify all enrollments are active and current.
- ✓ Without current MA enrollment, providers are not able to be reimbursed for Medicaid services.
- ✓ Base Application Link:  
<https://promise.dpw.state.pa.us/portal/provider/Home/tabid/135/Default.aspx>
- ✓ Supplemental services must complete application through BH-MCO within the county the services are rendered.
- ✓ Keep the tracking numbers that are provided once enrollment is submitted.

# Medical Assistance Revalidation



- Supplemental services must complete application through BH-MCO within the county the services are rendered. You will not need to complete multiple applications for each BH-MCO. The Revalidation is good for all counties.
- Revalidation process will be **every five years**. Allow time for any issues that may come up with the application submission process.
- Keep the tracking numbers that are provided once enrollment is submitted.

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

# Updating Provider Information



# Provider Data Changes in Real Time



- Make changes to your practice data, such as e-mail address, office locations, telephone numbers, business hours and staff rosters.
- **Specific contacts** within your agency for targeted communications from Magellan.
  - Re-Credentialing packets are sent to mailing address used in Magellan's system.
- **Update specialties** offered within your contracted services.
- It's completed online via our secure and efficient website.
- Immediately upload your practice information to Magellan's systems.
- Ensure that accurate information is loaded in Magellan's systems and available to Magellan members.
- This should be reviewed and **updated** on a **quarterly** basis, at a minimum.
- As earlier noted, Magellan encourages providers to provide detailed updates with a focus on race, ethnicity, and language fields.
- **REMINDER:** *Current practice data is vital to facilitating effective member referrals, claims processing and correspondence.*

# Reporting Updates to Service Locations and Other Changes



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

# Moving Service locations?



Contact Magellan right away when a service location move is being considered. Previous slide references 10 days but with all the moving parts the earliest notification the better.

- ✓ Updated licensure will be needed.
- ✓ Promise Medicaid enrollment needs to be updated to new location.
- ✓ Credentialing with Magellan may be needed if all services are not moving.
- ✓ Contract updates may be needed.
- ✓ **Authorization changes may be required. This can be a long process to complete.**

**Without doing the above steps, claims may be denied or need to be retracted.**

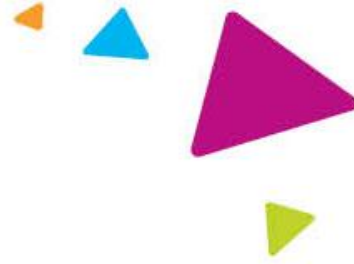


# Medicaid Disclosure Requirement



- Federal regulations require Medicaid providers to disclose certain ownership and business transaction information.
- Magellan is required to check the exclusion status of providers, persons with an ownership or control interest in the provider, and agents and managing employees of each provider.
- Providers serving Magellan HealthChoices members are contractually obligated to complete a Medicaid Disclosure Form as part of ongoing Network monitoring requirements prior to contracting and whenever any information in your disclosure changes.
- Magellan sent a Compliance E-mail blast to providers on July 30:  
[https://www.magellanoftpa.com/documents/2025/07/072925\\_july2025compliancenotebook.pdf/](https://www.magellanoftpa.com/documents/2025/07/072925_july2025compliancenotebook.pdf/)
- Providers must review and complete the Form online at [www.magellanprovider.com](http://www.magellanprovider.com) within 30 days from the date they received the formal notification.
- The form should be submitted under the TIN Owner's Provider Number (Magellan MIS Number) that is provided on the top of the notice. If a provider filled out the Form previously, it can be easily edited and resubmitted.

# Phone Resources



## **Provider Services Contact Information**

**Bucks/Montgomery: (877) 769-9779**

**Cambria: (800) 424-3711**

**Lehigh/Northampton: (866) 780-3368**

**Somerset-Bedford: (800) 424-3711**

**Fraud & Abuse: (800) 755-0850**

## **Member Services Contact Information**

**Bucks: (877) 769-9784**

**Cambria: (800) 424-0485**

**Lehigh: (866) 238-2311**

**Montgomery: (877) 769-9782**

**Northampton: (866) 238-2312**

**Somerset-Bedford: (800) 424-5860**



**THANK YOU!**

# Confidentiality statement



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