

# Magellan of Louisiana

New Provider Orientation

Revised 2020




**Magellan**  
HEALTHCARE<sup>SM</sup>

# Magellan Welcomes You To The Louisiana CSoC Provider Network



We value your participation in the Magellan Network, and all that you do to provide the very best services to our children.



# Introduction to Coordinated System of Care (CSoC)

# Coordinated System of Care



The Coordinated System of Care (CSoC) is for Louisiana's children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.

- The CSoC is an evidence-informed approach to family and youth-driven care that enables children to successfully live at home, stay in school and reduce involvement in the child welfare and juvenile justice systems. The primary goals for CSoC include:
  - Reducing the number of children and youth in detention and residential settings;
  - Reducing the State’s cost of providing services by leveraging Medicaid and other funding sources;
  - Increasing access to a fuller array of home and community-based services that promote hope, recovery and resilience;
  - Improving quality by establishing and measuring outcomes; and
  - Improving the overall functioning of these children and their caregivers.
- A child/youth eligible for CSoC will meet the following criteria:
  - Ages 5 through 20
  - DSM 5 diagnosis
  - Meets clinical eligibility for CSoC as determined by the Child and Adolescent Needs and Strengths (CANS) Comprehensive scale
- Anyone with concerns about a child/youth’s behaviors may assist the parent/guardian on making a referral to CSoC
- If the child/youth passes the screening, referral is made to the Wraparound agency (WAA) and the Family Support Organization (FSO)



## Wraparound

- Is an intensive, individualized, team based care planning and management process that is used to achieve positive outcomes by providing a structured, creative and team-based planning process that addresses the needs of the child/youth and their family.
  - The cornerstone of the wraparound process is that it is driven by the goals, perspectives, and preferences of the child/youth and their family as they work side by side with the wraparound facilitator and the other members of the Child and Family Team.
  - Through this team-based collaborative approach, a single Plan of Care is developed that focuses on the strengths of the child/youth, family and other team members rather than the deficits. This single comprehensive plan encompasses both formal and informal services. During the regularly scheduled Child and Family Team meetings, the plan is reviewed and changes are made as needed so that the child/youth and family achieve their goals.
- The Wraparound Agency (WAA) is responsible for ensuring the implementation of the wraparound process
  - The Wraparound Facilitator (WF), in the WAA, is responsible for working with the family throughout their participation in CSoc.  
Responsibilities of the WF include, but are not limited to:
    - Meeting with the child/youth/family to complete the Strengths, Needs and Cultural Discovery;
    - Assisting the family in identifying and developing a Family Vision, Strengths, Goals, create a family story, etc.;
    - Assisting the child/youth/family in identifying potential members of the Child and Family Team (CFT) which should include formal and informal supports including providers;
    - Convening and facilitating the CFT meetings on a monthly basis at a minimum and more frequently whenever needed; and
    - Facilitating the development and implementation of the Plan of Care (POC), which includes a Crisis Plan. The Plan of Care will include formal and informal supports and services the Child and Family Team deem appropriate.

# Coordinated System of Care - FSO



## Family Support Organization (FSO)

- Provides Parent Support and Training and Youth Support and Training which are two of the specialized services for youth enrolled in CSoC
- Responsibilities of the FSO include, but are not limited to:
  - Ensure appropriate screening, hiring, training processes are in place for each FSO staff person;
  - Develop a cadre of Parent Support and Training (PST) and Youth Support and Training (YST) staff in each region;
  - Establish a centralized intake process for all requests for FSO services;
  - Receive referrals for FSO services (PST/YST) from the CSoC Contractor or the WAA when immediate and routine needs are identified;
  - Attend Child and Family Team (CFT) meetings as requested by the families receiving FSO services;
  - Provide PST/YST services in accordance with the family’s Plan of Care;
  - Participate in the Statewide Coordinating Council;
  - Develop active partnerships and effective working relationships with all WAA staff;
  - Actively partner with the State, the CSoC Contractor, and regionally-based WAA staff to promote the values of CSoC and the value of wraparound

# Coordinated System of Care Specialized Services



- **Parent Support and Training**

–This service connects families with people who are caregivers of children with similar challenges. Parent Support staff provide assistance to families and help families develop skills. Parent Support staff also provide information and education to families and help families connect with other community providers.

- **Youth Support and Training**

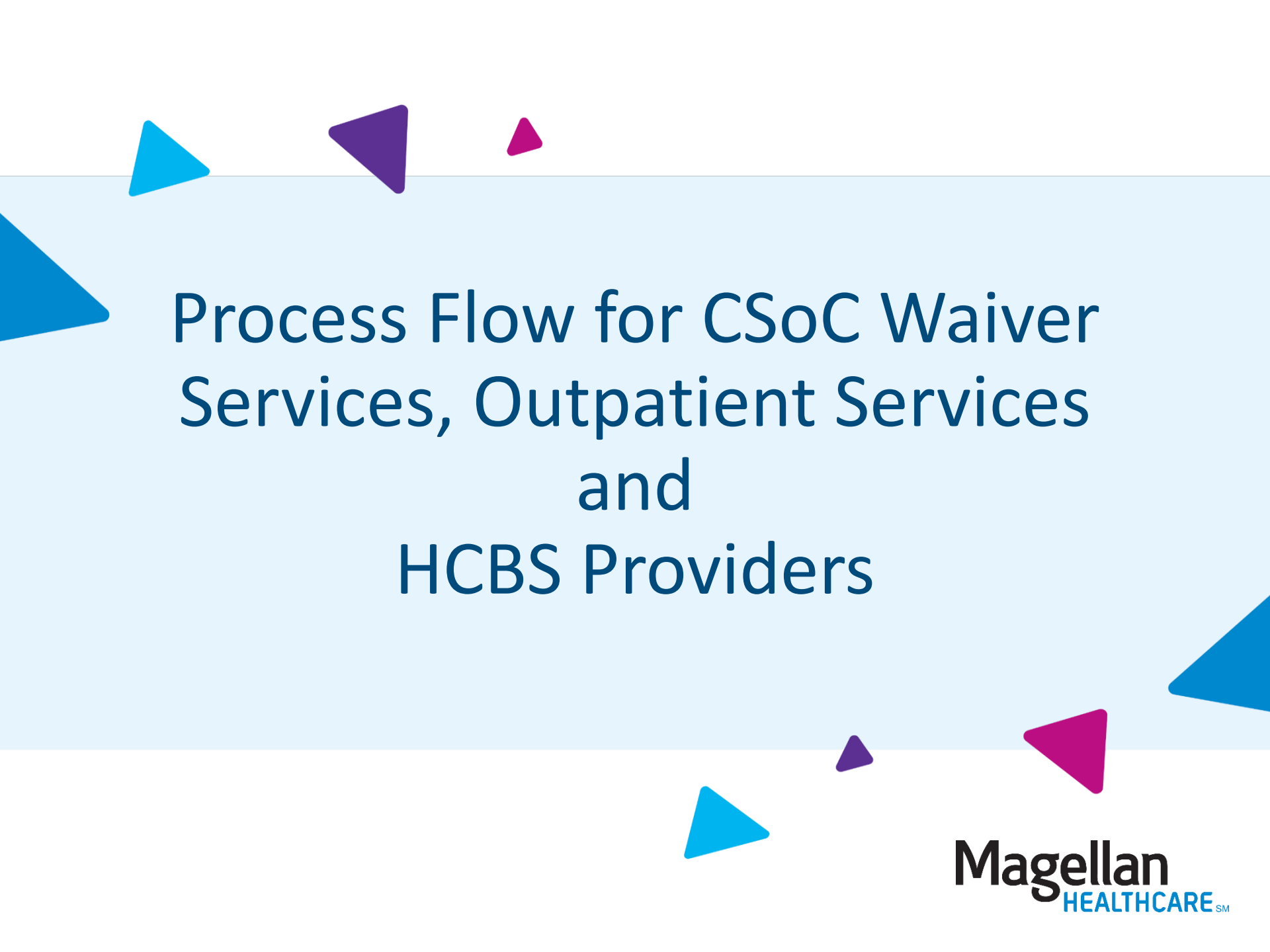
–Young people who have been involved in behavioral health services or other child-serving systems in the past provide support, mentoring, coaching and skill development to children and youth enrolled in CSoC. This service works with the child or youth at home and in community locations and supports the development of new skills and abilities.

- **Independent Living/Skills Building**

–This service helps children or youth who need assistance moving into adulthood. Children or youth learn skills that help them in their home and community. Children or youth learn to be successful with work, housing, school and community life.

- **Short Term Respite**

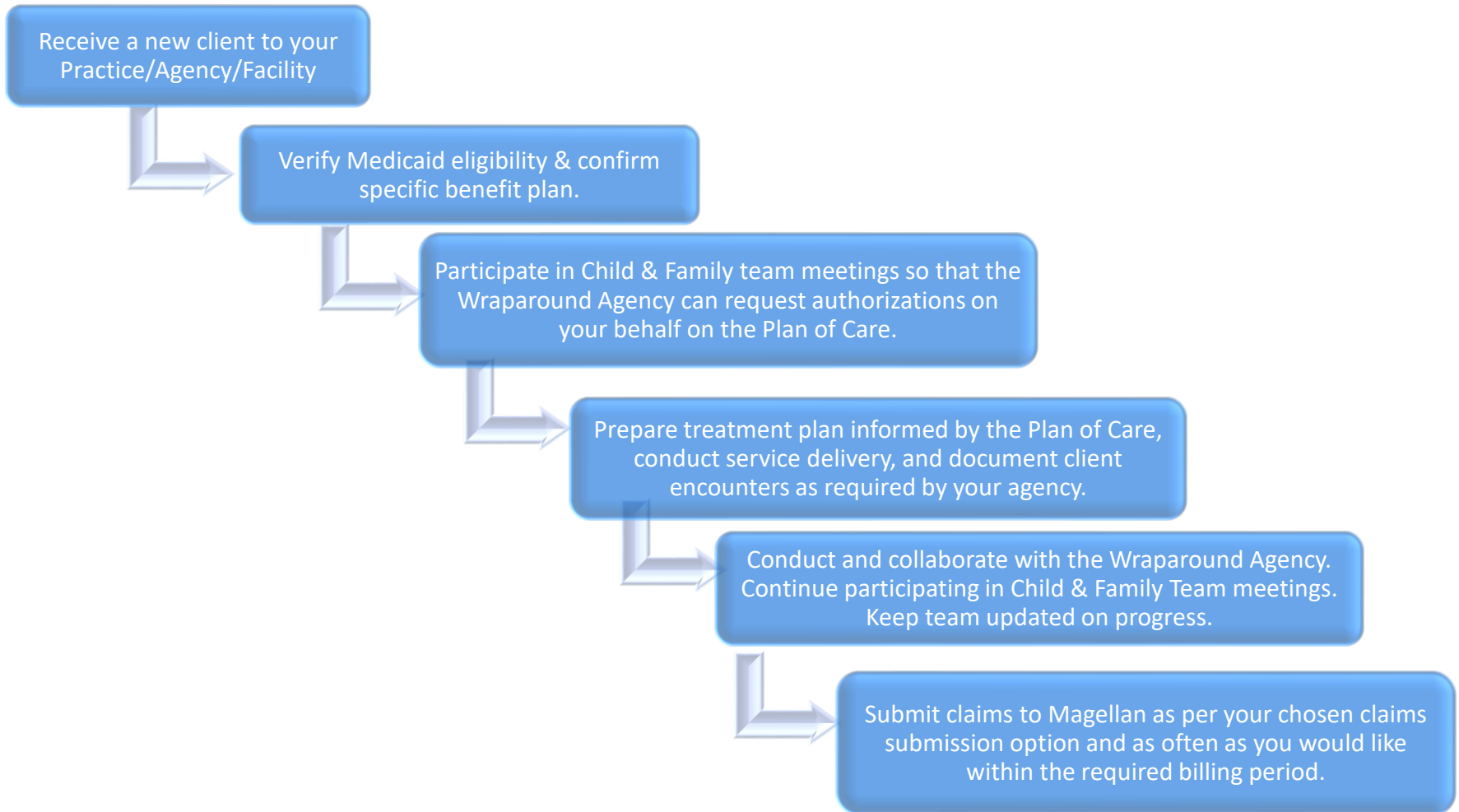
–Respite is designed to help meet the needs of the caregiver and the child. The respite provider cares for the child or youth in the child's home or a community setting to give the child/youth and/or the caregiver/guardian a break. Children or youth in CSoC can receive up to 300 hours of respite each year. This service helps to reduce stressful situations. Respite may be planned or provided on an emergency basis.



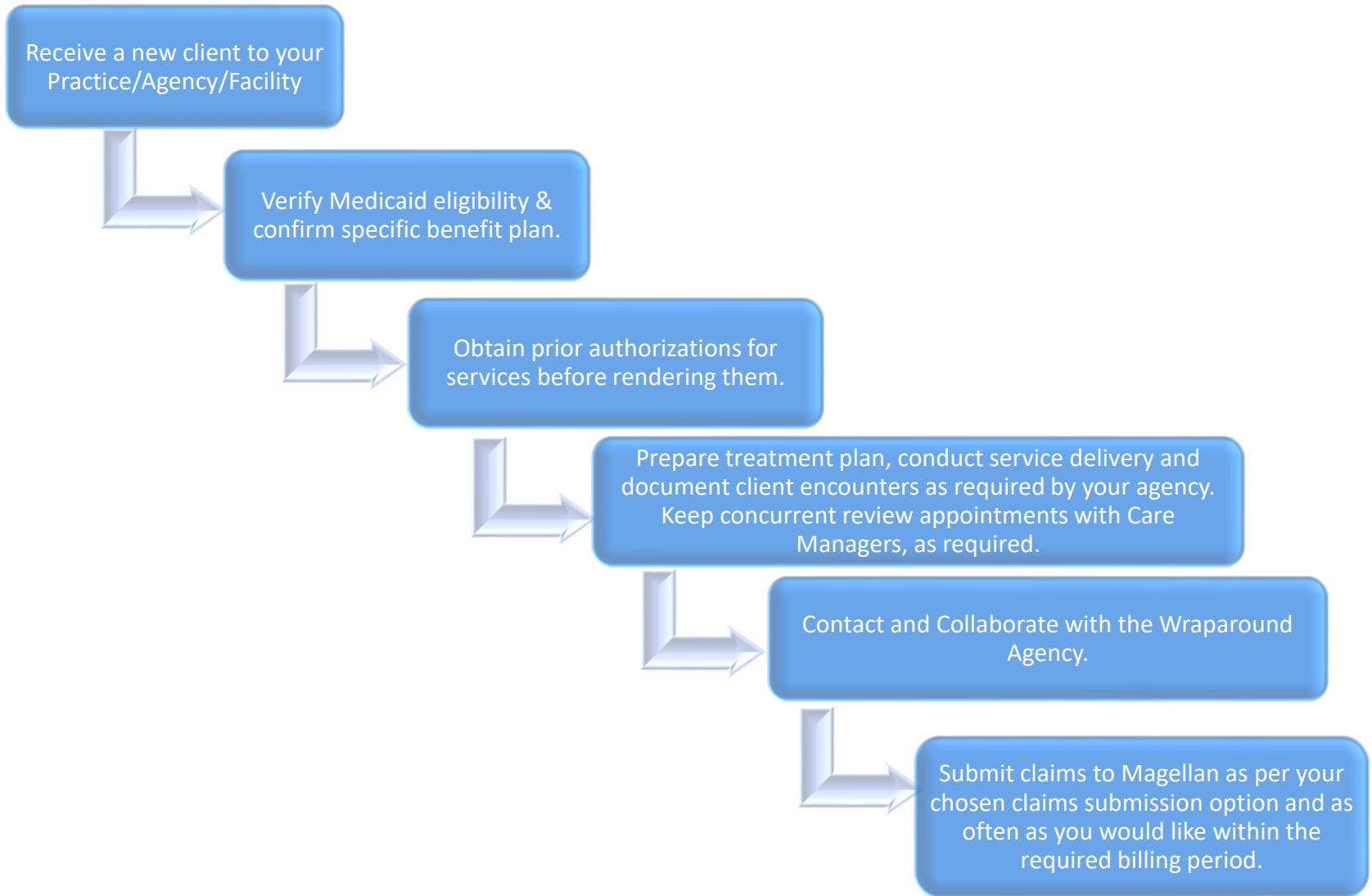
# Process Flow for CSoC Waiver Services, Outpatient Services and HCBS Providers



# Process Flow for CSoC Waiver Service, Outpatient, and HCBS Providers



# Process Flow for Inpatient and Crisis Services





# The Basics of Utilization Management



The goal of *Utilization Management* is to ensure that the youth has:

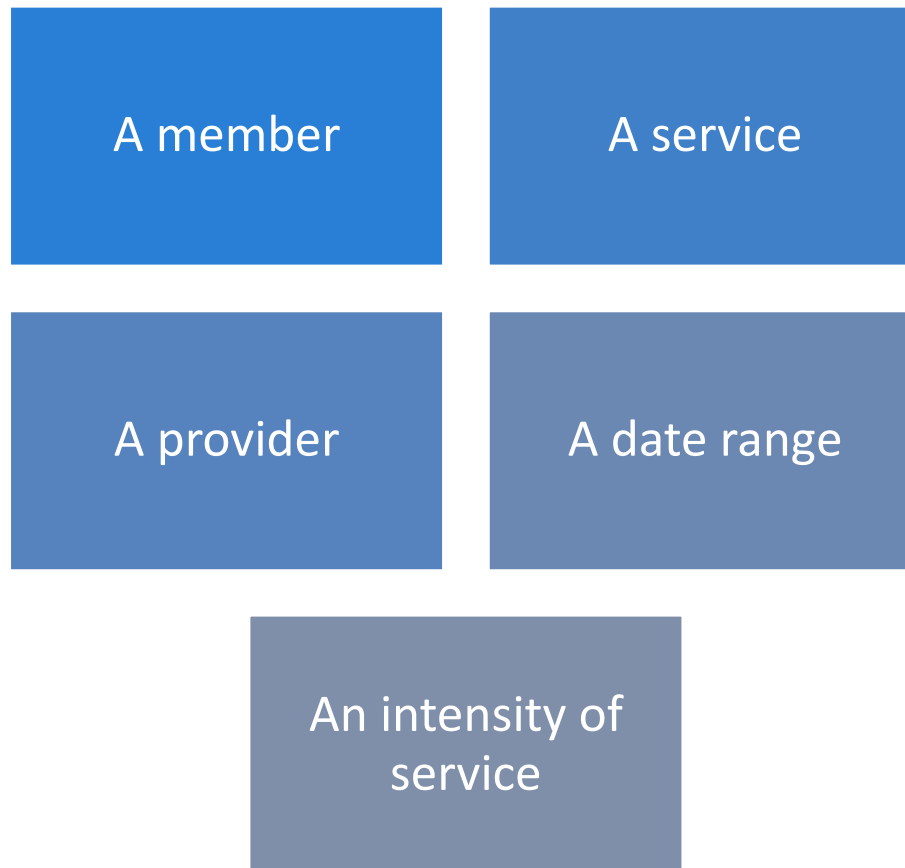
- ✓ the right treatment
- ✓ in the right intensity
- ✓ at the right time.



# What is a Prior Authorization?



- Prior Authorizations are authorizations for reimbursement for services rendered.
- The following elements must be included to process an authorization:



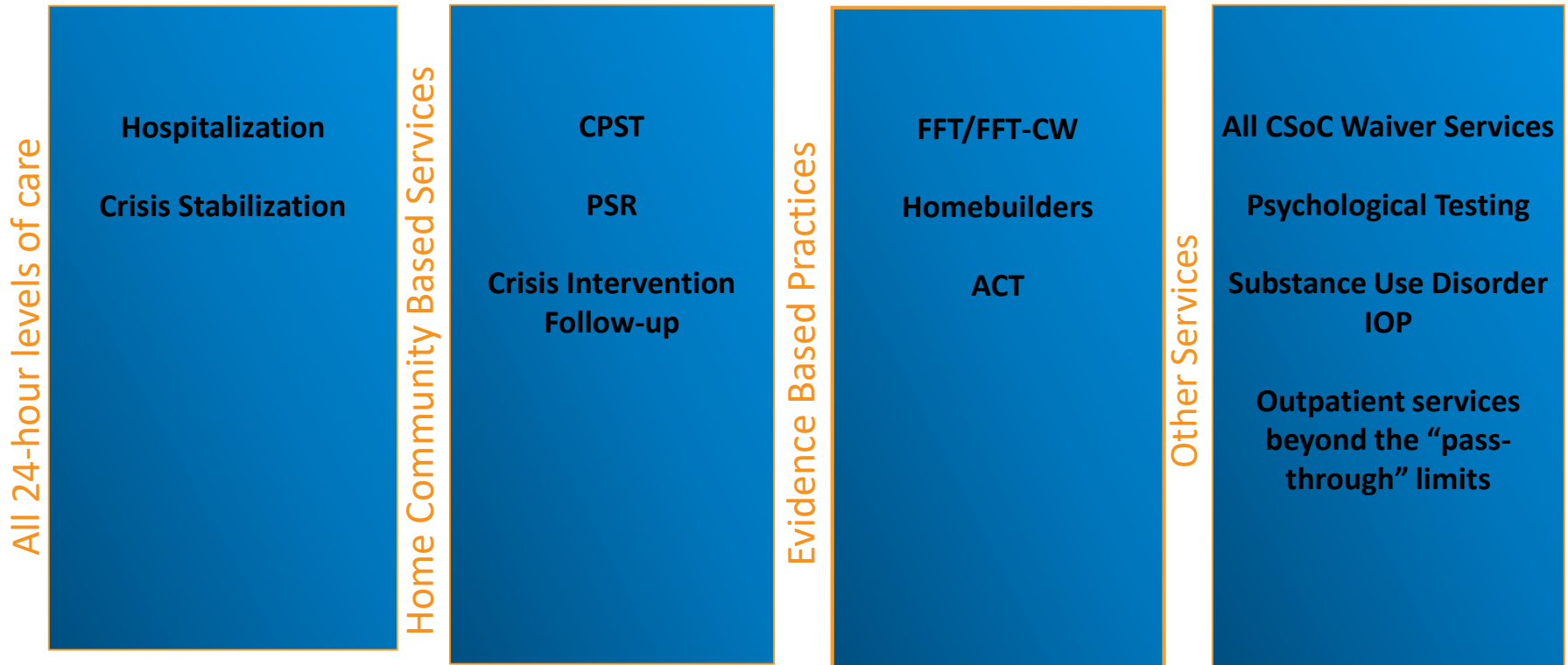
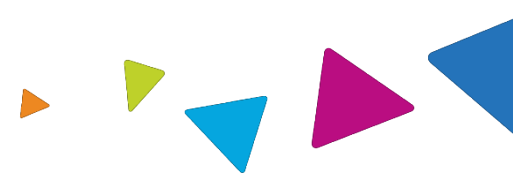
# Examples of Authorizations



- “Jane Doe is authorized for 25 units of PSR to be rendered by the Sunshine Counseling Agency from June 1 through July 31.”
- “John Doe is authorized for 3 days of inpatient psychiatric treatment at the Healthy Hospital beginning on August 1, with a last covered day of August 3.”



# What Services Require An Authorization?



# How Do I Request An Authorization?



By telephone (1-800-424-4489) for...

- Hospitalization
- Crisis Stabilization
- Crisis Intervention Follow-Up

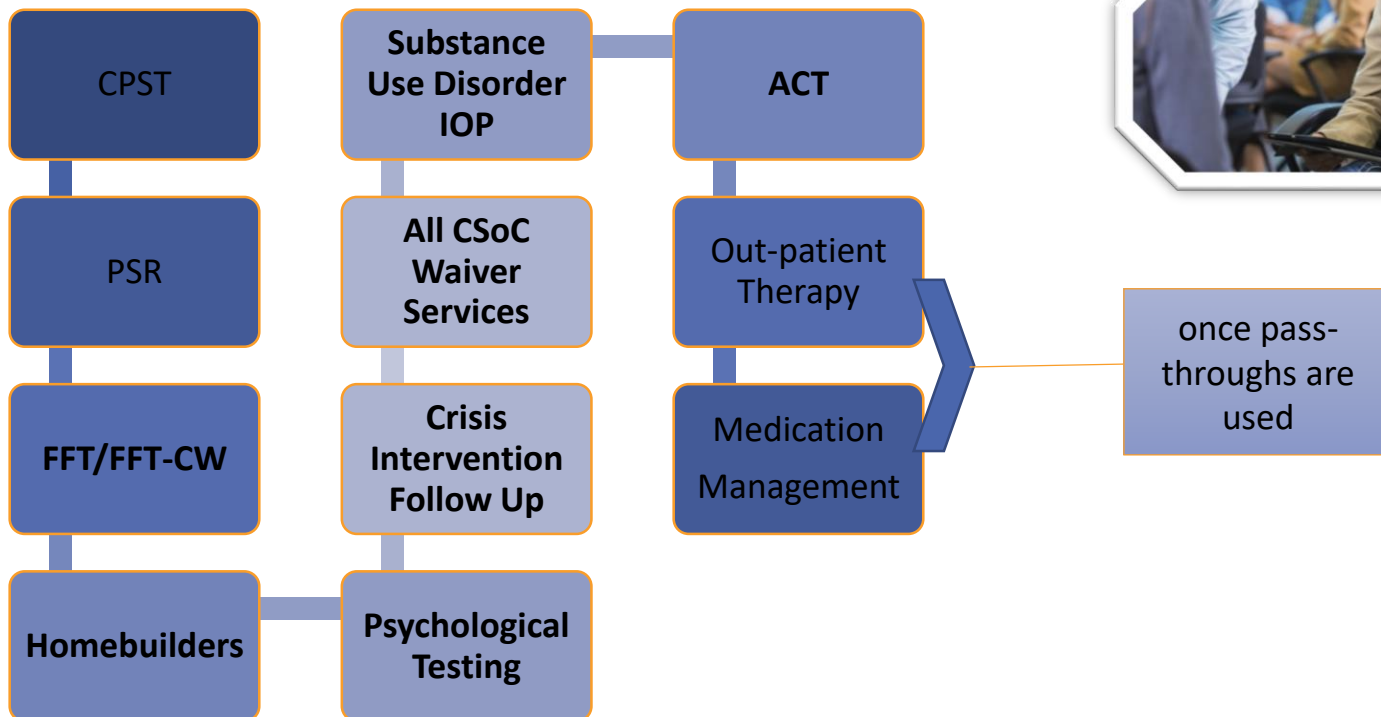




# How Do I Request An Authorization?



- Authorization requests are made through the Plan of Care.
- The Plan of Care is discussed during the Child & Family Team Meeting attended by the youth, caregiver, the Wraparound Agency, and others...
- Services that are authorized through the Plan of Care include:



# How Do I Request An Authorization?



Before the service is rendered:

- For telephonic requests, Magellan will consider a request timely if the authorization is requested up to 1 business day after the date the authorization should begin.
- If the youth continues to need services beyond those of the initial authorization period, then request should be made before the current authorization ends.
- This request for an ongoing authorization is called a concurrent review. Concurrent reviews occur in the same format as the initial authorization (phone or Plan of Care).

# How are Authorization Decisions Made?



The care manager will review the youth's clinical situation.

Information typically reviewed includes:

- ✓ Current symptoms
- ✓ Current social supports
- ✓ Medications
- ✓ Medical information
- ✓ Diagnosis
- ✓ Treatment plan
- ✓ Discharge plan
- ✓ Care Coordination
- ✓ CSoC Assessment and Plan of Care
- ✓ An assessment by a LMHP within 24 hours for Crisis Intervention follow-up
- ✓ Seen daily by a qualified professional for Inpatient Psychiatric Treatment



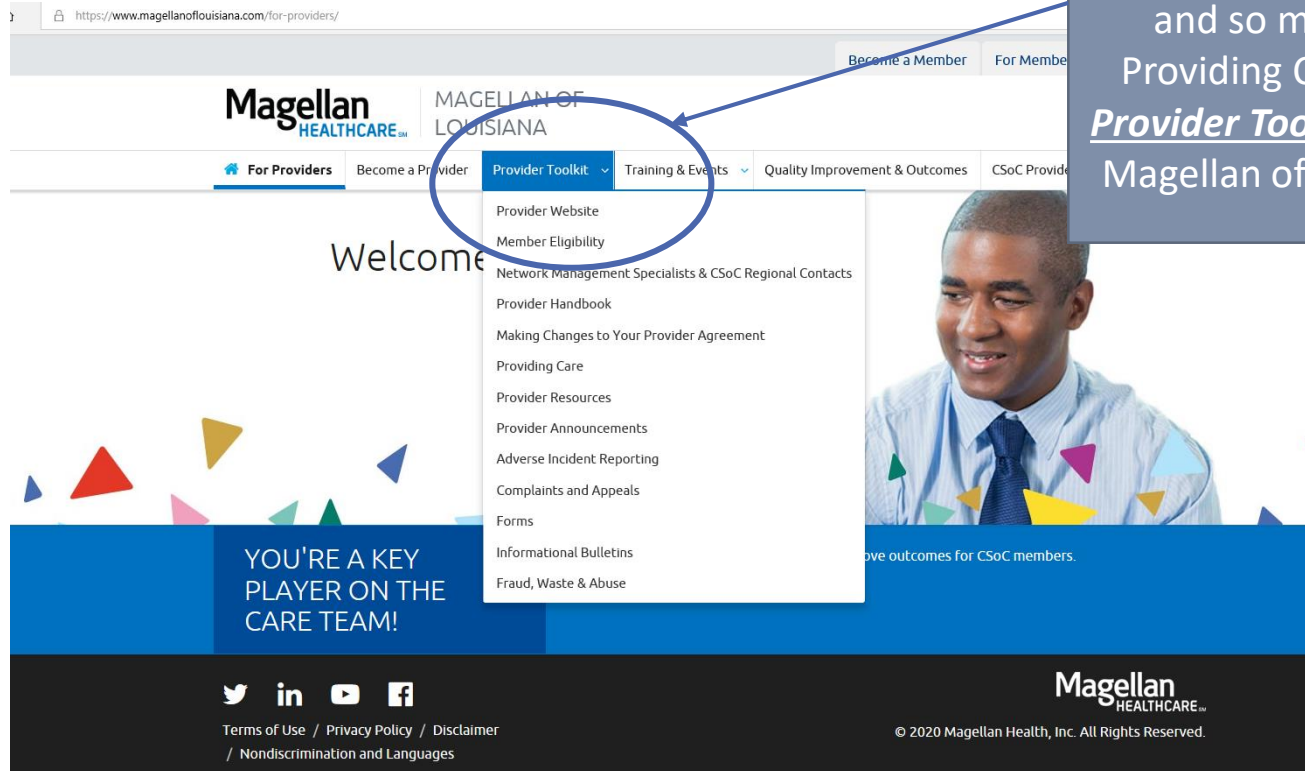
# Providing Care

# Providing Care

- In this section, we will discuss some of the areas that are important for you to know and understand prior to providing care to youth and families enrolled in CSoC, including:
  - Assessment and Screening Program
  - Coordination of Care
  - Clinical Practice Guidelines

[www.magellanoflouisiana.com/for-providers/](https://www.magellanoflouisiana.com/for-providers/)

Find more about these topics and so much more about Providing Care by visiting the **Provider Toolkit** available on the Magellan of Louisiana Website.



The screenshot shows the website <https://www.magellanoflouisiana.com/for-providers/>. The navigation menu includes "For Providers", "Become a Provider", "Provider Toolkit", "Training & Events", "Quality Improvement & Outcomes", and "CSoC Provider". The "Provider Toolkit" menu is expanded, listing various resources such as "Provider Website", "Member Eligibility", "Network Management Specialists & CSoC Regional Contacts", "Provider Handbook", "Making Changes to Your Provider Agreement", "Providing Care", "Provider Resources", "Provider Announcements", "Adverse Incident Reporting", "Complaints and Appeals", "Forms", "Informational Bulletins", and "Fraud, Waste & Abuse". A blue circle highlights the "Provider Toolkit" menu item, and a blue arrow points from the text box on the right to this circle. The website header features the Magellan Healthcare logo and the text "MAGELLAN OF LOUISIANA". The main content area includes a "Welcome" message and a banner that reads "YOU'RE A KEY PLAYER ON THE CARE TEAM!". The footer contains social media icons, a disclaimer, and the copyright notice "© 2020 Magellan Health, Inc. All Rights Reserved.".

# Member Rights and Responsibilities — What We Believe



Before you get started with serving CSoC youth and families, it is important to know and understand Magellan's policy regarding our members' rights and responsibilities. At Magellan, we believe that members have:

- A right to receive information about Magellan, its services, its practitioners, and providers and member rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and right to privacy.
- A right to participate with practitioners in making decisions about their health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice grievances or appeals about Magellan or the care it provides.
- A right to make recommendations regarding Magellan's member rights and responsibilities policy.
- A responsibility to supply information (to the extent possible) that Magellan and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

# Member Rights and Responsibilities — What We Do



- Here at Magellan, we believe we all have a responsibility in respecting the dignity, worth and privacy of each of our members.
- To demonstrate this, we have established a *Member Bill of Rights* to inform and explain these rights and responsibilities to our members. You can access these on **our Member website**.
- We provide a hard copy of the Magellan Member Handbook – which includes the *Member Bill of Rights* – to all of our members when they join CSoC. The Wraparound Agency is responsible for ensuring the member’s rights and responsibilities are reviewed with members prior to accepting CSoC Services.



*Did you know?*  
You can assess our Member’s Handbook anytime on our *Magellan of Louisiana Website*.

# Member Rights and Responsibilities — What You Should Do



As part of our efforts to protect the rights and responsibilities of all members, we require all providers to:

- Review Magellan’s Members’ Rights and Responsibilities Statement 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;
- 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, and
  - Treatment options and medication;
- Obtain members’ consent to share information with primary care physicians and other treating providers.

*Learn more about your responsibilities as a contracted provider of  
Magellan in our series of **Provider Handbooks**.*



# Clinical Practice Guidelines



- Magellan develops or adopts ***Clinical Practice Guidelines*** based on relevant scientific literature to assist providers in screening, assessing and treating common disorders.
- Once implemented, Magellan reviews each guideline every two years for continued applicability and to update guidelines as necessary. We will inform you of any changes to our guidelines through our online newsletter, ***Provider Focus***.
- We also encourage you to periodically return to this webpage for updates. We welcome your feedback and will consider all suggestions and recommendations in our next review. See the [\*How to Participate in Magellan's QI Program\*](#) for all the ways you can get involved.
- We monitor adherence to best practices for commonly experienced conditions or disorders by our CSoC youth and families. This includes ADHD, Conduct Disorder, Trauma-Informed Care and Suicide Risk. We will provide more details on quality monitoring activities in the [\*QI Program\*](#) portion of the training.

## Quick Links

[Acute Stress Disorder & Post-Traumatic Stress Disorder](#)

[ADHD](#)

[Autism](#)

[Bipolar Disorder](#)

[Depression](#)

[Eating Disorders](#)

[Generalized Anxiety Disorder](#)

[Managing Suicidal Patients](#)

[Obsessive-Compulsive Disorder](#)

[Panic Disorder](#)

[Schizophrenia](#)

[Substance Use Disorders](#)

[Audit Tools](#)

# Assessing and Screening the CSoC Youth

- Evaluating members for coexisting substance use and mental health disorders or presenting signs and symptoms that may be influenced by co-occurring issues is an important part of providing care.
- ***Did you know?*** CSoC has a built-in assessment and screening program which provides important psychosocial information that can be used by all providers working with one of our youth and families.
- All youth enrolled in CSoC must complete a comprehensive assessment to support clinical eligibility determinations and identify any behavioral health/substance use needs that should be addressed on the youth's Plan of Care.
- The assessment, which takes place at enrollment and every 180-days thereafter, consists of the Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA).
- Wraparound Agencies are responsible for overseeing the assessment process, including scheduling, coordinating with families and monitoring completion of assessments in accordance with waiver requirements. Please see the **CSoC Standard Operating Manual** for more information on responsibilities of Wraparound Agencies, the Family Support Organization and Magellan.

## *Key Documentation Requirements for CSoC Providers*

LDH requires CSoC providers to have a copy of the youth's current IBHA and CANS as well as the youth's Plan of Care (POC) in the member's treatment record. The youth's Wraparound Agency will share these documents with you throughout the youth's enrollment in CSoC. This way all behavioral health providers are working through a single plan of care that is guided by the principles of wraparound.

# Magellan's CSoC Screening Program



- Magellan also promotes the use of screening tools for all providers to further enhance assessing members.
- Screening tools are easy to understand and can help provide a common language between you and the youth and family when discussing symptoms. They can also provide an easy way for you and the family to monitor progress throughout treatment.
- Providers can access the following public-domain screens through Magellan of Louisiana provider website:
  - Patient Health Questionnaire 9 (PHQ-9)
  - Mood and Feelings Questionnaire - Short Version (MFQ-SV)
  - The Adverse Childhood Experience (ACEs) survey

*Tell us about your experience!*

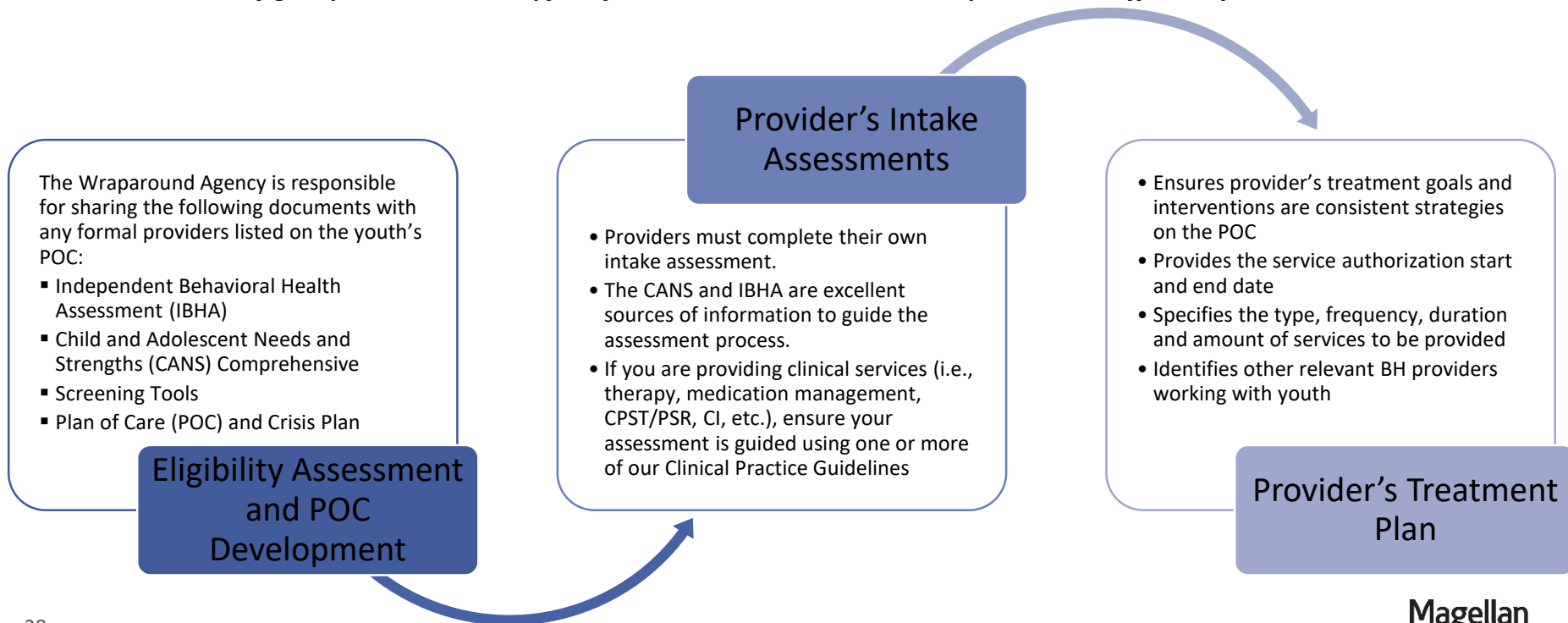
We value your input into our screening program. We encourage you to contact Magellan's Quality Improvement department if you have any questions, comments or recommendations for our screening program. You can email us at [\*\*LACSoCQI@magellanhealth.com\*\*](mailto:LACSoCQI@magellanhealth.com). You can also call, write or go to our provider website to submit a comment.

# Staying Connected



- It is important to have consistent and ongoing coordination with the Wraparound Agency when providing care to our youth and families. Here are just a few of the ways the Wraparound Agency should coordinate care with providers:
  - Share all eligibility documents (i.e., IBHA, CANS and POC) every 180 days;
  - Provide timely notification of the date and time of upcoming CFT meetings (i.e., we require you to be notified 7 days prior to the next meeting).
  - Let you know if a scheduled CFT meeting is cancelled and when it will be rescheduled as soon as possible (i.e. we require notification within 2 calendar days of the meeting if possible).

*This figure provides some helpful information on how the WAA and provider can effectively coordinate care.*





# Quality Improvement Program

# Quality Improvement & Outcomes



- In collaboration with the LDH, youths, families, providers, and stakeholders, Magellan facilitates quality activities that promote CSoC goals, sustain recovery and resiliency for youths and families and promotes high-quality care as defined by the Institute of Medicine, which is characterized as safe, effective, member-centered, timely, efficient and equitable care.
- All quality activities reinforce Magellan of Louisiana's goals, and are organized under the following three themes:
  - *Positively influencing the health and well-being of individuals by improving clinical outcomes, assuring member safety, and adding value through efficiency.*
  - *Enhancing service delivery for members and their families.*
  - *Ensuring that all core business processes are innovative, and meet or exceed contract, regulatory, and accreditation guidelines.*
- We identify opportunities for improvement through clinical review activities, including review of core performance indicators, utilization management, prevention and condition/disease management, member and provider satisfaction, and high-volume provider site visits.
- In this section, we will identify some of the key components of our QI program and how they impact you.

# Network Monitoring Reviews



- These reviews are conducted to monitor the provider's physical environment, human resource records, policies and procedures and records for compliance with:
  - Licensed as a Behavioral Health Service Provider or Home and Community Based Service Provider
  - Direct care staff qualifications and training requirements
  - Appointment availability
  - Home and Community Based Setting (HCBS) Rule (Waiver Services Providers Only)
  - Claims Coding (Waiver Services Providers Only)
- These reviews will be onsite. Magellan typically gives 10 days to prepare records for review.
- Direct care staff training and qualification requirements are found in the Medicaid Behavioral Health Services Provider Manual at <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>
- Details on Home and Community Based Setting (HCBS) Rule and Network Monitoring Requirements are available in the CSoC Provider Handbook Supplement at <http://www.magellanoflouisiana.com/for-providers/provider-toolkit/provider-handbook/>
- Remedial activities can include corrective action plans to address deficiencies and recoupments for providers or unlicensed direct care staff that do not meet requirements.

# Treatment Record Reviews



- When you join the Magellan provider network, it is important for you to:
  - Know and comply with any federal and state regulations as well as Magellan standards for behavioral health record documentation.
  - Provide care consistent with relevant scientific literature.
- As the CSoC Contractor for LDH, we are required to monitor the quality of provider’s documentation and record keeping practice. We do this through our Treatment Record Review (TRR) activities.

*Magellan is committed to helping our providers be successful!*

Here are some helpful resources for providers:

- You can find a complete list of your responsibilities for record keeping and documentation in the *Provider Handbook Supplement for the Louisiana Coordinated System of Care*.
- When conducting TRRs, we monitor adherence to best practices for commonly experienced conditions or disorders – including ADHD, Conduct Disorder, Trauma-Informed Care and Suicide Risk. You can access all of our *Clinical Practice Guidelines* at our Magellan Provider website.
- Magellan’s Quality Improvement Department makes our procedures and audit tools accessible to our providers. We also developed trainings, tip sheets and sample forms to further assist our providers. You can find these at: <https://www.magellanoflouisiana.com/for-providers/training-events/provider-training-requirements/>



# Patient Safety Reporting



Magellan is committed to accomplishing early identification of potential or existing risk to eliminate or mitigate risks to members and Magellan.

- ***Our Policy:*** Magellan requires providers to notify Magellan in writing within 24 hours of the knowledge of the occurrence of including restraints and seclusions.
- To comply with this policy your responsibility is to:
  - Complete Adverse Incident training to understand definitions of reportable incidents.
  - Notify Magellan within 24 hours of the occurrence of a reportable incident involving a Louisiana CSOC member
- Providers can use the **Magellan Adverse Incident Reporting Form** located on our website or a form of your choice as long as all required fields are included.
- Please see the **Adverse Incident Reporting Form Instructions & Definitions** form on our website for all requirements related to reporting.

## *Did you know?*

- All CSOC members have the right to be free from restraints, seclusion, and harm in a community or home setting. This means providers rendering services in a home and community setting should NOT use any form of restraints and seclusions when serving CSOC or any Medicaid member.
- Providers are responsible to report allegations of abuse, neglect, exploitation or extortion to Magellan with 24 hours of knowledge. Don't forget that you must also notify Law Enforcement/Protective Services within 24 hours of discovery as applicable.

# Member Grievances



- Magellan of Louisiana is committed to incorporating system of care values and wraparound principles in everything we do. One of these principles – **family voice and choice** – plays an important part of our quality program. Some of the ways we demonstrate this principle in our operations include:
  - Encouraging members to express their opinions
  - Respecting what our youth and families tell us
  - Respecting our youth and families' culture and beliefs
  - Doing our best to address their concerns
  - Incorporating what they tell us to make CSoC better
- **How can you help?** If a youth or family seems upset or unsatisfied with their services, you can help them express their voice and choice through our **Member Grievance** process.

*We are Committed to Taking Action!*

When you help our members to tell us what they think, we will use that information to make decisions about the QI Program. We want to make sure that we keep doing what is working well. When changes are needed we, with our state, regional and local stakeholders work together to improve our system of care.



## *What is a Grievance?*

- A grievance can be any expression of dissatisfaction.
- A member may have a grievance if he or she is:
  - having trouble getting the services to meet a need
  - having trouble getting an appointment
  - not happy with the quality of care or service
  - believe a provider did not respect the youth or family's rights
  - feels like the youth was abused or mistreated by staff of a provider
  - believes Magellan did not handle a concern right
- If the member reports experiencing one of the examples above or appears upset, we encourage you to ask if he/she wants to file a grievance with Magellan.

## *Grievances and Appeals – The Same or Different?*

- No. An appeal involves a formal request to Magellan. It asks for a review of a decision about a member's behavioral health services.
- ***What we will do:*** Magellan will always send a written notification to the member and the treating provider any time an adverse benefit determination is made. All notifications include step by step directions on how to file an appeal.
- Members find information about our appeal process by:
  - Clicking the link to access the appeal page of the ***Magellan of Louisiana website.***
  - Going to their ***Coordinated System of Care (CSoC) Member Handbook*** (pages 18-21) to find answers on common questions about appeals.

# Filing a Member Grievance



Members can file a grievance by phone, online, or in writing.

- **By Phone:**

- Call Magellan at 1-800-424-4489. Deaf or hard of hearing, call 7-1-1 to use the Louisiana Relay Service or call TTY number at 1-800-846-5277 and our Member Services staff will help.

- **By Mail:**

- Magellan of Louisiana  
Attn: Grievance  
P.O. Box 83680  
Baton Rouge, LA 70884-3680

- **Online:**

- Members can access the form by clicking [here](#).
- Log into the Magellan of Louisiana Website: For Members/Member Materials/Grievance and Appeals.
- Copy this URL: <https://www.magellanoflouisiana.com/for-members/member-materials/grievances-appeals/>

"Alone we can do so little, together we can do so much." --*Helen Keller*



# Provider Participation

- At Magellan, we believe that if we work together – we **CAN** improve behavioral healthcare for our most vulnerable youth and families in Louisiana. This can only be achieved if the state, Magellan, providers, and community stakeholders are working in unison towards a shared vision.
- As a CSoC provider, you play an important role in helping us understand what is working well and areas where improvement is needed.
- We are committed to offering our providers a wide array of opportunities to participate in our QI program activities.
- All feedback gathered through these activities is reported up to our CSoC QI Committee and subcommittees. This helps our committees to identify opportunities for improvement, conduct barrier analysis, measure effectiveness of interventions, etc. Here are some of the ways that you can participate in improving quality of care in CSoC.

*Next, we will take a deeper look into some of the many ways you can participate in our QI Program.*



# Provider Complaints



Our provider complaint process provides a direct way for you to resolve issues you may be having with Magellan's policies, procedures, or any aspect of Magellan's administrative functions.

- We make it easy! Just call our toll-free provider line at 1-800-424-4489 or use the quick and easy form accessible on our website by clicking [here](#).
- We take your complaints seriously. We are committed to responding swiftly to resolve your concern. If we receive a complaint, Magellan will:
  - Thoroughly investigate each provider grievance using applicable statutory, regulatory, and contractual provisions, and collecting all pertinent facts from all parties.
  - Our goal is to successfully resolve your concern at the time of the initial call; if this is not possible, we will involve a supervisor or designee to resolve the issue.
  - Provide written notification of the disposition of the complaint and the opportunity to appeal if an adverse decision is involved.
  - Make every effort to ensure that executives with the authority to require corrective action are involved in the provider grievance process.
  - In the event you need to escalate a complaint, we provide a two-tier process to support the escalation and resolution for providers seeking to dispute Magellan's policies, procedures, or any aspect of Magellan's administrative functions. Click here to read more about [escalating a complaint](#) within Magellan.

# Ways to Participate



- **Regional Advisory Committees**

- Magellan, in partnership with our Wraparound Agencies, holds Regional Advisory Conferences – known as RACs – in each region bi-annually.
- RACs provides an avenue for behavioral health providers, local school systems, child-serving state agencies, law enforcement, the juvenile court system, Magellan, and other stakeholders to gather, learn, share, and support each other.
- RACs generally include an educational presentation to increase participants understanding of CSOC. They conclude with a roundtable discussion, allowing for an open dialogue on the strengths and opportunities for improvement in the current system of care.
- Experience surveys are provided at every RAC and attendees are encouraged to participate. We use the survey data to track satisfaction and usefulness of conferences, identify strengths, opportunities for improvement, and measure effectiveness of interventions involving our providers.
- Providers are encouraged to sign in to each meeting to help ensure we are effectively engaging stakeholders for all areas – including our providers.
- Magellan will notify providers via email of any upcoming RACs occurring in your region.

- **Provider Newsletters**

- Magellan’s Network team puts together newsletters every quarter to inform you of new or changing policies and procedures, to provide helpful resources and tell you about any upcoming Magellan events.
- Newsletters are available on the [website](#) and are emailed to providers.



# More Ways to Participate



- **Provider Calls**

- Magellan conducts Conference Calls every other month for all CSoC providers.
- These calls are topic-driven and intended to create a learning platform to foster a deeper understanding of the many facets of providing services within CSoC.
- Every call includes Public Service Announcements, Reminders, and informational/educational presentations. At the end of each call, we provide an opportunity for providers to ask questions, provide feedback, etc.
- Calendar invites are sent to all providers through our email list, with details on how to join the calls.
- We encourage all of our providers to attend the calls. Recordings of calls are also accessible to those unable to attend through our website.

- **Provider Surveys**

- Magellan conducts annual provider surveys to gather insight into quality activities and your experience with Magellan.
- Each year, we conduct a Provider Satisfaction Survey, Provider Accessibility Survey, and a Patient Safety Survey.
- We make it easy to participate by using digital links. Be sure to check your email box and click the link to participate.

- **Provider Appeals (Claims Disputes)**

- Any provider can ***file a provider appeal*** if you are not satisfied with the payment of a claim, denial of a claim, recoupment of payment for a claim, or the imposition of sanctions regarding claims for services.
- We use this information to identify issues related to our claim's management activities.

# More Ways to Participate Continued



- **CSoC Governance Board**

- CSoC is led by the CSoC Governance Board. This board sets the governance policy for CSoC.
- It is comprised of executives from some of Louisiana’s key child-serving agencies – including the Department of Children & Family Services (DCFS), the Louisiana Department of Education (DOE), the Louisiana Department of Health (LDH), the Office of Juvenile Justice (OJJ) – a representative from the Governor's Office and family, youth and advocate representatives.
- Although Magellan is not a member of the board, we are actively involved in the committee. This includes:
  - Providing LDH with quarterly reports on our management functions, including member services, enrollment, care and utilization management, network management, and quality management.
  - Presenting results of key quality initiatives – including the Member Experience of Care, Outcomes, and Fidelity Surveys
  - Regularly attend as a public participant.
- Each meeting ends with Public Comment – allowing participants, including our providers, to share any relevant information or feedback from the community to inform policy decisions under the authority of the board.

## *What you need to know?*

The CSoC Governance Board holds a meeting during February, May, August and November/December of each year. Meetings are held at the Department of Health’s Bienville Building, Room 173 located at 628 North 4th Street, Baton Rouge, LA 70802. You can find information on upcoming meetings as well as an archive of reports, meeting minutes and other relevant documents at the [LDH.gov website](https://www.la.gov/).



# Translation & Interpreter Services

## Translation Services

Magellan uses TTY and/or Telecommunication Relay Service to communicate with members who are deaf, hard of hearing, or speech impaired.

- Staff members are trained to provide clear verbal explanations or read written materials for individuals with visual, speech, physical, or developmental disabilities.
- Staff members are able to coordinate a request for translation of member materials in a variety of formats such as: document translation in another language, larger font or alternative format (braille or oral recording).

Magellan's corporate Marketing Communication team works with the appropriate external vendor to complete client requests, at no cost to the provider or member.



# LA CSoC Language Assistance Program

## *Key Terms and Definitions*

### Interpretation

(Telephonic & In-Person)

- The facilitating of oral or sign-*language* communication, either simultaneously or consecutively, between users of different *languages*.

### Translation

- The rendering of a *written* text in one language in a comparable *written* text in another requested language.

# Interpretation Services

Magellan provides telephonic and on-site interpretation, along with translation services for all membership populations. Magellan contact center staff are supported by an over-the-phone interpretation service through Voiance, a CyraCom International company providing seamless 24/7 telephonic interpretation in more than 200 languages.

- Voiance provides accurate and clear interpretation services to individuals with limited English proficiency (LEP), no matter the country of origin or education level.
- Magellan also provides and coordinates onsite interpretation for a variety of languages, including face to face American Sign Language (ASL) assistance through International Languages.
- Language and American Sign Language interpreters assist Magellan staff and/or providers in face-to-face communications with members. In person rather than telephone interpretation is recommended when a member has any condition that makes using or understanding via telephone difficult; young children are involved; or discussions are of a sensitive nature.
- Magellan receives regular performance reviews and telephone statistics from their contracted interpretation resource vendors to measure overall performance and customer service experiences.



# How to Access Translation & Interpreter Services?



You can access behavioral health services by calling Magellan Member Services at any time at our toll free number, 1-800-424-4489.

- Corporate office: 225-367-3000
- If you are deaf or hard-of-hearing, call 7-1-1 to use the Louisiana Relay Service, or call TTY number at 1-800-846-5277 and our Member Services staff will help you.



## Do you need help in another language?

Call 1-800-424-4489 (toll-free). We will provide a translator at no cost to you.

These services are paid by Magellan if approved, authorized and arranged by a Magellan employee.



# Eligibility and Claims Process During the Month of Referral



# Presumptive Eligibility Period



- Child/youth meets clinical criteria for CSoC based on brief CANS screen
- Child/youth formally referred by Magellan to the WAA
- Presumptive Eligibility Period begins on the date of referral to WAA
  - Date of referral is date referral was made to WAA
  - WAA can validate this date on <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Period of Presumptive Eligibility limited to no more than 30 consecutive calendar days



*is determined based on the child/youth's enrollment status as of the first day of the service month.*



# Referral Date 1<sup>st</sup> of the Month



If referral made by Magellan to the WAA on the 1<sup>st</sup> day of the month, for the referral Month, Magellan pays for the following 8 service types:

1. Wraparound Facilitation
2. Youth Support and Training
3. Parent Support and Training
4. Independent Living Skills Building
5. Short-term Respite
6. Crisis Stabilization
7. Inpatient Psychiatric Treatment
8. Home and Community Based Services (CPST, PSR, FFT/FFT -CW, Homebuilders, ACT, Psychological Testing, Out-patient Counseling, Medication Management, Crisis Intervention)

# Referral Date 2nd through the 31st of the Month



If referral made by Magellan to the WAA on the 2nd through the 31st day of the month, for the referral Month, Magellan pays for the following 5 service types:

1. Wraparound Facilitation
2. Youth Support and Training
3. Parent Support and Training
4. Independent Living Skills Building
5. Short-term Respite

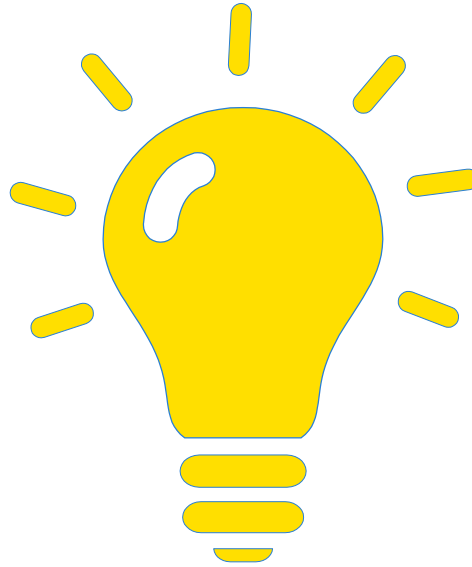
For the referral Month, the Healthy Louisiana Plan pays for the other three service types:

1. Crisis Stabilization
2. Inpatient Psychiatric Treatment
3. Home and Community Based Services (CPST, PSR, FFT/FFT-CW, Homebuilders, Out-patient Counseling, Medication Management, Crisis Intervention, Psychological Testing, and ACT)

# To Be Noted



Payment of provider claims for CSoC Waiver Services is **ALWAYS** Magellan's responsibility.



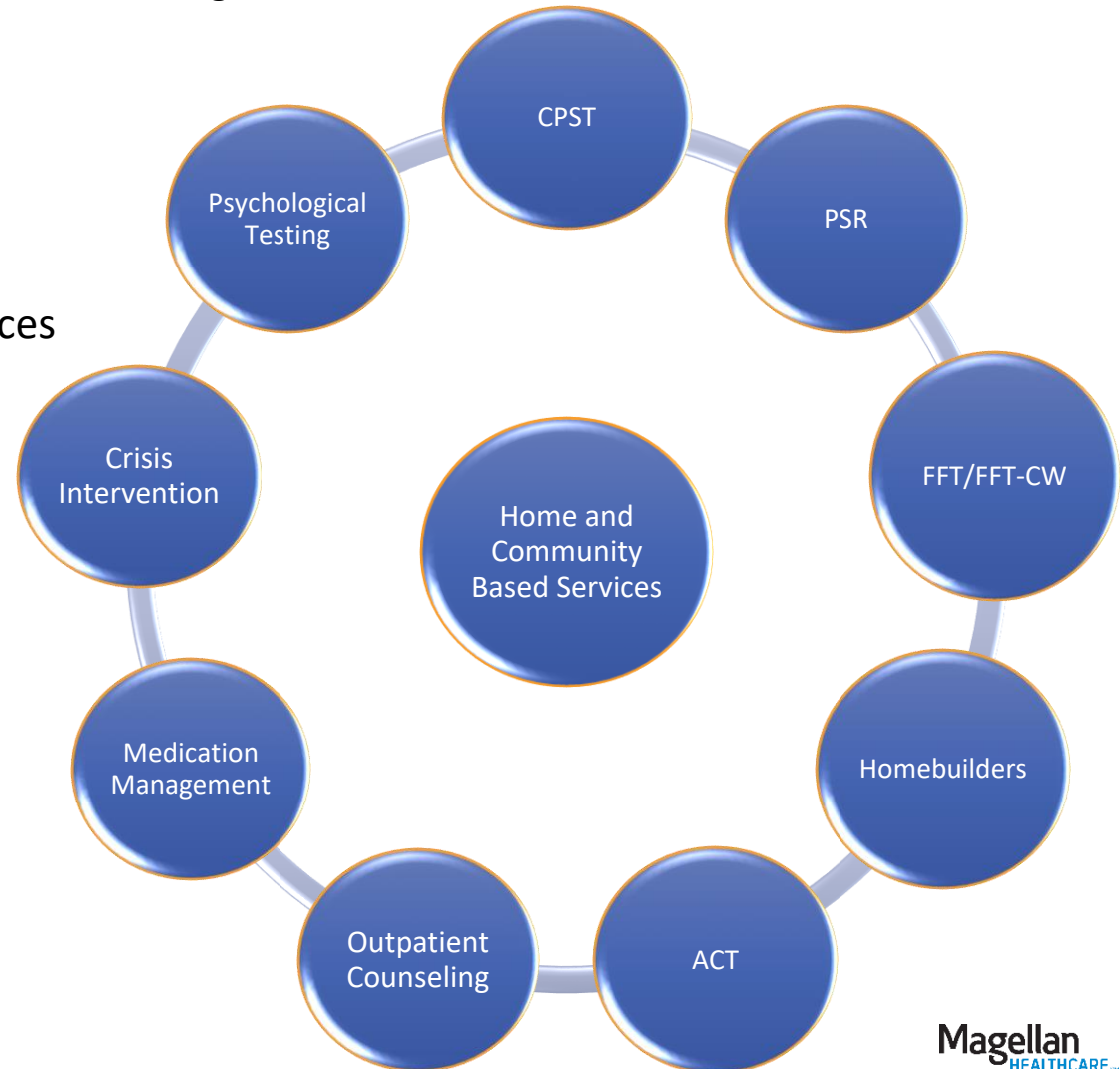
Payment of provider claims for Residential Treatment is **ALWAYS** the Healthy Louisiana Plan's responsibility.

# What Providers Need to Do?



For a child/youth referred by Magellan to the WAA on the 2nd through the 31st day of the month, providers must contact the appropriate Healthy Louisiana Plan for service authorizations/claims submission for the following services provided during the referral month:

- Crisis Stabilization
- Inpatient Hospitalization
- Home and Community-Based Services





# Claims Submissions

# Claims Submissions



## Electronic Claims Submission Options

- ✓ Claims Courier
- ✓ Direct Submit
- ✓ Clearinghouses
- ✓ Sign in to the Magellan provider website: <http://www.magellanoflouisiana.com/providers/provider-toolkit/provider-website/>

When submitting claims electronically, use submitter ID #01260 for all except Emdeon 8371 which is submitter ID#12X27

## Paper Claims

Mailing address (for paper claims):  
Magellan Healthcare, Inc.  
Attention: Claims Department  
P.O. Box 1286  
Maryland Heights, MO 63043



# Claims Submission Formats



## Inpatient

- Claims for inpatient services that require a revenue code must be submitted on 8372 or UB-04

## CPT or HCPCS Procedures

- Claims with CPT or HCPCS procedures are to be submitted on a 837P or CMS-1500

## Standard

- Standard data elements are required for the UB-04 and CMS-1500



# Fraud, Waste and Abuse



## **DHH-OBH defines “fraud” as follows:**

As it relates to the Medicaid Program, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Fraud may include:

- Deliberate misrepresentation of need or eligibility.
- Providing false information concerning costs or conditions to obtain reimbursement or certification.
- Claiming payment for services which were never delivered or received.

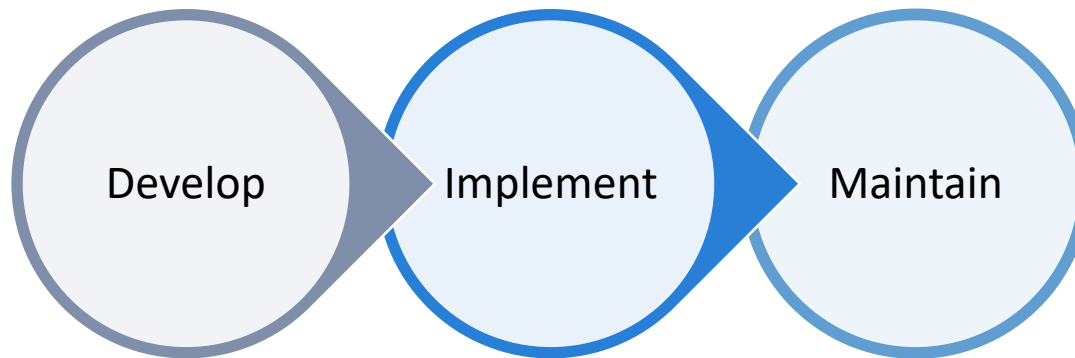
# Fraud, Waste and Abuse Continued



- Magellan takes provider fraud, waste, and abuse very seriously. We engage in considerable efforts and dedicate substantial resources to prevent these activities and to identify those committing violations. We have made a commitment to actively pursue all suspected cases of fraud, waste, and abuse and will work with law enforcement for full prosecution under the law.
- For definitions, corporate policies and more information, see the Fraud, Waste, and Abuse section of our National Provider Handbook; it can also be found in the Provider Handbook Supplement both of which can be found at:  
<http://www.magellanoflouisiana.com/for-providers/provider-toolkit/provider-handbook/>.



Per the Provider Handbook  
(<http://www.magellanoflouisiana.com/providers/provider-toolkit/provider-handbook/>) providers  
are expected to:



A Compliance Plan that adheres to applicable federal and Louisiana state law and any applicable guidance on such plans issued by the United States Office of Health and Human Services Office of the Inspector General (“HHS-OIG”) or the Louisiana Department of Health (LDH).



# Provider Tips and Best Practices

# Provider Tip

## ***Why does it matter if Magellan has an active, valid email address for our providers?***

Did you notice how many times your email was mentioned throughout this orientation? Email communication provides an easy and fast way for us to reach you and for you to reach us. It is one of the most widely used ways we communicate and share information with our providers.

***Did you know?*** One of the most frequently identified reasons cited by providers that are non-compliant with contract requirements is not being aware of the requirement. It is your responsibility to know and comply with all contract requirements.

***We are here to help!*** Magellan will notify you by email whenever there are any known changes to state/federal requirements and regulations that impact our provider network.

***So what can you do?*** Verify that we have the correct contact information for you or your provider organization. Make sure that there is a single point person that is responsible for reading all email communications shared by Magellan and notifying relevant parties. Magellan requires that you notify us within 10 business of any changes to your practice information, including email address.

***Stay tuned!*** We will share with you how you can make changes to your practice data online, including – your email address!

# Network Monitoring Tips:



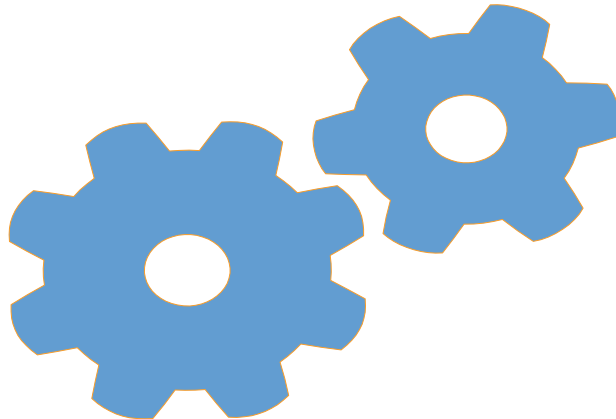
- Review and abide by Behavioral Health Services Provider Manual for Provider Qualifications of each Level of Care that your agency is licensed to render.
- Prior to hiring staff, review Behavioral Health Services Provider Manual staff qualifications for each Level of Care that the direct care worker will render.
- Refer to [www.MagellanProvider.com](http://www.MagellanProvider.com) for Magellan National Provider Handbook, Handbook Appendices, Organizational Provider Handbook Supplement and State, Plan and EAQP Specific Supplements.
- Refer to <https://www.magellanoflouisiana.com/for-providers/training-events/provider-training-requirements/> for a listing of required trainings and links to each.
- Have attestations for all OBH and Magellan required trainings in employee records.
- Criminal background checks must be performed by the Louisiana State Police or one of their approved vendors prior to hire.
  - For Behavioral Health Services- CPST, PSR, and CI background checks can be no greater than 90 days prior to hire.
  - For Waiver Services- YST, PST, ILSB and STR background checks can be no greater than 30 days prior to hire.
  - For Outpatient Services- Criminal background checks can be no greater than 30 days prior to hire.
  - For Outpatient Substance Use Services- Criminal background checks can be no greater than 90 days prior to hire.



# Network Monitoring Tips Continued:



- First Aid/CPR/Seizure Assessment certifications must be American Heart Association compliant.
- Review and attest to your agency's practice information on [MagellanProvider.com](https://www.MagellanProvider.com) at least quarterly.
- Establish a process for staff to complete annual trainings by an assigned date
- Implement an internal quality audit to periodically review staff records





- Find basic billing tips on the Magellan provider website, [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider), (accessible via <https://www.magellanoflouisiana.com/for-providers/provider-toolkit/provider-website/>) and click the “Getting Paid” top-menu item.
  - Preparing Claims- Claims Filing Procedures, Elements of a Clean Claim, Claims Tip Sheets, Coordination of Benefits
  - HIPAA- Coding Information for Professional and Facility/Program Services, Code Sets, Resources
  - Electronic Transactions- Options to submit transactions/claims electronically to Magellan, Companion Guides, Clearinghouse Information, Electronic Funds Transfer, National Provider Identifiers (NPI)
  - Paper Claim Forms- We highly recommend electronic submission, but accept paper claims on CMS-1500 and UB-04 forms
- Provider Handbook: <http://www.magellanoflouisiana.com/for-providers/provider-toolkit/provider-handbook/>

# Claims Tips- Best Practices



Always give complete information on the member and policyholder.



Watch out for name variations and changes.



Provide complete information for items such as the name, birth date, sex, and relationship for both the member and the policy holder.



Errors and omissions of these items can cause an unnecessary delay in processing the claim.



Verify that this information matches the patient's insurance card; also, membership can be verified through Medicaid's website.



Please provide complete information regarding the provider, including the names and NPI for rendering provider and the billing entity.

# Claims Tips- Best Practices Continued



**Taxpayer Identification Number  
(TIN)**



**National Provider Identifier  
(NPI)**



**Degree Modifier**



**Complete Diagnosis**



**Other Carrier Payment  
Information**



**Remember to enter the EBP  
tracking code for EBP services**



**Monitor Your EDI Transactions  
Reports**



Know the specific services that you are contracted to provide.

Refer to your fee schedule (Last page of contract), for the necessary codes, etc.

You are to only able to bill for those services which you are contracted to provide and for services listed on the Plan of Care (POC).



Know the Details of the Services as Defined and Outlined in the Behavioral Health Services Provider Manual Located at:

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>

## Provider Tip No. 3



Be sure to request and secure needed authorizations prior to providing your contracted services

Be familiar with authorization procedures as stated in the Medical Necessity Criteria guide, which is located at:  
<http://www.magellanoflouisiana.com/for-providers/provider-toolkit/providing-care/medical-necessity-criteria/>

# Provider Tip No. 4



Verify Member Eligibility at the LA Medicaid Website at: [www.LouisianaMedicaid.com](http://www.LouisianaMedicaid.com)

and

Accessible via the Magellan of Louisiana website:

<https://www.magellanoflouisiana.com/for-providers/provider-toolkit/member-eligibility/>

Eligibility Changes Often – It is best to verify at Every Member’s Visit





# Required Trainings

# Required Provider Trainings



Magellan requires all new providers to complete and attest to the required Magellan training courses within 30 days of submitting their credentialing application and prior to serving clients. New provider required training courses include:

- New Provider Orientation PowerPoint Presentation
- Evidence-Based Practices
- Patient Safety, and Adverse Incidents
- Fraud, Waste, and Abuse: Compliance Program
- HCBS Setting Rule Requirements for Providers & Wraparound Agencies
- Provider Monitoring Preparing For Your Audit

**The above trainings are located at:** <https://www.magellanoflouisiana.com/for-providers/training-events/provider-training-requirements/magellan-online-training-courses/>

# Unlicensed Direct Care Staff Required Trainings



Magellan also requires all Unlicensed Direct Care Staff to complete required Magellan training courses prior to serving clients. Courses include:

- CSoC Patient Safety and Adverse Incidents: located at <https://www.magellanoflouisiana.com/for-providers/training-events/provider-training-requirements/csoc-patient-safety-and-adverse-incidents/>
- Office of Behavioral Health (OBH) Required Training Modules for Unlicensed Direct Care Staff to ensure staff's basic understanding of key concepts when working with members receiving behavioral health service: located at <https://www.magellanoflouisiana.com/for-providers/training-events/provider-training-requirements/office-of-behavioral-health-obh-training-requirements/>
- Annual Cultural Competency Training: located at <https://www.magellanoflouisiana.com/for-providers/training-events/cultural-competency/>
- For additional required and/or recommended training courses please see the BHS provider Manual, Appendix D: located at <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>



# Making Changes To Your Provider Agreement

# Making Changes To Your Provider Agreement



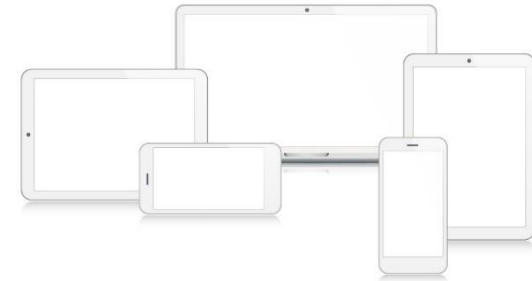
After you have an executed provider agreement, you may make changes to your provider agreement, including but not limited to, adding and/or removing covered services under your current Medicaid Agreement. Please refer to the Making Changes to Your Provider Agreement section on our Magellan of LA website which can be found at: <https://www.magellanoflouisiana.com/providers/provider-toolkit/making-changes-to-your-provider-agreement/>

Please follow the step-by-step instructions and review all notices listed there.



# Online Practice Changes – Easy, Convenient, Secure and Immediate

- Make real-time updates to practice data, such as:
  - Email address
  - Office locations
  - Telephone number
  - Business hours
  - Staff rosters
- Allows immediate upload of your practice information to Magellan's systems
- Is efficient and secure
- Developed with provider input
- Current practice data is vital to facilitating effective member referrals, claims processing and correspondence.



# More Benefits of Online Applications



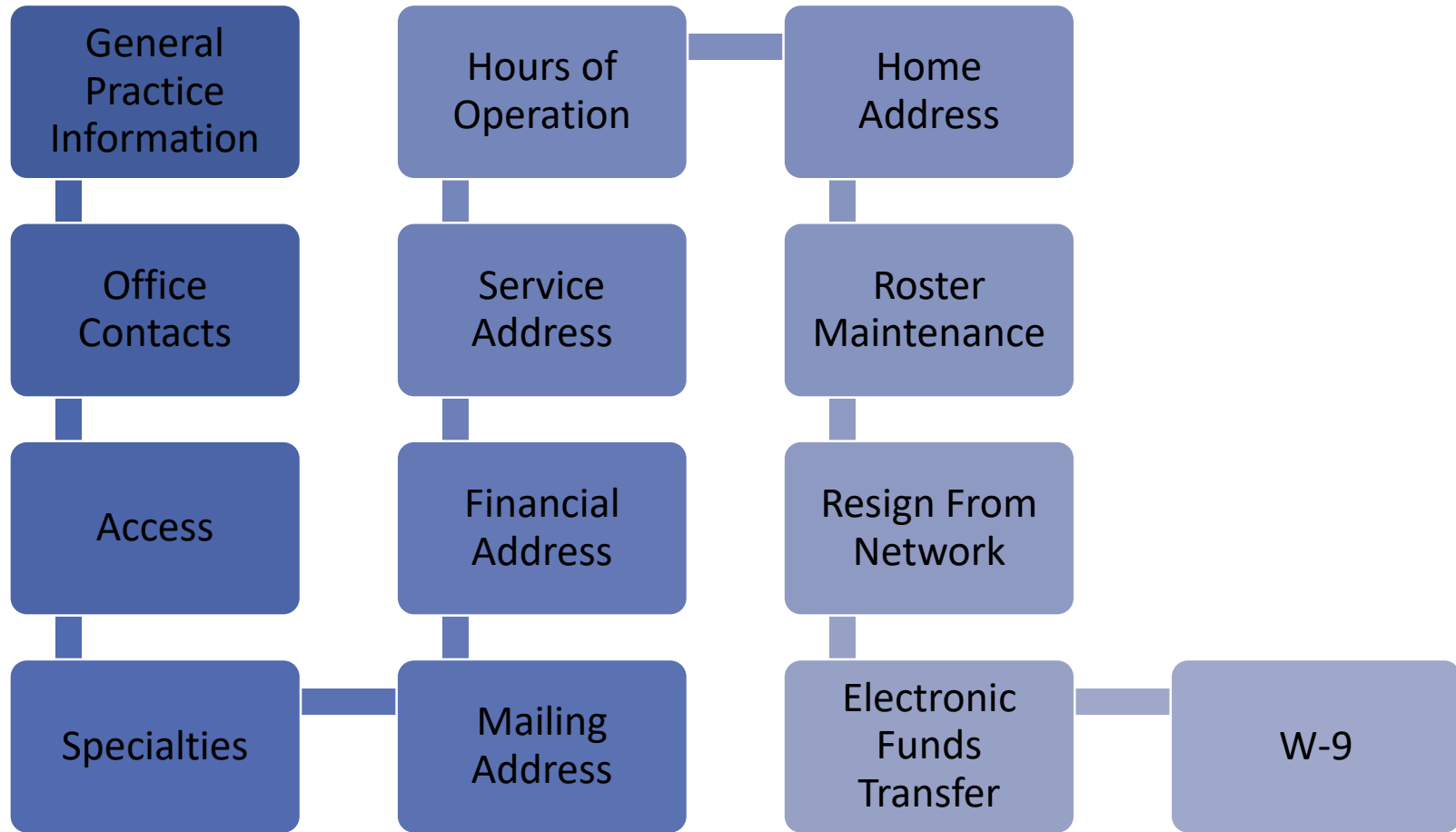
**Free to use**

**Environmentally friendly – no more paper!**

**Available at your convenience – 24 hours a day/seven days a week**

**Allows you/your staff to enter changes, ensuring that accurate information gets uploaded directly into our database.**

# Online Practice Changes Options







# Resources

# Provider Training Resources



- Online Training
  - Magellan is pleased to offer a variety of online training resources you can use to help enhance both the clinical and administrative aspects of your work as a Magellan behavioral health provider. We offer several categories of web-based training. Check our [Frequently Asked Questions](#) for more information.
- Courses Offered for Continuing Education (CE) Credit
- Medication-assisted Treatment for Opiate Use Disorders (generic) - [Sign in to this website](#), then from the Education menu, select Online Training to access the link to our free webinar and the accompanying post-course test.
- Medication-assisted Treatment for Opiate Use Disorders in Youth and Young Adults - [Sign in to this website](#), then from the Education menu, select Online Training to access the link to our free webinar and the accompanying post-course test.
- Telehealth 101: What You Need to Know & How to Get Started – [Sign in to this website](#), then from the Education menu, select Online Training to access the link to our free webinar and the accompanying post-course test.
- Targeted Training
- Our Targeted Training modules are self-paced trainings that focus on specific topics of interest in the area of behavioral health service delivery.
- [Recovery & Resiliency Courses](#)
- [Child and Adolescent Needs and Strengths \(CANS\)](#)

# Additional Provider Training Resources



**Demos of Online Tools:** Our **Demos of Online Tools** are self-paced training modules designed to help you navigate Magellan's web-based applications in the area of claims, electronic transactions and more. Note that you have the ability to start, stop, pause or rewind the demos at any time as needed.

- **Authorizations**

- [View Authorizations Demo](#)

- **Claims**

- [Check Claims Status/EOB Search](#)
- [Correct a Claim](#)
- [Copy a Claim](#)
- [View Rejected Claims](#)
- [Submit a Claim Online](#)
- [View Submitted Claims](#)

- **Louisiana Medicaid**

- [Louisiana Plan of Care](#)
- [Louisiana Referral/Assessment](#)

- **Manage Outcomes**

- [Manage Outcomes](#)

- **MyPractice**

- [Admin Setup](#)
- [Lookup Contact Info](#)
- [Manage Mail Options](#)
- [MyNotification](#)
- [Display/Edit Practice Information](#)
- [Group Display/Edit Roster](#)
- [Practice Information Attestation](#)
- [Provider FAQs](#)

- **Provider Status**

- [Check My Status](#)

- **Medicaid Disclosure Form**

- [Medicaid Disclosure Form Demo](#)
- [Ownership Tab Demo](#)
- [Business Transactions Tab Demo](#)
- [Legal Actions Demo](#)
- [Relatives Tab Demo](#)
- [Managing Employees Demo](#)
- [Joint Venture Tab Demo](#)

# Key Contacts & Links



- **Member Services:** 1-800-424-4489
- **Network Management Specialists:** <https://www.magellanoflouisiana.com/providers/provider-toolkit/network-management-specialists/>
- **Regional CSoC Contacts:** <https://www.magellanoflouisiana.com/providers/provider-toolkit/network-management-specialists/csoc-regional-contacts/>
- **Provider Website (Magellanprovider.com) Technical Assistance:** 1-800-788-4005 or email [mp.comsupport@magellanhealth.com](mailto:mp.comsupport@magellanhealth.com)
- **Magellan Websites:** [www.MagellanofLouisiana.com](http://www.MagellanofLouisiana.com) or [www.MagellanProvider.com](http://www.MagellanProvider.com)
- **Credentialing and Recredentialing:** <https://www.magellanprovider.com/media/1625/csocsupp.pdf>
- **Vital Provider Documents:** Behavioral Health Services Provider Manual <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf> and Medical Necessity Criteria <http://www.magellanoflouisiana.com/providers/provider-toolkit/providing-care/medical-necessity-criteria/>



# Network



Call Member Services Telephone Line  
at 1-800-424-4489  
and ask to speak to a Network  
Management Specialist.



# Network Management Specialist



Your Network Management Specialist is here to assist you with issues related to, but not limited to:

- Service delivery,
- Access to services,
- Claims resolution, and
- Provider tools that will allow you to be more self-sufficient





# Questions



Thank you for participating in this training. ▶

It is now critical that you complete and submit the Provider Attestation Form.

After completing the form and clicking “Submit” the form will automatically be submitted to us.



# Confidentiality statement



*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.*

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