Welcome to the Magellan Provider IBHS Workgroup

JULY 30, 2026

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Welcome and Opening Remarks

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Agenda

- Welcome
- OMHSAS Updates
- IBHS Incentive & Value Based model
- Network Updates
- Clinical Updates/Reminders
  - Magellan team
  - TRR/Clinical Measurement Tool Q3
  - TAR & Checklist
  - Can You Spot the Issue/Error?
  - ISPT meetings
  - Viewing Availity Auths
  - Community Resources
- Upcoming Forums, Technical Assistance, and Resources
- Questions

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Quarterly IBHS Provider Webinar

Reminder: Provider questions can be entered into the Q&A.

Chat feature is disabled for these webinars.

OMHSAS Updates

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PA Insurance Department: Primary Insurance issues

- Magellan will be one of the BH-MCOs represented at an OMHSAS meeting in August to speak directly with Federal counterparts about these challenges.
- Magellan has observed an uptick in primary insurance not covering School Place of Service.
- Any other recent provider feedback or examples to share? Please email IBHS@magellanhealth.com with details by 7/31/26.

PA Insurance Department: Primary Insurance issues

- Providers and members/guardians who have been impacted can file a complaint via the complaint portal at: https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx
  - ➢ As an alternative, they may also call 877-881-6388.
- OMHSAS proposed including "IBHS Coding concern" in the subject line of emails/faxes and/or in the first line of the description of the problem (followed by the details of the particular case).
- Providers should be prepared to offer: member name, address, county, insurance name and ID#, and detailed complaint information. Providers have also been asked to upload copies of insurance cards, screen shots of dates of service, claims received, and current status as well as proof of claim inquiry.

IBHS Incentive & Value Based Model

MONICA COLLINS & KRISTEN PEAK

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VBP Model

- Magellan has developed an incentive model based on access.
- Providers that maintain a minimum threshold of reliable timely access will be included.
- Access is measured as the number of new members with assessments and the number of days between the end of the assessment and the first service following the assessment.
- Providers will be notified by August 20th whether or not they are included and why. Somerset-Bedford providers will be considered for inclusion once a full year of data is available.
- Included providers may receive a rate increase.
- Providers that are not included now may be considered for inclusion in the future if the number of assessments of new members increases to reach the threshold.
- Additional incentives based on case conceptualization will also be available for included providers in Year 2.

What can we do to be included?

- Included providers will be evaluated on an annual basis.
- To be included, providers must complete at least 25 individual or ABA initial assessments in a year.
- Members with commercial insurance are not included.

Network Updates

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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** – Network Management Specialist – Somerset/Bedford Counties – amgorzelsky@magellanhealth.com
- **Taylor Florence** – Claims Resolution Specialist - florencet@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 using a member's home address or any location other than a contracted rendering service location. These approved locations are listed on your contracts.
- Please bill with your contracted codes and modifiers. Authorization codes may differ from 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 (and all members with a commercial insurance), claims must go through the primary payer first before submitting to Medicaid, who is always the payer of last resort.

Claims Resolution

- Claims that providers feel were denied *incorrectly* or have questions about a denied claim, these are considered “Claims Inquiries”.
- Providers should contact the Magellan provider line and speak to a customer service associate.

Provider Services Contact Information:

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

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

Satellite Sites & Licensing

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

Provider Expansion

- Providers interested in expanding services are encouraged to submit requests through the standard Provider Expansion Process.
- If you have already submitted an application, no further action is needed. Your application remains active and on file (provided it has not been declined).
- Applications are reviewed on a monthly basis, taking into consideration county-specific needs, current capacity, and service availability. Decisions are made at the county level and may evolve over time.
- All inquiries can be sent to: MBHInterestedProviderApplication@magellanhealth.com

IBHS Group Process

- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups and/ or ABA Groups, please email: MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
  - ✓ IBHS Group
  - ✓ IBHS ABA Group
  - ✓ Both
- Network will respond by sending a link to be completed. This application will request submission of some documents for Magellan's review.
- Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

Provider Expansion or Provider Changes

Is your agency*…?

- ❑ **Moving locations – Trended issue and may cause reimbursment delays**
- ❑ Adding a new location
- ❑ Want to begin delivering 1:1 site-based services
- ❑ Want to begin delivering ABA Services or Individual Services
- ❑ Want to begin delivering Group/ABA Group Services:

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

***Magellan will continue to regularly review and prioritize both new and existing provider requests for network entry or expansion.**

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 8 a.m. - 8 p.m.ET

Network Reminders

- Magellan Credentialing is updated every 3 years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
  - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are sent to the correct person.
- Promise Medicaid Enrollment is due for revalidation every 5 years. This revalidation date is found directly on the Promise website.
  - Providers are encouraged to know their revalidation date and are responsible to re-enroll as needed.
  - This is for all enrolled locations and for all provider/ specialty types
    - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.

***Without active MA enrollment, providers are at risk for not being reimbursed.**

Out of Network

- When referring or transferring a Magellan member or family to another provider, please ensure the provider is a contracted/ in-network with Magellan.
- Magellan's policy related to non-pars requires that all in network options have been exhausted.
- To initiate a referral for a member or family to an out-of-network IBHS provider without talking to the family about this critical component can lead to unnecessary delays in accessing services and further confusion. Please involve Magellan if considering a referral based on exhausting in-network options.

Clinical Updates/Reminders

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Magellan IBHS Care Manager Team

- *New* - Barbara W, LCSW – Currently in training
- *New * - Carla B, LSW – Currently in training
- Michelle G, LSW
- Michelle B, BCBA, LBS
- Megan M, BCBA, LBS
- Tara B, LSW
- Ashley L, LPC

Treatment Record Review (TRR) Process

- IBHS programs will be selected for a TRR twice annually, at minimum.
- Random sampling of packets are from treatment requests submitted by providers.
- Tool has been shared previously with providers.
- It is recommended that providers self-audit with this instrument to support strong results.
- Providers who received an Action Plan (AP) will have 2 quarters before their next TRRs are completed to allow the records time to reflect any implemented changes.

Outcomes of the TRR: Two Communications

Letter: Score 76% and above

Great job!

Date of review, member identification will be included for transparency

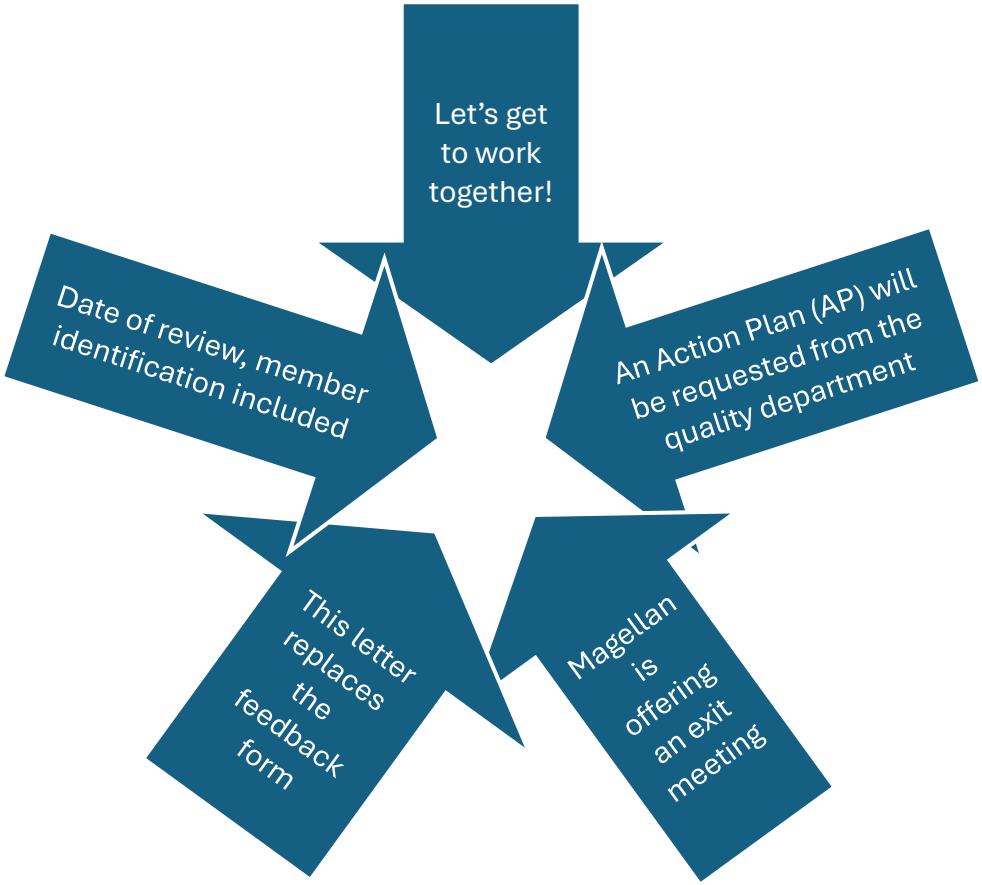
Feedback forms have been replaced by these letters

Strengths and recommendations and/opportunities will be highlighted

No action plan will be requested, even if there were opportunities identified

Outcomes of the TRR: Two Communications

Letter: Score 75% and below



Treatment Record Review (TRR) – Q3 2026

Providers for review, Q3 2026:

ABA Support Services

ACRP – Cambria County

Aspire Child & Family

Attain/Bright Beginnings

Backyard Treehouse

BATP

Behavior and Education Support

Behavior Interventions

Bethanna

Brandstein Family Services

Brett DiNovi & Assoc

CCIU

Child & Family Focus

Children's Behavioral Health/Clarvida Cambria Co

Concern

First Children Services

Footsteps

Silver Lining

Holcomb LV

Horizons

Indian Creek

MCC

Milestone

Omni LV

Omni SE

PA Mentor/Sevita LV

Sunny Days

Vision Behavioral Health

*Please note this TRR process does not currently apply to Somerset/Bedford providers.

Reminder - IBHS Authorization Request Checklist

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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	
☐	Online authorization request
☐	Registration Treatment Authorization Request (TAR) Form
☐	Individual or Group Initial Assessment – 60 units for 30 days
☐	ABA Initial Assessment – 96 units for 45 days
☐	Written Order – Completed within 1 yr of submission

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

Concurrent Service Request	
☐	Online authorization request
☐	Treatment Authorization Request (TAR) Form
☐	Written Order – Completed within 1 yr of submission
☐	Assessment – Please be sure this includes specific service(s) recommendation.

https://www.magellanofpa.com/documents/2026/02/021626_ibhsauthrequestchecklist.pdf/

IBHS Registration Cover Sheet (TAR)

Did the Initial Assessment TAR change?

No. Please continue to use the same one.

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

☐ Bedford Co ☐ Bucks Co ☐ Cambria Co ☐ Lehigh Co ☐ Montgomery Co ☐ Northampton Co ☐ Somerset Co

Date of Birth: (MM/DD/YYYY) _____ Provider Name: _____

Member Name: _____ Magellan Provider MIS #: _____

MA ID #: _____ Provider Phone #: _____ Ext: _____

	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	Appr-oved?
☐	IBHS-Individual Initial Assessment				536	H0032	001	HA			
☐	IBHS-Group Initial Assessment				536	H2021	001	HA			
☐	IBHS-ABA Initial Assessment				536	97151	001	HA			

DSM-5 DIAGNOSIS

Are you using the most current TAR?

Check form says "Rev: 11/1/2025"

DSM-5 DIAGNOSIS with ICD-10 Code	Medications

Select all identified Social Determinants of Health (SDOH) Concerns:

☐ Not Assessed	☐ None Known	☐ Food Insecurity	☐ Financial Instability	☐ Housing Insecurity	☐ Lack of Cl
☐ Medical Cost Barrier	☐ Transportation	☐ Education/Low Literacy	☐ Interpersonal Violence	☐ Social Isolation	☐ Unemploy derempl oyment

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

Additional Information

Rev:11/01/2025

Authorization Information						
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Hours per Month	Setting
Individual IBHS						
☐ BC	H0032UB					
☐ MT	H2019UB					
☐ BHT	H2021AH					
ABA IBHS						
☐ BC -ABA	97151HO					
☐ BHT-ABA	97152HO					

Unit Total

Breaking down hours per month based on setting and dates of service.

TAR Form Reminders

- Check off Pre-Service vs Concurrent Service Request
- Check off if this request is an increase, decrease, new, or no change from previous hours
- Double check accuracy of settings being recommended in the assessment

TAR – Increase/Decrease?

- ✓ Increase, decrease or change from what??
- ✓ How many hours per month was this member receiving of BHT/BHT-ABA? BC/BC-ABA? MT? per month at the time of this concurrent request based on the previous assessment?
- ✓ This does *not* relate to the Written Order.

TAR – Individual & ABA Services – Auth Info

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

*Somerset-Bedford ABA auths can be up to one year.

TAR – Individual & ABA Services – Assessment Info

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

TAR – Individual & ABA Services – Example

Current authorization –

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

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

Concurrent authorization request –

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

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

ABA IBHS					ABA IBHS				
☒ **BC-ABA**	97151HO	288	8/16/2025	2/11/2026	12 hrs/month	h/c & school	☐ Increase ☒ Decrease ☐ New ☐ No Change Currently approved 16 hrs/month	8/16/2025	2/11/2026
☒ **BHT-ABA**	97152HO	1608	8/16/25	2/11/2026	10 hrs/month	h/c	☐ Increase ☐ Decrease ☐ New ☒ No Change Currently approved hrs/month	8/16/25	2/11/2026
					60 hrs/month	school	☐ Increase ☐ Decrease ☐ New ☒ No Change Currently approved hrs/month	8/25/25	2/11/2026
					hrs/month		☐ Increase ☐ Decrease ☐ New ☐ 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

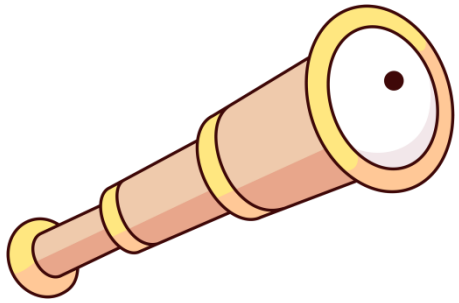
Assessment Observations

- Dates of observations
- Times: How long were you observing?
- Setting of observation
- Data from observations

Data

- Baseline and current data should be measured the same way.
  - Example #1: Baseline 6xs per session. Current 6x per hour.
  - Hard to assess progress when the baseline data and current data are not measured the same.
  - Define the timeframe measured within. How long is the session?
- Progress should be reported over a period of time.
- Progress should be reported based on behavioral data changes.
- Provide an analysis of the data.

Can you spot the issue/error?



ABA Treatment goal:

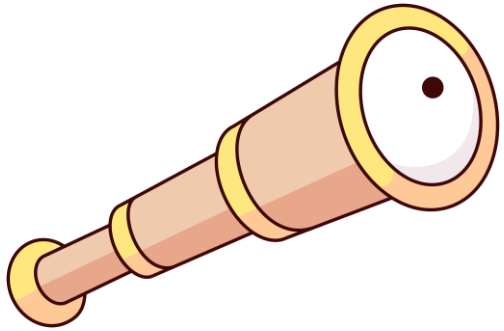
Beth will decrease socially inappropriate behaviors to 3 per hours over 10 consecutive days.

Socially inappropriate behavior definition:

touching people without permission, invading personal space, stealing, lying, rude/bossy attitude, showing off, and inappropriate topics of conversation.

Operational definitions must be observable, measurable, and free of assumptions.

Can you spot the issue/error?



Assessment Recommendation:

BHT-ABA 135 hours per month in school for 6 months.

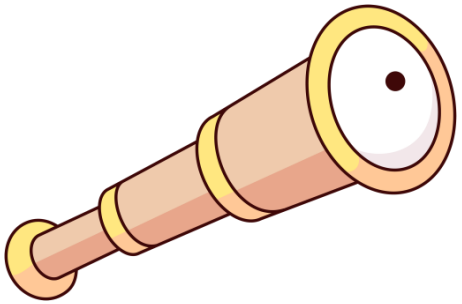
☐ BHT-ABA	97152HO	3240	05/05/2026	10/31/2026	135	school	☐ Increase ☐ Decrease ☐ New ☑ No Change Currently approved 135 hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		

Assessment Recommendation:

BHT-ABA 135hr/month in school, 5/5-6/10/26 & 8/31-10/31/26

☑ BHT-ABA	97152HO	1782	05/05/2026	10/31/2026	135	school	☐ Increase ☐ Decrease ☐ New ☑ No Change Currently approved 135 hrs./month	05/05/26 - 06/10/26	666
					135	school	☐ Increase ☐ Decrease ☐ New ☑ No Change Currently approved 135 hrs./month	08/31/26 - 10/31/26	1116

Can you spot the issue/error?



Barriers in treatment:

- Jenny doesn't understand the seriousness of her behaviors.
- Jose is not verbal.
- Jack is aggressive.
- Mary has an intellectual disability.

What is preventing the treatment team from making progress on the member's treatment goals?

Barriers for Progress

What is preventing the treatment team from making progress on the member's treatment goals?

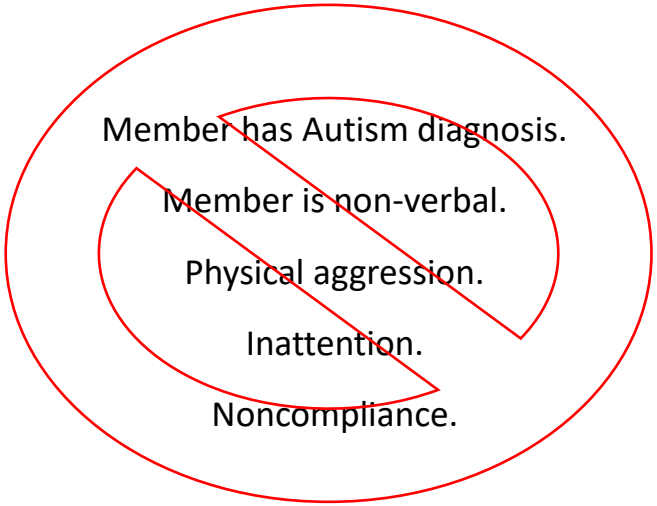
Different expectations across settings

Medication Noncompliance

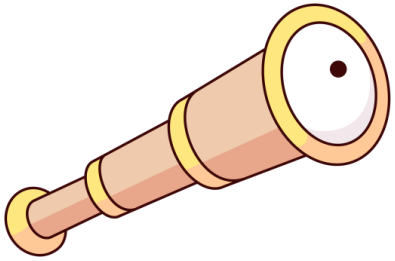
Parents resistance to implement interventions

Lots of cancelled sessions

Inconsistent routines



Can you spot the issue/error?



Goal: Reduce impulsive behaviors from 5+ incidents per session to no more than 1 incident per session across 4 consecutive sessions.

Operational Behaviors: Acting without thinking or disregarding rules or safety such as yelling, throwing objects, physical aggression, leaving assigned area without permission within 4 secondars of a trigger/demand.

Data: Impulsive behaviors occur 3-5x/wk lasting a few seconds to a few minutes.

Suggest separating the safety related behaviors, developing separate goals for reduction of each, and gathering/reporting data as the severity levels of all those behaviors varies greatly. This helps the reader better understand the behaviors, needs, and progress occurring within services.

Interagency Service Planning Team Meeting (ISPTM)

- When BHT/BHT-ABA services are recommended in school/ preschool/ daycare/ summer camp/ after-school setting, an ISPT meeting is required by Magellan.
- A Meeting summary should be included in the packet detailing what was discussed specific to collaboration and coordination of care. Please be sure to also document who participated in the meeting.

ISPT Meetings – Who to invite?

- ✓ School Administrator/ Staff
- ✓ Parent/ Guardian

Recommended ISPT Meeting Discussion Questions

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

Place of Service Codes

POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

BC-ABA Family Adaptive Code

97156 ABA code does allow for face-to-face work with a guardian or caregiver including a teacher or daycare staff, etc.

*Please note that this is a ***billing*** code and will not show up on your authorizations.

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

Viewing Authorizations in Availity

How can I view my authorization?

Providers can view authorizations by:

- Authorization #
- Member information
- Provider ID/MIS#

Instructions located here:

System (magellanprovider.com)

IBHS Regulations - Community Resources

5240.7 Coordination of Services

(c) An IBHS agency shall have a list of community resources that provide behavioral health services that is available upon request by a parent, legal guardian, or caregiver of a child or a youth, or a youth or young adult receiving services that includes the following:

(1) The name of the program or organization.

(2) Description of the services provided.

(3) Address and phone number of the program or organization.

(d) An IBHS agency shall update the community resource list annually.

(e) An IBHS agency shall have a written referral process for children, youth and young adults whose therapeutic needs cannot be served by the agency. The IBHS agency shall document in its records referrals made for a child, youth or young adult the IBHS agency could not serve.

Eligibility Checks

Magellan requires that providers conduct member eligibility verification through the Eligibility Verification System (EVS), and hard copies of the EVS printout are to be maintained in the member's medical record. Eligibility may change throughout a member's treatment history, so it is recommended that providers check eligibility prior to each appointment and/or monthly, at a minimum.

Reference Magellan's Provider Handbook Supplement at:
https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf

- ✓ Who checks eligibility in your agency?
- ✓ How often are those checks occurring?
- ✓ Is your agency keeping these checks in hard copies?
- ✓ How does that get communicated to others who need to know?

Upcoming Forums, Technical Assistance & Resources

Magellan HEALTHCARE®

IBHS Best Practice Webinars 2026

COMPLETED

Q4 2026 IBHS Provider Webinar

Thursday, October 8, 2026 –

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

Registration link:

https://events.teams.microsoft.com/event/55a635d0-eff3-4e6a-8073-8ac4b5a83240@a9df4fcb-7f39-49f4-9d70-1ee81b27a772

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

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

Magellan Website Resources

Website: https://www.magellanofpa.com/

Member Handbook: https://www.magellanofpa.com/for-members/

Release Forms: https://www.magellanofpa.com/for-members/

Services and Programs: https://www.magellanofpa.com/for-providers/services-programs/

Community Resources: https://www.magellanofpa.com/for-providers/community/

Provider Search: https://www.magellanofpa.com/provider-search/

Compliance Alerts: https://www.magellanofpa.com/for-providers/

Medical Assistance [MA] Toolkit for Communities: Medical Assistance (MA) Toolkit for Communities | Magellan of PA

External Written Orders/Assessments - REVIEW

- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes (for example: A WO completed by a Developmental Pediatrician).
- Please e-mail ibhs@magellanhealth.com the following information when you encounter a member with an external Written Order and/or when you have a member with an external WO/assessment (outside billable codes) and are awaiting treatment.

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

What's the process for….? Question?

First, check our Magellan's Provider Manual at:
https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf

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

Caregiver FAQ

- Offered on the IBHS Member and Provider Pages.
  - https://www.magellanofpa.com/for-members/services-programs/ibhs/
  - https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/
- Developed in collaboration with the Autism Action Committee along with Lehigh and Northampton county partners and IBHS providers.
- A tool to use with parents, schools, and caregivers when discussing the role of IBHS.

Helpful Resources for Online Authorizations

- Self-Service Provider Training Materials are available at: https://www.magellanprovider.com/providing-care/initiating-care/authorization/system.aspx
- You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:
  - Create an Intensive Behavioral Health Services (IBHS) Authorization
  - IBHS Tips, Tricks, and Troubleshooting
  - View Authorization Status
  - Understanding the Provider Filter
  - Authorization system FAQs
  - Live video demonstration from 3/22/23
  - And many more resources….

Questions?

Magellan HEALTHCARE®

Thank you!

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Confidentiality statement