Scripps Health Plan

Transition of Mental Health, Substance Use Disorders and Applied Behavior Analysis Services
Frequently Asked Questions

Provider question	Magellan's answer to provider
What is changing?	With an anticipated effective date of Jan. 1, 2025, Magellan will manage the mental health and substance use disorder benefits for Scripps Health Plan members, along with the applied behavior analysis benefits.
If I am currently treating a Scripps Health Plan member, what do I need to do?	To continue to treat your Scripps Health Plan patients at the in-network benefit, you will need to join the Magellan network by becoming contracted and credentialed with us.
If I do not join the Magellan network, what will happen to my Scripps Health Plan patients?	While we encourage you to join the Magellan network, if you decide not to join, you will have up to 90 days to complete your patient's episode of care, or they may transition to an in-network Magellan provider.
How do I verify eligibility for Scripps Health Plan members?	Before providing care, please verify the member's eligibility using the Availity Essentials portal. Go to www.Availity.com and sign in using your Availity Essentials login. (Register for an account if you do not already have one.) From the *Patient Registration* tab, select *Eligibility and Benefits Inquiry*, then *Magellan Healthcare* from the list of payers. Or contact Magellan at 1-866-272-4084 to verify benefit eligibility for members.
Where do I submit claims for Scripps Health Plan members?	Claims for covered services rendered to Scripps Health Plan members for dates of service on or after Jan. 1, 2025, must be submitted to Magellan. The claims submission timeframe is 90 days from the date of discharge or date of covered services rendered. We encourage providers to submit claims electronically by utilizing either direct submit, an approved clearinghouse, or Magellan's online claims application, *Submit a Claim Online*, at www.MagellanProvider.com (requires sign in). Magellan's Payer ID number is 01260. Submit paper claims to: Human Affairs International of California Scripps Health Plan Services, Inc P.O. Box 710220 San Diego, CA 92171
How do I request authorization for mental health and substance use disorders services?	Magellan will use our streamlined clinical management model for outpatient treatment for Scripps Health Plan members. In this model, for most cases, providers do not need to preauthorize routine outpatient services or submit treatment request forms for continued care.

*In California, Magellan does business as Human Affairs International of California, Inc. and/or Magellan Health Services of California, Inc. – Employer Services.

	To request inpatient member care or non-routine outpatient services, such as transcranial magnetic stimulation, psychological testing, residential treatment, partial hospitalization and intensive outpatient, contact Magellan. If you have any questions about coverage and whether preauthorization is necessary for the service you are providing, contact us at 1-866-272-4084.
How do I request authorization for autism/ABA services?	All ABA services require preauthorization. To request initial services, complete the ABA initial authorization form and submit it along with the member's diagnostic report via encrypted email to ScrippsHPABA@MagellanHealth.com. For all subsequent requests, submit your updated treatment plan or the Magellan ABA treatment plan/concurrent review form for continued care via encrypted email to ScrippsHPABA@MagellanHealth.com. Find additional information on autism spectrum disorders, including forms for requesting ABA initial authorization and concurrent review at www.MagellanProvider.com/Autism (sign in required).