



Provider Notice

Authorization Updates when Magellan is Secondary

Please share this information with AIP/Crisis Center/SUD staff members and other team members as appropriate.

Here are several key updates to share:

- 1) For members with a primary insurance, Magellan will no longer require precertification for acute levels of care inclusive of:
 - Mental Health Acute Inpatient for adults and children; Non-hospital Detox Substance Abuse Residential; (3.7 WM) Medically Monitored Inpatient; (3.5) Clinically Managed High-Intensity Residential; (3.5E) Clinically Managed High-Intensity Residential - Enhanced; (3.7) Medically Monitored High-Intensity Inpatient Service.
- 2) Authorizations are not required for payment when Magellan is secondary.
- 3) Verify arrivals will no longer be required for members when Magellan is the secondary payor.
- 4) If the primary denies continued stay or primary benefits have been exhausted and the member will become HealthChoices primary, the facility will be required to call Magellan for a precertification authorization at that time, within 24 hours of the change in coverage. These calls can be made to the Care Manager managing your facility.
- 5) If a member with a primary requires support from Magellan to coordinate aftercare or complex needs, the acute facility should contact Magellan.
- 6) Residential treatment for children and adolescents will still require prior authorization.

We are excited to share this most recent change and hope it creates some efficiencies with managing members when Magellan is secondary payor. Please send an email to MBHofPA@MagellanHealth.com for any questions the team can address. Thank you.

www.MagellanProvider.com

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