



Provider Orientation

FOR PROVIDERS TREATING MEMBERS
WITH AUTISM SPECTRUM DISORDERS

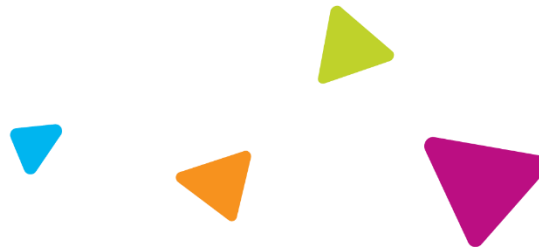
November 2024

Commercial and employer plans

Agenda

- Welcome to the Magellan network

- Assessment and treatment planning
- Credentialing, recredentialing and contracting
- Claim submission options
- Magellan provider website
- Wrapping up



Welcome to the Magellan network!



You play an important role in serving Magellan members.

The need for board certified behavior analysts (BCBAs) continues to rise, due to [increased awareness and acceptance of autism spectrum disorders](#) and the number of children being diagnosed (the CDC now estimates that **one in 36 children** are affected).

- Most states have passed or proposed legislation requiring health insurers to provide coverage for autism treatment.
- Fewer states have adopted more comprehensive legislation requiring coverage of specialized services including applied behavior analysis (ABA) and other rehabilitative behavioral services for the treatment of autism.
- Magellan's health plan and employer customers are looking to Magellan to provide full-service support for this disorder.

More resources in this area and earlier detection can help ensure that children get the help they deserve.

On behalf of the young members you serve, along with their families and communities, thank you!

Member eligibility and benefits



Benefits are not the same for all Magellan members



Obtain authorization by completing assessment and treatment planning



Check on Availity Essentials, or call the appropriate toll-free number to verify eligibility and benefits before treating a member



Routinely verify insurance information with the member and re-verify eligibility



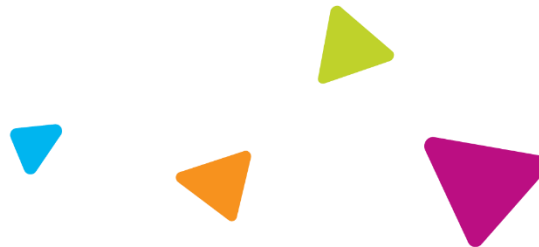
Verify coverage and member co-payments, coinsurance and/or deductible



Obtain a copy of the member's card at first visit

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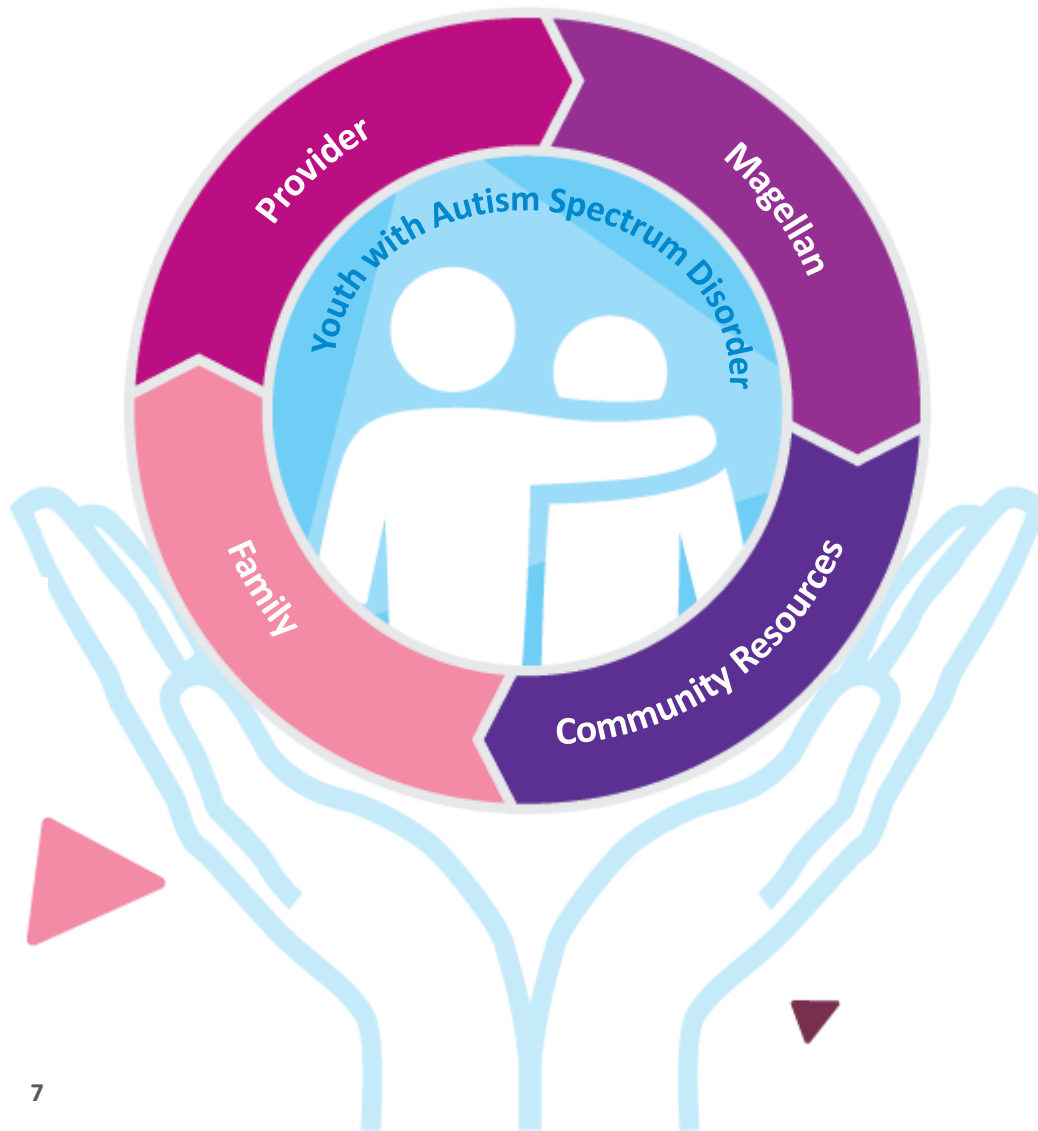
Diagnostic requirements



With the initial request for ABA services, the provider should include the established and current (within 24 months) DSM-5-TR diagnosis of autism spectrum disorder using validated assessment tools.

- The diagnosis is confirmed by a doctoral level clinician, including a medical doctor (family practice, pediatrics, developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology, or psychiatry), or psychologist (PhD or PsyD).
- Examples of assessment tools include: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI-R), Parent Evaluation Developmental Stages (PEDS), Brigance Diagnostic Inventory of Early Development II; Modified Checklist for Autism in Toddlers (M-CHAT), Childhood Autism Rating Scale, Second Edition (CARS 2), Social Communication Questionnaire, Autism Spectrum Rating Scales (ASRS), Screening Tool for Autism in Toddlers and Young Children (STAT), Rapid Interactive Screening Test for Autism in toddlers (RITA-T), Social Communication Questionnaire (SCQ).
- The diagnosis includes examples and direct observations specific to the member consistent with DSM-5-TR criteria A and B for autism spectrum disorder. Note: Checklist behaviors or general terms from DSM-5-TR are not acceptable without examples and direct observations specific to the member.

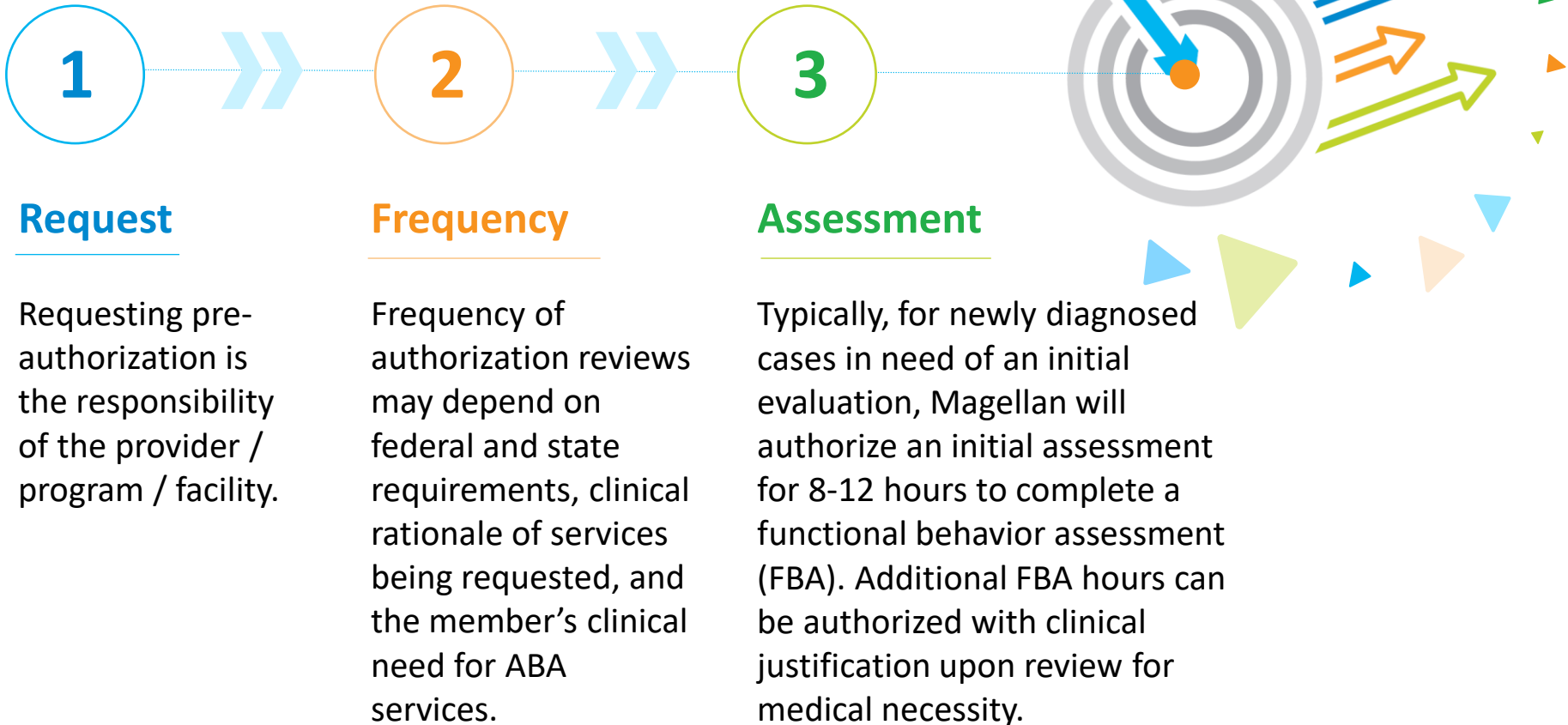
Expectations for ABA and other qualified ASD providers: assessment and treatment planning



- 1 Either a Magellan dedicated autism care manager will refer the member to you, or a customer service agent will share a list of in-network providers with the member, parent or guardian, who may then contact you.
- 2 You fax your request for pre-authorized functional behavioral assessment units, using the *ABA Request for Initial Authorization* form, with the diagnostic report to Magellan.
- 3 Once you receive authorization from Magellan, you conduct the initial assessment and develop the treatment plan.
- 4 You request and obtain pre-authorization for additional services by completing the *ABA Treatment Plan / Concurrent Review Template*.
- 5 Follow Magellan medical necessity criteria and clinical practice guidelines.

Requesting authorization

Purpose: To authorize care based on a thorough assessment of the member's unique needs, with services delivered at the least intensive, appropriate level of care.



Forms for requesting authorization



Find the forms to submit the initial assessment and treatment plan / concurrent review for authorization on www.MagellanProvider.com/Autism (requires sign in).

- » Complete the *ABA Request for Initial Authorization* for the initial assessment and plan development; services are authorized in 15-minute increments.
- » Complete the *ABA Treatment Plan/Concurrent Review Template* for **concurrent** services, which are also authorized in 15-minute increments. Alternately, you may use your own template, but make sure to include Magellan's required components.



Authorization determinations



Magellan will:

- ✓ **Make an authorization decision** based upon review of the clinical information submitted and any conversations with you.
- ✓ **Advise you** of the ABA or other behavioral rehabilitative service type and units authorized, number of sessions or days authorized, and a start and end date for authorized services.
- ✓ **Communicate authorization** decisions by telephone.
- ✓ **Offer the opportunity to discuss** the determination with a physician advisor if we are unable to authorize the requested service(s) for clinical reasons.

Treatment planning

1

You will develop the autism treatment plan based on the findings of an assessment and evaluation.

2

A Magellan ABA care manager will review your plan.

3

You must submit a new treatment plan each time you request additional sessions, along with a new Vineland or ABAS evaluation every 6 months.

4

The autism treatment plan includes the following domains of focus:

- Speech/Language/Communication, Sociability, Sensory/Cognitive Awareness and Health/Physical Behavior
 - Specific interventions and measurable goals developed from concerns identified during assessment and evaluation, and family priorities.
-

5

Magellan surveys families of individuals with ASD about their satisfaction regarding the services provided.

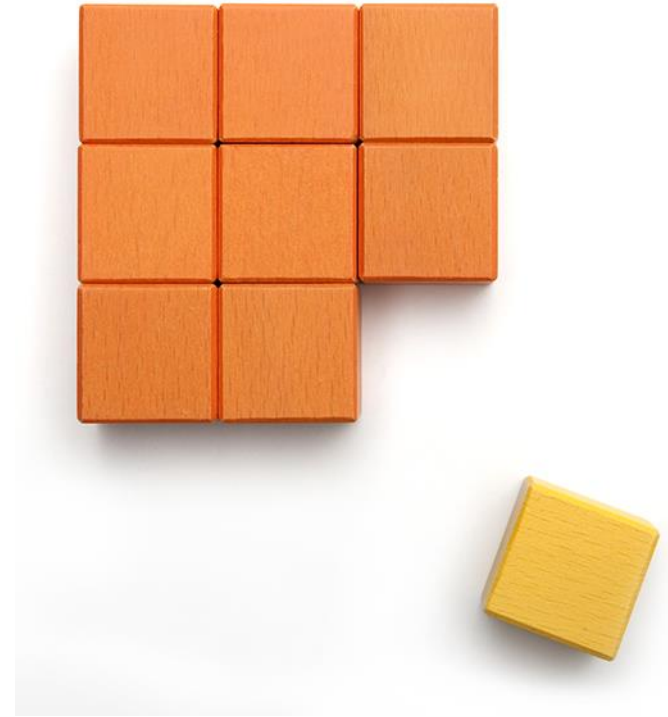
Required components of the treatment plan



The Behavior Plan section of the report should include:

- At least two behaviors targeted for reduction (e.g., aggression, stereotype, SIB, elopement, property destruction, PICA, etc.)
- Detailed definition, topography, and proposed function of each behavior
- Interventions
- Baseline data
- Mastery criteria
- Current frequency/graph of progress
- Replacement behavior/skill acquisition goals
- Caregiver training goals with progress information
- The following as relevant to treatment: background, current services, as well as treatment hour recommendation and duration

All treatment plans must adhere to BACB guidelines.



Sample authorization for ABA services*



- Initial FBA and plan development uses CPT® 97151 (15-minute increments).
- Continued services/direct intervention uses 97153 (15-minute increments).
- Direct by a QHP uses 97155; caregiver training uses 97156; social skills group uses 97154.

Examples:

- 16 units of 97155 means the authorization includes *four hours* for supervision.
- 240 units of 97153 means the authorization includes *60 hours* for direct intervention.

* Coding and unit durations may vary by region.

Number of Hours	Treatment/ Billing Code – Description	Provider Level
8 to 12 hours or equivalent units	97151 - Initial assessment and plan development	Performed by BCBA/credentialed licensed provider
1	97156 Caregiver training	Provided by behavior analyst or bachelors/ non-certified support staff-level provider
1.5	97155 – Supervision	ABA services rendered conjointly, in-person, by a behavior analyst or non-certified support staff during directly supervised ABA service provision
22.5	97153 – Direct intervention	Provided by certified technician

Magellan clinical policy resources— medical necessity criteria



Magellan medical necessity criteria for outpatient ABA:*

- Established DSM-5 diagnosis of ASD.
 - A severe challenging behavior that presents a health or safety risk or significantly interferes with home or community activities.
 - Less intensive behavior treatment or other therapy has been considered or has been insufficient.
 - Patient is medically stable and does not require 24-hour medical/nursing monitoring.
 - Treatment plan should be established upon individualized goals, with measurable objectives.
- Treatment plan should include parent/caregiver training and support.
 - Magellan’s medical necessity criteria are based on published evidence and clinical expertise.
 - Magellan clinical leaders review the criteria annually, taking into consideration:
 - Current medical and clinical evidence.
 - Provider feedback.
 - Available at www.MagellanProvider.com/MNC.
 - Note: MNC may differ by state and/or health plan client.

Magellan clinical policy resources— practice guidelines



AAP Guidelines

“The goals of treatment of children with ASD are to (1) minimize core deficits...and co-occurring associated impairments; (2) maximize functional independence by facilitating learning and acquisition of adaptive skills; and (3) eliminate, minimize, or prevent problem behaviors that may interfere with functional skills.”

Hyman, S.L., Levy, S.E. & Myers, S.M. (2020). Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. *Pediatrics*.

Magellan ***clinical practice guidelines***:

- Magellan has adopted the guidelines from the American Academy of Pediatrics (AAP) and the American Academy of Child & Adolescent Psychiatry.
- AAP guidelines call for more research on ABA’s effect on health outcomes and treatment efficacy.

Available online at

www.MagellanProvider.com/clinicalguidelines

National ABA codes*



Descriptor	Category I	Category 1 Interval	Notes
Functional Behavior Assessment (FBA)	97151	15 minutes	BCBA only (HO).
FBA	97152	N/A	This is not a covered code.
Direct	97153	15 minutes	Only available for technicians (HN).
Social Skills	97154	15 minutes	Two or more clients; technician only (HN).
Direct by Qualified Health Professional (QHP)/Supervision	97155	15 minutes	We do accept overlap with technician; all services are direct (HO, HN).
Parent Training – 1:1	97156	15 minutes	Parent training with or without member present (HO, HN).
Parent Training - Group	97157	15 minutes	Group parent training with or without member present (HO, HN).
Social Skills	97158	15 minutes	Two or more clients; QHP only (HO, HN).
Reassessment	90889	15 minutes	Reassessment/report writing hours; indirect. Not available in all markets (HO). Up to three hours per six months.
Functional Assessment (FA) of Severe Behaviors	0362T	15 minutes	Severe behaviors, authorized as medically necessary. Not available in all markets (HO).
Direct for Severe Behaviors	0373T	15 minutes	Two or more technicians; QHP has to be onsite. Not available in all markets (HN).

California ABA codes



Descriptor	Category I	Category 1 Interval	Notes
Functional Behavior Assessment (FBA)	97151	15 minutes	BCBA only (HO).
FBA	97152	NA	This is not a covered code.
Direct	97153	15 minutes	Only available for technicians (HM, HN).
Social Skills	97154	15 minutes	Two or more clients; technician only (HM, HN).
Direct by Qualified Health Professional (QHP)/Supervision	97155	15 minutes	We do accept overlap with technician; all services are direct (HO, HN).
Parent Training – 1:1	97156	15 minutes	Parent training with or without member present (HO, HN).
Parent Training - Group	97157	15 minutes	Group parent training with or without member present (HO, HN).
Social Skills	97158	15 minutes	Two or more clients; QHP only (HO, HN).
Reassessment	90089	15 minutes	Reassessment/report writing hours; indirect. Up to three hours per six months (HO).
Functional Assessment of Severe Behaviors	0362T	15 minutes	Severe behaviors, authorized as medically necessary. Not available in all markets (HO).
Direct for Severe Behaviors	0373T	15 minutes	Two or more technicians; QHP has to be onsite. Not available in all markets (HM, HN).

Pennsylvania ABA codes



Descriptor	Category I	Category 1 Interval	Notes
Functional Behavior Assessment (FBA)/Reassessment	97151	15 minutes	BCBA only (HO). Code is also used for BHRS for CBC account only.
FBA/Reassessment	97152	NA	This is not a covered code.
Direct	97153	15 minutes	Only available for technicians (HM, HN).
Social Skills	97154	15 minutes	Two or more clients; technician only (HM, HN).
Direct by Qualified Health Professional (QHP)/Supervision	97155	15 minutes	We do accept overlap with technician; all services are direct (HO, HN).
Parent Training – 1:1	97156	15 minutes	Parent training with or without member present (HO, HN).
Parent Training - Group	97157	15 minutes	Group parent training with or without member present (HO, HN).
Social Skills	97158	15 minutes	Two or more clients; QHP only (HO, HN).
Functional Assessment (FA) of Severe Behaviors	0362T	15 minutes	Severe behaviors, authorized as medically necessary. Not available in all markets (HO).
Direct for Severe Behaviors	0373T	15 minutes	Two or more technicians; QHP has to be onsite. Not available in all markets (HM, HN).

Texas ABA codes*



Descriptor	Category I	Category 1 Interval	Notes
Functional Behavior Assessment (FBA)/Reassessment	97151	15 minutes	BCBA only (HO). Up to eight hours on reassessment can be requested. (Note: Eight hours of 97151 or six hours of 97151, plus two hours of 97152 can be requested.)
FBA/Reassessment	97152	15 minutes	Up to two hours of 97152 for every six months of authorization can be requested.
Direct	97153	15 minutes	Only available for technicians (HN).
Social Skills	97154	15 minutes	Two or more clients; technician only (HN).
Direct by Qualified Health Professional (QHP)/Supervision	97155	15 minutes	We do accept overlap with technician; all services are direct (HO, HN).
Parent Training – 1:1	97156	15 minutes	Parent training with or without member present (HO, HN).
Parent Training - Group	97157	15 minutes	Group parent training with or without member present (HO, HN).
Social Skills	97158	15 minutes	Two or more clients; QHP only (HO, HN).
Functional Assessment (FA) of Severe Behaviors	0362T	NA	Not a covered code (clinical denial will be provided if requested).
Direct for Severe Behaviors	0373T	NA	Not a covered code (clinical denial will be provided if requested).

****Does not include Texas Medicaid codes.***

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OUR POLICY



Master's/doctoral level practitioners are required to successfully complete the credentialing review process prior to being accepted as a network provider and every three years unless otherwise required by applicable state and federal law, a customer and/or an accrediting entity.



Only credentialed providers may bill for ABA services as in-network providers.



Bachelor's level behavior analysts and support staff/technicians are not required to complete credentialing with Magellan if they are under the supervision of the licensed, credentialed practitioner.

- **California only:** Magellan allows the use of associates, interns, and qualified autism service practitioners by ABA groups. See eligibility requirements in the [California provider handbook supplement](#) and related [billing guidance](#).

Recredentialing procedures



Ensure you keep your CAQH application current and respond to any requests from our credentialing department; not meeting recredentialing timeframes is the most common reason for involuntary termination from the network



Upon receipt of your completed application, we re-verify your credentials, and our Regional Network and Credentialing Committee (RNCC) reviews for continued network participation



We review quality indicators – such as complaints, adverse incidents, and treatment records reviews – during the recredentialing process

Recredentialing procedures (continued)



1. To monitor network quality, Magellan reviews provider credentials every three years as required by contract and/or applicable state law.
2. Approximately six months prior to the recredentialing due date, Magellan will attempt to access your CAQH application. If we cannot, we will send a notification to mailing address on record. To avoid delays to the recredentialing process, please do the following:
 - Log on to CAQH at <http://proview.caqh.org> and complete your application, sending all required documents to CAQH. Ensure that you have re-attested to your information and have authorized Magellan to access your application.
 - If you do not have access to the CAQH universal application, you may request a paper recredentialing application.
3. Magellan will make three outreach attempts to acquire any missing data e.g., updated malpractice information. If the provider does not respond, the recredentialing application is closed and the provider is placed in suspended status and will be terminated as of the recredentialing due date. Final notification is issued to the mailing address on file for the practitioner.



INDIVIDUAL CONTRACTS



1. To be an in-network provider, you must be contracted with Magellan under an individual provider participation agreement **as well as being** credentialed by Magellan before you can be considered eligible for referrals.
2. If you were a practitioner who left a group to practice solo, and you are not also contracted with Magellan under an individual provider participation agreement, you are no longer considered a Magellan participating provider.



GROUP CONTRACTS



1. To be an in-network group provider, the group must be contracted with Magellan **and** in order to be referral-eligible, the all practitioners within the group must be individually credentialed by Magellan.
2. A practitioner who leaves the group practice and is not also contracted with Magellan under an individual provider participation agreement is no longer considered a Magellan participating provider.
3. Magellan expects all practitioners in a participating group to be credentialed and participating in the Magellan network; members accessing a participating practice must be assured access to participating practitioners.



GROUP CONTRACTS (continued)



4. When group membership changes (e.g., a practitioner joins or leaves your group):
 - **You must update your group roster** via the Magellan provider website. *Note: adding a provider to the group roster does not automatically affiliate them to the group contract.*
 - If the new group member is not already Magellan-credentialed, **they must begin the credentialing process** to be eligible to receive referrals. Adding the provider to the group roster will initiate the credentialing process, but **you must wait for confirmation of successful credentialing and activation prior to their seeing members and billing for services.**
 - **Make sure the provider's CAQH information is complete and up to date** to ensure timely credentialing and activation.



ORGANIZATIONAL CONTRACTS



1. To be an in-network organizational provider, the agency/organization must be contracted with Magellan AND must be organizationally credentialed.
2. Agencies must either be accredited by JCAHO, CARF, or COA and/or hold acceptable program/agency licensure to meet organizational credentialing standards.
3. Typically, individual provider credentialing within the agency is not required; however, only those practitioners that meet Magellan's individual credentialing standards may treat members.
4. Organizations must provide roster information for all ABA or other rehabilitative behavioral service providers at the time of contracting and update Magellan when staffing changes.

Helpful hints for credentialing and contracting (for practitioners)



If possible, use CAQH (Universal Provider DataSource®).

- Make sure you indicate the one TIN with which you will bill on your Form W-9 — either your Social Security Number (SSN) OR Employer Identification Number (EIN) — NOT BOTH.
- Please note and explain in the comments section of the application any periods of unemployment of more than six months.
- Keep copies of your completed contract and application.

The screenshot shows the CAQH Universal Provider DataSource website. The header features the CAQH logo and navigation links for 'About CAQH', 'Media', 'CORE', and 'Universal Provider DataSource'. A search bar is located in the top right corner. The main content area includes a navigation menu on the left with links to 'Universal Provider DataSource', 'FAQs', 'Overview Presentation', 'Providers & Office Managers', 'Health Plans', 'CAQH Provider Credentialing Application', 'SanctionsTrack', 'Participating Organizations', 'Best Practices Conferences', 'Data Security and Privacy', and 'Contact UPD'. The central content area features a photo of healthcare professionals and the title 'Universal Provider DataSource'. Below the title, there is a paragraph describing the service as the industry standard for collecting provider data used in credentialing, claims processing, quality assurance, emergency response, member services, such as directories and referrals, and more. It also mentions that the service is reducing duplicative paperwork and millions of dollars of annual administrative costs for more than 700,000 physicians and other health professionals, as well as over 450 participating health plans, hospitals and healthcare organizations. A second paragraph states that a single, standard online form is the centerpiece of the service, and providers in all 50 states and the District of Columbia are able to enter their information free of charge through an interview-style process. All data is stored in a secure, centralized database housed in the United States. A third paragraph notes that the UPD form meets the data-collection requirements of URAC, the National Committee for Quality Assurance (NCQA) and the Joint Commission standards. Indiana, Kansas, Kentucky, Louisiana, Maryland, New Jersey, Ohio, Rhode Island, Tennessee, Vermont and the District of Columbia have adopted the CAQH standard form as their mandated or designated provider credentialing application. A final paragraph states that UPD makes it easy for providers to access, manage and revise their information at their convenience. Providers keep total control of the data, authorizing only the UPD-participating organizations of their choice. Revisions are made available instantly to authorized healthcare organizations — there's no need to contact each organization individually. On the right side of the page, there is a 'GET TEST SIZE' section with a 'PRINTED FRIENDLY' icon and a large digital display showing the number '705089'. Below this, there is a text box stating 'Physicians and other health providers are now using this industry standard for provider data collection'.

The quality partnership

A commitment to quality:

- Magellan maintains a Continuous Quality Improvement (CQI) program.
- Magellan's providers are an integral component of the quality program.

Magellan obtains meaningful input from providers through:

- Regional Network and Credentialing Committees
- Annual provider satisfaction surveys
- Provider Advisory Groups

We provide information to providers through:

- *Provider Focus* newsletter
- Provider forums and webinars
- Magellan provider website



In support of our Quality Improvement Program, providers must be familiar with our guidelines and standards, and apply them in clinical work with members.

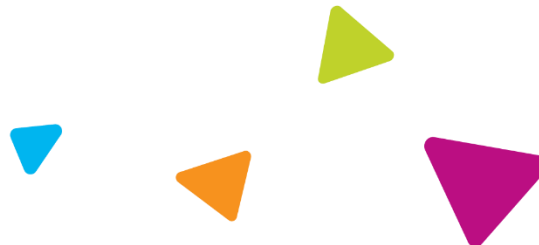
Key quality measures include:

- ① Clinical record documentation
- ② Coordination of care
- ③ Member rights and responsibilities
- ④ Notification of adverse incidents

We obtain provider feedback through various channels including provider satisfaction surveys, our national Provider Services Line and the Magellan provider website

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Magellan-paid claims requirements



Timely filing of claims:

- Commercial: 60 days par
**Calculated from date of service*
- Medicare: 60 days par
**Calculated from date of service*



Exceptions to timely filing requirements:

- Coordination of benefits claims* where Magellan is the secondary payer
- Other exceptions by health plan (requires website sign in)

**Same limits as listed to the left, except calculated from date of primary carrier explanation of benefits*



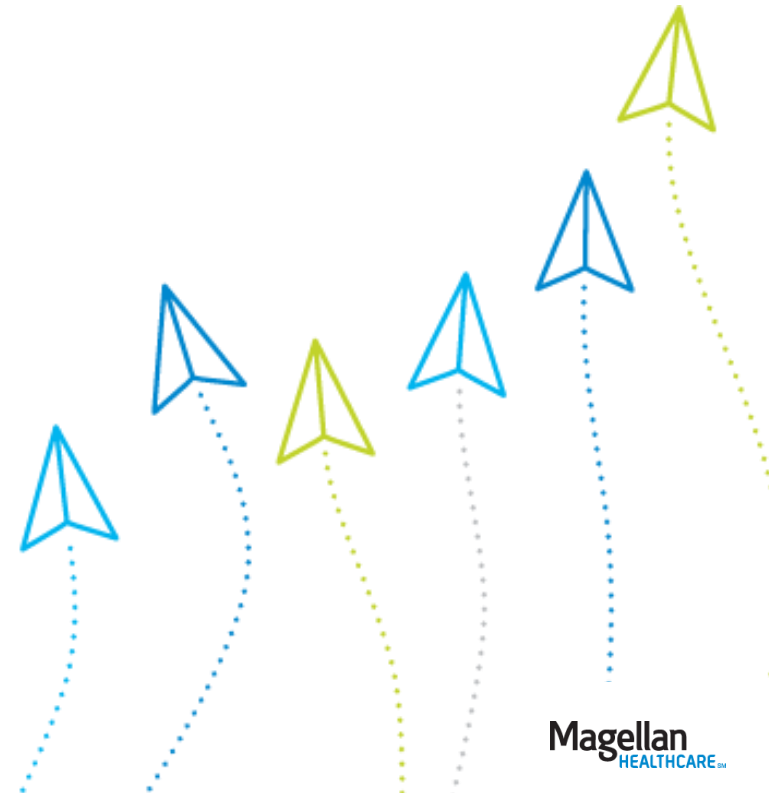
Accepted methods for submission of claims:

- Electronic Data Interface (EDI) via direct submit
- EDI via a clearinghouse
- “Claims Courier” — Magellan’s web-based claims submission tool
- CMS-1500 or UB-04

Magellan claim tips



- ✓ **Submit claims with CPT® or HCPCS** procedures on a 837P or CMS-1500.
- ✓ **Also submit with the appropriate billing modifier** in conjunction with the CPT code.
- ✓ **Include all HIPAA-compliant diagnosis codes** (ICD-10 required).
- ✓ **Hints for claim completion:**
 - Give complete information on the member (name, address, DOB).
 - Give complete provider information.
 - TIN (Tax ID Number)
 - Rendering provider name and degree
 - Billing “pay to” provider name and address
 - National Provider Identifier (NPI) for both the rendering and billing provider
 - Attach primary carrier’s explanation of benefits when billing as the secondary insurer.



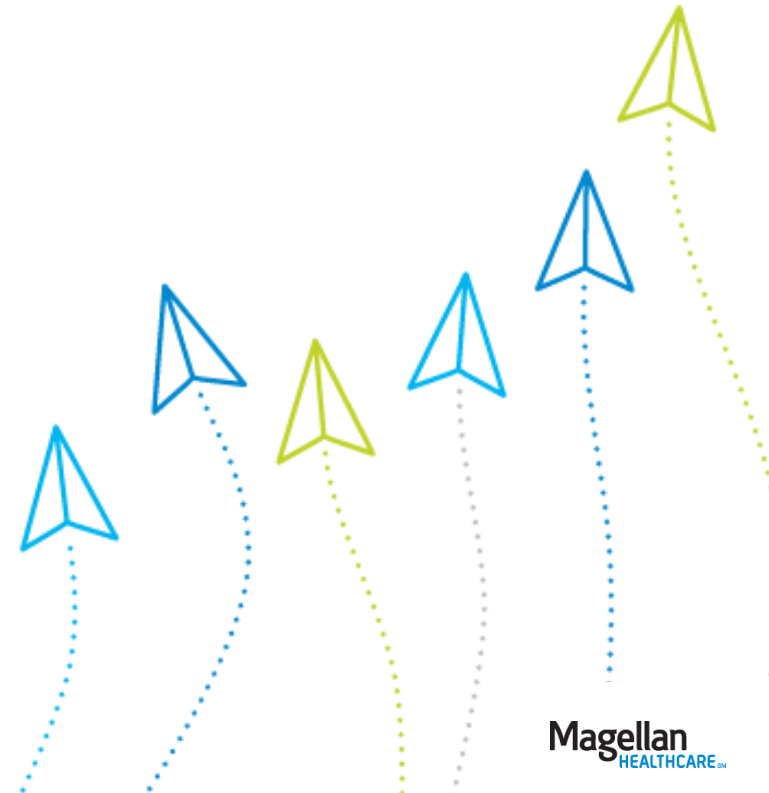
Magellan claim tips (continued)



Top reasons for claim rejection/denials:

- Missing or invalid CPT/HCPCS code
- Missing or invalid diagnosis code
- Missing or inaccurate place of service code
- Missing name and/or degree level of provider (when required)
- Missing or invalid NPI

 **For more claims tips, visit the *Getting Paid* tab at www.MagellanProvider.com.**



View claim status

- To view claim status and EOB/EOP information for Magellan members, providers must use the [Availity Essentials provider portal](https://www.availity.com), Availity.com.
- This portal requires an Availity Essentials registration/login (separate from your MagellanProvider.com login). Once logged in to Availity Essentials, you'll also be able to access MagellanProvider.com secure applications via single sign on (SSO).



The screenshot displays the Availity Essentials provider portal interface. The top navigation bar includes 'Home', 'Notifications', and 'My Favorites'. Below this, a secondary navigation bar lists 'Claims & Payments', 'Clinical', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area is divided into three columns: 'Claim Status & Payments', 'Claims', and 'EDI Clearinghouse'. The 'Claim Status & Payments' section is highlighted with a red box and contains two items: 'CS Claim Status' and 'RV Remittance Viewer'. The 'Claims' section contains 'PC Professional Claim' and 'EP View Essentials Plans'. The 'EDI Clearinghouse' section contains 'Send and Receive EDI Files', 'File Restore', 'EDI Reporting Preferences', 'Payer List', and 'Transaction Enrollment'. At the bottom, there are three tabs: 'Remittance Viewer', 'Eligibility and Benefits Inquiry', and 'Authorization Referrals'.

Enroll in electronic funds transfer (EFT)



Providers must enroll in EFT for Magellan-paid claims

What are the benefits of EFT?

- Claims payments get to your bank account more quickly than the standard process of mailing and cashing or depositing a check.
- No risk of lost or misplaced checks.
- More time to devote to your practice.
- Go to MagellanProvider.com/EFT for details on enrolling in EFT.

For most plans, you'll access your explanation of benefits (EOB) / explanation of payment (EOP) on:

- [Availity Essentials provider portal](#)
- [ECHO Health provider portal](#)
- (If using a clearinghouse) your clearinghouse's portal.

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A secure location for your transactions – *sign in and get started!*

You should receive a username and temporary password during the contracting process.

The screenshot shows the Magellan Healthcare Provider Portal. At the top, there is a navigation bar with links for Sign In, FAQs, and About Us. The main header features the Magellan Healthcare logo and a navigation menu with links for Sign In, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located on the right side of the header. The main content area is divided into several sections:

- Spotlight On...**: A section featuring a photo of a woman and a link to "Get the latest news!". Below this, it mentions that the Winter issue of Provider Focus is now online. There is also a link to "Your one-stop shop for provider inquiries" and a paragraph describing the provider services staff's readiness to help.
- WELCOME PROVIDERS**: A central section with a welcome message and a list of services and information available to providers.
- Access Services**: A list of services including checking member eligibility, submitting claims, checking claims status, requesting/viewing authorizations, electronic funds transfer, my notifications, displaying/editing practice info, and managing outcomes.
- Get Information**: A list of information resources including the provider handbook and supplements, state- and plan-specific information, EAP information, Provider Focus newsletter, clinical practice guidelines, medical necessity criteria, substance use treatment, and online demos.
- Sign In**: A section with a sign-in form (username and password), a "Remember Me" checkbox, and a "Sign In" button. There are also links for "New User", "Forgot Username?", and "Forgot Password?".
- PROVIDER focus**: A logo for the Provider Focus newsletter.
- Not a Magellan provider?**: A link to "Join the Network!".

At the bottom of the page, there is a note: "Sign in is required." and a maintenance notice: "This site may be unavailable briefly for maintenance every Thursday from 5:30 - 6:30 a.m. Central time."

Secure website features (requires sign in)



- ✓ Check eligibility and benefits and claim status (on Availity Essentials portal).
- ✓ Access autism-related forms for initial authorization and continued treatment.
- ✓ View and print EOBs (on Availity Essentials portal and/or ECHO Health provider portal).

- ✓ Submit a claim for professional services (CMS-1500).
- ✓ Access MyMessages for secure communication with Magellan staff.

Magellan website features (before sign in)



- Award-winning *Provider Focus* newsletter
- Electronic claims submission information
- HIPAA billing code set guides
- Medical necessity criteria information
- Clinical practice guidelines
- Most clinical and administrative forms
- Cultural competency resources
- Demos of all our online tools/applications (go to *Education/Online Training*)
- Plus, search for *autism* resources in our member-friendly library through Healthwise at <https://www.healthwise.net/magellanhealth>



Updating practice information



Updating your practice data is critical to all transactions with Magellan. **You must validate your practice data *quarterly*, at a minimum.**

Practice data impacts:

- Authorization notifications.
- Recredentialing notifications.
- Network/contractual-related communications.
- Provider directories.
- Claims payment.



Office managers/group administrators must be cautious when updating practitioner information, particularly when the provider maintains a solo practice and/or works for other group practices.

Updating practice information (cont'd)



What you need to do

- ✓ Access Magellan's mandatory online Provider Data Change Form (PDCF) which allows you to update your information in real time.
 1. Go to www.MagellanProvider.com
 2. Sign in.
 3. Click *Display/Edit Practice Information* from left-hand menu.
 4. Attest to the accuracy of your practice information on a quarterly basis and anytime you make an update to your information.
- ✓ Training is available online under the *Education* heading on the provider website.
- ✓ Magellan provider network staff also are available to assist with training.



The screenshot shows the 'My Practice' section of the Magellan provider portal. The left-hand menu is expanded to 'My Practice', which includes options like 'My Contact List', 'My Authorizations', 'My Claims', 'My EDI', 'My Outcomes', 'My Status', 'My Practice', 'My Reports', 'My Forms', and 'My Profile'. The main content area is titled 'My Practice Info' and contains a dropdown menu for selecting a practice (currently showing '452145028 GRANGER TEST RECORD, LILY (111111000)'). Below this, there is a warning about updating the Taxpayer Identification Number (TIN) and a red 'Attest to the accuracy of your data.' message. A section titled 'I attest that I have reviewed the data contained in the following sections:' lists several categories: General Information, Access, Specialties, Languages & Age Range, Mailing Address & Professional Email Address, and Service Address, Hours & Medicaid ID Information. Each category has a red 'i' icon and a question mark icon. At the bottom, there is a red 'I Attest' button. The bottom of the page shows a list of practice information sections: General Information, Office Contacts, Access, Specialties, Languages & Age Range, Mailing Address & Professional Email Address, Financial Address, Service Address, Hours & Medicaid ID Information, Home Address, Electronic Funds Transfer, and W-9 Form. Each section has a red 'i' icon and a question mark icon.



What you need to do – *solo clinicians*

Notify Magellan promptly **of any changes** in your individual practice information including:

- ✓ General information
- ✓ Contact information
- ✓ Access / availability
Promptly notify us if you are unable to accept referrals for any reason including:
 - Illness
 - Practice not accepting new patients
 - Professional travel, sabbatical, vacation, leave of absence, etc.
- ✓ Specialties
- ✓ Service, mailing or financial address



What you need to do – *group practices and organizations/facilities*

Notify Magellan promptly **of any changes** in your practice information including:

- ✓ General information
- ✓ Contact information
- ✓ Access / availability
Promptly notify us if you are unable to accept referrals for any reason including:
 - Illness
 - Practice not accepting new patients
 - Professional travel, sabbatical, vacation, leave of absence, etc.
- ✓ Specialties
- ✓ Service, mailing or financial address
- ✓ Practitioners departing the group practice
- ✓ New practitioners joining the group practice

Creating your provider profile



This feature on our provider website allows providers to enhance the information that members see in our online Provider Search tools. You can:

- Upload a photo
- Include a personal statement
- Share awards and distinctions
- Share top attributes



Practitioners who are part of a group also can sign into the provider website and update their profile.



Making more in-depth information about network providers available to members

helps support consumer choice and ultimately contributes to the best care and positive clinical outcomes for members.

To access the provider profile:

1. Sign into the website with your secure username and password at www.MagellanProvider.com
2. From the left-hand My Practice menu, select *Display/Edit Practice Information*
3. Click the *Provider Profile* tab

Provider Profile



Help potential clients know how you could help them by completing the Provider Profile.

My Practice

- ▶ **My Contact List**
 - Get My Messages
 - Lookup Contact Info
- ▶ **My Authorizations**
 - Check Member Eligibility
 - View Authorizations
 - View EAP Registrations
 - Request Autism Spectrum Disorder Auth
 - Request Member Care
- ▶ **My Claims**
 - Submit a Claim Online
 - View Claims Submitted Online
 - Check Claims Status
 - Submit an EASI Form
- ▶ **My EDI**
 - Submit EDI Files
- ▶ **My Outcomes**
 - Manage Outcomes
- ▶ **My Status**
 - Check Credentialing Status
 - Check Contract Status
- ▶ **My Practice**
 - Administrator Setup
 - Display/Edit Practice Information
 - Submit Online W-9
 - Display/Edit Roster
 - Manage Mail Options
 - My Notifications
- ▶ **My Reports**
 - Plan-Specific Reports
- ▶ **My Forms**

My Practice Info :: My Profile - Begin Help?

Provider Data Change Form **Provider Profile** Member Ratings Dashboard Reports

Begin Profile Awards & Publications Preview

Manage Your Profile

Enhance your profile - visible to Magellan members via our Provider Search tool - and attract new member referrals! You can upload a photo, enhance your biographical information, and share your professional attributes.

Note: To make revisions to your other practice information, please select the Provider Data Change Form tab above.

To begin, please select the TIN/MIS for this profile:

Please select...

Cultural competency



Magellan supports culturally sensitive care for our members that respects the member's cultural beliefs, practices and language preferences.

As you collaborate with us, we will ask you to employ current best practices in providing culturally competent care for our members. The following external resources will aid you (and us) in developing realistic and incremental organizational cultural competence plans.

These materials are available online at [MagellanProvider.com](https://www.MagellanProvider.com).

- [National CLAS Standards](#)
- [Georgetown University National Center for Cultural Competence](#)
- [National Center for Cultural Competence Self-assessments](#)
- [You can find our policies related to cultural sensitivity in the Magellan National Provider Handbook \(PDF\), section 4.](#)

Agenda

- Welcome to the Magellan network
- Assessment and treatment planning
- Credentialing, recredentialing and contracting
- Claim submission options
- Magellan provider website
- Wrapping up



Our commitment to you



In providing *first-class provider service*, Magellan focuses on:

- Prompt, accurate claims payment.
- Ease of credentialing and recredentialing.
- Healthy referral volume.
- Easily accessible provider resources (clinical, training, consultation, etc.).
- Secure transactions on our provider website to ensure privacy.
- Personalized service when you need assistance.

Thank You!

Questions?

For clinical questions, including those about authorization, assessment and treatment planning, contact care management at the program specific phone number (see back of the member's identification card, as this will vary).

For questions about the Magellan website functions, contracting/credentialing and claims:

- Email ProviderServices@MagellanHealth.com.
- Call the Magellan Provider Services Line at 1-800-788-4005.

The logo for Magellan Healthcare, featuring the word "Magellan" in a large, white, sans-serif font above the word "HEALTHCARE" in a smaller, white, all-caps, sans-serif font. The logo is positioned in the bottom right corner of the slide, set against a blue background that forms a large arrow pointing to the right.

Magellan
HEALTHCARE®

Legal statement



The information contained in this presentation is intended for educational purposes only. It is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment. It should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.