Magellan Healthcare, Inc.

2018-2020 Handbook for Care Management Entity

Standard operating procedures for High Fidelity Wraparound in Wyoming

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Welcome

Welcome to the Wyoming Care Management Entity Supplement. This document supplements the Magellan National Provider Handbook, addressing policies and procedures specific for the Wyoming Care Management Entity. This supplement is to be used in conjunction with the Magellan National Provider Handbook, as applicable. When information in this supplement conflicts with the national handbook, or when specific information does not appear in the national handbook, the policies and procedures in the Wyoming Care Management Entity supplement prevail.

Our purpose is in building relationships with children, youth, families, family organizations, Tribes and their governments, physical and behavioral healthcare communities, educational communities, human services systems, child welfare and judicial systems, faith-based organizations and other stakeholders to achieve a system of care that is a true fit with the needs and culture of Wyoming's communities (see page 5 for an illustration). We will fulfill this purpose through active relationship building consisting of a variety of mechanisms for outreach and engagement of key stakeholders across the state.

Our goal for overall system of care relationships is to engage each stakeholder's interest and active participation in the High Fidelity Wraparound process. This includes youth-centered, family-driven care planning and care coordination to ensure children, youth and families have access to the most effective and least restrictive services and supports to meet their needs. We adhere to the principle of "no surprises" when it comes to our relationships. Our communication strategies are geared toward keeping stakeholders informed and up-to-date on any operational or system changes. We adhere to an open door communication policy for our network of providers. In order for High Fidelity Wraparound to be successful in Wyoming, we must always openly communicate internally.

Our outcomes will include seamless service delivery for enrolled children, youth and families, enhanced communication and collaboration among system partners in the system of care and provision of timely and effective community-based services and supports that promote resiliency and family wellness.

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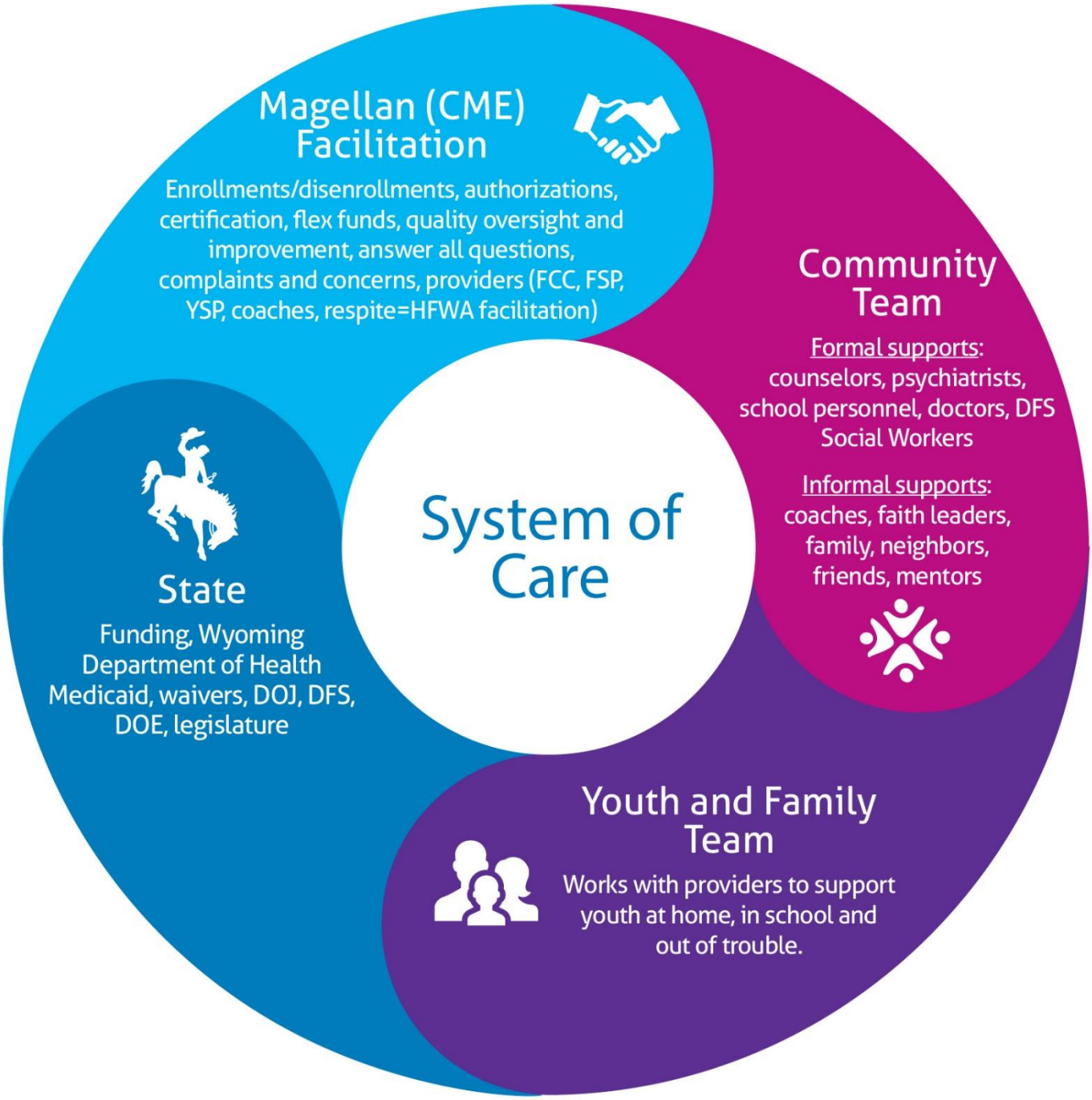
How the system of care works together



SECTION 1: INTRODUCTION

Contact information

Magellan Care Management Entity staff directory and functions

Mon-Fri, 9 a.m.-5 p.m. is 307-459-6162
Toll-free, after hours number is 1-855-883-8740
TTY Line, for hearing or speech impaired, is 1-800-424-6259
Website for Magellan in Wyoming is www.MagellanofWyoming.com

Program Director 307-459-6159: Overall High Fidelity Wraparound program.

Care Manager WYClinical@MagellanHealth.com: Referral questions, member eligibility, approvals and care coordination activities.

Care Worker 307-459-6162, WYClinical@MagellanHealth.com: Member eligibility, approvals and care coordination activities.

Clinical Contract Adviser 318-524-8816, WYClinical@MagellanHealth.com: Member eligibility, state contract timelines, approvals and care coordination activities.

Communications Manager 307-459-6160, WyomingInfo@MagellanHealth.com: Media, public website (www.MagellanofWyoming.com), email communication or social media.

Information Technology (I.T.) Director WYProvider@MagellanHealth.com: Provider portal issues.

Provider Network Service Manager 318-272-8389, WYProvider@MagellanHealth.com: Provider enrollment, contracting or claims.

Quality Manager 402-437-4255, WYQuality@MagellanHealth.com: Reporting and outcome activities, to file a complaint or grievance or to report a critical incident.

Coach/Trainer 307-287-9803: High Fidelity Wraparound training and provider certification.

Civil Rights Coordinator, 1-800-424-7721, compliance@MagellanHealth.com: If you believe you have been discriminated against, you can file a grievance. compliance@MagellanHealth.com: If you believe you have been discriminated against, you can file a grievance. compliance@MagellanHealth.com: If you believe you have been discriminated against, you can file a grievance. compliance@MagellanHealth.com: If you believe you have been discriminated against, you can file a grievance.

SECTION 1: INTRODUCTION

Magellan's Care Management Entity Model

All across the country, the move toward person-centered healthcare is gaining momentum as a way to improve the quality of care while reducing costs. It's a change in care coordination that shifts the focus from "what's the matter?" to "what matters" for each individual.

As a provider in the Magellan network, you are a critical partner. We can't succeed in improving members' health and well-being without you, so we will collaborate with you to identify member risk, utilization management and care coordination status, to improve quality outcomes and to establish supports to meet the needs of members.

Aligning with this focus, Magellan is:

- High Fidelity Wraparound based,
- the care management approach for our public market customers,
- clinically driven and
- places more emphasis on providing a unique, personalized touch to the care we offer to families (members).

It is augmented by positive psychology activities and the use of various technologies—resulting in an enhanced experience for individuals and better clinical outcomes, which could yield lower costs in the long run.

The individual is the center of High Fidelity Wraparound, through which we take into consideration the person's strengths, behavioral health, physical health and socioeconomic status when determining a course of care.

How does the Care Management Entity work?

Our model is built upon five pillars:

1. Proactive risk and needs:
   Predicting individuals' level of risk and future utilization helps us enroll them in the appropriate level of care coordination and provide additional support, if needed. This helps avoid the need for higher levels of care and to avert crisis. The use of surveys, such as the CASII, ESII, CANs and ACEs are utilized to achieve this.
2. Utilization management:
   We collaborate with providers to help tailor care to each person's needs, ensuring the

individual's culture, preferences and goals are considered. This includes ongoing case reviews and authorizations for High Fidelity Wraparound.

3. Care coordination:
   High Fidelity Wraparound care coordination is based on prioritized needs, which fall on a continuum based on needs, complexity of care and the support individuals need to achieve wellness.

4. Quality and outcomes:
   We track our progress using evidence-based practices, High Fidelity Wraparound tools, clinical practice guidelines, discharge planning and other best practices through a measurement suite that allows us to monitor utilization trends and analytics in real time.

5. Provider training and certification:
   We work collaboratively with individuals and agencies to ensure quality care is accessible, youth and family-centered, evidence-based and innovative.

SECTION 1: INTRODUCTION

Care Management Overview

High Fidelity Wraparound - According to the National Wraparound Initiative, “Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams. The wraparound process also helps make sure children and youth grow up in their homes and communities. It is a planning process that brings people together from different parts of the whole family’s life.” High Fidelity Wraparound includes trainers, coaches and mentors to ensure best practices and conformity to the model.

The following principles highlight the core values with the wraparound process (reprinted from The Wraparound Process User’s Guide):

1. Family voice and choice
   Family and youth perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members’ perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences
2. Team-based
   The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, community support and service relationships.
3. Natural supports
   The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. Collaboration
   Team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating a single wraparound plan. The plan reflects a blending of team members’ perspectives and resources. The plan guides and coordinates each team member’s work toward meeting the goals.
5. Community-based
   The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible and least restrictive settings possible, and that safely promote youth and family integration into home and community life.
6. Culturally competent
   The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, identity of the youth and family and their community.
7. Individualized
   To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports and services.

8. Strengths-based
   The wraparound process and the wraparound plan identify and build on the capabilities, knowledge, skills and assets of the youth and family, their community and other team members.
9. Unconditional
   Despite challenges, the team persists in working toward the goals until the team reaches agreement that a formal wraparound process is no longer required.
10. Outcome-based
    The team ties the strategies of the wraparound plan to clear goals for success, monitors progress and revises the plan accordingly.

Eligibility contains completion on the following steps:

1. Eligibility and enrollment for youth- The Care Management Entity will serve youth with complex behavioral health needs in Wyoming who meet the following criteria:

    a. Medicaid youth at risk of out-of-home placement (defined and identified as youth with 200 days or more of behavioral health services within one State fiscal year).

    b. Medicaid youth who currently meet psychiatric residential treatment facility level of care or are placed in a psychiatric residential treatment facility.

    c. Medicaid youth who currently meet acute psychiatric stabilization hospital level of care or are placed in an acute hospital stay for mental or behavioral health conditions.

    d. Youth on the Children's Mental Health Waiver (1915(C)).

    e. Medicaid youth referred to the Care Management Entity, who meet defined eligibility, including clinical eligibility and serious emotional disturbance criteria.

2. Youth directly referred to the Care Management Entity, must meet the following criteria:

    a. Youth ages 6 to 20 must have a minimum Child and Adolescent Service Intensity Instrument (CASII) composite score of 20 and a maximum score of 26, and youth ages 4 and 5 must have an Early Childhood Service Intensity Instrument (ECSII) score of 18 to 30 OR the appropriate social and emotional assessment information provided to illustrate level of service needs.

    b. Must have a DSM Axis 1 or ICD diagnosis that meets the State's diagnostic criteria.

3. The Family Care Coordinator needs to complete and return applications to Magellan via the Magellan provider website (www.MagellanProvider.com). All applications need to be sent directly to the Care Management Entity, regardless of which waiver type. The following documents (contained within the Application Packet) need to be included:

a. Pages 1-4 with parent/guardian signature: Intake, Choice of Providers, Freedom of Choice, Family Rights and Responsibilities.

b. Release of Information form with parent/guardian, the Independent Assessor and the Family Care Coordinator signature. Note: the Release of Information form is not a Magellan form and needs to be provided by each provider.

c. Page 5 with a qualified mental health professional signature: Level of Care Assessment.

d. CASII/ECSII report and score sheet with Independent Assessor signature.

e. Page 6 with Independent Assessor signature: The CASII/ESCII attestation.

f. Page 7 with Family Care Coordinator signature: The Family Care Coordinator Application and Enrollment Checklist.

4. Enrollment will occur once the above information is received and Magellan determines the youth meets the clinical eligibility requirements.

    a. For youth on the 1915(C) waiver, financial eligibility must also be met. This is completed by the Wyoming Department of Health. Magellan will send that information directly to the Wyoming Department of Health (do not send applications to the Wyoming Department of Health-all applications must go directly to Magellan).

    b. For detailed instructions of the enrollment process, view the document titled High Fidelity Wraparound Enrollment Process at www.MagellanofWyoming.com.

5. What drives services? We believe every child and youth is resilient, and we deliver a care management approach that supports children and youth in their journey toward living meaningful and purposeful lives and achieving their potential by utilizing the High Fidelity Wraparound process.

6. The proper Plan of Care - A good Plan of Care is a strength-based, goal-focused, individualized plan that supports the youth remaining in the community. An integral component of delivering and evaluating the High Fidelity Wraparound process is the use of the standardized philosophy and values across the entire provider network. Magellan has certain elements that need to be captured and they can be found in the Plan of Care, Family and Child/Youth Strengths Needs Assessment, Crisis Plan and CANs on the provider portal (www.MagellanProvider.com). Electronic submission ensures consistency of information and creates a process and time efficiencies for providers and families.

    a. The Provider Portal (www.MagellanProvider.com) also contains website user guides and online training demos with specific instructions regarding data entry into the system.

b. Reference www.MagellanofWyoming.com for Wyoming-specific website applications and forms, as well as for available tools, important announcements and upcoming trainings.

7. Required activities and timelines are outlined in the High Fidelity Wraparound Requirements document on www.MagellanofWyoming.com.

    a. Providers can find a graphic of provider assessment Timelines and Documentation Requirements on www.MagellanofWyoming.com. If documentation deadlines are not met, authorizations will not be extended until all documentation is submitted. A graphic representation of the deadlines is available as well.

    b. Providers will collaborate with Magellan to identify changes in the youth's circumstances, such as a move out state, change in placement such as: residential, foster care, different parent or other relative, juvenile justice detention facility or known change in eligibility.

8. How to request flex funds:

    a. The family and youth may request flex funds, which are used for expenditures in support of the youth and family's Plan of Care which are not covered by other available funds. Flex funds should be requested as a last resort to provide youth and family which are not covered by other available funds. Please utilize the Child and Family Team process to review requests and the request needs to be submitted with the updated Plan of Care outlining the need for the request. Flex funds are discretionary funds subject to availability.

    b. Please refer to Appendix B. Flex Fund Process and Request Form.

9. Early Periodic Screening, Diagnosis and Treatment requirements: The High Fidelity Wraparound providers need to follow the Early Periodic Screening, Diagnosis and Treatment tracking requirements and this should be monitored as part of the Child and Family Team process and reviewed in the Plan of Care.

10. Encourage the use of the State's Health Record. Magellan promotes the coordination of integration of behavioral and physical health and encourages the High Fidelity Wraparound providers to utilize the Child and Family team's process to support integration by actively coordinating with the primary care physician, tracking Early Periodic Screening, Diagnosis and Treatment requirements and viewing the Continuity of Care in Wyoming Total Health Record.

11. Turnaround times and utilization management

    a. The Care Management Entity will conduct prior authorization reviews for clinical eligibility for enrollment into the waiver and for Plans of Care. Requests will be reviewed in three days for urgent request, 14 days for standard and the Care Management Entity may request a 14-day extension to request additional information.

Required Forms include:

- High Fidelity Wraparound application (need to be uploaded to the Magellan provider website):
    - Intake form,
    - Choice of Providers,
    - Freedom of Choice,
    - Rights and Responsibilities,
    - Release of Information (not provided by Magellan),
    - Clinical Level of Assessment,
    - CASII/ESCII Instrument Report and
    - Family Care Coordinator Application and Enrollment Checklist.
- Flex Fund Check Request.
- Out of Home Placement Form.
- Return to the Community Form.
- Respite Information Exchange Forms.
- Medication Review Form.

Please note the Plan of Care, Strength Needs and Cultural Diversity, Crisis Plan and Progress Notes are located on the Magellan provider portal.

SECTION 1: INTRODUCTION

Provider requirements

An updated provider requirements document can be found on our website at www.MagellanofWyoming.com.

SECTION 1: INTRODUCTION

Covered High Fidelity Wraparound services

For current covered services see High Fidelity Wraparound Services on www.MagellanofWyoming.com. Each service needs to be specifically identified in the Plan of Care. This will ensure each service supports and enhances the youth's overall goals. The Plan of Care is submitted to the Care Management Entity via www.MagellanProvider.com for review and authorization. Providers will be notified of Plan of Care authorization via a letter for each service. The Magellan provider portal will supply a confirmation that the plan has been submitted.

Family Care Coordinator: The Family Care Coordinator is responsible for working with a team to implement all activities of the High Fidelity Wraparound process, delegate responsibilities to help action occur, be an objective champion of High Fidelity Wraparound and lead the family care coordination of the child and family team process until transition can occur. All required High Fidelity Wraparound documentation for care authorization needs to be completed and submitted to Magellan by the Family Care Coordinator. The provider to family ratio can be no more than 1:10.

Family Support Partner: The Family Support Partner is a member of the child and family team. Their role is to help the youth and family identify peers and other supports for their team. A Family Support Partner will empower the family and the team, find community resources the family can utilize and help the family advocate for themselves. A Family Care Coordinator will also guide the learning process to transition the youth and family to lead their own team when ready. They do this by building confidence in the youth and family's ability to advocate for their own needs. Family Support Partner assist in getting actions completed in the Plan of Care. The provider to family unit ratio can be no more than 1:10.

Youth Support Partner: The Youth Support Partner is a member of the child and family team who are young adults with personal experience participating in the system of care. A Youth Support Partner supports the youth's voice and choice in the High Fidelity Wraparound process. They work with the youth on building confidence and skills around self-efficacy. A Youth Support Partner shares their own lived experience as a way to mentor a youth and help them learn positive coping skills that can be successfully applied to the team process and other areas of their life. The provider to family unit ratio can be no more than 1:25.

Youth and Family Training: The Youth and Family Training will be provided by certified family and youth support partners. Funding for Youth and Family Training is provided by 1915(C) wavier only. Groups must be two to five youth with at least one C waiver eligible youth and two youth enrolled in High Fidelity Wraparound.

Respite: Respite is intended to be utilized on a short-term, temporary basis for an unpaid caregiver. This should provide relief from the daily burdens of care and should be removed from the Plan of Care

once the objective has been met. The use of respite services should be outlined in the Plan of Care. Respite is not an overnight service and no more than 30 units per month are recommended.

Coaches: Certified to train, coach and certify Family Care Coordinators, Family Support Partners and Youth Support Partners. They use a strengths based, proactive approach to focus on staff performance and monitors work with youth and families to create better outcomes for them and better satisfaction for employees.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND NETWORK

Types of providers

Our philosophy
Magellan is dedicated to recruiting and retaining qualified and certified providers to facilitate High Fidelity Wraparound, Youth and Family Training and Respite services to children, youth and families.

Our policy
Magellan will provide certified and trained Family Care Coordinators, Family Support Partners, Youth Support Partners and Respite providers for children and adolescents who are eligible for High Fidelity Wraparound services and enrolled in the Care Management Entity. Magellan will ensure that all High Fidelity Wraparound staff comply with background check attestation and meet the qualifications for their specific job title.

Provider responsibility

- Required qualifications for the facilitating High Fidelity Wraparound services:
    - Family Care Coordinator: The High Fidelity Wraparound A Family Care Coordinator must meet the following requirements:
        - Education
            - Bachelor's-level degree in a human services (or related) field, or
            - Bachelor's-level degree in any field with a minimum of two years of full-time experience working in relevant family, youth or community service capacity or
            - Two years of work/personal experience in providing direct service or linking of services for youth experiencing serious emotional disturbance.
        - At least 21 years of age.
        - Possess a valid driver's license, appropriate auto insurance and reliable transportation.
        - CPR and First Aid Certification.
        - Completion of the required Care Management Entity and state training and certification processes for High Fidelity Wraparound Family Care Coordinators.
        - Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
        - Successful completion of all Central Registry and Federal Bureau of Investigations Division of Criminal Investigation background screenings.

        - Demonstration of fidelity to National Wraparound Initiative standards through ongoing participation in wraparound fidelity monitoring, using the WFI-EZ.
    - Family Support Partner Requirements:
        - High school diploma (or GED equivalent).
        - A parent or caregiver of a child with behavioral health needs or someone with two years of experience working closely with children with serious emotional/behavioral challenges and their families.
        - Minimum of two years of experience in a behavioral health setting as a parent, client or family advocate.
        - At least 21 years of age.
        - Possess a valid driver's license, appropriate auto insurance and reliable transportation.
        - CPR and First Aid Certification.
        - Completion of the required Care Management Entity and State training and certification processes for High Fidelity Wraparound Family Support Partners.
        - Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
        - Successful completion of all Central Registry and Federal Bureau of Investigations Division of Criminal Investigation background screenings.
        - Demonstration of fidelity to National Wraparound Initiative standards through ongoing participation in wraparound fidelity monitoring, using the WFI-EZ.
    - Youth Support Partner Requirements:
        - High school diploma (or GED equivalent) with behavioral health needs or someone who has experience overcoming various systems or obstacles related to mental and behavioral health challenges.
        - Ages 18 – 26.
        - Possess a valid driver's license, appropriate auto insurance and reliable transportation.
        - CPR and First Aid Certification.
        - Complete the Wraparound 101 training on the Magellan in Wyoming website to understand their role as member of the Wraparound service benefit and child and family team.

- Completion of the required Care Management Entity and State training and certification processes for High Fidelity Wraparound Youth Support Partners.
- Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
- Successful completion of all Central Registry and Federal Bureau of Investigations Division of Criminal Investigation background screenings.
- Demonstration of fidelity to National Wraparound Initiative standards through ongoing participation in wraparound fidelity monitoring, using the WFI-EZ.

- Respite: Any provider of respite services is required to attain and maintain a certification for this service from the Care Management Entity, and meet all specified State criteria:
  - Successfully complete a criminal history background check, which includes a Central Registry, Federal Bureau of Investigations/Division of Criminal Investigation and Office of Inspector General background screening.
  - Maintain a current CPR and First Aid Certification.
  - At least 21 years of age.
  - Two years of work/personal experience with children (preference given to individuals who have worked with a child with serious emotional disturbance).
  - Maintain current auto insurance.
  - Complete all provider trainings required by the Care Management Entity and State.
  - Complete the Wraparound 101 training on the Magellan in Wyoming website.
  - Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
  - Provide Magellan with a complete W-9 Form for the contracting entity to facilitate referrals and claims encounters processing.
  - Notify Magellan and complete a new W-9 Form if your contracted entity changes, e.g., if you leave a group practice (agency) or new group members join a contracted group practice (agency).
  - Notify Magellan of any changes to the list of group members in your group within 10 business days.
  - Notify Magellan of changes in your service location, mailing and/or financial address information.
  - Adhere to the certification and recertification policies outlined in this handbook.

- All types of providers are expected keep the clinical needs of members as their sole priority. Acting outside the clinical needs of members may result in a denial of certification or a denial of recertification.

Magellan's responsibility

- Review providers and prospective providers for certification and recertification 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 recruit High Fidelity Wraparound providers and train, coach and certify as required.
- Provide appropriate training for each role and coaches to facilitate certification and recertification.
- Make web-based tools available to providers so they can update their practice information, including W-9 Form data and their provider profile (the provider description which members see in online provider searches), in a convenient online fashion.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND PROVIDER NETWORK

Network provider participation

Our philosophy
Magellan is dedicated to selecting and certifying qualified providers to use High Fidelity Wraparound and the system of care to improve the quality and effectiveness of care for Wyoming's youth. All providers must be trained and certified and recertified through Magellan.

Our policy
To be a provider of High Fidelity Wraparound services with Magellan, you must be both certified and contracted by the Care Management Entity and approved by Wyoming Medicaid.

Provider responsibility

- Provider Agreement.
- Meet and continue to comply with minimum qualifications required for participation as a High Fidelity Wraparound provider (outlined in the previous Type of Providers section).
- Meet education/experience requirements under Wyoming's 1915(B) and (C) Waivers.
- Complete the requirements of the Magellan certification process as documented (available upon request).
- Participate in and successfully meet all requirements associated with Magellan's certification and recertification process.
- Provide covered services to members whose care coordination 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 certification standards.
- Agree to cooperate and participate with all care management, quality improvement, outcomes measurement, peer review and member appeal and grievance procedures.

*If at any time between certification and recertification you no longer meet any of the minimum qualification requirements, you must notify Magellan immediately.

Magellan's responsibility

- Offer assistance with your administrative questions during normal business hours (Monday-Friday, 9 a.m.-5 p.m. Mountain Standard Time).

- Assist in understanding and adhering to our policies and procedures, as well as the State's applicable requirements.
- Maintain a process to prepare, evaluate and certify 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.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND NETWORK

Contracting with Magellan

Contracting questions specific to High Fidelity Wraparound services in Wyoming should be directed to WYProvider@MagellanHealth.com.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND NETWORK

Claims filing procedures

Our philosophy
Magellan is committed to reimbursing our providers promptly and accurately in accordance with 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 Wyoming Care Management Entity providers for High Fidelity Wraparound, youth and family training and Respite services using Exhibit B and B-1.

Provider responsibility

- Contact Magellan in Wyoming at WYClinical@MagellanHealth.com prior to rendering care, for services requiring authorization.
- Provider shall submit documentation timely in order to maintain authorization and receive payment for covered services.
- Complete all required fields on the claim submission accurately.
- Submit claims with the allowable Place of Service codes.
- Submit claims with the allowable ICD-10-CM diagnosis codes that meet the State's diagnostic criteria.
- Submit claims for services delivered in conjunction with the terms of your agreement with Magellan.
- Use only standard code sets as established by the Centers for Medicare and Medicaid Services or Wyoming Department of Health, Division of Healthcare Financing for the specific claim form (CMS-1500) you are using.
- Submit claims within 90 days from the date of service as outlined:

Fee-for-Service Code	Mod	Per Diem Code	State Description	Code Description
		H0032	Family Care Coordination (FCC)	HFWA Member application assist, per diem
T1016			Family Care Coordination (FCC)	Case management, each 15 minutes
H0038	UK		Family Support (FSP)	Self-help/peer services, per 15 minutes

H0038			Youth Support (YSP)	Self-help/peer services, per 15 minutes
T2027			Respite	Specialized childcare, waiver; per 15 minutes
T1027			Youth/Family Training	Family training and counseling for child development, per 15 minutes

- Submit claims with both the "Rendering" (the certified staff delivering the service) Provider's National Provider Identifier and "Pay To" (the organization) Provider's National Provider Identifier.
- Service providers must be Medicaid enrolled to render and submit claims for payment. This is the High Fidelity Wraparound agencies/group providers and the agency staff/group members must be enrolled as a Medicaid provider.
- Submit claims only for services rendered within the time span of the authorization.
- Contact Magellan at WYClinical@MagellanHealth.com for direction if services need to be used after the authorization has expired.
- Do 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 Magellan in Wyoming at WYClinical@MagellanHealth.com who is managing the member's services if you are not certain which reimbursement rate applies to the member in your care.
- Refer to Preparing Claims for claims filing tips, elements of a clean claim, and claim do's and don'ts under the "Getting Paid" section of www.MagellanProvider.com.
- Utilize the Claims Courier application on Magellan's website (accessible under My Claims/Submit a Claim Online). This tool has functionality that allows providers to electronically submit claims completed on a CMS-1500 form. 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.
- Submit paper claims to: PO Box 1498, Maryland Heights, MO 63043.
- Sign up for Electronic Funds Transfer (EFT) by logging into the website with your username and password. Under the My Practice Section, you will go to "Display/Edit Practice Information" and select "Electronic Funds Transfer." For more information on EFT, go to the "Electronic

Transactions" on the "Getting Paid" section of the Magellan Provider website at www.MagellanProvider.com.

- Review your Explanation of Payment available to you online at www.MagellanProvider.com and sign into your secure website account by using your assigned username and password. Under the My Practice section on the left hand side of the page, you will go to "Check Claims Status" and "EOB Search"
- Refer to the Online Training section under Education on the Magellan Provider website to review Website User Guides and Demos of Online Tools on Claims, Submit a Claim Online, Check Claims Status, Electronic Transactions, Electronic Funds Transfer, View Authorization, Check Member Eligibility and more.
- Review online to identify if any claim encounters were rejected for errors and correct the claim for resubmission.
- Contact Magellan in Wyoming at WYProvider@MagellanHealth.com to speak to a customer service representative if you have an inquiry on a claim denial or rejected claim.
- Must know tips for successful High Fidelity Wraparound billing.

Magellan's responsibility

- Provide notice by sending an authorization letter and/or providing electronic authorization when we authorize services.
- Process your claim promptly upon receipt, and complete all transactions within regulatory and Wyoming Department of Health standards.
- The Magellan claims system processes continually, as claims are received from providers and the funds are approved by the Wyoming Department of Health. The payment cycle for Wyoming Care Management Entity claims will be issued in check runs of twice per week.
- Apply National Correct Coding Initiative claim edits to claim submissions. The National Correct Coding Initiative claim edits module is a group of system edits defined by Center for Medicare and Medicaid Services to assure correct coding.
- Communicate reasons for administrative denials and action steps required to resolve the administrative denial.
- Provide an Explanation of Payment or other notification for each claim submitted including procedures for filing an appeal.
- Provide appropriate notice regarding the reason for the claim denial, listing any missing claim information the required, when appropriate. Magellan will reconsider the claim upon receipt of requested information from the provider.

- Adjudicate claims based on information available. If the information requested is not received within 90 days, the claim may be denied for insufficient information, subject to applicable state and federal law.
- Include all applicable reimbursement schedules as exhibits to your contract.
- Comply with applicable Wyoming Department of Health and federal regulatory requirements regarding claims payment.
- Communicate changes to claims filing requirements and reimbursement rates in writing prior to the effective date.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND NETWORK

Sub-contracting Magellan's provider agreements

Refer to Magellan's national provider handbook for this section.

SECTION 2: MAGELLAN'S HIGH FIDELITY WRAPAROUND NETWORK

Certification

Our philosophy
Magellan is committed to promoting quality care. In support of this commitment, providers must meet a minimum set of criteria in order to be able to provide High Fidelity Wraparound services.

Our policy
To be eligible to provide High Fidelity Wraparound services, Magellan network providers are required to successfully complete the qualification and certification process prior to being accepted as a network provider. Our High Fidelity Wraparound coaching staff is the primary source for competency requirements needed for certification. We verify and certify providers in accordance with the criteria required under Wyoming's 1915(B) and (C) Children's Mental Health Waivers and developed with the Wyoming Department of Health. Only certified and contracted providers may render High Fidelity Wraparound services as an in-network provider.

Provider responsibility

- Successful completion of all Central Registry and Federal Bureau of Investigations/Department of Criminal Investigations background screenings.
- Complete and submit Magellan's Initial Provider Application form in its entirety and include all requested supporting documents.
- Collaborate with Magellan Wyoming Care Management Entity staff to schedule your certification training. Pass the training curriculum.
- Magellan Wyoming Care Management Entity coaches will work with you to further develop your High Fidelity Wraparound competency through mentoring, observation and document review.
- You must become enrolled as a Wyoming Medicaid Provider.
- Provider certification.
    - Family Care Coordinator
        i. Read the Doing the Work manual.
        ii. Complete the Wraparound Foundations training provided by Magellan in Wyoming and complete Tier 1. This should be completed within 30 days.
        iii. Magellan in Wyoming will assign you a coach to provide you with support and help you complete the Tier 2 certification as well as provide oversight to the delivery model. This should be completed within 60 days.

- Family Support Partner
    i. Read the Doing the Work manual. Complete the Wraparound Foundations training provided by Magellan in Wyoming and complete Tier 1. This should be completed within 30 days.
    ii. Optional: Complete the two-day Family Support Partner training provided by Magellan in Wyoming.
    iii. Magellan in Wyoming will assign you a coach to provide you with support and help you complete the Tier 2 certification as well as provide oversight to the delivery model. This should be completed within 60 days.

Magellan's Responsibility

- Notify you promptly if required information is missing from your application or if you do not meet minimum qualification, education and/or experience requirements.
- Coordinate with you to schedule and complete required training.
- Offer regular Wraparound Foundation and Family Support Partner trainings.
- Provide coaches to support you and teach to the model.
- Evaluate your High Fidelity Wraparound competency through training, observation and documentation review.
- Notify you when the certification process is complete.

Recertification

Our Policy
Magellan High Fidelity Wraparound providers are required to undergo annual recertification. Recertification includes evaluation of provider performance in the Magellan network, including, but not limited to, coordination of care, service and outcomes, member service and adherence to Magellan policies and procedures.

Provider responsibility

- Complete all provider recertification forms and submit to Magellan. This includes:
    - Timely completion of all training/education requirements as applicable to your provider type.
    - Complete and submit in a timely manner other supporting documentation.
    - Complete required documentation review and supporting tracking sheet.
- All High Fidelity Wraparound providers are expected keep the clinical needs of members as their sole priority. Acting outside the clinical needs of members may result in denial of recertification.

Magellan's responsibility

- Provide you with 90-day notice of the recertification process.
- Provide you with a recertification form and instructions for completion and submission.
- Review the materials you submit in a timely manner, including review by a certified High Fidelity Wraparound coach for recertification determination.
- Take into consideration any concerns of administrative, legal/ethical or quality of care issues that are identified.
- Inform you of the outcome of your recertification review.

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Contract termination

Our philosophy
Magellan's philosophy is to maintain a diverse, qualified network of High Fidelity Wraparound providers to meet the needs of Wyoming youth with complex behavioral health needs. In addition, we believe High Fidelity Wraparound providers should advocate on behalf of members in obtaining behavioral health services.

Our policy
Network providers will not be terminated from the Wyoming High Fidelity Wraparound network 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 and/or
- Provider requesting a review of or challenging a termination decision of Magellan.

High Fidelity Wraparound providers may be terminated from the Wyoming High Fidelity Wraparound network for the following reasons, including, but not limited to:

- Failure to submit materials for recertification within required timeframes.
- Exclusion from participation in federally or state-funded healthcare programs.
- Quality of service concerns as determined by Magellan.
- Failure to meet or maintain High Fidelity Wraparound certification criteria.
- No geographic need.
- Provider-initiated termination, resignation.

Provider responsibility

- Advocate on behalf of members.
- Respond in a timely manner to recertification requests.
- Follow contract requirements, policies and guidelines including appropriate transition of members in service at the time of contract termination.

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

- Submit your notice of termination in writing prior to 30 days of termination, in accordance with the terms of your provider agreement, to:

Magellan Healthcare, Inc
Attn: Network Department
205 Storey Blvd., Suite 120
Cheyenne, WY 82009

Magellan's responsibility

- 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 recertification 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 administrative review rights, as applicable, if your contract is terminated.
- Notify members served by you and facilitate transition plans if your contract is terminated.

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

Administrative review of provider's network termination

Our philosophy

Providers in the Wyoming High Fidelity Wraparound network have a right to an administrative review of Magellan actions that are based on issues of quality of care or service that impact the conditions of the provider's participation in the network. The process for requesting an administrative review is included in the written notification that details the changes in the conditions of a provider's participation due to issues of quality of service.

Our policy

Magellan offers High Fidelity Wraparound providers the opportunity for an administrative review when we take action to terminate network participation due to quality concerns. Providers are notified in writing of their network participation status, reason for denial of ongoing participation and informed of their right to an administrative review. Providers are permitted no more than 33 calendar days from the date of Magellan's written notification to request an administrative review if they disagree with the reasons for the termination. The provider is notified in writing of the outcome within 30 calendar days of the administrative review.

Provider responsibility

- Follow the instructions outlined in the notification letter if you disagree with this action and wish to request an administration review for this change.

Magellan's responsibility

- Notify you in a timely manner of the determination that the condition of your participation is changed due to issues of quality of service.
- Conduct an administrative review when a request is submitted in accordance with the instructions outlined in the notification letter.
- Notify you in writing of the review decision within 30 calendar days of completion of the administrative review.

SECTION 3: THE ROLE OF THE PROVIDER AND MAGELLAN

Provider websites

www.MagellanProvider.com
www.MagellanofWyoming.com

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 site specifically for Wyoming providers is www.MagellanofWyoming.com; along with Magellan's corporate provider website at www.MagellanProvider.com. These are our primary portals for provider communication, information and business transactions. These websites are continually updated to provide easy access to information and greater convenience and speed in exchanging information with Magellan. We encourage you to use these websites often as self-service tools for supporting your behavioral health practice.

Provider responsibility
To realize the benefits of the provider websites, you should:

- Have access to a personal computer, internet service provider and current web browser software.
- Sign in to Magellan's websites to access secure applications (e.g. eligibility, authorizations and claims) by using your username and password.
- Visit our websites frequently to take advantage of capabilities and access resources, like the Frequently Asked Questions under the "Provider Hub" at www.MagellanofWyoming.com.
- Provide feedback on difficulties you may experience in using our online resources or on ideas you have for enhancements.

*For group practices, group administrator is assigned based on an agency's original application submission and subsequent change request to Magellan.

Magellan's responsibility

- Maintain operation of online services 24 hours a day, seven days a week.
- Inform users of service problems if they occur.
- Use your feedback to continually improve our website.
- Contingent upon Wyoming Department of Health approval and availability of information, provide online access to the following applications:

- Authorization inquiry and report download.
- View authorization approval letters.
- Claims submission (for professional services only for which Magellan is the designated claims payer).
- Claims inquiry and online explanation of payments.
- Check certification and contract status (individual and group practitioners).
- Staff roster (group practices only).
- Display/edit practice data (enables you to monitor and request changes to your practice information).
- Provider Profile (enables you to enhance your profile, which members see in online provider searches, by uploading your photo, a personal statement, professional awards, etc.).
- Electronic funds transfer (EFT) signup.
- Cultural competency tools.
- Online demos to help providers navigate website applications.
- Comprehensive library of clinical practice information.
- Other tools and information beneficial to providers serving Magellan members.

SECTION 4: THE QUALITY PARTNERSHIP

A commitment to quality

Our philosophy

Magellan is committed to continuous quality improvement 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 High Fidelity Wraparound work with members in order to provide safe, effective, patient-centered, timely, efficient and equitable care in a culturally sensitive manner.

Provider responsibility

- Follow the policies and procedures outlined in the Provider Responsibility sections in this handbook.
- Participate as requested in plan of care reviews, quality monitoring and other quality improvement activities.
- Use evidence-based practices.
- Adhere to principles of member safety.
- Attend or log on to provider training, certification and orientation sessions.
- Participate in the completion of a remediation plan if quality of care concerns arise.
- Assist in the investigation of member complaints and critical incidents, if necessary.
- Attend committee meetings and provider workgroups, if requested.

Magellan's responsibility

- Consider your feedback on High Fidelity Wraparound practice guidelines, medical necessity criteria guidelines, prevention programs, member safety policies and new technology assessments.
- Consider your feedback in our quality committees and Director's Process Council.
- Develop methods to compare care, outcomes and costs across the provider network in an effort to diminish the need for case-by-case review of care.
- Provide information about provider performance including member satisfaction, member ratings related to fidelity.

- Measures that are reported through the WFI-EZ, outcomes and other metrics to providers, members and customers.
- 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 Plan of Care reviews.
- Join with you to develop a clear remediation plan to improve quality of care when necessary.
- Resolve complaints and appeals within applicable timeframes.

SECTION 4: THE QUALITY PARTNERSHIP

Cultural competency

Refer to Magellan's national provider handbook for this section.

SECTION 4: THE QUALITY PARTNERSHIP

Youth involvement

Magellan strongly encourages youth to be involved in all aspects of their own care, as well as to share their ideas on how to improve services. Youth can develop leadership skills that help others recover. We hope that your youth will participate and enjoy the opportunities for personal growth available through the High Fidelity Wraparound program.

In 2010, MY LIFE youth and Magellan staff were instrumental in advocating for and creating the Arizona Department of Behavioral Health Services Youth Involvement Protocol, which was the first state youth involvement protocol of its kind. The document is based on national work in the area of youth involvement and positive youth development. It outlines our commitment and expectations related to youth involvement in the following areas.

Meaningful youth involvement in High Fidelity Wraparound plans
Youth should be seen as experts in their own lives and Plans of Care. They should be heavily involved in their Plan of Care, along with their family, including selecting their own goals and deciding how those goals will be achieved. When young people are actively involved in decisions, they are more likely to follow through with plan objectives and achieve positive outcomes.

Using formal and informal youth peer support
"Peers" are individuals with lived experience with mental health and/or substance abuse issues and/or involvement in Wyoming youth systems. They provide support services, often called peer support. Youth peer support can help young people develop a better understanding of their challenges by giving them opportunities to interact with others who are in recovery. Peer support can be "informal." This is typically not a paid service and often occurs in youth leadership or self-help groups. Or, "formal" peer support can be provided by a trained youth peer staff person working for an agency or organization that serves youth.

> **Informal youth peer support**
> Providing opportunities for youth to develop social skills and receive positive support from peers can be helpful for young people and their recovery. Group activities provide natural opportunities for youth to learn from each other, practice social skills and make friends.
>
> **Formal youth peer support – Youth Support Partner**
> Peer-provided learning has been shown to be helpful for youth in acquiring new skills and increasing self-confidence. A youth/young adult peer staff member who has experienced similar life challenges can often relate to a young person in a way that traditional staff cannot. Youth peer support roles include providing one-to-one support, leading groups, doing outreach and managing High Fidelity Wraparound plans.

Youth as advisors and consultants to help improve programs, services and systems

Youth involvement can improve outcomes for youth. It can help them develop relationships, acquire new skills, improve behavior, build self-confidence and more. There is great value in encouraging youth to share their opinions and ideas. This helps shape policies, programs and services for their own care and for the broader community.

Establishing and participating in youth leadership groups
Through leadership group participation, in groups like MY LIFE, youth can develop friendships and contribute to their communities. They can gain experience in decision- making. They form important youth-adult partnerships that provide them with confidence to improve their own wellness and reach their goals.

Find more information about youth involvement and MY LIFE on www.MagellanofWyoming.com.

SECTION 4: THE QUALITY PARTNERSHIP

Member safety

Refer to Magellan's national provider handbook for this section.

SECTION 4: THE QUALITY PARTNERSHIP

Critical incident reporting

Our philosophy
In our quest for our members to receive quality behavioral healthcare services, we routinely review quality of care concerns and critical incident 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 High Fidelity Wraparound within six months of care, completes a suicide or homicide and/or engages in another type of incident that results in harm to the member or others.

Provider responsibility
It is the provider's responsibility to email a critical incident report to Magellan's Quality Improvement and Clinical Departments at WYQuality@MagellanHealth.com and WYClinical@MagellanHealth.com (a sample report form can be found at www.MagellanofWyoming.com). An incident report to Magellan must include:

- Date of Reporting.
- Date of Incident.
- Provider/Facility Name.
- Provider MIS #.
- Person Reporting/Credentials.
- Member Name.
- Medicaid/Member Number.
- Type of Incident.
- Description of Event (including trigger, de-escalation attempts).
- Actions Taken (including post incident medical interventions).
- Notifications (date/time/method).

Magellan will complete a review for known incidents in which a member is involved in:

- Suspected abuse, including intimidation.
- Suspected sexual abuse.

- Suspected neglect.
- Suspected self-neglect.
- Suspected self-abuse.
- Suspected abandonment.
- Suspected exploitation.
- Police involvement.
- Injuries cased by restraints.
- Injury to the participant.
- Crime committed by a participant.
- Elopement.
- Medication errors.
- Use of restraints.
- Suicide threat/attempt.
- Homicide threat/attempt.
- Self-harm, requiring medical intervention.
- Death.

In the case of suspected abuse, neglect, abandonment or exploitation, immediate action is required. Also, contact local law enforcement or the local Office of the Department of Family Services to make a mandatory verbal report and send a copy of the incident report to the Wyoming Department of Health, Division of Healthcare Financing, via email to Lisa.Brockman@wyo.gov, within 24 hours. Magellan's Quality Improvement Department can be reached during business hours at 402-437-4255 or via email at WYQuality@MagellanHealth.com.

Magellan's responsibility

- Serve as a resource to manage the clinical situation presented by the critical incident.
- Investigate all serious critical incidents in a timely manner.

SECTION 4: THE QUALITY PARTNERSHIP

Outcomes

Our philosophy

Our Quality Management Program assures adherence to the High Fidelity Wraparound process through oversight, fidelity measurement, continuous quality improvement and outcomes management. The principle of High Fidelity Wraparound highlighted here is outcome-based.

Our policy

To support an outcomes-based High Fidelity Wraparound process, providers must maintain training and certifications with High Fidelity Wraparound and the selected outcomes tools, be full participants in fidelity measurement and improvement and hold fast to the values and principles of High Fidelity Wraparound. The High Fidelity Wraparound process completed with fidelity to the principles demonstrates outcomes, which is why the fidelity tools, coaching, observations and monitoring are essential to the model. The final outcomes are self- reported by families and youth as they transition out of High Fidelity Wraparound, and is measured again six months after transition.

Provider responsibility

- Educate families and youth on the principle of outcome-based, including that they drive the High Fidelity Wraparound process with their active participation in assessment, fidelity and outcome tools.
- Facilitate and complete the Child and Adolescent Needs and Strengths (CANS) for each 90-day Plan of Care and at transition out of High Fidelity Wraparound.
- Use the information in the CANS to identify youth and family needs and strengths, craft the plan of care, evaluate progress and celebrate success.
- Follow the instructions to complete the Wraparound Fidelity Index (WFI-EZ) at six months of High Fidelity Wraparound enrollment.
- Ensure Caregiver and Youth complete the WFI-EZ at six months of High Fidelity Wraparound enrollment or notify Magellan timely of barriers to completion.
- Participate in the selected High Fidelity Wraparound fidelity improvement processes and activities, such as the Document Review Measure and the Team Observation Measure, including the acknowledgement of feedback and making plans to address improvements needed.
- Participate in the submission of data into the Children's Outcomes Dashboard at member enrollment, with every 90-day Plan of Care update and at transition.
- Return assessments and tools timely using the established collection process.

Magellan's responsibility

- Train providers on the Medicaid waiver requirements for performance measures, fidelity and outcomes tools.
- Train providers on the timelines and process for collection of the assessment, fidelity and outcomes tools.
- Make available the chosen fidelity and outcomes tools and supply a collection method for each tool.
- Contract for the fidelity tools and system, such as the WFI-EZ and Team Observation Measure and forward quarterly fidelity reports to each High Fidelity Wraparound site when there are sufficient tools completed.
- Report on the CANS outcomes, including by High Fidelity Wraparound site.
- Use outcome and fidelity reports for quality improvement activities, including performance improvement plans when needed.
- Engage the High Fidelity Wraparound sites, other stakeholders and the Quality Management Committee in reviewing outcome and fidelity reports for recommendation for improving process, policy and procedure.

SECTION 4: THE QUALITY PARTNERSHIP

Confidentiality

Refer to Magellan's national provider handbook for this section.

SECTION 4: THE QUALITY PARTNERSHIP

Provider input

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

Our policy
Magellan obtains provider input through participation in quality collaborative and improvement activities, Director's Process Council and the Quality Management Committee. We offer opportunities to give feedback through participation in our quality programs or via requests for specific feedback.

Provider responsibility

- Provide feedback to Magellan to actively improve the quality of care provided to youth and families.
- Participate in quality improvement and utilization oversight activities, such as those related to fidelity and outcome tools and performance measurement.
- Return completed provider satisfaction surveys, if requested.
- Attend the Director's Process Council.
- Considering participating in the Quality Management Committee.
- Provide feedback/complaints through the Magellan provider website (under FAQs/Feedback or under My Messages, after secure sign-in) or by contacting your Wyoming staff for investigation and resolution of the issue.

Magellan's responsibility

- Actively request input regarding member care.
- Establish a Quality Management Committee to oversee all quality functions and activities.
- Provide designated staff with expertise in quality assessment, utilization management and continuous quality improvement.
- Develop and evaluate reports, indicate recommendations to be implemented and facilitate feedback to providers and members.

SECTION 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 participating providers in our provider network who have rendered services to 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.

Provider responsibility

- Complete the survey.
- Contact Magellan with any comments, suggestions or questions.

Magellan's responsibility

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

SECTION 4: THE QUALITY PARTNERSHIP

Member rights and responsibilities

As a Magellan provider, it is your responsibility to inform the members in your care about certain procedures, rights and responsibilities. Magellan endorses Medicaid-approved rights and responsibilities. The list below outlines the information to be discussed with all Wyoming Care Management Entity members. A complete list of rights and responsibilities can be found in the member handbook.

- Member rights and responsibilities.
- Covered services.
- Procedures to follow if a clinical emergency occurs.
- Confidentiality, its scope and its limits.
- Treatment options.
- Ensure current medications are updated in the Plan of Care, include updates when medication changes are made, and communication with the primary care physician, other relevant healthcare providers and Magellan.

Several aspects of Magellan's quality improvement program are designed to facilitate adequate communication with members regarding their rights and responsibilities. These include, but are not limited to, the member complaint and grievance process.

Magellan has comprehensive procedures for addressing member complaints regarding any aspect of service or care provided by Magellan or our provider network. If a complaint is received about a provider's services, Magellan contacts the provider directly to clarify the issue and attempts to resolve the member's concerns. If the member is not satisfied with the complaint determination, he or she has a right to appeal the determination.

Providers are expected to participate fully in the complaint resolution process. Group practices maintaining their own complaint resolution procedures must make available to Magellan all information related to Magellan members in their care who have filed a complaint concerning the group practice or one of its providers.

SECTION 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.

Provider responsibility

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

Magellan's responsibility

- 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 record and/or other type of 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 required.
- Advise you, in writing, if any action is taken as a result of the inquiry and review process.
- Advise you of your right to appeal a 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 determination. Appeals are heard by the Appeals Subcommittee. Written notification of the subcommittee's determination of the appeal includes the specific reasons for the decision.

SECTION 4: THE QUALITY PARTNERSHIP

Provider sanctions

Please refer to the Wyoming Medicaid Provider Manual for information on provider sanctions that apply.

Note: The Wyoming Medicaid Provider Manual is not updated or maintained by Magellan. We provide this referenced link for your convenience because this is important and relevant information that all Medicaid providers are required to know, understand and follow.

SECTION 4: THE QUALITY PARTNERSHIP

Provider exclusion from federally or state- funded programs

Our philosophy

Magellan promotes provider compliance with all applicable federal and state laws on provider exclusion. This includes taking appropriate action on individuals and entities appearing on the U.S. Department of Health and Human Services through the Office of Inspector General List of Excluded Individuals/Entities, the U.S. General Services Administration's web-based system for award management exclusion database and/or state-specific exclusion lists from participating in federally funded healthcare 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 healthcare program. Magellan's policy is that upon notification of sanction or exclusion status from Wyoming's Medicaid Fiscal Agent and action will be taken on the affected provider's participation status up to and including termination.

Magellan's responsibility

- Take action up to and including network termination upon notification from Wyoming's Medicaid Fiscal Agent of a sanction or exclusion.

SECTION 4: THE QUALITY PARTNERSHIP

Health Insurance Portability and Accountability Act (HIPAA) standard code sets

Refer to Magellan's national provider handbook for this section.

SECTION 4: THE QUALITY PARTNERSHIP

Fraud, waste and abuse: compliance program

Refer to Magellan's national provider handbook for this section.

SECTION 5: PROVIDER REIMBURSEMENT

National Provider Identifier

Our philosophy

Magellan complies with the Health Insurance Portability and Accountability Act (HIPAA) and its regulations regarding standard interface between healthcare organizations and providers. This includes provider attainment and use of the National Provider Identifier.

Our policy

The National Provider Identifier is a 10-digit identifier that has been required on all HIPAA standard electronic transactions since May 23, 2008. National Provider Identifiers replaced all separately issued identifiers on HIPAA standard electronic transactions. In the past, health plans assigned an identifying number to each provider with whom they conducted electronic business. Since providers typically work with several health plans, they were likely to have a different identification number for each plan. The National Provider Identifier was put in place so that each provider has one unique, government-issued identifier to be used in transactions with all health plans with which the provider conducts business. A National Provider Identifier does not replace a provider's Taxpayer Identification Number (TIN). TINs continue to be required on all claims – paper and electronic. The National Provider Identifier is for identification purposes, while the TIN is for tax purposes. Important: claims that do not include a TIN will be rejected.

Provider responsibility

- You must apply for and use your National Provider Identifier on all electronic transactions and paper claims submissions including claims submitted online using Claims Courier submitted to Magellan.
- Submit claims with both the "Rendering" (the certified staff delivering the service) Provider's National Provider Identifier and "Pay To" (the organization) provider's National Provider Identifier.
- There are two different types of National Provider Identifier numbers:
    - Type 1 is for healthcare providers who are individuals, including physicians, psychiatrists and all sole proprietors. An individual is eligible for only one National Provider Identifier.
    - Type 2 National Provider Identifiers are for healthcare providers that are organizations, including physician groups, hospitals, nursing homes and the corporations formed when an individual incorporates him/herself.
- Organizations can choose to enumerate subparts by taxonomy/specialty, TIN or site address; however if you are an organization with a single-site address and multiple TINs, we prefer that you enumerate subparts at the TIN level. If you are an organization with multiple site addresses, we prefer that you enumerate subparts at the site address level. In other words,

organizations should have one unique National Provider Identifier for each rendering service location for billing purposes. An individual practitioner is assigned only one National Provider Identifier (Type 1) regardless of the number of places where he/she may practice.

- How to Apply: To apply for an National Provider Identifier number, there are two different options:
    - The most efficient application processing and the fastest receipt of a National Provider Identifier, is the web-based National Provider Identifier application process. Log on to the National Plan and Provider Enumeration System and apply online at: https://nppes.cms.hhs.gov/NPPES/Welcome.do.
    - Or obtain a copy of the paper National Provider Identifier Application/Update Form (CMS-10114) by contacting the Enumerator by phone at 1-800-465-3203 (TTY 1-800-692- 2326); email customerservice@npienumerator.com; or mail at National Provider Identifier Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.
- How to Submit: Providers should submit their National Provider Identifier to Magellan by signing in with your secure username and password on the Magellan Provider website (www.MagellanProvider.com), selecting Display/Edit Practice Information, and completing the National Provider Identifier request field. You can also submit your National Provider Identifier by mail or fax, by sending us a copy of your National Provider Identifier notification letter or email from National Plan and Provider Enumeration System: Magellan Health, Inc., Attn: Data Management, 14100 Magellan Plaza, Maryland Heights, MO 63043, Fax number: 314-387-5584.

Magellan's responsibility

- Be compliant with HIPAA's standard coding requirements.
- Accept only compliant codes in covered electronic transactions.
- Accept only covered electronic transactions that include a National Provider Identifier.
- Share your National Provider Identifier with health plans with which we coordinate your HIPAA-standard transaction.

SECTION 5: PROVIDER REIMBURSEMENT

Provider Medicaid Enrollment

Our philosophy
Magellan complies with all the applicable State and Federal regulations and Medicaid program requirements.

Our policy
As the Wyoming Care Management Entity, Magellan must ensure all new and existing providers in the Care Management Entity network are enrolled Medicaid providers.

Provider responsibility

- Providers must be Medicaid enrolled to provide and render services to children and adolescents eligible and enrolled in the Wyoming Care Management Entity program. Medicaid payment is made only to providers who are actively enrolled in the Medicaid Program.
- Providers must be Medicaid enrolled with linking to the Magellan group practice. All staff or group members who provide High Fidelity Wraparound and Respite services working for an agency or group practice must be Medicaid enrolled.
    - Go to the Wyoming Medicaid Provider Enrollment website for information on how to enroll with Medicaid. To be enrolled, you must complete an enrollment application and a Provider Agreement. In addition, certain providers are required to submit proof of licensure and/or certification. These requirements apply to both in-state and out-of-state providers.
    - To complete a Medicaid enrollment application you must first obtain a National Provider Identifier.
    - To enroll as a Medicaid provider linked to the Magellan group practice, contact Medicaid/EqualityCare Provider Relations department at 1-800-251-1268 or complete an online application from the Medicaid/EqualityCare website.
    - After your enrollment application has been approved, a welcome letter will be sent to you. If your application is not approved, a notice including the reasons for the decision will be sent. No medical provider is declared ineligible to participate in the Medicaid Program without prior notice.
    - You must notify Medicaid of updated provider information: If any information listed on the original enrollment application subsequently changes, you must notify Medicaid in writing 30 days prior to the effective date of the change. Changes that would require you to notify Medicaid include, but are not limited to, the following:

- Current licensing information, facility or name changes,
- New ownership information,
- New telephone number, physical, correspondence or payment address change,
- New email address or
- Taxpayer Identification Number.

- The provider is responsible for adhering to applicable State and Federal regulations and the Medicaid provider requirements. The provider is also responsible for ensuring that all employees are likewise informed of these regulations and requirements.
- Review the Center for Medicare and Medicaid Services manual to ensure that you are in compliance with Medicaid record keeping and access requirements.
- The provider certifies by his/her signature or the signature of his/her authorized agent on each claim encounter for payment that all information provided is true, accurate and complete.
- Although claims may be prepared and submitted by an employee, providers are responsible for ensuring the completeness and accuracy of all claims submitted to Magellan.

Magellan's responsibility

- Ensure all new and existing providers in the Care Management Entity network are enrolled Medicaid providers.
- Verify the provider's Medicaid enrollment is current and active.
- Issue payment only to providers who are actively enrolled in the Medicaid program.