

Magellan Provider Orientation

FOR GROUPS AND INDIVIDUAL
PROVIDERS IN CALIFORNIA

March 2023

Magellan
HEALTHCARE®

Agenda



- » Who is Magellan?
- » What does it mean to be a Magellan provider?
- » Updating practice information
- » Member eligibility and benefits
- » Member access to care
- » Outpatient care management
- » Commitment to quality improvement

- » Employee Assistance Program (EAP)
- » Credentialing and recredentialing
- » Magellan contract
- » Magellan-paid claims
- » Electronic funds transfer
- » Balance billing prohibition
- » Magellan provider website

Who is Magellan?



Types of customers we serve:

1

Health plans

- Blue Shield of California (BSC)
- State of California (SOC)
- Positive Healthcare
- Health Plan of San Mateo



2

Employee Assistance Programs (EAP)

Providers will need to complete an EAP Addendum and Attestation

What does it mean to be a Magellan provider?



Being a Magellan provider means you share Magellan's commitment to quality care; this commitment is demonstrated by:

- **Complying with credentialing** requirements in a timely manner
- **Obtaining authorization** of care as required by the member's benefit plan
- **Rendering care** in accordance with Magellan's clinical practice guidelines when clinically appropriate
- **Participating in treatment record reviews** when requested
- **Informing members** of their rights and responsibilities and the importance of collaborating with their primary care providers and others involved in their healthcare
- **Initiating and maintaining ongoing communication** with the primary care provider when authorized by the member
- **Submitting complete claims** in a timely manner



Updating practice information



Regularly updating your practice data is critical to all transactions with Magellan.

Practice data impacts:

- Authorization notifications
- Recredentialing notifications
- Network/contractual-related communications
- Provider directories
- Claims payment



Office managers/group administrators must be cautious

when updating practitioner information, particularly when the provider maintains a solo practice and/or works for other group practices.

Updating practice information (continued)



What you need to do – solo clinicians

Notify Magellan within 10 business days of any changes in your individual practice information including:

- ✓ General information
- ✓ Contact information
- ✓ Access / availability
Promptly notify us if you are unable to accept referrals for any reason including:
 - Illness
 - Practice not accepting new patients
 - Professional travel, sabbatical, vacation, leave of absence, etc.
- ✓ Specialties
- ✓ Service, mailing or financial address

Updating practice information (continued)



What you need to do – group practices

Notify Magellan within 5 business days of any changes in your practice information including:

- ✓ General information
- ✓ Contact information
- ✓ Access / availability
Promptly notify us if you are unable to accept referrals for any reason including:
 - Illness
 - Practice not accepting new patients
 - Professional travel, sabbatical, vacation, leave of absence, etc.
- ✓ Specialties
- ✓ Service, mailing or financial address
- ✓ Practitioners departing the group practice
- ✓ New practitioners joining the group practice

Updating practice information (continued)



What you need to do



Access Magellan's **mandatory** online Provider Data Change Form (PDCF) which allows you to update your information in real time.

- Go to www.MagellanProvider.com.
- Sign in with your secure username and password.
- Click *Display/Edit Practice Information* from the left-hand menu.
- Attest to the accuracy of your practice data on a quarterly basis and anytime you make an update to your information.



Training is available online under the *Education* heading on the provider website



Magellan provider network staff members also are available to assist with provider training

Provider Data Change Form

My Practice

- ▶ My Contact List
 - Get My Messages
 - Lookup Contact Info
- ▶ My Authorizations
 - Check Member Eligibility
 - View Authorizations
 - View EAP Registrations
 - Request Autism Spectrum Disorder Auth
 - Request Member Care
- ▶ My Claims
 - Submit a Claim Online
 - View Claims Submitted Online
 - Check Claims Status
 - Submit an EASI Form
- ▶ My EDI
 - Submit EDI Files
- ▶ My Outcomes
 - Manage Outcomes
- ▶ My Status
 - Check Credentialing Status
 - Check Contract Status
- ▶ My Practice
 - Administrator Setup
 - Display/Edit Practice Information
 - Submit Online W-9
 - Display/Edit Roster
 - Manage Mail Options
 - My Notifications
- ▶ My Reports
 - Plan-Specific Reports
- ▶ My Forms
 - Medicaid Disclosure
- ▶ My Profile
 - Change Password
 - Edit My Profile
 - Change Challenge Question

My Practice Info Practice Information


Provider Data Change Form | Provider Profile | Member Ratings | Dashboards Reports

Select from the options below to edit your practice information.

452145028 GRANGER TEST RECORD, LILY (111111000) ▼

To change your billing Taxpayer Identification Number (TIN), you must complete and submit a [Form W-9](#).















Attest to the accuracy of your data.

You must click on each of the sections indicated with a  below, review your information (and update as needed), then click "I Attest".

I attest that I have reviewed the data contained in the following sections:

- **General Information**
- **Access**
- **Specialties, Languages & Age Range**
- **Mailing Address & Professional Email Address**
- **Service Address, Hours & Medicaid ID Information**

I Attest

General Information 	
Office Contacts	
Access 	
Specialties, Languages & Age Range 	
Mailing Address & Professional Email Address 	
Financial Address	
Service Address, Hours & Medicaid ID Information 	
Home Address	
Electronic Funds Transfer	
W-9 Form	



Provider Profile



This feature on our provider website allows providers to enhance the information that members see in our online Provider Search tools; you can:

- Upload a photo
- Include a personal statement
- Share awards and distinctions
- Share top attributes



Practitioners who are part of a group also can sign into the provider website and update their profile



Making more in-depth information about network providers available to members

helps support consumer choice and ultimately contributes to the best care and positive clinical outcomes for members

To access the provider profile:

1. Sign into the website with your secure username and password at www.MagellanProvider.com
2. From the left-hand My Practice menu, select *Display/Edit Practice Information*
3. Click the *Provider Profile* tab

Provider Profile



My Practice

- ▶ **My Contact List**
 - Get My Messages
 - Lookup Contact Info
- ▶ **My Authorizations**
 - Check Member Eligibility
 - View Authorizations
 - View EAP Registrations
 - Request Autism Spectrum Disorder Auth
 - Request Member Care
- ▶ **My Claims**
 - Submit a Claim Online
 - View Claims Submitted Online
 - Check Claims Status
 - Submit an EASI Form
- ▶ **My EDI**
 - Submit EDI Files
- ▶ **My Outcomes**
 - Manage Outcomes
- ▶ **My Status**
 - Check Credentialing Status
 - Check Contract Status
- ▶ **My Practice**
 - Administrator Setup
 - Display/Edit Practice Information
 - Submit Online W-9
 - Display/Edit Roster
 - Manage Mail Options
 - My Notifications
- ▶ **My Reports**
 - Plan-Specific Reports
- ▶ **My Forms**

My Practice Info :: **My Profile - Begin** [Help?](#)

Provider Data Change Form **Provider Profile** Member Ratings Dashboard Reports


Begin Profile Awards & Publications Preview

Manage Your Profile

Enhance your profile - visible to Magellan members via our Provider Search tool - and attract new member referrals! You can upload a photo, enhance your biographical information, and share your professional attributes.

Note: To make revisions to your other practice information, please select the Provider Data Change Form tab above.

To begin, please select the TIN/MIS for this profile:





Member eligibility and benefits



Benefits are not the same for all members with the same health plan



When required, obtain authorization prior to treating the member



Check on Availity Essentials, or call the appropriate toll-free number or go online to verify eligibility and benefits before treating a member



Routinely verify insurance information with the member and re-verify eligibility



Verify coverage and member co-payments, coinsurance and/or deductible



Obtain a copy of the member's card at first visit

Check member eligibility and benefits



- To get eligibility and benefits, including accumulated amounts, for Magellan members, providers must use the [Availity Essentials provider portal](#), Availity.com.

A screenshot of the Availity Essentials provider portal. The top navigation bar includes 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar is on the right. The main content area is titled 'New Request' and includes a 'Watch a quick demo' link. The form fields are: '* Payer' (dropdown menu with 'MAGELLAN HEALTHCARE' selected), 'Provider Information' section with 'Select a Provider' (dropdown menu with 'Search for a Provider' text), '* NPI' (text input field), and 'City' (text input field). On the left sidebar, there are two buttons: 'EB Eligibility and Benefits Inquiry' (highlighted with a red box) and 'EP View Essentials Plans'. Below these is a feedback section titled 'Tell us what you think.' with three smiley face icons (happy, neutral, sad).

- This portal requires an Availity Essentials registration/login (separate from your MagellanProvider.com login). Once logged in to Availity Essentials, you'll also be able to access MagellanProvider.com secure applications via single sign on (SSO).
- Note: for some state-sponsored or government-funded programs, benefits may not appear in Availity Essentials; to verify eligibility and benefits, **go to the state's website**.

Member access to care



Our access-to-care standards enable members to obtain behavioral health services from an in-network provider within a timeframe that reflects the clinical urgency of the situation.

YOU MUST:

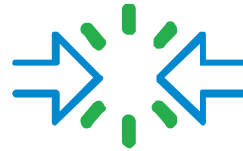
- Provide access to services 24 hours a day, seven days a week
- Inform members of how to proceed, should they need services after business hours
- Respond to telephone messages within 1 business day
- Provide immediate emergency services when necessary to evaluate or stabilize a potentially life-threatening situation
- Provide services within 6 hours of a referral in an emergent situation that is not life-threatening
- Provide services within 48 hours of a referral in an urgent clinical situation (EAP members within 24 hours)
- Provide services within 10 calendar days of referral for routine clinical services and within 15 days for psychiatrist (EAP members within 3 business days)
- Prevent wait time from exceeding 15 minutes beyond scheduled appointment time



Magellan Healthcare's outpatient care management model:



Reduces provider administrative tasks



Identifies and addresses gaps in behavioral health services and coordination



Expedites direct access to care



Our objective is to work with providers to make sure that the members we jointly serve have the best opportunity to return to whole health and productivity.

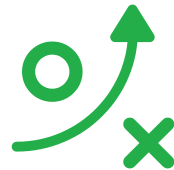
Key components of our outpatient care model



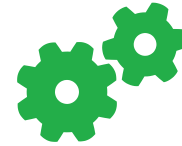
The model works by:



Removing administrative processes often perceived as access barriers, such as preauthorization and treatment request forms



Using proprietary evidence-based, clinically driven claims algorithms to identify only those cases needing care management support or other intervention



Reviewing all submitted claims against the clinical algorithms

What does it mean for providers?



You can initiate routine outpatient services



including counseling and medication management visits for members, without calling Magellan or obtaining preauthorization through our website

Less time spent on the phone or online



with Magellan to obtain authorization for routine outpatient care that meets criteria for continuation

Reduced administrative burden



providing more time for you to spend with your patients and your practice



In support of our Quality Improvement Program, providers must be familiar with our guidelines and standards, and apply them in clinical work with members.

Key quality measures include:

- Clinical record documentation
- Coordination of care
- Member rights and responsibilities
- Notification of adverse incidents
- Monitoring of atypical antipsychotic medication

We obtain provider feedback through various channels including provider satisfaction surveys, our national Provider Services Line and the Magellan provider website

Employee Assistance Program (EAP)



EAP Registration

- All members must be registered for EAP.
 - Members will contact Magellan for a registration and obtain a MAT number (case number).
 - Providers need to go to www.MagellanProvider.com and sign in, then click on **View EAP Registrations** from the left-hand menu to complete the registration
 - A demo is available for this tool under Education/Online Training. Scroll down to the bottom of the page and click EAP Registration under the EAP section.

EAP (continued)



- The EAP handbook supplement and associated EAP resources are available at [MagellanProvider.com/EAP](https://www.MagellanProvider.com/EAP).
- EAP Forms are available under the heading *Forms*. They also are available on the member's registration.
- **Reimbursement**
 - Use the EASI Form to submit reimbursement requests to Magellan.
 - Submit via our online portal, www.MagellanProvider.com. Sign in and click on Submit an EASI Form.
 - A demo is available for this tool under Education/Online Training. Scroll down to the bottom of the page and click EASI Form Demo under the EAP section.

Check network participation



- The *Check Network Participation* application gives you timely information about your recredentialing status in our network.

Network Participation Status ::

Provider Status: ACTIVE ?

Recredentialing Due Date: [Redacted]

Days Until Recredentialing: [Redacted]

Note: If your organization is in the application process, be sure to submit your application materials in a timely manner so we can process your application before your recredentialing due date.

Provider Status
This means that you maintain at least one active contract in a Magellan network and are currently credentialed. To confirm your network participation status for a specific Magellan member's plan, contact us by secure message and we will respond to your message promptly.

View information about contracts and facilities in [Section 2 of the supplement to the Magellan National Provider Handbook](#).



OUR POLICY



Magellan providers are required to successfully complete the credentialing review process prior to being accepted as a network provider and every three years unless otherwise required by applicable state and federal law, a customer and/or an accrediting entity.



Only credentialed providers may render services to Magellan members as in-network providers.



Magellan does not permit services to be rendered by non-licensed clinicians under the supervision of a licensed, credentialed practitioner.



Clinicians affiliated with a group practice must complete the individual credentialing process in order to render covered services to Magellan members.

Recredentialing procedures



Providers must ensure that their CAQH profile is complete, current and authorized for Magellan access. Inability to access a provider's CAQH application is the most common reason for involuntary termination from the Magellan network.



Upon receipt of a completed application, we re-verify provider credentials, and our Regional Network and Credentialing Committee (RNCC) reviews for continued network participation.



We review quality indicators – such as complaints, adverse incidents, and treatment records reviews – during the recredentialing process.

Recredentialing procedures (continued)



1. To monitor network quality, Magellan reviews provider credentials every three years as required by our accreditation, contract and/or applicable state law.
2. We notify providers only if we cannot access a CAQH application. This notice states that we attempted to obtain the application and instructs the provider to log on at <http://proview.caqh.org> to update, re-attest, and/or authorize Magellan's access.
3. If Magellan receives an incomplete application, we will make three outreach attempts to acquire missing data, information or documents (e.g., updated malpractice information). If the provider does not respond, we close the recredentialing application, suspend new referrals, schedule network termination as of the recredentialing due date, and mail a final notification to the provider.



GROUP CONTRACTS



1. To be an in-network group provider, the group must be contracted with Magellan **and** in order to be referral-eligible, the practitioners within the group must be individually credentialed by Magellan.
2. A group member who leaves the group practice and is not also contracted with Magellan under an individual provider participation agreement is no longer considered a Magellan participating provider.
3. Magellan expects all practitioners in a participating group to be credentialed and participating in the Magellan network; members accessing a participating practice must be assured access to participating practitioners.



GROUP CONTRACTS (continued)



4. When group membership changes (e.g., a practitioner joins or leaves your group):
 - **You must update your group roster** via the Magellan provider website. *Note: adding a provider to the group roster does not automatically affiliate them to the group contract or initiate a credentialing application.*
 - If the new group member is not already Magellan-credentialed, **they must begin the credentialing process** to be eligible to receive referrals. Adding the provider to the group roster will initiate the credentialing process, but **you must wait for confirmation of successful credentialing and activation prior to their seeing members and billing for services.**
 - **Make sure the provider's CAQH information is complete and up to date** to ensure timely credentialing and activation.

Magellan-paid claims requirements



Timely filing of claims:

- Commercial:
90 days par
**Calculated from Date of Service*
- Medicare:
90 days par
**Calculated from Date of Service*



Exceptions to timely filing requirements:

- COB claims where Magellan is the secondary payer

**Same limits as listed to the left, except calculated from date of Primary Carrier EOB*



Accepted methods for submission of claims:

- Electronic Data Interface (EDI) via direct submit
- EDI via a clearinghouse
- “Claims Courier” — Magellan’s web-based claims submission tool
- CMS-1500 or UB-04

Submit an appeal/dispute document



- Start an appeal or submit documents for a non-urgent appeal or dispute with **the Submit an Appeal/Dispute Document** application.
- *For urgent and expedited appeals/disputes: Contact the appropriate toll-free number for the member's program; do not submit the information online.*

Submit an Appeal/Dispute Document :: [Upload Document](#) [Help?](#)

Upload Document

For non-urgent appeals/disputes: Upload supporting documents pertaining to the denied authorization or claim.

For urgent and expedited appeals/disputes: Contact the appropriate toll-free number for the member's program; do not submit the information here.

For public sector plans: Follow the local program's process for appeals and disputes; do not submit the information here.


***Required field**

Contact Information

[Clear Contact Info](#)

Last Name: *	<input type="text"/>	First Name: *	<input type="text"/>
Phone Number: *	<input type="text"/>	Alternate Phone:	<input type="text"/>
Email Address: *	<input type="text"/>	Preferred Contact Method:	<input type="text"/>


Upload Document

Select Magellan P.O. Box Number: * 

--SELECT--

Select Document Type: *

--SELECT--

Indicate the related claim, authorization or member ID: ? 

Choose Document: *

No file chosen

If you have information to upload for multiple members, upload each document separately. Do not include information for multiple members in a single document, as it will not route appropriately.

Acceptable document formats include .pdf, .tiff, or .tif.

Enroll in electronic funds transfer (EFT)



Providers must enroll in EFT for Magellan-paid claims

What are the benefits of EFT?

- Claims payments get to your bank account more quickly than the standard process of mailing and cashing or depositing a check
- No risk of lost or misplaced checks
- Go to MagellanProvider.com/EFT for details on enrolling in EFT

Explanation of Benefits (EOB) are available

For most plans, you'll access your explanation of benefits (EOB) / explanation of payment (EOP) on:

- [Availity Essentials provider portal](#)
- [ECHO Health provider portal](#) (if using a clearinghouse) your clearinghouse's portal.

View claim status

- To view claim status and EOB/EOP information for Magellan members, providers must use the [Availity Essentials provider portal](https://www.availity.com), Availity.com.
- This portal requires an Availity Essentials registration/login (separate from your MagellanProvider.com login). Once logged in to Availity Essentials, you'll also be able to access MagellanProvider.com secure applications via single sign on (SSO).



The screenshot shows the Availity Essentials provider portal interface. At the top, there are navigation links for 'Home', 'Notifications' (with a '1' badge), and 'My Favorites'. Below this is a secondary navigation bar with tabs for 'Claims & Payments', 'Clinical', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area is organized into three columns. The first column, 'Claim Status & Payments', is highlighted with a red box and contains two items: 'CS Claim Status' and 'RV Remittance Viewer'. The second column, 'Claims', contains 'PC Professional Claim' and 'EP View Essentials Plans'. The third column, 'EDI Clearinghouse', contains 'Send and Receive EDI Files', 'File Restore', 'EDI Reporting Preferences', 'Payer List', and 'Transaction Enrollment'. At the bottom, there is a footer bar with three sections: 'Remittance Viewer', 'Eligibility and Benefits Inquiry', and 'Authorization Referrals'.

Balance billing prohibition



Members cannot be billed for the difference between your usual and customary charge and your contracted rate; this practice is called “balance billing” and is prohibited under the terms of your Magellan Provider Participation Agreement



Members may only be billed for missed appointments if you have a specific and clear policy of your billing practice for missed appointments and the policy is signed by the member

- Members cannot be billed for more than the contracted rate of the missed appointment
-

MagellanProvider.com

Features:

- User guides/demos
- National provider handbook and supplements
- *Provider Focus* newsletter
- Eligibility and benefits (on Availity Essentials portal)
- Authorization inquiry
- Provider Data Change Form
- Provider Profile
- Claims inquiry (on Availity Essentials portal)
- Electronic claim submission
- EDI Testing Center
- Companion guides for various transaction types
- HIPAA billing code set guides
- EAP information and forms
- EAP online billing
- Clinical practice guidelines
- Medical necessity criteria



Helpful online information



The following information is available on www.MagellanProvider.com

- Under the topic *Providing Care/Clinical Guidelines*
 - Clinical Practice Guidelines
 - Medical Necessity Criteria (MNC)
 - Substance Use Solutions
 - Psychological Testing guidelines
- Under the topic *Getting Paid/Electronic Transactions*
 - List of contracted clearinghouses
 - How to enroll in EFT
- Under the topic *Forms/Clinical*
 - Clinician Communication Form
 - Member’s Rights and Responsibilities
- Under *News & Publications/State-, Plan- and EAP-Specific Information*
 - Quick reference guides, handbook supplements, and more for:
 - Blue Shield of California
 - California (statewide)

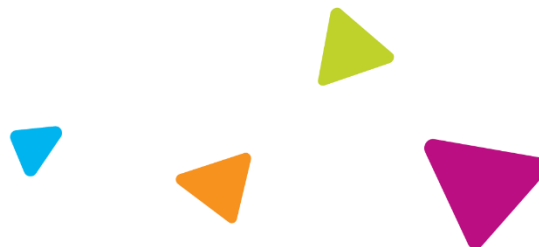
News and information for Magellan network providers

- *Provider Focus* is an award-winning, quarterly e-newsletter available on our behavioral health provider website, MagellanProvider.com. Click “Provider Focus” on our home page.
- The publication provides network-wide information in addition to region- and plan-specific news you can use.
- Feature articles in *Provider Focus* include valuable information on topics that can directly impact your practice in key areas such as:
 - Current company events and new initiatives
 - Claims information and submission tips
 - Clinical findings and processes
 - Employee Assistance Program information
 - New products and services
 - Network efficiencies and survey results
 - Regulatory requirements and industry best practices
 - Quality improvement and medical services news



Thank you

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



Magellan
HEALTHCARE®