



Magellan Overview and Key Processes

Idaho Inpatient Provider Training

Magellan
HEALTHCARE.



Agenda – inpatient providers

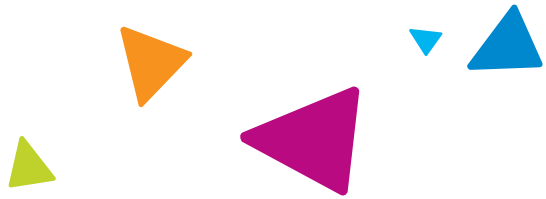
- » Welcome & introductions
- » Magellan of Idaho
- » The Magellan difference
- » Member transitions
- » Introduction to inpatient authorizations
- » Claims submission
- » Magellan of Idaho website
- » Provider support & resources
- » Wrap up & review

Magellan of Idaho



Our Purpose:

Leading
humanity
to healthy,
vibrant lives



Our Values:



OWN IT

If it is to be
done, it's up to
us to do it



DELIVER

We are relentless in
the pursuit of value
and results for our
customers



WIN TOGETHER

We believe in the
collective genius of
our people and the
magic of teamwork



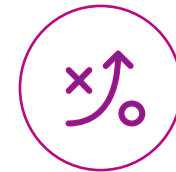
CARE

We care deeply
about each other,
our customers and
the communities
we serve



STAND TALL

We always
do the
right thing



EVOLVE

We embrace
learning as a
means to
reinvention – in
all that we do

Regional offices

Region 1 (Panhandle)



Regions 1 & 2 supported by
Coeur d'Alene office

Regions 3 & 4 supported by
Boise office

Regions 5, 6 & 7 supported
by **Pocatello office**

Region 2 (Northcentral)



Region 5 (Southcentral)

Region 3 (Southwest)

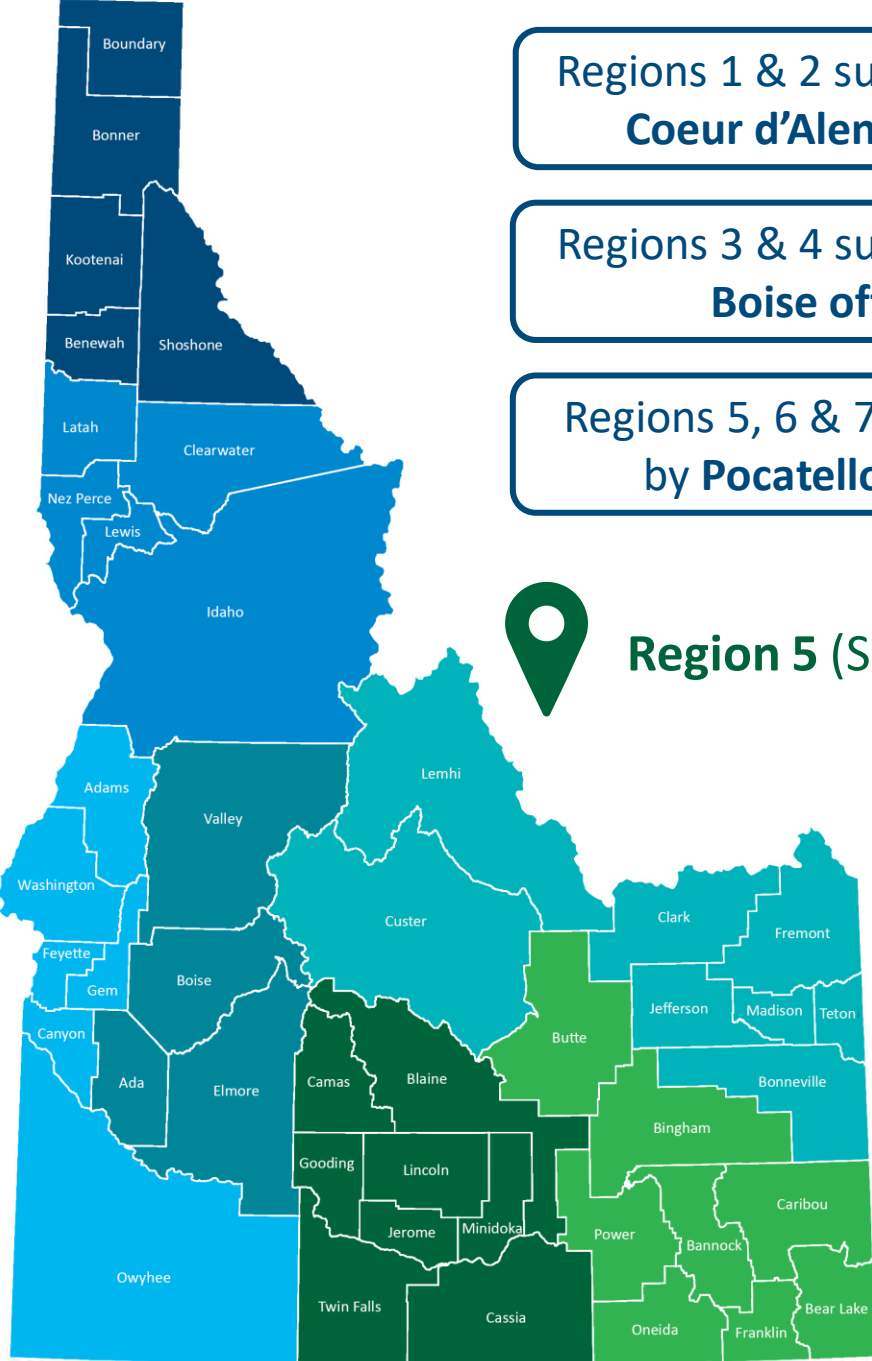


Region 7 (Eastern)

Region 4 (Valley)



Region 6 (Southeastern)



Idaho regional care teams



Regional care team members

Provider support specialists

Quality reviewers

Care managers

Transition of care coordinators

Recovery support coordinators

Family support coordinators

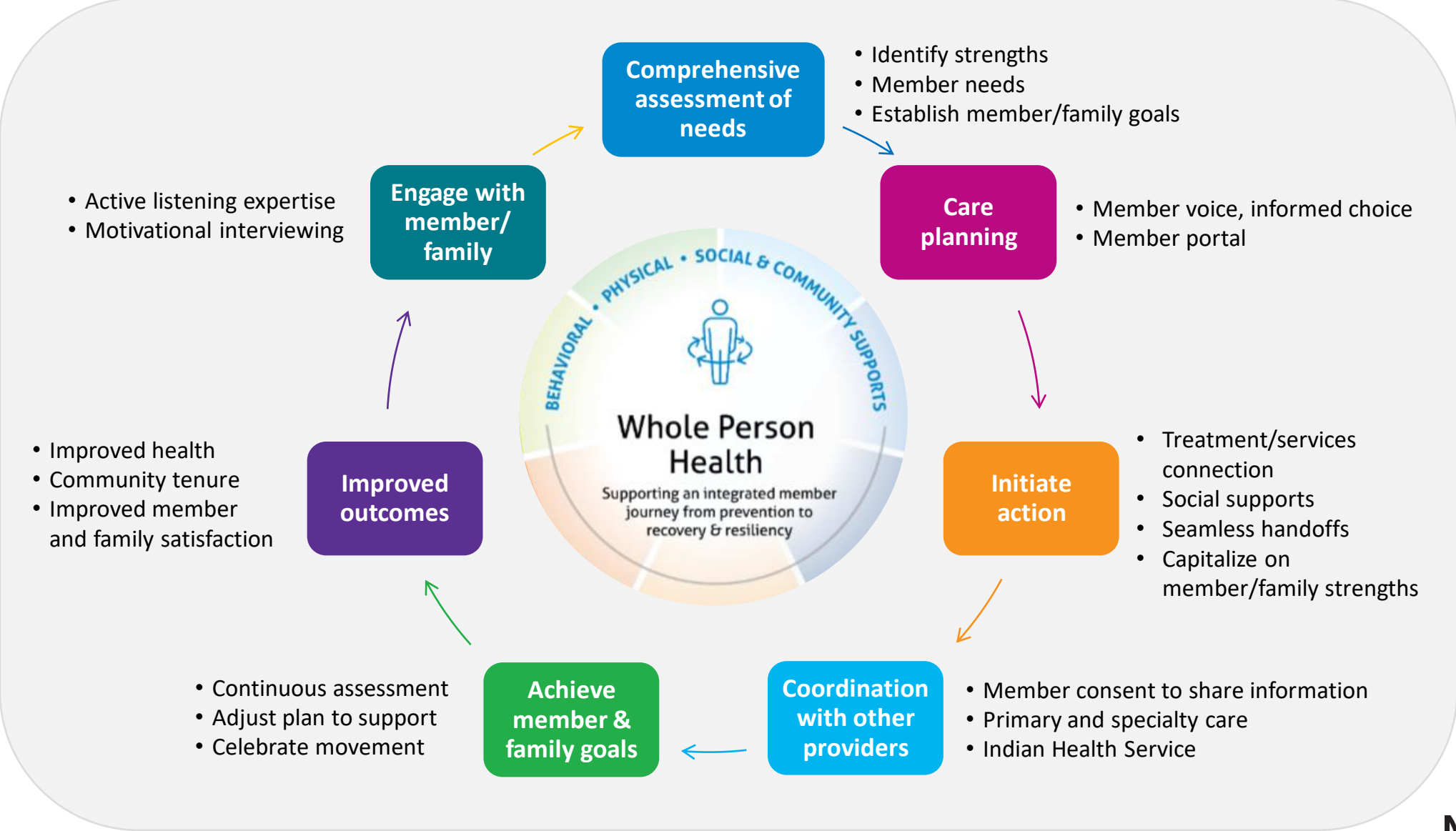


Member experience – no wrong door



- Contact center
- Crisis
- Providers/PCPs
- Member data stratification
- Clinical care team
- Stakeholders
- Emergency responders
- Emergency departments

Magellan's approach to member care



Member transition planning



Continuity of care and seamless transition for members and families

- Identify members in advance of program implementation (July 1, 2024)
- Participate in treatment, care and discharge planning with treatment team, member and families
 - Inpatient and SUD residential - 30 days prior to July 1, 2024



Member transition planning (cont.)



Continuity of care and seamless transition for members and families

- Enter authorizations beyond July 1, 2024 into Magellan's clinical platform
- Collaborate with IDHW and other vendors to integrate existing clinical documents into Magellan's clinical platform
- Assign Magellan Clinical team members to specific facilities
- Send new member packets with information about Magellan and the IBHP to all members



Overview of Authorizations at Magellan



Levels of care & clinical review guidelines



Facility/level of care	Clinical review guidelines
Inpatient Mental Health: Hospital	Modified MCG Care Guidelines
Inpatient Mental Health: Institution for Mental Diseases (IMD)	Modified MCG Care Guidelines
4.0 Medically Managed Intensive Inpatient Services	American Society of Addiction Medicine (ASAM), 3 rd ed.
3.7 Medically Monitored High Intensity Inpatient Services	ASAM, 3 rd ed.
3.5 Clinically Managed Medium Intensity Residential Services	ASAM, 3 rd ed.

Concurrent reviews: Inpatient treatment



Inpatient treatment

Concurrent reviews for inpatient treatment will initiate **72 hours** after admission

Includes Medicaid and non-Medicaid members



Concurrent reviews: Inpatient & psychiatric residential treatment



Information gathered during concurrent reviews: Medicaid and non-Medicaid

- Reason for admission / current risk level
- Diagnosis
- Treatment plan goals / updates to treatment plan
- Result of diagnosis tests
- Social determinants of health (SDOH) needs
- Referrals to other programs
- Physical health needs
- Medication management
- Crisis planning
- Discharge planning



Concurrent reviews: ASAM Levels 3.0, 3.5 and 4.0



Information gathered during concurrent reviews: Medicaid and non-Medicaid

- Collaboration with formal supports
- Planning with family / natural support
- Medication-assisted treatment
- Treatment plan goals / updates
- Readiness to change
- Connection to SDOH needs
- Physical health needs
- Referrals to other programs
- Crisis planning
- Discharge planning



Discharge reviews



Discharge plan - agreement from member/family

Information gathered for discharge reviews

Inpatient, psychiatric residential, and ASAM 3.5, 3.7 and 4.0 Medicaid and non-Medicaid



Crisis plan



Medications



Name of provider, date and time of appointment



Connection to SDOH needs

Claims Submission



Claims submission






- Magellan provider contracts require claims to be submitted within the required timely filing limits



Claims not received within the applicable required timely filing limits will be denied

Claims submission

Claims must contain:

-  No defect or impropriety, including a lack of any required substantiating documentation
-  HIPAA-compliant coding or other circumstance requiring special treatment that prevents timely payments from being made
-  Claims not containing all required information will be subject to denial



Claims submission options



Providers have many options for submitting claims:

Paper claim

- Mailed to Magellan



Electronic claim

- Electronic data interface (EDI) via direct submit
- Web-based claims submission tool via Magellan's provider portal
- Contracted clearinghouse



Paper claims submission



Hard-copy submissions
physically mailed to Magellan



CMS 1450 (UB) claim form

Used for *facility-based*
services

CMS 1500 claim form

Used for *non-facility-based*
services



EDI Direct Submit



Electronic claims
upload process

- Supports **HIPAA 837P** and **837I** claim submission files
- Allows providers to send HIPAA transaction files directly to and receive responses from Magellan *without* a clearinghouse



EDI Direct Submit



Electronic claims
upload process

- Recommended if providers can create an 837 in HIPAA-compliant format
- Testing process to determine if Direct Submit is right for you
- No cost to providers



Web-based Direct Submit



Web-based claims
upload process

- Web-based claim submission tool via data entry application
 - For credentialed and participating providers
 - Professional claims ONLY (no institutional claims)
 - One claim at a time

- Allows providers to send HIPAA transaction files directly to and receive responses from Magellan *without* a clearinghouse



Web-based Direct Submit



Web-based claims
upload process

- Claims processed in real-time
- Provides immediate notification of the potential errors in claims submission for quicker resolution and timely resubmissions where required
- Recommended process for providers who submit a low volume of claims
- No cost to providers

EDI submission via clearinghouse








Electronic claims
submission
process

- Clearinghouse transforms non-HIPAA-compliant formats to compliant 837 format
- Magellan accepts 837 transactions from several contracted clearinghouses
- Proper Payer ID is required for all clearinghouse submissions
 - 837P Professional: 01260
 - 837I Institutional: 01260
- Note there may be charges from the clearinghouse

Review claims via Availity Essentials



Availity essentials

-  Free, real-time access to payer information
-  Verify eligibility and benefits prior to submitting a claim
-  Check claims status
-  View/print remittance advice
-  Access Availity Essentials via www.availity.com



Provider support via Availity Client Services (ACS) Essentials



Chat

Available daily via Community Support on www.availity.com



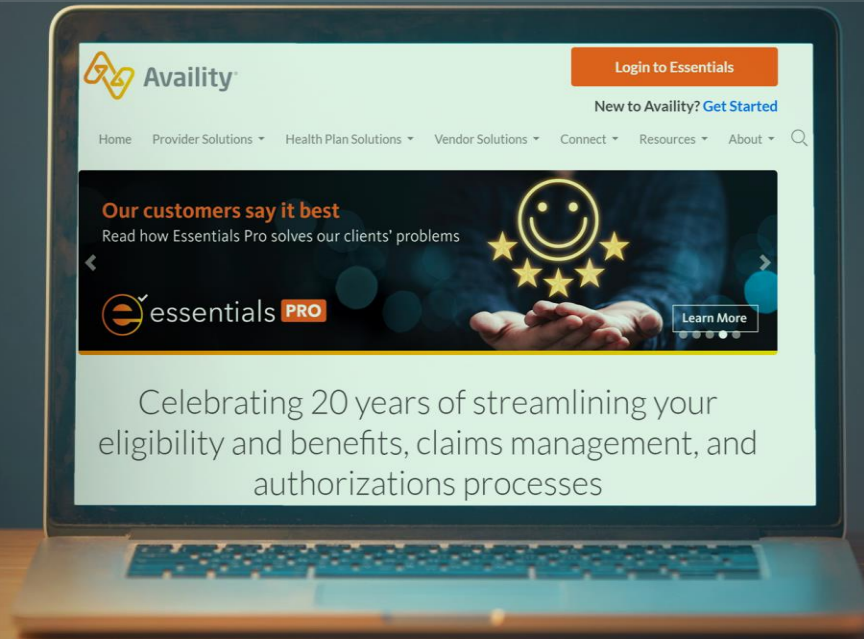
E-ticketing

Available 24/7 on www.availity.com



Phone

1-800-AVAILITY (282-4548)
Monday-Friday 8 a.m.-8 p.m.ET



Claims reimbursement



Electronic funds transfer (EFT)

**Reduced administrative burden
benefits your practice**

Secure payments directly deposited into your bank

> Magellan network providers must sign up for EFT through our contracted vendor site and receive all payments electronically

> Our vendor will conduct a secured transmission test with your bank to make sure payments transfer properly

ECHO Health

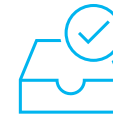


ECHO Health is the payment processing platform that will provide electronic funds transfers (EFTs).



ECHO Health will handle:

- EFT
- Checks
- Virtual credit cards
- Provider EOBs & EOPs



You must submit a claim BEFORE signing up for EFT

Reimbursement rate



Methodology & rates

Magellan follows the state methodology for hospital types, such as acute care and psychiatric, using All Patients Refined (APR) Diagnosis Related Groups (DRG) methodology and rates

Exclusions

Facilities excluded from APR DRG methodology are reimbursed at per diem rates, such as Institutions for Mental Diseases (IMDs) and in-state critical access hospitals, psychiatric residential treatment facilities (PRTFs), and residential treatment centers (RTCs)



Methodology and rates come from the state of Idaho

Provider Support & Resources



Magellan of Idaho website



Magellan of Idaho website content



✓ News and Events

- Trainings and webinars
- Special events
- Quarterly *Provider Focus* newsletter
- Provider communications
- Press releases
- Discover Magellan Healthcare

✓ Provider Resources

- Letter of Intent Submission
- Provider Handbook
 - Contractual expectations
 - Credentialing and recredentialing
 - Regulatory requirements/changes
 - Quality partnership
 - Provider reimbursement and claims

✓ Member Resources

- Emergency contacts
- Community referrals
- Eligibility questions
- IBHP program descriptions
- IBHP program updates

Contracting & Credentialing



Letter of Intent process



How do I submit It?

Submit a Letter of Intent by going to:
MagellanofIdaho.com



How long does it take?

Estimated time to complete
5-7 minutes



What information is needed?

Contact information:
name, email,
provider taxpayer ID (TIN),
address, NPI, services

The Letter of Intent (LOI) confirms your intent to deliver behavioral health services and provides Magellan with information for the contracting process.

Magellan's network



Magellan's approach to network development

Our goal is to implement a **strengths-based plan** focused on **increasing access, enhancing quality, expanding choice and improving consumer experience.**

We understand the critical need to **work collaboratively** with members, families, providers, advocates, Idaho government officials and other stakeholders.

Contract types



Magellan will contract with all qualified providers to participate in the network, allowing continuity of care for members.

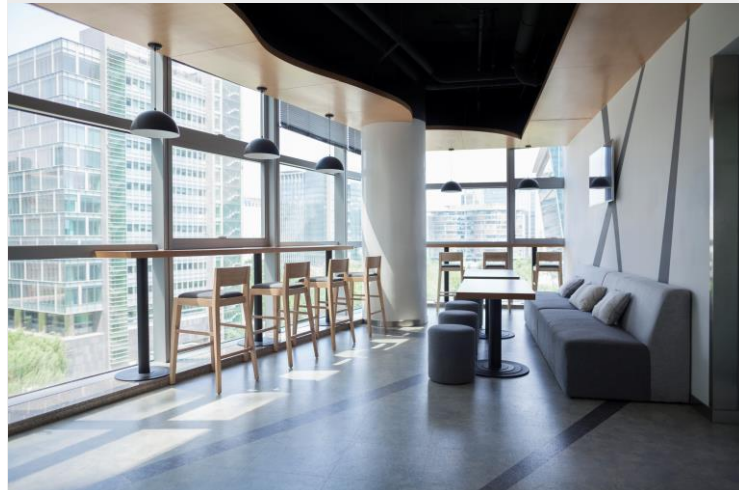
Organization/Facility

A facility or agency licensed and/or authorized by the state, which operates to provide behavioral health services



Individual

A clinician who provides behavioral health services and bills under their own Tax ID/SS#



Group

A practice contracted with Magellan as a group entity and as such bills as a group entity for the services performed by its Magellan-credentialed clinicians







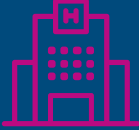


Credentialing application



Magellan network providers must have a Magellan provider agreement in order to bill Magellan for provision of covered services

Magellan credentials each facility separately and requires a separate credentialing application

<h2>Organizational credentialing instructions</h2>	 <p>Do not photocopy for additional locations, as each application is barcoded uniquely to the specific provider ID/location</p>	 <p>Complete all relevant fields and ensure your responses are legible</p>	 <p>Be sure to sign and date each application you submit</p>
 <p>Confirm your Medicaid enrollment is current</p>	 <p>Provide updated roster</p>	 <p>Return all required documents</p>	 <p>Confirm accurate and complete facility demographics reported</p>

Credentialing checklist for submission



- All current state and federal licenses and certificates
- All accreditation information
- A *current* copy of organization's (a) medical malpractice, (b) errors and omissions, and (c) comprehensive general and/or umbrella liability insurance certificates of coverage, including the limits of liability and policy period (At least \$1M/\$3M coverage is required)
 - If organization is a governmental entity, a signed statement that organization is covered under Tort Claims Liability Act or similar legislation is required
- Copy of most recent state site visit report *for non-accredited organizations*
- Completed Organization Behavioral Health Staff Roster

Provider Engagement

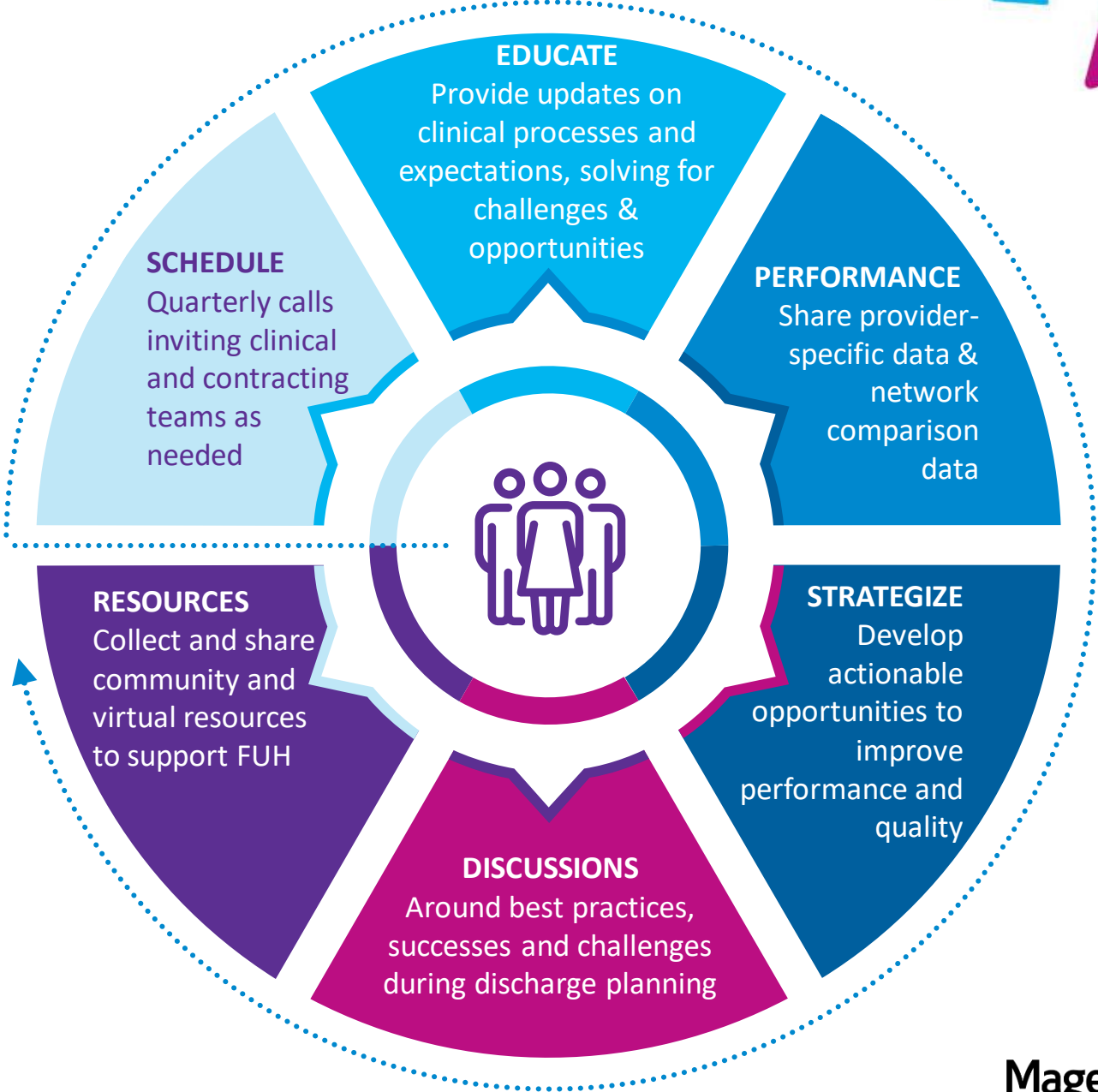


Provider partnership team



Quarterly meetings with all facilities that have 50+ admissions in a year

Enhancing Magellan relationships while improving HEDIS measures, targeting cost of care, and developing innovative strategies



Quarterly provider newsletter



The screenshot shows the 'Magellan HEALTHCARE. PROVIDER focus' newsletter. At the top, there is a search bar for 'Provider Focus' and a 'Go' button. Below the header, a green banner reads 'News & information for Magellan network providers'. A 'Spring 2023' badge is visible. The main content area features a large image of two women in a meeting, with a headline 'We all can encourage recovery and resiliency' and a sub-headline 'Learn how the intentional use of language that is respectful of a person's basic humanity, expectant for their recovery, and which elicits positive belief and action can shape how we view people living with mental health/substance use conditions.' Below this, there are sections for 'features', 'region/plan-specific news', and 'featured articles'. The 'features' section lists items like 'Support kids' healthy habits' and 'Share these resources during Mental Health Month'. The 'region/plan-specific news' section lists states like California, Louisiana, and Virginia. The 'featured articles' section includes 'Resources to support kids' healthy habits', 'Help members find the right provider', 'May is Mental Health Month', and 'Increase your potential for referrals'.

- Current events & new initiatives
- Clinical findings & processes
- Industry best practices
- Learning opportunities & resources
- Claims & quality improvement tips
- New regulatory requirements
- Plan-specific news & more!

MagellanProviderFocus.com

Provider meetings and forums



In-person and webinars



Gain input and knowledge of local providers to enhance service delivery



Discuss Magellan initiatives



Inform providers of transition timelines

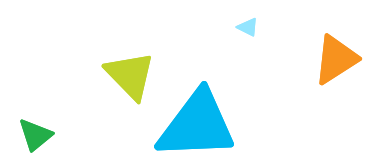


Discuss contracting activities and solicit feedback

Establish strong collaborative partnerships



Provider Advisory Committee



- ✓ Hosted quarterly by Magellan
- ✓ Discuss Magellan initiatives and timelines
- ✓ Solicit suggestions and ideas to assist in implementing state and region-wide program initiatives
- ✓ Open forum to explore ways to promote diversity, equity, and inclusion, and best practices
- ✓ Review trends in the delivery of care
- ✓ Gain input and knowledge of local providers to enhance service delivery
- ✓ Annual report of provider satisfaction results
- ✓ 10-15 providers included as a representative of the Idaho market

Contacting Magellan



Email

IdahoProvider@MagellanHealth.com

- Ask questions
- Request contracting materials
- Speak your mind
- Share information
- Discuss concerns
- Ask for help
- Brainstorm solutions
- Get added to Magellan's provider contact list

Provider Feedback



Provider feedback



What is working?

Where are there opportunities to change?



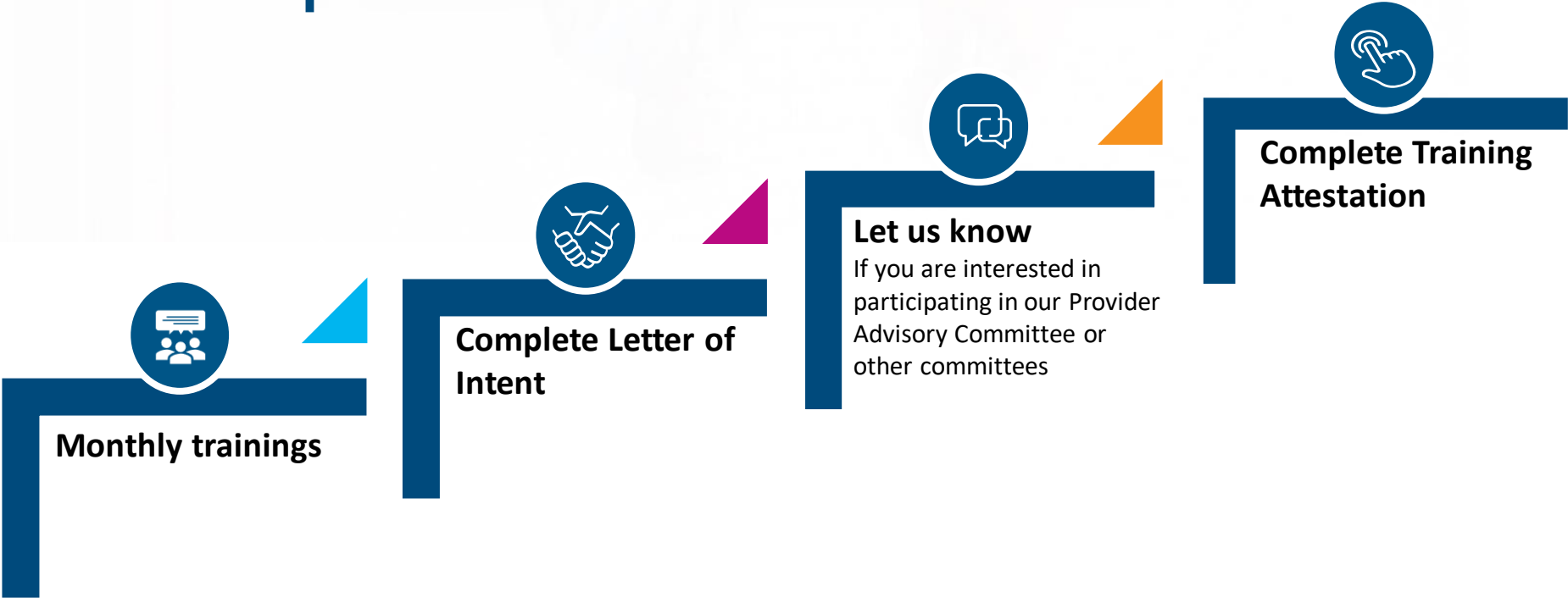
We look forward to working with you!

Topics for future inpatient provider trainings?

Interest in participating in ongoing Magellan committees?



Next steps

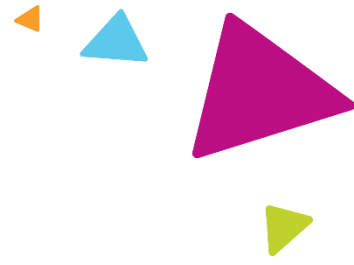




Thank you!

Magellan
HEALTHCARE®

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