Magellan Provider Town Hall

September 15, 2026

Magellan HEALTHCARE®

Agenda

1. Organizational Updates
2. Clinical/Medical Team Updates
3. Quality Improvement Updates
4. Compliance Updates
5. Network Updates

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Organizational Updates

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

Organizational Updates

- HR1
- Madison Health Transition
- Business Expansion

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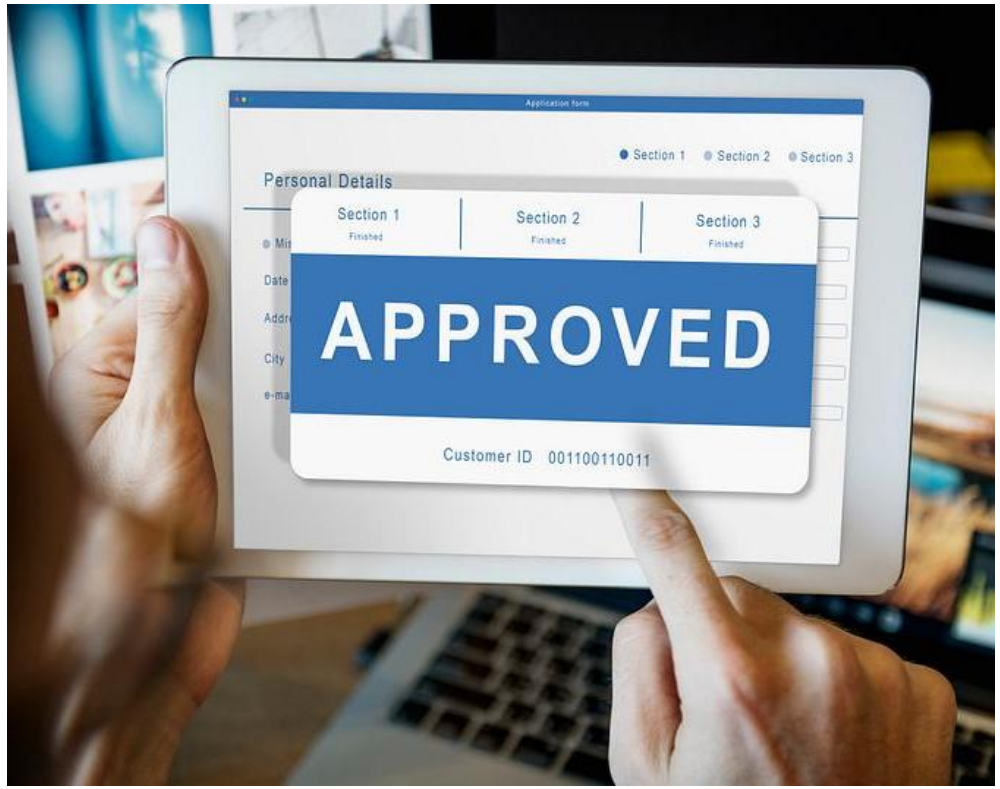
Clinical Updates

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

Availity Next Steps

- Auto Approval for Emergency Services coming soon
- MH Acute Inpatient- initial 3 days
- ASAM Level 4 and ASAM Level 4 WM- initial 5 days



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Availity

- 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

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.

Availity

- Availity can only be used by the accepting contracted facility once the member arrives.
- Eliminates 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 24-hour 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.
- Continued Stay Authorization for members who were admitted under Commercial Insurance or Medicare and are transitioning to Magellan as primary must 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

SR Settlement

- The allegation was that Pennsylvania Department of Human Services (DHS) failed to provide medically necessary mental health and child welfare services to dependent youth with mental health disabilities, failing to protect them from discrimination, including but not limited to, unnecessary institutionalization.
- Signed agreement was effective October 1, 2025
- Class/Class Members – all Pennsylvania children and youth under the age of 21 who, now or in the future, are adjudicated dependent and have diagnosed mental health disabilities
- The SR Settlement addresses:
  - Mental Health Screenings and Evaluations
  - Teaming Models
  - Complex Needs Planning Process
  - Medicaid and Child Welfare Service Enhancements
  - Policies and Procedures relating to Residential Treatment Facilities (RTFs)
  - Identifying and addressing barriers to Child Welfare and Mental Health services for class members

SR Settlement- Operations Memo 26-03

- The Pennsylvania Department of Human Services recently posted Operations Memorandum 26-03 and shared its purpose as follows, ***"This Operations Memorandum provides guidance that providers who conduct mental health evaluations for SR class members should include specific treatment recommendations in their evaluations to address their diagnostic assessments."***
  - ***Mental Health evaluations should include specific recommendations of services and interventions- regardless of funding source or the availability of the services and interventions- that the class member may need.***

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SR Settlement- Ops Memo 26-02

- Provides guidance to Primary Contractors and/or BH-MCOs when seeking to admit any child aged 10 or under to a PRTF provider.
  - Requires OMHSAS approval prior to placing a child 10 or under in a PRTF (not limited to class members)
  - PRTF service descriptions must be submitted for all approvals
  - Additional elements required for out of state placements
  - Quarterly reports once admitted regarding discharge plan and any barriers

SR Settlement- Future Requirements

Quarterly reports for Class members in a PRTF for greater than one year with no discharge plan

Quarterly reports for Class members in psychiatric hospitals for greater than 60 days without a discharge plan

Quality Improvement Updates

Maria Brachelli-Pigeon, LMFT, CPHQ
Quality Improvement Director

QI Topics for Discussion

- ✓ Quality Initiatives
- ✓ Changes in NCQA
- ✓ Behavioral Health Screeners and Associated Codes
- ✓ Provider Resources and Trainings
- ✓ Treatment Record Review (TRR) Trends
- ✓ ASAM Alignment
- ✓ Provider Highlight

Key Quality Initiatives

Quality Improvement Project (QIP)

- 7-Day and 30-Day Follow-up After Hospitalization for Mental Illness (HEDIS FUH)
- PA Specific Follow-Up After Hospitalization (FUH) for Mental Illness (7 & 30-Day) and
- Pennsylvania Specific Readmission with 30 days of Inpatient Psychiatric Discharge (REA)

Improving Suicide Prevention and Community Resiliency Performance Improvement Project (PIP)

- Depression Remission or Response for Adolescents & Adults (DRR-E)
- Depression Screening & Follow Up for Adolescents & Adults (DSF-E)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Social Needs Screening & Intervention (SNS-E)
- Initiation, Review, and/or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behaviors, or Suicide Risk (ID# 504)

Integrated Care Project (ICP)

- Adherence to Antipsychotic Medications for Members with Serious Persistent Mental Illness (SPMI) (AAM-ICP)
- Comprehensive Diabetes Care for Members with SPMI: Hemoglobin A1C (HcA1c) Poor Control (>9.0%) (DC-ICP)
- Diabetes Monitoring for Members with SPMI who are using Antipsychotic Medications (DM-ICP)
- Emergency Department Utilization for Members with SPMI defined in member months (EDU-ICP)
- Follow-Up After Emergency Visit for Mental Illness for Members with SPMI (7 & 30-Days) (FMH-ED-ICP)
- Follow-Up After Emergency Department Visit for Substance Use Disorder for Members with SPMI (7 & 30-Day) (FSUD-ED-ICP)
- Combined Behavioral Health and Physical Health Inpatient Admission Utilization for Members with SPMI (IP-ICP)
- Lipid Monitoring for Members with Cardiovascular Disease and SPMI (LM-ICP)
- Combined Behavioral Health and Physical Health Inpatient 30-Day Readmission Rate for Members with SPMI (RE-ICP)
- Substance Use Disorder (SID) Specialty Care Following New SUD Episode, Initiation and Engagement Rate (SSC-ICP)

NCQA Related Changes

- **The National Committee for Quality Assurance (NCQA) has made changes to two accreditations that BHMCOs in Pennsylvania are contractually required to maintain**

✓ **Managed Behavioral Health Organization (MBHO) Accreditation → Accreditation in Behavioral Health**

- **New elements for Population Health Management**
- **New section for Network Management**

✓ **Healthy Equity Accreditation → Health Outcomes Accreditation**

- **New elements for collection of demographic information**
- **New elements for disability accommodations in care settings and availability of accommodations**
- **New requirements for availability of information on practitioners and care sites, and information about accessible equipment**
- **New elements for social need screening and intervention, also subsequent reporting**

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Disability Status

Disability status may be short-term, long-term, or intermittent, even. There are two main factors that are considered within disability status: disability function and disability identity.

Disability function will be explored by Magellan asking if members experience any difficulty with any of the following activities:

- **Hearing**
- **Seeing (including when wearing glasses)**
- **Concentrating, remembering or making decisions**
- **Walking or climbing stairs**
- **Dressing or bathing**
- **Doing errands alone**
- **Communicating**

Magellan will also include options for members who chose not to disclose a response, if members "don't know" and also space for open entry of other areas that are functionally difficult.

Disability status (continued)

Disability identity, which describes a member's sense of identity or self will be explored by asking members, "Do you identify as having a disability?" seeking options of "yes," "no," or "choose not to disclose at this time."

For members that do identify with a disability, Magellan will help the member to describe their disability with the following categories:

- **ADD/ADHD**
- **Autism/ASD**
- **Blind or low vision**
- **Cognitive disability**
- **Chemical dependency**
- **Deaf, deafblind or hard of hearing**
- **Intellectual disability**
- **Learning disability**
- **Mental health condition**
- **Mobility-related disability**
- **Physical disability**
- **Speech-related disability**
- **Traumatic brain injury**
- **Choose not to disclose at this time**

Screening Codes

- **Completed screeners should be communicated via specific claims codes to support quality monitoring.**

- **Activities contribute to OMHSAS deliverables, various quality initiatives:**
  - ✓ **Improving Suicide Prevention and Community Resiliency Performance Improvement Project**
  - ✓ **Tobacco action plan**
  - ✓ **Quality Assessment and Performance Improvement (QAPI)**

- **Other participation, such as with PA Navigate PA Navigate | Department of Human Services | Commonwealth of Pennsylvania is important for these projects.**

- **Future state: inclusion of Systematized Nomenclature of Medicine (SNOMED) and Logical Observation Identifiers Names and Codes (LOINC)**

Available Codes

Proc Code	Service Description	Enc Cat
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	98
G8433	Screening for depression not completed, documented patient or medical reason	98
G8510	Screening for depression is documented as negative, a follow-up plan is not required	98
G9717	Documentation stating the patient has an active diagnosis of depression or has a diagnosis of bipolar disorder	98
G9919	Screening performed and positive and provision of recommendations Effective 7/01/25	98
G9920	Screening performed and negative Effective 7/01/25	98
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	98
M1351	Patients who had a suicide safety plan initiated, reviewed or updated and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	98
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	98
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	98
M1354	Patients who did not have a suicide safety plan initiated, reviewed or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	98
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	98
M1356	Patients who died during the measurement period	98
G9902	Patient screened for tobacco use and identified as a tobacco user	98
G9903	Patient screened for tobacco use and identified as a tobacco non-user	98
G9905	Patient not screened for tobacco use Effective 01/01/2025	98
G9906	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	98
G9908	Patient identified as a tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	98

Proc. Code	Price Mod.	Pvr Type	Specialty	Service Description	Place of Service
96156	UB	19	190	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) Effective 09/09/2024	02, 10, 11, 27

Previously shared announcements:

- magellanofpa.com/documents/2025/03/030625_screeningrequirements.pdf/
- 2025-04-09-omhsas-2025-003-screening-for-tobacco-cessation-g-codes.docx

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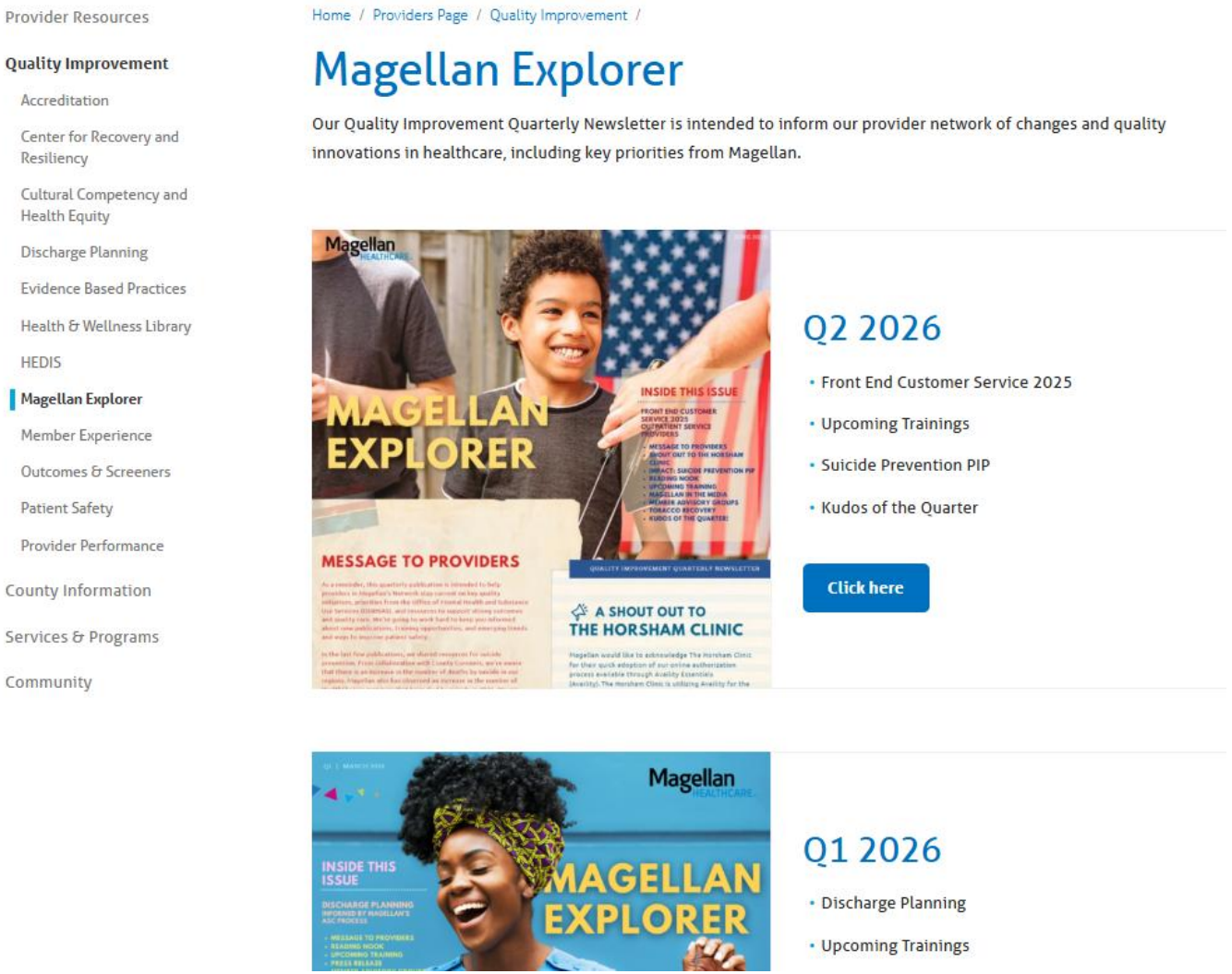
Provider Resources and Trainings



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Providers Page

Quality-Improvement

Magellan Explorer

Each edition shares a listing of Magellan offered and other behavioral health focused trainings, many free of charge.

Treatment Record Review (TRR) Trends

- **Cultural Competency Findings**
  - **Language Assistance Services**
    - Assessment - Inquire transparently with member and natural supports if interpretation supports are needed
    - Access - If interpretation is needed, expectation is that this will be available for all treatment modalities, not exclusive to individual treatment
  - **Collection of member demographic information**
    - Preferred Pronouns – whatever member notes as their pronouns should be used in treatments and consistently documented throughout the record
- **Telehealth Utilization**
- **ASAM Alignment**

Telehealth Reminders

- **Telehealth can be a great convenience for members with transportation barriers**
- **May improve attendance**

Just remember:

- **Continual assessment of the clinical appropriateness of telehealth for the individual should occur**
- **Please review Magellan's Provider Performance Standards for Telehealth on the Magellan of PA Website: https://www.magellanofpa.com/documents/2022/05/telehealth-provider-performance-standards-may-2-2022.pdf/**
- **This resource not only covers technical requirements but assessing clinical appropriateness of telehealth based on clinical presentation and needs**
- **See also OMHSAS guidelines on Telehealth: https://www.pa.gov/agencies/dhs/resources/mental-health-substance-use-disorder/omhsas-behavioral-health-telehealth**

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ASAM Ambulatory Levels of Care

NTP (Methadone Clinics)

Partial Hospital 2.5

Outpatient 1.0

Case Management

Intensive Outpatient 2.1

Tobacco/Smoking Cessation

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How do we ensure our providers are ASAM aligned?

- **BHMCOs are responsible for reviews**
- **ASAM Alignment reviews with all Ambulatory providers:**
  - **Infrastructure reviews as necessary**
  - **Record reviews**
- **Reviews are scored on a 1-4 scale, with 1 being the highest and 4 being the lowest**

Score = 4

- The provider is required to submit a plan of correction to the ASAM alignment review team within 60 days of the initial review.
- The provider is required to submit a status update to the ASAM alignment review team on plan of correction six months post review.
- The provider will be re-reviewed one year post-review.

Score = 3

- The provider is required to submit a plan of correction to the ASAM alignment review team within 60 days of the initial review.
- The provider is required to submit a status update to the ASAM alignment review team on plan of correction six months post review.
- The provider will be re-reviewed year post-review.

Score = 2

- Follow-up review in 2–3 years

Score = 1

- Follow-up review in 3 years

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ASAM Review Process

1

Notification

Magellan will send notice to provider and list of documents needed for review.

2

Document Submission

Provider will upload or give access to Magellan

3

Review by MBH

Magellan multi-departmental team will review submitted documents

4

Review Results

Results will be provided per OMHSAS guidelines with Magellan detailed report

5

Institute Changes before next review

Changes submitted to Magellan for review within the suggested timeframe. Follow-up review is scheduled based upon score.

(Magellan will provide technical assistance throughout)

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ASC Provider Appreciation

The following providers were cited in the Assess-Shape-Collaborate system for outstanding performance:

- ★ The Crisis Residential Team at Elwyn
- ★ Emily Shosh and Team at Holcomb
- ★ Lauren Hostetter and Team at Robbins Bower
- ★ Lisa Schaffer at St Luke's Quakertown
- ★ Maggie Spor at RHD
- ★ Shawan Kosakowski at Nulton
- ★ Steve Bower at Nulton
- ★ Maddie Veliz at Horizon House
- ★ Grace Borneman at Horizon House
- ★ Gisella Flores at Brooke Glen
- ★ Malory Drotar at Valley Forge
- ★ Lauren Bond at Malvern
- ★ Jenifer Curcie at White Deer Run
- ★ Ijeoma Oparanozie at Creative Health
- ★ Amber Berkoski at Creative Health
- ★ Kelly Clawson at Penn Foundation
- ★ Jennifer Amaral at Horizon House ACT
- ★ Sarah Flowers at Pyramid Dallas
- ★ Lauren Hostetter Horizon House Robbins Bower
- ★ Susan Hoke at Horizon House Robbins Bower

ASC Provider Appreciation

The following providers were cited in the Assess-Shape-Collaborate system for outstanding performance:

- ★ Kelly Frail at Pyramid Dallas
- ★ Sarah Colozza at Elwyn Crisis Residential
- ★ Charna Winograd at Valley Forge Medical Center
- ★ Valerie Nesbitt at Horsham Clinic
- ★ Toni Welsh at Pyramid Gratitude House
- ★ CarolAnn Vaserberg at Malvern
- ★ Randy Bjorkquist and the ACT Team at Penn Foundation
- ★ Carrie Deprill and Team at Lehigh Valley ACT
- ★ Artem Eyzips at Pan American Mental Health
- ★ Scott Kallatch at Penn Foundation
- ★ Melissa Gaugler at UHS Doylestown
- ★ Dr Lindsay Brown at Woods Community Services
- ★ Dr Sailaja Musunuri at Woods Community Services
- ★ Devin Davis at Central Behavioral Health
- ★ Brittany Galanti at Brooke Glen
- ★ Susan Baptista at Merakey
- ★ Susan Hoke at Horizon House
- ★ Dr Padmapriya Marpuri at Penn Foundation
- ★ Jacquelin Jacoby at Merakey Lehigh Valley
- ★ Jessalyn Britton at Eagleville
- ★ Toby Roberts at Pyramid Langhorne

Compliance

Karli Schilling, MA, Compliance Officer

Annual Magellan Provider Compliance Forum

SAVE THE DATE

When: Friday, October 23| 9:00 AM – 12:00 PM (2 Parts)

Registration (August Compliance E-mail Blast): https://events.teams.microsoft.com/event/c1771f06-03ed-4b12-a5d8e5143ac4bd03@a9df4fcb-7f39-49f4-9d701ee81b27a772?source=copyLinkLegacyShareEventDialog

Where: Live Webinar

What to Expect:

- Dedicated Introductory Session for Somerset-Bedford providers (9:00 – 10:15 AM)
- Audit Trends
- Regulation Discussion
- SIU Presentation
- Provider Use of Artificial Intelligence
- Documentation Reminders

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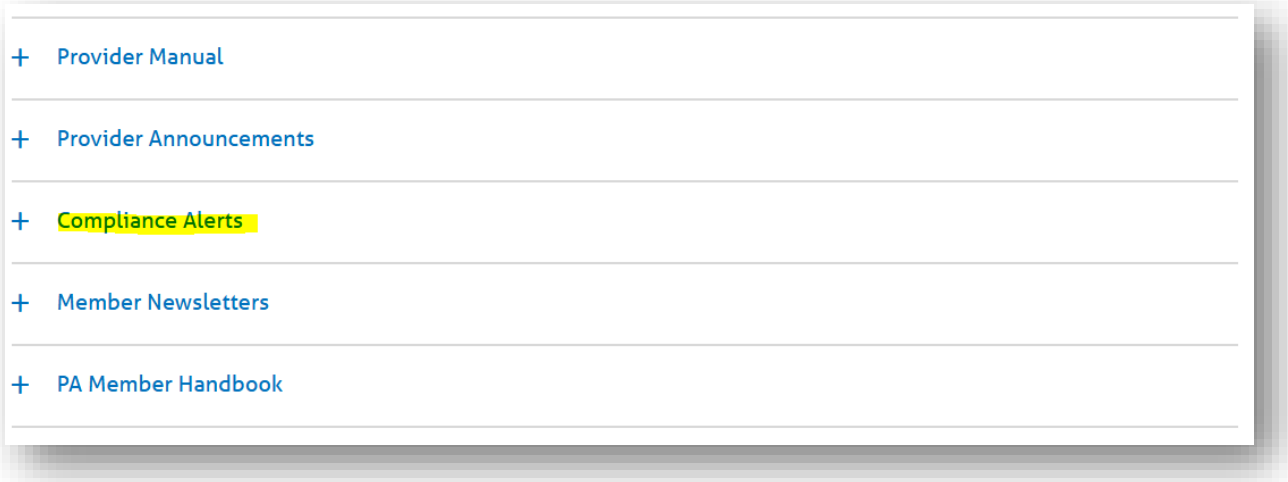
Compliance E-mail Blast Reminder

- Magellan distributes monthly e-mail blasts on a compliance related subject
- To receive these communications directly in your inbox, please send a request to PAHCCompliance@magellanhealth.com. All communications are also posted on our website under the Compliance Alerts accordion (https://www.magellanofpa.com/for-providers/):



- 2026 topics to date include: Interpretation and Translation Services; Consent to Release Protected Health Information (PHI) Form Process Change; ASAM Alignment Update; Provider Self-Audits and Self-Reports of Fraud Waste or Abuse; Documentation and Billing for Neuropsychological and Psychological Testing; Encounter Form Reminders; Family-Based MH Services Training Requirements; Registration for 2026 Annual Provider Compliance Forum

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Provider Overpayments by Type and Workflow

- Billing Mistakes
  - Should be submitted as Corrected Claims (reference original claim #)
  - Reference Magellan HealthChoices Provider Handbook Supplement (page 72)
- Third Party Liability
  - For reporting overpayments that are TPL related, providers can report these directly to Magellan's Cost Containment Department (CCD) via telephone or fax:
    - The CCD provider inquiry contact number is 1-800-424-4554.
    - The CCD provider inquiry fax number is 1-888-656-4758.
- Fraud, Waste or Abuse
  - This may be triggered by a provider's self-identification of a pattern of overbilling by a staff person or at Magellan's request.
  - Provider completes and submits Self Disclosure Claims Recovery spreadsheet with all overpaid claims as well as an Investigative Summary to the PAHC Self-Report Mailbox (pahcselfreport@magellanhealth.com).
  - Reference recent Compliance E-mail Blast for additional instructions

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Balance Billing/ Charging Members out-of-pocket

- HealthChoices Medicaid Providers are prohibited from collecting ANY out-of-pocket expenses from members for **covered services**.
- The Centers for Medicare and Medicaid Services (CMS) has a regulation that prohibits MA providers from billing recipients or the Medicaid agency (BH-MCO or MA FFS) for missed appointments including no-shows and cancelled appointments.
- As a Magellan provider, you are required to hold HealthChoices members harmless and cannot bill them for the difference between your contracted rate with Magellan and your standard rate. This practice is called balance billing and is not permitted.
- Magellan Contracts: *"… agrees that in no event, including but not limited to non-payment by Magellan or Payor, insolvency or breach of this Agreement, shall Facility or its contractors or employees bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Members or any other persons other than Magellan or any such Payor, for services provided pursuant to this Agreement."*

Medicaid Disclosure Requirement

- Federal regulations require Medicaid providers to disclose certain ownership and business transaction information.
- Providers are required to report this information to The Department of Human Services during Medicaid enrollment/ re-enrollment; but also separately, to their Behavioral Health Managed Care Organization(s) because under the HealthChoices Program Standards and Requirements, 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.
- 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 in 2025 as well as a direct notice via USPS. Reference: https://www.magellanofpa.com/documents/2025/07/072925_july2025compliancenotebook.pdf/.
- 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.

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Network Updates

Mitch Fash, Senior Network Manager

Claim Submission Reminders

- Timely claim submissions: Please remember the maximum timeframes for submitting claims and allow a few day's 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.**

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Claim Submission Reminders - Continued

- Medicaid is always the last payer; therefore, providers must exhaust all other insurance benefits first before pursuing payment through Magellan HealthChoices.
- Claims for services provided to HealthChoices members who have another primary insurance carrier must be submitted to the primary insurer first, in order to obtain an explanation of benefits (EOB). HealthChoices will not make payments if the full obligations of the primary insurer are not met. If an individual has a primary health insurance other than Medicare and that service is covered by the other insurance, members must get the service from a provider that is in both the network of the other insurance and Magellan's network.
- As a Magellan provider, you are required to hold HealthChoices members harmless and cannot bill them for the difference between your contracted rate with Magellan and your standard rate. This practice is called balance billing and is not permitted.
- All providers who submit claims, including TPL payments, must hold active Medical Assistance "PROMISe" enrollment specific to the level of service provided.

Coordination of Benefits Agreement (COBA)

- COBA is the Medicare program that automatically transfers processed Medicare claims to a member's secondary payer (Medicaid or other supplemental insurer) after Medicare has adjudicated the claim. This reduces the need for providers to submit separate secondary claims.
- Providers must enroll with Medicare if seeing members who have this coverage. This will allow for the COBA crossover process and Magellan to pay as secondary. Without this enrollment with Medicare, Magellan is unable to pay as secondary for dual eligible members.
- The below resources are for applying for Medicare Enrollment to ensure payment for Medicare duals.
- Select State and it'll take to Novitas website Parts AB https://www.cms.gov/mac-info
  - Click on PA
  - Click on Part A
  - Click on Part B

COBA Crossover Claims Process

Benefits

- Reduces manual claim submissions
- Improves payment accuracy
- Speeds reimbursement cycle
- Supports Medicaid and supplemental payer coordination

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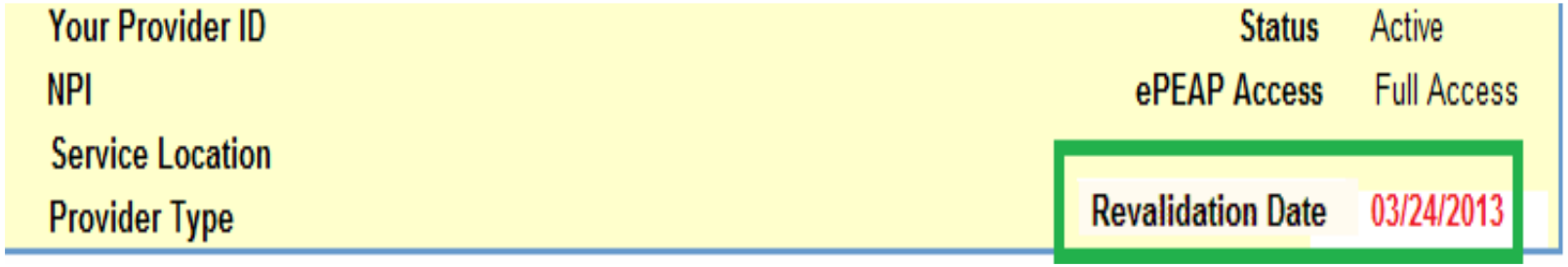
MA Enrollment

❖**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: PROMISe Provider Enrollment | Department of Human Services | Commonwealth of Pennsylvania
- ✓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.



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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.*

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Reporting Updates to Service Locations and Other Changes

- Providers should notify Magellan in writing or through the provider website (www.magellanprovider.com) **within ten (10) days of any** changes, additions or deletions related to their site including:
    - Service, Mailing or Financial address; Telephone number; Business hours; E-mail address; **Taxpayer identification** or NPI number
    - **Inability to accept referrals for any reason**
    - 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:
    - **Licensure status (i.e. provisional license) Even if challenging the audit results**
    - Certification(s)
    - Hospital privileges
    - Insurance coverage
    - 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.

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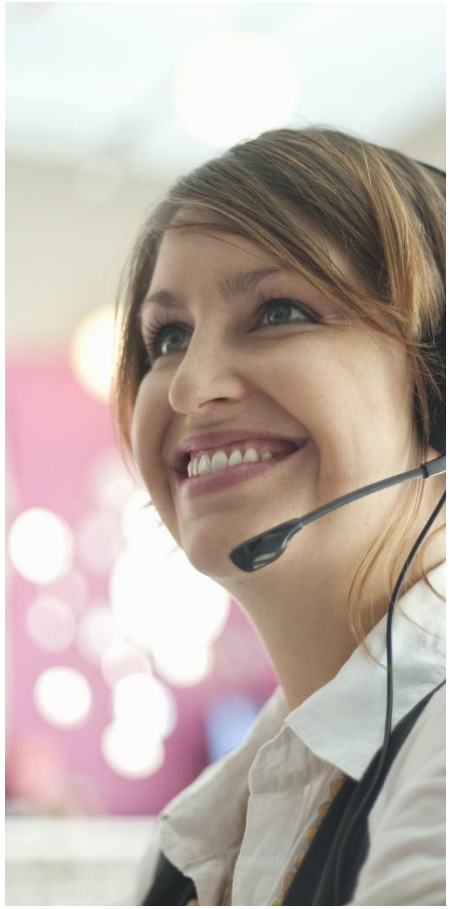
Phone Resources



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

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THANK YOU!

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