



Providing Care

Magellan New Provider Orientation

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Agenda

- » Sources of referrals for member services and care
- » Ways to submit referrals for services
- » Member eligibility and benefits
- » Member rights and responsibilities
- » Magellan's Clinical Practice Guidelines
- » Language Assistance Program and translation services

Referral Sources

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Referral sources

- Contracted providers
- Members (i.e., self-referrals)
- Family members
- Community partners
- Magellan staff in Idaho – may refer individuals they meet through their activities within the community
- Liberty Healthcare – may refer children with serious emotional disturbance (SED) identified through the Independent Assessor Process
- Emergency rooms, urgent care centers, behavioral health or other healthcare providers, crisis call lines and mobile response units



Referral sources

- Schools
- Police and fire departments
- Homeless shelters
- Community support groups such as Alcoholics Anonymous (AA), Adult Children of Alcoholics (ACoA), Narcotics Anonymous (NA), National Association for Mental Illness (NAMI) local chapter, Debtors Anonymous, etc.
- Churches or other religious groups
- Advocacy agencies



Referral Submission

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Submitting referrals



**Availity Essentials
provider portal**
www.Availity.com

**Magellan's Idaho Provider
Services phone**
1-855-202-0983

**Magellan's Idaho Provider
Services fax**
1-855-656-2586

Member Eligibility and Benefits

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Our customers say it best

Read how clients exceed their business objectives by collaborating with Availity.

[Learn More](#)

Availity Essentials provider portal

Used to verify:


- Idaho Behavioral Health Plan (IBHP) Medicaid eligibility and benefits
- Other IBHP eligibility and benefits

Idaho Medicaid resources

Idaho Medicaid website
www.idmedicaid.com

Medicaid Provider Services
1-866-686-4272

If information regarding Medicaid eligibility and benefits differs between Availity Essentials provider portal and the Idaho Medicaid website, **contact Magellan’s Idaho Provider Services or Medicaid Provider Services.**



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Home

Contact Us

Provider Directory

Reference Material ▾

Idaho Medicaid Program

Health Coverage

for Idaho families

GENERAL

MEMBER

PROVIDER

Idaho Medicaid Program

Health Coverage

for Idaho families

GENERAL

MEMBER

PROVIDER

Welcome to the Idaho Gainwell Technologies Online Portal for Medicaid Providers!

This website provides information to Idaho Medicaid providers, trading partners, and the public. Helpful documents and links can be found in the menu bar above.

Scheduled System Downtime

The Idaho Medicaid website is down each week from 4 PM on Saturday to 10 AM on Sunday for regular maintenance. During this time, eligibility inquiries are available through our telephone system at 1 (866) 686-4272. Any changes to this standard maintenance window will be communicated via an announcement on this website.

Provider Enrollment Information

Enrollment Instructions for Independent Intervention Specialist and Professional Providers

Enrollment Instructions for Independent Respite and CBS Providers

Claims Processing

Paper claims must be received by 5:00 P.M. Monday in order to be included in the next regular weekly payment processing cycle.

Electronic claims must be received by 8:00 p.m. Thursday to be included in the next regular weekly payment processing cycle.

Click [here](#) to view the 2023 Financial Payment Processing Cycles.

Medicaid Program Integrity

There are no items to show in this view of the "Medicaid Program Integrity" list.

Announcements

NU Modifier Requirement for DME and Supply Purchases

Supplies and accessories that are rendered to Idaho Medicaid participants are either approved for a 10-month rental or they are only covered as a purchase. Billing correctly is the providers responsibility. Idaho Medicaid recognizes modifier NU to identify a new and purchased item and modifier RR for rentals. If the correct modifier is not billed on the service line, the

Trading Partner Account Login

Click [here](#) to sign in to your secure Trading Partner Account. By logging into the secure portal, you can view eligibility, view and submit claims, manage patient rosters, perform enrollment and maintenance, view authorizations, download reports, and more.

Gainwell Technologies Partners

Click [here](#) for a list of contact information for our valued partners.

Provider Enrollment Announcements

Attention! Behavioral Health Providers

If you are a provider who is enrolling or enrolled as a Mental Health Clinic, Rehabilitative Mental Health Service provider, Mental Health Case Management provider or any other provider that renders behavioral health services, you may also be required to enroll and maintain your provider record with Optum Idaho. For more information, contact Optum. Regional Network Managers can assist you and are listed on the Regional Representation Ever found at

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Magellan's provider services

Contact Magellan's
Idaho Provider Services

1-855-202-0983

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IBHP members who do not have Medicaid

Members who are not eligible for Medicaid should be referred to Magellan via phone *(1-855-202-0973)* for IBHP eligibility screening.

- Magellan will provide the results of the screening to you through the Availity Essentials provider portal.
- Members deemed eligible must receive the Idaho behavioral health assessment before treatment proceeds.
- Any member deemed eligible for alternative Idaho state behavioral health funding must produce a valid denial from Medicaid within 30 days.
- If a member is assigned a copayment, it is your responsibility to collect the copayment.
- You should encourage members to continue to apply for Medicaid if their financial circumstances change.
- Member rights and benefits apply to all members regardless of funding source.

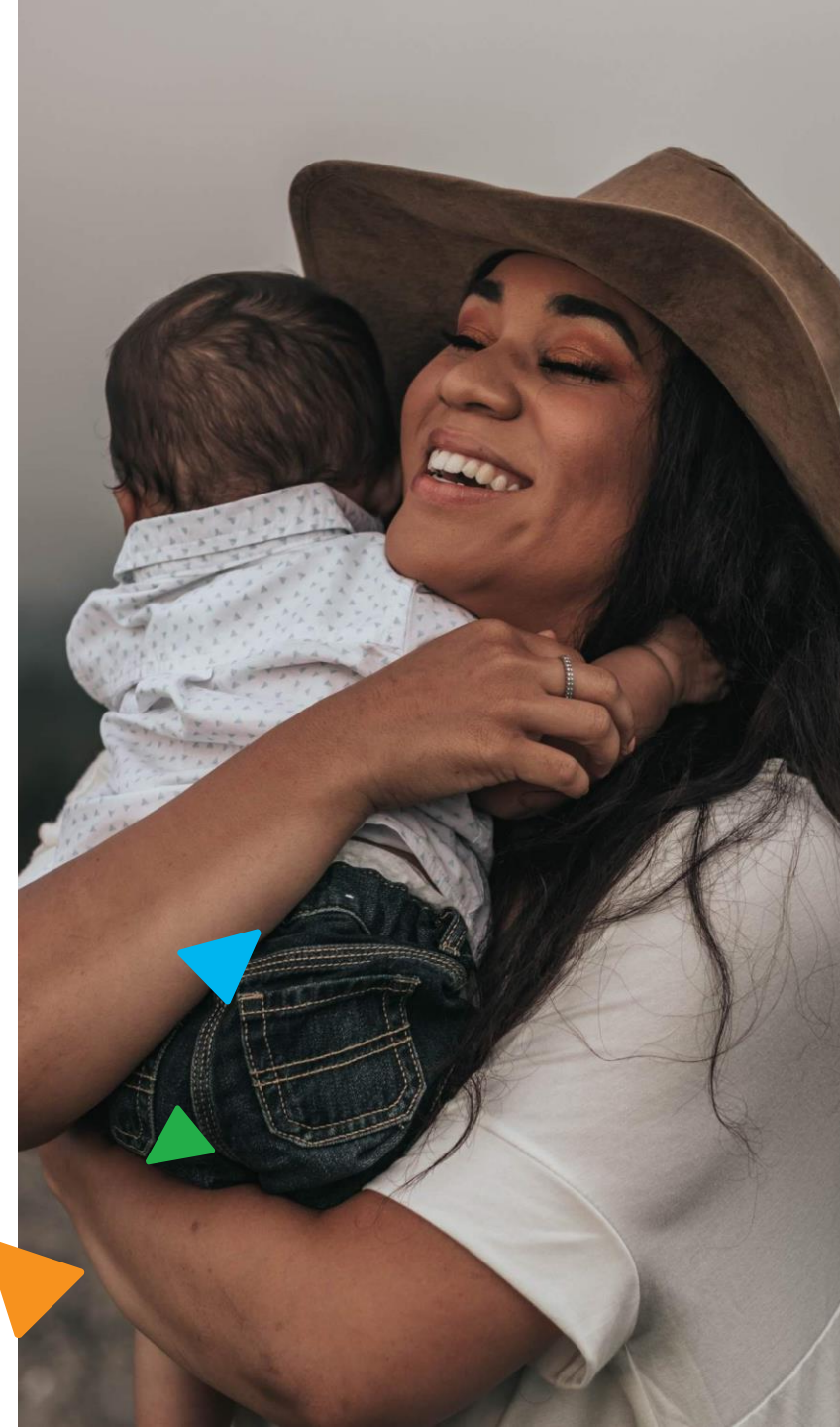
Benefits available to Tribal members

Tribal members can receive healthcare services from any **Indian Health Care Provider (IHCP)** or **tribally owned and/or operated facility** at any time or through a **provider enrolled as a Medicaid provider** or **both**, as needed.

An IHCP is a healthcare program operated by the Indian Health Services (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U).

Members eligible for services from the IHS:

- ✓ Do not have to pay Medicaid copayments
- ✓ Can continue to get behavioral health services even if the IHCP is not a provider in Magellan's network



Member Rights and Responsibilities

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Magellan member rights



All IBHP members have the right to:

- 1) Get information required by the law
- 2) Get information about the Idaho Behavioral Health Plan by mail, email, on the phone, or on our website at no cost to you. This includes getting the Member Handbook by mail, email or on our website.
- 3) Get information about IBHP benefits you are eligible for and how to get those services
- 4) Get information about services that are not covered by the IBHP, or you are not eligible for and how to get those services
- 5) Know about services that Magellan does not cover because of moral or religious reasons and how to get those services
- 6) Be treated with respect, dignity, and respect for privacy by Magellan staff and network providers
- 7) Not be discriminated against due to your race, color, national origin, religion, disability, sex, gender identity, marital status, health status, need for services, or age
- 8) Talk with providers and Magellan staff in private and have your information and records kept private by your provider and Magellan
- 9) Understand that if the law permits, your information and records may be released without your permission
- 10) Get IBHP services you are eligible for in a timely fashion
- 11) Get information and IBHP services you are eligible for in a way that respects your culture and language, regardless of cost or coverage
- 12) Give input on your plan of care at any time
- 13) Get oral interpretation help at no cost in a language you understand
- 14) Use auxiliary aids to help you communicate at no cost (TTY, TDD, ASL)
- 15) Get written information in prevalent languages at no cost
- 16) Get materials that are needed to get services or help you understand and access your benefits in alternate formats at no cost
- 17) Get information about:
 - a) Magellan
 - b) Our services
 - c) Providers that can help you
 - d) Your role in your health
 - e) Your rights and responsibilities
- 18) Get information about Clinical Guidelines we use to help you get care
- 19) Pick any Magellan network provider that you want to treat you based on your preferences and switch if you want to

Magellan member rights



All IBHP members have the right to:

- 20) Ask any provider about their work history and training
- 21) Not be kept alone or forced to do something you do not want to do
- 22) Give input on these Rights and Responsibilities
- 23) Have providers make decisions about your care based on treatment needs
- 24) Get IBHP services you are eligible for according to Federal and State laws about your rights
- 25) Make decisions about your treatment
 - a) If you cannot make them by yourself, you can have someone help you or do it for you.
 - b) You can refuse treatment unless the law makes you get it.
- 26) Ask for and get a second opinion at no cost when you:
 - a) Need more information about a treatment
 - b) Think the provider is not giving you the right care
- 27) Not be kept alone or held back because Magellan or a provider wants to:
 - a) Force you to do something
 - b) Discipline you
 - c) Make things easier for a provider
 - d) Punish you
- 28) File a Complaint about Magellan, a provider, or your care
- 29) File an Appeal about an action or decision Magellan made
- 30) Ask for a State Fair Hearing if you are not happy with the outcome of your appeal
- 31) Ask for and get a copy of your records for free and ask for changes or corrections to them
- 32) Exercise your rights without it negatively affecting the way Magellan or network providers treat you
- 33) Get written information about psychiatric advance directives (Mental Health Declarations) and your rights under State law
- 34) Get IBHP services you are eligible for whether or not you have completed an advance directive (Mental Health Declarations)
- 35) Get information you can understand from your providers and be able to talk to them about your options without any interference from Magellan or regard to cost or coverage

Magellan member rights



All IBHP members have the right to:

- 36) Get a written statement of Patient Rights and Responsibilities from your or your child's provider, before you or your child get mental health services, that has information on who to contact with questions, concerns or complaints
- 37) To request reasonable accommodations if you have a visual, hearing, or physical disability to ensure you can get all services you are eligible for
- 38) Know that Magellan complies with applicable Federal and State laws including:
 - a) Title VI of the Civil Rights Act of 1964
 - b) The Age Discrimination Act of 1975
 - c) The Rehabilitation Act of 1973
 - d) Titles II and III of the Americans with Disabilities Act
 - e) Other laws about privacy and confidentiality
- 39) Be protected by parity requirements for total lifetime and annual dollar limits, and requirements for financial requirements and treatment limitations
- 40) Not have to pay for services if:
 - a) Magellan goes out of business
 - b) The State of Idaho does not pay Magellan or a provider
 - c) A provider bills you for amounts over what Magellan covers
- 41) Get conflict-free case management if you are eligible for case management
- 42) Get emergency help when and where you need it without Magellan's approval
- 43) If you are under age 18, keep your treatment records private and:
 - a) If you are 14 or older, decide whether or not you want to let your parent/guardian see them (unless your provider thinks that would hurt you in some way)
 - b) Look at and copy them (unless your provider thinks that would hurt you in some way)
 - c) Add your own notes to them
- 44) Reject services
- 45) Talk to us and your child's providers about changes made to their care plan for visitation or care arrangements when placed out of the home, such as residential treatment or foster care

Magellan member rights



All IBHP members have the right to:

- 46) At the time of out-of-home placement (voluntary or involuntary), be informed through a service agreement, in terms you understand, of the rights and obligations of you, your child or ward, providers and Magellan while the child is there
- 47) Have a six (6)-month review for a child in out-of-home placement
- 48) If you or your child is admitted to a facility (voluntary or involuntary), be informed, orally and in writing, of your and your child's rights and obligations in terms you can understand
- 49) If you or your child have been taken to a social detoxification facility (where you/they can stay for up to 3 days), you/your child have the right to:
 - a) Request and take a test to see if you are intoxicated or using a substance of abuse
 - b) Be released if the tests show you are not
 - c) Have the facility keep a record of your test results
- 50) If your child is in a facility, they have the right to:
 - a) Be treated nicely in a clean and safe place
 - b) Leave for a short time if it is safe for you/them to do so
 - c) Not be restrained or secluded if you/they don't need to be
 - d) Not get hit or otherwise abused
 - e) Get enough food, liquid and exercise
 - f) Have visitors in private if appropriate
 - g) Send and get mail and get help writing letters
 - h) Talk on the phone in private and get help using the phone
 - i) Call people who are far away if you/they can pay what it might cost
 - j) Pray, meditate, or do other religious acts and not be punished
 - k) Have personal belongings as long as they cannot be used to hurt you/your child
 - l) Tell people what your/your child's rights are and not be punished
 - m) Have a lawyer help you/your child
 - n) Not take too many or unhelpful medicines
 - o) Get schooling

Magellan member rights



All IBHP members have the right to:

- 51) If your child's admission to a facility was voluntary with your consent:
 - a) Tell the facility if they can give your child medicine
 - b) Tell the facility to stop giving your child medicine at any time unless it is an emergency
 - c) Have your child's facility admission reviewed after 30 days
 - d) Be notified seven (7) days in advance of your child's 30-day admission review
- 52) If your child goes to a facility because of an emergency, you/they have the right to:
 - a) Be told by the provider what services they may need and how long they might take
 - b) Be released to you within 24 hours, unless a court says your child needs an evaluation
 - c) If a court says your child needs an evaluation, be told orally and in writing:
 - i) Why the court ordered it
 - ii) What might happen
 - iii) Your right to talk to a lawyer
 - iv) Your right to get treatment
- 53) If a court orders your child to go to a facility for 120 days, they have the right to: (9.2.5 [Idaho Code Section 16-2417])
 - a) Talk to the court about it within three (3) days of the order
 - b) Have a lawyer help them
 - c) Have their lawyer go to the court without them
- 54) Have a lawyer help your child at any time and get free help from a lawyer if you/they can't pay for one (9.2.5 [Idaho Code Section 16-2429])

Member responsibilities



Get treatment you need from a provider



Respect other patients, provider staff and provider workers



Give providers and Magellan information they and we need so you can get appropriate and quality care



Ask your providers questions about your care to help you understand your care



Follow the care plan that you agreed to with your provider and family/guardian



Tell your providers about medicine changes, including:

- a) Medicine given to you by others
- b) Over-the-counter medicine
- c) Vitamins
- d) Herbs or other natural medicine

Member responsibilities



Keep your appointments



Call your provider as soon as you know you need to cancel a visit



Tell your provider if your care plan is not working for you



Tell your provider if you have problems paying for care



Report fraud and abuse to Magellan at 1-800-755-0850 (TTY 711)



Tell Magellan if you are concerned about quality of care



Learn about Magellan coverage, including all covered and non-covered benefits and limits



Use only network providers unless Magellan approves an out-of-network provider



As a child, or parent/guardian of a child, review and sign acknowledgement of documents outlining specific rights during treatment



Provider responsibilities

- Review Magellan's Member Rights and Responsibilities with members in your care at their first appointment.
- Sign and have the member sign the statement and retain a copy in the member's record.
- Give members the opportunity to discuss their rights and responsibilities with you.
- Provide coverage for your practice when you are not available.



Provider responsibilities



- Offer flexibility of appointment times to members whenever possible and within the following timeframes:
 - An initial mental health (MH)/substance use disorder (SUD) appointment must be offered and, if accepted by the member, provided within 10 business days of the request
 - For non-life-threatening emergencies, services must be offered and, if accepted by the member, provided within six hours
 - For life-threatening emergencies, immediate services must be offered
 - For crisis referrals, Magellan will respond to the referring party within 24 hours, or as quickly as required to avoid further escalation of the crisis, to discuss the need, and communicate with the member within five calendar days
 - Offer urgent appointments (immediate care is not needed for stabilization, but if not addressed in a timely way could escalate to an emergency situation) within 48 hours
 - For acute inpatient discharge, a MH/SUD outpatient appointment must be offered and, if accepted by the member, provided within seven business days
 - Appointments must be confirmed by network providers within 72 hours prior to the appointment
 - Reschedule appointments in a way that is appropriate for individual members' needs and ensures continuity of care

Provider responsibilities



Review with the members in your care information such as:

- Procedures to follow if a clinical emergency occurs
- Fees and payments
- Confidentiality scope and limits
- Member complaint/grievance process
- Treatment options and medications
- Obtain members' consent to share information with primary care physicians and other treating providers.



Notify Magellan if you are not able to meet these standards or are unable to accept new referrals for an extended period of time.

Learn more about your responsibilities as a contracted provider of Magellan by reviewing your Magellan Agreement, the national Magellan Provider Handbook, and applicable supplements to the handbook (including the IBHP supplement).



Clinical Practice Guidelines

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Clinical practice guidelines

Prior to adopting each guideline, a multi-disciplinary panel including **board-certified psychiatrists** and **clinical staff** examines relevant scientific literature and seeks input from **network providers** as well as **consumers** and **community agencies**.

- Magellan's adopted guidelines are intended to augment, not replace, sound clinical judgment.
- Magellan reviews each guideline at least every two years for continued applicability and updates guidelines as necessary.
- Magellan monitors adherence to best practices for commonly experienced conditions and disorders.

We will inform you of any changes to our guidelines through our newsletter, *Provider Focus*.





Language Assistance Program/Translation Services

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Language assistance/translation services



Magellan provides materials to members in their preferred language as well as Braille, and videos for visual learners.



Magellan provides telephonic translation in 180 languages, which is available 24/7.



Magellan has also developed Spanish language information sheets for members and community partners on key diagnoses such as anxiety, depression, and schizophrenia to increase reach and engagement.



All formal member communications include instructions on how to request translation services or documents in any language the member or their family uses to communicate.



Magellan uses TTY/TTD and/or Telecommunication Relay Service to communicate with members who are deaf, hard of hearing, or speech impaired. We do this by training staff members to provide clear verbal explanations or read written materials for individuals with visual, speech, physical, or developmental disabilities.



Magellan's provider search tool includes spoken languages to support members in locating a provider to meet their linguistic needs.



Magellan conducts an annual survey of member satisfaction that includes items related to the availability and effectiveness of language assistance services.

How does Magellan support its members through telephonic services?



Magellan staff can coordinate a request for translation of member materials in a variety of formats such as:

- Documentation translation in another language
- Larger font
- Alternative fonts (*e.g., Braille or oral recoding*).

Magellan ensures that we make available easily understood member-related materials, including education, grievances, appeals, and grievance resolution materials. We offer these materials in the languages of groups represented in a service area, including an alternative language written at no greater than a 5th grade reading level.



Recap

- » Sources of referrals for member services and care
- » Ways to submit referrals for services
- » Member eligibility and benefits
- » Member rights and responsibilities
- » Magellan's Clinical Practice Guidelines
- » Language Assistance Program and translation services

Do you have any
Questions?



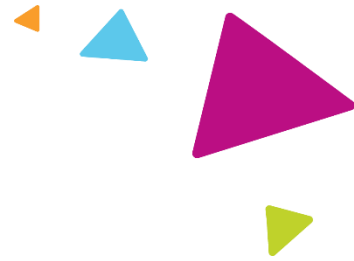
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Thank you

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Legal



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