Magellan Healthcare, Inc.*

Provider Handbook Supplement for MedStar Family Choice Plan

Revised November 2021

Magellan HEALTHCARE®

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SECTION 1: INTRODUCTION

Welcome

Welcome to the Magellan Healthcare Provider Handbook Supplement for the Medstar Family Choice District of Columbia (MFC DC) plan. This document supplements the Magellan National Provider Handbook, addressing policies and procedures specific for MFC DC. This provider handbook supplement is to be used in conjunction with the Magellan National Provider Handbook (and Magellan organizational provider supplement, 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 MFC DC supplement prevail.

Contact Information

If you have questions, Magellan is eager to assist you. We encourage you to visit our MFC DC dedicated webpage at www.MagellanProvider.com/MedStar. You can find a wealth of resources at www.MagellanProvider.com. You can look up authorizations and verify the status of a claim online at this provider site, in addition to completing other key provider transactions. We have designed our website for you to have quick and easy access to information and answers to questions you may have about working with Magellan.

- For authorizations, claims status inquiries and complaints and grievances, contact us at 1-800-777-5327.
- For general inquiries, contact Magellan's Provider Services Line at 1-800-788-4005.
- For network specific inquiries email us at DCProviderNetwork@MagellanHealth.com.

MedStar Family Choice District of Columbia Introduction

MedStar Family Choice District of Columbia (MFC DC) has partnered with Magellan to manage the delivery of behavioral health services for MFC DC enrollees. MFC DC is a managed care organization contracted by the District of Columbia Department of Health Care Finance to provide services to enrollees in the District of Columbia Healthy Families and District of Columbia Healthcare Alliance programs. MFC DC is a subsidiary of MedStar Health, a large not-for-profit, regional healthcare system that has a network of ten hospitals, ambulatory and urgent care locations, home care services, physician offices and other healthcare related businesses across the Washington DC and Maryland region.

Prior to rendering services, providers must verify enrollees are assigned to MFC DC and are eligible for benefits.

Eligibility Contact Information

District of Columbia Government Medicaid IVR system

1-202-906-8319 (inside DC Metro area)
1-866-752-9233 (outside DC Metro area)

District of Columbia website: www.dc-medicaid.com

Covered Services

The Department of Health Care Finance (DHCF) has designated specific behavioral health services to be the responsibility of the managed care plans in the District of Columbia as well as services that remain covered through the DC Department of Behavioral Health (DBH). For additional detail on specific covered services please also see DHCF transmittals #18-23 and #19-26.

- Inpatient psychiatric hospitalization
- Psychiatric residential treatment facility (for enrollees under age 22)
- Mental health partial hospitalization program
- Mental health intensive outpatient program
- Mental health outpatient services
    - Diagnostic and assessment services
    - Individual, group and family counseling
    - Federally Qualified Health Center (FQHC) behavioral health services
- Medication treatment
- Pediatric behavioral health services (in school setting with specified requirements)
- Substance use disorder outpatient services (clinic and other licensed professional services)
- Withdrawal management and residential substance use disorder (within the in-lieu-of limit)

For services that remain fee-for-service Medicaid, Magellan will coordinate with DBH:

- Care coordination, complex case management and transportation for enrollees receiving services through DBH certified entity
- Community-based interventions
- Multi-systemic therapy (MST)
- Assertive community treatment (ACT)
- Community support
- Recovery support services
- Vocational supported employment
- Clubhouse services
- Crisis services

Magellan will also coordinate referrals to DBH for SUD outpatient rehabilitation services.

Magellan does not manage the following services, as these are provided by the DBH:

- Community-based interventions
- Multi-systemic therapy (MST)
- Assertive community treatment (ACT)
- Community support services
- Recovery support services
- Vocational supported employment
- Clubhouse services

SECTION 2: MAGELLAN'S PROVIDER NETWORK

Network Provider Training

Our Philosophy

Magellan is dedicated to ensuring participating providers who render services to eligible enrollees complete certain required trainings.

Our Policy

Upon completion of credentialing and contracting, in-network providers are offered an orientation and training. Additional trainings are conducted through various media and are also available on our website.

What You Need to Do

Your responsibility is to:

- Complete the required Provider Orientation and training within 30 days of joining the Magellan network.
- Attest to completion of the annual Cultural Competency training.
- Complete the annual Fraud, Waste and Abuse (FWA) training.
- Complete other annual trainings including but not limited to the complaints and grievance process, appeals process, and claims policies and procedures.

What Magellan will Do

Magellan's responsibility is to:

- Develop pertinent trainings.
- Make trainings available at www.MagellanProvider.com/MedStar.

SECTION 2: MAGELLAN'S PROVIDER NETWORK

Licensed Graduates Network Participation

Our Philosophy

Magellan is dedicated to ensuring participating providers who render services to eligible enrollees adhere to all licensing supervision requirements.

Our Policy

Licensed graduates adhering to all licensing supervision requirements are allowed to render services to MedStar Family Choice District of Columbia (MFC DC) enrollees.

What You Need to Do

Your responsibility is to:

- Adhere to all licensing supervision requirements in accordance with the federal and state laws and regulations including applicable Department of Health Care Finance standards.
- Upon achieving full licensure practitioners working in group practice settings must apply to Magellan Health for credentialing as a rendering clinician.

What Magellan will Do

Magellan's responsibility is to credential fully licensed practitioners in group practice setting, in accordance with the National Committee for Quality of Assurance (NCQA) criteria and requirements.

SECTION 3: THE ROLE OF THE PROVIDER AND MAGELLAN

Website

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 provider website at www.MagellanProvider.com is our portal for provider communication. Information specific to MedStar Family Choice District of Columbia (MFC DC) is located under *State- and Plan-Specific Information*. Our website is continually updated with the latest information to assist you in treating District of Columbia Medicaid enrollees.

You can find a wealth of information on the provider website, including access to the Magellan National Provider Handbook and the Medstar Family Choice District of Columbia (MFC DC) handbook supplement, cultural competency and other web-based trainings, the *Provider Focus* newsletter, and other helpful material to assist you with navigating your way around Magellan.

What You Need to Do

Your responsibly is to visit the website regularly to ensure you have the most recent information.

What Magellan will Do

Magellan's responsibility is to provide pertinent and up-to-date information.

SECTION 3: THE ROLE OF THE PROVIDER AND MAGELLAN

Enrollee Access to Care

Our Philosophy

Enrollees must have timely access to appropriate mental health, substance abuse, and/or Employee Assistance Program services from an in-network provider 24 hours a day, seven days a week.

Our Policy

Magellan Health Access to Care standards enables enrollees to obtain behavioral health services from an in-network provider within a timeframe that reflects the clinical urgency of their situation.

What You Need to Do

Your responsibility is to:

- Provide access to services 24 hours a day, seven days a week.
- Inform enrollees of how to proceed should they need services after business hours.
- Provide coverage for your practice when you are not available, including, but not limited to, an answering service with emergency contact information.
- Respond to telephone messages from Magellan and/or enrollees in a timely manner.
- Provide immediate emergency services when necessary, to evaluate or stabilize a potentially life-threatening situation.
- Provide services within 24 hours of referral from Magellan in an urgent clinical situation.
- Provide services within 30 business days of referral for routine clinical situations.
- Provide follow-up services to routine care (does not include medication management or group therapy).
- Provide services within seven (7) days of an enrollee's discharge after an inpatient stay.
- For continuing care, continually assess the urgency of enrollee situations and provide services within the timeframe that meets the clinical urgency.
- Complete Magellan's appointment availability surveys to assist us in evaluating whether our network meet access expectations and standards for all required level of care.
- Notify Magellan if you are not able to meet these standards or are unable to accept new referrals for any extended time period.

What Magellan will Do

Magellan's responsibility is to:

- Communicate the clinical urgency of the enrollee's situation when making referrals.
- Assist with follow-up service coordination for enrollees transitioning to another level of care from an inpatient stay.
- Request your participation in appointment availability surveys.

SECTION 4: THE QUALITY PARTNERSHIP

A Commitment to Quality

External Quality Review Organization (EQRO)

Our Philosophy

Magellan is committed to supporting the role of the External Quality Review Organization (EQRO)s, and in assessing the quality, timeliness, and access to healthcare services for DHFC enrollees. An EQRO is an organization that meets the competence and independence requirements set forth in 42 C.F.R. 438.354, and performs external quality review, other EQR-related activities set forth in 42 C.F.R. 438.358, or both. An EQRO may perform reviews and audits to ensure compliance with contractual requirements. The reviews and audits may include, but not be limited to: desktop review of materials; on-site visits; staff and enrollee interviews; medical record reviews; policies and procedures; corrective action plans; and staff and provider qualifications.

Our Policy

In support of EQRO activities, Magellan may request participation from providers. It is important that providers are timely in responding to requests for materials, including enrollee medical records, policies, and procedures, and other documentation as requested by the EQRO, and allow the EQRO on-site access as requested.

What You Need to Do

Your responsibility is to:

- Comply with requests for documentation and/or on-site access.
- Provide information in a timely manner, including any files and records as requested by the EQRO.
- Be responsive to questions asked by the EQRO and/or Magellan staff.
- Participate in developing and implementing a corrective action plan, if required.

What Magellan Will Do

Magellan's responsibility is to:

- Advise you in writing if documentation is required to support EQRO activities.
- Advise you if the EQRO activity will include an on-site visit.
- Notify you of the results of the EQRO review, if Magellan has been notified.
- Work with you to develop a corrective action plan, if required.

SECTION 4: THE QUALITY PARTNERSHIP

Cultural Competency

Our Philosophy

Magellan is committed to embracing the rich diversity of the people we serve.

Our Policy

Magellan provides cultural competency training, technical assistance, and online resources to help providers enhance their provision of high quality, culturally appropriate services.

What You Need to Do:

Your responsibility is to:

- Complete cultural competency training as required by DHCF guidelines.
- Annually attest to completion of training.

What Magellan Will Do:

Magellan's responsibility is to:

- Provide education and training materials. Information regarding cultural competency can be located on Magellan website: www.MagellanProvider.com/MedStar.
- Maintain attestation repository.

SECTION 4: THE QUALITY PARTNERSHIP

Complaint and Grievance Process

Our Philosophy

A grievance is an oral or written expression of dissatisfaction about any matter ***other than an adverse benefit determination*.** Grievances may include, but not limited to, the quality of care or services provided, and any aspect of operations, activities, or behavior of the plan.

Our Policy

An enrollee or provider may contact Magellan to file, make, or request for a grievance. Magellan is committed to support this process and provide timely responses. Any enrollee may file a grievance at any time with Magellan Healthcare.

What You Need to Do

Your responsibility is to:

- Assist the enrollee in filing grievance at any time in writing or by telephone.
- To file grievance call enrollee services or write to:

  Magellan Healthcare
  Attn: Complaints/Grievances
  14100 Magellan Plaza
  Maryland Heights, MO 63043
  Telephone: 1-800-777-5327; TTY: 711
  Fax: 1-888-656-5034

What Magellan Will Do

Magellan's responsibility is to:

- Assist enrollee if needed in filing a grievance or help of interpreter.
- Send an acknowledgment letter within two days of receiving the grievance.
- Make reasonable efforts to provide an oral notice.
- Send a decision letter to the enrollee within 90 days of receiving the request.

SECTION 4: THE QUALITY PARTNERSHIP

Appeals

Our Philosophy

Enrollees are made aware of the right to appeal and how to proceed with an appeal in the written coverage determination notice resulting from an adverse decision. If an enrollee does not agree with the Magellan's decision, he/she may file an appeal by calling or writing Magellan.

Our Policy

A denial of services is an adverse decision in response to an enrollee request for service, continuation of service or modification of services. If the enrollee does not agree with Magellan's determination as outlined in the notice of adverse benefit determination, he/she may file an appeal. Enrollees have 60 calendar days from the date of the notice to ask Magellan Healthcare for an appeal. Additionally, a provider has 60 calendar days from the date of the notice to appeal on behalf of an enrollee.

What You Need to Do

Your responsibility is to:

- Support the enrollee's right to appeal.
- The enrollee may ask for expedited appeal if he/she or the treating doctor believe waiting too long for a decision could harm the enrollee's heath.
- The enrollee may ask for an expedited appeal by calling Magellan.
- The provider may ask for an expedited appeal if the enrollee is still receiving inpatient level of care.
- The enrollee or provider may ask for a standard appeal. Magellan has 30 days after receiving the appeal to make a decision.
- To file an appeal, the enrollee or authorized representative or provider may write to:

  Magellan Healthcare
  P.O. Box 1718
  Maryland Heights, MO 63043
  Fax: 1-888-656-5712

Fair Hearing

If the enrollee disagrees with Magellan's decision, he/she has the right to ask for a fair hearing after exhausting the appeal process; it must occur within 120 days calendar days from the date the appeal resolution notice to uphold the adverse determination was issued. The enrollee may represent themselves at the fair hearing, or name someone else to be the representative. This could be a doctor, relative or any other person.

What Magellan Will Do

Magellan's responsibility is to:

Review a decision about the enrollee's care when a standard appeal is requested. The enrollee must file the appeal **within 60 days** of the date of the notice of adverse benefit determination. If the time for a standard resolution could jeopardize the enrollee's life, health or ability to attain, maintain or regain function, an enrollee, or authorized representative may request an expedited appeal in writing or orally. Expedited appeals are not for denied claims but for healthcare services only.

SECTION 4: THE QUALITY PARTNERSHIP

Enrollee Rights and Responsibilities

Our Philosophy

Magellan protects the rights and responsibilities of all enrollees.

Our Policy

To ensure that you are aware of all enrollee rights and responsibilities that promote effective behavioral healthcare delivery and enrollee satisfaction, as well as reflecting the dignity, worth, and privacy needs of each enrollee.

What You Need to Do

Your responsibility is to:

- Comply with the requirements of the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act of 1973 to deliver services in a manner that accommodates enrollee needs by:
    - Providing flexibility in scheduling.
    - Ensuring that individuals with disabilities are provided with reasonable accommodations to ensure effective communication, including auxiliary aids and services. Reasonable accommodations will depend on the particular needs of the individual, and include, but are not limited to, ensuring safe and appropriate physical access to building, services and equipment.
- Review with enrollees in your care that they have the right to have written information and vital documents translated into any non-English language if that language is spoken by a limited or non-English proficient population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered or likely to be served or encountered.

What Magellan Will Do

Magellan's responsibility is to:

- Keep you informed of enrollee rights and responsibilities.

SECTION 4: THE QUALITY PARTNERSHIP

Fraud, Waste and Abuse

Our Philosophy

Magellan takes provider fraud, waste and abuse very seriously. Magellan engages in considerable efforts and dedicates substantial resources to prevent these activities and to identify those committing violations. Magellan fully supports all state and federal laws and regulations pertaining to fraud, waste, and abuse in healthcare and will cooperate with enforcement of these laws and regulations.

Our Policy

Magellan will fully cooperate and assist the District of Columbia, Department of Healthcare Finance (DHCF) and any state or federal agency in identifying, investigating, sanctioning or prosecuting suspected fraud, waste, or abuse. Magellan will provide records and information, as requested.

What You Need to Do

Your responsibility is to:

- Report any enrollees you suspect of committing Medicaid fraud, waste, or abuse to:
    - Magellan
    - Department of Healthcare Finance (DHCF)
    - Office of Inspector General
- Cooperate with the Inspector General or its authorized agent(s), the Centers for Medicare and Medicaid Services, the U.S. Department of Health and Human Services (DHHS), Federal Bureau of Investigation, Department of Healthcare Finance (DHCF), or other units of state government free of charge by providing all requested information and access to premises.

Procedures Relating to Provider Exclusion from Federally or State-Funded Programs

Your responsibilities, as required by the Centers for Medicare and Medicaid Services (CMS), further protect against payments for items and services furnished or ordered by excluded parties. If you participate in federally funded healthcare programs, you must take the following steps to determine whether your employees and contractors are excluded individuals or entities:

- Screen all employees and contractors to determine whether any of them have been excluded. *Providers are required to comply with this obligation as a condition of enrollment as a Medicare or Medicaid provider.*
- Search the HHS-OIG LEIE website at http://www.oig.hhs.gov/ to capture exclusions and reinstatements that have occurred since the last search. You can search the website by individual or entity name.
- Immediately report to the respective state Medicaid Agency any exclusion information discovered.

In addition, to comply with Magellan's fraud, waste and abuse programs, your responsibility is to:

- Check each month to ensure that you, your employees, directors, officers, partners or owners with a 5% or more controlling interest and subcontractors are not debarred, suspended or otherwise excluded under the HHS-OIG LEIE at http://www.oig.hhs.gov/, the SAMS at https://www.sam.gov/SAM/ or any applicable state exclusion list where the services are rendered or delivered; and
- Immediately notify Magellan in writing of the debarment, suspension or exclusion of you, your employees, subcontractors, directors, officers, partners or owners with a 5% or more controlling interest.

What Magellan Will Do

Magellan's responsibility to you is to implement and regularly conduct fraud, waste and abuse prevention activities that include:

- Extensively monitoring and auditing provider utilization and claims to detect fraud, waste and abuse.
- Actively investigating and pursuing fraud and abuse and other alleged illegal, unethical or unprofessional conduct.
- Reporting suspected fraud, waste and abuse and related data to federal and state agencies, in compliance with applicable federal and state regulations and contractual obligations.
- Cooperating with law enforcement authorities in the prosecution of healthcare and insurance fraud cases.
- Verifying eligibility for enrollees and providers.
- Utilizing internal controls to help ensure payments are not issued to providers who are excluded or sanctioned under Medicare/Medicaid and other federally funded healthcare programs.
- Training employees annually on Magellan's Corporate Compliance Handbook.
- Making the Magellan Provider Handbook available to network providers.

How to Report Suspected Cases of Fraud, Waste and Abuse

Report to Magellan using one of the following methods:

- Special Investigations Unit via the hotline at 1-800-755-0850 or email SIU@MagellanHealth.com.
- Corporate Compliance via the hotline at 1-800-915-2108 or email Compliance@MagellanHealth.com.

Additionally, you may also report suspected Medicaid provider or enrollee fraud or possible abuse, neglect or financial exploitation of Medicaid beneficiaries, by contacting the District of Columbia Office of the Inspector General at:

- Phone: 1-202-724-TIPS (8477) or 1-800-521-1639
- Email: hotline.oig@dc.gov
- Or contact DHCF Division of Program Integrity Fraud Hotline at 1-877-632-2873

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

SECTION 5: PROVIDER REIMBURSEMENT

Claims Filing Procedures

Our Philosophy

Magellan is committed to reimbursing our providers promptly and accurately in accordance with our 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 MedStar Family Choice providers for mental health and substance abuse treatment services using District's fee schedules and rates. Magellan's professional reimbursement schedules include the most frequently billed services. Claims must be submitted within 365 days of the provision of covered services. Magellan will deny claims not received within 365 days. A claim must contain no defect or impropriety, including a lack of any required substantiating documentation, HIPAA compliant coding or other particular circumstance requiring special treatment that prevents timely payments from being made. If the claim does not contain all required information, it may be denied.

What You Need to Do

Your responsibility is to:

- Complete all required fields on the claim submission accurately.
- Submit claims for services delivered in conjunction with the terms of your agreement with Magellan.
- Use only standard code sets as established by the Center of Medicare and Medicaid Service (CMS) for the specific claim form (UB-04 or CMS 1500) you are using.
- Submit claims within 365 days of the provision of covered services.
- Submit claims only for services rendered within the time span of authorization.
- 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.
- Refer to claims tips under the "Getting Paid" section of www.MagellanProvider.com.
- Submit claims electronically (the preferred method) or to:

  Magellan Healthcare
  PO Box 2271
  Maryland Heights, MO 63043.

What Magellan Will Do

Magellan's responsibility is to:

- Process your claim promptly upon receipt and complete all transactions within regulatory and District standards.
- The Magellan claims system processes continually as claims are received from providers.

- Apply National Correct Coding initiative (NCCI) claims edits to claim submissions. The NCCI claim edits module is a group of system edits defined by CMS to assure correct coding.
- Inform you of any reasons for administrative denials and action steps required to resolve the administrative denial.
- Send you or make available online an Explanation of Payment (EOP) or other notification for each claim submitted including procedures for filing reconsideration request.
- Prove appropriate notice regarding the reason for the claim denial, listing any missing claim information that is required, when appropriate.
- *Claims resubmission process*: Magellan will process corrected claims upon receipt of requested information from the provider. To be timely, corrected claims must be received within 90 days from the date of the initial denied claim as long as the initial claim was filed within 365 days from the date of service.

To file a claim appeal

- Submit written request within 90 days of the denial letter date or EOB.
- Outline the reason for the appeal and provide necessary documentation and submit to Magellan using one of the following methods:
  - **Mail**:

    Attention: Appeals Department Magellan Health
    P.O. Box 1718
    Maryland Heights, MO 63043
  - **Fax**: 1-888-656-5712
  - **Upload** on provider website at www.MagellanProvider.com. After signing in, select *Submit an Appeal/Dispute Document* in the left menu.