

Magellan IBHS Group Provider Workgroup


MAY 10, 2023

Magellan
HEALTHCARE®

Agenda



- Welcome
- Plans for Groups in Summer
- Group Authorization Process
- Group FAQ
- Clinical Highlights for Group
- Q&A



Plans for Group(s) in Summer

Plans for Group(s) in Summer



- Current days/hours vs proposed summer days/hours
- How will you individualize the prescription and program?

What does your availability look like?



Group Authorization Process

Written Orders for Group



- Written orders should include a recommendation for an Initial Group Assessment. On the Magellan template, complete Part A.



Magellan Behavioral Health of Pennsylvania, Inc. Intensive Behavioral Health Services (IBHS)

Written Order Letter

Part A: Initial Assessment for IBHS

Assessments are required to be completed as part of the process to initiate an IBH service.

PART A: Check the Service Assessment Type that is needed. Also complete the signature information on the last page.

Service Assessment Type		Assessment Hours/Timeframes	
<input type="checkbox"/>	Initial Assessment for IBHS Individual	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS Group	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS ABA Services	<input type="checkbox"/>	IBHS ABA-24 hours for 45 days NOTE: Assessment must occur within 30 calendar days of service initiation for ABA.
<input type="checkbox"/>	Initial Assessment for MST	<input type="checkbox"/>	MST-25 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for FFT	<input type="checkbox"/>	FFT-7.5 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.

Initial Assessment Requests for Group



- Providers will request authorization for the initial group assessment on the IBHS Registration TAR. Please include a Written Order with the Registration TAR as well.
- Magellan will authorize 15 hours (60 units) for 30 calendar days.
- Assessments should be completed within 15 calendar days as per the regulations.
- Assessments must be face-to-face in the settings in which services will be provided.

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

Bucks County
 Date of Birth: (MM/DD/YYYY) _____
 Member Name: _____
 MA ID #: _____

Cambria County
 Provider Name: _____
 Delaware County
 Magellan Provider MIS #: _____
 Lehigh County
 Provider Phone #: _____ Ext: _____
 Montgomery County
 Northampton County

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY							
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?	
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA				
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA				
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA				

DSM-5 DIAGNOSIS

Requesting Group Re-Assessment – Change in process



In order to allow Group Providers to be able to bill for the **Re-Assessment**, providers will need to request an authorization.

- Group providers will use the Initial Group Assessment code (H2021 HA) to request a re-assessment authorization requesting 30 days/60 units.
- The start and end date of that assessment will be the last 30 days of the requested authorization period.
- Since the new Magellan Authorization System does not allow requests to be submitted for start dates that are beyond 30 days ahead, this process needs to change.
- **New** – Please submit this initial 30 days/60 units group assessment request 30 days prior to the end of the group authorization if in fact this member is needing to be reassessed to continue the group.

New re-assessment request process - example



For example,

- ❑ Initial Group Assessment auth, 3/3-4/1/23, 60 units
- ❑ On 3/30, full packet comes in requesting 6 months of Group, 4/1-9/27/23
- ❑ Around 8/29, providers would submit an online initial assessment request for 60u, 8/29-9/27/23.

Group Packet Request



Following the completion of the assessment and development of the Individualized Treatment Plan (ITP) the authorization request for Group/ABA Group should be submitted with the following documents:

1. Treatment Authorization Request (TAR) Form
2. Written Order
3. Assessment
4. Individualized Treatment Plan (ITP)

Additional helpful documents:

- Group schedule



Please submit Group requests separately.

This applies even if a member is receiving Individual or ABA Services within the same agency.

Treatment Plans should be different for Group services vs Individual/ABA services.

TPL Billing Issues



- Open discussion offering assistance to each other related to any questions, issues, topics specifically related to Group Services and Primary Insurances.



Group FAQ



Q: Do all IBHS group authorizations have to be up to 6 months?

A: Requests should be consistent with the duration of your group and/or the member's needs. The authorizations cannot exceed 6 months.



Q: Do we need a separate assessment auth for group and ABA/Individual services if a member is being assessed for both?

A: Yes, for reporting purposes two authorizations are required.



Q: If a provider is supplying both individual and group services together, can the same packet be submitted to request both services?

A: No, Group services must be requested separately.



Q: Do we need to complete the CANS for group services?

A: CANS is not required for members attending group services. However, we do require a standardized assessment/outcome tool be used.

New IBHS Group Process - Changes



- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
 - ✓ IBHS Group
 - ✓ IBHS ABA Group
 - ✓ Both

Network will respond by sending a link via DocuSign 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.

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

Provider Expansion or Provider Changes



For Magellan, is your agency....?

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

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

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



Group Best Practices

How does social skill training fit in the continuum of development?

- Individualized
- Tx plan should read as goals to accomplish within a group setting
- Ratios and staffing
- Social Skills Group vs Afterschool Social Program



Titration and Discharge Planning

What specific skills does this individual need to accomplish before discharging from your group?

At what point does transition to community-based afterschool settings occur?

Could needs be better met in different LOC?

Other IBHS Services & Group



- Providers are required to ensure that there is not a duplication in service delivery for any member attending Group Services. If member is receiving other services, these need to be coordinated with Group program to ensure effective and efficient utilization of services.
- Are Group service goals aligned with other levels of care being provided to the member?



Q&A

Confidentiality Statement for Providers



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

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.