

Magellan: Virginia's Behavioral Health Services Administrator

**VCOPPA
November 14, 2013**



Introductions

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Overview

- BHSA Introduction
- Implementation update
- Governance board
- Frequently Asked Questions
- Panel Questions and Answers

Behavioral Health Services Administrator Introduction

How did we get here?

- **Initially started as a Program Integrity Initiative**
- **Realization that services were fragmented and not coordinated, especially for children who are in managed care for acute and primary services**
- **General Assembly Directive that DMAS Improve/Coordinate Care in 2011-2013 GA Sessions**

Purpose

- To improve access to quality behavioral health services and the value of behavioral health services purchased by the Commonwealth.
- Magellan will administer a comprehensive care coordination model which is expected to reduce unnecessary expenditures (including work with Medicaid MCOs and CCC Program Plans)
- Promotion of more efficient utilization of services
- Development and monitoring of progress towards outcome-based quality measures

BH Services Covered by Magellan

	FFS	Medallion II	CCC Program
Inpatient	x		
Outpatient	x		
CMHRS	x	X –carved out	
MH/SA Case Mgmt.	x	X-carved out	X-carved out

Implementation update

Implementation Update

- Provider Handbook will be published next week - check www.MagellanofVirginia.com
- Overall we are at 90% project completion- as of 11/11/13
- Virginia network team fully staffed, trained and in place
- Member services on board as of November 4th
- Clinical staff on board with Clinical Director in place
- EDI/Claims Webinar (182 providers called in) 11/5/13. Recorded version of webinar posted to MagellanofVirginia.com.

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Implementation Update

Upcoming Clinical webinars are as follows:

- Inpatient Psychiatric Services, Thursday, November 14, 2013, 4:00 to 5:00 p.m. Eastern time
- Non-traditional Outpatient Services/Level A, B, and C Residential, Monday, November 18, 2013, 10:00 to 11:00 a.m., Eastern time -these are critical trainings and will go through completion of online service authorization request (SAR) forms
- Traditional Outpatient Services, Wednesday, November 20, 2013, 4:00 to 5:00 p.m., Eastern time
- Mental Health Skill-building Services Webinar – week of November 18, date and time TBA

Population & Services to be Managed and Coordinated

- Magellan will manage the full spectrum of **behavioral health services** for:
 - Medicaid and FAMIS members, including members who participate in Medicaid home and community-based waiver programs, such as the Intellectual Disabilities Waiver, Elderly and Disabled with Consumer Direction Waiver, and Individual and Family Developmental Disabilities Support Waiver.
 - Members who are not currently enrolled in one of the DMAS managed care organization (MCO) contracts.
 - The subset of community mental health and rehabilitation services that are excluded from the DMAS MCO contracts.
- Magellan will NOT manage traditional behavioral health inpatient and outpatient services (such as psychotherapy) for members in DMAS managed care organization (MCO) contracts.

Service and Other Limits

- Based on Virginia Administrative Code, CMHRS Manual, EPSDT Manual, and Psychiatric Services Manual
- Most services have annual limits; no changes to these limits
- VICAP required for Intensive In-Home Services, Therapeutic Day Treatment, and Mental Health Skill-building Services.
- Service Limit Summary Grid to be posted : www.MagellanofVirginia.com in November as quick reference guide – no changes are being made to these limits

Community Governance Board: Assuring the Voice & Participation of Members & Stakeholders

- Designed to promote transparency, accountability, and collaboration
- Creation of a Governance Board to include the voice and participation of all stakeholders and assure that the implementation and operation of the program is responsive to local needs
- Stakeholder representation on the Board includes members, persons in recovery, parents or custodians of children and adolescents, CSBs, private community providers, advocates, and health plan/community health representatives
- **Magellan's shared governance structure is inclusive.**

Community Representation	Magellan Representation
CSB or CSB Association Representative	Project Director
Private Community Provider or Association Representative	Provider Relations Director
Adult Service Member Representative	Medical Director
Parent or Custodian Representative of a Child or Adolescent Member	QM/UM Director
Advocate for Mental Health	Director of Recovery and Resiliency
Advocate for Substance Abuse Services	Member Services Director
Health Plan /Community Health Representative	MCO Liaison

Claims FAQ's

<p>What is the process for claims denials and voids?</p>	<p>Claim denials will be sent on the provider paper EOB or the electronic remittance, whichever the provider receives. Electronic submissions are the preferred method for claims submission, payment and remittance advice.</p> <p>Magellan doesn't void claims unless a stop-payment is done on a Magellan check.</p> <p>If there is a need for a change to a claim, the claim should be sent as a corrected claim and the original claim will be adjusted, not voided.</p> <p>Corrected claims can be submitted electronically by selecting the appropriate "corrected claim field." Please note: Only claims that were originally paid and have changes should be sent as corrected. An originally denied claim should just be submitted as a new claim, even if there are changes. For paper submissions, please write "corrected claim" on the bill. Highlighting the changes will ensure Magellan understands the changes being made.</p>
<p>What is the timely filing limit if we have a corrected claim?</p>	<p>Timely filing is 365 days, for all claims.</p>
<p>I have a "pay to" account set up through CAQH. Can you obtain my payment information from that account?</p>	<p>At this time, Magellan is not able to obtain CAQH payment information. Information on our EFT/ACH process can be found on www.MagellanHealth.com/provider under the "Getting Paid" section.</p>



Claims FAQ's

How are claims processed for dual-eligibles?	Claims for dual-eligibles should be submitted to Medicare for reimbursement. The claims will be sent to DMAS for processing for the Medicaid portion. Magellan will not receive the dual-eligible claims for services covered by Medicare. For non-traditional CMHRS claims for FFS dual eligible's will come to Magellan
Will the rates be different through Magellan?	No. The rates will remain the same, as will the codes that you currently bill.
In our previous provider enrollment forms, we had a section for the EFT/ACH (direct deposit) information. I noticed it isn't requested in the Magellan provider enrollment forms. How is this information shared with Magellan?	You can sign up for EFT (electronic funds transfer) on the secure section of the Magellan provider website. Your login information for the secure site is sent with your "Welcome" letter, along with your executed contract.
Where can I find a list of codes and rates for billing to Magellan?	The rates and codes are the same that are in place today. Magellan also will post DMAS rates on MagellanofVirginia.com in November 2013.

Clinical/Covered Services: Frequently Asked Questions

Clinical/Covered Services FAQ's

<p>What if consumers have questions or issues with medication or other treatments?</p>	<p>You may speak with a Magellan physician advisor or care manager and or your treating provider.</p>
<p>What is Magellan's referral process for difficult cases (kids)?</p>	<p>Providers are still responsible for transitioning case, help with d/c planning, etc. Magellan will work with providers and members to help identify the best match. Magellan will be able to assist in finding network providers, and provide case consultation when needed.</p>
<p>Will you cover services for children in foster care?</p>	<p>Magellan will manage <u>Treatment Foster Care Case Management</u> services. Magellan will not manage Treatment Foster Care services, however. If the child is covered within the Medicaid fee-for-service program, Magellan would also manage their array of behavioral health benefits.</p>
<p>Is teletherapy allowed as a covered service?</p>	<p>There are specific codes allowed for teletherapy, as outlined in the Virginia Medicaid provider manual from DMAS.</p>
<p>Is Magellan responsible for step-down services? Who do I contact?</p>	<p>For the fee-for-service Medicaid population, Magellan will be responsible for all behavioral health services.</p> <p>For members enrolled in managed care organizations (MCOs), Magellan will be responsible for step-down to non-traditional services, but not for traditional outpatient services.</p> <p>Contact the Magellan of Virginia customer service line, after December 1st.</p>

Authorizations: Frequently Asked Questions

Authorizations: FAQ's

<p>What is the turnaround time for preauthorization?</p>	<p>Magellan's goal is to make an authorization decision as soon as possible. Established <u>maximum</u> limits are currently:</p> <ul style="list-style-type: none">• 3 hours if someone is at an ER and requesting inpatient admission;• 1 business day if already admitted to inpatient; and• 3 business days for all other services.
<p>What happens if Medicaid eligibility gets established retroactively, after Dec. 1, but the dates of service are before Dec. 1?</p>	<p>Any service authorized after Dec. 1, 2013, even retroactively, would be handled through Magellan.</p>
<p>What if we submit a request prior to Dec. 1, for dates of service that extend beyond Dec. 1? From whom do we obtain authorization?</p>	<p>If you submit a request prior to Dec. 1, 2013, for dates of service that begin or extend beyond Dec. 1, to December 7, then send the request to KePRO. They will authorize in their regular manner. Magellan will honor KePRO's authorizations. Magellan will begin taking authorizations on Dec. 1.</p>



Authorizations: FAQ's

How will you handle authorizations that came from the KePRO system where the authorization was made to the physician?	All existing KePRO authorizations will be transferred to Magellan, as they were originally made.
What is the primary method for notifying providers of authorizations?	On the Magellan website, feedback will be given immediately, if authorized through our "Request Higher Level of Care" system for inpatient admissions. If the provider talks with a care manager to receive the inpatient authorization, the provider will receive verbal confirmation of authorization. For all service requests, the authorization also will be available for viewing on the secure section of the provider website.
If an authorization is pended, what is the turnaround time for notification? How will providers be notified?	If a service authorization request is incomplete, Magellan will call or fax the provider (regardless of whether the request was sent by mail, fax or submitted online). The provider has one business day to complete the request. Magellan then has one business day to review and respond to the request. If the provider does not complete the request within one business day, Magellan will Administratively Deny the request. At that point, the provider will need to resubmit the request.

Credentialing: Frequently Asked Questions

Credentialing: FAQ's

What if our organization provides only in-home service and the home is where the individual receives services? Do you want the organizational address?	Yes, you would list your organizational address that is registered with your agency license for all licensed locations.
Are the staff requirements for Magellan any different from what DBHDS requires?	Magellan's requirements mirror what DBHDS and DMAS requires.
I did not receive a credentialing application. How do I get one sent to me/my organization?	You may call a Magellan network representative at 1-800-424-4536, or send an email to: VAProviderQuestions@MagellanHealth.com .

Credentialing: FAQ's

My organization is not accredited by any of the accrediting bodies mentioned in the application. Will my organization still be allowed to participate?	Accreditation is recommended, but not required for participation with Magellan. If you are licensed and in good standing with DBHDS, Magellan will accept the license (which indicates your organization has been site visited by DBHDS and meets requirements) in lieu of an accreditation.
Do I need to complete an application for my school-based locations?	Yes, each active service location that provides behavioral health services will need to be reported to Magellan in order to be credentialed.
Is the staff roster for all staff or for licensed staff only? What about QMHP or paraprofessional?	The organizational roster staff form will need to include all <u>licensed</u> professional staff providing behavioral health services. Your QMHP and paraprofessional staff do not need to be reported.

Credentialing: FAQ's

<p>My organization only provides community based/in-home services. Do we need to have professional liability insurance?</p>	<p>All providers are required to have a minimum of \$1 million per occurrence and \$1 million aggregate coverage for both General and Professional Liability. DMAS has confirmed this is the minimum allowed.</p>
<p>Will Magellan require client visits to meet physician directed requirements or can we credential providers independently and use the psychiatric services model?</p>	<p>The DMAS rules and regulations for delivery of services remain the same. DMAS will continue to require client visits to meet physician directed requirements.</p>

Training: Frequently Asked Questions

Training: FAQ's

Will you host any more in-person training sessions for providers?	<p>Magellan will host several webinars for providers between now and Dec. 1 on key topics such as EDI Claims billing and how to request service authorizations. The webinar for requesting Inpatient Psychiatric services will be from 4-5 pm on November 14; the webinar for requesting non-traditional services including Level A, B, and C Residential will be from 10-11am on November 18; and the webinar for requesting traditional outpatient (mental health and substance use) will be from 4-5 pm on November 20.</p> <p>After Dec. 1, our network team will determine when additional in-person training sessions are needed.</p>
I missed the training forums/webinars. Will they be repeated?	<p>You can find recorded versions of past webinars, as well as any slides/handouts from our provider forums, on the MagellanofVirginia.com website.</p>

Questions

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