

Magellan Health Services, Inc. 2012 Provider Handbook for the *National Provider Network*

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Welcome to Magellan Behavioral Health*

This handbook is your reference guide for navigating Magellan. **As a contracted Magellan provider of clinical care, it is your responsibility to be familiar with and follow the policies and procedures outlined in this handbook.** Each section of the handbook outlines our philosophy, our policies, your responsibilities to Magellan and our responsibilities to you. The appendices in this handbook contain more extensive information, including our:

- ◆ Clinical practice guidelines,
- ◆ Medical necessity criteria,
- ◆ Credentialing criteria, and much more.

This handbook also provides information about the provider self-service features available to you on our website. Please be aware that by accessing the online provider services located at www.MagellanHealth.com/provider, you can accomplish virtually all the business tasks you'll need to complete with Magellan—in one convenient online location.

We hope you find this a helpful tool in working with Magellan to provide quality care to members. We welcome your feedback on how we can make our handbook even better and more helpful to you. Comments can be emailed to Editor@MagellanHealth.com.

*Magellan Behavioral Health, Inc.; Magellan Behavioral Health Systems, LLC, f/k/a Human Affairs International; CMG Health, Inc.; Green Spring Health Services, Inc.; Merit Behavioral Care; Magellan Health Services of Arizona, Inc.; Magellan Health Services of California, Inc.-Employer Services; Human Affairs International of California; Magellan Behavioral Care of Iowa, Inc; Magellan Behavioral Health of Florida, Inc; Magellan Behavioral of Michigan, Inc.; Magellan Behavioral Health of New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc; Magellan Behavioral Health Providers of Texas, Inc.; and their respective affiliates and subsidiaries are affiliates of Magellan Health Services, Inc. (collectively "Magellan").

About Magellan

Magellan Health Services is the country's leading diversified specialty health care management organization providing behavioral health management, radiology benefits management services and specialty pharmacy management services to customers including health plans, government agencies and corporations nationwide. Our vision is to use our health care management expertise to improve health care outcomes for individuals and their families. Our clinical and operational philosophy allows us to offer our members access to high-quality, clinically appropriate, affordable health care, tailored to each individual's need, while managing costs responsibly for our customers.

Our Products

Magellan affiliate Magellan Behavioral Health offers customers a broad array of mental health and substance abuse clinical management services that combine the best of traditional approaches to health care delivery with innovative, emerging solutions. Depending on your credentials, skills and experience, you may receive referrals for the following services:

Magellan EAP & LifeManagement: This product focuses on problem resolution by combining traditional Employee Assistance Programs with work-life services such as child and elder care referrals, and adoption and legal assistance.

1. Introduction

Magellan Behavioral Care Management: Designed to promote our members' behavioral health and wellness while responsibly managing our customers' health care dollar, our approach is based on a clinical philosophy of providing timely access to high-quality, clinically appropriate, affordable behavioral health care services tailored to members' individual needs. Key features of our program include:

- ◆ Working closely with medical insurers to coordinate and integrate behavioral health care with medical care
- ◆ Coordinating access to a full continuum of mental health and substance abuse services, with care delivered in the most clinically appropriate, least-restrictive settings.

Magellan Condition Care Management: Designed to help combat chronic health and wellness challenges, Magellan's Condition Care Management programs focus on coordination and collaboration between behavioral health and medical care to generate positive treatment outcomes. The programs emphasize active patient coaching and education. Magellan offers distinct Condition Care Management products that address obesity management, chronic behavioral health issues, and medical conditions that also involve co-morbid behavioral health issues.

Our behavioral health products help individuals understand and improve their own health with the right support provided at the right time. As a Magellan Behavioral Health provider, you play a vital role in improving the health, welfare and productivity of the people we jointly serve.

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2. Provider Network – Network Provider Participation

Our Philosophy

Magellan is dedicated to selecting behavioral health care professionals, groups and facilities to provide member care and treatment across a range of services offered by Magellan.

Our Policy

To be an in-network provider of clinical services with Magellan, you must be both credentialed and contracted. Depending on your credentials and our client companies' requirements, you may be eligible to provide services to all members, or only for certain clients, products, or business segments.

What You Need to Do

Your responsibility is to:

- ◆ Provide medically necessary covered services to members whose care is managed by Magellan;
- ◆ Follow the policies and procedures outlined in this handbook, any applicable supplements and your provider participation agreement(s);
- ◆ Provide services in accordance with applicable state and federal laws and licensing and certification bodies;
- ◆ Agree to cooperate and participate with all utilization management, quality improvement, outcomes measurement, peer review, and appeal and grievance procedures;
- ◆ Make sure only group practitioners currently credentialed with Magellan render services to Magellan members; and
- ◆ Follow Magellan's credentialing and re-credentialing policies and procedures.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Provide assistance 24 hours a day, seven days a week;
- ◆ Assist providers in understanding and adhering to our policies and procedures, the payer's applicable policies and procedures, and the requirements of our accreditation agencies including but not limited to the National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and the Council on Accreditation (COA); and
- ◆ Maintain a credentialing and re-credentialing process to evaluate and select network providers that does not discriminate based on a member's benefit plan coverage, race, color, creed, religion, gender, sexual orientation, marital status, age, national origin, ancestry, citizenship, physical disability, or any other status protected by applicable law.

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2. Provider Network – Types of Providers

Our Philosophy

Magellan is dedicated to recruiting and retaining individual practitioners and institutional providers with the behavioral health care credentials to provide member care and treatment across a range of products and services. Magellan refers members to credentialed and contracted practitioners in private practice, practitioners in a group practice, and provider organizations including facilities and agencies.

Our Policy

Magellan refers members to credentialed and contracted providers in the following categories:

- ◆ *Individual Practitioner* - a clinician who provides behavioral health care services and bills under his or her own Taxpayer Identification Number. Individual practitioners must meet Magellan and/or other applicable credentialing criteria (See [Appendix B](#)) and have a fully executed provider agreement with Magellan.
- ◆ *Group Practice* - a practice contracted with Magellan as a group entity and as such bills as a group entity for the services performed by its Magellan-credentialed clinicians. Clinicians affiliated with the group must complete the individual credentialing process, and the group must have at least one active/credentialed group member in order to be eligible to receive referrals from Magellan.
- ◆ *Organization* – a facility or agency licensed and/or certified by the state in which it operates to provide behavioral health services. Examples of organizations include, but are not limited to: general hospitals with psychiatric and/or substance abuse treatment programs, freestanding behavioral health facilities, community mental health centers and agencies. ***Please refer to the [Organization Provider Handbook Supplement](#) for additional information about facility/ organization providers including organization provider credentialing criteria.***

What You Need to Do

Your responsibility is to:

- ◆ Provide Magellan with a complete Form W-9 for the contracting entity to facilitate referrals and claims processing;
- ◆ Notify Magellan and complete a new Form W-9 if your contracted entity changes, i.e., if you leave a group practice or new clinicians join a contracted group practice;
- ◆ Notify Magellan of any changes to the list of practitioners in your group within 10 business days;
- ◆ Notify Magellan of changes in your service location, mailing and/or financial address information; and
- ◆ Adhere to the credentialing policies outlined in this handbook.

2. Provider Network – Types of Providers

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Review providers and prospective providers for credentialing or re-credentialing without regard for race, color, creed, religion, gender, sexual orientation, marital status, age, national origin, ancestry, citizenship, physical disability, or any other status protected by law;
- ◆ Develop and implement recruitment activities to solicit providers reflective of the membership we serve, subject to applicable state laws; and
- ◆ Make website-based tools available to providers so they can update their practice information, including Form W-9 data, in a convenient online fashion.

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2. Provider Network – Credentialing

Our Philosophy

Magellan is committed to promoting quality care for its members. In support of this commitment, practitioners must meet a minimum set of credentialing criteria in order to be able to provide services to our membership.

Our Policy

To be eligible for referrals, Magellan network providers are required to successfully complete the credentialing review process prior to being accepted as a network provider. Our credentialing administration department is the primary source for credentialing requirements and obtaining provider network referral status. We credential providers in accordance with our credentialing criteria ([Appendix B](#)) and in accordance with specific criteria required by applicable regulatory agencies and/or client companies. Only credentialed providers may render services to Magellan members as an in-network provider.

What You Need to Do

Your responsibility is to submit the following documents to Magellan to facilitate the credentialing review:

- ◆ A completed credentialing application using either of the following methods:
 - After completing the online universal credentialing process offered by [Council for Affordable Quality Healthcare \(CAQH\)](#), give Magellan access to your credentialing information and ensure a current attestation. Call the CAQH Help Desk at 1-888-599-1771 for answers to your questions related to the CAQH application or website; or
 - Request a Magellan paper application by calling the Magellan Provider Services Line at 1-800-788-4005.
- ◆ Copies of current licenses and certifications;
- ◆ Documentation of education, training, and work history; (Work history must list job titles, go back five years from present and be documented using a month/year format. Explain any gaps in work history greater than six months by telephone or in writing.)
- ◆ Solo practitioners require a completed W-9 Form, signed and dated;
- ◆ Group members require a Group Association Form (GAF), completed and signed by the group administrator;
- ◆ Documentation of professional liability insurance coverage, and other insurance information:
 - All providers must submit a copy of your current malpractice insurance face sheet;
 - If you are covered under a group policy, provide a copy of the group's current malpractice face sheet, and also supply documentation signed by the group administrator (GAF is acceptable in lieu of letter) or the insurer, stating that you are covered under the group policy;

2. Provider Network – Credentialing

- ◆ Nurses with prescriptive authority must submit a Magellan Nurses Prescriptive Authority Attestation Form.
Note: Additional documents may be required depending on the state in which you practice.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Notify you promptly if any required information is missing from your credentialing application;
- ◆ Process all applications within 180 days or in accordance with applicable state or client company guidelines;
- ◆ Forward your application to the Regional Network and Credentialing Committee (RNCC) for review once the credentialing verification process is complete. The RNCC consists of the Care Management Center's medical director, clinical director, and care managers and network providers from the community, all of whom are licensed clinicians. The RNCC:
 - Reviews your credentialing information, including, but not limited to: training, experience and specialty areas, along with member need and access, subject to applicable state laws; and
 - Makes determinations regarding provider participation in the Magellan provider networks.
- ◆ Notify you when the credentialing process is complete. [\(top\)](#)

2. Provider Network – Re-Credentialing

Our Philosophy

In support of our ongoing commitment to promoting quality care for our members, we re-review our providers' credentials on a regular basis.

Our Policy

Magellan network providers are required to have their credentials re-reviewed periodically through the re-credentialing process. Individual professional provider re-credentialing is conducted every three years unless otherwise required by applicable state and federal law, a customer and/or an accrediting entity.

For more information about facility/organization re-credentialing, please see the [Organization Provider Handbook Supplement](#).

What You Need to Do

Your responsibility is to submit the following documents to Magellan to facilitate the re-credentialing review:

- ◆ A completed re-credentialing application using one of the following methods:
 - Council for Affordable Quality Healthcare (CAQH) – give Magellan access to your credentialing information and ensure a current attestation. Call the CAQH Help Desk at 1-888-599-1771 for answers to your questions related to the CAQH application or website; or
 - Access a Magellan online re-credentialing application: go to www.MagellanHealth.com/provider – sign in with your unique user name and password, then click on *Get Re-Credentialed*; or
 - Request a Magellan paper application by calling the Provider Services Line at 1-800-788-4005.
- ◆ Copies of current licenses and certifications;
- ◆ Group members must submit a Group Association Form (GAF) completed and signed by the group administrator;
- ◆ Documentation of professional liability insurance coverage, and other insurance information:
 - All providers must submit a copy of your current malpractice insurance face sheet;
 - If you are covered under a group policy, provide a copy of the group's current malpractice face sheet, and also supply documentation signed by the group administrator (GAF is acceptable in lieu of letter) or the insurer, stating that you are covered under the group policy;
- ◆ Nurses with prescriptive authority must submit a Magellan Nurses Prescriptive Authority Attestation Form.
Note: Additional documents may be required depending on the state in which you practice.

2. Provider Network – Re-Credentialing

What Magellan Will Do

Magellan’s responsibilities are to:

- ◆ Provide you with ample notice of the re-credentialing process;
- ◆ Provide you with a re-credentialing application and instructions for completing and submitting the application (including online submission);
- ◆ Review the materials you submit in a timely manner; and
- ◆ Inform you of the outcome of your re-credentialing review.

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2. Provider Network – Reporting Changes in Practice Status

Our Philosophy

We are diligent about maintaining our provider database with the current practice information submitted by our providers in support of our commitment to members to provide quality care.

Our Policy

Providers should notify our credentialing administration department in writing or through the Magellan provider website within 10 days of any changes, additions or deletions related to their practice information.

What You Need to Do

Your responsibility is to notify us if any of the following credentialing information changes*:

- ◆ Licensure, including state licensing board actions on your license;
- ◆ Certification(s);
- ◆ Hospital privileges;
- ◆ Participation in Medicare and/or Medicaid programs;
- ◆ Insurance coverage;
- ◆ Past or pending malpractice actions.

**=Refer to your Provider Agreement for additional detail regarding notification requirements.*

Mail new or updated credentialing and re-credentialing information for individual practitioners to:

Magellan Health Services
Attn: Network Operations
14100 Magellan Plaza
Maryland Heights, MO 63043

See the [Magellan Organization Provider Handbook Supplement](#) for submitting changes in facility/organization practices.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Update your record in a timely manner to reflect the new information; and
- ◆ Notify you if your change in information impacts your referral status.

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2. Provider Network – Updating Practice Information

Our Philosophy

We are committed to maintaining current, accurate provider practice information in our database in order to refer members to qualified providers and to enable providers to receive important communications from Magellan in a timely manner.

Our Policy

Our policy is to update our databases in a timely manner with accurate information received from our providers to facilitate efficient and effective referral and claims processing, and to provide accurate and timely information in provider-related publications (e.g., provider directories).

What You Need to Do

Your responsibility is to:

- ◆ Notify us within 10 business days of any changes in your practice information including, but not limited to changes of
 - Service, mailing, or financial address,
 - Telephone number,
 - Business hours,
 - Email address, and
 - Taxpayer Identification Number;
- ◆ Promptly notify us if you are unable to accept referrals for **any** reason including, but not limited to:
 - Illness or maternity leave,
 - Practice full to new patients,
 - Professional travel, sabbatical, vacation, leave of absence, etc.
- ◆ Submit changes to practice information by signing in to www.MagellanHealth.com/provider, and selecting **Display/Edit Practice Information**; or
- ◆ Submit fax or written notice of changes in practice information to:
Magellan Health Services
Attn: Data Management
14100 Magellan Plaza
Maryland Heights, MO 63043
Fax 888-656-3804
- ◆ Promptly notify us of **any changes** in **group practices**, including, but not limited to:
 - Practitioners departing from your practice,
 - Practitioners joining your group practice,
 - Changes of service, mailing, or financial address,
 - Changes in practice ownership, including a change in Taxpayer Identification Number (TIN), and/or National Provider Identifier (NPI),
 - Telephone number,
 - Business hours, and
 - Email address.

2. Provider Network – Updating Practice Information

- ◆ Submit fax or written changes *in group membership* to:
Magellan Health Services
Attn: Contract Administration
14100 Magellan Plaza
Maryland Heights, MO 63043
Fax 888-656-3804
- ◆ Promptly review and revise for accuracy any confirmation of Provider Data Change Forms you receive from Magellan.

What Magellan Will Do

Magellan's responsibility for faxed or written requests is to:

- ◆ Update your provider record promptly; and
- ◆ Contact you for clarification, if needed.

Magellan's responsibility for online requests is to:

- ◆ Update your provider record promptly, for your online review.

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2. Provider Network – Contracting with Magellan

Our Philosophy

Magellan’s provider agreements protect members, providers and Magellan by defining:

- ◆ The rights and responsibilities of the parties;
- ◆ The application of Magellan’s policies and procedures to services rendered to members;
- ◆ The programs/services available to members;
- ◆ The provider network for member use; and
- ◆ The reimbursement for covered services.

Depending on a provider’s type of practice, Magellan will issue an individual, group or organization agreement.

Our Policy

Magellan Network providers are required to have an executed Magellan provider agreement in which the provider agrees to the following terms and conditions:

- ◆ Adherence to Magellan’s policies, procedures and guidelines;
- ◆ Timely participation in re-credentialing and/or quality improvement activities;
- ◆ Reimbursement provisions for covered services rendered to members; and
- ◆ Not billing members for covered services other than for co-payments or co-insurance, as outlined in the benefit plan (i.e., no “balance billing”).

What You Need to Do

Your responsibility is to:

- ◆ Sign a Magellan provider agreement;
- ◆ Understand the obligations and comply with the terms of the Magellan provider agreement; and
- ◆ Be familiar with and follow the policies and procedures contained within this handbook and applicable supplements.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Submit a Magellan provider agreement to providers identified for participation in the Magellan provider network;
- ◆ Indicate the clients, products, or lines of business covered by the agreement based on the reimbursement schedules provided; and
- ◆ Execute the agreement after it has been returned and signed by the provider and the provider has successfully completed the credentialing process. The effective date of the agreement is the date Magellan signs the agreement, unless otherwise noted.

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2. Provider Network – Business Associate Agreement

Our Philosophy

Magellan network providers are not “business associates” as defined by the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the accompanying regulations.

Our Policy

Network providers do not need business associate agreements with us.

What You Need to Do

For Magellan providers rendering behavioral health care services to our members, no action is required.

What Magellan Will Do

Magellan will not issue business associate agreements to providers in our network for rendering behavioral health care services to our members.

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2. Provider Network – Appealing Decisions That Affect Network Participation Status

Our Philosophy

Providers have a right to appeal Magellan quality review actions that are based on issues of quality of care or service that impact the conditions of the provider's participation in the network.

Our Policy

Client requirements and applicable federal and state laws may impact the appeals process; therefore, the process for appealing is outlined in the letter notifying a provider of changes in the conditions of their participation due to issues of quality of care or services.

What You Need to Do

Your responsibility is to:

- ◆ Follow the instructions outlined in the notification letter if you wish to appeal a change in the conditions of your participation based on a quality review determination.

What Magellan Will Do

Magellan's responsibilities to you are to:

- ◆ Notify you in a timely manner of the determination that the condition of your participation is changed due to issues of quality of care or service; and
- ◆ Consider any appeals submitted in accordance with the instructions outlined in the notification letter, subject to applicable accreditation and/or federal or state law.

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2. Provider Network – Contract Termination

Our Philosophy

Magellan’s philosophy is to maintain a diverse, quality network of providers to meet the needs of our clients and members. In addition, we believe that providers should advocate on behalf of members in obtaining care and treatment for behavioral health and substance abuse disorders.

Our Policy

Network providers **will not** be terminated from the networks of Magellan and/or its affiliated companies for any of the following reasons:

- ◆ Provider advocating on behalf of a member;
- ◆ Provider filing a complaint against Magellan;
- ◆ Provider appealing a decision of Magellan; or
- ◆ Provider requesting a review of or challenging a termination decision of Magellan.

Network providers may be terminated from the networks of Magellan and/or its affiliated companies for the following reasons, including, but not limited to:

- ◆ Failure to submit materials for re-credentialing within required timeframes;
- ◆ Suspension, loss or other state board actions on licensure;
- ◆ Provider exclusion from participation in federally or state-funded health care programs;
- ◆ Quality of care or quality of service concerns as determined by Magellan;
- ◆ Failure to meet or maintain Magellan’s credentialing criteria;
- ◆ Provider-initiated termination; or
- ◆ No current business need within the provider’s geographic area, subject to applicable state and federal law.

What You Need to Do

Your responsibility is to:

- ◆ Advocate on behalf of members;
- ◆ Maintain your professional licensure in a full, active status;
- ◆ Respond in a timely manner to re-credentialing requests; and
- ◆ Follow contract requirements, policies, and guidelines including appropriate transition of members in care at the time of contract termination.

If you choose to terminate your contract with Magellan, you should:

- ◆ Submit your notice of termination in writing, in accordance with the terms of your provider agreement, to:
Magellan Health Services
Attn: Network Operations
14100 Magellan Plaza
Maryland Heights, MO 63043
Fax 888-656-0429
- ◆ If you are a group member, notify members in your care and transition them to a group member credentialed with Magellan.

2. Provider Network – Contract Termination

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Respect your right to advocate on behalf of members;
- ◆ Not terminate your contract for advocating on behalf of members, filing a complaint, appealing a decision, or requesting a review of or challenging a termination decision of Magellan;
- ◆ Notify you when re-credentialing materials must be submitted and monitor your compliance;
- ◆ Communicate quality concerns and complaints received from members;
- ◆ Notify you of the reason for contract termination and your appeal rights, as applicable, if your contract is terminated; and
- ◆ Notify members in your care and facilitate care transition plans if your contract is terminated.

For specific information concerning contract termination obligations of both parties, consult your Magellan agreement.

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3. Role of the Provider – Utilization Management Overview

Our Philosophy

Through our utilization management process, Magellan joins with our members, providers and customers to make sure members receive appropriate services and experience desirable treatment outcomes for their benefit dollar.

Our Policy

Through the utilization management process, we assist members in optimizing their benefits by reviewing and authorizing appropriate services to meet their behavioral health care needs. We do not pay incentives to employees, peer reviewers (i.e., physician advisors), or providers to reduce or forego the provision of clinically necessary care. We do not reward or offer incentives to encourage non-authorization or under-utilization of behavioral health care services.

What You Need to Do

Your responsibility is to:

- ◆ Participate in the utilization management processes, often necessary **before** beginning care, and at intervals during treatment, as required by the member's benefit plan.
- ◆ Contact Magellan at the number on the member's benefit card or online at www.MagellanHealth.com/provider to request an initial authorization, when necessary, or concurrent review authorization of care, as required by the member's benefit plan.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Provide timely access to appropriate staff to conduct utilization management reviews.
- ◆ Manage care with the least amount of intrusion into the care experience.
- ◆ Process referrals and complete the utilization management process in a timely manner.
- ◆ Manage care in accordance with the requirements, allowances and limitations of the member's benefit plan.
- ◆ Conduct utilization management reviews and make determinations in accordance with Magellan's Medical Necessity Criteria (See [Appendix C](#)) or other state or customer-required clinical criteria based on the assessment information provided.
- ◆ Require Magellan employees to attend company compliance training regarding Magellan's policy to not provide incentives for non-authorization or under-utilization of care.

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3. Role of the Provider – Before Services Begin

Our Philosophy

When members contact Magellan for a referral, our philosophy is to refer them to practitioners who best fit their needs and preferences including provider location, service hours, specialties, spoken language(s), gender and cultural aspects.

Our Policy

Our policy is to refer members to providers who best fit their needs and preferences based on member information shared with Magellan at the time of the call. We also confirm member eligibility and conduct reviews for initial requests for clinical services upon request.

What You Need to Do

Your responsibility is to:

- ◆ Sign-in to www.MagellanHealth.com/provider or contact Magellan by phone to determine member eligibility for requested services before rendering care to a referred member in a non-emergent situation.
- ◆ Sign-in to www.MagellanHealth.com/provider or contact Magellan by phone for an initial authorization when required by the member's benefit plan;
- ◆ Encourage members to complete the appropriate [Outcomes360](#) self-assessment tool prior to intake, or during the intake session in your office. When members complete the tool prior to the session, you may have a report available on your www.MagellanHealth.com/provider account and you may request that the member bring a copy of their report with them to the first session. (For further explanation see Section 4, [Outcomes360](#).)
- ◆ Contact Magellan as soon as possible following the delivery of emergency services to coordinate care and discharge planning;
- ◆ For members presenting for services other than routine outpatient, provide Magellan with a thorough assessment of the member including but not limited to the following:
 - Symptoms
 - Precipitating event(s)
 - Potential for harm to self or others
 - Level of functioning and degree of impairment (as applicable)
 - Clinical history, including medical, behavioral health and alcohol and other drug conditions or treatments
 - Current medications
 - Plan of care
 - Anticipated discharge and discharge plan (if appropriate).
- ◆ Call the Magellan Care Management Center if during the course of treatment you determine that services other than those authorized are required.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Contact you directly to arrange an appointment for members needing emergent or urgent care. *Note: those needing emergent care are referred to network facility providers as appropriate.*

3. Role of the Provider – Before Services Begin

- ◆ Identify appropriate referrals based on information submitted by our providers through the credentialing process.
- ◆ Make an authorization determination based upon the information provided by the member and/or the provider.
- ◆ Include the type of service(s), number of sessions or days authorized, and a start- and end-date for authorized services in the authorization determination;
- ◆ Communicate the authorization determination by telephone, online and/or in writing to you as required by regulation and/or contract;
- ◆ Offer you the opportunity and contact information to discuss the determination with a Magellan peer reviewer if we are unable to authorize the requested services based on the medical necessity criteria review.

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3. Role of the Provider – Psychological Testing

Our Philosophy

Magellan’s philosophy is that treatment should be rendered at the most appropriate, least intensive level of care necessary to provide safe and effective treatment that meets the individual member’s biopsychosocial needs. Psychological testing is authorized when it meets the Magellan medical necessity criteria for this service.

Our Policy

Our policy is to authorize psychological testing when the clinical interview alone is not sufficient to determine an appropriate diagnosis and treatment plan.

What You Need to Do

Your responsibility is to:

- ◆ Conduct a complete member assessment.
- ◆ Be familiar with Magellan’s current psychological testing medical necessity criteria.
- ◆ Complete the *Request for Psychological Testing Preauthorization* form available in the [Clinical Forms](#) area of the Magellan provider website.
- ◆ Fax or mail the completed and signed testing request form to the Magellan Care Management Center with which you customarily work.

What Magellan Will Do

Magellan’s responsibility to you is to:

- ◆ Promptly review your completed request form in accordance with applicable federal and state regulations.
- ◆ Respond in a timely manner to your request.
- ◆ Call you directly if further information is needed.
- ◆ Offer you the opportunity to discuss the determination with a Magellan peer reviewer if we are unable to authorize the requested testing based on clinical criteria.

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3. Role of the Provider – Concurrent Review

Our Philosophy

Our philosophy is to support the most appropriate services to improve health care outcomes for individuals and families whose care we manage. We look to our providers to notify us if additional services beyond those initially authorized are needed to help improve the member's behavioral health.

Our Policy

Our policy is to manage the concurrent review process as entrusted to us by our customers. The concurrent utilization management review process is generally required for all service settings including but not limited to:

- ◆ Inpatient (acute and non-acute) days;
- ◆ Intermediate ambulatory services such as partial hospital programs (PHP) or intensive outpatient (IOP) programs; and
- ◆ Office or clinic settings where traditional outpatient services are rendered.

**Note: for most benefit plans, concurrent review for outpatient medication management visits provided by a Magellan network provider with prescribing privileges is not required.*

What You Need to Do

If after evaluating and treating the member, you determine that additional treatment or days are necessary, your responsibility is to:

- ◆ **For inpatient and intermediate ambulatory services:** Contact the designated Magellan care management team member by telephone at least one day before the end of the period of time covered by the current authorization.
- ◆ **For routine outpatient visits beyond those originally authorized:** Submit a Treatment Request Form (TRF) online or complete and submit the TRF* or state-mandated form ***you received with the initial authorization*** for the member ***prior to*** the expiration of the current authorization (please use the current one-page TRF version that does not require a cover sheet).
- ◆ Encourage members to complete the appropriate *Outcomes360* self-assessment to assess treatment progress.
- ◆ Be prepared to provide the Magellan care manager or physician advisor with an assessment of the member's clinical condition including any changes since the previous clinical review.

**The TRF may not be used in some states based on applicable state law. The Magellan TRF CANNOT be used to request care authorization through our Tristate Care Management Center for Maryland business for which use of the Universal Treatment Plan (UTP) is mandated, or for Magellan employees or their dependents, or for most Magellan Public Sector Solutions (carve-out contracts with public agencies for services to Medicaid and uninsured individuals).*

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Promptly conduct clinical review of your request for additional days or visits in accordance with applicable federal and state requirements;
- ◆ Respond in a timely manner verbally and in writing to your request for additional days or visits;

3. Role of the Provider – Concurrent Review

- ◆ Call you directly if additional clinical information is needed;
- ◆ Offer you the opportunity and contact information to discuss the determination with a Magellan peer reviewer if we are unable to authorize the requested services based on clinical criteria;
- ◆ Conduct retrospective audits of selected cases for quality of care purposes.

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3. Role of the Provider – Appealing UM Determinations

Our Philosophy

We support the right of members and their providers acting on the member's behalf to appeal adverse clinical determinations.

Our Policy

Our customer organizations and applicable federal and state laws impact the clinical appeals process. Therefore, the procedure for appealing clinical determination is outlined fully in the adverse determination notification letter.

What You Need to Do

Your responsibility is to:

- ◆ Refer to the adverse determination (non-authorization) notification letter for the specific procedures for appealing a clinical determination.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Notify you verbally of a non-authorization determination and the appeal process for your state and/or the member's benefit plan for cases involving inpatient stays, to be followed up by a written adverse determination;
- ◆ Notify you in writing of an adverse determination and the appeal process for your state and/or the member's benefit plan; and
- ◆ Notify you of the appeal decision and any further appeal rights if Magellan conducts the appeal.

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3. Role of the Provider – Member Access to Care

Our Philosophy

Members are to have timely access to appropriate mental health, substance abuse, and/or Employee Assistance Program services from an in-network provider 24 hours a day, seven days a week.

Our Policy

Our Access to Care standards enable members to obtain behavioral health services by an in-network provider within a time frame that reflects the clinical urgency of their situation.

What You Need to Do

Your responsibility is to:

- ◆ 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;
- ◆ Provide coverage for your practice when you are not available, including, but not limited to, an answering service with emergency contact information;
- ◆ Respond to telephone messages in a timely manner;
- ◆ Provide **immediate** emergency services when necessary to evaluate or stabilize a potentially life-threatening situation;
- ◆ Provide services **within six hours** of referral from Magellan in an emergent situation that is not life-threatening;
- ◆ Provide services **within 48 hours** of referral from Magellan in an urgent clinical situation;
- ◆ Provide services **within 10 business days** of referral from Magellan for routine clinical situations;
- ◆ Provide services **within seven days** of a member's discharge after an inpatient stay; and
- ◆ For continuing care, continually assess the urgency of member situations and provide services within the time frame that meets the clinical urgency.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Communicate the clinical urgency of the member's situation when making referrals; and
- ◆ Assist with follow-up service coordination for members transitioning to another level of care from an inpatient stay.

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3. Role of the Provider – Continuity, Coordination and Collaboration

Our Philosophy

We appreciate the importance of the therapeutic relationship and strongly encourage continuity, collaboration, and continuation of care. Whenever a transition of care plan is required, whether the transition is to another outpatient provider or to a less intensive level of care, the transition is designed to allow the member's treatment to continue without disruption whenever possible. We also believe that collaboration and communication among providers participating in a member's health care is essential for the delivery of integrated quality care.

Our Policy

Our commitment to continuity, collaboration and continuation of care is reflected in a number of our policies including but not limited to:

- ◆ **Ambulatory follow-up** - This policy requires that members being discharged from an inpatient stay have a follow-up appointment scheduled prior to discharge, and that the appointment *occurs within seven days* of discharge.
- ◆ **Timely and confidential exchange of information** - Through this policy, it is our expectation that, with written authorization from the member, you will communicate key clinical information in a timely manner to all other health care providers participating in a member's care, including the member's Primary Care Physician (PCP).
- ◆ **Timely access and follow-up for medication evaluation and management** - Through this policy, our expectation is that members receive timely access and regular follow-up for medication management.

Note: While Magellan advocates for transition of care plans that offer the minimum amount of disruption possible, the transition process to or from Magellan is determined by our customer's requirements and applicable state and federal laws.

What You Need to Do

Your responsibility is to:

- ◆ Collaborate with our care management team to develop and implement discharge plans prior to the member being discharged from an inpatient setting;
- ◆ Cooperate with follow-up verification activities and provide verification of kept appointments when requested, subject to applicable federal, state and local confidentiality laws;*
- ◆ Work with us to establish discharge plans that include a post-discharge scheduled appointment within seven days of discharge;
- ◆ Notify us immediately if a member misses a post-discharge appointment;
- ◆ Promptly complete and submit a claim for services rendered confirming that the member kept the aftercare appointment;
- ◆ Explain to the member the purpose and importance of communicating clinical information with other relevant health care providers;
- ◆ Obtain, at the initial treatment session, the names and addresses of all relevant health care providers involved in the member's care;

3. Role of the Provider – Continuity, Coordination and Collaboration

- ◆ Obtain written authorization from the member to communicate significant clinical information to other relevant providers;
- ◆ Subject to applicable law, include the following in the Authorization to Disclose document signed by the member:
 - A specific description of the information to be disclosed,
 - Name of the individual(s), or entity authorized to make the disclosure,
 - Name of the individual(s), or entity to whom the information may be disclosed,
 - An expiration date for the authorization,
 - A statement of the member's right to revoke the authorization, any exceptions to the right to revoke, and instructions on how the member may revoke the authorization,
 - A disclaimer that the information disclosed may be subject to re-disclosure by the recipient and may no longer be protected,
 - A signature and date line for the member,
 - If the authorization is signed by the member's authorized representative, a description of the representative's authority to act for the member;
- ◆ Upon obtaining appropriate authorization, communicate in writing to the PCP, at a minimum, at the following points in treatment:
 - Initial evaluation,
 - Significant changes in diagnosis, treatment plan, or clinical status,
 - After medications are initiated, discontinued or significantly altered,
 - Termination of treatment;
- ◆ Collaborate with medical practitioners to support the appropriate use of psychotropic drugs; and
- ◆ Provide suggestions to Magellan's regional medical or clinical directors on how we can continue to improve the collaboration of care process.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Work with you, the member, and the member's family to make any necessary transition of care as seamless as possible;
- ◆ Facilitate timely communication with the member's PCP whenever possible including providing you with the name and address of member's PCP, if the information is available and the member is unable to do so;
- ◆ Solicit your input regarding behavioral health pharmacy benefits and formularies;
- ◆ Work with the facility provider's treatment team to arrange for continued care with outpatient care providers after discharge;
- ◆ Audit medical records to measure compliance with this policy; and
- ◆ Actively solicit your input and consider your suggestions for improving the collaboration of care process.

* HIPAA Privacy Rule includes these ambulatory follow-up activities within its definition of health care operations. The Privacy standards allow providers to disclose members' Protected Health Information (PHI) to Magellan in support of Magellan's operations without an authorization from the member.

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3. Role of the Provider – Condition Care Management

Our Philosophy

Our philosophy is that chronic behavioral conditions with or without co-morbid or co-occurring medical conditions often yield better overall health outcomes when traditional treatment is supported by personal health coaching. Through Magellan *Condition Care Management (CCM)*, clinically trained Magellan health coaches provide supplemental education and telephonic coaching services to our members to help them self-manage their condition on a day-to-day basis. Clinical health associates provide outreach services and are available to respond to questions or requests for documented educational information.

Our Policy

Magellan’s policy is to provide educational information, self-help tools and telephonic personal health coaching to members identified and enrolled in our *CCM* programs. These services are provided in support of, and do not replace, the advice and treatment provided by doctors and behavioral health care specialists.

What You Need to Do

Your responsibility is to:

- ◆ Familiarize yourself with the program;
- ◆ Contact Magellan *CCM* staff if you have questions about the program or an enrolled member whom you are treating; and
- ◆ Encourage program-eligible members in treatment with you to take advantage of *CCM* services.

What Magellan Will Do

Magellan’s responsibility to you is to:

- ◆ Provide notification to you when a member you are treating is enrolled in the program;
- ◆ Inform you about the program, including but not limited to providing the following when a member in your care is enrolled in a *CCM* program:
 - How the program works, and how to access services,
 - Hours of operation,
 - Magellan staff qualifications and contact information,
 - How you can provide feedback about the program,
 - How we provide feedback to you regarding members in your care;
- ◆ Advise you of any contractual relationships associated with the delivery of the *CCM* program;
- ◆ Inform you of how Magellan coordinates *CCM* interventions with treatment plans for individual members;
- ◆ Support you in your interactions with members and decisions regarding care and treatment;
- ◆ Provide courteous and respectful service;
- ◆ Provide you with your rights regarding *CCM*, including your right to decline participation or work with the Magellan *CCM* program and services offered to eligible and participating members, as contractually allowed; and
- ◆ Monitor clinical outcomes.

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3. Role of the Provider – Medical Necessity Criteria

Our Philosophy

Magellan is committed to the philosophy of promoting treatment at the most appropriate, least intensive level of care necessary to provide safe and effective treatment to meet the individual member's biopsychosocial needs. Medical necessity criteria are applied based on the member's individual needs including, but not limited to, clinical features and available behavioral health care services.

Our Policy

Magellan's [Medical Necessity Criteria](#) (MNC), which are based on current scientific evidence and clinical consensus, are used in making medical necessity determinations. We review the criteria annually, taking into consideration current scientific evidence and provider feedback, and revise them as needed. The revised criteria are made available to any interested party on the MagellanHealth.com/provider website or by hard copy upon request.

What You Need to Do

Your responsibility is to:

- ◆ Review and be familiar with Magellan's current MNC;
- ◆ If you have questions about which MNC apply to a specific benefit plan, contact the applicable Care Management Center medical director; and
- ◆ Submit suggestions for revisions to the MNC using the [comment form](#) located at www.MagellanHealth.com/provider, or by submitting your feedback in writing to the applicable Magellan Care Management Center's medical director.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Make our MNC available to you free of charge;
- ◆ Invite and consider your comments and suggestions for revisions to the MNC;
- ◆ Conduct a comprehensive annual review of the MNC using scientific literature, expert advice from regional Provider Advisory Boards, other committees, and suggestions from the provider community; and
- ◆ Monitor the use of the MNC utilization to make sure they are applied consistently.

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3. Role of the Provider – Clinical Practice Guidelines

Our Philosophy

Our philosophy is to promote the delivery of quality behavioral health care to our members. In support of this philosophy, we adopt, develop and distribute clinical practice guidelines that are founded upon published evidence-based scientific and clinical literature and are relevant to the needs of our members.

Our Policy

Our policy is to offer our network providers relevant clinical practice guidelines to assist them in delivering quality care. The clinical practice guidelines that we adopt or develop are consistent with current scientific evidence and best practices.

What You Need to Do

Your responsibility is to:

- ◆ Review and adhere to Magellan’s adopted clinical practice guidelines;
- ◆ If your clinical judgment leads to a decision that varies from recommendations in a guideline, thoroughly document the reasons in the member’s clinical record; and
- ◆ Provide your regional medical director or Provider Advisory Group (PAG) with suggestions for improving our clinical practice guidelines.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Provide access to Magellan’s adopted Clinical Practice Guidelines online at www.MagellanHealth.com/provider or by U.S. mail upon request.
- ◆ Provide you with ordering instructions and/or website addresses for obtaining adopted practice guidelines owned by other organizations (e.g., American Psychiatric Association);
- ◆ Review each of our practice guidelines for consistency with current published evidence-based medicine and our other policies at least every two years;
- ◆ Monitor your adherence to practice guidelines and provide constructive feedback when appropriate;
- ◆ Encourage you to submit your suggestions for improving our clinical practice guidelines to your regional medical director; and
- ◆ Consider your suggestions for modifications to our practice guidelines.

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3. Role of the Provider – Clinical Monographs

Our Philosophy

Magellan’s philosophy is to promote the delivery of quality behavioral health care to our members. To accomplish this, our providers and our clinician reviewers need to be current with various aspects of behavioral health scientific literature.

Our Policy

Our policy is to develop and distribute relevant clinical monographs to our clinician reviewers and network providers to assist in arranging for and delivering quality care to our members. The monographs that we develop are consistent with current published evidence-based medicine and clinical best practices.

What You Need to Do

Your responsibility is to:

- ◆ Review and be familiar with our clinical monographs (See [Appendix H](#)); and
- ◆ Notify us with suggestions for improving or updating our clinical monographs.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Make our [clinical monographs](#) available to you free of charge online at www.MagellanHealth.com/provider, or by U.S. mail upon request; and
- ◆ Request and consider your suggestions for modifications to existing monographs and recommendations for new monographs.

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3. Role of the Provider – New Technologies

Our Philosophy

We believe it is important to regularly assess innovations in the treatment of behavioral health disorders. These assessments follow industry-standard criteria designed to exclude interventions in the investigational phase, and to make sure that the benefits of well-studied interventions exceeds the risk. Just as it is important that we work to enhance each member's care, it is equally important that we do no harm in the process.

Our Policy

Magellan reviews emerging new technologies for assessing and treating behavioral health disorders. The purpose of these organized reviews is to apply consistent, systematic procedures for identification, clinical assessment, and evaluation of proposed improvements and/or new applications of established technologies.

What You Need to Do

Your responsibility is to:

- ◆ Know Magellan's criteria for rendering determinations on new technologies as follows:
 - The technology has final approval from the appropriate government regulatory bodies as appropriate,
 - The scientific evidence is sufficiently definitive to permit conclusions about the effect of the technology on health outcomes,
 - The technology is as safe and effective as existing alternative treatments,
 - The technology improves the net health outcome, i.e., provides evidence that the benefits outweigh the risks,
 - The improvement in health outcome is reliably attainable outside investigative settings;
- ◆ Know what new treatments Magellan has determined remain investigational, including but not limited to:
 - Specialized treatment for rapid emotional healing by traumatic incident reduction,
 - Holding therapy (a.k.a. corrective attachment therapy, Z-process) for reactive attachment disorder (RAD),
 - EEG biofeedback (a.k.a. Neurofeedback) for depression and attention-deficit/hyperactivity disorder (ADHD) in children,
 - Alpha wave EEG biofeedback training in the treatment of addictions and ADHD in children,
 - Vagus nerve stimulation (VNS) for treatment-resistant depression
 - Eye Movement Desensitization and Reprocessing (EMDR) in the treatment of conditions *other than* post-traumatic stress disorder (PTSD),
 - Hippotherapy in the treatment of autistic disorder,
 - Applied behavior analysis (ABA) in the treatment of pervasive developmental disorder/autism (unless coverage is mandated by account or state regulation),
 - PROMETA protocols - treatment of alcohol and methamphetamine withdrawal,

3. Role of the Provider – New Technologies

- Quantitative electroencephalographic (QEEG) biomarker technology (referenced EEG [rEEG] and antidepressant treatment response): treatment of refractory depression, eating disorders, ADHD and substance abuse,
- Mandometer[®] treatment of eating disorders,
- Neurotransmitter restoration (NTR) - treatment of drug and alcohol addiction;
- Deep brain stimulation (DBS) in the treatment of treatment-resistant depression and treatment-resistant obsessive-compulsive disorder (OCD),
- Ultra-rapid opiate detoxification under general anesthesia - this technology should not be used due to significant patient safety concerns,
- Drug-facilitated interviews with abreaction for the treatment of dissociative disorder and PTSD (except when using a drug-facilitated interview using intravenous amobarbital in urgent diagnosis and treatment of patients presenting with catatonia to prevent morbidity and death in emergencies),
- Social skills training for the treatment of autism,
- Cranial electrotherapy stimulation (CES) for treatment of depression and anxiety,
- Virtual reality exposure therapy (VRET) for the treatment of PTSD (combat war and rape victims) and social phobia (except in the treatment of specific phobia, natural environment and situational types where it is established),
- Immunomodulatory therapy (plasmapheresis and intravenous immunoglobulin) for the treatment of the Pediatric Autoimmune Neuropsychiatric Disorders Associated With Streptococcal Infection (PANDAS) Subgroup;
- ◆ Understand that Magellan does not recommend or endorse the use of investigational treatments; and
- ◆ Understand that most health plans contain exclusions of coverage for investigational treatments.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Consider requests to conduct technology assessments on innovative behavioral health treatments;
- ◆ Continue to remain current on innovations in the treatment of behavioral health disorders; and
- ◆ Conduct technology assessments when indicated.

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** Magellan does reimburse for eye movement desensitization and reprocessing in the treatment of PTSD.*

3. Role of the Provider – Provider Website

Our Philosophy

Magellan is committed to reducing administrative burdens on our providers by offering web-based tools for retrieving and exchanging information.

Our Policy

Magellan’s provider website at www.MagellanHealth.com/provider is our primary portal for provider communication, information and business transactions. This website is continually updated to provide easy access to information and greater convenience and speed in exchanging information with Magellan. We encourage you to use this website often as a self-service tool for supporting your behavioral health practice.

What You Need to Do

To realize the benefits of the www.MagellanHealth.com/provider website, you should:

- ◆ Have access to a personal computer, Internet service provider and current Web browser software;
- ◆ Sign in to Magellan’s secure website to access applications (e.g., eligibility, authorizations and claims) by using your username and password; or if you don’t have a username and password, click the “New User” link;*
- ◆ Visit www.MagellanHealth.com/provider frequently to take advantage of new capabilities and access resources; and
- ◆ Provide us with feedback on any difficulties you may experience in using our online resources or on ideas you have for enhancements.

**For group practices, the first individual to sign in will be designated “Group Administrator.” The group administrator is responsible for providing access to Magellan online applications to appropriate group practitioners.*

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Maintain operation of online services on a 24 hours a day, seven days a week basis;
- ◆ Inform users of service problems if they occur;
- ◆ Use your feedback to continually improve our website capabilities.
- ◆ Contingent upon Magellan customer approval and availability of information, provide online access to the following applications:
 - Provider orientation,
 - Member eligibility inquiry,
 - Request for initial and subsequent outpatient authorization,
 - Authorization inquiry and report download,
 - View authorization letters and suppress hardcopy authorization mailings, if desired,
 - Claims submission (for professional services only for which Magellan is the designated claims payer),
 - Claims inquiry and online explanation of payments (EOPs),
 - Check credentialing and contract status (individual and group practitioners), and complete re-credentialing online,
 - Staff roster (group practices only),
 - Display/edit practice data (to enable you to monitor and request

3. Role of the Provider – Provider Website

- changes to your practice information),
- Electronic Funds Transfer (EFT) signup,
 - *Outcomes360* assessment tools, member/population outcomes reporting with provider support materials,
 - Cultural competency tools,
 - Online demos to help providers navigate website applications,
 - Comprehensive library of clinical practice information; and
 - Other tools and information beneficial to providers serving Magellan members.

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4. The Quality Partnership – Commitment to Quality

Our Philosophy

Magellan is committed to Continuous Quality Improvement (CQI) and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and service.

Our Policy

In support of our Quality Improvement Program, providers must be familiar with our guidelines and standards and apply them in clinical work with members in order to provide safe, effective, patient-centered, timely, efficient and equitable care.

What You Need to Do

Your responsibility is to:

- ◆ Follow the policies and procedures outlined in the What You Need to Do sections in this handbook;
- ◆ Meet treatment record standards as outlined in the Treatment Documentation Worksheet in [Appendix A](#) of this handbook;
- ◆ Participate in treatment plan reviews, site visits and other quality improvement activities;
- ◆ Use evidence-based practices;
- ◆ Adhere to principles of patient safety;
- ◆ Attend or log onto provider training and orientation sessions;
- ◆ Participate in the completion of a remediation plan if quality of care concerns arise;
- ◆ Participate in the *Outcomes360* program by encouraging members to complete self-assessments at intake and established treatment intervals, and to review real-time reports together;
- ◆ Complete and return provider satisfaction surveys;
- ◆ Assist with transition of care if a member's benefits have been exhausted, you leave the network, or you receive a referral of a member whose provider has left the network;
- ◆ Assist in the investigation of member complaints and adverse incidents, if necessary;
- ◆ Attend meetings of our quality committees and provider advisory groups, if requested;
- ◆ Review member-specific clinical reports, when available; and
- ◆ Be knowledgeable in quality improvement methods and tools including NCQA's HEDIS® measures for behavioral health.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Consider your feedback on clinical practice guidelines, medical necessity criteria, prevention programs, patient safety policies, and new technology assessments;
- ◆ Consider your feedback in our quality committees and provider advisory groups;
- ◆ Develop methods to compare treatments, outcomes and costs across the provider network in an effort to diminish the need for case-by-case review of care;

4. The Quality Partnership – Commitment to Quality

- ◆ Provide outcome assessment tools and reports for use with members;
- ◆ Provide member-specific clinical reports, when available;
- ◆ Monitor provider satisfaction with our policies and procedures as they affect you and your practice;
- ◆ Pay claims within applicable timeframes;
- ◆ Provide detailed information about how we will assess your practice during site visits and treatment record reviews;
- ◆ Join with you to develop a clear remediation plan to improve quality of care when necessary;
- ◆ Provide timely information and decisions on credentialing and re-credentialing processes; and
- ◆ Resolve complaints and appeals within applicable timeframes.

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4. The Quality Partnership – Cultural Competency

Our Philosophy

Magellan is committed to embracing the rich diversity of the people we serve. We believe in providing high-quality care to culturally, linguistically and ethnically diverse populations, as well as to those who are visually and hearing impaired. All people entering the behavioral health care system must receive equitable and effective treatment in a respectful manner, recognizing individual spoken language(s), gender, and the role culture plays in a person's health and well-being.

Our Policy

Magellan staff is trained in cultural diversity and sensitivity, in order to refer members to providers appropriate to their needs and preferences. Magellan also provides cultural competency training, technical assistance and [online resources](#) to help providers enhance their provision of high-quality, culturally appropriate services. Magellan continually assesses network composition by actively recruiting, developing, retaining and monitoring a diverse provider network compatible with the member population.

What You Need to Do

Your responsibility is to:

- ◆ Provide Magellan with information on languages you speak;
- ◆ Provide Magellan with information about any practice specialty you hold on your credentialing application.

What Magellan Will Do

Magellan's responsibility to you is to:

- ◆ Provide ongoing education to deliver competent services to people of all cultures, races, ethnic backgrounds, religions, and those with disabilities;
- ◆ Provide language assistance, including bilingual staff and interpreter services, to those with limited English proficiency during all hours of operation at no cost to the consumer;
- ◆ Provide easily understood member materials, available in the languages of the commonly encountered groups and/or groups represented in the service area;
- ◆ Monitor gaps in services and other culture-specific provider service needs. When gaps are identified, Magellan will develop a provider recruitment plan and monitor its effectiveness.

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4. The Quality Partnership – Member Safety

Our Philosophy	Magellan believes in the delivery of high-quality, safe behavioral health care services. We reinforce this commitment by embedding objective and systematic monitoring mechanisms into our policies and procedures.
Our Policy	Magellan monitors the safety of members receiving treatment from our providers. Monitoring includes, but is not limited to, performance indicator reviews, site visits, treatment record reviews, and surveys.
What You Need to Do	Your responsibility is to: <ul style="list-style-type: none">◆ Have a written patient safety plan;◆ Enhance and monitor the safety of members as related to their treatment while in your care;◆ Be familiar with Magellan clinical guidelines related to member safety and use them in treatment decisions and management; and◆ Communicate to Magellan your plan and outcomes related to member safety when requested.
What Magellan Will do	Magellan’s responsibility when reviewing your safety performance is to: <ul style="list-style-type: none">◆ Provide information about the data being requested and the rationale, methods, and standards employed in the review process;◆ Work closely with you to improve performance on indicators that are below standard; and◆ Communicate the results of member safety monitoring to our providers, customers and members.

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4. The Quality Partnership – Accreditation

Our Philosophy

We believe that excellence in clinical care and service can be affirmed through recognition by national accrediting bodies, such as the National Committee for Quality Assurance (NCQA), URAC, and the Joint Commission (TJC).

Our Policy

Many of our policies, procedures and quality initiatives are guided by national accreditation standards, including, but not limited to:

- ◆ Provider accessibility standards;
- ◆ Site visits and treatment record reviews;
- ◆ Credentialing and re-credentialing requirements;
- ◆ Clinical practice guidelines;
- ◆ Collaboration and coordination of care;
- ◆ Utilization management and case management review processes;
- ◆ Prevention programs;
- ◆ Member satisfaction surveys;
- ◆ Member safety policies and initiatives;
- ◆ Complaint, appeal and grievance policies and procedures;
- ◆ Confidentiality policies and procedures;
- ◆ Medical integration and coordination policies and procedures;
- ◆ Provider quality remediation and review;
- ◆ Member communication, including distribution of the Member's Rights and Responsibilities statement;
- ◆ Provider participation on our quality improvement committees;
- ◆ Quality improvement and utilization management program descriptions;
- ◆ Member requests to change providers and transition of care tracking;
- ◆ Claim and encounter verification elements for annual HEDIS® reporting.

What You Need to Do

Your responsibility is to:

- ◆ Follow the policies and procedures outlined in this handbook.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Advise you of our policies and procedures.

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4. The Quality Partnership – Prevention Programs

Our Philosophy

Reducing the occurrence and severity of substance use and mental disorders, detecting them early in their course, and providing appropriate, high-quality treatment are the goals of our prevention programs. In support of this philosophy, we have developed and implemented a number of prevention programs that are designed to sustain, quickly restore, or enhance that well-being. These programs include, but are not limited to:

- ◆ Postpartum Depression Prevention;
- ◆ Perinatal Depression Prevention;
- ◆ Offspring Depression of Depressed Parents Prevention;
- ◆ Cardiac Depression Prevention; and
- ◆ Follow-up after Hospitalization Early Re-hospitalization Prevention.

Our Policy

We develop prevention programs that improve physical and mental well-being, encourage members to seek help early, and overcome stigma. Programs are developed with the input of experts in behavioral health prevention, are research-based, and are designed to meet or exceed NCQA's MBHO preventive health standards. Our Care Management Centers select which programs to implement based on the unique needs of the members in their area.

What You Need to Do

Your responsibility is to:

- ◆ Become familiar with the Magellan prevention programs in your region;
- ◆ Contact the applicable Magellan Care Management Center medical director for further information;
- ◆ Consider participating in the prevention programs (e.g., serving as a consultant, distributing prevention materials in your office, administering screening tools as part of routine care); and
- ◆ Practice prevention-minded treatment, e.g., consider the prevention needs in the member's entire family, not just the member presenting for treatment.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Inform you about the prevention programs we offer;
- ◆ Advise on how you can participate in our prevention programs;
- ◆ Continue to develop and improve our prevention programs;
- ◆ Inform you about the effectiveness of our prevention programs; and
- ◆ Seek and consider your input on our prevention programs.

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Our Philosophy

Measuring clinical outcomes is an important component of delivering high-quality care and is useful in engaging members in treatment planning. Magellan's outcomes program, known as [Outcomes360SM](#), uses a suite of patient-reported outcome (PRO) tools, available in English and Spanish, to measure treatment progress and program outcomes. Within this suite of tools are the Consumer Health Inventory (CHI) and Consumer Health Inventory-Child version (CHI-C), self-reported physical and mental health functional status assessment tools. The certified assessor [Child and Adolescent Needs and Strengths](#) (CANS MH 2008) has an accompanying online training and certification module in the Outcomes Library, on our provider website under [Education](#). *Outcomes360* also includes other nationally accepted measurement tools, for example, the PHQ-9 and the Whooley Depression Screen.

Our Policy

Our policy is to use evidence-based measurement instruments and partner with leading quality measurement companies to develop and use clinical assessment tools to monitor and improve the safety and effectiveness of care and services provided to our members.

What You Need to Do

Your responsibility is to:

- ◆ Encourage members to complete clinical assessments at the time of intake and periodically during the course of treatment, as well as involve them in discussions about findings, as applicable;
- ◆ Access member-specific outcomes reports as applicable on the [MagellanHealth.com/provider](#) website under My Practice/My Outcomes (after secure sign-in);
- ◆ Read the CHI and CHI-C provider manuals;
- ◆ Review additional training materials for providers and handouts for members available online in our *Outcomes360* library, at [www.MagellanHealth.com/provider](#) under the Education tab;
- ◆ Participate in quality studies, outcomes research, and other initiatives, as requested.

What Magellan Will Do

Through *Outcomes360*, Magellan's responsibility is to:

- ◆ Provide scientifically sound outcome measurement tools;
- ◆ Provide member and population outcome reports to our providers;
- ◆ Provide training and technical support for [Outcomes360](#);
- ◆ Share members' outcomes data with their consent;
- ◆ Conduct quality improvement studies that measure how well program interventions improve outcomes;
- ◆ Collaborate with recognized universities and other institutions on research and outcome studies; and
- ◆ Inform you of the purpose of quality studies and outcomes research that may affect you.

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4. The Quality Partnership – Provider Input

Our Philosophy

Magellan believes that provider input concerning our programs and services is a vital component of our quality program.

Our Policy

We obtain provider input on our programs and services through provider satisfaction surveys, regional Provider Advisory Groups, our provider website, and through special requests for feedback, such as for our clinical practice guidelines, medical necessity criteria, and prevention program development.

What You Need to Do

Your responsibility is to:

- ◆ Provide feedback on our clinical practice guidelines, medical necessity criteria, prevention programs, new technology assessments, and other guidelines and policies, if requested;
- ◆ Return completed provider satisfaction surveys, if requested;
- ◆ Attend our Provider Advisory Group or other committee meetings, if requested;
- ◆ Provide feedback on special projects, including research studies, as requested; and
- ◆ Provide feedback/complaints through the Magellan provider website (under FAQs/Feedback or under My Messages after secure sign-in) or by contacting your local Care Management Center staff for investigation and resolution of the issue.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Advise you of the forums available for your feedback;
- ◆ Actively request your input in the development and/or update of our policies and procedures; and
- ◆ Consider your input while developing or reviewing new and established policies, procedures, programs, and services.

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4. The Quality Partnership – Member Rights & Responsibilities

Our Philosophy

Magellan protects the rights and responsibilities of all members. We are committed to having everyone involved in the delivery of care respect the dignity, worth and privacy of each member.

Our Policy

We have established member rights and responsibilities that promote effective behavioral health care delivery, member satisfaction, and that reflect the dignity, worth, and privacy needs of each member.

What You Need to Do

Your responsibility is to:

- ◆ Review Magellan’s Members’ Rights and Responsibilities Statement (in [Appendix D](#)) with members in your care at their first appointment;
- ◆ Sign and have the member sign the statement and retain a copy in the member’s record;
- ◆ Give members the opportunity to discuss their Rights and Responsibilities with you;
- ◆ Review with the members in your care information such as:
 - Procedures to follow if a clinical emergency occurs,
 - Fees and payments,
 - Confidentiality scope and limits,
 - Member complaint process, and
 - Treatment options and medication;
- ◆ Obtain members’ consent to share information with primary care physicians and other providers.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Make available the Magellan Members’ Rights and Responsibilities Statement for distribution (See [Appendix D](#));
- ◆ Provide instructions on how and when to share the statement with members; and
- ◆ Make available the Members’ Rights and Responsibilities statement in languages and formats that members can understand.

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4. The Quality Partnership – Confidentiality

Our Philosophy

Confidentiality is a key tenet of our operations and processes. To that end, we have developed policies and procedures that serve to protect the privacy of confidential health information that is used or disclosed by Magellan.

Our Policy

Magellan protects access to protected health information (PHI) in the following ways:

- ◆ Utilizing strict guidelines for how member information may be used and disclosed;
- ◆ Requiring all employees to be familiar with the process for responding to any unauthorized uses or disclosures of confidential member information;
- ◆ Requiring Magellan staff, employees and visitors to sign statements concerning confidentiality of information, release of information, and communication requirements;
- ◆ Making sure that the *Authorization to Use or Disclose Protected Health Information* form we use complies with applicable state and federal laws and client-specific requirements;
- ◆ Monitoring provider adherence to privacy policies and procedures through site visits, quality reviews, and routine contact;
- ◆ Monitoring member feedback through the complaint process, member satisfaction survey results, and internal quality audits;
- ◆ Complying with applicable state and federal laws and accrediting organization standards;
- ◆ Establishing proper mechanisms for timely and appropriate responses to member rights issues, including but not limited to member requests for confidential communications, access to protected health information, amendments to protected health information, and accounting of disclosures;
- ◆ Implementing technical barriers to systems by requiring authorization and passwords to access systems containing confidential information; and
- ◆ Requiring the minimum necessary information for routine uses and disclosures of health information.

What You Need to Do

Your responsibility is to:

- ◆ Comply with applicable state and federal laws and regulations that address member privacy and confidentiality of PHI;
- ◆ Utilize HIPAA-compliant authorization forms and consent for treatment forms that comply with applicable state and federal laws;*
- ◆ Use only secure email (secure messaging) when requesting member PHI;
- ◆ Establish office procedures regarding communication with members (e.g., telephone and cell phone use, and written, fax and Internet

4. The Quality Partnership – Confidentiality

communication);

- ◆ Establish a process that allows members access to their records in a confidential manner;
- ◆ Distribute the Magellan Member’s Rights and Responsibilities Statement to members; and
- ◆ Participate in and comply with Magellan’s quality review, site visit process and contract obligations.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Collaborate with you to protect member privacy and confidentiality;
- ◆ Request the minimum necessary protected health information to perform needed health care operations and payment activities; and
- ◆ Only respond to electronic (Internet) requests for PHI through secure email channels.

*= When the HIPAA Privacy Rule is applicable, it allows Magellan and our providers to use and disclose PHI for treatment, payment and health care operations activities.

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4. The Quality Partnership – Site Visits

Our Philosophy

Magellan may conduct site visits with providers to assess the quality of care and services provided, evaluate adherence to policies and procedures, and support various quality improvement activities.

Our Policy

Magellan conducts site visits at individual and group practices, and at facilities and organizations, to directly assess the physical appearance of the facility/office, adequacy of waiting and treatment room space, physical accessibility, appointment accessibility, staffing, and treatment record-keeping practices. Magellan Provider Network staff conducts administrative aspects of site reviews, while Magellan licensed clinicians and quality improvement (QI) staff review specific clinical documents, as needed. Provider site visits may be conducted as a part of credentialing for participation in Magellan's network and on other occasions as determined by quality or clinical reviews. Site visits may include, but not be limited to, a review of the following:

- ◆ Routine appointment availability, and procedures for access;
- ◆ Availability of care in emergencies and after-hours situations;
- ◆ Procedures to maintain confidentiality of member information;
- ◆ Procedures for disclosure of member information;
- ◆ Physical site environment, including appearance, accessibility, etc.;
- ◆ Staff orientation, training and supervision (as appropriate);
- ◆ Treatment record-keeping practices;
- ◆ Documentation in member records;
- ◆ Documentation of contact with PCP (when authorized by the member);
- ◆ Credentials verifications of licensed clinical staff; verification and other human resources procedures for direct care staff; and
- ◆ Quality improvement and safety management programs.

What You Need to Do

Your responsibility is to:

- ◆ Comply with requests for site visits;
- ◆ Provide information in a timely manner, including files as requested by the site visit reviewer;
- ◆ Be available to answer questions from the reviewer; and
- ◆ Participate in developing and implementing a corrective action plan if required.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Advise you in writing if a site visit is required;
- ◆ Advise you of what you need to do to prepare for the site visit;
- ◆ Notify you of the results of the site visit in a timely manner; and
- ◆ Work with you to develop a corrective action plan, if required.

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4. The Quality Partnership – Treatment Record Reviews

Our Philosophy

In support of our commitment to quality care, we request that our providers maintain organized, well-documented member treatment records that reflect continuity of care for members. We expect that all aspects of treatment will be documented in a timely manner, including face-to-face encounters, telephone contacts, clinical findings and interventions.

Our Policy

For quality improvement purposes, Magellan generally reviews treatment records with providers receiving a high volume of referrals from Magellan, as required by our customers or as part of a quality review.

What You Need to Do

Your responsibility is to:

- ◆ Follow the detailed instructions provided if you are selected for a review;
- ◆ Make the records requested available for our review;* and
- ◆ Cooperate with Magellan in developing and carrying out a quality improvement plan should opportunities for improvement be identified.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Provide detailed information prior to the review concerning the rationale, methods and standards employed in the review process;
- ◆ Request the minimum necessary protected health information to perform treatment record reviews;
- ◆ Suggest steps to be taken to improve quality of treatment record documentation; and
- ◆ Work closely with you in carrying out a corrective action plan, if required.

*= When the HIPAA Privacy Rule is applicable, it allows Magellan and our providers to use and disclose PHI for treatment, payment and health care operations activities.

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4. The Quality Partnership – Member Satisfaction Surveys

Our Philosophy

Member satisfaction is one of our core performance measures. Obtaining member input is an essential component of our quality program.

Our Policy

Annually, we survey a representative sample of members who have received services to determine their level of satisfaction with Magellan, as well as with key aspects of the care and/or services that they received from providers in our network.

What You Need to Do

Your responsibility is to:

- ◆ Provide safe, high-quality care and service to those members you treat;
- ◆ Involve members in their treatment plan; and
- ◆ Encourage members to provide feedback on the care and services received.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Inform you of aggregate survey findings and respond to any questions you may have regarding the surveys; Share aggregate results of our member satisfaction surveys with our providers, customers, accreditation entities and members; and
- ◆ Use member survey findings to identify opportunities for improvement and to develop and implement actions for improving our policies, procedures, and services.

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4. The Quality Partnership – Provider Satisfaction Surveys

Our Philosophy

Provider satisfaction is one of our core performance measures. Obtaining provider input is an essential component of our quality program.

Our Policy

Annually, we survey providers in our clinical network who have seen members during the survey period to determine their level of satisfaction with Magellan as well as with key aspects of the service they received from us while assisting our members.

What You Need to Do

Your responsibility is to:

- ◆ Complete the survey; and
- ◆ Contact Magellan with any comments, suggestions or questions you may have.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Monitor provider satisfaction with Magellan and Magellan's policies and procedures;
- ◆ Share aggregate results of our provider satisfaction surveys with our providers, customers, accreditation entities, and members; and
- ◆ Use provider survey findings to identify opportunities for improvement and to develop and implement actions for improving our policies, procedures, and services.

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4. The Quality Partnership – Adverse Outcome Reporting

Our Philosophy

In our quest for our members to receive quality behavioral health care services, we routinely review quality of care concerns and adverse outcome occurrences to identify opportunities for improvement.

Our Policy

We initiate a quality of care review for known incidents in which an individual, who is a Magellan member at the time of the incident and who has been in treatment within six months of the incident, completes a suicide or homicide and/or engages in another type of serious incident that results in serious harm to the member or others.

What You Need to Do

Your responsibility is to:

- ◆ As soon as possible, contact the Magellan Care Management Center that initiated the referral to report any of the following incidents involving a member referred by Magellan and currently in treatment, or a member discharged from treatment within 180 days prior to the occurrence of:
 - Death;
 - Suicide or serious suicide attempt;
 - An incident of violence initiated by the member;
 - Other incident resulting in serious harm to the member or others, that includes but is not limited to serious complications from a psychotropic medication regimen that required medical intervention.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Serve as a resource to manage the clinical situation presented by the adverse incident or potential adverse incident; and
- ◆ Investigate all adverse incidents in a timely manner.

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4. The Quality Partnership – Inquiry and Review Process

Our Philosophy Magellan is committed to developing and maintaining a high-quality provider network.

Our Policy Magellan maintains a process for inquiry, review and action when concerns regarding provider performance are identified.

What You Need to Do Your responsibility is to:

- ◆ Actively participate and cooperate with the investigation and resolution of any identified concerns as a condition of continued participation in the Magellan provider network.

What Magellan Will Do Magellan’s responsibility is to:

- ◆ Contact you by phone or in writing to inquire about the nature of the concern and request additional information if a concern regarding quality of care or service is raised;
- ◆ Advise you if an on-site and/or record review is required;
- ◆ Review all inquiries for adequate resolution of any performance concerns;
- ◆ Advise you when a corrective action plan and follow-up are required;
- ◆ Advise you of a change in the conditions of your network participation, if determined to be required;
- ◆ Advise you, in writing, if any action is taken as a result of the inquiry and review process; and
- ◆ Advise you of your right to appeal a Regional Network and Credentialing Committee (RNCC) determination if the decision is to terminate your participation in the provider network due to quality of care or service issues. The procedure for appeals is included in written notification of such a determination and includes submission of any appeal request and any additional information not previously presented, in writing, within 33 calendar days of the mailing of the RNCC determination. Appeals are heard by the members of the National Network and Credentialing Committee (NNCC) Appeals Subcommittee. Written notification of the subcommittee’s determination of the appeal includes the specific reasons for the decision.

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4. The Quality Partnership – Fraud, Waste and Abuse Compliance

Our Philosophy

Magellan takes provider fraud, waste and abuse seriously. We engage in considerable efforts and dedicate substantial resources to prevent these activities and to identify those committing violations. Magellan has made a commitment to actively pursue all suspected cases of fraud, waste and abuse and will work with law enforcement for full prosecution under the law.

Magellan promotes provider practices that are compliant with all federal and state laws on fraud, waste and abuse. Our expectation is that providers will submit accurate claims, not abuse processes or allowable benefits, and exercise their best independent judgment when deciding which services to order for their patients.

Our Policy

Magellan does not tolerate fraud, waste or abuse, either by providers or staff. Accordingly, we have instituted extensive fraud, waste and abuse programs to combat these problems. Magellan's programs are wide-ranging and multi-faceted, focusing on prevention, detection and investigation of all types of fraud, waste and abuse in government programs and private insurance.

Our policies in this area reflect that both Magellan and providers are subject to federal and state laws designed to prevent fraud and abuse in government programs (e.g., [Medicare](#) and [Medicaid](#), included in Appendix J), federally funded contracts and private insurance. Magellan complies with all applicable laws, including the Federal False Claims Act, state false claims laws (see [State-Specific Information](#) on our website), applicable [whistleblower protection](#) laws, the Deficit Reduction Act of 2005, the American Recovery and Reinvestment Act of 2009, the Patient Protection and Affordable Care Act of 2010 and applicable state and federal billing requirements for state-funded programs, federally funded health care programs (e.g., Medicare Advantage, SCHIP and Medicaid) and other payers. Visit our website to review these policies.

What You Need to Do

Your responsibility is to:

◆ Comply with All Laws and Magellan Requirements

Ensure that the claims that you (or your staff or agent) submit and the services you provide do not amount to fraud, waste or abuse and do not violate any federal or state law relating to fraud, waste or abuse. Ensure that you provide services to members that are medically necessary and consistent with all applicable requirements, policies and procedures.

Magellan expects all providers to:

- Comply with all federal and state laws regarding fraud, waste and abuse;
- Provide and bill only for medically necessary services that are delivered to members in accordance with Magellan's policies and procedures and applicable regulations;

4. The Quality Partnership – Fraud, Waste and Abuse Compliance

- Ensure that all claims submissions are accurate; and
- Notify Magellan immediately of any suspension, revocation, condition, limitation, qualification or other restriction on your license, or upon initiation of any investigation or action that could reasonably lead to a restriction on your license, or the loss of any certification or permit by any federal authority, or by any state in which you are authorized to provide health care services.

◆ Understand Fraud, Waste and Abuse

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to government-sponsored programs, and other health care programs/plans, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to federally and/or state-funded health care programs, and other payers.

Waste means over-utilization of services or other practices that result in unnecessary costs.

Some examples of fraud, waste and abuse include:

- Billing for services or procedures that have not been performed or have been performed by others;
- Submitting false or misleading information about services performed;
- Misrepresenting the services performed (e.g., up-coding to increase reimbursement);
- Retaining and failing to refund and report overpayments (e.g., if your claim was overpaid, you are required to report and refund the overpayment, and unpaid overpayments also are grounds for program exclusion);
- A claim that includes items or services resulting from a violation of the Anti-Kickback Statute now constitutes a false or fraudulent claim under the False Claims Act;
- Routinely waiving patient deductibles or co-payments;
- Providing or ordering medically unnecessary services and tests based on financial gain;

4. The Quality Partnership – Fraud, Waste and Abuse Compliance

- An individual provider billing multiple codes on the same day where the procedure being billed is a component of another code billed on the same day (e.g., a psychiatrist billing individual therapy and pharmacological management on the same day for the same patient);
- An individual provider billing multiple codes on the same day where the procedure is mutually exclusive of another code billed on the same day (e.g., a social worker billing two individual psychotherapy sessions on the same day for the same patient);
- Providing services over the telephone or Internet and billing using face-to-face codes;
- Providing services in a method that conflicts with regulatory requirements (e.g., exceeding the maximum number of patients allowed per group session);
- Treating all patients weekly regardless of medical necessity;
- Routinely maxing out of members' benefits or authorizations regardless of whether or not the services are medically necessary;
- Inserting a diagnosis code not obtained from a physician or other authorized individual;
- Violating another law (e.g., a claim is submitted appropriately but the service was the result of an illegal relationship between a physician and the hospital such as a physician receiving kickbacks for referrals);
- Submitting claims for services ordered by a provider that has been excluded from participating in federally and/or state-funded health care programs; and
- Lying about credentials, such as degree and licensure information.

◆ Cooperate with Magellan's Investigations

Magellan's expectation is that you will fully cooperate and participate with its fraud, waste and abuse programs. This includes, but is not limited to, permitting Magellan access to member treatment records and allowing Magellan to conduct on-site audits or reviews. Magellan also may interview members as part of an investigation, without provider interference.

◆ Report Suspected Fraud, Waste or Abuse

Magellan expects providers and their staff and agents to report any suspected cases of fraud, waste or abuse. Magellan will not retaliate against you if you inform us, the federal government, state government or any other regulatory agency with oversight authority of any suspected cases of fraud, waste or abuse.

Reports may be made to Magellan via one of the following methods:

- Special Investigations Unit Hotline: 1-800-755-0850
- Special Investigations Unit Email: SIU@MagellanHealth.com

4. The Quality Partnership – Fraud, Waste and Abuse Compliance

- Corporate Compliance Hotline: 1-800-915-2108
- Compliance Unit Email: Compliance@MagellanHealth.com

Reports to the Corporate Compliance Hotline may be made 24 hours a day/seven days a week. The hotline is maintained by an outside vendor. Callers may choose to remain anonymous. All calls will be investigated and remain confidential.

Remember!

Magellan will not retaliate against you or any of its employees, agents and contractors for reporting suspected cases of fraud, waste, or abuse to us, the federal government, state government, or any other regulatory agency with oversight authority. Federal and state law also prohibits Magellan from discriminating against an employee in the terms or conditions of his or her employment because the employee initiated or otherwise assisted in a false claims action. Magellan also is prohibited from discriminating against agents and contractors because the agent or contractor initiated or otherwise assisted in a false claims action.

What Magellan Will Do

Magellan's responsibility is to implement and regularly conduct fraud, waste and abuse prevention activities that include:

- ◆ Extensively monitoring and auditing provider utilization and claims to detect fraud, waste and abuse;
- ◆ Actively investigating and pursuing fraud and abuse and other alleged illegal, unethical or unprofessional conduct;
- ◆ Reporting suspected fraud, waste and abuse and related data to federal and state agencies, in compliance with applicable federal and state regulations and contractual obligations;
- ◆ Cooperating with law enforcement authorities in the prosecution of health care and insurance fraud cases;
- ◆ Verifying eligibility for members and providers;
- ◆ Utilizing internal controls to help ensure payments are not issued to providers who are excluded or sanctioned under Medicare/Medicaid and other federally funded health care programs;
- ◆ Training employees annually on Magellan's Corporate Compliance Handbook; and
- ◆ Making the Magellan Provider Handbook available to network providers.

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4. The Quality Partnership – Provider Exclusion from Federally or State-Funded Programs

Our Philosophy

Magellan promotes provider compliance with all federal and state laws on provider exclusion. The U.S. Department of Health and Human Services (HHS) through the Office of Inspector General (HHS-OIG) can exclude individuals and entities from participating in federally funded health care programs. The HHS-OIG maintains the List of Excluded Individuals/Entities (LEIE) online. According to the HHS-OIG, “basis for exclusion includes convictions for program-related fraud and patient abuse, licensing board actions, and default on Health Education Assistance Loans.” In addition, the U.S. General Services Administration’s (GSA) web-based Excluded Parties List System (EPLS) is used to identify individuals and entities excluded from receiving federal contracts, certain subcontracts and certain types of federal financial and non-financial assistance and benefits. States also can exclude individuals and entities from participating in state-funded contracts and programs.

Our Policy

Consistent with federal and state requirements, any individual or entity excluded from participation in federally or state-funded contracts and programs cannot participate in any federally or state-funded health care program. Magellan’s policy is to ensure that excluded individuals/entities are not hired, employed or contracted by Magellan to provide services for any of Magellan’s product offerings. This policy is applicable to all Magellan lines of business.

What You Need to Do

Your responsibilities as required by the Centers for Medicare and Medicaid Services (CMS), further protects against payments for items and services furnished or ordered by excluded parties. If you participate in federally funded health care programs, you must take the following steps to determine whether your employees and contractors are excluded individuals or entities:

- ◆ Screen all employees, agents and contractors to determine whether any of them have been excluded. Providers are required to comply with this obligation as a condition of enrollment as a Medicare or Medicaid provider.
- ◆ Search the HHS-OIG LEIE website at <http://www.oig.hhs.gov/> to capture exclusions and reinstatements that have occurred since the last search. You can search the website by individual or entity name.
- ◆ Immediately report to the respective state Medicaid Agency any exclusion information discovered.

In addition, to comply with Magellan’s fraud, waste and abuse programs, your responsibility is to:

- ◆ Check each month to ensure that you, your employees, agents, directors, officers, partners or owners with a 5 percent or more controlling interest and subcontractors are not debarred, suspended or otherwise excluded under the HHS-OIG LEIE at <http://www.oig.hhs.gov/>, the EPLS at <http://www.epls.gov/> or any applicable state exclusion list where the services are rendered or delivered; and

4. The Quality Partnership – Provider Exclusion from Federally or State-Funded Programs

- ◆ Immediately notify Magellan in writing of the debarment, suspension or exclusion of you, your employees, agents, subcontractors, directors, officers, partners or owners with a 5 percent or more controlling interest.
- ◆ Disclosure Requirements: Medicaid providers are required to disclose information regarding
 1. the identity of all individuals and entities with an ownership or control interest of 5 percent or greater in the provider including information about the provider's agents and managing employees in compliance with 42 CFR 455.104;
 2. certain business transactions between the provider and subcontractors/wholly owned suppliers in compliance with 42 CFR 455.105; and
 3. the identity of any individual or entity with an ownership or control interest in the provider or disclosing entity, or who is an agent or managing employee of the provider group or entity that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act since the inception of those programs in compliance with 42 CFR 455.106.

What Magellan Will Do

Magellan's responsibility is to conduct fraud, waste and abuse prevention activities that include:

- ◆ Checking the EPLS, HHS-OIG LEIE, and applicable state exclusion lists during credentialing, prior to the employment of any prospective Magellan employee and prior to contracting with any vendor, and monthly thereafter;
- ◆ Ensuring that excluded individuals/entities are not hired, employed or contracted by Magellan to provide services for any of Magellan's product offerings. This policy is applicable to all Magellan lines of business; and
- ◆ Cooperating with law enforcement authorities in the prosecution of health care and insurance fraud cases, and reporting fraud-related data to federal and state agencies in compliance with applicable federal and state regulations and contractual obligations.

4. The Quality Partnership – HIPAA Transaction Standards

Our Philosophy

To address the Health Insurance Portability and Accountability Act (HIPAA) and its regulations regarding standard interface between health care organizations and providers, we send and receive HIPAA Standard Transactions. HIPAA Standard Transactions define the required formats for encounter data, referrals, authorizations, enrollment, and claims data between members, providers, health care organizations and others that require this information.

Our Policy

To receive and send standard electronic transactions, as defined by HIPAA legislation, Magellan has contracted with national clearinghouses* (listed in [Appendix F](#)). For many of these transactions, Magellan also offers HIPAA compliant Web-based applications, including but not limited to professional claims submission.

What You Need to Do

Your responsibility is to:

- ◆ Comply with HIPAA Standard Transactions requirements for all covered transactions submitted to Magellan;
- ◆ Apply for and use National Provider Identifier (NPI) on all electronic transactions submitted to Magellan; and
- ◆ Use current standard procedure, diagnostic, and revenue codes on all claims transactions submitted to Magellan.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Be able to receive and send the following HIPAA Standards Transactions:
 - 835 – Outbound – Electronic Remittance Advice
 - 837P – Inbound – Professional Claim
 - 837I – Inbound – Institutional Claim
 - 820 – Premium Payment
 - 276-277 – Claim Status/Response
 - 270-271 – Eligibility Inquiry/Response
 - 834 – Enrollment
- ◆ Utilize clearinghouse services or offer online services to provide the administrative functions required to establish HIPAA compliant electronic communications; and
- ◆ Inform you about how to contact us to initiate electronic communications.

*=At the time of publication, Payerpath (formerly Mysis and also known as Allscripts), Capario (formerly MedAvant and ProxyMed), Availity (formerly THIN), Gateway EDI, Inc., Emdeon (formerly WebMD), Relay-Health (also known as McKesson) and Office Ally are Magellan's contracted clearinghouses. Refer to the [Clearinghouse Contact Information](#) on the Magellan provider website for future updates on Magellan clearinghouses.

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4. The Quality Partnership – HIPAA Standard Code Sets

Our Philosophy

The coding standards established by the Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set regulations eliminate local and proprietary codes and establish industry standards for identifying procedures, diagnosis and medical supplies.

Our Policy

The HIPAA legislation specifically identifies the following procedure and diagnostic code sets as standards:

- ◆ ICD-9-CM
- ◆ CPT-4 and Modifiers
- ◆ HCPCS Level II and Modifiers
- ◆ Revenue Codes
- ◆ Place of Service Codes
- ◆ Type of Bill Codes.

Magellan requires the use of these standard code sets on both paper and electronic claim transactions.

What You Need to Do

As a Magellan provider, it is your responsibility to:

- ◆ Make sure all electronic information submitted to Magellan utilizes current standard codes in accordance with HIPAA requirements;
- ◆ Apply for and utilize a National Provider Identifier (NPI) on all HIPAA transactions submitted to Magellan;
- ◆ Obtain a current copy of [Magellan's Universal Services List](#) (USL) for standard codes for most facility and program services;
- ◆ Research, be knowledgeable and comply with HIPAA requirements; and
- ◆ Make sure all paper claims submitted to Magellan utilize current standard codes.

What Magellan Will Do

To comply with HIPAA, Magellan will:

- ◆ Recognize standard procedure and diagnostic codes and will communicate those standards to providers;
- ◆ Be compliant with HIPAA's standard coding requirements;
- ◆ Accept only compliant codes in covered electronic transactions;
- ◆ Accept only covered electronic transactions that include an NPI;
- ◆ Share your NPI with health plans with which we coordinate your HIPAA-standard transactions;
- ◆ Advise you on how to contact us to initiate electronic communications;
- ◆ Provide written warning on remittance vouchers for services submitted with invalid codes; and
- ◆ Maintain helpful information about HIPAA code sets on MagellanHealth.com/provider.

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5. Provider Reimbursement – Claims Filing Procedures

Our Philosophy

Magellan is committed to reimbursing our providers promptly and accurately in accordance with our contractual agreements. We strive to inform providers of claims processing requirements in order to avoid administrative denials that delay payment and require resubmission of claims.

Our Policy

Magellan reimburses mental health and substance abuse treatment providers using fee schedules for professional services. Magellan's professional reimbursement schedules include the most frequently utilized HIPAA-compliant procedure codes for professional services. Most Magellan provider contracts require claims to be submitted within 60 days of the provision of covered services. Magellan will deny claims not received within applicable state mandated or contractually required timely filing limits. A claim must contain no defect or impropriety, including a lack of any required substantiating documentation, HIPAA compliant coding or other particular circumstance requiring special treatment that prevents timely payments from being made. If the claim does not contain all required information, it may be denied.

Note: If applicable state law defines "clean claim," Magellan applies the state-mandated definition.

What You Need to Do

Your responsibility is to:

- ◆ Contact the Care Management Center prior to rendering care, if the member's benefit plan requires authorization for the service.
- ◆ Complete all required fields on the CMS-1500 or UB-04 form accurately.
- ◆ Collect applicable co-payments or co-insurance from members.
- ◆ Submit a clean claim for services rendered, including your usual charge amount. Do not automatically bill your contracted rate as the charge amount. Follow the detailed claim form completion standards in [Appendix F](#) of this handbook.
- ◆ Submit claims for services delivered in conjunction with the terms of your agreement with Magellan.
- ◆ Use only standard codes sets as established by the Centers for Medicare and Medicaid Services (CMS) or the state of your licensure for the specific claim form (UB-04 or CMS-1500) you are using. (You can find additional information under the previous HIPAA Standard Code Sets section.)
- ◆ Submit claims within 60 days of the provision of covered services.
- ◆ Bill only for services rendered within the time span of the authorization.
- ◆ Contact Magellan for direction if authorized services need to be used after the authorization has expired.
- ◆ Not bill the patient for any difference between your Magellan contracted reimbursement rate and your standard rate. This practice is called "balance billing" and is not permitted by Magellan.
- ◆ Contact the Care Management Center managing the member's services if you are not certain which reimbursement rate applies to the member in

5. Provider Reimbursement – Claims Filing Procedures

your care.

- ◆ Contact the Customer Service number indicated on the member's ID card for assistance if you are unsure of the Care Management Center managing the member's care.
- ◆ Refer to the "Dos" and "Don'ts" of claims filing in [Appendix F](#).

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Provide verbal notice, send an authorization letter and/or provide electronic authorization when we authorize services.
- ◆ Process your claim promptly upon receipt, and complete all transactions within regulatory and contractual standards.
- ◆ Apply National Correct Coding Initiative (NCCI) claim edits to claim submissions. The NCCI claim edits module is a group of system edits defined by CMS to assure correct coding.
- ◆ Inform you of any reasons for administrative denials and action steps required to resolve the administrative denial.
- ◆ Send you or make available online an Explanation of Payment (EOP) or other notification for each claim submitted including procedures for filing an appeal.
- ◆ Provide appropriate notice regarding corrective action or information required if a claim is denied and reconsider claim upon receipt of requested information.
- ◆ Adjudicate claims based on information available. If the information requested is not received within 45 days, the claim may be denied for insufficient information, subject to applicable state and federal law.
- ◆ Regularly update the Universal Services List and HIPAA compliant billing codes on the Magellan provider website.
- ◆ Review our reimbursement schedules periodically in consideration of industry standard reimbursement rates and revise them when indicated.
- ◆ Include all applicable reimbursement schedules as exhibits to your contract.
- ◆ Comply with applicable state and federal regulatory requirements regarding claims payment.
- ◆ Communicate changes to claims filing requirements and reimbursement rates in writing prior to the effective date.

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5. Provider Reimbursement – Electronic Claims Submission

Our Philosophy

We offer a variety of methods in which providers can submit claims electronically to support our providers' submission preferences. This enhances our ability to pay providers in a timely and accurate manner.

Our Policy

Magellan is committed to meeting the Centers for Medicare and Medicaid Services (CMS) and HIPAA (Health Insurance Portability and Accountability Act) compliance standards. We have several contracted clearinghouses through which both facility-based claims and professional claims can be submitted. In addition, Magellan offers a claim submission tool for professional claims and a direct-submit option for providers able to transmit data in a HIPAA-compliant 837 format. Both of these options are available on Magellan's website and are offered at no cost to our providers.

What You Need to Do

Your responsibility is to:

- ◆ If you are able to transmit data in a HIPAA-compliant 837 format, submit claims directly to Magellan through a direct-submit upload process. To establish this process, you will need to go to our [EDI Testing Center](#), create a unique username/password, download the Abbreviated Companion Guide, and upload a test file to run through HIPAA validation. You must repeat this test successfully twice. Once HIPAA validation has been successfully completed using this automated tool, Magellan will contact you to initiate the process to production status so you can submit actual claim files. If you have any questions or need assistance, feel free to contact us at EDISUPPORT@MagellanHealth.com or our EDI Hotline at 314-387-5890.
- ◆ Evaluate the *Claims Courier* application on Magellan's website (accessible under My Claims/Submit a Claim Online). This tool has functionality that allows providers to submit claims typically completed on a CMS-1500. The application allows providers to efficiently submit a new claim, view the status of a claim, and use previously submitted claims to create a new claim, edit a claim submitted earlier the same day, and resubmit a claim for correction of place of service, units and/or charge amount.
- ◆ Consider using the services of one of our contracted clearinghouses* if you submit a high volume of claims, or for claims typically submitted on a UB-04.

What Magellan Will Do

Magellan's responsibility is to:

- ◆ Continue to maintain online claims applications and relationships with clearinghouses to assure flexibility in the claims submission process.
- ◆ Provide Electronic Funds Transfer (EFT) and Electronic Remittance Advice (835) for electronic claims.

* At the time of publication, Payerpath (formerly Mysis and also known as Allscripts), Capario (formerly MedAvant and ProxyMed), Availity (formerly THIN), Gateway EDI, Inc., Emdeon (formerly WebMD), Relay-Health (also known as McKesson) and Office Ally are Magellan's contracted clearinghouses. Refer to the [Clearinghouse Contact Information](#) on the Magellan provider website for future updates on Magellan clearinghouses.

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Our Philosophy

As a contracted supplier of behavioral health care management services to Medicare Advantage plans, Magellan oversees benefits for Medicare enrollees. As a Medicare Advantage plan contractor, Magellan, along with our contracted provider network, is subject to the standards and procedures established by the Centers for Medicare and Medicaid Services (CMS).

Our Policy

Our Medicare network includes behavioral health providers permitted by CMS to provide services to Medicare enrollees. We actively evaluate the cultural diversity of our networks in an effort to include clinicians who are able to meet the cultural needs of our members. In addition, our provider agreements are consistent with CMS requirements.

What You Need to Do

Magellan encourages providers in our Medicare provider network to actively pursue information in their role in treating Medicare enrollees. CMS and Medicare information can be accessed directly on the Internet at: www.cms.gov.

As a provider in our Medicare network and in order to receive referrals of Medicare enrollees, you agree to:

- ◆ Be currently credentialed with Magellan;
- ◆ Hold an executed provider agreement with Magellan that includes a Medicare addendum;
- ◆ Be enrolled in Medicare and have a current National Provider Identifier (NPI);
- ◆ Be free of any Medicare/Medicaid sanctions from the Office of the Inspector General (OIG);
- ◆ Have not opted out of Medicare;
- ◆ For hospitals, be accredited by the Joint Commission or certified by Medicare;
- ◆ Accept referrals of Medicare enrollees for covered services within the scope of your practice;
- ◆ Deliver services in accordance with the terms of your provider agreement, the Medicare addendum, and the policies and procedures outlined in this handbook and applicable supplements;
- ◆ Comply with any CMS, Magellan or Medicare Advantage health plan training requirements;
- ◆ Render all services in your office or facilities or in mutually agreeable locations;
- ◆ Deliver services in a culturally competent manner;
- ◆ Render services that are consistent with professionally recognized standards of health care;
- ◆ Protect the confidentiality of enrollee information;
- ◆ Involve enrollees in treatment decisions;
- ◆ Be aware of and comply with laws applicable to individuals or entities receiving federal funds;

- ◆ Render services in a timely manner, consistent with Magellan’s access standards;
- ◆ In **emergent** cases (life threatening or non-life threatening) call Magellan upon stabilization of the enrollee. Pre-authorization of care **is not** required. An emergency is characterized by sudden onset, rapid deterioration of cognition, judgment, or behavior, and is time limited in intensity and duration;
- ◆ Render **Urgently Needed Services (UNS)** as needed. Pre-authorization **is not** required. UNS are covered services provided when an enrollee is temporarily absent from a service area and when such services are medically necessary and immediately required:
 - as a result of an unforeseen illness, injury, or condition; and
 - when it is not reasonable, given the circumstances, to obtain services through Magellan;
- ◆ Be aware of, and document in the enrollee’s record, whether or not a psychiatric advance directive exists;
- ◆ Make sure services rendered are consistent with Magellan’s policies, quality improvement programs, clinical/utilization management guidelines and Medical Necessity Criteria;
- ◆ Participate in and cooperate with quality review and improvement activities related to services provided to enrollees;
- ◆ Adhere to Medicare’s appeals procedures (including expedited appeals);
- ◆ Inform enrollees or the enrollee representatives of their right to appeal any treatment determination even if the determination occurs “pre-service” -- **before** any service is delivered. You may be asked to provide information that is relevant to the reconsideration;
- ◆ Comply with CMS reporting requirements in a timely and accurate manner and certify to the truth and completeness of encounter data submitted to Magellan;
- ◆ Maintain appropriate clinical records in accordance with Health and Human Services (HHS) and all other applicable federal, state, and local laws and regulations; and
- ◆ Adopt reasonable measures to prevent the unauthorized disclosure of Medicare records. Medical records must be maintained in a secure manner.

What Magellan Will Do

Magellan’s responsibility is to:

- ◆ Pay clean claims promptly in accordance with CMS standards for quality and service; and
- ◆ Pay claims in accordance with the reimbursement schedule outlined in your provider agreement.

Note: Magellan’s Care Management Centers serve Medicare enrollees across the country. For questions about a specific plan or case, call the Care Management Center that referred the enrollee to you. For information about Medicare and related laws and regulations, providers are encouraged to obtain information directly from CMS.