

# Magellan Provider Orientation

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FOR GROUPS AND INDIVIDUAL  
PROVIDERS IN CALIFORNIA

November 2020

**Magellan**  
HEALTHCARE®

# Agenda



- » Who is Magellan?
- » What does it mean to be a Magellan provider?
- » Updating practice information
- » Member eligibility and benefits
- » Member access to care
- » Outpatient care management
- » Commitment to quality improvement

- » Employee Assistance Program (EAP)
- » Credentialing and recredentialing
- » Magellan contract
- » Magellan-paid claims
- » Electronic funds transfer
- » Balance billing prohibition
- » Magellan provider website

# Who is Magellan?



## Types of customers we serve:

1

### Health plans

- Blue Shield of California (BSC)
- Western Health Advantage (WHA)
- State of California (SOC)
- Positive Healthcare
- Health Plan of San Mateo



2

### Employee Assistance Programs (EAP)

Providers will need to complete an EAP Addendum and Attestation

# What does it mean to be a Magellan provider?



**Being a Magellan provider means you share Magellan's commitment to providing quality care; this commitment is demonstrated by:**

- **Complying with credentialing** requirements in a timely manner
- **Obtaining authorization** of care as required by the member's benefit plan
- **Rendering care** in accordance with Magellan's clinical practice guidelines when clinically appropriate
- **Participating in treatment record reviews** when requested
- **Informing members** of their rights and responsibilities and the importance of collaborating with their primary care providers and others involved in their healthcare
- **Initiating and maintaining ongoing communication** with the primary care provider when authorized by the member
- **Submitting complete claims** in a timely manner



# Updating practice information



**Updating your practice data is critical to all transactions with Magellan.**

## 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 (continued)



## What you need to do – solo clinicians

Notify Magellan within 10 business days 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

# Updating practice information (continued)



## What you need to do – group practices

Notify Magellan within 5 business days 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

# Updating practice information (continued)



## What you need to do



Magellan's **mandatory** online Provider Data Change Form (PDCF) allows you to update your information in real time

- Go to [www.MagellanProvider.com](http://www.MagellanProvider.com)
- Sign in to the secure network
- Click *Display/Edit Practice Information* from left-hand menu
- Attest to the accuracy of your practice data on a quarterly basis



Training is available online under the *Education* heading on the provider website



Magellan network staff members also are available to assist with provider training



# Provider Data Change Form

**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
  - Medicaid Disclosure
- ▶ My Profile
  - Change Password
  - Edit My Profile
  - Change Challenge Question

**My Practice Info** Practice Information


Provider Data Change Form | Provider Profile | Member Ratings | Dashboards Reports

Select from the options below to edit your practice information.

452145028 GRANGER TEST RECORD, LILY (111111000) ▼

**To change your billing Taxpayer Identification Number (TIN), you must complete and submit a [Form W-9](#).**



**Attest to the accuracy of your data.**


**You must click on each of the sections indicated with a  below, review your information (and update as needed), then click "I Attest".**



**I attest that I have reviewed the data contained in the following sections:**



- General Information
- Access
- Specialties, Languages & Age Range
- Mailing Address & Professional Email Address
- Service Address, Hours & Medicaid ID Information



**I Attest**


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 

W-9 Form 

# 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 now have the ability to sign in to 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 in to the website with your secure username and password at [www.MagellanProvider.com](http://www.MagellanProvider.com)
2. From the left-hand My Practice menu, select *Display/Edit Practice Information*
3. Click the *Provider Profile* tab

# Provider Profile



### My Practice

- ▶ **My Contact List**
  - Get My Messages
  - Lookup Contact Info
- ▶ **My Authorizations**
  - Check Member Eligibility
  - View Authorizations
  - View EAP Registrations
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  - 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:



# Member eligibility and benefits



**Benefits are not the same** for all members with the same health plan



**When required, obtain authorization** prior to treating the member



**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

# Member access to care



**Our access-to-care standards enable members to obtain behavioral health services from an in-network provider within a timeframe that reflects the clinical urgency of the situation.**

## YOU MUST:

- » Provide access to services 24 hours a day, seven days a week
- » Inform members of how to proceed, should they need services after business hours
- » Respond to telephone messages within 1 business day
- » Provide immediate emergency services when necessary to evaluate or stabilize a potentially life-threatening situation
- » Provide services within 6 hours of a referral in an emergent situation that is not life-threatening
- » Provide services within 48 hours of a referral in an urgent clinical situation (EAP members within 24 hours)
- » Provide services within 10 calendar days of referral for routine clinical services and within 15 days for psychiatrist (EAP members within 3 business days)
- » Prevent wait time from exceeding 15 minutes beyond scheduled appointment time

# Outpatient care model



## Magellan Healthcare's outpatient care management model:



Reduces provider administrative tasks



Identifies and addresses gaps in behavioral health services and coordination



Expedites direct access to care



*Our objective is to work with providers to make sure that the members we jointly serve have the best opportunity to return to whole health and productivity.*

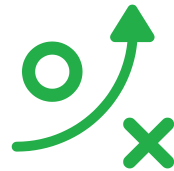
# Key components of our outpatient care model



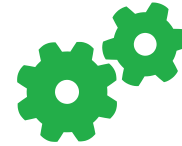
## The model works by:



**Removing administrative processes** often perceived as access barriers, such as preauthorization and treatment request forms



**Using proprietary evidence-based, clinically driven** claims algorithms to identify only those cases needing care management support or other intervention



**Reviewing all submitted claims** against the clinical algorithms

# What does it mean for providers?



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**You can initiate routine outpatient services**



including counseling and medication management visits for members, without calling Magellan or obtaining preauthorization through our website

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**Less time spent on the phone or online**



with Magellan to obtain authorization for routine outpatient care that meets criteria for continuation

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**Reduced administrative burden**



providing more time for you to spend with your patients and your practice

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**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:

- Clinical record documentation
- Coordination of care
- Member rights and responsibilities
- Notification of adverse incidents
- Monitoring of atypical antipsychotic medication

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

# Employee Assistance Program (EAP)



## EAP Registration

- All members must be registered for EAP.
  - Members will contact Magellan for a registration and obtain a MAT number (case number).
  - Providers need to go to [www.MagellanProvider.com](http://www.MagellanProvider.com) and sign in to the secure network, then click on **View EAP Registrations** from the left-hand menu to complete the registration
  - A demo is available for this tool under Education/Online Training. Scroll down to the bottom of the page and click EAP Registration under the EAP section.

## EAP (continued)



- An EAP handbook supplement is available under the *News and Publications* section.
- EAP Forms are available under the heading *Forms*. They also are available on the member's registration.
- **Reimbursement**
  - An EASI form is used to submit reimbursement requests to Magellan.
  - Submit via our online portal, [www.MagellanProvider.com](http://www.MagellanProvider.com). Sign in to the secure network and click on Submit an EASI Form.
  - A demo is available for this tool under Education/Online Training. Scroll down to the bottom of the page and click EASI Form Demo under the EAP section.



## OUR POLICY



Magellan providers 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 render services to Magellan members as in-network providers.



Magellan does not permit services to be rendered by non-licensed clinicians under the supervision of a licensed, credentialed practitioner.



Clinicians affiliated with a group practice must complete the individual credentialing process in order to render covered services to Magellan members.

# Recredentialing procedures



Ensure that you complete and return your application in a timely manner; not meeting recredentialing timeframes is the most common reason for involuntary termination from the network

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

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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. We send a notice to providers only if we cannot access a CAQH application.
3. We mail a notification six months prior to the credentialing anniversary, to the mailing address on record for the practitioner. The notification explains the three options available for completing recredentialing:
  - Complete the recredentialing application on the Magellan provider website.
  - 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.
  - Request a paper recredentialing application.
4. 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 with a future termination date. Final notification issued to mailing address on file for the practitioner.



## 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 practitioners within the group must be individually credentialed by Magellan.
2. A group member 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 or initiate a credentialing application*
- If the new group member is not already Magellan-credentialed, **have him/her begin the credentialing process**; this must be completed before the provider is eligible to receive referrals
- **Make sure all necessary documentation is completed** in order to affiliate a practitioner to your practice, including a Group Association Form and current malpractice information



# Magellan-paid claims requirements



## Timely filing of claims:

- Commercial:  
90 days par  
*\*Calculated from Date of Service*
- Medicare:  
90 days par  
*\*Calculated from Date of Service*



## Exceptions to timely filing requirements:

- COB claims where Magellan is the secondary payer  
  
*\*Same limits as listed to the left, except calculated from date of Primary Carrier EOB*



## 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

# Electronic funds transfer (EFT)



**It is mandatory that providers sign up for 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

## Explanation of Benefits (EOB) are available on

[www.MagellanProvider.com](http://www.MagellanProvider.com)

- Sign into the secure network
- Click on *Check Claims Status* from the left-hand menu
- Click on the EOB Search on the top tab

# Check claims status



- My Practice**
- ▶ **My Contact List**
  - Get My Messages
  - Lookup Contact Info
- ▶ **My Authorizations**
  - Check Member Eligibility
  - View Authorizations
  - Get Initial Outpatient Authorization
  - Get More Outpatient Authorizations
- ▶ **My Claims**
  - Submit a Claim Online
  - View Claims Submitted Online
  - View Rejected Claims
  - Check Claims Status
- ▶ **My Outcomes**
  - Manage Outcomes
- ▶ **My Status**
  - Check Credentialing Status
  - Check Contract Status
  - Check Rates
- ▶ **My Practice**
  - Administrator Setup
  - Display/Edit Practice Information
  - Display/Edit Roster
  - Manage Mail Options



Check Claims Status (Claim Report) :: [Claim Search](#) [Help?](#)

[Check Claim Status](#) [EOB Search](#)

**Provider TIN: \***

*\* Required Field*

**Enter data for at least ONE of the following search options.** You may use more than one option to narrow your search results.

**Member Information** ?

and/or

Last Name:  First Name:

Date of Birth: (mm/dd/yyyy)  Member No.:

**Subscriber Information** ?

and/or

Last Name:  First Name:  Subscriber No.:

**Date of Service** ?

and/or

From: (mm/dd/yyyy)  31 To: (mm/dd/yyyy)  31

**Other Information** ?

and/or

Claim No.:  Check No.:

*Enter only last 5 to 7 digits of check number. Omit leading zeros.*

**Status:**

In Process  Completed  Finalized



# Balance billing prohibition



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Members cannot be billed for the difference between your usual and customary charge and your contracted rate; this practice is called “balance billing” and is prohibited under the terms of your Magellan Provider Participation Agreement



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Members may only be billed for missed appointments if you have a specific and clear policy of your billing practice for missed appointments and the policy is signed by the member

- Members cannot be billed for more than the contracted rate of the missed appointment
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# MagellanProvider.com

## Features:

- User guides/demos
- National provider handbook and supplements
- *Provider Focus* newsletter
- Eligibility and benefits information
- Authorization inquiry
- Provider Data Change Form
- Provider Profile
- Claims inquiry
- *Claims Courier*
- Electronic claim submission information
- EDI Testing Center
- Companion guides for various transaction types
- HIPAA billing code set guides
- EAP information and forms
- EAP online billing
- Recredentialing form for solo practitioners
- Clinical practice guidelines
- Medical necessity criteria



# Helpful online information



The following information is available on [www.MagellanProvider.com](http://www.MagellanProvider.com)

- Under the topic *Providing Care/Clinical Guidelines*
  - Clinical Practice Guidelines
  - Medical Necessity Criteria (MNC)
  - Substance Use Solutions
  - Psychological Testing guidelines
- Under the topic *Getting Paid/Electronic Transactions*
  - List of contracted clearinghouses
- Under the topic *Forms/Clinical*
  - Clinician Communication Form
  - Member's Rights and Responsibilities
- Under *News & Publications/State-, Plan- and EAP-Specific Information*
  - Quick reference guides, handbook supplements, and more for:
    - Blue Shield of California
    - California (statewide)

# Thank you

*The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.*



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