Provider Orientation

Magellan Providers of Applied Behavior Analysis (ABA) and Other Behavioral Rehabilitative Services for Autism Spectrum Disorders (ASD) Members
Confidentiality Statement

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Agenda

• Welcome to the Magellan Network!
• Assessment and Treatment Planning, the Authorization Process
• Credentialing, Contracting and Re-Credentialing
• Claim Submission and Tracking
• Magellan Provider Service Center website
• Wrapping Up: Supporting the Provider with First-Class Service
Welcome to the Magellan Network!

You play an important role in serving Magellan members.

With identification of children with autism spectrum disorders (ASD) increasing dramatically nationwide, coverage and services are expanding.

• A majority of states have passed or proposed legislation requiring health insurers to provide coverage for autism treatment.

• A smaller number of 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 customers are looking to Magellan to provide full-service support for this disorder.
The Provider Role: Assessment and Treatment Planning, the Authorization Process
Expectations for ABA and Other Qualified ASD Providers: Assessment and Treatment Planning

- Magellan dedicated autism care managers refer members to you.
- You fax your request for pre-authorized functional behavioral assessment units, with the diagnostic report to Magellan.
- Once you receive authorization from Magellan, you conduct initial FBA, and develop treatment plan.
- Request and obtain pre-authorization for additional services by completing the Skills process.
- Follow Magellan medical necessity criteria and clinical practice guidelines.
The Authorization and Review Process

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.

• Requesting pre-authorization is the responsibility of the provider/program/facility.
• Initial assessment and plan development is authorized in either 1-hour blocks or in 15 minute increments.
• Continuing services is authorized in 15-minute blocks.
• Complete and submit Magellan progress via your SKILLS portal see subsequent instructions.
• Frequency of authorization reviews may depend on state requirements, clinical rationale of services being requested and member clinical need for ABA services.
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

• The behavior/treatment goals that are developed by the provider based on the findings of an assessment and evaluation and will be reviewed by a Magellan Care Manager.

• Provider must submit updated treatment progress each time additional sessions are requested using their SKILLS portal.

• Autism treatment plan measurable behavioral goals and intervention plans that have been developed based on the concerns identified through the assessment and evaluation process and family priorities and subsequent data.

• Treatment plan goals will be added to the BIP builder section of the SKILLS portal by the provider.

• Families of individuals with ASD will be asked to complete a satisfaction survey regarding the services provided.
SKILLS is accessible at https://magellan.skillsglobal.com

- As with all Magellan Web-based provider applications, SKILLS data on the website will be secure.
- Initial Setup: Log into your Skills account (if you don’t know your login information, please call your Magellan Care Manager). Click on Skills training video and watch the introductory training on how to use Skills.
- All elements of Skills are available to you for all Magellan clients, however, the next slide highlights the required components.
Required Components of Skills

Once you have a client entered into Skills based on the steps outlined in the training video, the sections that must be completed in order to request a continued service authorization are:

• BIP (Behavior Intervention Plan) - this must include at least 2-4 behaviors, interventions, baseline data, and current frequency. *Do this step 1st because it will auto-populate into the reporting section.*

• Add Goals/ DATA.

• Reporting - Complete the Initial or Progress Magellan Report.

• The following sections of the report MUST be completed: Background, Current Services, Parent Training goals, and Treatment Hour Recommendation.

• Click “submit” when the above sections have been completed and you are ready to request services.
Magellan provides authorizations for the Initial FBA and plan development using H0031 code (1-hour increments) or H0032 code (15-minute increments).

For continued services, Magellan provides the authorization in units of 15-minute increments:

- Example: if 16 units of G9012 are authorized, it equates to 4 hours for supervision.
- Example: if 240 units are authorized for H2019, the authorization equates to 60 hours for direct intervention.

* Coding and unit durations may vary by region.
Magellan Clinical Policy Resources—MNC

Magellan *medical necessity criteria* for outpatient ABA require:*

• Established DSM-5 diagnosis of Autism Spectrum Disorder.
• 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 and member is making progress on their treatment goals.
• Parent/caregiver(s) are fully participating in parent training and follow-through on all treatment recommendations.

* Covered services may differ by region
Magellan’s medical necessity criteria are based on scientific evidence.

Magellan clinical leaders review the criteria annually, taking into consideration:

- Current scientific evidence
- Provider feedback.

The MNC is available at www.MagellanHealth.com/provider under Providing Care/Clinical Guidelines.
Magellan Clinical Policy Resources—CPGs

AAP Guidelines

The primary goals of treatment are to minimize the core features and associated deficits, maximize functional independence and quality of life, and alleviate family distress.


Magellan clinical practice guidelines:

- Magellan has adopted American Academy of Pediatrics (AAP) guidelines
- AAP guidelines call for more research on ABA’s effect on health outcomes, treatment efficacy

CPGs are available online at www.MagellanHealth.com/provider under Providing Care/Clinical Guidelines.
Provider Level Distinctions for ABA and Other Behavioral Rehabilitative Providers

• Initial assessment and plan development—performed by Board Certified Behavior Analyst (BCBA) using H0032 or H0031.
• Clinical supervision and treatment planning development—performed by BCBA or Licensed Mental Health Professional using G9012.
• Direct 1:1 treatment intervention—performed by bachelors/non-certified support staff-level provider H2019 and H2014.
• Caregiver training—performed by BCBA or by bachelors/non-certified support staff-level provider using S5110 or S5108.
Credentialing, Contracting and Re-Credentialing
Credentialing and Contracting

To be a Magellan network provider, you must be both credentialed and contracted.

- Magellan accepts Council for Affordable Quality Healthcare (CAQH) information for credentialing; please provide CAQH number when requesting applications.
- As an *accredited CVO*, Magellan verifies with state boards and agencies, national certification boards, accrediting bodies and other applicable entities the status of a provider’s: license, certifications, malpractice insurance, education and training.
- The Regional Network and Credentialing Committee reviews completed credentialing applications and renders credentialing decisions.
Group Contracting

To be an in-network group provider, the group must be contracted with Magellan AND certain practitioners within the group must be individually credentialed by Magellan.

- A master’s or doctoral level practitioner who is a member of a contracted group must be individually credentialed by Magellan to be eligible to receive referrals as an in-network provider.
- A group member who leaves the group practice is no longer considered a Magellan in-network provider unless the practitioner is also contracted under an individual provider participation agreement with Magellan AND has an active Taxpayer Identification Number (TIN).
- Groups must notify Magellan when staff join or leave their practice.
Organizational Contracting

To be an in-network group provider, the agency/organization must be contracted with Magellan AND must be organizationally credentialed.

- Agencies must either be accredited by JCAHO, CARF, or COA and/or hold acceptable program/agency licensure to meet organizational credentialing standards.
- Typically, individual provider credentialing within the agency is not required; however, only those practitioners that meet Magellan’s individual credentialing standards may treat members.
- 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.
Recredentialing

• Must be completed once every three years.
• You will receive notice prior to your credentialing anniversary date that re-credentialing is needed.
• Please follow the instructions on the website for submission.
• Magellan accepts CAQH for re-credentialing; please maintain your CAQH updates; you will NOT receive notification of the need to re-credential; you will receive a letter notifying you of successful re-credentialing.
• Return/complete re-credentialing applications within 30 days of receipt.
Helpful Hints for Credentialing and Contracting

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

• Make sure you indicate the one TIN number with which you will bill on your 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 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 & 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
Claim Submission and Tracking
Claim Tips

Claims with CPT or HCPCS procedures should be submitted on a 837P or CMS-1500.

Hints for claim completion:

• Give complete information on the member (name, address, DOB).
• Give complete provider information (TIN, Individual provider name and degree, rendering provider name and address, billing “pay to” provider name and address, National Provider Identification [NPI] number for both the rendering and billing provider).
• Attach primary carrier’s Explanation of Benefits.
• Include all HIPAA-compliant diagnosis codes (ICD-9 required).
• Include the appropriate billing modifier in conjunction with the HCPCS.
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
Claim Submission Options

Three electronic submission options…

#1 Claims Courier

- Claims Courier (*Submit a Claim Online*) is a Web-based data entry application for providers submitting professional claims on a claim-at-a-time basis.
  - Accessible after sign-in on Magellan’s provider website.
  - Claims Courier streamlines the claims process by eliminating the middleman.
  - No charge to the provider.
Claim Submission Options (continued)

#2 Direct Submit

- Primarily for high-volume claim submitters, but there is no minimum number necessary for submission.
- HIPAA-compliant 837 files can be sent directly to Magellan.
- Magellan offers our providers the EDI Direct Submit testing application, which is an electronic claims tool available on an EDI-dedicated website at www.edi.MagellanProvider.com.
- Direct Submit streamlines the process by eliminating the middleman
- No charge to the provider.
Claim Submission Options (continued)

#3 Claims Clearinghouses

Act as a middleman between the provider and Magellan, and can transform non-HIPAA compliant format to compliant 837.

Magellan accepts 837 transactions from the following clearinghouses:

- PayerPath (formerly Mysis and also known as Allscripts)
- Capario (formerly MedAvant Healthcare Solutions and ProxyMed)
- Availity (formerly THIN)
- Emdeon Business Services (formerly WebMD)
- NaviNet Claims (also known as AmpMed Corporation)
- RelayHealth (also known as McKesson)
- Gateway EDI.

Note that there may be charges from the clearinghouses.
Checking Claims Status

• Sign in on Magellan provider website.
• Select “Check Claims Status” from menu.
• Search for claim by member or subscriber name, date of service, etc.
• Can view claim details such as check number, date and payment method.
• If claim is denied, reason code and description provided.
• Contact instructions available if provider has questions.
• Can view EOB online.
Magellan Provider Website
www.MagellanHealth.com/provider

A secure location for your provider transactions.

Sign in and get started!
Secure Magellan Provider Website Access

Initial sign-in for individual providers:

• User Name = MIS number (Magellan system identifier)
• Password = year of birth & last four digits of TIN/SSN (whichever number you bill under)

Group users:

• User Name = Group MIS number
• Password = 2003 & last four of the group TIN
• Administrator grants access to other group personnel

Facility users: Same process as Group users
Secure Magellan Provider Website Features

• Check member eligibility (for most customer plans)
• Update practice information immediately with our online provider data Change form
• Edit your provider profile – visible to members when they use the provider search feature on the Magellan member website
• Check your credentialing and contracting status
• Obtain an initial authorization for routine outpatient services (for specific customer plans)
• Check on authorization requests and download authorization reports
• Print authorization letters and EOBs online
• Submit a claim for professional services (CMS-1500) and check on claim payment status
• View your outcomes reports
• Complete your recredentialing application
• Register for Electronic Funds Transfer
• Access MyMessages for secure communication with Magellan staff
Open Magellan Provider Website Features

- Online SKILLs training program
- Provider Focus behavioral health newsletter
- Electronic claims submission information
- MNC and Clinical Practice Guidelines
- Clinical and administrative forms
- Cultural competency resources
- Training opportunities
- Demos of all our online tools/applications
- And much more!

**Plus...Autism Resource Center on member site at**
Magellan Provider Data Changes

• On the provider site, edit your practice information whenever updates are needed.
• Accurate provider data is key to effective provider transactions and communication.
• Groups must notify Magellan when a practitioner leaves or joins their group.
• Group association form must be completed to add a new group member.
• Only a practitioner may request a change to his or her mailing address.
• Requests to change financial addresses must be submitted in writing.
Wrapping Up: Supporting the Provider with First-Class Service
Our Commitment to You, the Provider

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

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

Continuing education (CE) credits available at no charge to our contracted providers through our online education partner, Relias.

- Sign in on the website to begin
- Navigate to Education/CEUs and CMEs

Literally hundreds of specialized courses available to providers. No less than four courses on treating ASDs are available through our site.
Provider Contacts and Help

[List field network regional contacts, phone numbers and e-mails]

Your care management center for eligibility, authorization and claims questions at [phone number]

Magellan Provider Services Line: 1-800-788-4005
Thanks!