# Welcome to the Magellan Provider IBHS Workgroup

**OCTOBER 30, 2025**

Magellan HEALTHCARE®

# Welcome and Opening Remarks

Magellan HEALTHCARE®

# Welcome Somerset Bedford County Providers

# Agenda

- Welcome
- OMHSAS Updates
- Network Updates
- BCBA Clinical Corner
- Provider Spotlight
- Updated TARs
- Clinical Updates/Reminders
- Availity/Online Authorizations
- Upcoming Forums, Technical Assistance, and Resources
- Questions

Magellan HEALTHCARE®

# OMHSAS Updates

Magellan HEALTHCARE®

# Act 62 & Mobile Therapy (MT)

OMHSAS and Magellan do not require an MT working with a member who has an Autism diagnosis to be licensed.

# PA Insurance Department: Primary Insurance issues

Hearing complaints from IBHS providers about being able to access Primary Insurances or Third Party Liabilities (TPL). Multiple calls and lack of response from TPLs.

Some IBHS providers have declined to accept any members with TPLs regardless of whether there is a benefit or not. This impacts members with TPL and Medicaid being able to access this service.

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
If they can't use the portal, can call 877-881-6388 or submit online via the link.

- 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).

# Network Updates

Magellan HEALTHCARE®

# 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** – Claims Resolution Specialist – amgorzelsky@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 member's home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifies. Authorization codes may differ than 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, 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

**Implications for Magellan's Provider Network**

- Magellan continues to evaluate the network for adequacy and geographic needs. Where an immediate need for program expansion is identified, we will proactively reach out to providers. Please note that we will continue to regularly review and prioritize both new and existing provider requests for network entry or expansion.
- The counties and Magellan will finalize decisions based on updated 2025 projections and 2026 capitation rates.
- Decisions will be individualized by each county. Should opportunities for rate adjustments or network expansion arise, Magellan and the respective county will directly contact impacted providers.

# New IBHS Group Process

- 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. After, 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
- ❑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 8a.m. - 8p.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 review this date and are responsible to revalidate as needed.
  - This is for all enrolled locations and for all provider type/specialty types
    - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.

*Without active enrollment providers will be potentially affected with being reimbursed.

# BCBA – Clinical Corner

MICHELLE BOUTRON, MS., BCBA

Magellan HEALTHCARE®

# What are FERBS & Why it Matters!

- Functionally Equivalent Replacement Behavior (FERBS):
  - A prosocial behavior that produces the same outcomes (function) as the maladaptive behavior (escape, attention, tangible/ access, sensory/automatic).
  - Chosen so it can ultimately replace the problem behavior.

  - Design Rules (FERBS Should...)
    - Be as easy or easier to perform than the problem behavior.
    - Be in repertoire or explicitly taught + reinforced, then generalized and maintained across environments and people.
    - Match the function (not just incompatible).

# Why FERBS Matter + 5 Step Approach:

- Why FERBS?
  - They give the member a better way to get the same thing the problem behavior was getting.
  - The problem behavior losses its appeal; improving safety and preserving dignity.

5- Step Approach (McGuire & Meadan):

1. Identify the problem behavior
2. Figure out the "why"
3. Choose a replacement behavior that serves the same function
4. Teach Replacement Behavior/ FERBS
5. Reinforce the desired behavior (start with dense schedule then thin it gradually)

# Examples:

| Problem Behavior: | Function: | FERB | Not a FERB: |
|---|---|---|---|
| Elopement (leaving the classroom without permission). | Escape | Request a break, go for walk. | Teaching member to stay in their seat quietly. |
| Aggression (hitting peers). | Attention | Tapping student on shoulder, requesting to play. | Keep hands to self. |
| Tantrum (crying, screaming, yelling) | Tangible | State item, activity (specific). Request for a turn. | “Use your words” (without honoring requests). |
| Jumping repeatedly | Sensory/Automatic | Use movement card or request “I need to jump/ move.” | Quiet hands, stay in seat. |

# Provider Spotlight

Magellan HEALTHCARE®

# Provider Spotlight

Attain/Bright Beginnings

# Updated TARs

Magellan HEALTHCARE®

# Updated TARs

## Which TARs were updated?

- Individual Services
- ABA Services
- Group Services
- ABA Group Services

## Did the Initial Assessment TAR change?

No.  Please continue to use the same one.

# Updated TARs

## Where can I find the updated TARs?

Magellan of PA IBHS webpage:

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

Magellan of PA Forms page:

- https://www.magellanofpa.com/for-providers/provider-resources/forms/

**Please make sure your agency is using the template that says**

**“Rev. 11/1/2025”**

# IBHS Authorization Request Checklist

Magellan HEALTHCARE℠

**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. |

# Updated TARs

Magellan HEALTHCARE℠

**Magellan Behavioral Health of Pennsylvania, Inc.**
**HealthChoices Treatment Authorization Cover Sheet for**
**Individual & ABA Intensive Behavioral Health Services (IBHS)**

**Type of Request:** Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

**Via Availity:** ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

**Via Fax:** ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service MNC Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

"Type of Request" header aligns with the Authorization Request Checklist headers.

Magellan HEALTHCARE℠

**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

# Individual & ABA TAR

Magellan HEALTHCARE

Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Individual & ABA Intensive Behavioral Health Services (IBHS)

**Type of Request:** Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain: _____

Via Fax: ☐ Change of Prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Beford County | ☐ Bucks County | ☐ Cambria County | ☐ Lehigh County | ☐ Montgomery County | ☐ Northampton County | ☐ Somerset County | | | |
| Member Name: | | MA ID #: | | Date of Birth (MM/DD/YYYY): | | | | | |
| Provider Name: | | Magellan Provider MIS #: | | Packet Contact: | | | | | |

| Authorization Information | | | | | Assessment Recommendations | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **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 | **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** | | | | | **Individual IBHS** | | | | |
| ☐ BC | H0032UB | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| ☐ MT | H2019UB | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| ☐ BHT | H2021AH | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| | | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| | | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| **ABA IBHS** | | | | | **ABA IBHS** | | | | |
| ☐ BC -ABA | 97151HO | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| ☐ BHT-ABA | 97152HO | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| | | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |
| | | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month | | |

| 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 Childcare |
| ☐ Medical Cost Barrier | ☐ Transportation | ☐ Education/Low Literacy | ☐ Interpersonal Violence | ☐ Social Isolation | ☐ Unemployment/Underemployment |

☐ **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

# 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.

# 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** | | |
| | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month | | |
| | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month | | |
| | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month | | |
| | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month | | |
| | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month | | |
| | | **ABA IBHS** | | |
| 16 | h/c & school | ☐ Increase ☐ Decrease ☐ New ☑ No Change Currently approved 16 hrs./month | 8/1/25-1/27/26 | 384 |
| 16 | ESY | ☐ Increase ☐ Decrease ☑ New ☐ No Change Currently approved ____ hrs./month | 8/1-8/15/25 | 32 |
| 40 | home/comm | ☐ Increase ☑ Decrease ☐ New ☐ No Change Currently approved 50 hrs./month | 8/1/25-1/27/26 | 960 |
| | | ☐ 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. Please write out settings; do not use POS codes.
- ✓ 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?

# Individual & ABA TAR

| Authorization Information | | | | | Assessment Recommendations | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 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 | Hours per Month | Setting | New Service or Change in hours? Currently approved hours/month if applicable | Dates by Setting | Units by Setting & Dates |
| ABA IBHS | | | | | ABA IBHS | | | | |
| ☐ BC -ABA | 97151HO | 384 | 8/1/2025 | 1/27/2026 | 16 | h/c & school | ☐ Increase ☐ Decrease ☐ New ☑ No Change Currently approved 16 hrs./month | 8/1/25-1/27/26 | 384 |
| ☐ BHT-ABA | 97152HO | 992 | 8/1/2025 | 1/27/2026 | 16 | ESY | ☐ Increase ☐ Decrease ☑ New ☐ No Change Currently approved hrs./month | 8/1-8/15/25 | 32 |
| | | | | | 40 | home/comm | ☐ Increase ☑ Decrease ☐ New ☐ No Change Currently approved 50 hrs./month | 8/1/25-1/27/26 | 960 |
| | | | | | | | ☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved hrs./month | | |

**Current authorization** –

BC-ABA 16hr/mon h/c & school (2/2-7/31/25)

BHT-ABA 50hr/mon in h/c (2/2-7/31/25) and 60hr/mon school (2/2-6/15/25)

**Concurrent authorization request** –

BC-ABA 16hr/mon h/c & school (8/1/25-1/27/26)

BHT-ABA 40hr/mon in h/c (8/1/25-1/27/26) and 10hr/mon ESY (8/1-8/15/25)

# Group/ABA Group TAR

Magellan HEALTHCARE℠

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

**Type of Request:** Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

**Via Availity:** ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

**Via Fax:** ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

| | | | | | |
|---|---|---|---|---|---|
| ☐ Bucks County | | ☐ Cambria County | | ☐ Lehigh County | ☐ Montgomery County | ☐ Northampton County |
| Member Name: | | MA ID #: | | Date of Birth: MM/DD/YYYY) | |
| Provider Name: | | Magellan Provider MIS #: | | Packet Contact: | |

| Authorization Information | | | | | Assessment Recommendations | |
|---|---|---|---|---|---|---|
| **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 | **Hours per Month** | **New Service or Change in hours?** Enter currently approved hours/month if applicable |
| **Group IBHS** | | | | | **Group IBHS** | |
| ☐ **IBHS Group** | H2021U6 | | | | hrs/month | ☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved hrs/month |
| **ABA Group IBHS** | | | | | **ABA Group IBHS** | |
| ☐ **ABA Group - GLP** | 97158HO | | | | hrs/month | ☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved hrs/month |
| ☐ **ABA Group BHT** | 97154HO | | | | hrs/month | ☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved hrs/month |

# Clinical Updates/Reminders

Magellan HEALTHCARE®

# Change of Prescription TAR – Unit Clarification

**Please enter the total units for the entire auth in the TAR including the new change.**

Example:

Current authorization is for BHT 10hr/mon, 4/1-9/27/25, 240units.

Change to add BHT 90 hrs/mon in camp, 8/1-8/22/25.

- TAR – Enter total new units for entire authorization. Put enter date span for authorization.

| IBHS Units Per Month | | | | 15 Minute Unit |
|---|---|---|---|---|
| From | To | Number of Days | H/Month | Total Units |
| 4/1/2025 | 9/27/2025 | 180 | 10 | 240 |
| 8/1/2025 | 8/22/2025 | 22 | 90 | 264 |
| | | 0 | | 0 |
| | | 0 | | 0 |
| | | 0 | | 0 |
| | | 0 | | 0 |
| | | 0 | | 0 |
| Totals | | 202 | | 504 |

| | 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? |
| | Individual IBHS | | | | | | | | | | |
| ☐ | BC | | | | 536 | H0032 | 001 | UB | | | |
| ☐ | MT | | | | 536 | H2019 | 001 | UB | | | |
| ☐ | BHT | 504 | 4/1/25 | 9/27/25 | 536 | H2021 | 001 | AH | | | |

# Out of Network

When referring or transferring a Magellan member/family to another provider, please ensure the provider is a contracted/in network provider for Magellan.

Magellan's policy related to non pars requires that all in network options have been exhausted.

To start off referring a member/family to an out of network IBHS provider without talking with the family about this critical component can lead to unnecessary delays in accessing services and further confusion.  Please involved Magellan if considering a referral based on exhausting in network options.

# Clinical Recommendations for Home

- IBHS Regulations stipulate services should be delivered in "clinically appropriate settings"

- Importance of clinical expertise and skills generalization
  - Clinical expertise is not equal to preference

- Train the Trainer type model

# Availity/
# Online Authorizations

Magellan HEALTHCARE®

# 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)

# Concurrent online authorizations

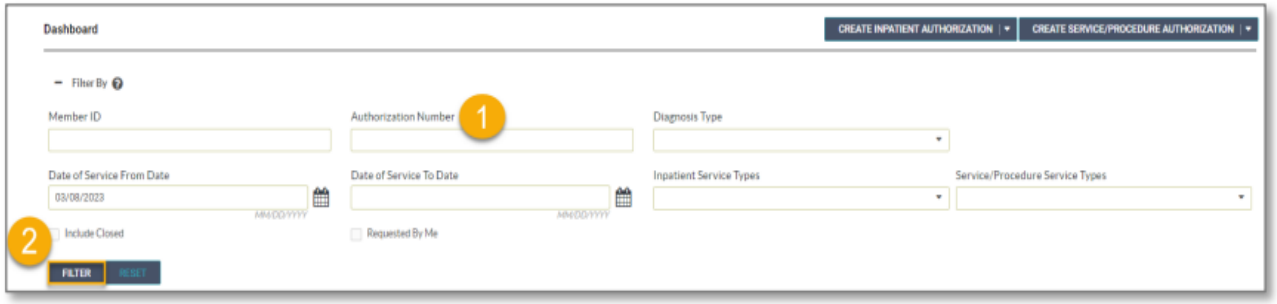
"This is so much easier and faster!"

Recent random data shows 67% are using the "extension" function in Availity to submit concurrent authorization requests.


***Please share with your staff submitting authorizations this Power Point and the step-by-step resources located** System (magellanprovider.com)

# “Extending” a Service/Procedure Authorization

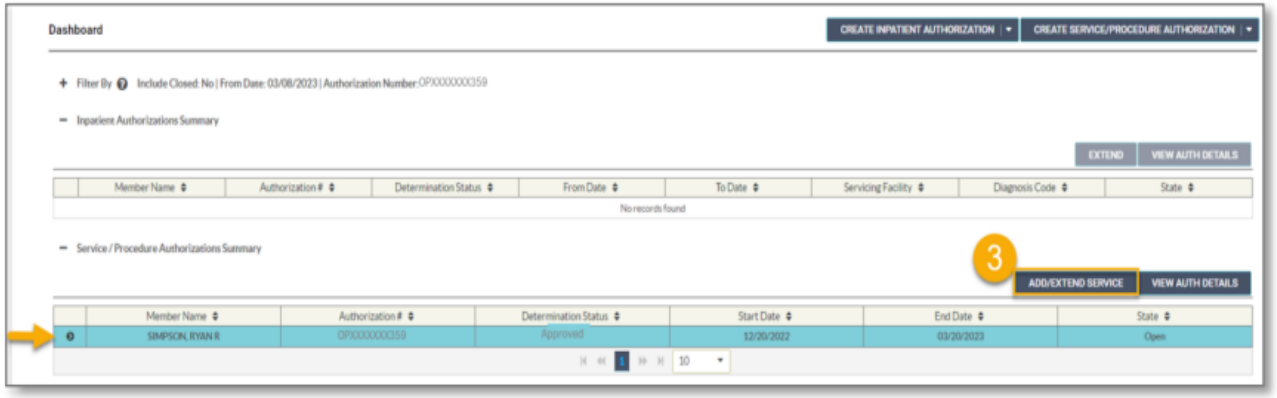
1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.




2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

   **RESULT:** The **Services** screen will display.



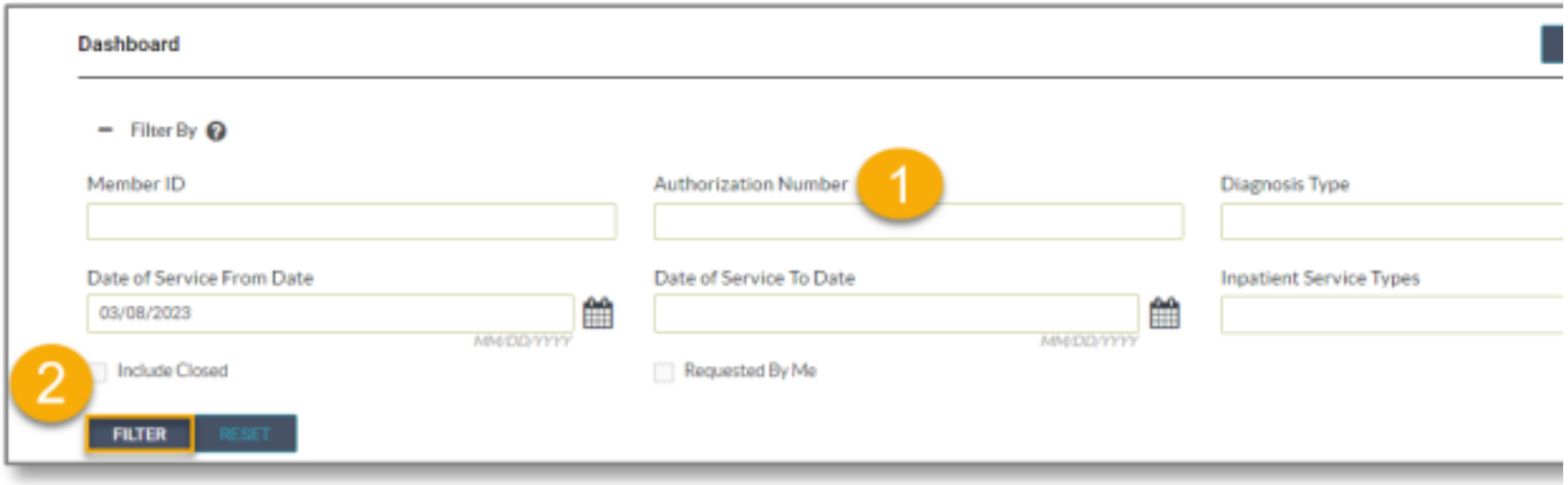

4. Select the **EXTEND** button once the authorization appears.

   **RESULT:** The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

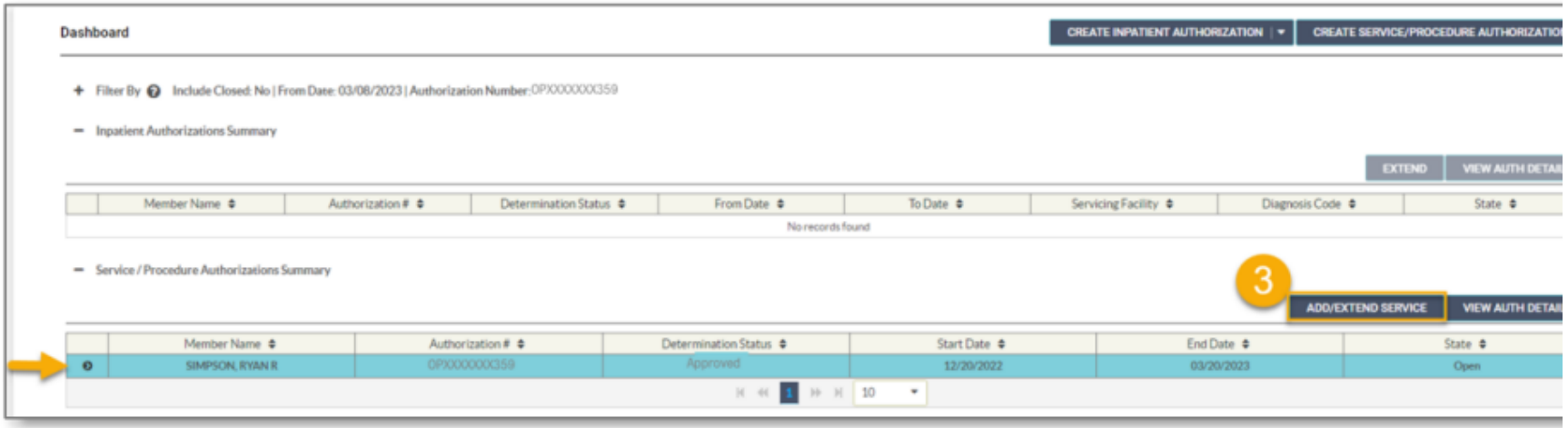
# Concurrent requests in Availity

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

2. Select the **FILTER** button.



# Concurrent requests in Availity



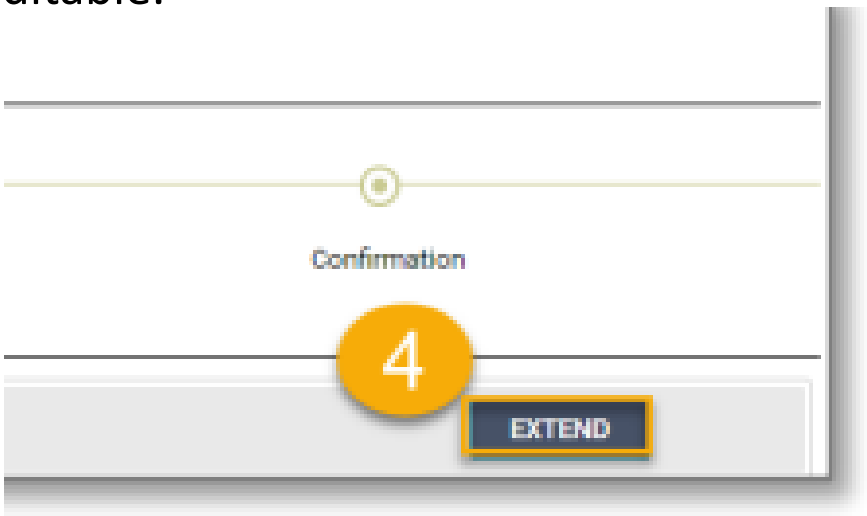

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

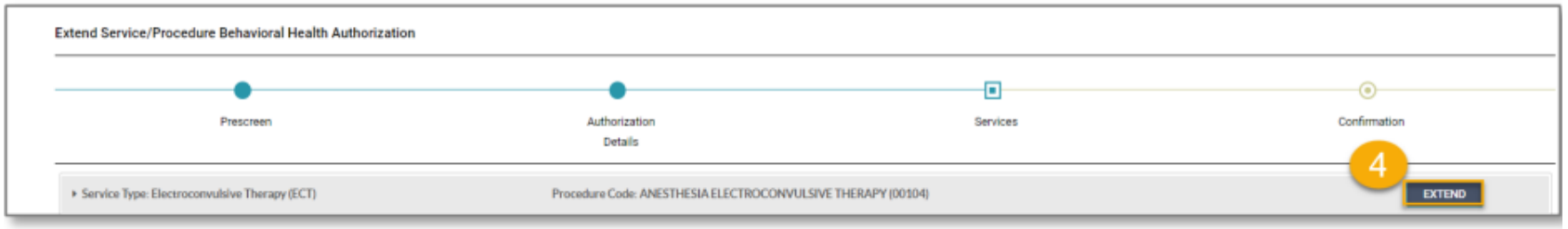
**RESULT:** The **Services** screen will display.

# Concurrent requests in Availity

4. Select the **EXTEND** button once the authorization appears.

**RESULT:** The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.



# Upcoming Forums, Technical Assistance & Resources

Magellan HEALTHCARE®

# IBHS Best Practice Training

FREE live online interactive webinar

## IBHS & Case Conceptualization

Thursday, December 11, 2025

9:00-10:00am

Location: Zoom

**Presented by Dr Adriana Torres-O'Connor, PsyD, MBA, MSW**

*Save the date and registration information to be sent and posted soon.

Who Should Attend: This training is intended for IBHS clinicians, support professionals, and system partners. All interested participants from these groups are encouraged and welcome to attend.

# What's the process for….?  Question?

## Check our Magellan's Provider Manual

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

# Compliance

- Compliance Blasts: Providers Page | Magellan of PA

https://www.magellanofpa.com/for-members/services-programs/ibhs/

## IBHS Summary Video

# Caregiver FAQ

- Offered on the IBHS Member and Prover Pages.
- 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.

https://www.magellanofpa.com/for-members/services-programs/ibhs/

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

# Authorization Discharge Requests

The IBHS identifies conditions under which a discharge might be necessary in section **5240.31. Discharge.**

MBH Online Discharge Summary Submission - https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/pa-healthchoices-discharge-form.aspx

- Complete within 7 days of discharge
- Discharge date should be last billable service, not date completing the form
- Please include the Mental Health aftercare plan
- Please complete only when member is discharging from all IBH Services.

# Helpful Resources for Online Authorizations

**Self-Service Provider Training Materials are available at http://www.MagellanProvider.com/authsystem**

You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:

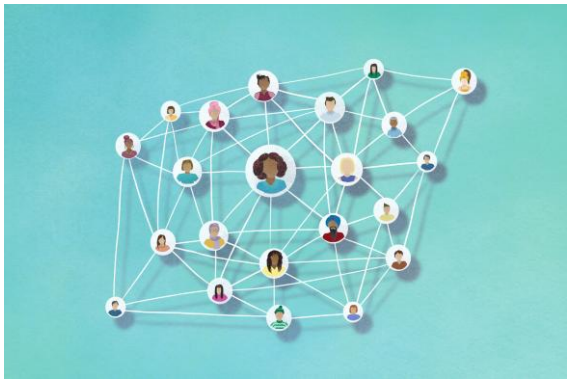
- Create an Intensive Behavioral Health Services (IBHS) Authorization
- IBHS Tips, Tricks, and Troubleshooting
- View Authorization Status
- Understanding the Provider Filter
- Authorization system FAQs
- Live video demonstration from 3/22/23
- And many more resources….

# 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. Ex. 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 |

# Q1 2026 IBHS Provider Webinar



## Thursday, February 5, 2026 –

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

**Registration link:**

https://events.teams.microsoft.com/event/db573b4b-7a53-4e32-83e5-62d6b2820d78@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/

# Questions?

**Thank you!**

# Confidentiality statement