Magellan Behavioral Health
Provider Handbook Supplement
Group Health Insurance (GHI) Provider Network

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****Please refer to the Magellan National Provider Handbook for all policies and procedures with the exception of the following pages:**

3. Role of the GHI Provider – Before Service Begins

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.

It is the provider's responsibility to contact Magellan in order to determine member eligibility before rendering care to a referred member in non-emergent situation.

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 preauthorization reviews upon request.

In some cases, Magellan may authorize fewer sessions than requested. If so, this is because the benefit plan requires us to conduct on-going concurrent review. We will consider authorization for additional sessions upon request at or near completion of the previously authorized services.

What You Need to Do

To comply with this policy, your responsibility is to:

- Contact Magellan online at MagellanHealth.com/provider or by phone for an initial authorization.
- 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 Magellan 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.*
- Identify appropriate referrals based on information submitted by our providers through the credentialing process and maintained in the Magellan provider database.

- Make an authorization determination based upon the information provided by the member and/or you, 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 and the member.
- 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 GHI 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 setting traditional outpatient services.

In some cases, Magellan may authorize fewer visits/units than requested. If so, this is because the benefit plan requires us to conduct on-going concurrent review. We will consider authorization for additional visits/units upon request at or near completion of the previously authorized services.

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

To comply with this policy, 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 office or clinic setting traditional outpatient services:** Submit a Treatment Request Form (TRF) online or complete and submit the TRF ***prior to*** the expiration of the current authorization. (*See note above under "Our Policy" regarding medication management visits.*)
- 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 following options are available to providers to request authorization for additional services:

1) Call us at number listed on the back of the member's ID card to route your call to the appropriate area
2) Fax a completed TRF to 1-877-551-8302
3) Mail us a completed TRF and send to:
   Magellan Health Services ATTN: GHI TRF
   199 Pomeroy Road
   Parsippany, NJ 07054

Submit the TRF online at www.MagellanHealth.com/provider. By submitting online you will receive an immediate response to your request.

What Magellan Will Do

Magellan's responsibility is to:

- Promptly review your request for additional days or visits in accordance with the applicable medical necessity criteria;
- Have a physician advisor available to conduct a clinical review in a timely manner if the care manger is unable to authorize the requested services;
- Respond in a timely manner verbally and in writing to your request for additional days or visits;
- 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 a medical necessity criteria review if you did not speak with a Magellan peer reviewer prior to the decision; and
- Conduct retrospective audits of selected medication management cases for quality of care purposes.