Magellan's Authorization System
Frequently Asked Questions for Providers

1. **How do I access Magellan's authorization system?**
   Access Magellan's authorization system via Availity Essentials. Log in to Availity Essentials (Availity.com) with your username and password, go to **Payer Spaces,** click **Magellan Healthcare,** then select the **Authorizations** tile.

2. **Where can I find authorization system training resources?**
   Go to www.MagellanProvider.com/authsystem to find videos, user guides and a recorded webinar about the authorization system.

3. **How do I change my password for the authorization system?**
   Access to the authorization system is enabled through Availity Essentials; therefore, peform any password management in Availity Essentials (rather than directly within the authorization system or through MagellanProvider.com).

4. **What if I forgot my username or password?**
   Since access to the authorization system is enabled through Availity Essentials, direct any issues with username and password to Availity's customer service at 1-800-282-4548.

5. **What browser should I use when working in the authorization system?**
   Google Chrome is the recommended browser.

6. **How do I search for members in the system?**
   Search for a member using the full Member ID (11 digits or 9 digits) AND the member's date of birth.

7. **While starting a pre-certification as an enrolled provider/facility, if I cannot locate my correct correspondence address in a provider search, or if I'm unable to locate my provider/facility's correct address, whom do I contact?**
   Call Magellan's Provider Services for assistance. Here are the county-specific phone numbers for reference:
   - Bucks/Montgomery Counties: 1-877-769-9779
   - Cambria County: 1-800-424-3711
   - Lehigh/Northampton Counties: 1-866-780-3368

8. **What is the benefit of completing the required Note and Attachments?**
   Including crucial member-specific clinical information and pertinent documentation during the initial request submission results in a cleaner claim, which can significantly reduce the back and forth requests for more information and also cut down on the timeline for claims adjudication.

9. **Will you notify me when additional stay levels and service types are available in the system?**
Yes, we will share additional information when available.

10. **For provider portal (Availity Essentials) issues, whom do I call?**
For issues logging into Availity Essentials, contact Availity Customer Service at 1-800-282-4548.

11. **For authorization system specific questions, whom do I call?**
Call Magellan's Provider Services for assistance. Here are the county-specific phone numbers for reference:
    - Bucks/Montgomery Counties: 1-877-769-9779
    - Cambria County: 1-800-424-3711
    - Lehigh/Northampton Counties: 1-866-780-3368

12. **How do I check the status of a submitted authorization request?**
If you are the requesting provider, you can provide the Member ID or authorization number in the Dashboard view to search for the request. The request will appear in the table for interaction and status viewing.

13. **Am I able to edit a determined authorization?**
You can add additional days through the Extend button.

14. **Upon submission, will I get a reference number for the request?**
Yes, the authorization number immediately displays.

15. **Are clinical attachments required for authorization requests?**
A clinical attachment is required for some service types. There is instruction on the screen if an attachment is required.

16. **Do the units in the authorization system account for what the member has available and is within their benefit structures?**
Pre-certification is based on medical necessity only, and benefit quotes are not provided. For questions surrounding benefits, review the member's eligibility on Availity Essentials. The authorization system does provide real-time status of the authorization, so you are informed during the process.

17. **For denials, does the authorization system specify the denial reason?**
No, members and providers will receive communication over the phone and/or via letters.

18. **Does the Dashboard display authorization information?**
The system currently displays Stay Level/Service Type, along with additional details, once the authorization is selected and the carat is opened. Additional information is available when selecting View Auth Details.

19. **I received a "pop-up blocker" box, what should I do?**
You will need to turn off your pop-up blocker in the browser you are using.

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20. When I search my providers there is a delayed response, why?
The system is searching through the provider database, and the results may delay due to the volume of providers assigned to one Taxpayer Identification Number (TIN).

21. I have registered for use of Magellan's authorization system under more than one TIN, how can I review all pre-certification requests for all the registered TINs?
You will need to activate/select each registered provider TIN by selecting the Provider Filter on the upper right-hand corner of the Dashboard and select all the TINs you want to view.

22. Will the authorization system accept retroactive (backdated) referrals?
Please submit back-dated requests to Magellan following the existing Retro Request process. See your Provider Handbook for details.

23. What is the member's applied eligibility?
Applied eligibility refers to the system's verification of eligibility and the date range of services. The member's applied eligibility will automatically be applied, and it will always autofill. If for some reason it does not, you can reach out to Magellan.

24. Can I see existing authorizations and whether they have been approved or denied?
Yes, you can see authorizations that you have submitted and their status.

25. How far in advance can I request service?
The authorization system will allow a start date up to 30 days in the future.

26. Can I request an extension?
Yes, you can add the extension within the authorization system.

27. When I need to upload reauthorization documents, must I create a new submission each time or can I use the same account?
Submit reauthorizations – known in the system as extensions – using the Extend button. You will need to upload or complete the Notes as required for that level of care.

28. What is the estimated turnaround time for authorization approvals?
All regulatory timeframes will be met based on the level of urgency. The turnaround time will remain the same with the online system.

29. How many attachments can I add?
You will be able to upload multiple (as many as required) documents to the same authorization.

30. What if the service provider has a waitlist? We would be unable to have a start date; how do we proceed for the date?
You cannot submit authorization requests without a start date using the online authorization system. Submit these requests to Magellan via fax or secured email.

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31. **If one case manager submits an authorization request, can a different case manager check the status?**
Each agency decides which staff members have access to the authorization system. All individuals with their agency's sign-on privileges will be able to view authorization for the agency.

32. **What if the units requested exceed 999?**
    - Create a request for 999 units.
    - Click "Add Service."
    - Use the **Add Service** screens to request the additional units over 999.

    For example, 999 units of H2021 for the first requested service and 201 units of H2021 for the additional service for a total request of 1,200 units of H2021.

33. **Are we still required to attach a treatment authorization request (TAR) even though we're providing most of the information in the new system?**
The TAR is no longer required in the attachment since you now enter the information into the authorization system. The system will let you know what you need to submit.

Some levels of care, such as IBHS, will still require you to upload the appropriate packet, but will not require a Note.

For other levels of care, the TAR has been replaced with a Note that you can enter using the NOTES field located at the top of the screen.

34. **How do I proceed with an authorization request for a level of care not in the authorization system?**
If you do not see the level of care, follow the procedure you are doing now. For example, if you normally call, you will continue to call.

35. **Is the system only for Pennsylvania HealthChoices county-based services or is it also for commercial plans managed by Magellan?**
At this time, the authorization system is only for requesting services for Pennsylvania HealthChoices members.

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