

Welcome to the Magellan Provider IBHS Workgroup

JANUARY 11, 2024

Magellan
HEALTHCARE®



Welcome and Opening Remarks

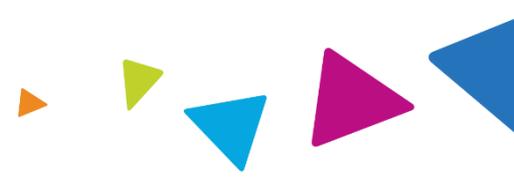
Agenda

- Updates from OMHSAS
- Compliance Reminders
- Network Updates
- Clinical Updates/Reminders
- Clinical Data Updates
- Upcoming Forums, Technical Assistance, and Resources
- Questions



Updates from OMHSAS

Autism and ABA trainings from University of N. Carolina



- Approved for CEUs
- Meet criteria for dept approval for trainings
- May be a good provider resource

<https://autismpdc.fpg.unc.edu/evidence-based-practices>

SAVE THE DATE!



Building Youth Wellness & Resilience

Hosted By: PA Dept. of Human Services, Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services; PA Care Partnership

Mark your calendars for the next Children's Interagency Conference! The conference provides an excellent opportunity for providers, county administrators, youth, family members, practitioners, and educators to learn about changing trends, promising and best practices, resources and various system of care activities across Pennsylvania. The conference will also add a national perspective on a variety of issues including government, family peer, early childhood, youth leadership, and school-based mental health.

More information on the agenda, CEUs, registration, exhibiting and sponsorship information will be available soon.

www.childrensinteragencyconference.org

Children's Interagency Conference

April 22-25, 2024

Conference Website

- [Home
\(childrensinteragencyconference.org\)](http://childrensinteragencyconference.org)
- [Can book hotel rooms now](#)



Compliance Reminders

IBHS/ ABA Regulations



CHAPTER 1155. INTENSIVE BEHAVIORAL HEALTH SERVICES

(a) The Medical Assistance (MA) Program provides payment for intensive behavioral health services (IBHS) when the services are medically necessary and provided to eligible children, youth or young adults with a behavioral health diagnosis by licensed IBHS agencies enrolled in the MA Program as providers under this chapter.

(b) Payment for IBHS is subject to the provisions in this chapter, Chapter 1101 (relating to general provisions), the limitations in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

CHAPTER 5240. INTENSIVE BEHAVIORAL HEALTH SERVICES

(b) Payment for IBHS is subject to the provisions in this chapter (5240), Chapter 1101 (relating to general provisions), the limitations in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Per the HealthChoices Program Standards and Requirements, The Primary Contractor and its BH-MCO [Magellan] must assure that Network Providers delivering State Plan Services participate in the MA program and, in the course of such participation, provide those services essential to the care for individuals being served, and comply with all federal and state laws generally and specifically governing participation in the Medical Assistance Program. The Primary Contractor's BH-MCO and Behavioral Health Services Providers must also agree to comply with all applicable Department regulations and policy bulletins and clarifications.

IBHS/ ABA Regulations: Know the Rules

- Timeliness of Evaluations & Treatment Plans
 - Staff Qualifications/ Credentials
 - Supervision Requirements
 - Training Requirements
- *Deficiencies in any regulatory requirement may result in Corrective Action and/ or recoveries for all impacted claims.*



IBHS Audit Trends (presented during Magellan's fall Provider Compliance Forum)



- ✓ Progress notes were found not to support the number of units billed.
- ✓ Progress note documentation did not relate back to the treatment plan.
- ✓ Correct place of service (POS) code for the location where services were provided.
- ✓ Hand-written notes were not consistently legible.
- ✓ Use correct error correction procedure.
- ✓ Written orders need to be updated annually.
- ✓ Magellan requires assessments to be updated every 6 months (even though the regs state 12 months) or when an authorization is requested to continue or a change needs made.
- ✓ **The full contracted unit duration (e.g., 15 minutes, 30 minutes) must be provided to bill a unit. Rounding up to the better part of the unit is not permissible in IBHS.**
- ✓ Time in and out should be documented in real time and not clock hours.
- ✓ **Lack of signed encounter forms.**
- ✓ **Telehealth Documentation Standards**
- ✓ **Signatures on documents (Treatment Plans, Encounter Forms)**

IBHS Audit Trends: Rounding



- The number of minutes (e.g., 15 minutes, 30 minutes etc.) that equates to a billable unit is dictated by The Department of Human Services Office of Mental Health and Substance Abuse Services' (OMHSAS) Covered Services Classification Chart, as well as your Magellan contract.
- OMHSAS, through level of care specific regulations and Medical Assistance (MA) Bulletins, has permitted exceptions for three specific in-plan services. These include Mental Health Targeted/ Blended Case Management Services; Crisis Intervention Services; and Family-Based Mental Health Services:
 - MA Bulletin 99-97-06: For most providers, a unit of service is defined by the service... The instructions in the provider handbooks require providers to bill for full units of service. **The instructions do not allow for rounding, especially for services that are measured in incremental time-specific units.** The only exception to this rule is for repairs of durable medical equipment, orthotics and prosthetics, medical case management services, intensive case management services and resource coordination programs. Therefore, in order to bill for one unit of service, when the unit is measured in specific periods of time, the provider may bill for only a full unit of service as defined by the Department.
 - MA Bulletin 99-98-12: Departmental reviews revealed that many providers who bill MA for units of services based on incremental time-specific units, are not always providing full units of service and are rounding up and submitting claims for the next full unit of service. Since the release of MA Bulletin 99-97-06, the Department determined that the following providers are also exempt from reporting full units of time: Family-Based Mental Health Rehabilitation Services; and Mental Health Crisis Intervention.
- **IBHS Providers must provide the full unit of service and may not round up in any situation.**

IBHS Audit Trends: Encounter Forms



- In accordance with [Medical Assistance Bulletin 99-89-05](#), providers are required to obtain signed encounter forms to certify that the recipient received a service. Encounter forms may be developed by the provider and must contain the following information:
 - A certification statement: “I certify that the information shown on this invoice is true, correct and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws.”
 - Provider name and MA ID number
 - Recipient name and ID number
 - Recipient’s signature, or the signature of the recipient’s agent
 - Date of service
- Magellan further requires that all providers of **community-based services (including IBHS)** obtain a signed encounter verification form for each face-to-face contact that results in a claim being submitted to Magellan. Providers may determine how they comply with and monitor this requirement; however, at a minimum, the following information must be recorded on the encounter form:
 - All requirements included under MA Bulletin 99-89-05
 - Start and end time of the session (the actual time in clock hours, not the duration; i.e. ‘2:00 PM-4:00 PM’, not ‘2 hours’)

IBHS Audit Trends: Encounter Forms (continued)



- If a provider is unable to obtain a signature on the encounter form (including refusal), it must be documented why, and attempts should be made to obtain a signature the following session.
- The signed Encounter Forms should be part of the medical record (or otherwise available for review) at the time of a Magellan audit.
- Providers or employees of a provider are not permitted to sign encounter forms on a recipient's behalf.
- Encounters for IBHS Telehealth sessions:
 - Per OMHSAS-22-02 (current Telehealth Bulletin), signatures for service verification may include hand-written or electronic signatures, unless prohibited by other laws.
 - Effective on January 1, 2024, all providers are expected to capture service verifications in a manner that creates an auditable file and is in compliance with the agency's policies and procedures on encounter form signatures.
 - Audio-only verification for service encounters must be obtained either by having another employee of the entity hear (meaning two people) and documenting that consent or by utilizing a mechanism such as a telehealth platform or U.S. mail or email to secure consent. Services cannot be provided audio-only if there is not the ability to document the verification of service.
 - Effective August 10, 2023, providers were required to use a HIPAA-compliant telehealth platform. HIPAA is a federal regulation. The state has no ability to change or extend a federal requirement. If providers are utilizing a HIPAA compliant platform, you should be able to capture an electronic signature.
- **Providers should not bill for services for which they do not have verification of service provision.**

Encounters Forms- Best Practices



- ***The #1 source for self-reports and whistleblower allegations is related to the signature of blank encounter forms! Magellan also receives countless member complaints annually about this practice.***



Compliance recommendations:

- Intake packets/training: ensure families are well aware at the onset of services that staff asking them to sign a blank encounter form is not an acceptable practice.
- Staff training: incorporate this issue into annual compliance trainings
- As the issue is prominent with contractors, have these staff sign an attestation that they will not engage in the practice.
- Develop a policy or procedure regarding encounter forms and include all expectations and guidelines. Ensure all staff and contractors have a copy of the policy.
- Incorporate the review and comparison of progress notes and encounter forms into the routine auditing and monitoring process. Compare family members' signatures across time to ensure they match.

IBHS Audit Trends: Telehealth Documentation



- Adherence to all other regulations and requirements still apply to the service being delivered via telehealth as they would when delivered face-to-face. That includes but is not limited to following all of Magellan’s Minimum Documentation Guidelines found in our Pennsylvania HealthChoices (PAHC) Provider Handbook Supplement.
- In accordance with Magellan’s Telehealth Guidelines that were first issued during the COVID-19 disaster declaration, providers must clearly document a telehealth session. In addition to following the minimum documentation requirements in our PAHC Provider Handbook Supplement, the following information must be included in the record for each rendered telehealth service:
 - At intake, the documentation must include the member’s consent to receive services in this manner.
 - The documentation must indicate the mechanism for how services were delivered (e.g., telehealth, phone).
 - The documentation must include the telehealth platform that was utilized, if applicable (e.g., zoom).
 - The documentation must include the member’s phone number that was utilized, if applicable.

IBHS Audit Trends: Signature Requirements



➤ Considerations:

- **What is the law/ state requirement?**
- **What is your agency's Policy and Procedure?**
- Whether service is provided in-person, telehealth or audio-only, all providers are expected to capture consent to treatment, service verifications, and approval of treatment plans in a manner that creates an auditable trail and is in accordance with the timelines expected within regulation.
- Signatures for consent may be physical or electronic signatures, unless prohibited by other laws.
- Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity.
- Physical signatures may be obtained through a variety of different mechanisms:
 - In-person with the member
 - US Mail
 - E-mailed forms to a member who has the capability to print and return the hard copies; or print, scan and e-mail copies
- Telehealth platforms that utilize a check the box for the recipient of services to agree as a method of capturing consent for treatment plans are permitted provided there is also the option to not accept the treatment plan provided. Treatment plans are required to have an individual's or parent's signature attached to the record. Signatures may be obtained using a telehealth platform or by acquiring signatures via U.S. mail or email as soon as possible and no later than 90 days after the service.

Act 65 of 2020



[DHS Bulletin](#) (most recently updated in 2023)

What is Act 65 of 2020?



- Act 65 replaces Act 147 of 2004.
- Act 65 determines who can provide consent for voluntary mental health treatment of minors, in both inpatient and outpatient settings.
- Act 65 also determines who can consent to the release of a minor's medical and mental health records.



Who Can Consent ?



- Minors who are **14 years or older** can consent to voluntary **inpatient or outpatient** mental health treatment for themselves, without consent from parent or legal guardian.
 - Upon the acceptance of an **application for examination and treatment** by a minor, the director of the facility or designee **must promptly notify the minor's parents, guardian, or person standing in loco parentis**, and shall **inform them of the right to be heard upon the filing of an objection** (See the Mental Health Procedures Act, 50 P. S. § 7204)
- A parent or legal guardian of a minor **under the age of 18** can consent to **inpatient or outpatient** mental health treatment of their minor, without the minor's consent.
 - A parent or legal guardian **can consent** to voluntary **outpatient** mental health treatment of their minor **without the recommendation of a physician**.
 - A parent or legal guardian **can consent** to voluntary **inpatient** mental health treatment **with the recommendation of a physician, licensed clinical psychologist or other mental health professional who has examined the minor**.

Act 65 (continued)



- Objecting to Consent:
 - Neither Act 65 nor the MHPA address if a parent or legal guardian can object to voluntary outpatient treatment for which a minor has provided consent.; and vice versa neither Act 65 nor the MHPA address if a minor can object to voluntary outpatient treatment for which a parent or legal guardian has provided consent.
- Who can Revoke Consent:
 - A minor or parent/legal guardian can revoke their consent to inpatient or outpatient treatment at any time.
 - If a minor **provides consent, then later revokes it**, the parent or legal guardian **can provide consent for the treatment to continue**, and **vice versa**.
- Who Controls Records:
 - The control of records is with the consenting party.
 - When a parent or legal guardian has consented to the mental health treatment of a minor, the parent or legal guardian can also consent to the release of the minor's mental health records; HOWEVER, release of records with the consent of a parent or legal guardian are limited to direct release from **one mental health treatment provider to another or to a primary care provider**.

Other Reminders- Confidentiality



- Providers should develop and maintain their own policies and procedures that align with both HIPAA and applicable state regulations regarding who can consent to treatment and sign documents.
- Providers should develop and implement their own release of PHI forms in order to coordinate care with other treatment providers, service systems and member supports.
- Authorization to Use and Disclose (AUD) form, Magellan's consent form to share information with a third party should be completed by the member (or member's personal representative).
 - Fillable Form: https://www.magellanofpa.com/documents/2022/07/070122_pahcaudform.pdf/
 - Online Submission*: <https://www.magellanofpa.com/consent-to-release-protected-health-information-phi/>
- Magellan operates on the understanding that a minor child aged 14-17 understands and has consented to treatment; therefore, we need the member's permission to speak with their parents (and anyone else). Therefore, Magellan AUDs requesting that we share information with any third party must be signed by the minor aged 14-17.

Compliance Resources



- **Monthly Compliance E-mail Blasts**

- To be added to distribution list, send an e-mail to PAHCCompliance@magellanhealth.com
- All communications are posted to: <https://www.magellanofpa.com/for-providers/> (scroll down to Compliance Alerts accordion and maximize the section to see all history going back to 2013)

- **Magellan Provider Compliance Trainings**

- Magellan hosts an annual Compliance Training for all providers.
 - [2022 Training](#)
 - [2023 Training](#)

- **Magellan Compliance Website Page**

- [Preparing for an Audit](#)
- [Fraud, Waste & Abuse Resources](#)
- [Making a Fraud, Waste & Abuse Referral](#)
- [Audit Trends](#)
- [Compliance Best Practices](#)

- **Self-Auditing and Self-Report Protocol**

- DHS Self Audit Protocol: <https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Provider-Self-Audit-Protocol.aspx>
- [Magellan Guidelines](#)
- [Magellan Template](#)



Network Updates

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

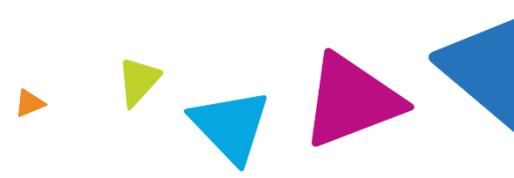
Crystal Devine – Network Management Specialist – Montgomery County - cedevine@magellanhealth.com

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.

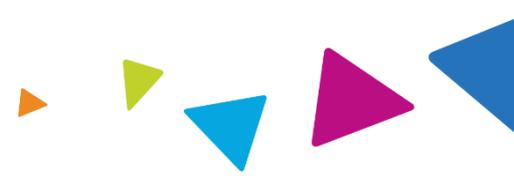
Why is this important?

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 members 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 modifiers. 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 correct claims, it is required to resubmit with the original claim number.



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 and 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.***



New IBHS Group Process

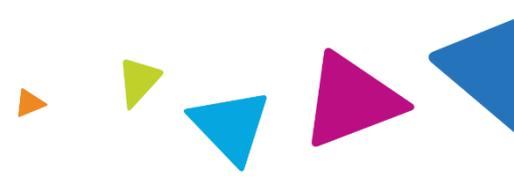


- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
 - ✓ IBHS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

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

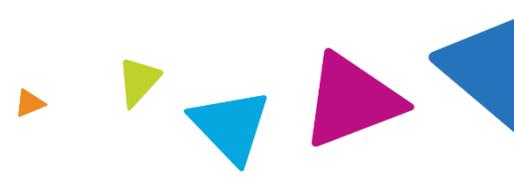
***Magellan should be notified prior to any changes as this can impact reimbursement.**

Availity Contact Information

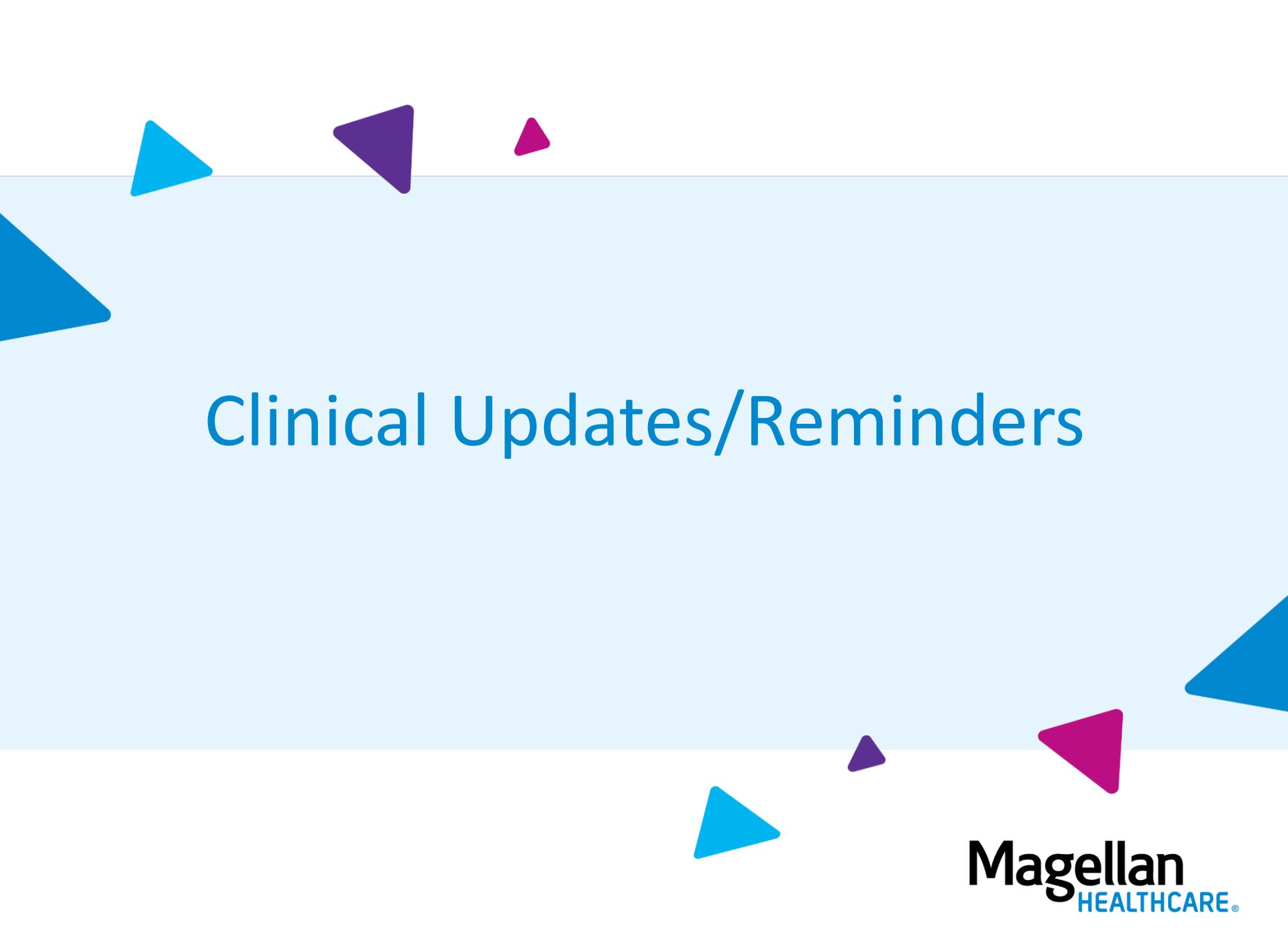


- Availity provider support is available via Availity Client Services (ACS):
- E-ticketing – Available 24/7 on <https://www.availity.com>.
- Chat – Available throughout the day via Community Support on <https://www.availity.com>.
- Phone –1.800.AVAILITY (282.4548) Monday-Friday 8a.m. - 8p.m.ET

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.



Clinical Updates/Reminders

Vacant Autism Care Manager (BCBA) position



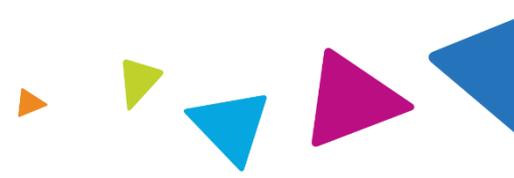
It is with very mixed emotions that I share that [Keisha Moeller](#), Autism Care Manager, has accepted a position with Magellan's commercial line of business. In her 3+ years with Magellan of PA, Keisha was instrumental in supporting us and our providers in the transition to IBHS. In addition, her subject matter expertise around ABA is exceptional and has added a tremendous value to our team.

This position is being backfilled and is currently posted on our website. I ask for patience with Emily, Ashley, Felicia and Sheera as they support our members and providers with 1 less team member until a new CM is hired.

Please outreach Kristen or IBHS@magellanhealth.com for general questions or assistance as I try to support the team as well.



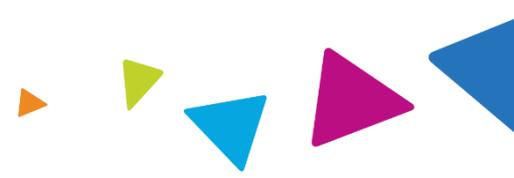
Authorization Edits



Once an authorization request is submitted to Magellan either online or via fax and then an error is found, please email IBHS@magellanhealth.com with the following information:

- Auth # (if already approved)
- Who submitted the auth request?
- Date of the auth request?
- What was the error?
- Reason for error?
- How was the error discovered?
- Are there denied claims as of result of this error?

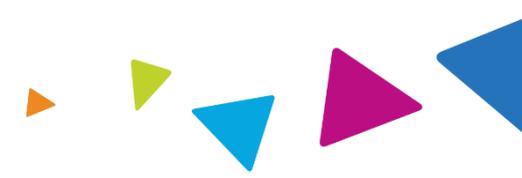
Higher Level of Care Collaborative Phone Call



- Magellan Care Manager will outreach provider for any IBHS member who is discharged from Acute Inpatient Program or Residential Treatment Facility within prior 30 days.
- Goal: To ensure supportive transition from 24-hour level provider to community-based provider

Please assist us in completing these in a timely manner.

Place of Service Codes



POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

Place of Service Codes indicate the setting in which a service is provided.



Best Practices for Discharge Planning:

<https://www.magellanofpa.com/documents/2021/05/ibhs-discharge-best-practices-final.pdf/>

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?

Social Determinants of Health concerns



Please complete the check off boxes on the TAR as appropriate for the member as it relates to any identified Social Determinant of Health (SDOH) concern.

Select all identified Social Determinants of Health Concerns:			
<input type="checkbox"/> Not Assessed	<input type="checkbox"/> None Known	<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Financial Strain
<input type="checkbox"/> Literally Homeless	<input type="checkbox"/> At Risk of Homelessness	<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education/Low Literacy	<input type="checkbox"/> Safety	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Unemployment/Underemployment
<input type="checkbox"/> Clothing	<input type="checkbox"/> Utilities		

<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.

Online Auth Submissions, WO Writer



- Please utilize the “Attending Physician” fields for First Name, Last Name, Provider Degree to correspond to the Written Order Writer from the request.

11. **Attending Physician /Provider First Name** – enter as appropriate.

* Attending Physician/Provider First Name 11	* Attending Physician/Provider Last Name 12
<input type="text" value="John"/>	<input type="text" value="Smith"/>

12. **Attending Physician/Provider Last Name** – enter as appropriate.

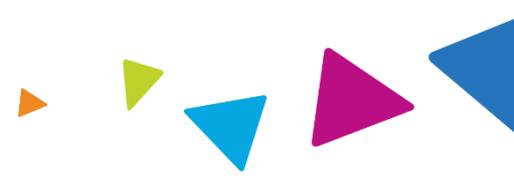
* Attending Physician/Provider Degree 13	Attending Physician/Provider is Unknown 14
<input type="text" value="MD"/> x ▾	<input type="text"/>

13. **Attending Physician/Provider Degree** – select the correct option from the drop-down list.

14. **Attending Physician/Provider**

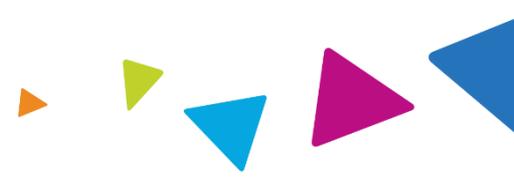
Provider Email Address 15	Extension Requested 16
<input type="text"/>	<input type="text"/>

What if a parent disagrees with the agency's assessment recommendation?



- What does your agency do?
- Option: Have the parent write a statement explaining their reasons for not agreeing with the recommendations at this time. This statement can be included in the packet request.

Assessment vs Updates to the Assessment - Reminder



Assessment Update: Like an evaluation addendum which provides important updated clinical information to support the change in prescription being requested.

- Please ensure the information provided clearly presents the clinical information, data, and clinical rationale for the requested change/addition.

Quick Reminder



Providers should be submitting the **authorization CPT/modifier combination like on the TAR.**

Even though the system shows you the modifiers you bill with, there is no change to the Magellan process that authorizations have their own unique CPT/modifier combination as it is currently on the TAR.



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

Treatment Authorization Request
 Change in IBHS Prescription

Bucks County
 Cambria 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?
Individual IBHS										
<input type="checkbox"/> BC				536	H0032	001	UB			
<input type="checkbox"/> MT				536	H2019	001	UB			
<input type="checkbox"/> BHT				536	H2021	001	AH			
<input type="checkbox"/> Brief Tx-BC				536	H0032	001	U1			
<input type="checkbox"/> Brief Tx-MT				536	H2019	001	U1			
<input type="checkbox"/> IFC-MT				536	H2019	001	U2			
<input type="checkbox"/> IFC-BHT				536	H2021	001	U2			
Group IBHS										

CANS Reminders



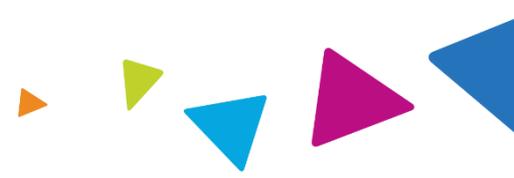
- CANS Assessment summary is required to be submitted with each authorization packet for any member 3 years or older.
- CANS must be completed by a certified by the Praed Foundation.
- The certified clinician completes the CANS in collaboration with the family, highlight the strengths and areas of need,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

Review of Initial IBHS Request



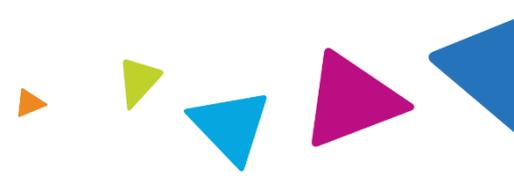
- Looking at:
 - Written Order
 - Assessment
 - Treatment Plan
 - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
 - Treatment Goals that are achievable
 - Frequency and Duration of Behaviors of Concern (each context)
 - Treatment Goals for reducing behaviors, increasing skills , and transfer of skills to caregiver(s)
 - Interventions targeting reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
 - Titration Plan
 - Discharge Criteria that are achievable

Review of Concurrent Packet Request



- Looking at:
 - Written Order
 - Assessment
 - Treatment Plan
 - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
 - Treatment Goals for reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
 - Interventions targeting reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
 - Frequency and Duration of Behaviors of Concern (each context)
 - Assessment of progress for each goal – revisions as indicated
 - Evidence of progress OR revision of treatment plan to address identified barriers
 - Treatment Goal for transfer of skills – with interventions and assessment of progress
 - Titration Plan
 - Discharge Criteria that are achievable

Request for Additional Information (RAI)



- RAIs with clinical questions indicate a need for clarification of:
 - Member behaviors (frequency and intensity) in each setting where services are requested
 - When, where, and how many assessments were conducted
 - Assessment of progress on goals (decrease in behavior/increase in skills)
 - Goal and interventions to transfer of skills to caregiver(s)
 - Assessment of progress transferring skills
 - Barriers to improvement/moderating treatment response
- RAIs with clinical questions indicate the needs for more information to support the Medical Necessity for the services requested.

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.



Clinical Data Updates

Q3 2023 Data for Providers A-I



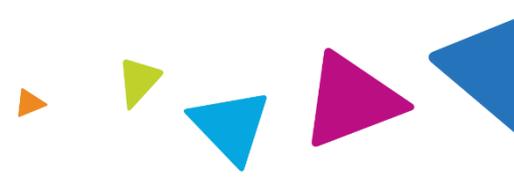
Overall Q3 2023 Provider Scores, Providers A-I:

County	Written Order	Assessment	Individual Tx Plan	CANS	IBHS MNG	Overall Total
Bucks	98.33%	76.21%	66.89%	65.00%	87.50%	74.15%
MNT	94.70%	85.01%	71.21%	56.82%	75.57%	78.66%
Lehigh	90.00%	84.28%	71.46%	62.50%	95.00%	79.18%
NH	100.00%	81.64%	75.54%	85.71%	85.71%	80.71%
Cambria	100.00%	82.14%	73.85%	100.00%	66.67%	80.08%
Overall	96.61%	81.86%	71.79%	74.01%	82.09%	78.56%

Highlighted green if total score went up compared to this provider group's Q1 2023 scores.



Plans for 2024

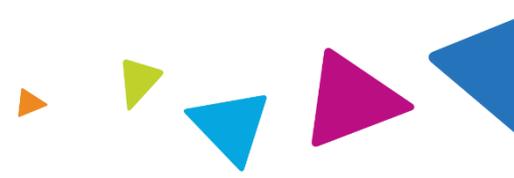


Great improvements is noted within the **Assessment** category. Providers have been working hard to strengthen the quality of the assessments completed during the reauthorization process.

Plan for 2024 is shift focus and time on strengthening **Individual Treatment Planning**. Dr Siegler will be offering some Best Practice webinars. Magellan plans to offer some other resources as well.



Next Quarter Provider Webinar

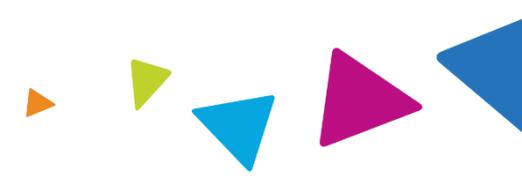


- Will share Q4 2023 data
- Will share cumulative data from 2023
- Will share the OMHSAS Dec 2023 Report overview

PROVIDER SPOTLIGHTS



External Written Orders/Assessments - REQUEST



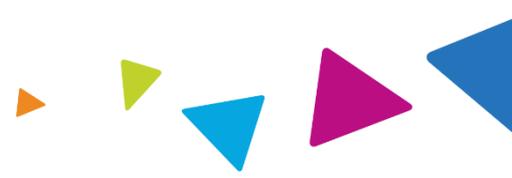
- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes. Ex. A WO completed by a Developmental Pediatrician.
- Please e-mail ibhs@magellanhealth.com the following information when you encounter a member with an external Written Order 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



Upcoming Forums, Technical Assistance & Resources

<https://www.magellanoftpa.com/for-members/services-programs/ibhs/#>



IBHS Summary Video



Transition Age Navigation Guide



Transition Age Navigation Guide

Thank you to the Autism Action Committee for your support in creating this valuable resource for individuals and families.

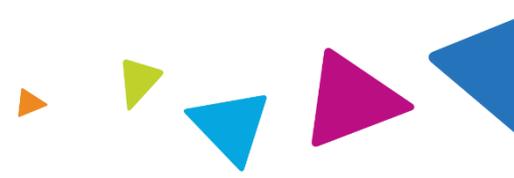
Lehigh and Northampton Counties, July 2023



Find helpful resources here:
MagellanofPA.com/ResourceGuide



CHIP and HIPP Resources



- **Children’s Health Insurance Program (CHIP)** – As of April 17, 2023, the PA Dept of Human Services (DHS) are determining eligibility for CHIP applications and renewals.

CHIP FAQ: <https://www.dhs.pa.gov/CHIP/CHIP-Resources/CHIP-Resources/Documents/CHIP-Transition-Enrollee-FAQ.pdf>

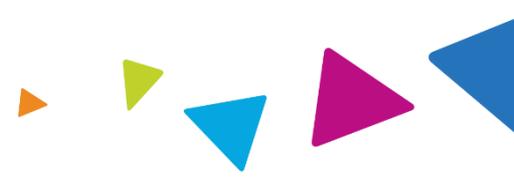
- **Health Insurance Premium Payment (HIPP) Program** – Administered by PA DHS. If the MA costs are greater than the cost of the employer insurance, the client is enrolled into the HIPP Program.

DHS HIPP Program Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

COMPASS is an online tool to apply for many health and human service programs and manage benefit information.

<https://www.compass.state.pa.us/compass.web/Public/CMPHome>

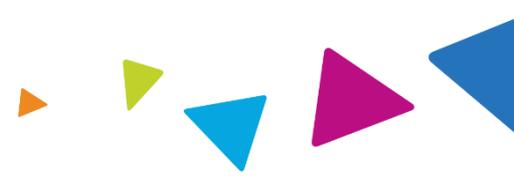
Helpful Resources for Online Authorizations



Self-Service Provider Training Materials are available at 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....

Do you have a new IBHS staff at your agency who needs to understand Magellan processes?



Here are some helpful resources:

- Online Authorization System www.MagellanProvider.com/authsystem
- Availity <https://www.availity.com>
- Magellan IBHS forms, previous Provider Workgroups, Best Practice Trainings <https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>
- Ask your Care Manager for a copy of the **New Provider training** which is given to new providers as they come in network.



Thursday, April 4, 2024, 9:00 to 11:00 A.M. Via Zoom

Register in advance for this meeting:

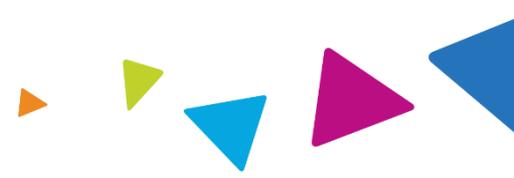
<https://magellanhealth.zoom.us/meeting/register/tJEqc-6rqz0jGNWBdr8b3kPEpXr2NjEu9ZS3>

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

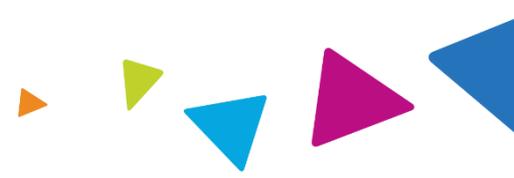
No invites are sent. This info can always be found at the bottom of our

IBHS provider webpage:

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



Questions?



Thank you!

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