



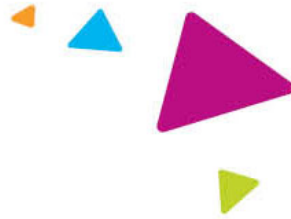
Magellan of Louisiana

NEW PROVIDER ORIENTATION

REVISED 2023

Magellan
HEALTHCARE.

Magellan of Louisiana



Magellan of Louisiana

manages care for children, ages 5 through 20, who are at risk for out of home placement under the Coordinated System of Care (CSoC).

The CSoC includes participation of Magellan, OBH, Medicaid, Office of Juvenile Justice (OJJ), Department of Children and Family Services (DCFS), and Department of Education (LDOE).

Magellan Health



Magellan has a unique vision of better and more affordable healthcare for adults, children and their families.

With decades of behavioral health (BH) experience in creating high-quality outcomes, we have a deep understanding of the complex needs of special populations and how to garner the best health outcomes for those we serve. Magellan's consultative approach is guided by partnership, collaboration and transparency that leads to long-tenured contracts and continuous expansion of services and supports for our members.

Magellan's approach to behavioral health

- Deliver positive outcomes for the members and communities served through whole health, recovery-oriented, community-based care.
- Focus on prevention, early identification and intervention while creating effective engagement solutions.
- Expand telehealth options and increase access to innovative and personalized care through the use of technology.
- Provide best-in-class clinical expertise.
- Actively participate in care coordination together with physical health providers.
- Deliver a top-quality provider network focused on value-based contracting & innovative programs to enhance the system of care.
- Ensure members have access to the right treatment at the right time.

Coordinated System of Care (CSoC)



The State of Louisiana has developed a Coordinated System of Care (CSoC) 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.

CSoC Eligibility Criteria



There are two areas of eligibility a child/youth must meet: Clinical (also called Functional) and Financial. Clinical eligibility is determined by the CSoC Contractor while Financial eligibility is determined by Louisiana Medicaid.

Clinical Eligibility

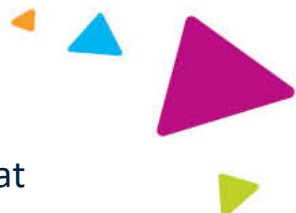
A child/youth eligible for CSoC will meet the following criteria:

- Five (5) through twenty (20) years of age.
- DSM 5 diagnosis or is exhibiting behaviors indicating that a diagnosis may exist.
- Meets clinical eligibility for CSoC as determined by the Child and Adolescent Needs and Strengths (CANS)

Comprehensive scale which assesses the following areas:

- Behavioral/Emotional Diagnosis or Behaviors (e.g., impulsiveness, anxiety, depression, history of trauma, oppositional behavior, etc.);
- Risky Behaviors (e.g., self-harming behaviors, aggression, fire setting, threats of harm to others, etc.);
- Difficulty functioning in various settings including family, home, school or community;
- Caregiver need for assistance with supervision, understanding behavioral health needs, linking to appropriate supports and services, their own behavioral health needs, etc.

CSoC Eligibility Criteria (Cont'd)



- Currently in an out of home (OOH) placement with a projected discharge within the next 90 days or at imminent risk of OOH placement. Examples of OOH placements include, but are not limited to:
 - Psychiatric Hospitals/Residential Treatment Facilities,
 - Therapeutic Group Home,
 - Therapeutic Foster Care,
 - Non-medical group home,
 - Addiction Facilities, Detention, Secure Care Facilities, etc.
- Generally involved with multiple state agencies.
- Has identified family or adult resource who is or will be responsible for the care of the child/youth and is willing to engage in wraparound.
- Screening, clinical eligibility assessment and CSOC enrollment may take place while a youth resides in an out-of-home Level of Care (such as a Psychiatric Residential Treatment Facility [PRTF], Substance Use Disorder [SUD] residential treatment setting, or Therapeutic Group Home [TGH]) and is preparing for discharge to a home and community-based setting. Screening, clinical eligibility assessment, and CSOC enrollment should be conducted 30 days (not to exceed 90 days) prior to discharge from a residential setting, as it is expected to assist in comprehensive discharge and treatment planning, prevent disruption, and improve stabilization upon reentry to a home and community environment.

A re-assessment CANS Comprehensive and an Independent Behavioral Health Assessment (IBHA) is completed every 180 days at a minimum to verify continued clinical eligibility for services.

Referral and Screening



Referral and Screening

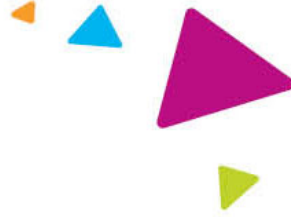
General Referral Process

Young people between the ages of 5–20 may be eligible for the program.

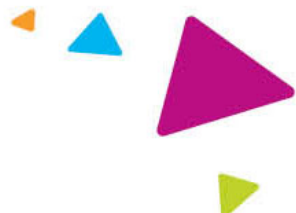
The General Referral Process is as follows:

Please call Magellan Healthcare at 1-800-424-4489. The child/youth's parent/caregiver must participate in this phone call.

CSoc Care Manager will conduct an initial screening using the Brief Louisiana Child and Adolescent Needs and Strengths (CANS) tool.



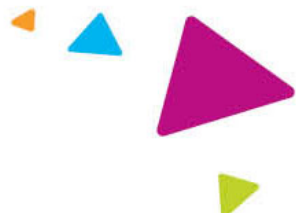
Referral and Screening (Cont'd)



If the child/youth is presumed to meet clinical eligibility criteria for CSoC, based on the results of the Brief CANS, the child/youth enters a period of “presumptive eligibility” which may last up to but no longer than 30 calendar days.

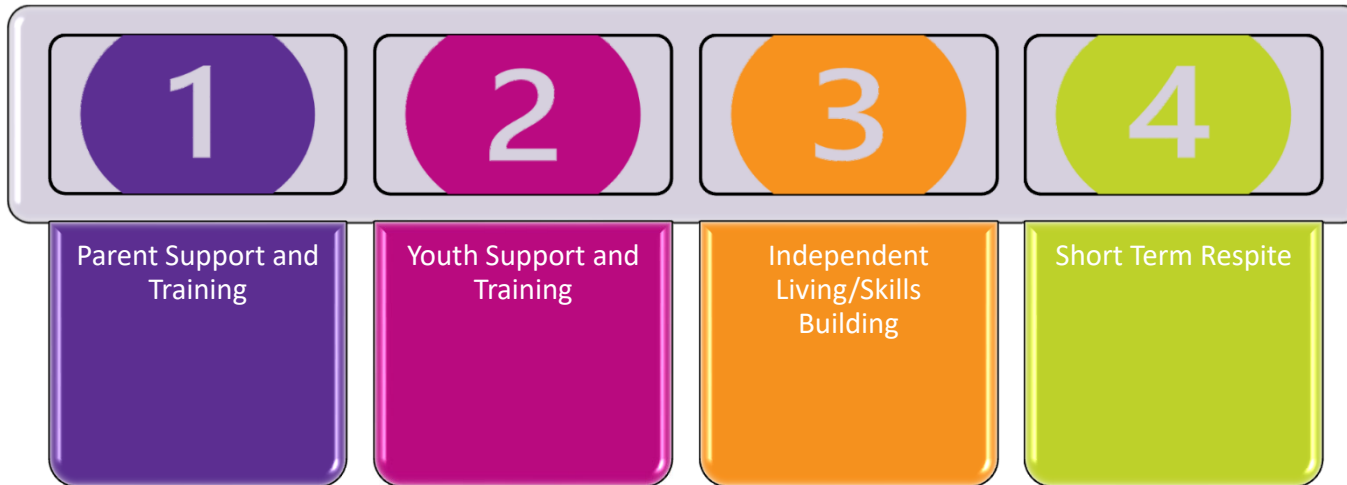
Once the child/youth is deemed “presumptively eligible” for CSoC by the CSoC Contractor, a referral is made to a Wraparound Agency (WAA)

CSoC Specialized Services



General Description

There are four specialized services that are available to children and families enrolled in CSoC. These services are in addition to other services the family may be receiving.



Refer to the Behavioral Health Services Provider Manual at the link below for a full description of the CSoC Specialized Services. Chapter 2, Section 2.5: Services for CSoC Children includes an in-depth description of each service.

www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf

CSoC Specialized Services

General Description

- **Parent Support and Training**

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

- **Youth Support and Training**

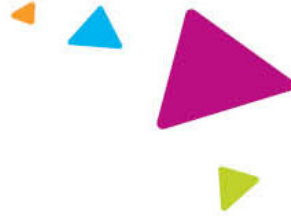
–Young people who have been involved in behavioral health services or other child-serving systems in the past provide support, mentoring, coaching and skill development to children and youth enrolled in CSoC. This service works with the child or youth at home and in community locations and supports the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



Refer to the Behavioral Health Services Provider Manual at the link below for a full description of the CSoC Specialized Services. Chapter 2, Section 2.5: Services for CSoC Children includes an in-depth description of each service.

www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf

CSoC Specialized Services - (Cont'd)

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 monthly CFT meetings 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)

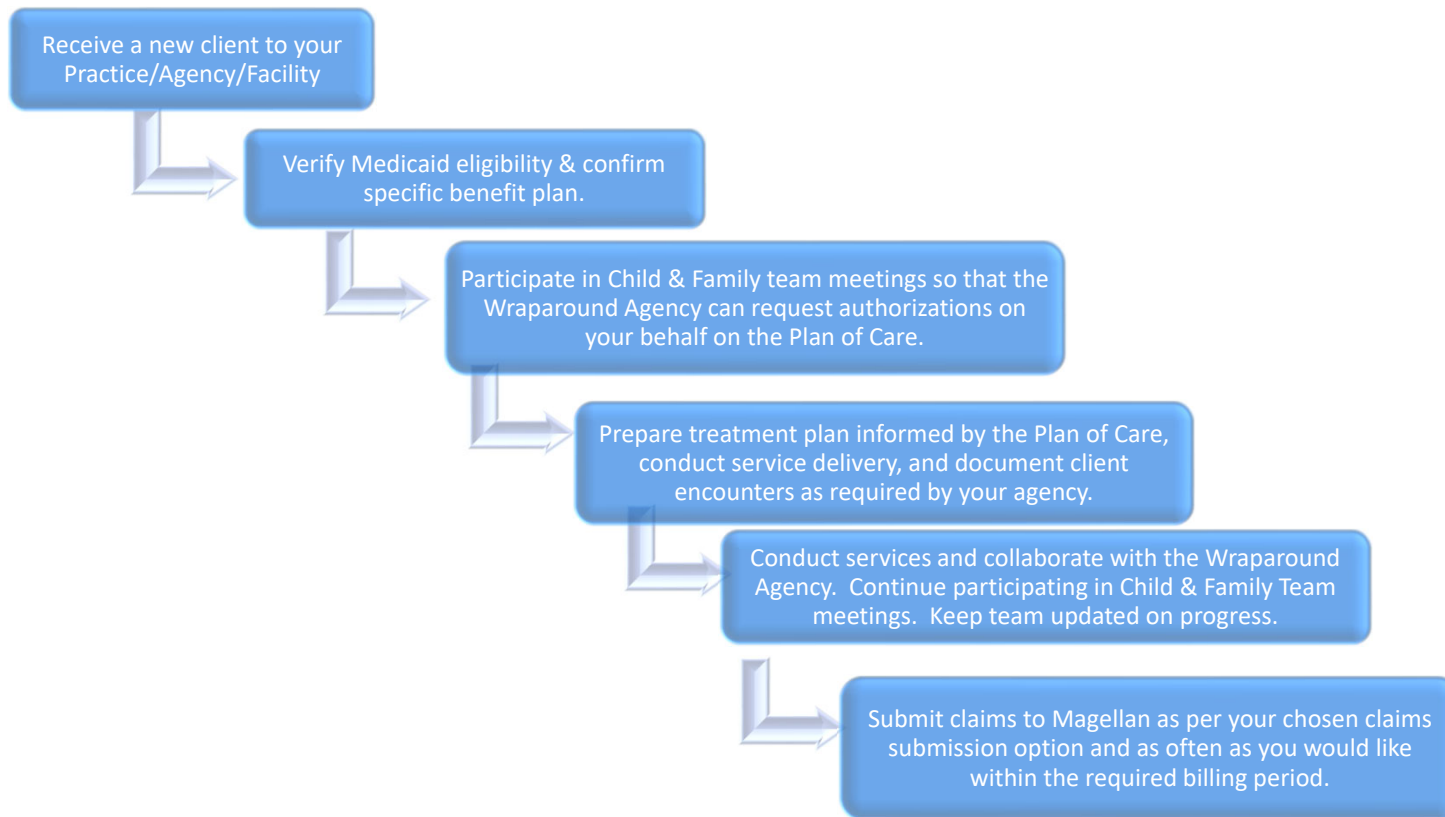


- Provides Parent Support and Training and Youth Support and Training which are two of the specialized services for youth enrolled in CSoC.
- Responsibilities of the FSO include, but are not limited to:
 - Ensure appropriate screening, hiring, and training processes are in place for each FSO staff person;
 - 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 CSoC Governance Board;
- 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.

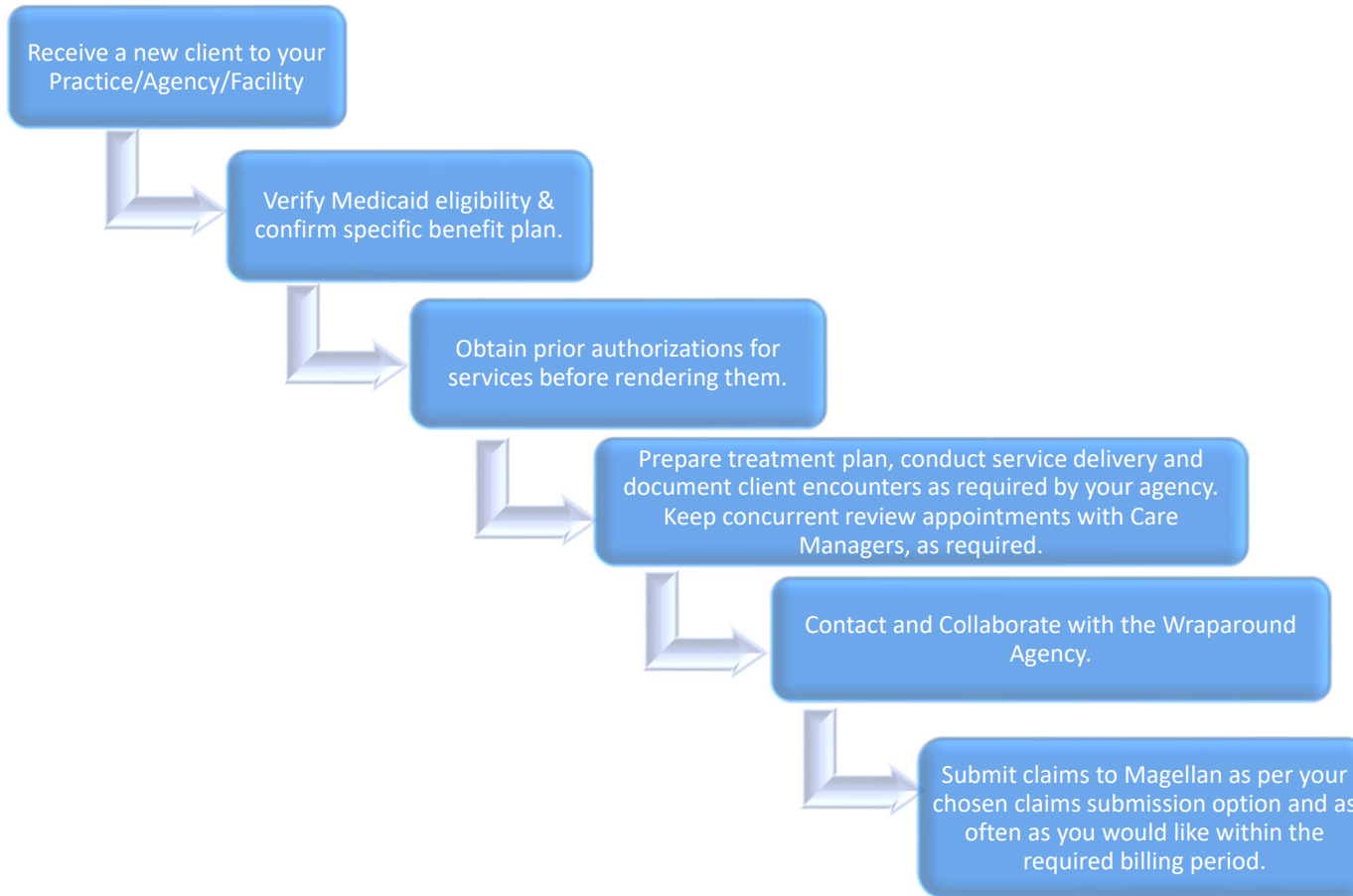
Process Flow for CSoC Waiver Services, Outpatient Services and HCBS Providers



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



Process Flow for Inpatient and Crisis Services



The Basics of Utilization Management



Purpose

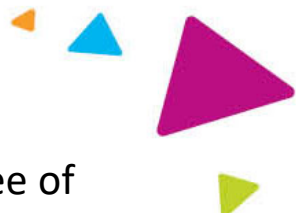


The goal of *Utilization Management* is to ensure that the youth has:

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



What is a Prior Authorization



- Prior Authorizations are an authorization for referred services but are not a guarantee of reimbursement.
 - The following elements must be included to process an authorization:

A Member

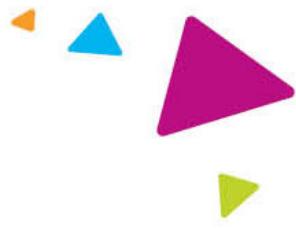
A Provider

An Intensity of Service

A Service

A Date Range

Services Requiring an Authorization



- Some 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:

Home and Community Based Services

CPST
PSR
Crisis Intervention
Follow Up

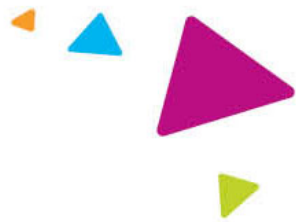
Home and Community Based EBP Services

FFT/FFT-CW
Homebuilders
ACT

Waiver and Outpatient Services

All CSoC Waiver Services
Substance Use Disorder IOP
Outpatient Services Beyond 52
Pass-Through Units

Requesting An Authorization



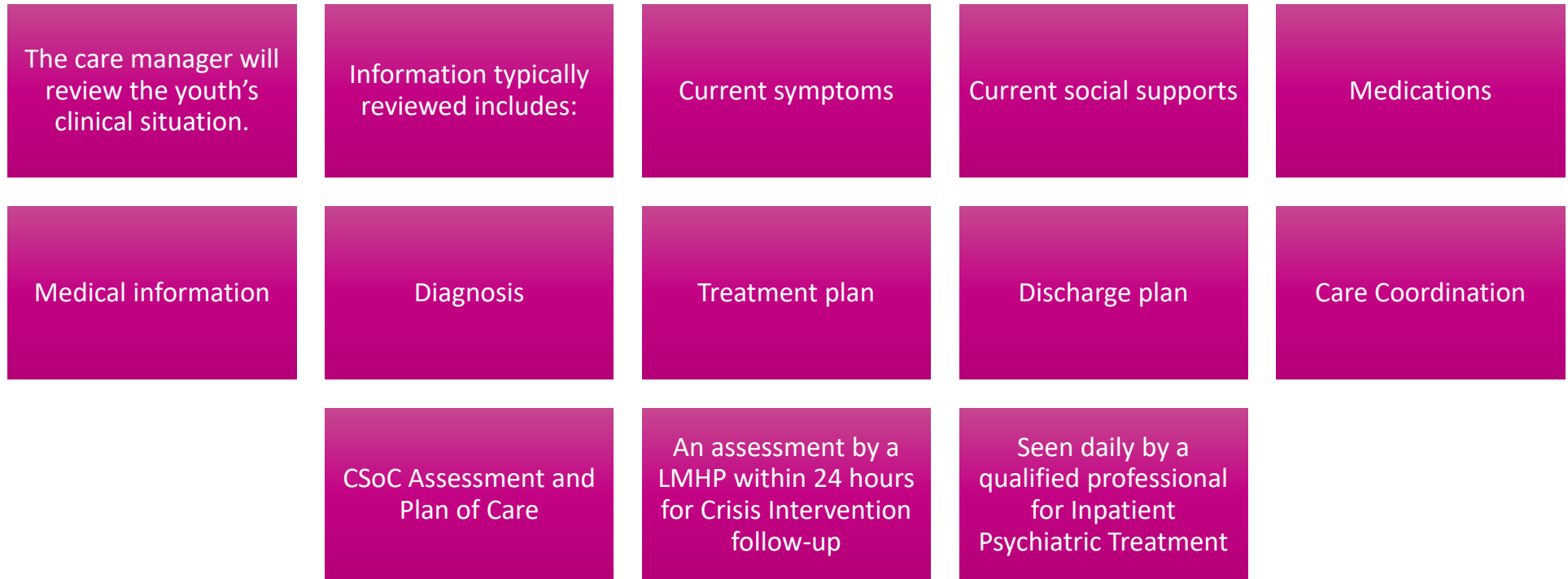
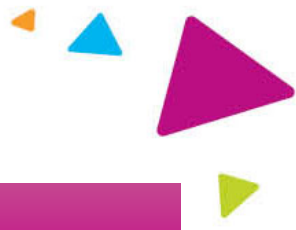
- Timely authorizations are requested up to 1 business day after the date the authorization should begin.
- If the youth continues to need services beyond those of the initial authorization period, then request should be made before the current authorization ends.
- This request for an ongoing authorization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



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

- **Hospitalization including Alcohol/Drug Detoxification and Inpatient ECT**
- **Crisis Stabilization**
- **Crisis Intervention Follow-Up**

How are Authorization Decisions Made?



Providing Care

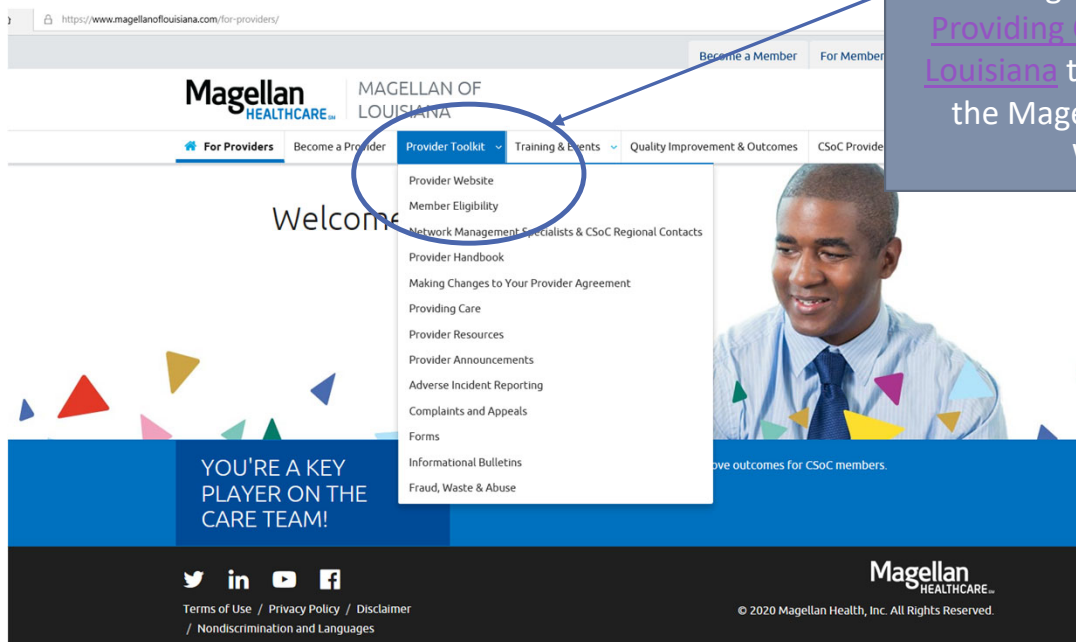


Providing Care

- 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

[Magellan of Louisiana](#)

Find more about these topics and so much more about [Providing Care | Magellan of Louisiana](#) tool kit available on the Magellan of Louisiana Website.



Member Rights and Responsibilities — What We Believe

Before you begin 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, 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 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 to respect 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 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 [Member Handbook | Magellan of Louisiana](#)

Member Rights and Responsibilities — What You Should Do



Part	As part of our efforts to protect the rights and responsibilities of all members, we require all providers to:
Review	Review Magellan’s Members’ Rights and Responsibilities Statement with members in your care at their first appointment;
Sign and have	Sign and have the member sign the statement and retain a copy in the member’s record;
Give	Give members the opportunity to discuss their rights and responsibilities with you;
	Review with the members in your care information such as:
Review	<ul style="list-style-type: none"> • 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	Obtain members’ consent to share information with primary care physicians and other treating providers.
Learn	Learn more about your responsibilities as a contracted provider of Magellan in our series of Provider Handbook Magellan of Louisiana

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 Disorders & Post-Traumatic Stress Disorders](#)

[ADHD](#)

[Autism](#)

[Bipolar Disorder](#)

[Depression](#)

[Eating Disorders](#)

[Generalized Anxiety Disorder](#)

[Managing Suicidal Patients](#)

[Obsessive-Compulsive Disorder](#)

[Panic Disorder](#)

[Schizophrenia](#)

[Substance Use Disorder](#)

[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 Procedures](#) 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. 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).

Eligibility Assessment and POC Development

The Wraparound Agency is responsible for sharing the following documents with any formal providers listed on the youth's POC:

- Independent Behavioral Health Assessment (IBHA)
- Child and Adolescent Needs and Strengths (CANS) Comprehensive Screening Tools
- Plan of Care (POC) and Crisis Plan

Provider's Intake Assessments

- Providers must complete their own intake assessment.
- The CANS and IBHA are excellent sources of information to guide the assessment process.
- If you are providing clinical services (i.e., therapy, medication management, CPST/PSR, CI, etc.), ensure your assessment is guided using one or more of our Clinical Practice Guidelines

Provider's Treatment Plan

- Ensures provider's treatment goals and interventions are consistent strategies on the POC
- Provides the service authorization start and end date
- Specifies the type, frequency, duration and amount of services to be provided
- Identifies other relevant BH providers working with youth

Quality Improvement Program



Quality Improvement & Outcomes



In collaboration with LDH, youths, families, providers, and stakeholders, Magellan facilitates quality activities that promote CSOC goals, sustain recovery and resiliency for youths and families and promote 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)
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These reviews will be conducted via desktop. Magellan typically gives 90 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 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 risks 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, 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 [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](#) 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.

Supporting CSoC Youth and Families



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 [Grievances & Appeals](#).
 - Going to their ***Coordinated System of Care (CSoC) Member Handbook*** at [Member Handbook](#) 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 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

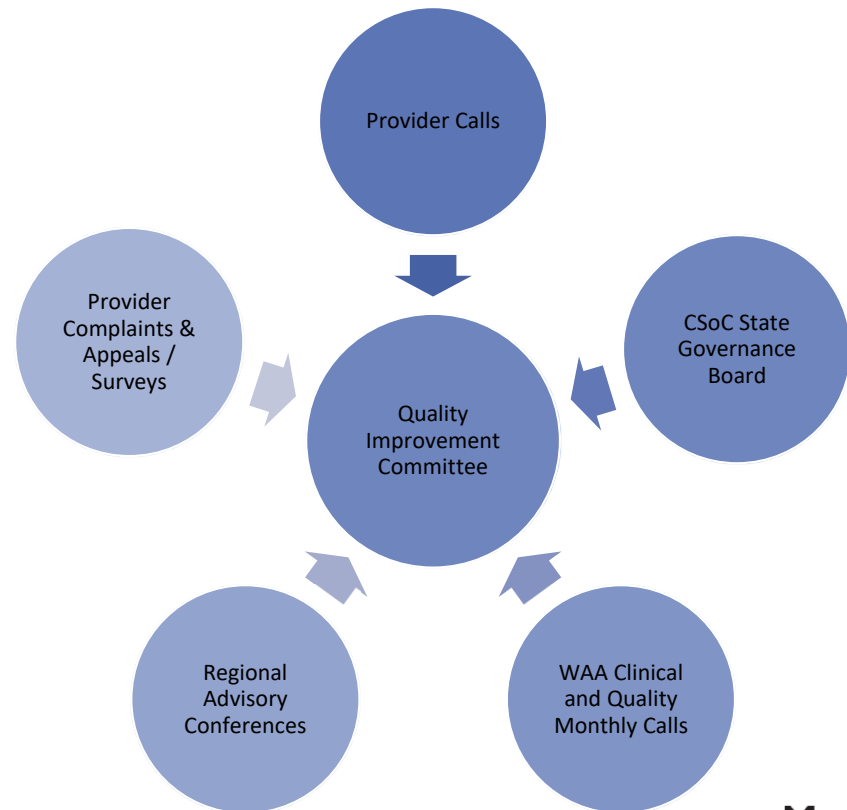


Magellan
HEALTHCARESM

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



Ways to Participate



Provider Newsletters

- Magellan's Network team creates provider communications to inform you of new or changing policies and procedures, to provide helpful resources and tell you about any upcoming Magellan events.
- Communications are available here [Provider Communications](#) 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 (Cont'd)



- **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 (LDOE), 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](http://LDH.gov).

Translation and Interpreter Services



Translation & Interpreter Services Available Via Magellan



Translation Services

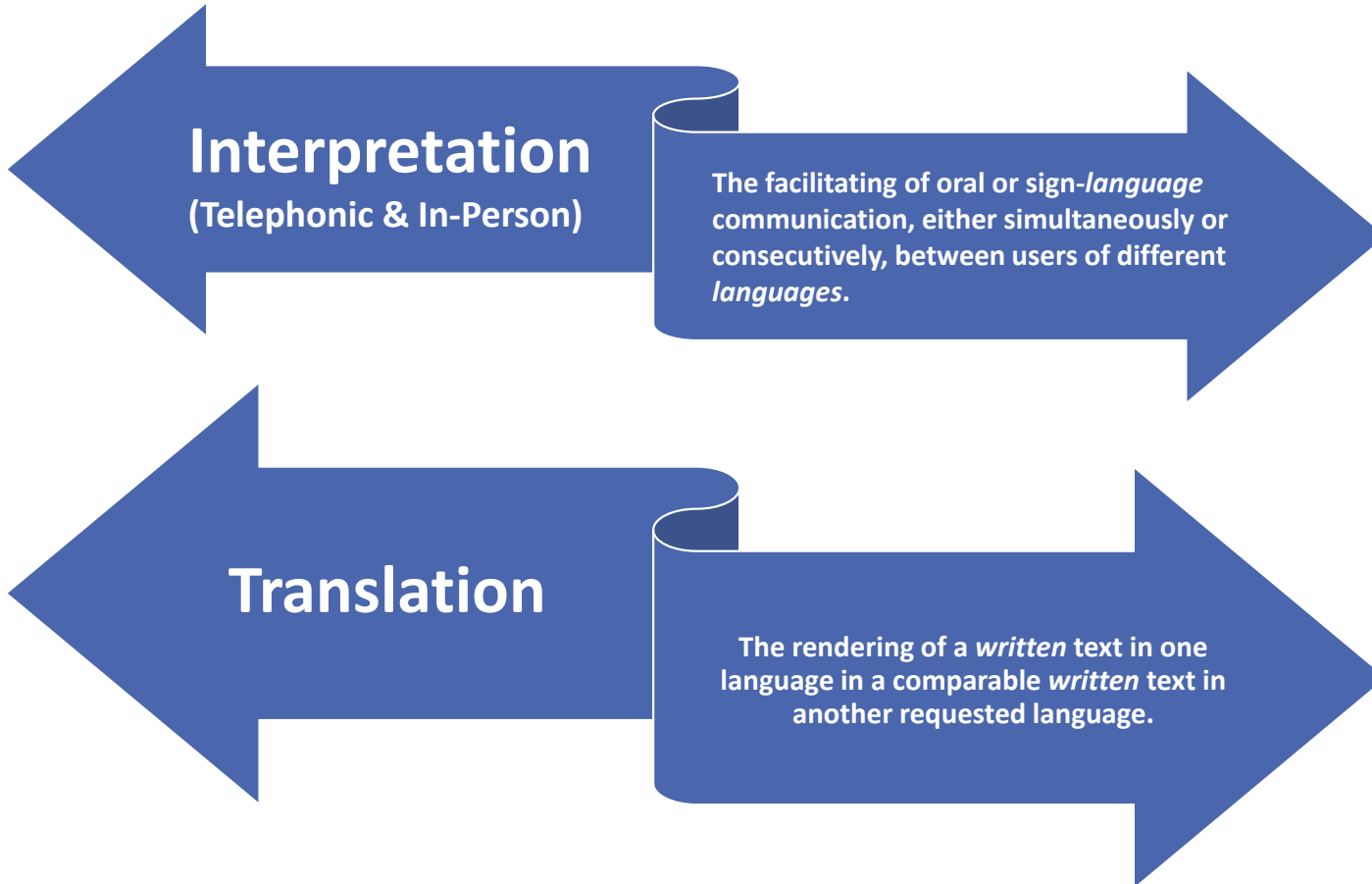
Magellan uses Telecommunication Relay Service to communicate with members who are deaf, hard of hearing, or speech impaired.

- Staff members are trained to provide clear verbal explanations or read written materials for individuals with visual, speech, physical, or developmental disabilities.
- Staff members can 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 Services



Magellan provides telephonic and on-site interpretation, along with translation services for all membership populations. Magellan's 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, 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.

Fraud Waste and Abuse



Fraud, Waste and Abuse



LDH-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 – (Cont'd)



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/providers/provider-toolkit/provider-handbook/>.

Program Exclusion



Under Louisiana law, providers whose provider agreements have been terminated by the Department of Health (LDH) or a sub-agency thereof, or who have been excluded from the Medicare program or any other state's Medicaid program, are not eligible to participate in Louisiana.



Your responsibilities: Screen all employees and contractors at hire and monthly to determine whether any of them have been excluded and immediately notify Magellan of any exclusion findings.



Search the U.S. Department of Health and Human Services (HHS) Office of Inspector General (HHS-OIG) List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration's (GSA) web-based System for Award Management (SAM) Exclusion Database and the LDH Adverse Action website located at <https://adverseactions.lah.gov/SeiSearch>, or HHS-OIG LEIE website at <http://www.oig.hhs.gov> to capture exclusions and reinstatements that have occurred since the last search.

How to Report Suspected Cases of Fraud, Waste and Abuse



Magellan - Reports made to Magellan can be submitted via one of the following methods:

- Special Investigations Unit Hotline: 1-800-755-0850
- Special Investigations Unit Email: SIU@MagellanHealth.com
- Corporate Compliance Hotline: 1-800-915-2108
- Compliance Unit Email: Compliance@MagellanHealth.com

LDH - Reporting this information to the state:

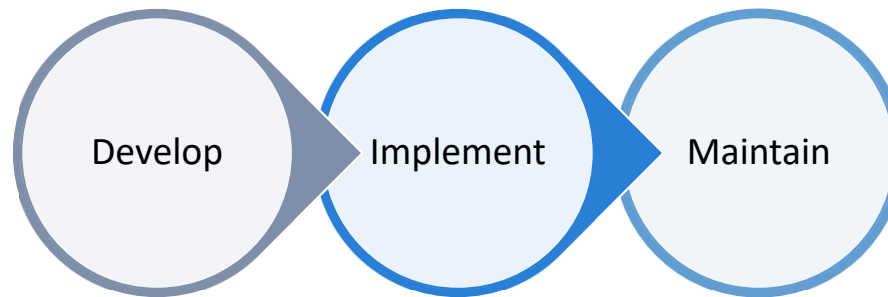
1. Provider Fraud Complaints - toll-free 1-800-488-2917 1-833-920-1773
Recipient Fraud complaints - long distance 1-318-487-5138
2. Complete the appropriate form online and submit it electronically.
Provider Fraud Form - <http://ldh.la.gov/index.cfm/form/22>
Member Fraud Form - <http://ldh.la.gov/index.cfm/form/23>
3. Mail - Print out the appropriate form (above), complete it, and mail it to
Provider Fraud Complaint - Gainwell-SURS Department, 8591 United Plaza Blvd, Baton Rouge, LA. 70809
Member Fraud Complaint - LDH-Customer Service, Unit P.O. Box 91278, Baton Rouge, LA. 70821-927

The priority is always reporting. Penalties and criminal outcomes can be increased when knowing and reporting are not aligned.

Fraud, Waste and Abuse – Compliance Plan



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

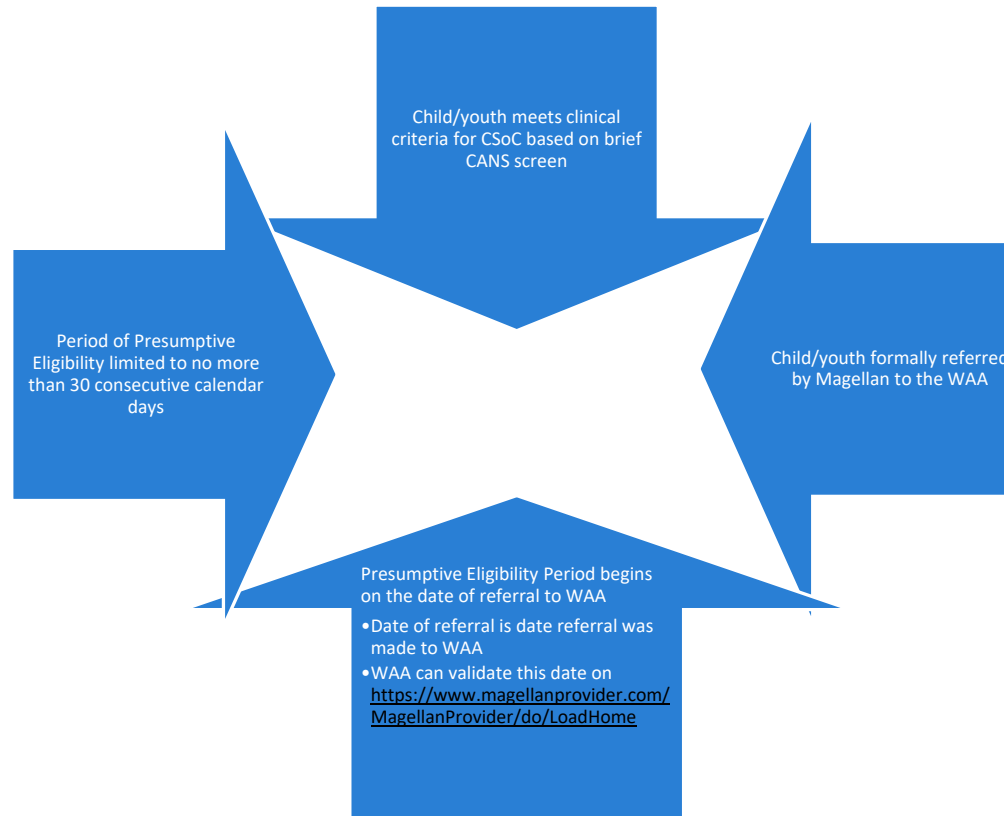


A Compliance Plan that adheres to applicable federal and Louisiana state law and any applicable guidance on such plans issued by the United States Office of Health and Human Services Office of the Inspector General (“HHS-OIG”) or the Louisiana Department of Health (LDH).

Eligibility and Referral Months



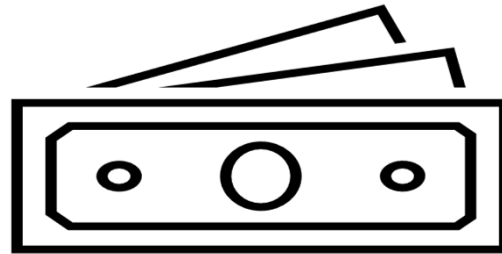
Presumptive Eligibility Period



Payment Responsibility



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



Referral Date 1st of the Month



If referral made by Magellan to the WAA is on the 1st day of the month, for the referral Month, Magellan pays for the following 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:

- Wraparound Facilitation
- Youth Support and Training
- Parent Support and Training
- Independent Living Skills Building
- Short-term Respite

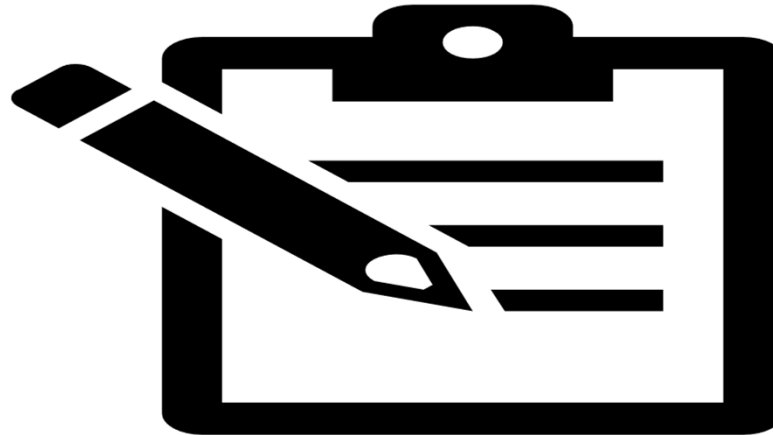
For the referral Month, the Healthy Louisiana Plan pays for the other three service types:

- Crisis Stabilization
- Inpatient Psychiatric Treatment
- 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
- Hospitalization including Alcohol/Drug Detoxification and Inpatient ECT
- Home and Community-Based Services



Claims Submissions and Getting Paid



Claims Submissions



Electronic Claims Submission Options

- ✓ Claims Courier
- ✓ Direct Submit
- ✓ Clearinghouses
- ✓ Sign into the Magellan provider website: <http://www.magellanoflouisiana.com/for-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:
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 an 837P or CMS-1500

Standard

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

Getting Paid



Find basic billing tips on the Magellan provider website, 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/>

Getting Paid – (Cont'd)



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.

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.

Taxpayer Identification Number (TIN).

Complete Diagnosis.

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

Claims and Modifiers



- Community Psychiatric Support & Treatment Behavior Assessment or Reassessment (96156)
 - No degree modifier required.
 - TG modifier required if used to conduct for CPST assessments and reassessments.
 - If the service is provided in the community, the community modifier, U8.
 - If the service is provided via telehealth, the telehealth modifier, 95.
- Psychosocial Rehabilitation (PSR/H2017)
 - Degree modifier is required.
 - If the service is provided in the community, the community modifier, U8.
 - If the service is provided in a group setting the group setting modifier, HQ, is required.
 - This service is not allowed via telehealth.
 - Degree modifiers, when required, are always first.
 - Examples: H2017 HO, U8; H2017 HO; H2017 HO, HQ; H2017 HO, HQ, U8.
- Community Psychiatric Support & Treatment (CPST/H0036)
 - No degree modifier required.
 - If the service is provided in the community, the community modifier, U8.
 - If the service is provided via telehealth, the telehealth modifier, 95.
 - Examples: H0036, H0036 U8, H0036 U8 95.

Claims and Modifiers – (Cont'd)

Regular routine outpatient claims submitted to Magellan require a degree level modifier. If the service is provided via telehealth, the telehealth modifier, 95, is required on the claim. The degree level modifier is required first, followed by modifier 95 if the service is provided via telehealth. If the service is provided in the office, the degree level modifier is the only modifier required on the claim.

Place of Service Codes to use when the telehealth modifier is on the claim:

Place of service 10-Use this code when the member is at home, and the service is provided via telehealth.

Place of service 02-Use this code when the member is anywhere else, and the service is provided via telehealth.

Place of service 99 is not allowed for telehealth services.

Reminders: The HA, age modifier, is not required on any claims submitted to Magellan. Claims will be denied for invalid modifier combination if modifier HA is present on the claim.

Please refer to your Magellan fee schedule for rates. Fee schedules for services you are contracted to provide are included with your agreement.

Evidence Based Practice Claims



- Providers will communicate utilization of EBP by including the corresponding tracking code in the note field of the claim record sent to Magellan.
- Therapists bill standard CPT individual and family therapy codes for sessions as indicated in the table at right.
- ACT, FFT and Homebuilders® are considered Evidenced Based Practices, EBP tracking codes are not required as these services have a unique procedure code and/or modifier combination that distinguishes it as an EBP.
 - HE modifier is required for FFT
 - HK modifier is required for HB

Evidence-Based Practice	EBP Tracking Code	Valid CPT/HCPCS Codes
Functional Family Therapy-Child Welfare (FFT-CW)	EB01	H0036 with modifier HE
Child-Parent Psychotherapy (CPP)	EB02	90837, 90834, 90832, 90847, 90846
Parent-Child Interaction Therapy (PCIT)	EB03	90837, 90834, 90832, 90847, 90846
Youth PTSD Treatment (YPT)	EB04	90837, 90834, 90832, 90847, 90846
Preschool PTSD Treatment (PPT)	EB05	90837, 90834, 90832, 90847, 90846
Triple P- Standard Level 4	EB06	90837, 90834, 90832, 90847, 90846
Trauma-Focused CBT (TF-CBT)	EB07	90837, 90834, 90832, 90847, 90846
EMDR	EB08	90837, 90834, 90832, 90847, 90846

Claims When Participating in CTF Meetings



Licensed mental health professionals (LMHP) may submit a claim when attending child and family team meetings for the purposes of developing a treatment plan **ONLY** when the client/guardian attends the meeting, and the development of the treatment plan is required for CSoC eligible members.



90832 – Psychotherapy, 30 minutes with patient and/or family member



90834 – Psychotherapy, 45 minutes with patient and/or family member



90837 – Psychotherapy, 60 minutes with patient and/or family member



90847 – Family psychotherapy (conjoin psychotherapy) with patient present

Other Notable Claims Tips



Know the specific services you are contracted for by referring to your fee schedule (last page of your contract) and share with those in your organization responsible for your claim submissions.



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 **BHS.pdf (lamedicaid.com)**.



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 **Medical Necessity Criteria | Magellan of Louisiana**.



Use Availity Essentials for Magellan eligibility, benefits and claim transactions. Additional information on Availity Essentials can be accessed here **Availity (magellanprovider.com)**.

Magellan's Provider Portals – Availity Essentials and ECHO

Availity Essentials portal allows providers to view member CSoC eligibility and claim transactions – detailed information can be found here [Availity \(magellanprovider.com\)](https://magellanprovider.com)

Additional options for viewing EOP/EOB data: If you receive your payment for Magellan claims through ECHO Health, the [ECHO portal](#) also offers access. And, if you use a clearinghouse and are enrolled to receive ERA/835, you may be able to access EOP/EOB data by contacting your clearinghouse or using their portal.

Top 10 tips to help you get the most out of Availity Essentials can be found here [availityessentialstips](#)

Tips and tricks for navigating Availity Essentials can be found here [Tips and Tricks Navigating Availity Essentials](#)

Through Magellan's Payer Space in [Availity Essentials](#), you can access Magellan-specific applications and resources via a single-sign on to Magellan's provider website.

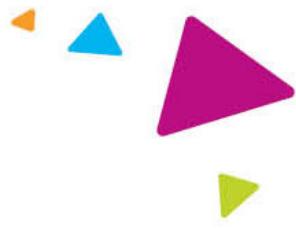
To create an account, visit Availity.com

Staying on Top of Member Eligibility

- Verify Member Medicaid Eligibility at the LA Medicaid Website at: www.LouisianaMedicaid.com and via the Magellan of Louisiana website <https://www.magellanoflouisiana.com/providers/provider-toolkit/member-eligibility/>
- Eligibility Changes Often – It is best to verify at Every Member’s Visit by checking here [Log In to Availity®](#)
- The table at left depicts the services that are reimbursable based on the members plan ID.

Eligibility Plan	Waiver Services	Non-Waiver (HCBS) Services	Addiction Services	Outpatient	Inpatient
MCS18 Presumptive B3/C	X				
MCS19 Full B3	X	X	X	X	X
MCS20 Full C	X	X	X	X	X
MCS21 Presumptive Full	X	X	X	X	
MCS22 Partial B3	X				
MCS23 Partial C	X				
MSC24 Disenrolled Mid-Month		X	X	X	X
MCS25 Full B3 OCDD	X	X	X	X	X
MCS26 Full C ME	X	X	X	X	X
MCS28 Partial B3 OCDD	X				
MSC29 Partial C ME	X				
MSC30 Disenrolled Mid-Month Partial					
MCS31 Disenrolled Mid-Month Full Detention					X

Member Eligibility Search - Examples



Date of Service Jul 1, 2023 Transaction ID: [REDACTED] Time Sep 18, 1:19 PM Customer ID: [REDACTED]

Member Status: Coverage Unknown Date of Birth: [REDACTED] Gender: [REDACTED] Current Plan Effective Date: Jul 1, 2023 Relationship to Subscriber: Self

Member ID: [REDACTED] Plan Number: MCS19 **Magellan HEALTHCARE.** Payer: Magellan Behavioral Health

Messages: Patient's specific coverage status not returned. Please review carefully. Contact Information: ACCESS CHAT WITH US ON MAGELLAN PAYER SPACE IN AVALITY

Other or Additional Payer Information: No additional payer information provided.

Provider Information

Requesting Provider Name: [REDACTED] Category: Requesting Provider NPI: [REDACTED]

Member's eligibility plan is MCS19 and all services are covered.

EB Eligibility & Benefits Feedback

Invalid/Missing Subscriber/Insured ID - Please Correct and Resubmit

Date of Service Aug 1, 2023 Transaction ID: [REDACTED] Transaction Time Sep 18, 1:18 PM Customer ID: [REDACTED]

Fields marked with an asterisk * are required.

* Organization: [REDACTED] * Payer: MAGELLAN HEALTHCARE

Member was not found which indicates the member is no longer eligible for CSOC services.

Network Monitoring



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)

These reviews will be conducted via desktop. Magellan typically gives 90 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.

Network Monitoring – What You Need to Do



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 for Magellan National Provider Handbook, Handbook Appendices, Organizational Provider Handbook Supplement and State Plan Specific Supplements.

Refer to <https://www.magellanoflouisiana.com/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 What You Need to Do – (Cont'd)



Ensure First Aid/CPR/Seizure Assessment certifications are American Heart Association compliant.

Review and attest to your agency's practice information on 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.

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

HCBS Setting Rule
Requirements for Providers
& Wraparound Agencies



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

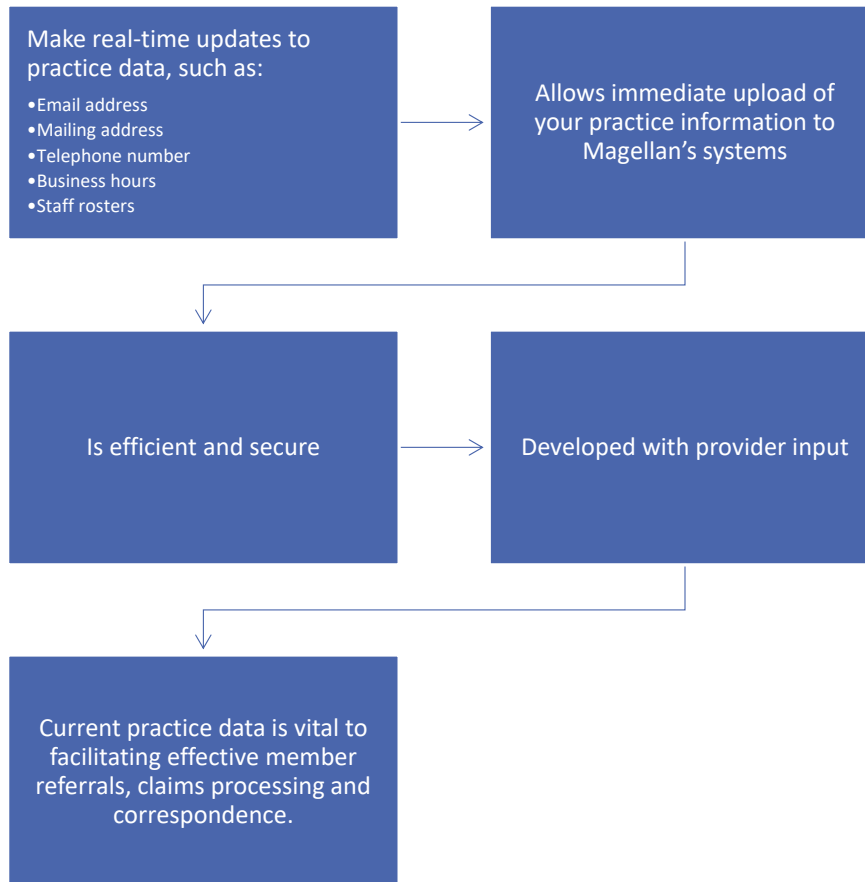


After you have an executed provider agreement, you may make changes to your provider agreement, including but not limited to, adding and/or removing covered services under your current Medicaid Agreement. Please refer to the Making Changes to Your Provider Agreement section on our Magellan of LA website 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



Access your practice information at **My Practice Information**

Of note: If you are changing your service location, please submit the changes, along with your updated BHS/HCBS license to your assigned Network Management Specialist.

More Benefits of Online Applications



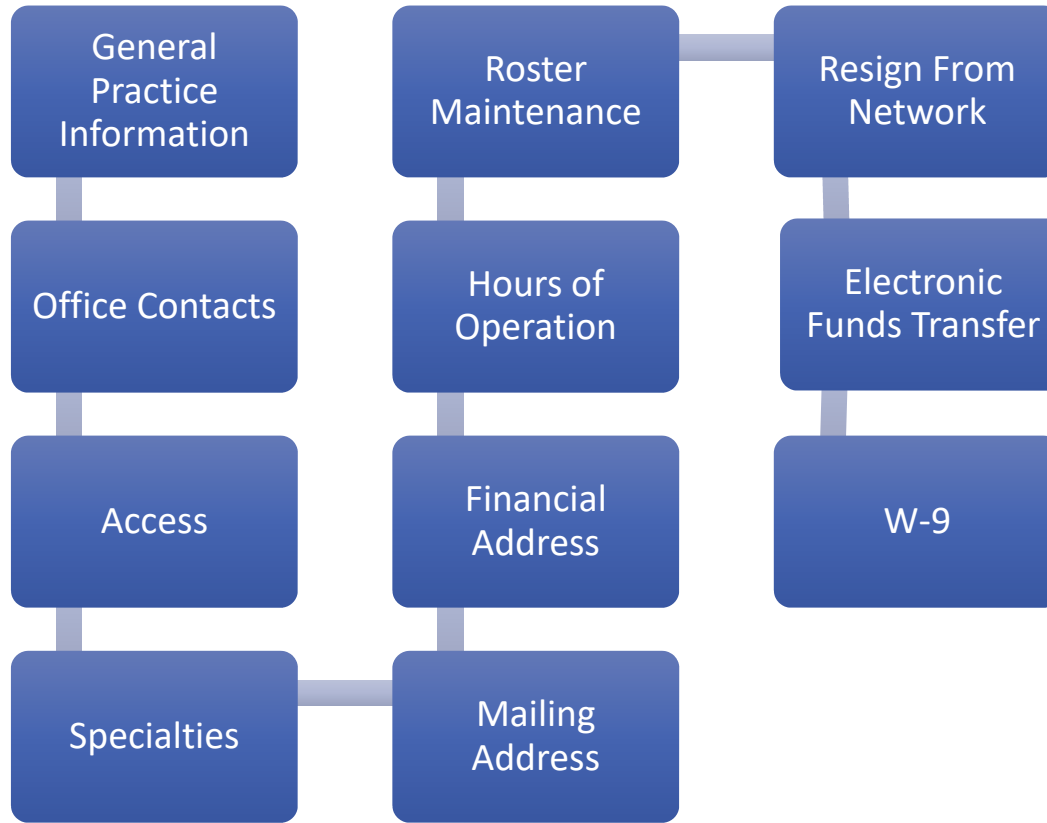
Free to use

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.

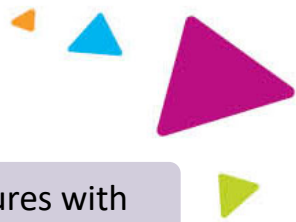
Online Practice Changes Options



Resources



Provider Handbook



Magellan's National Provider Handbook and the Handbook Supplements outline the policies and procedures with which providers are required to comply when serving members whose care is managed by Magellan.



The Louisiana Coordinated System of Care Handbook includes details on items on the following:

- Information about the program
- Magellan's provider network and your role
- Quality partnership
- Provider reimbursement



You will find the National Provider Handbook here: [National provider handbook.pdf](#)



The Louisiana CSoC Handbook supplement is located here: [Louisiana CSoC Handbook Supplement \(magellanprovider.com\)](#)



Other Handbook appendices are located here: [Appendices](#)

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) - [Education \(magellanprovider.com\)](#), 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 - [Education \(magellanprovider.com\)](#), 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 – [Education \(magellanprovider.com\)](#), 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 around 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 for claims, electronic transactions and more. Note, you can start, stop, pause, or rewind the demos at any time as needed. To access the demos list below click here [Website Demos](#)

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

Key Contacts & Links



Member Services: 1-800-424-4489 for assistance with basic authorization questions Plan of Care etc., if necessary, you will be transferred to a clinical team member, or your Network Management Specialist.



Network Management Specialists: <https://www.magellanoflouisiana.com/for-providers/provider-toolkit/network-management-specialists/>



Regional CSoc Contacts: <https://www.magellanoflouisiana.com/for-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



Magellan Websites: www.MagellanofLouisiana.com or 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/BHS1.pdf> and Medical Necessity Criteria <http://www.magellanoflouisiana.com/for-providers/provider-toolkit/providing-care/medical-necessity-criteria/>



How To Reach A Network Management Specialist

CALL MEMBER SERVICES TELEPHONE LINE

AT 1-800-424-4489

AND ASK TO SPEAK TO YOUR NETWORK MANAGEMENT SPECIALIST.

Magellan
HEALTHCARESM

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

Provider Attestation



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



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