



Provider Orientation to Magellan's Outpatient Behavioral Health Model

July 2017

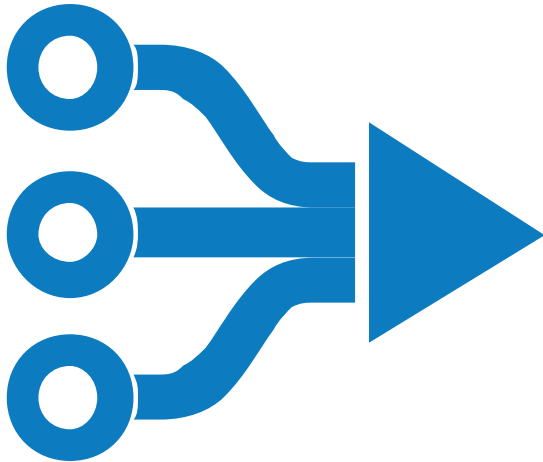
Big-picture objectives

- Magellan Healthcare's outpatient care management model:
 - Reduces provider administrative tasks
 - Expedites direct access to care
 - Identifies and addresses gaps in behavioral health services and coordination
- Our objective is to work with providers to make sure that the members we jointly serve have the best opportunity to return to whole health and productivity.

We want to collaborate with providers to ensure that members have the best opportunity to return to whole health.

Key components of the outpatient care model

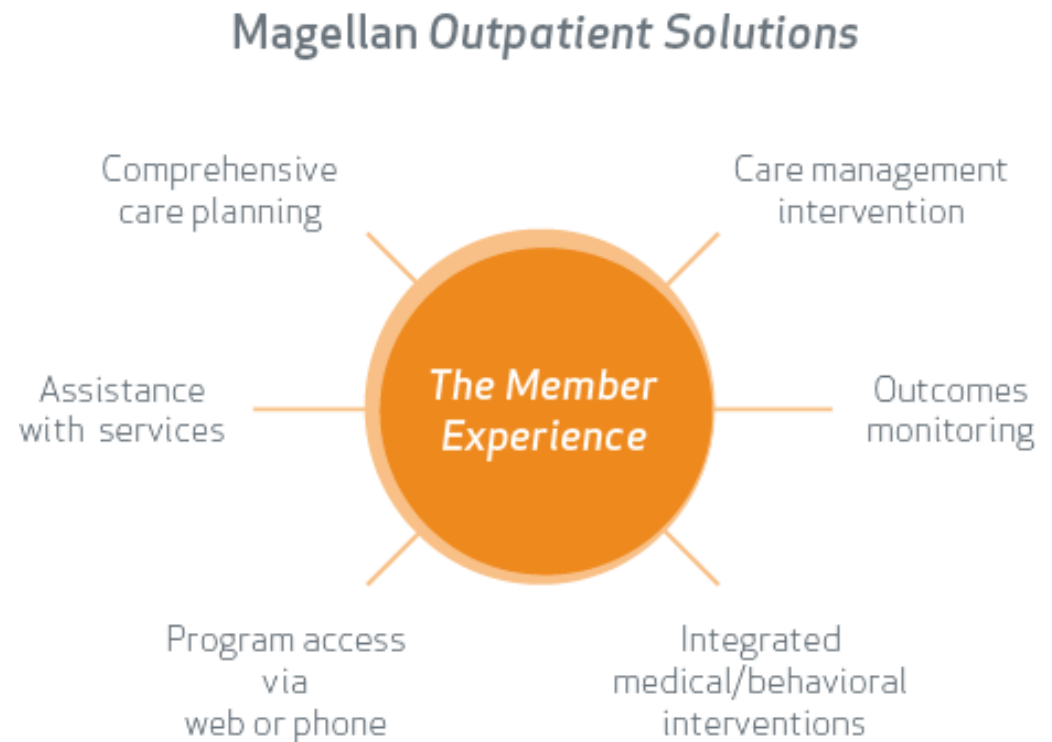
The model works through:



- Removal of administrative processes often perceived as access barriers, such as preauthorization and treatment request forms
- Use of proprietary evidence-based, clinically driven claims algorithms to identify only those cases needing care management support or other intervention
- Review of all submitted claims against the clinical algorithms

Targeted collaboration

- Any resulting care management of psychotherapy is applied to *high-risk and outlier cases* with a focus on care advocacy, care shaping, successful resolution, and improved quality.
- This includes our gaining a more holistic, comprehensive view of the member and helping them navigate services when necessary.



What does it mean for providers?

- You can initiate routine outpatient services, including counseling and medication management visits, for members without calling Magellan or obtaining preauthorization through our website
- A decrease in the time you spend on the phone or online with Magellan to obtain authorization for routine outpatient care that meets criteria for continuation
- Reduced administrative burden, providing you more time to spend with your patients and your practice



Services still requiring preauthorization



- High-risk cases and higher levels of care such as inpatient, residential and partial hospitalization services.
- Specialty care such as intensive outpatient treatment, psychological testing, outpatient ECT, transcranial magnetic stimulation (rTMS), hypnotherapy, applied behavior analysis and biofeedback.*

**When covered by applicable plan*

What triggers Magellan care management?

For members who have more complex needs, Magellan care advocates will contact providers when cases fall into one of three categories*:

- 1. Care advocacy opportunity** – The member has a highly acute condition for which a specialized outreach to offer support, additional resources and tools may positively impact treatment outcomes.
- 2. Frequency/utilization pattern requiring review** – The member’s pattern of utilization is inconsistent with norms for the number of sessions, frequency of sessions, and types of care corresponding with their diagnosis.
- 3. Provider practice pattern indicating need for consultation** – The provider has a pattern of utilization that indicates his/her overall approach may be inconsistent with clinical practice guidelines.

If we are unable to reach the provider, a Magellan care advocate may contact the member to offer assistance and/or to advise of the need for a provider-Magellan consultation to assure continued coverage of the treatment.

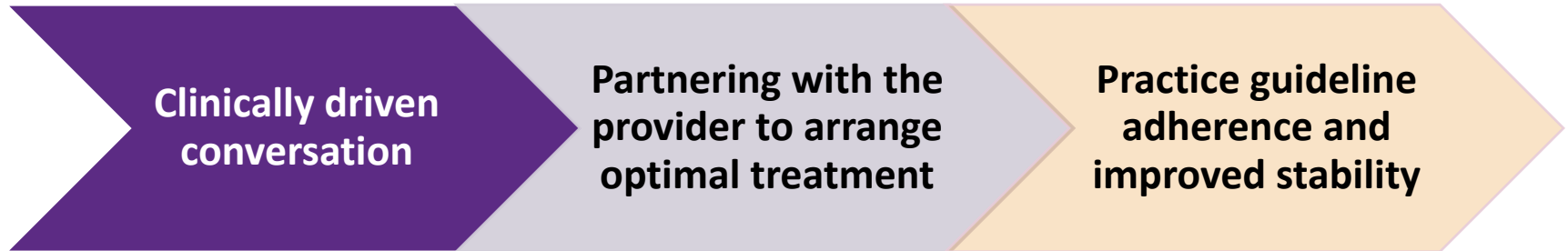
****See example cases at the end of this presentation for additional detail.***

What you need to do

- Your role under this model is to collaborate with Magellan care advocates—when involved in a case—to identify and align treatment interventions for the best possible member outcome.
- Identify Magellan members through review of their benefit ID cards when they present for services.
- Submit claims to Magellan.
- If a Magellan care advocate contacts you, respond to the outreach in a timely manner to avoid potential claim denials due to lack of information on these outlier cases.
- Participate in our quality improvement initiatives, as required by your Magellan contract, which includes working with us in enhancing care for members.

Magellan care advocates are clinicians like you, and we ask that you return their calls promptly and work with them as partners to improve the care of your patient.

Example case: Care advocacy for improved quality

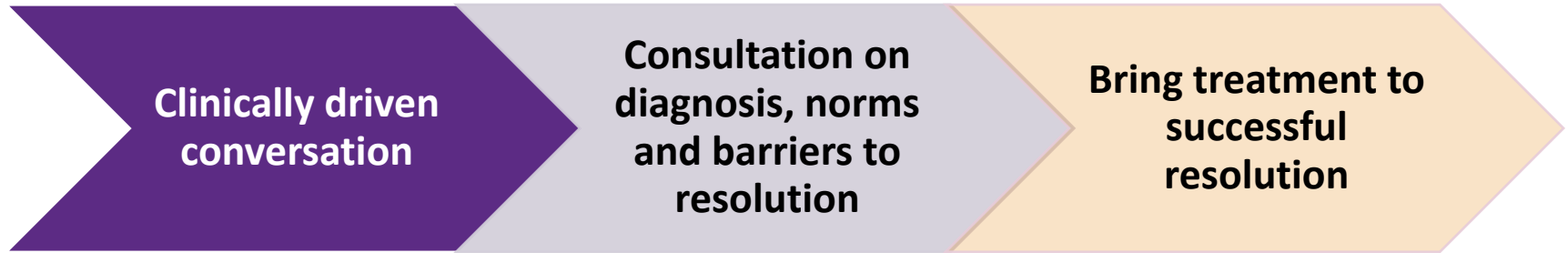


Example:

Schizophrenia or bipolar disorder without evidence of psychiatric medication

- **Assess** the possibility of underutilization and determine if additional care resources such as a referral to disease management or other provider referrals (e.g., psychiatrist) are needed based on patient diagnosis and risk status.
- **Identify** gaps in care and determine if the most effective, evidence-based treatments such as anti-psychotic and/or mood stabilizing psychiatric medications are being employed to promote stability and community tenure.
- **Review** the treatment plan, the accuracy of diagnosis, examine patient compliance, motivation, support system involvement and coordination with the primary care physician.

Example case: Care advocacy for case resolution

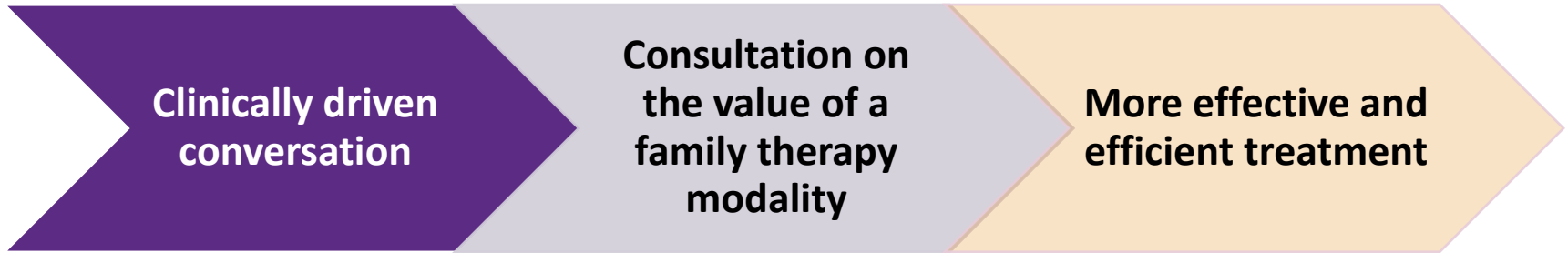


Example:

Adjustment disorder with higher-than-norm number of sessions and duration

- **Assess** appropriateness of number/frequency of sessions based on patient diagnosis and symptoms.
- **Identify** if the most effective, evidence-based treatment is being utilized, assist in removing barriers to prompt successful treatment resolution, and identify community resources.
- **Review** the accuracy of the diagnosis and the treatment plan, eliminate barriers to progress, examine patient compliance, motivation, support system and evaluation of medication.

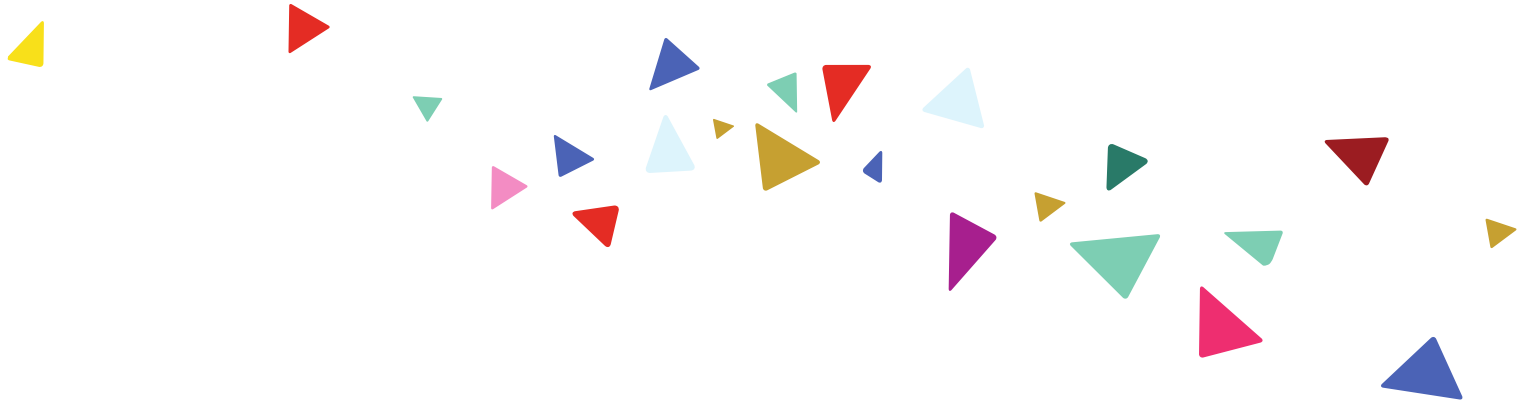
Example case: Care advocacy for preferred practices and efficiency



Example:

Provider practice pattern: treatment of multiple family members in individual therapy

- **Assess** the overall needs of the family system, the appropriateness of individual vs. family therapy modalities, number/frequency of sessions based on holistic assessment of needs.
- **Identify** if the most effective and efficient, evidence-based treatment modalities are being utilized.
- **Review** family dynamics and clinical goals, verify accuracy of diagnosis, examine patient compliance, motivation and support system, and evaluate medication.
- Magellan can assign the same care advocate to all of the family members.
- Magellan will incorporate overall practice patterns info into the provider profile.



The information in this presentation is to be used in support of the delivery of services to Magellan members. The information is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.