

Idaho Behavioral Health Plan (IBHP): Behavioral Health Provider Q&A

April 10, 2024

Version 4.0 *New or revised Q&As indicated with an asterisk (*)*

Contents

GENERAL	1
PROVIDER PORTAL/WEBSITE	2
LETTER OF INTENT (LOI), CREDENTIALING, AND CONTRACTING	3
*MEDICAID DISCLOSURE FORM	4
TRIBAL RELATIONS	5
PROVIDER RELATIONS	6
AUTHORIZATIONS	6
ASSESSMENTS	7
QUALITY/CLINICAL	8
CLAIMS AND REIMBURSEMENT	9
FACILITY-SPECIFIC	10

GENERAL

Question	Answer
What is the Idaho Behavioral Health Plan (IBHP)?	The State of Idaho is starting a new Behavioral Health Plan (IBHP) to advance mental health and substance use disorder treatment services. They have chosen Magellan Healthcare to manage these services that have been, in the past, delivered by multiple commercial entities and state agencies. Magellan will manage medically necessary mental health, substance use disorder and crisis services on behalf of the Department of Health and Welfare's (IDHW) Division of Medicaid and Division of Behavioral Health (DBH). Magellan also will manage the provider network for the Idaho Department of Juvenile Corrections. Magellan will oversee behavioral health services for

Question	Answer
	Idahoans who don't have health insurance as well as those who have Medicaid or other types of insurance. You may visit www.MagellanofIdaho.com or https://healthandwelfare.idaho.gov/newIBHP for more information.
Who is Magellan Healthcare?	Magellan Healthcare is a mental health services company that has been in the field of mental health and substance use disorder treatment for over 50 years. Magellan offers an array of clinically led, evidence-based solutions to state agencies, employers, health plans, and federal agencies.
When does the new IBHP take effect?	It begins on July 1, 2024.
Is Magellan replacing Optum?	Yes.
Is Magellan replacing BPA Health?	Yes, for substance use disorder services only.
Will Magellan have a dedicated and local Idaho team to handle provider and member questions/concerns?	Yes, we will have three offices (Pocatello, Boise, Coeur d' Alene) in Idaho.
Will you hold training sessions for providers?	Yes, Magellan will have trainings on a variety of subjects. Trainings, listening sessions, and forums have already begun. If you have supplied your email address, we will contact you via email with the details of these learning opportunities. General orientation sessions for outpatient providers will begin in April. For information on current training offerings, as well as provider forums, visit MagellanofIdaho.com , then select <i>For Providers</i> , then Events & Training .
Do you have a provider manual that states requirements for each outpatient program (e.g., partial hospitalization program/intensive outpatient program)?	We intend to include this information in an Idaho supplement to our national provider handbook . We are in the process of drafting this document now; once complete, it will be available on MagellanofIdaho.com .

PROVIDER PORTAL/WEBSITE

Question	Answer
Do you have an online portal for benefit verification so that we can easily verify that a member has an active policy and will be covered?	Yes, we will offer Idaho network providers access to this information via the Availity Essentials portal. Go to Availity.com and click <i>Log in to Essentials</i> or <i>Get Started</i> .

Question	Answer
Where can I find information online about serving the new IBHP, including training opportunities?	Visit MagellanofIdaho.com and select <i>For Providers</i> from the top menu. Check back periodically as we update this site with new details.

LETTER OF INTENT (LOI), CREDENTIALING, AND CONTRACTING

Question	Answer
Will providers be “grandfathered” into your network, or will we need new contracts?	Magellan will not grandfather providers from others’ networks. You will need to be contracted with Magellan Healthcare.
Does each individual provider in a group need to submit an LOI, or can the group submit a single LOI under a single tax ID?	Submit only one LOI , for the group.
Will the contracting process start after I submit the LOI?	Yes. If you submitted an LOI , expect Magellan to reach out to you in the upcoming weeks to begin the contracting process.
Who should complete the LOI?	The administrator or owner should complete the LOI .
Will Magellan require a site audit for credentialing?	We do not perform site audits for traditional outpatient providers as a condition for the credentialing process. Some higher levels of care do require provider site visits; we will work with your group individually to determine which requirements apply.
Does Magellan use CAQH for credentialing?	Magellan uses CAQH for practitioner credentialing applications. CAQH enables providers to enter information once and share it with all of the plans you authorize. We have included credentialing instructions with the contract materials in our provider mailings. Please be sure you have submitted an LOI so that you are on our mailing list.
Will each of our independently licensed clinicians have to re-credential with Magellan, or just the group?	Each individual practitioner within your group with an independent license must be credentialed/re-credentialed.
When will a Magellan provider agreement be available to us?	We have finalized and mailed contracts. If you have any questions about the contract documents or did not receive them, contact us at IdahoProvider@MagellanHealth.com .

Question	Answer
If I am already a Magellan provider, do I need to do anything?	If you are a provider who is already contracted with Magellan for other plans, we will have to amend your contract to add the Idaho IBHP Addendum, confirm your services/locations, and add IBHP reimbursement rates. We will send information to you in the upcoming weeks.
Must I have a Medicare number to contract with Magellan?	No. A Medicare number is not required.
Will the youth and adult crisis centers be part of the new Magellan network?	Yes.

*MEDICAID DISCLOSURE FORM

Question	Answer
*Is the Medicaid Disclosure Form required?	Yes, every Taxpayer Identification Number (TIN) owner in Idaho who participates in the IBHP must have a Medicaid Disclosure Form on file. Medicaid disclosure is intended to prevent fraud, promote transparency, identify individuals or entities precluded from participation, and enhance oversight of federal and state spending on Medicaid.
*Why is the Medicaid Disclosure Form required?	To comply with 42 CFR 457.935, 42 CFR 1001.1001, 42 USCS § 1395cc(j)(5), 42 CFR §455.104, §455.105, and §455.106, providers are required to disclose including, but not limited to, information regarding (1) the identity of all persons with an ownership or control interest in the provider, or in any subcontractor in which the disclosing entity has a direct or indirect ownership of 5 percent or more including the identity of managing employees, agents, and other disclosing entities; (2) certain business transactions between the provider and subcontractors/wholly owned suppliers; and (3) the identity of any person with an ownership or control interest in the provider or disclosing entity, or who is an agent or managing employee of the provider or disclosing entity that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act since the inception of those programs.

*Where can I find instructions on how to complete the Medicaid Disclosure Form?	You will find instructions for <i>accessing</i> the form in the mailing you received from us. Additional instructions for <i>completing</i> the form are within the Medicaid Disclosure Form itself. View a brief demo on accessing and completing the Medicaid Disclosure Form.
*How long does a provider/group/facility have to complete the Medicaid Disclosure Form?	Complete and submit the Medicaid Disclosure Form to Magellan no longer than 35 calendar days from the date on the cover letter enclosed with the form.
*If I don't complete the Medicaid Disclosure Form, will I be out of compliance? What are the consequences?	If you do not complete the Medicaid Disclosure Form, you will be considered noncompliant with Idaho state requirements. Your provider contract with Magellan will not be executed and you will not be a participating provider in the IBHP.
*Do I need to complete Section 3 of the Medicaid Disclosure Form since I already completed Section 1?	Yes, any person with ownership or control interest needs to be listed in Section 3, even though the same individual may be listed in Section 1.
*Can the Medicaid Disclosure Form be emailed or faxed?	No, the Medicaid Disclosure Form is an online form that you must complete in Magellan's portal.
*Whom can I contact if I have questions or need assistance completing the form?	Contact our Network team at IdahoProvider@MagellanHealth.com .

TRIBAL RELATIONS

Question	Answer
Will you have Tribal representatives who are familiar with Federally Qualified Health Centers (FQHCs) to assist, if needed?	Yes. Magellan's director of Tribal and community relations will work with Tribal communities and with the FQHCs to ensure they are familiar with the processes for serving members of Idaho's five federally recognized Tribes.
Will you schedule meetings and/or Q&A sessions with the Tribes of Idaho, or how are you planning to work with them?	Yes, Magellan's director of Tribal and community relations will initiate outreach to each of the five Tribes and their Tribal leadership to answer their questions and to develop a comprehensive Tribal collaboration and communication plan. Specifically, the director will meet regularly with the Indian Health Service, Tribal providers, or Urban Indian Health Centers (I/T/Us) during implementation and monthly after service start date. We will use these meetings to deliver focused training and share information with the Indian Health Care provider community.

Question	Answer
<p>Tribes of Idaho do not have to contract. How does that affect the Tribes of Idaho?</p>	<p>Members of Idaho’s five federally recognized Tribes may continue to receive behavioral health services through the Indian Health Service, Tribal providers, or Urban Indian Health Centers (I/T/Us). I/T/Us will be reimbursed at the federally set encounter rate, whether they are contracted with Magellan or not.</p> <p>Members may also access services through non-I/T/U providers, whether those providers hold Medicaid contracts or not. Services provided by all these providers are reimbursable through the IBHP.</p>

PROVIDER RELATIONS

Question	Answer
<p>Will we be assigned to a specific provider advocate that can help us navigate the process of changing from Optum Idaho to Magellan Healthcare?</p>	<p>We will have three offices (Pocatello, Boise, Coeur d’ Alene) and several Provider Relations staff members in Idaho. You will have a representative assigned to you, who can assist through the transition.</p>

AUTHORIZATIONS

Question	Answer
<p>What levels of care require pre-authorization and what does that authorization process entail?</p>	<p>Stay tuned for upcoming trainings and information that will discuss authorizations in detail. Visit MagellanofIdaho.com and select <i>For Providers</i> from the top menu.</p>
<p>Have you developed authorization processes/procedures yet?</p>	<p>We are working to develop processes and procedures that minimize administrative work for providers. We will share additional information in the upcoming weeks.</p>
<p>Will there be a prior authorization process for the services that we currently provide to members?</p>	<p>Some services will require prior authorization under the new IBHP contract. We will share additional information about authorization processes in the upcoming weeks.</p>
<p>If we have current prior authorization approved for services, will we have to re-submit prior to the transition in 2024?</p>	<p>Magellan will honor authorizations from BPA, Optum, and Telligen that have been approved and span past July 1, 2024. The end date of the authorization will be the same as what you were provided by the issuing organization/entity.</p>

ASSESSMENTS

Question	Answer
What levels of care require pre-authorization and what does that authorization process entail?	Stay tuned for upcoming trainings and information that will discuss authorizations in detail. Visit Magellanofidaho.com , then select <i>For Providers</i> , then Events & Training .
Will you require a social determinants of health (SDOH) assessment for all members?	Yes, providers should continue to assess members for SDOH needs.
Will you keep the Child and Adolescent Needs and Strengths (CANS) tool for minors and Idaho Medicaid members?	Yes, we will require the CANS functional assessment tool for all IBHP members, including Medicaid and other eligible members.
Will we continue to use the ICANS system?	<p>On July 1, 2024, Magellan will replace the ICANS system with a more user- and system-friendly platform that you will access via a single sign-on from Availity Essentials. The Magellan technology will have the ID CANS 3.0, an updated and briefer version of the CANS created by the Idaho Transformational Collaborative Outcomes Management (TCOM) Center of Excellence and the Praed Foundation to best meet the needs of Idaho’s YES Class youth and their families. The improved technology of the system will allow for: easily sharing the CANS across providers, updating the CANS without requiring completion of every item again, and sending the CANS to families and youth upon completion. The system is aligned with person-centered care principles to connect the CANS to the person-centered services plan. You will additionally have your own CANS management and outcomes dashboard to improve your ability to work with your staff on CANS completion and use in supervision.</p> <p>Magellan will offer training on the new system. Regularly visit Magellanofidaho.com, then select <i>For Providers</i>, then Events & Training.</p>
Do you have plans to reduce the number of assessments we’re required to do (e.g., CANS, WHODAS, wellness)?	We are currently discussing with IDHW. Our focus to is to lessen administrative work for providers.

Question	Answer
<p>The requirement that substance use disorder (SUD) providers complete a comprehensive diagnostic assessment (CDA) before rendering any services has been a barrier. Many SUD providers do not have to be credentialed to conduct CDAs. Can Magellan consider changing this and accepting ASAM evaluations for SUD services?</p>	<p>We are currently reviewing the assessment process for SUD services and will provide more information as soon as possible.</p>

QUALITY/CLINICAL

Question	Answer
<p>Will Magellan do yearly site audits for behavioral health?</p>	<p>The Quality Improvement audit plan is not finalized yet. Once finalized, we will provide training and notify you via the website. Visit MagellanofIdaho.com, then select <i>For Providers</i>, then Events & Training.</p>
<p>How do we contact the Clinical team?</p>	<p>You may send questions prior to July 1, 2024, to IdahoProvider@MagellanHealth.com. Also, we will offer multiple trainings in the upcoming months where the Clinical team will participate. Visit MagellanofIdaho.com, then select <i>For Providers</i>, then Events & Training.</p>
<p>Do you have level-of-care guidelines and/or medical necessity criteria available?</p>	<p>We are in the process of developing and obtaining state approval of medical necessity criteria. We will share with providers when they are finalized.</p>
<p>What are your requirements regarding audits?</p>	<p>Our Quality Improvement team will share information about the audit process and audit tools once they are finalized.</p>
<p>What limitations will be placed on services (e.g., 53+ minute sessions per year, skills building units per year, case management units per year, peer support)?</p>	<p>We considered Optum’s existing threshold when developing authorization guidelines and will share additional information in the upcoming weeks.</p>
<p>Can we find out the treatment record requirements and treatment guidelines?</p>	<p>Yes, the Quality Improvement team will share information once finalized.</p>
<p>Will Healthy Connection referrals be a requirement for outpatient providers?</p>	<p>No.</p>

CLAIMS AND REIMBURSEMENT

Question	Answer
<p>What is the Payor ID and what clearinghouses may we use?</p>	<p>Magellan’s Payor ID is 01260.</p> <p>We work with the following clearinghouses:</p> <ul style="list-style-type: none"> • Availity • Change Healthcare (formerly Emdeon Business Services) • HealthEC (formerly IGI Health, LLC) • Office Ally • Payerpath • Trizetto Provider Solutions, LLC
<p>What is needed for electronic funds transfer (EFT)?</p>	<p>You will get your first payment via virtual credit card (VCC) along with instructions for signing up for EFT with ECHO Health/Change Healthcare.</p> <p>If you are a <i>current</i> Magellan provider already receiving payments via EFT, no action is needed. You’ll receive reimbursement for IBHP services via EFT as well.</p>
<p>Will reimbursement change and when will we see the rates?</p>	<p>We are working with the state and will communicate as soon as this is finalized.</p>
<p>On July 1, 2024, will Idaho Medicaid have an inpatient or residential reimbursement for SUD services or mental health?</p>	<p>We will have reimbursement for both.</p>
<p>Will telehealth pay less than in-person sessions?</p>	<p>No. We reimburse covered services rendered via telehealth at the same rate as in person.</p>
<p>How will Magellan ensure that providers are reimbursed for member services without delay?</p>	<p>We plan to do claims testing well before July 1, 2024, to ensure there are no issues. We prioritize and understand the importance of timely payment to providers. If you would like to be a testing partner, email IdahoProvider@MagellanHealth.com to let us know you are interested.</p>
<p>Should I bill claims with a medical diagnosis to Magellan?</p>	<p>No. You should bill claims with a <i>medical</i> diagnosis to Gainwell. Bill claims with a <i>behavioral health</i> diagnosis to Magellan.</p>

Question	Answer
What is the timely filing requirement for claims?	<ol style="list-style-type: none"> 1) Medicaid services: 180 days from date of service 2) Other state-funded services (SUD, adult mental health, child mental health): 60 days from date of service 3) Exceptions: <ol style="list-style-type: none"> a) Tribal providers: 365 days from date of service b) Medicare services: 365 days from date of service. Submit secondary claims to Medicaid after the Medicare claim is completed. 4) Corrected claims: 60 days from date on Magellan explanation of benefits/payment (applies to all services and providers)

FACILITY-SPECIFIC

Question	Answer
What are your residential treatment center (RTC) plans (e.g., how many beds, the demographic of your patient profile)?	Magellan will collaborate with the state to build out resources. We don't have the exact bed numbers currently but will share as available. Also, we'll have more to come regarding RTC development and psychiatric residential treatment facility (PRTF) development, including contracting and credentialing, as we progress to July 1, 2024.
When a patient is ready to discharge from an inpatient facility, who is responsible for finding them housing and scheduling their appointments for medication management and other outpatient services?	We have a team of transition support care coordinators that can assist to find specific services based on needs. Inpatient providers will have responsibility to secure services (housing and appointments), but Magellan staff will definitely partner with and assist you.
Will care coordinators be available to assist hospitals and support patient access to care?	Yes.
We are a rural hospital with no psychiatric services. We do have LCSWs who provide psychotherapy in our outpatient clinic. Will Magellan fund psychotherapy for patients admitted to our hospital to address mental health needs?	Magellan will contract with you for outpatient services.

If you have a question that isn't addressed here, you may submit it to IdahoProvider@MagellanHealth.com.