



Provider Training for Texas STAR Kids

Magellan Providers of Texas, Inc.



The image features two hands, one on the left and one on the right, both constructed from a mosaic of small, colorful triangles in shades of red, blue, green, yellow, and purple. The hands are positioned as if they are about to shake or are in the process of shaking. Several individual triangles of various colors are scattered in the air between the two hands, suggesting movement or a dynamic interaction. The background is plain white.

Welcome and Introduction

Texas STAR Kids
Provider Training



Agenda

- ✓ **Introduction**
- ✓ **General Information & Provider Requirements**
- ✓ **Getting Paid - Claims Payment**
- ✓ **STAR Kids Benefits**
- ✓ **Providing Care**
- ✓ **STAR Kids Service Coordination**
- ✓ **Complaints, Appeals & Claims Reconsideration**
- ✓ **Compliance and Quality Assurance**
- ✓ **Your Magellan Network Team & Important Phone Numbers**
- ✓ **Provider Q & A**

Introduction



Blue Cross and Blue Shield of Texas has contracted with Magellan Providers of Texas, Inc. to provide a continuum of services to individuals at risk of suffering from mental, addictive, or other behavioral disorders.

Magellan will offer a variety of behavioral health services to Blue Cross and Blue Shield of Texas STAR Kids members in the Travis and MRSA Service Area.

Magellan began managing the behavioral health and substance abuse benefits on behalf of Blue Cross and Blue Shield of Texas effective Nov. 1, 2016.

For more information, both providers and members can contact Magellan at 1-800-424-0324.

General Information & Provider Requirements



Provider Requirements

Provider shall render such services in accordance with the terms of the Agreement, the STAR Kids Addendum, Magellan Policies and Procedures, any applicable MCO Provider Manual, Texas Medicaid Provider Procedures Manual (TMPPM) and the Uniform Managed Care Manual (UMCM). In the event of any conflict between the requirements in a Magellan Provider Participation Agreement or the STAR Kids Addendum, and the requirements of State and federal law and of HHSC, the requirements of state and federal law and HHSC shall prevail.

Waiting times - Provider must provide services within timeframes listed in Magellan's Policies and Procedures.

Missed Appointments - Provider must contact members who have missed appointments within 24 hours to reschedule appointments.

Non-Covered Services - Provider is prohibited from billing or collecting any amount from a member for Covered Services covered by the STAR Kids Addendum. Provider must inform members of the costs for non-covered services prior to rendering such services and must obtain a signed Private Pay form from such a member.

Provider Requirements (cont.)

Service Coordination- All Home and Community Support Services Agency (HCSSA) providers, adult day care providers, and residential care facility providers must notify the Service Coordinator if a member experiences any of the following:

- a significant change in the member's physical or mental condition or environment;
- hospitalization;
- an emergency room visit; or
- two or more missed appointments.

Submission of Claims- Provider shall submit clean claims in accordance with the terms of the Agreement and Magellan's Policies and Procedures.

Laws Applicable to this STAR Kids Addendum- Environmental Protection Laws, State and Federal Anti-discrimination Laws, The Immigration and Nationality Act, The Health Insurance Portability and Accountability Act of 1996, The Health Information Technology for Economic and Clinical Health Act (HITECH Act) at 42 U.S.C. 17931 *et.seq.* Compliance with Fraud and Abuse laws.

Web Communications & Provider Features

- 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.MagellanProvider.com**

Features

- Website demonstration on home page
- Online provider orientation program
- *Provider Focus* behavioral health newsletter
- Electronic claims submission information
- HIPAA billing code set guides
- Medical Necessity Criteria and Clinical Practice Guidelines
- Clinical and administrative forms
- Cultural competency resources
- Demos of all our online tools/applications: go to Education/Online Training
- Behavioral health information for members

Magellan's Provider Website

The screenshot shows a web browser window displaying the Magellan Provider website. The browser's address bar shows the URL <https://www.magellanprovider.com/MagellanProvider/>. The website header features the Magellan Healthcare logo and a navigation menu with links for Sign In, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located below the navigation menu. The main content area is divided into three columns. The left column, titled 'Spotlight On...', features a photo of three children in winter gear and three news items: 'Get the latest news: winter issue now online', 'Updated ICD-10 Mixed Services Protocol', and 'Revised guidelines for obesity'. The middle column, titled 'WELCOME PROVIDERS', contains a welcome message and two columns of links under 'Access Services' and 'Get Information'. The right column contains a 'Sign In' form with fields for Username and Password, a 'Remember Me' checkbox, and buttons for 'Sign In', 'New User', 'Forgot Username?', and 'Forgot Password?'. Below the sign-in form is the 'PROVIDER focus' logo and a link to 'Join the Network!'. The footer of the website includes copyright information and links to 'Terms and Conditions of Use', 'Disclaimer', 'About this Website', and 'Privacy Policy'. The Windows taskbar at the bottom shows the system tray with the date and time as 10:47 AM on 3/14/2016.

Sign In | FAQs | About Us

Magellan HEALTHCARESM

Sign In | Provider Network | Providing Care | Getting Paid | Forms | Education | News & Publications

SEARCH

Spotlight On...



Get the latest news: winter issue now online
Check out the new edition of *Provider Focus!*

Updated ICD-10 Mixed Services Protocol
The 2016 ICD-10 MSP became effective Jan. 1.

Revised guidelines for obesity
We've recently updated the introduction to our adopted clinical practice guideline for the treatment of obesity.

WELCOME PROVIDERS

This website offers user-friendly tools and essential information to support you in providing quality care to Magellan members.

Access Services	Get Information
<ul style="list-style-type: none">Check Member EligibilitySubmit a ClaimCheck Claims StatusRequest/View AuthorizationsElectronic Funds TransferMy NotificationsDisplay/Edit Practice InfoManage OutcomesFree CE Courses	<ul style="list-style-type: none">Provider Handbook and SupplementsState- and Plan-Specific InformationEAP InformationProvider Focus (newsletter)Clinical Practice GuidelinesMedical Necessity CriteriaOnline Demos

Sign in is required.
This site may be unavailable briefly for maintenance every Thursday from 5 to 5:30 a.m. Central time.

Sign In

Username:

Password:

Remember Me

[Forgot Username?](#)
[Forgot Password?](#)

PROVIDER focus

Not a Magellan provider? [Join the Network!](#)

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Provider Practice/Contact Information

Magellan's policy is to maintain **accurate databases of provider practice information**, updated in a timely manner, **with information received from our providers to facilitate efficient and effective provider selection**, referral and claims processing, and to provide accurate and timely information in provider-related publications, e.g., provider directories.

The most efficient and effective way to communicate administrative information changes and to keep provider information up-to-date is through our online provider portal.

Providers are required to notify Magellan of changes in administrative practice information using our online Provider Data Change Form (PDCF).

Provider Practice/Contact Information (cont.)

You can access the PDCF by signing in to www.MagellanProvider.com and selecting Display/Edit Practice Information.

Notify Magellan within 10 business days of any changes in your practice information including, but not limited to changes of:

- Service, Mailing or Financial Address
- Phone Number
- Business Hours
- Email Address
- Taxpayer Identification Number.

Promptly notify Magellan if you are unable to accept referrals for any reason, any changes to group practice information, and any changes to credentialing information.

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 National Provider Handbook.

The Magellan National Provider Handbook, along with Texas STAR, STAR Kids and CHIP, 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.

Link to Magellan National Provider Handbook

<http://www.magellanprovider.com/news-publications/handbooks.aspx>

Link to Texas Medicaid Provider Handbook Supplement

<http://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/texas-medicaid.aspx>

Cultural Competency

Magellan is committed to providing effective services that incorporate the cultural beliefs, values, and worldviews of all individuals seeking services. Cultural competence, or providing care that meets one's unique cultural needs, is essential to the delivery of effective and responsive care.

You can find all the available Cultural Competency resources for providers on Magellan's provider website at <http://www.magellanprovider.com/education/cultural-competency.aspx>.

We are dedicated to supporting the cultural competence vision and goals of our staff, the members we serve, and our provider network.

Telehealth Services

Magellan defines telehealth as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telehealth services are used to increase access to behavioral healthcare services.

Telecommunications MUST be the combination of audio and live, interactive video.

Magellan requires that providers complete and return the attestation prior to the provision of telehealth services. To obtain a hardcopy attestation please contact 1-800-788-4005.

- You must meet all requirements to deliver services to Magellan members via telehealth.
- Please review the attestation carefully to ensure your practice or organization meets each requirement.
- Completion and return of the attestation will designate you as a telehealth provider for Magellan and indicate you wish to provide services via telehealth.
- In addition, all other requirements as described in the Magellan Provider Agreement, STAR Kids addendum, Provider Handbook and other policies and procedures are applicable to the provision of telehealth services.

Telehealth Services (cont.)

Telehealth requirements:

- Obtain member written consent specific to participation in telehealth
- Have written protocols to ensure telehealth services meet the requirements of state and federal laws and established patient care standards
- Have written protocols for management of urgent/emergent situations
- Maintain a complete medical record of all telehealth services provided to members
- Provide all telehealth sessions through secure and HIPAA compliant technology
- Practice must be covered by professional liability insurance for required limits per occurrence and aggregate through self, group or employer and include services performed via telehealth in the coverage territory where the provision of services occurs
- Please identify what secure technology you currently use (ex. Breakthrough, Secure Telehealth, American Well, etc.)

Providers are responsible to comply with all Magellan, state, and federal telehealth regulations and guidelines.

Telehealth Services (cont.)

Providers must understand and agree that, as part of the application process for delivery of telehealth services, you are required to provide sufficient and accurate information for a proper evaluation of your current licensure, relevant training and/or experience, clinical competence, and any other criteria used by Magellan for determining initial and ongoing eligibility for participation.

- You will need to list the state(s) for which you are licensed
- For group and organization providers: you will need to complete the roster on the second page of the attestation for the direct services staff that are working for your organization/group that provides telehealth services.

Complete the attestation online at www.MagellanProvider.com/telehealth

Or, return the completed hardcopy telehealth attestation to:

- Fax: 1-888-656-3804 or
- Mail: 14100 Magellan Plaza, Maryland Heights, MO 63043-4644, Attention: Network Operations

*Getting Paid - Claims
Payment*



Professional Reimbursement

Magellan is committed to reimbursing our providers promptly and accurately in accordance with our contractual agreements.

Magellan reimburses mental health and substance abuse treatment providers using current procedural terminology CPT or HCPC codes on the fee schedule for professional services. **Magellan will deny claims not received within applicable state-mandated or contractually required timely filing limits.**

Submit your claim for reimbursement promptly after the date of service or discharge. **(It must be within 95 days.)**

Professional Reimbursement (cont.)

Submit claims with the license-level modifier for CPT codes and inpatient telehealth consultation for HCPC codes. For CPT codes it should represent the treating provider's license level if you are an organizational provider, or an individual provider submitting professional service claims (CPT code related services) as part of an organization (using the organization's Taxpayer Identification Number). For other HCPCS codes, please bill as they appear on your reimbursement schedule.

Use the appropriate modifier associated with the degree level of the individual providing the service. Magellan processes claims using the organization's record, and the license-level modifier provided on the claim communicates the correct rate for reimbursement.

Professional Reimbursement (cont.)

What modifier should I use for my claims?

Degree/Licensure	HIPAA Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH HP	Clinical Psychologist Doctoral Level
Social Worker	AJ	Clinical social worker
Master's Level Counselor	HO	Master's degree level
Clinical Nurse Specialist	SA TD	Nurse practitioner Registered Nurse
NCAC (National Certified Addictions Counselor) or state substance abuse counseling certification	HF	Substance Abuse Program
Bachelor's degree level counselors	HN	Bachelor's degree level
Less than bachelor's degree level counselors	HM	Less than bachelor's degree level

Professional Reimbursement (cont.)

For more information on reimbursement coding requirements, visit our provider website at www.MagellanProvider.com and go to Getting Paid/HIPAA.

Submit claims to:

**Blue Cross and Blue Shield of Texas
P.O. Box 2154
Maryland Heights, MO 63043**

For questions, contact: STAR Kids 1-800-424-0324

Billing Instructions for Per Diem Services

Service Name	Revenue Code(s)	CPT/HCPCS code(s)
Hospitalization:		
Hospitalization, Psychiatric	0114, 0124, 0134, 0144, 0154, 0204	Applicable CPT Codes for Contracts Exclusive of Professional Services
Hospitalization, Substance Abuse Related Disorders	0118, 0128, 0138, 0148, 0158	Applicable CPT Codes for Contracts Exclusive of Professional Services
Hospitalization, Alcohol/Drug Detoxification	0116, 0126, 0136, 0146, 0156, 0204	Applicable CPT Codes for Contracts Exclusive of Professional Services
Residential Treatment:		
Residential, Psychiatric	1001	H0018
Residential, Substance Abuse Related Disorders	1002	H2035 + HF
Residential, Alcohol/Drug Detoxification	1002	H0012 + HF
Partial Hospitalization:		
Partial Hospitalization, Psychiatric	0912, 0193	H0035
Partial Hospitalization, Substance Abuse Related Disorders	0912, 0193	H0035
Intensive Outpatient:		
Intensive Outpatient, Psychiatric	0905	S9480
Intensive Outpatient, Substance Abuse Related Disorders	0906	H0015

Billing Instructions for Per Diem Services (Cont.)

Notes:

1. Coverage for codes is subject to the provisions and limitations of the subscriber's benefit plan including authorization requirements. Nothing in this document should be construed as altering subscriber's benefits.
2. Services/HIPAA codes set forth on this document are applicable to Payors in the Medicaid category; providers may be eligible to receive referrals of one or more Payors. Therefore, the applicable reimbursement schedule(s) for a member may be set forth on separate Exhibit B and/or B-1's attached to the Agreement.
3. Unless otherwise noted on an Exhibit B-1 Reimbursement Schedule, age populations for per diem services are defined as:

Child	(Ages 0-12)
Adolescent	(Ages 13-20)
Adults	(Ages 21-64)
Older Adults	(Ages 65+)

Billing Information

Find basic billing tips to get you started: Go to www.MagellanProvider.com and click the “Getting Paid” top-menu item.

- Preparing Claims – Claims Filing Procedures, Elements of a Clean Claim, Claims Do’s & Don’ts, 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

Checking Claims Status

Check claims electronically:

- Sign in on the Magellan provider website - www.MagellanProvider.com
- 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 provider has questions
- Can view EOB online

STAR Kids Benefits

There are no member co-payments for benefits

Inpatient and Outpatient Mental Health
and Substance Abuse Services



STAR Kids Benefits Inpatient Mental Health Services

Medically necessary inpatient admissions for children and adults (to age 20) to acute care hospitals for psychiatric conditions are a benefit of the STAR Kids program and are subject to utilization review requirements.

Includes inpatient psychiatric services ordered by a court of competent jurisdiction under provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court-ordered commitments to psychiatric facilities.

Admissions for chronic diagnoses such as Intellectual Development Delay (IDD), organic brain syndrome or chemical dependency/abuse are not a covered benefit for acute care hospitals without an accompanying medical condition.

STAR Kids Benefits Outpatient Mental Health Services

- Medically necessary services for the treatment of mental, emotional or substance use disorders.
- Covered services are a benefit for members suffering from a mental psychoneurotic or personality disorder when provided in the office, home, skilled nursing facility, outpatient hospital, nursing home or other outpatient setting.
- Provider types include Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselors (LPC), and Licensed Marriage and Family Therapist (LMFT).
- Outpatient behavioral health services are limited to 30 visits per member per calendar year.
- Does not require a PCP referral.
- Medication management visits do not count against the outpatient visit limit.
- Includes outpatient psychiatric services ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court-ordered commitments to psychiatric facilities, or placements as a Condition of Probation as authorized by the Texas Family Code.

STAR Kids Benefits Outpatient Mental Health Services (cont.)

- Psychological and neuropsychological testing are covered for specific diagnoses. Testing is limited to four hours per day per member (any provider).
- Psychological testing is limited to eight hours of testing per member per benefit year (any provider).
- Neuropsychological test battery is limited to eight hours per member per calendar year (any provider).
- Testing does count toward the 30-visit limit.
- Injection administration, performed within provider's scope of license should be submitted to Magellan for reimbursement.
- Telehealth

STAR Kids Benefits Inpatient Substance Abuse Treatment Services

Admissions for chronic diagnoses such as Intellectual Development Delay (IDD), organic brain syndrome or chemical dependency/abuse are not a covered benefit for acute care hospitals without an accompanying medical condition.

Admissions for a single diagnosis of chemical dependency or abuse (alcohol, opioids, barbiturates, amphetamines) without an accompanying medical complication are not a benefit.

Detoxification (inpatient and residential) is limited to 21 days a year, and prior authorization is required.

Residential Treatment prior authorization is required.

STAR Kids Outpatient Substance Abuse Treatment Services

- Substance use disorder treatment services are age-appropriate medical and psychotherapeutic services designed to treat a client's substance disorder and restore function.
- Group counseling is limited to 135 hours per member per calendar year.
- Individual counseling is limited to 26 hours per member per calendar year. Medication management doesn't apply to the limit.
- Inpatients residing in a DSHS facility are not eligible for outpatient services.
- Assessment for substance abuse disorder may be covered once per episode of care when provided using a standardized screening and assessment tool.
- Ambulatory (Outpatient) Detoxification Services may be covered for a medically appropriate duration of care based on treatment needs for up to 21 days.
- For dates of service on or after July 1, 2016, the benefit criteria for Screening Brief Intervention and Referral to Treatment (SBIRT) will be for those members 10 to 20 years old. The initial screening session is not restricted to the emergency department. Services can now be rendered in the office, home, outpatient hospital or other appropriate setting. Billing codes include: H0049 and 99408. PLEASE NOTE: Providers will be required to attest to Magellan that they have completed the required training.

Substance Use Disorder Benefits: Outpatient (cont.)

These services must be provided in a licensed Chemical Dependency Treatment Facility (CDTF)

SUD Clinical Assessment

- Prior authorization ***not*** required
- Limited to one (1) per treatment episode per 90 days
- H0001 HF

SUD Outpatient: Individual Therapy

- Prior authorization ***not*** required
- Limited to 26 hours per year
- H0004 HF

SUD Outpatient: Group Therapy

- Prior authorization ***not*** required
- Limited to 135 hours per year
- H0005 HF

Ambulatory Outpatient Detoxification

- Prior authorization is required
- H0016, H0050, S9445
 - *H0050 and S9445 must be billed with H0016*
- HF modifier

Substance Use Disorder Benefits: Outpatient (cont.)

Medication Assisted Therapy (MAT): In Person

- Prior authorization is ***not*** required
- Limited to once per day
- H0020 UA (Methadone)
- H0033 HF (non-Opioid)
- H0033 HG, UA (non-Methadone)

Medication Assisted Therapy (MAT): Take Home

- Prior authorization is ***not*** required
- Limited to once per day up to 30 doses
- H0020 U1 (Methadone)
- H0033 HG, U1 (non-Methadone)

H0020 UA combined with H0020 U1 is limited to 4 units per 7 days

H2010 HG UA combined with H2010 HG U1 and H2010 HF for 4 units per 7 days

Substance Use Disorder Benefits: Inpatient

Inpatient Care: Detoxification

- Prior authorization is required
- Inpatient Detoxification is limited to 21 days per year
- Billing Codes: Revenue Codes 0116/0126

Criteria for hospital inpatient detoxification:

- Medically supervised hospital inpatient detoxification is appropriate when one of the following criterion is met:
 - *The client has complex medical needs or complicated co-morbid conditions that necessitate hospitalization for stabilization*
 - *Services are provided to a client incidental to other medical services that are provided as a component of an acute care hospital stay*

Benefits Overview: Residential Treatment

Residential Treatment: Detoxification

- Prior authorization is required
- Residential Detoxification
 - *H0012*
 - *H0031, T1007, H0047 or S9445 must be billed in conjunction with H0012*
 - *Modifier HF*

Residential Treatment: Rehabilitation

- Prior authorization is required
- Residential Treatment
 - *H0047 and H2035 HF*
 - *Limited to once per day*

Residential Treatment

- Prior authorization is required
- Residential Rehabilitation is limited to 35 days per episode*
- Residential Detoxification is limited to 21 days per year

(*) Two episodes of care per rolling six-month period and four episodes per rolling year.

Medical Transportation Program

The Medical Transportation Program (MTP) is provided by Texas Health and Human Services Commission (HHSC) STAR Kids members can receive transportation assistance to get to and from a provider, dentist, hospital or drug store.

HHSC will do one of the following:

- Pay for a bus ride or ride sharing service
- Pay a friend or relative by the mile for the round trip
- Provide gas money directly to the member/parent/guardian

If a member has to travel out of town for services, HHSC may pay for lodging and meals for the member and the member's parent/guardian

Here is some information on how to schedule a ride through MTP from the HHSC website

(<http://www.hhsc.state.tx.us/medicaid/mtp/>):

To be approved for a ride, you must not have any other way to get to your Medicaid-related health visit. Here are the steps to setting up a ride:

1. Call us at least 2 work days or more before you need a ride. If you will need to travel a long way out of town to see your doctor, call us at least 5 work days before you need a ride. If you need a ride the same day you call us, we will do everything we can to help, but we can't promise we will be able to get you a ride.
2. When you call, you will need to give us the following facts:
3. Your Medicaid ID number, Children with Special Health Care Needs program number, or your Social Security number.
4. The address where we will pick you up. If there is a phone number at the place we are picking you up, we need that too.
5. The name, address and phone number of the doctor or drug store where you need to go.
6. The date and time of your doctor's visit.
7. If you or your children have any special needs we'll need to know that so we can send the right type of vehicle.

For example, for people who use a wheelchair, we can send a van with a wheelchair ramp.

The toll-free phone number you call depends on where you live:

Live in the Houston / Beaumont area? Call 1-855-687-4786.

Live in the Dallas area? Call 1-855-687-3255.

Everyone else can call 1-877-633-8747 (1-877-MED-TRIP).

Providing Care



Initiating Care

Contact Magellan for an initial authorization as required, except in an emergency.

Contact Magellan as soon as possible following the delivery of emergency services to coordinate care and discharge planning.

Call the Magellan Care Management Center if during the course of treatment, you determine that services other than those authorized are required.

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)

Concurrent Review

Magellan believes in supporting the most appropriate services to improve healthcare outcomes for members. We look to our providers to notify us if additional services beyond those initially authorized are needed, including a second opinion for complex cases.

Concurrent utilization management review is required for all services, including but not limited to:

- Inpatient
- Intermediate ambulatory services such as partial hospital programs (PHP) or intensive outpatient (IOP) programs

Concurrent Review (cont.)

If, after evaluating and treating the member, you determine that additional services are necessary:

- Contact the designated Magellan care management team member by telephone at least one day before the end of the authorization period for inpatient and intermediate ambulatory services.
- 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.
- Request a second opinion if you feel it would be clinically beneficial.

Discharge Planning & Transitional Care

Follow-up Begins at Inpatient Admission:

- Care Manager discusses the anticipated discharge and follow-up plan for the member.
- Care Management & FUH Team actively collaborates with the facility UR/DC planner and attending throughout the stay to support the member's comprehensive discharge plan.

Core Aspects of Discharge Planning Support are:

- Assuring the member has a scheduled ambulatory service within seven days of the anticipated discharge date.
- Confirm discharge plan contains follow-up service appointment with date, time and provider; and that the member has been informed of the follow-up service scheduled.
- Care Management supports scheduled follow-up service with any appropriate benefit certification (e.g. partial hospital); identified and remediated any identified barriers such as transportation to follow-up service.
- Care management addresses reason(s) facility did not to have a follow up service appointment in place despite Care Management and FUH Staff efforts is recorded and immediate post discharge outreach is set up.
- All members leaving without an aftercare appointment in place will continue to receive outreach with a minimum of three telephonic outreach attempts.

Questions: Contact Magellan's Ambulatory Follow Up Team at 1-800-344-1255 for additional information/services.

Member Access to Care - Definitions

Routine—When the member’s condition is considered to be sufficiently stable and not to have a negative impact on the member’s condition to allow for a face-to-face assessment to be available within 10 business days following the request for service.

Emergent—A medical situation that is not life threatening. A non-life-threatening emergency is a condition that requires rapid intervention to prevent acute deterioration of the member’s clinical state or condition. Gross impairment of functioning usually exists and is likely to result in compromise of the member’s safety. Provide services within six hours in an emergent situation that is not life threatening.

Urgent—Healthcare services provided in a situation other than an emergency that are typically provided in a setting such as a physician’s or a provider’s office or urgent care center, as a result of an acute injury or illness that is severe or painful enough to lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, illness or injury is of such a nature that failure to obtain treatment within a reasonable period of time would result in serious deterioration of the condition of his or her health. Treatment for urgent services should be rendered within 24 hours.

Member Access to Care - Procedures

- **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 comprehensive screening and appropriate triage for members who present at your office or the emergency room experiencing a life-threatening emergency. (Pre-authorization is not required for these services.)**
- **Provide services within six hours of referral in an emergent situation that is not life threatening. A non-life-threatening emergency is a condition that requires rapid intervention to prevent acute deterioration of the member's condition.**
- **Provide services within 24 hours of referral in an urgent clinical situation.**
- **Provide services within 10 business days of referral for routine clinical situations.**

Clinical Practice Guidelines

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

You will find a variety of Clinical Practice Guidelines available on Magellan's provider website at

<http://www.magellanprovider.com>

by selecting Providing Care, Clinical Guidelines, and Clinical Practice Guidelines.

Clinical Practice Guidelines include:

- Acute Stress Disorder & Post-Traumatic Stress Disorder
- ADHD
- Autism Spectrum Disorders
- Bipolar Disorder
- Depression
- Eating Disorders
- Generalized Anxiety Disorder
- Managing Suicidal Patients
- Obsessive-Compulsive Disorder
- Panic Disorder
- Schizophrenia
- Substance Use Disorders

STAR Kids
Service Coordination



Service Coordinators

Magellan offers Service Coordination for STAR Kids members and works collaboratively with providers and members to assess member health needs.

A Person-Centered Care Plan is created detailing supports and/or services the member may require along with the member's individual health goals.

The Service Coordination team assists with coordinating long term services and supports such as Personal Care Services (PCS) and minor home modifications. To reach a Service Coordinator please contact:

Service Coordination: 1-877-301-4394
Service Coordination TTY: 711

Individualized Service Planning (ISP)

- The intent of the ISP is to develop a seamless package of care in which primary care, community-based care, behavioral health, and specialty care needs are met through an Individual Service Plan.
- The purpose of the ISP is to articulate assessment findings, short and long-term goals, service needs, and member preferences.
- The ISP is used to communicate and help align expectations between the member, their Legal Authorized Representative, BCBSTX, and key service providers.
- The ISP can be used to measure member outcomes over time.
- Each member's ISP will be updated at least annually, following a significant change in the member's health condition, request from the member or their legal representative, at the recommendation of the member's PCP, following a change in life circumstance, and following the STAR Kids Screening and Assessment Process or re-assessment process.
- Service Coordinators will be responsible for reviewing all ISPs.

Individualized Service Planning (ISP)

Providers should request the member's ISP through one of the following means:

- Through the BCBSTX Provider Portal # to be supplied by BCBSTX.
- Contact the member's Service Coordinator for assistance.

Service Coordination: 1-877-301-4394
Service Coordination TTY: 711

PCP Coordination

Magellan appreciates the importance of the therapeutic relationship and strongly encourages continuity, collaboration and coordination of care.

We believe that that collaboration and communication among providers participating in a member's healthcare is essential for the delivery of integrated quality care.

Timely and confidential exchange of information is expected, with written authorization from the member, you will communicate key clinical information in a timely manner to all other healthcare provider participating in a member's care which includes the members' primary care physician.

Provider Responsibilities include:

- Explaining to the member the purpose and importance of communicating clinical information with other relevant healthcare providers
- Obtain, at the initial treatment session, the names and addresses of all relevant healthcare providers involved in the member's care
- Obtain written authorization from the member to communicate significant clinical information to other relevant providers.
- 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.

PCP Coordination (Cont.)

Collaborate with primary care and applicable medical practitioners to:

- Support the appropriate use of psychotropic drugs, for children and teens on antipsychotics
- Promote annual screening or monitoring with blood glucose, HbA1c and LDL-C tests for individuals of all ages on an antipsychotic for the treatment of a serious mental illness such as schizophrenia and;
- Provide suggestions to Magellan's leadership on how we can continue to improve the collaboration of care process.

Early Childhood Intervention (ECI)

Ensures the optimal development and well-being for every Texas child beginning at birth. It promotes an effective, comprehensive and seamless system that serves and supports families in areas of early childcare and learning, mental health/social and emotional development, parent education family support and access to medical homes.

ECI service features include: Individualized planning process, Family-Centered Services, Case Management, Familiar Settings, Professional Providers, Plans for Continuing Services.

ECI programs provide services in every Texas county. ECI program search is available on the state's website <https://dmzweb.dars.state.tx.us/prd/citysearch>

Providers are expected to cooperate and coordinate with the local ECI programs relating to the development review and evaluation of Individual Family Service Plans (IFSP). It is expected that any Medically Necessary services contained in the IFSP must be provided to the member in the amount duration, scope, and service setting established in the IFSP.

Local Mental Health Authority

Magellan will coordinate with the Local Mental Health Authority (LMHA) and state psychiatric facilities for treatment of members with severe and persistent mental illness (SPMI) and severe emotional disturbance (SED), as well as members committed by a court of law to a state psychiatric facility, to support and provide the most appropriate care.

In coordination with the LMHA, Magellan will authorize additional behavioral health services for special populations, and will assist our providers in meeting these requirements.

As a provider your responsibility is to:

- Understand federal Medicaid (STAR Kids) standards applicable to providers.
- Meet federal Medicaid (STAR Kids) standards.
- Refer members to LMHA as appropriate, and accept referrals from LMHA.

Coordination with Texas Department of Family Services

Magellan collaborates with all state and local entities involved in providing services to our members, including the Texas Department of Family and Protective Services (TDFPS) - formerly the Department of Protective and Regulatory Services.

Magellan will not deny, reduce or controvert the medical necessity of any behavioral health services included in a court order. Magellan may participate in the preparation of the medical and behavioral care plan prior to TDFPS submitting the health care plan to the court. Any modification or termination of court-ordered services will be presented and approved by the court having jurisdiction over the matter.

Please provide medical records to TDFPS.

Schedule behavioral health service appointments within 14 days unless requested earlier by TDFPS.

Contact TDFPS to report any suspected abuse or neglect.

Coordinate with Magellan for services provided to members who have a TDFPS service plan.



Members with Special Needs

Magellan believes that *Members with Special Health Care Needs* (MSHCN) should have direct access to in-network behavioral health specialists as appropriate to their condition and identified needs.

Magellan maintains systems and procedures for identifying MSHCN, including people with chronic or complex behavioral health conditions. For *Children with Special Health Care Needs* (CSHCN), Magellan refers to providers with expertise in treating children. It is our policy to review the request for services using Magellan Medical Necessity Criteria or the Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers set forth in 28 TAC, Part 1, Chapter 3, Subchapter HH, §3.8001 and following criteria for substance abuse services.

Members with Special Needs (cont.)

- Provider will:
 - Coordinate with Magellan and/or the comprehensive treatment team if you are providing services to an MSHCN or CSHCN.
 - Collaborate with Magellan and/or the appropriate community agencies involved in the member's care.
- Magellan will:
 - Coordinate with those providing services to an MSHCN or CSHCN.
 - Collaborate with you and/or the appropriate community agencies involved in the member's care.
 - Provide appropriate care management to assure the individual's needs are being met.

Court-Ordered Treatment

Magellan will provide inpatient psychiatric services to members less than 21 years of age, up to the annual limit, who have been ordered to receive the services by a court of competent jurisdiction, under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, related to Court-Ordered Commitments to psychiatric facilities.

Contact the designated Magellan care management team member by telephone if you are aware of a court-ordered commitment.

Be prepared to provide the Magellan care manager or physician advisor with an assessment of the member's clinical condition.

*Complaints, Appeals & Claims
Reconsideration*



Process to File a Complaint

Magellan supports the right of the provider to file a complaint.

Providers may submit a verbal complaint by calling 1-800-327-7390.

Providers may submit a written complaint by writing to the following address:

Magellan Providers of Texas, Inc.
Attn: Complaints Department
P.O. Box 1718
Maryland Heights, MO 63043

The complaint will be acknowledged within five business days of receipt. A written response to the complaint will be sent within 30 calendar days of Magellan's receipt of the complaint.



Appeals for Blue Cross and Blue Shield of Texas Medicaid (STAR Kids)

Magellan complies with requirements of Blue Cross and Blue Shield of Texas Medicaid administrative and medical necessity appeals processes.

Our responsibility is to comply with our health plan delegation agreements and to inform Magellan-contracted providers of the processes by which to file appeals of adverse determinations.

Appeals for Blue Cross and Blue Shield of Texas Medicaid (STAR Kids)

Your responsibility is to contact BCBSTX directly for *administrative and medical necessity appeals at the following address:*

**Blue Cross and Blue Shield of Texas
Attn: Complaint and Appeal Department
P.O. Box 27838
Albuquerque, NM 87125-7838
FAX: 1-855-235-1055**

File your appeal within 30 days of the date of the notice of action or adverse determination.

Include any documentation you would like considered in the appeal request, including any documentation/information that was not considered in the initial non-authorization determination. If BCBSTX requests additional information in order to process the appeal, you must provide the requested information within 14 business days.

Request an extension on behalf of the member, if appropriate.



Claims Reconsideration and Appeals for Blue Cross and Blue Shield of Texas Medicaid (STAR Kids)

Magellan supports the right of the provider to request reconsideration for adverse claims determinations.

We will notify the member and provider by mail with an explanation.

File your appeal within 120 days of the date of the explanation of benefits (EOB).

Include any documentation you would like considered in the reconsideration request, including any documentation or information that was not considered in the initial determination.

Claims Reconsideration and Appeals for Blue Cross and Blue Shield of Texas Medicaid (STAR Kids)

Send the request for reconsideration to:

**Magellan Providers of Texas, Inc.
Attn: Complaints Department
P.O. Box 1718
Maryland Heights, MO 63043**

Claims Reconsideration and Appeals for Blue Cross and Blue Shield of Texas Medicaid (STAR Kids)

Magellan's responsibility to you is to:

- Acknowledge the reconsideration within five days of receipt.
- Complete the reconsideration review within 30 calendar days of receipt.
- Provide written notification of the reconsideration decision no later than 30 calendar days after Magellan's receipt of the request.
- Refer you directly to Blue Cross and Blue Shield of Texas if you are not satisfied with the reconsideration decision.

Compliance and Quality Assurance



Texas Fraud, Waste and Abuse

Magellan fully supports all state and federal laws and regulations pertaining to fraud, abuse, and waste in health care and will cooperate with enforcement of these laws and regulations.

Magellan will fully cooperate and assist HHSC and any state or federal agency in identifying, investigating, sanctioning or prosecuting suspected fraud, abuse or waste. Magellan will provide records and information, as requested.

Report any members you suspect of committing Medicaid (STAR Kids) fraud, waste or abuse to:

- Magellan,
- The Attorney General's Office, or
- Office of Inspector General.

Cooperate with the Inspector General for the Texas Health and Human Services System or its authorized agent(s), the Centers for Medicare and Medicaid (STAR Kids) Services, the U.S. Department of Health and Human Services (DHHS), Federal Bureau of Investigation, TDI, or other units of state government free of charge by providing all requested information and access to premises.

Quality Assurance & the Provider's Role

Magellan's Quality Improvement Program is responsible for defining structures, processes, and assignment of responsibilities to improve member care. The QI program uses standardized processes, quality templates, and improvement methodologies to measure outcomes.

Your Role includes:

- **Communication** -Current healthcare standard of practice to assure coordination of care- this includes communication with the patient, PCP and other BH providers.
- **Education**- to increase the knowledge of the member and to increase their ability to partner with you to increase health and well being. Explaining patient rights and responsibilities.
- **Quality of care**- becoming familiar with Magellan's Medical Necessity Criteria and Clinical Practice Guidelines.
- **Treatment Goal Planning**- assisting the patient to become more focused and working with them to resolve disturbing issues, supporting the goal directed work to resolve the issues that have a negative impact on the person's life.
- **Compliance with Fraud, Waste & Abuse protocols**

Reporting a Critical Event or Incident

If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency.

Please call 1-800-252-5400 or 911 if in immediate danger.

Your Magellan Network Team & Important Phone Numbers

Your Magellan Team:

Provider Services Line 1-800-788-4005

Magellan STAR Kids

- Member and Provider:
 - 1-800-424-0324
- TTY: 1-800-635-2883

BCBSTX Customer Call Center

Member: 1-877-688-1811

Provider: 1-888-292-4487

TTY: 1-888-292-4485

24/7 Nurse Line

1-855-802-4614

TTY: 711

Service Coordination

1-877-301-4394

TTY: 711

Provider Q & A

**Questions, Comments, Concerns,
Feedback?**

We're Here to Help You!



*Thank You for Your Participation in
Magellan's Network!*



Confidentiality Statement for Providers

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.