

Welcome to the Magellan Provider IBHS Workgroup

AUGUST 4, 2021

Magellan
HEALTHCARE®



Welcome and Opening Remarks

Agenda



- Updates from OMHSAS
- Network Reminders
- IBHS Staffing
- Clinical Department: Tips & Reminders
- Group Services
- Upcoming Forums and Technical Assistance
- Questions



Updates from OMHSAS

Updates from OMHSAS



- In July, OMHSAS released their updated IBHS FAQ document located on their IBHS webpage: <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/IBHS%20Documents/IBHS%20FAQ%207.21.21.pdf>
- The Emergency Declaration will end 9/30/21.
- Telehealth bulletin from OMHSAS is still in legal review.
- Attachment As are still outstanding in the SE.

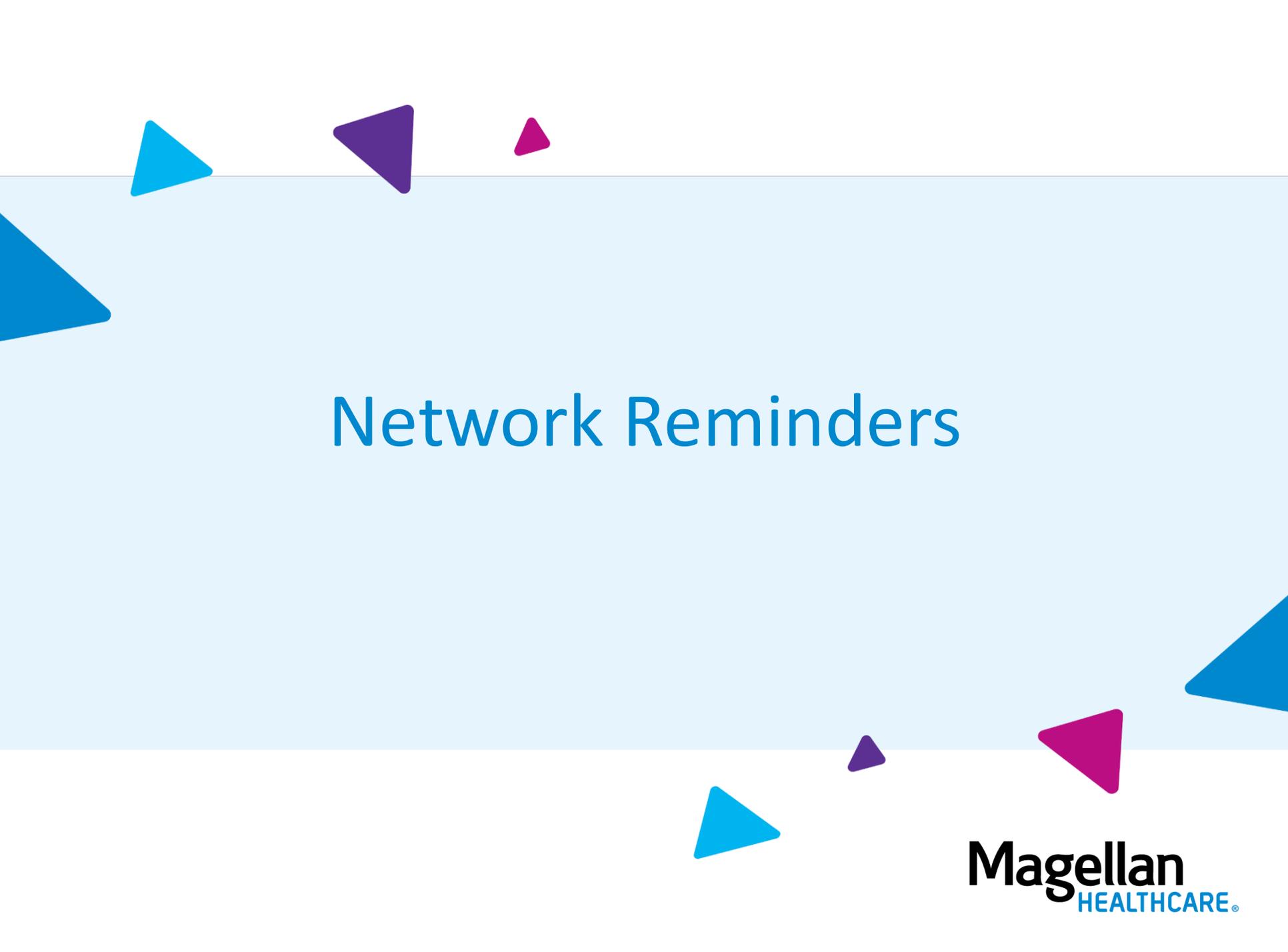
BC face to face billing



Based on the approval we received from OMHSAS from our billing guidance, we feel comfortable moving forward with how we had originally written our billing guidance.

The highlighted BC tasks are billable even if they do not occur face to face.

| Billable | Non-Billable |
|--|---|
| <ul style="list-style-type: none">▪ Face-to-Face consultation and assessment with team members▪ Onsite coordination with BHT for treatment plan implementation▪ Attendance at team meetings related to the member▪ Development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)▪ Child and Adolescent Needs and Strengths (CANS) completion & completion of other standardized tools, such as a Functional Behavior Assessment▪ Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in a 6-month authorization period | <ul style="list-style-type: none">▪ Not inclusive of writing the treatment plan or online research for treatment plan development▪ Training and research are not billable, role of consultant is to give information to team▪ Clerical time▪ Supervision▪ BC and MT should not bill for the same time period with the member, family, or team members, only one staff member can bill▪ Travel time▪ Time spent scheduling sessions▪ Emails/Text messaging or other forms of electronic correspondence▪ Time spent completing administrative tasks |



Network Reminders

Network Reminders



- **Claims submission and monitoring:** Please review every EOB to verify payment and work any denial issues. Claims must be submitted within 60 days of the date of service for Medicaid primary and 60 days from the primary/commercial EOB date.
- **Place of service – Daycare/Pre-school:** Please use place of service school "03" when delivering IBHS services in a daycare setting.
- **Licensure Visits:** When the annual licensure visit is completed this year, please inform Magellan ASAP if you are issued a provisional license OR there are any changes to the license (New service added, new location or removal of a service). This is a contractual requirement.
- **Credentialing:** Reminder that this will occur every three years for Magellan.
- **PROMISe - Medical Assistance enrollment:** Please make sure you are enrolled for your IBHS services and for each service you are providing. **Revalidation:** this occurs every 5 years.
- **Authorization review:** Please be sure to verify auths through the website and that you have the correct Magellan provider number (MIS#) associated with your requests.

Third Party Liability (TPL)



- HealthChoices Medicaid is the last payer that can be utilized when a member has a primary coverage.
- Work has been done to address some coding issues with commercial plans. Individual service codes are being addressed and we are hopeful they will be added back to some plans in the late summer/early fall.
- Challenging the commercial plans on their obligations is important and appreciated.
- Magellan will continue to support the process and keep the state informed of these ongoing issues as they are also trying to support this identified barrier.

Network Team



Mitch Fash – Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County- jpearce@magellanhealth.com

Michael Ditty – Network Management Specialist – Lehigh/Northampton County - msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Delaware/Montgomery County - cedevine@magellanhealth.com

Kelly Sroka – Network Management Specialist – Bucks County - klsroka@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing - jrstumm@magellanhealth.com

Alyssa Gorzelsky – Claims Resolution Specialist – amgorzelsky@magellanhealth.com



IBHS Staffing

Access Survey - Accuracy



- Access Survey assists Magellan to be able to know about access issues, wait lists, and the flow of new referrals and discharges within our system.
- Why is this important? Outside of COVID, the state and counties are trying to understand if the new IBHS regulations have made an impact on access issues, etc. It allows Magellan know where the issues are in order to try to assist the members/system.
- Will the providers receive negative consequences for their honest reporting? **NO.** Accurate information is vital for assistance, collaboration, and problem solving.
- Who in your agency completes these access surveys? Are they the ones with the necessary information to complete this survey? If not, please let Liz know of any changes in contacts for your agency at any time. PAHCIBHSupport@magellanhealth.com

Access Survey Questions



- What are the total # of referrals received this month?
- What are the total # of referrals which have started services with your agency this month?
- Reason(s) for not accepting cases:
- # of members that are currently pending to transfer to another IBHS Individual provider?
- # of members who are not being staffed for their full approved prescription?
- How many members receiving Individual IBHS discharged within the past month?

What do you do with your wait list?



- Talking with the family? – Chief theme for complaints related to staffing issues were about lack of consistent communication/updates to the families.
- Coordination – What is offered?
- Other resources: Hi Fi, Respite, TIP, Psych Rehab, BCM, Peer Support, outpatient.

Best Practice Guidelines for Fulfilling IBHS Prescriptions:

<https://www.magellanofpa.com/media/6158/best-practice-guidelines-for-fulfilling-ibhs-prescriptions-nov-20-final.pdf>

Magellan's IBHS Staffing Assistance Process



Step 1, Phone Consultation:

- Complete & submit 1 page *IBHS Staffing Phone Consultation Request* form via fax – This will assist Magellan Care Worker (Liz) in using the phone consultation time most efficiently. She will review the member's needs, staffing attempts, and make suggestions for provider agencies from there.
- After the phone consultation, Care Worker will send a summary of this discussion via email to the provider.
- Form link: <https://www.magellanofpa.com/media/6190/ibhs-staffing-phone-consultation-form-final-12042020.pdf>

Step 2, Magellan Staffing Assistance Requested (if needed):

- If staffing assistance is still needed after phone consult, please reply to Care Worker's email requesting additional assistance.
- Please get AUDs into Magellan so we can maximize the assistance we can provide. However, Care Worker will begin outreaches immediately providing non-HIPAA information.
- Care Worker and referring provider will agree on next steps to secure staffing and who is responsible for each task. The referring provider will be responsible for sending the authorization packet over to a potential new provider once one is identified.

Magellan's IBHS Staffing Assistance Process



Within All 6 Magellan Counties -

- Magellan will accept and identify staffing for all new IBHS Written Order recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Your agency can outreach to Magellan (Liz) for assistance staffing members with complex needs as well as members with prolonged access issues.

How to pick up a case currently unassigned



1. A provider completes an initial assessment and submits the initial IBHS packet request to Magellan for MNC review via fax. They are unable to staff the case and have shared that openly with the family. On the TAR, in the provider section, please write “Unassigned”.
2. Magellan does the MNC review and enters an authorization for an unassigned provider.
3. Once a provider has been identified to deliver the approved services, that provider should submit to Magellan a TAR in order to have the authorized given to the provider.

Family Based Service (FBS) Referrals



FBS, like IBHS and other levels of care, has also been severely impacted by staffing shortages.

FBS is not a good referral just because the member “can’t get into IBHS.” We need to consider what is best for the member.



Clinical Department: Tips & Reminders

Tips to Avoid Requests for Additional Information (RAI)



- If it is a change in prescription packet, please be clear that it is a change and specifically what is being changed.
- If the prescription recommendation is staying the same, explain why.
- Assess and document whether progress has been made. If progress, what does the team believe are the contributors to this progress? If little to no progress, what does the team identify as the reason for this lack of progress? What will be done differently in this request to seek progress for this member?
- If you have it, please include the levels for an Autism Spectrum diagnosis. It can be helpful in formulating our case conceptualization.
- Please include data that is current.
- Don't let us guess or have to make assumptions. Try to make your documentation as clear and supportive as possible. That does not mean longer.

Discharge



Please complete the **online** Magellan Discharge Form when member is discharging from **ALL** IBH Services.

- Discharge date should be last billable service, not date completing the form
- Please include the Mental Health aftercare plan

<https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/pa-healthchoices-discharge-form.aspx>

The screenshot shows the Magellan Healthcare website interface. The top navigation bar includes 'For Members' and 'For Providers' tabs. The main header features the Magellan logo and 'MAGELLAN BEHAVIORAL HEALTH OF PA'. A search bar and 'About Us' link are also present. The 'Provider Resources' menu is expanded, showing various categories like 'Measure', 'Claims/Check Eligibility/View Authorizations', 'Clinical Practice Guidelines', 'Forms', 'Fraud, Waste & Abuse/Compliance', 'Getting Paid', 'Medical Necessity Criteria', 'Ordering/Referring/Prescribing (ORP)', and 'Outcome Assessment Tools'. The 'Forms' section is highlighted, and a list of forms is displayed, including 'Program-specific Forms (Appendix A)', 'Adverse Incident Report', 'Alternatives to Residential Mental Health Form, Attachment 8', 'ASAM Crosswalk with PA's System of Care', 'Children in Substitute Care (CISC) Referral Form', 'Consent to Release Protected Health Information (PHI) - English', 'Consent to Release Protected Health Information (PHI) - Spanish', 'Cultural Competence Implementation Audit Tool', 'DDAP - ASAM Placement Summary Form', and 'Discharge Form (submitted via Magellan provider website)'. A large blue arrow points to the 'Discharge Form' link.

FAQ - IBHS Discharges



Q: We have a member who is discharging from ABA but member will remain in our group. How do we discharge this member for ABA?

A: A provider can submit an online discharge if a member is fully discharging from one of the IBHS category buckets (Individual, Group, or ABA). A member will not always receive 2 category buckets of service from the same agency. Ex. Group Services from Elwyn and ABA from ABA2DAY.

Q: We have a member currently authorized for BC, MT, and BHT. MT services will be stopping but BC and BHT will continue. Do we submit a Magellan online discharge for this?

A: No, only submit a Magellan online discharge form when an entire bucket service (Indiv, ABA, Group) is stopping. Stopped one of the services within the bucket is considered a change in recommendation/prescription.



Best Practices for Discharge Planning:

<https://www.magellanofpa.com/media/5978/ibhs-discharge-best-practices-final.pdf>

*In general, providers are receiving 3xs more referrals in a month than members discharging.

Take a look at your current client list...

Are we setting these members/families up for independence?

Are we creating realistic expectations and goals for this service?

IBHS Registration TAR-Initial Assessment



To request an initial assessment, please submit:

- Registration TAR: <https://www.magellanofpa.com/media/6136/healthchoices-ibhs-registration-tar-cover-sheet-final-10272020.pdf>
- Written Order

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

Bucks County
 Cambria County
 Delaware County
 Lehigh County
 Montgomery County
 Northampton County
 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 | 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

CURRENT MEDICATIONS

Magellan's Transfer Process



Once a receiving provider has been identified, the **currently** authorized provider should send the receiving provider:

- A copy of the approved packet
- A statement on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- No Magellan discharge form needs to be submitted.

The **receiving** provider submits the following to Magellan via online provider portal:

- The letter from the current provider acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- A letter from receiving provider on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer.
- TAR to ensure accuracy of new authorization

CANS Reminders



- CANS Assessment summary is required to be submitted with each authorization packet for any member 3 years or older.
- CANS must be completed by a certified by the Praed Foundation.
- The certified clinician completes the CANS in collaboration with the family, highlight the strengths and areas of need, as well as explore ways to incorporate these strengths/needs into the individualized treatment plan.



Q: If assessments and authorization requests can only be submitted 60 days prior to the start of a service, how can BC observe the client in a setting where BHT services will be provided (i.e. camp) if this setting has not yet started?

A: If it is not possible to gather data from a particular setting, data should be obtained from a similar setting. Equally as important would be to include as much information about the camp/program as possible including their schedule, # of participants, staffing ratio, previous experience in that setting if applicable.

FAQ – BHT/BHT-ABA in school type setting



Q: What is the process for BHT/BHT-ABA requests in a school/school type or structure camp setting?

A: Assessment/updated assessment and authorization requests for BHT/BHT-ABA services in the school, ESY, summer camp, preschool, afterschool program & daycare should only come within 60 days of the start of the service in these settings.

Q: Do I need a new Written Order?

A: Written Orders are good for a year; so as long as the Written Order being submitted with the request makes the appropriate recommendation and was done within a year, it is still valid and does not need to be updated.

BHT/BHT-ABA recommendations by setting



- The IBHS regulations require that Written Orders for Individual and ABA services specify the settings where services will be provided for payment.
- Just like BHRS, please have your Written Order and Assessment recommendations divide out the BHT/BHT-ABA hours by setting.
 - Ex. BHT up to 20hr/month in daycare and 6hr/mon in the home/community



ISPT meetings are required to be held and documentation submitted within an authorization request when:

- BHT/BHT-ABA is requested in the school, ESY, summer camp, preschool, afterschool program & daycare setting.
- **The school must have a representative attend this meeting if services are being recommended in that setting.**
- The meeting summary is required for the authorization packet.

Family Education on IBHS Process



Quick Reminders



- Written orders are based on Face to Face visits.
- Recommendations should be based on needs vs available staffing.
- Please check and make sure that the specific service and amount of hours per month in each setting is listed in the Written Order recommendations, Assessment recommendations, and Individualized Treatment Plan.
- Packet errors have been very high. It results in a lot of time by Magellan and the provider to adjust/clarify this during the packet review process. Please consider supervisor oversight if there are consistent packet error submissions for further assistance.
- Extension Requests – We have been receiving a considerably higher amount of extension requests lately. We encourage providers with a large number of these requests to look at all the expected timeframe expectations to ensure that your agency is giving yourself sufficient time to back into the continued stay packet.



Group Services

New Group TAR – Not Released Yet



Magellan Behavioral Health of Pennsylvania, Inc. HealthChoices Treatment Authorization Cover Sheet for GROUP SERVICES – Intensive Behavioral Health Services (IBHS)

Initial
 Continued Stay (# of group authorizations prior): _____
 Change

Bucks County
 Cambria County
 Delaware County
 Lehigh County
 Montgomery County
 Northampton County

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

Member Name: _____
 Magellan Provider MIS #: _____

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

Primary Payor: _____
 Secondary Payor: _____

Group Services Covered: Yes No
 Group Services Covered: Yes No

| Group Information – Required for all Group requests | | | | | | | | | | |
|---|----------------------|-------------------------|----------------------------------|-------------------|-----------------------|-----------|------|------|------|-----------|
| IBHS - Group Name: _____ | | | Ratio: _____ | | Admission Date: _____ | | | | | |
| Open or Closed Group: _____ | | | If Closed, Length of Stay: _____ | | | | | | | |
| Group IBHS | | | | | | | | | | |
| 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"/> Group | _____ | _____ | _____ | 536 | H2021 | 001 | U6 | | | |
| <input type="checkbox"/> Group Re-Assessment | _____ | _____ | _____ | 536 | H2021 | 001 | HA | | | |
| ABA Group IBHS | | | | | | | | | | |
| 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"/> ABA Group-Grad. Level Professional | _____ | _____ | _____ | 536 | 97158 | 001 | HO | | | |
| <input type="checkbox"/> ABA Group BHT | _____ | _____ | _____ | 536 | 97154 | 001 | HO | | | |
| <input type="checkbox"/> ABA Group Re-Assessment | _____ | _____ | _____ | 536 | H2021 | 001 | HA | | | |

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS

New Group TAR – Not Released Yet



| | |
|--|--|
| DSM-5 DIAGNOSIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CURRENT MEDICATIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| COORDINATION OF CARE | |
| Current IBHS Services | <input type="checkbox"/> Individual <input type="checkbox"/> ABA <input type="checkbox"/> MST <input type="checkbox"/> FFT <input type="checkbox"/> None |
| Other HealthChoices Services | <input type="checkbox"/> Outpatient <input type="checkbox"/> FBS <input type="checkbox"/> PHP <input type="checkbox"/> CPS <input type="checkbox"/> Psych Rehab |
| Other: <input type="checkbox"/> | |
| Select all identified Social Determinants of Health Concerns: | |
| <input type="checkbox"/> Not Assessed <input type="checkbox"/> Housing Insecurity <input type="checkbox"/> Education/Low Literacy | <input type="checkbox"/> None Known <input type="checkbox"/> Lack of Childcare <input type="checkbox"/> Interpersonal Violence |
| <input type="checkbox"/> Food Insecurity <input type="checkbox"/> Medical Cost Barrier <input type="checkbox"/> Social Isolation | <input type="checkbox"/> Financial Instability <input type="checkbox"/> Transportation <input type="checkbox"/> Unemployment/Underemployment |
| The following documents are included with this Treatment Authorization Request (Please check off to verify): | |
| <input type="checkbox"/> Written Order: Order Writer/Credentials: <input type="checkbox"/> | Date of Visit: <input type="checkbox"/> |
| <input type="checkbox"/> Assessment: Structured Assessment Tool Used: <input type="checkbox"/> | |
| <input type="checkbox"/> Individualized Treatment Plan | |
| <input type="checkbox"/> By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months. | |
| <input type="checkbox"/> By checking this box, the provider attests that POMs information has been submitted on www.MagellanHealth.com/provider . Please reference your Provider Handbook for additional information on completing POMS and required updates. | |

*Reminder: Groups may only be requested by providers who have completed and been approved for Magellan’s new group process.

Requesting Group Re-Assessment



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 Registration TAR 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.

For example,

- ❑ Initial Group Assessment auth, 3/3-4/1/21, 60 units
- ❑ On 3/30, full packet comes in requesting 6 months of Group, 4/1-9/27/21
- ❑ In addition, in this packet, on the Initial Registration IBHS TAR, providers would request 30 days, 60u, 8/29-9/27/21. This way the provider gets a group auth as well as an assessment auth to use near the end of the auth period for the re-assessment.



Please submit Group requests separately.

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



Rationale for participation in specific requested group based on outcome of assessment AND Inclusionary/Exclusionary Criteria

- What prevents member from participating in community-based programming? What other alternatives were considered before determining that Group would be the least restrictive option? (Boy Scouts, dance class, soccer team)

Group Billing



You can only bill either the technician or the graduate level professional, not both.



Upcoming Forums & Technical Assistance

Technical Assistance Calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- Please use the sign-up genius link to sign up and we will email you the zoom connection.

<https://www.signupgenius.com/go/9040C44ADA72DA5FD0-ibhs>



Friday, November 5, 2021 9:00 to 10:30 A.M. Via Zoom

Register in advance for this meeting:

<https://magellanhealth.zoom.us/meeting/register/tJYpde-grT4pHdLvJeSl0NzBCBUfXHdboZR1>

After registering, you will receive a confirmation email containing information about joining the meeting.



Questions?



Thank you!

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