



## Targeted Case Management and Community Behavioral Health Services Changes to Billing Process Frequently Asked Questions

Question	Answer
What's changing?	Effective July 1, 2021, you will <b>bill Magellan directly for <i>targeted case management and community behavioral health services</i></b> that you provide to enrollees in a Dual Eligible Special Needs Plans (D-SNP), under The Agency for Health Care Administration (AHCA). Previously, you billed these services to AHCA.
To what Dual Eligible Special Needs Plans does this change apply?	This change applies to the D-SNPs that Magellan manages for Doctors Healthcare and CarePlus Health plans.
Does this change only apply to Dual Eligible Special Needs Plan enrollees?	Yes, this change only applies for D-SNP enrollees.
How do I submit claims for TCM and/or CBH services?	We encourage providers to submit claims electronically by utilizing either direct submit, an approved clearinghouse, or Magellan's online claims application, <i>Submit a Claim Online</i> , at <a href="http://www.MagellanProvider.com">www.MagellanProvider.com</a> (requires sign in). Magellan's Payer ID number is 01260.
My facility only performs TCM services. How does the addition of CBH affect my contract?	Your contract will not be impacted for TCM services if you are enrolled with AHCA as a TCM provider and only provide TCM services. You will not be eligible for CBH referrals.
Can I negotiate my reimbursement rates for TCM and CBH with Magellan?	Magellan rates correspond to AHCA rates for these services. Rates are non-negotiable.
With the addition of CBH services, is another level of certification or credentialing required?	No, if you have previously completed the credentialing process successfully, no further credentialing is required to add CBH services to your contract. However, you must be enrolled with AHCA as "Provider Type-Community Behavioral Health Services."
Do I need to do anything before I provide TCM or CBH services via telehealth?	During the COVID-19 crisis, Magellan is not requiring providers to complete a telehealth attestation prior to delivering services virtually. We do encourage providers to complete the attestation so that you will be listed as a telehealth provider in our directory.  Complete the attestation at <a href="http://MagellanProvider.com/telehealth">MagellanProvider.com/telehealth</a> .
As a provider, how do I determine if the patient/member is eligible for D-SNP benefits?	You can verify member benefits by contacting the health plan or the toll-free number on the back of the member's ID card.