



California Provider Training

December 2011-January 2012



Presented by:
Magellan Network Representatives

Who We Are

- Magellan Health Services Inc. is a leading specialty health care management organization with expertise in managing behavioral health (as well as radiology and specialty pharmaceuticals, and public sector pharmacy benefits programs).
- Our behavioral health network clinicians and facilities are at the heart of who we are. They represent Magellan to our members and are tasked with the responsibility of rendering care to help members improve the quality of their lives.
- In California, Magellan does business through Human Affairs International of California and Magellan Health Services of California, Inc. – Employer Services. Except if noted otherwise, references in this webinar to “Magellan” include these companies.

Types of Clients We Serve

- Health plans and insurers
- Self-insured employer and union group health plans
- Public sector or government-sponsored health plans

The Power of Partnership: BSC and HAI-CA

- Blue Shield of California (BSC) and Human Affairs International of California (HAI-CA), a Magellan Health Services company, entered into an eight-year agreement for HAI-CA to be BSC's mental health service administrator (MHSA), providing behavioral health and substance abuse management services to BSC members.
- Effective Jan. 1, 2012, HAI-CA will manage behavioral health, substance abuse, EAP, and work-life services on behalf of BSC for approximately 1.8 million members.
- Benefits management will transition from the current vendor to HAI-CA on Jan. 1, 2012.

Blue Shield of California Benefits Overview



BSC Benefit Plans

- Group and Individual HMO Plans
- Group and Individual PPO Plans
- Medicare Advantage Group
 - Only with respect to members assigned to an IPA or medical group that has not assumed financial risk for covered mental health and substance abuse services
- Point of Service (POS) Plans
- Federal Employee Program (HMO)

Applies to in-network covered services only (except for emergency services and urgent care services)

BSC Benefit Plans (continued)

- ASO Plans (optional HAI-CA utilization management vs. BSC utilization management) –
 - Only applies to those self-funded employer groups that have purchased BSC's Expanded Managed Behavioral Health Program
- Healthy Families Program

If unsure what plan the member has or whom to contact for questions regarding mental health/substance abuse care benefits, please refer to the phone number on the back of the member's benefit ID card.

Outpatient Care for BSC Members

- First 10 visits delivered by each provider do not require authorization. No authorization is required for psychiatrist/RN routine outpatient services.
- If additional sessions are needed after the 10th visit, request sessions via www.MagellanHealth.com/provider. Sign in and select *Request Outpatient Authorization*. Or you may contact us by calling the number on the member's card for behavioral health services.
- The number of sessions authorized will be based on severity of diagnosis.

Authorization and Eligibility

To obtain authorization and verify eligibility:

- Sign in to the website and select *Request Outpatient Authorization*.
- Or you may contact us by calling the number on the member's card for behavioral health services:
 - HMO and PPO plan members: 1-877-263-9952
 - ASO Buy-Up Product plan members: 1-800-378-1109
 - CalPERS plan members: 1-866-505-3409
 - City and County of San Francisco plan members: 1-866-830-0328
 - Medicare Advantage plan members: 1-800-985-2398

Transition of Care

There will be a 60-day transition-of-care timeframe

- Starting Jan. 1, 2012



Claim Submission and Tracking

Submitting Claims for Services to BSC Members

HAI-CA should receive claims only for dates of service of Jan. 1, 2012 and beyond. Send claims for services prior to Jan. 1, 2012 to the previous vendor.

Electronic Claims submission via www.MagellanHealth.com/provider or through a clearinghouse. When submitting claims electronically, use submitter ID # 01260

Paper Claims

Mailing address (for paper claims):

HAI-CA San Diego Care Management Center

P.O. Box 710400

San Diego, CA 92171

Claims Tips

- Find basic billing tips to get you started: Go to www.MagellanHealth.com/provider and click the “Getting Paid” top-menu item. Also, see Appendix H to the California supplement.
- **Preparing Claims** – Claims Filing Procedures, Elements of a Clean Claim, Claims Tip Sheets, Coordination of Benefits
- **HIPAA** – Coding Information for Professional and Facility/Program Services, Code Sets, Resources
- **Electronic Transactions** – Three options to submit transactions/claims electronically to Magellan, Companion Guides, Clearinghouse Information, Electronic Funds Transfer, National Provider Identifiers (NPI)
- **Paper Claim Forms** – We highly recommend electronic submission, but accept paper claims on CMS-1500 and UB-04 forms

EDI Claims Submission- What's in It for You?

- **Improved Efficiency**
 - No paper claims. No envelopes. No stamps.
 - Prompt confirmation of receipt or incomplete claim
- **Faster Reimbursement**
 - Cut out the letter carrier, clean claims processed quickly
- **Improved Quality**
 - Up-front electronic review ensures higher percentage of clean claims
 - Secure process with encryption keys, passwords, etc.

Electronic Claim Submission Options

Claims Courier - Magellan's Web Option

- For smaller-volume submitters
- It's free!
- Web-based, just sign in securely to www.MagellanHealth.com/provider
- Manually key info like you would a CMS-1500 form
- Info is saved and can be copied for new dates of service

Direct Submission to Magellan

- For medium- to high-volume submitters
- It's free!
- Send HIPAA-compliant transactions directly to Magellan using your existing software

Clearinghouse

- For larger-volume submitters
- Magellan works with preferred clearinghouses, which accept both professional (CMS-1500) and institutional (UB-04) claims
- Commonly tie in with practice management software
- Check with each clearinghouse for their fees

*When submitting claims electronically, Magellan's submitter ID is **01260**.*

Timely Filing

- Timely filing for submission of claims in California is 90 days.
- Magellan will deny claims not received within 90 days.

Your responsibility

- Submit a complete claim for services you have provided within 90 days.

Checking Claims Status

- Check Claims Electronically:
 - Sign in securely on our provider website - www.MagellanHealth.com/provider
 - Select “Check Claims Status” from menu
 - Search for claim by member or subscriber name, date of service, etc.
 - Can view claim details such as check number, date and payment method
 - If claim is denied, reason code and description provided
 - Contact instructions available if you have questions
 - Can view EOB online

- Or, call HAI-CA at:
 - The number on the back of the member’s benefits card



Website Overview

www.MagellanHealth.com/provider

Web Communications

- As a Magellan provider, you have access to a wealth of information and administrative tools designed to make working with Magellan quick and easy.
- Your Magellan provider website is **www.MagellanHealth.com/provider**.

MagellanHealth.com/provider Features

- Magellan National Provider Handbook, and Handbook Supplements for BSC and California
- Medical Necessity Criteria
- Clinical Guidelines
- Credentialing Criteria
- Check Member Eligibility
- Request Outpatient Authorizations (additional sessions)
- Submit Claims and Check Claim Status
- Member Outcomes Tools
- Practice Information Update Tool
- Demos of Online Tools
- Magellan Provider Newsletter, *Provider Focus*
- and much more!



Magellan Provider Handbook

- As a contracted Magellan provider, it is your responsibility to be familiar with and adhere to the policies and procedures outlined in the Magellan Provider Handbook.
- The Magellan Provider National Handbook, along with California, plan-specific, and product-specific handbook supplements, outline the policies and procedures with which you agree to comply when you sign your Magellan Provider Participation Agreement.

Demos of Online Tools

- Go to www.MagellanHealth.com/provider
- Choose “Education” from the top menu
- Select “Online Training” from the drop-down menu
- The section on “Electronic Transactions” includes the following:
 - 835 Transactions
 - Clearinghouse
 - EDI Testing Center
 - Electronic Funds Transfer
 - Submit EDI Claims

Electronic Funds Transfer (EFT)

What is EFT?

EFT allows you to request to have certain claims payments directly deposited to your business bank account.

How Do You Register for EFT online?

To register for EFT, complete and submit the registration form found after signing in to www.MagellanHealth.com/provider

Free CE Credits

- Magellan offers **free** continuing education credits to our contracted providers through our online education partner, Essential Learning.
- Essential Learning is the largest provider of e-learning services to the behavioral health and human services industry. Providers who successfully complete Essential Learning courses earn CEUs recognized by national accreditation and certification bodies.
- Sign in securely to www.MagellanHealth.com/provider, then from the “Education” top-menu item, select “CEUs and CMEs”

Outcomes360

- Outcomes360SM is Magellan's web-based outcomes measurement system.
- Features tools that enable members and/or their caretakers to assess and track progress related to their mental and physical health.
- Magellan worked closely with Quality Metric Incorporated, the industry leader in health status measurement to design the following outcomes measurement tools:
 - Consumer Health Inventory (CHI) -- Tool completed by members age 14 and older
 - Consumer Health Inventory - Child Version (CHI-C) -- Tool completed by caregivers of children under 18 years old.

Outcomes360 (continued)

- You can use the assessment process and reports to enhance treatment planning for each member in your care.
- The Outcomes360 tools are key components of our behavioral health outpatient programs through which we focus on improving members' health and wellness, quality of life and physical and emotional health.
- You also may consider using the Child and Adolescent Needs and Strengths (CANS-MH) tool.
- You may access these tools securely at our provider website www.MagellanHealth.com/provider.

Outcomes 360 – Measurement and Reporting

- The CHI assessment tool helps members measure and keep track of their health and recovery.
- Use of this measurement tool is available to all Magellan providers.
 - Three options to use the assessment tool:
 - Submit Online
 - Print Fax
 - Generate Email to Member
- Tools and provider guides with detailed descriptions of the system components are available in the *Outcomes Library* of Magellan’s provider website, www.MagellanHealth.com/provider. (Select “Outcomes Library” from the “Education” menu item.)



Useful Information

Access Standards

- Telephone Messages
 - After-hours message must inform members to contact 911 or go to nearest emergency room for immediate intervention
- Timely Appointments
 - **Routine** – within 14 calendar days (EAP members within 3 business days)
 - **Urgent** – within 48 hours (EAP members within 24 hours)
 - **Non-Life Threatening Emergency** – within 6 hours
- Office Wait Time
 - Wait times greater than 15 minutes are considered excessive

TIN and MIS

What is a TIN?

- The Taxpayer Identification Number, or TIN, is required when submitting claims for payment.
- The TIN submitted on the claim must be on file with Magellan as belonging to the individual practice or group practice to whom care was authorized, in order for the claim to be processed.
- A provider should bill with the TIN to which they are expecting payment.

What is an MIS number?

- The Management Information Systems, or MIS, number is a unique identification number that Magellan assigns to each provider's record.
- This number identifies the provider in Magellan's systems and is linked to data such as provider addresses, credentialing and contracting information, network participation and reimbursement schedules.
- The MIS is used when obtaining authorization for care, processing claims, and to verify the provider's identity when communicating online or by phone.

NPI (National Provider Identifier)

- NPIs replace all government-issued identifiers (Medicaid PIN, Medicare UPIN) on HIPAA standard electronic transactions
- Magellan requires providers to submit their NPI on all HIPAA standard electronic transactions.
- All standard electronic transactions received without NPIs will be rejected.
- TIN also is required on all claims – both paper and electronic.
- To apply for your NPI, apply online at <https://nppes.cms.hhs.gov>.

HIPAA Standard Code Sets

- HIPAA regulations require that all electronic transactions include only HIPAA-compliant codes. For consistency, Magellan also requires HIPAA-compliant codes on all manually submitted paper claims. If a submitted claim includes a non-compliant code, the claim will be rejected and returned for correction before it is processed.
- All code sets are reviewed and subject to modification annually, so it is important to have the most current set of codes for billing purposes.

Balance Billing Prohibition

- “Balance billing” is prohibited under the terms of your Magellan Provider Participation Agreement: You may not bill members for the difference between your usual and customary charge and your contracted rate.
- In addition, you are not permitted to bill members or collect deposits from members for any amounts other than member co-payment, co-insurance or deductible for services rendered.
- Members may only be billed for missed appointments if you have a clear policy of your billing practices for missed appointments and the policy is reviewed with the member.
- If a member does not keep a scheduled appointment, you are not permitted to bill Magellan for the missed appointment.

Your Network Team

- Michael Geary, Regional Network Director
- Jaymi Wiley, Field Network Manager
- Jill Day, Area Contract Manager

- Email: CaliforniaProvider@MagellanHealth.com
- Call: 1-800-430-0535, option #4

