

June 14, 2011

Community Support Authorization Process Changes

Presentation by:

Don Reding, Operations Manager, Magellan Health Services



Agenda

- Discuss the authorization process changes that will become effective 7/1/2011.
- Explain how the changes will be implemented.
- Review the Community Support ASA/MRO authorization process for both the Behavioral Health and Medicaid systems.
- Highlight the process differences between Medicaid Community Support ASA/MRO authorizations and their counterpart Behavioral Health authorizations.
- Identify process pitfalls to avoid.
- Q/A session on Medicaid Community Support ASA/MRO claims.

OK – So What's Changing??

- Effective July 1, 2011 the HCPCS code for Community Support–MH will change from H2016 HE to H2015 HE.
- Effective July 1, 2011 the HCPCS code for Community Support–SA will change from H2016 HF to H2015 HF.
- Effective July 1, 2011 the unit of service for both CS-MH and CS-SA will change from one unit per consumer/month to a fifteen minute unit of service with a maximum of 144 units per six month authorization (for Medicaid CS-MH and CS-SA services only).
- The Behavioral Health CS-MH and CS-SA counterparts will remain one unit per consumer/month .

OK – So What’s Changing?? (Cont.)

- All Medicaid authorization numbers for CS-MH and CS-SA authorizations that extend beyond 7/1/2011 will change.
- Authorized dates of service for CS-MH and CS-SA authorizations that extend beyond 7/1/2011 will change.
- There will be some minor changes to the Turn Around Document (TAD) and the Medicaid Authorization report.
- Per CMS regulations Magellan will no longer be able to authorize Community Support services for Medicaid eligible clients in residential services funded by Nebraska Medicaid. Consequently we will discontinue authorizing CS-MH or CS-SA services for 30 days post admission to residential settings or 30 days prior to discharge from residential settings. This change will not effect non-Medicaid eligible clients.



OK – So What’s Changing?? (Cont.)

- For Medicaid eligible clients we can no longer issue 30 day initial Community Support authorizations. If providers do not have the requisite clinical information at the time of the call they will have to call back when they do have it.
- For Non-Medicaid eligible clients we can issue 30 day initial Community Support authorizations (when necessary) until further notice.

How Will These Changes Occur?

- All existing CS-MH and CS-SA authorizations will be ended as of 6/30/2011.
- New authorizations will be programmatically created by Magellan with the H2015 HE or H2015 HF codes.
- The new authorizations will have a start date of 7/1/2011 and will end on the last day of the month that the original authorization ended. For example: if the original CS-MH auth was from 3/15/11 to 9/15/11, that authorization will be ended 6/30/2011 and the new one will start 7/1/11 and end 9/30/11.



Authorization Process Review

- All Adult Substance Abuse (ASA) and Medicaid Rehabilitation Option (MRO) services are Authorized Services.
- They are only partially transacted via the Magellan website and must be reviewed and authorized by a Magellan Care Manager.
- Providers must be enrolled with Nebraska Medicaid for the specific ASA/MRO service(s) they provide in order to submit claims to Nebraska Medicaid for these services to be paid.



Authorization Process Review (Cont.)

- Providers must be contracted with one (or more in some cases) of the six Behavioral Health Regions for the specific service(s) they provide.
- ASA/MRO services are funded by both Behavioral Health and Medicaid so the consumer's Medicaid eligibility status determines the payor (and as you all know that status can change over time).
- Because there are potentially two payors these particular services have two different claims processes that may apply to the same consumer at different times.

Authorization Process Review (Cont.)

- Medicaid Rehabilitation Option services can be covered by Nebraska Medicaid if the person is Medicaid Fee-for-Service eligible or Managed Care eligible.
- However, Adult Substance Abuse services can be covered by Nebraska Medicaid **only** if the person is Medicaid Managed Care eligible.
- The clinical criteria for ASA and MRO services is the same regardless of the person's Medicaid eligibility status.

So what's the process?

- Go to www.magellanprovider.com and login with your assigned username and password. Select "Sign In".

Sign In | FAQs | About Us

MAGELLAN HEALTH SERVICES
Getting Better All the Time®

PROVIDERS

SEARCH Go

Sign In **Provider Network** **Providing Care** **Getting Paid** **Forms** **Education** **News & Publications**

MagellanHealth.com

I'M A MEMBER I get services through Magellan

I'M A PROVIDER I am a health care provider

I'M A CUSTOMER I am an organization that contracts with Magellan

This Web site offers our providers the powerful tools and information they need to provide high quality care to our members.

Access Services
Sign in is required.

- Check Claims Status
- Check Contract Status
- Check Credentialing Status
- Check Member Eligibility
- Check Rates
- Display/Edit Practice Info
- Request More Sessions Online (populated form)
- Submit a Claim Online
- View Authorizations

Get Information

- Provider Handbook and Supplements
- State- and Plan-Specific Information
- EAP Information
- Provider Focus (new)
- Clinical Guidelines
- Request More Sessions Online (blank form)

Provider Sign In

User Name:

Password:

Remember Me

Sign In [Forgot Password?](#)

[New User](#) [View Demo](#)

Recent Activities

Fall 2008 Provider Focus
[Online Training Demos Now Available](#)

Please be advised that maintenance is performed every Thursday from 5:00 - 5:30 a.m. Central Time. During this time, the site may be briefly unavailable.

So what's the process? (Cont).

- A web page like the one below will appear. Click on the link titled “Nebraska”.

The screenshot shows a web page for Magellan Health Services. At the top, there is a navigation bar with links for Sign Out, FAQs, About Us, and Home. Below this is a banner with three photos of people and the Magellan Health Services logo. A secondary navigation bar contains links for MyPractice, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar with a 'Go' button is located on the right. On the left, a sidebar menu is open to 'My Practice', with sub-links for My Authorizations, Nebraska, My Profile, Change Password, and Edit My Profile. The main content area displays 'Provider ABC' with an 'Edit My Profile' link. Below this, it states 'You are viewing information for:' followed by a dropdown menu showing '100000018 ALCOHOLICS RESOCIALIZATION CONDITIO (586797000)'. A maintenance notice is present: 'Please be advised that maintenance is performed every Thursday from 5:00 - 5:30 a.m. Central Time. During this time, the site may be briefly unavailable. Data that has not been saved may be lost.' At the bottom, there are two buttons: 'Clinical Guidelines ::' and 'My Practice ::'.



So what's the process? (Cont.)

- From the choices under “My Practice” select “New Registration” or “New Registration from Existing” if the person has received services previously.

The screenshot shows the Magellan Health Services website interface. At the top, there is a navigation bar with links for 'Sign Out', 'FAQs', 'About Us', and 'Home'. Below this is a banner image with the Magellan Health Services logo. A secondary navigation bar contains links for 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar is located on the right side of this bar. On the left, a 'My Practice' dropdown menu is open, showing options like 'Nebraska', 'New Registration', 'New Registration From Existing', 'Edit Registration', 'New Discharge Summary', 'View Discharge Summary', 'TAD Reports', 'Auth Reports', and 'Reports'. A red box highlights the 'Nebraska (NBHS) Choices:' label, and a red arrow points from it to the 'Nebraska' option in the dropdown menu. The main content area displays the 'Nebraska Applications' page, which includes a 'Home' and 'Help?' link. The text on the page describes the application process for Nebraska public sector consumers, including creating new patient registrations, editing existing ones, and viewing reports.

So what's the process? (Cont.)

- A search screen like the one below will appear. Enter the person's SSN and select "Search".

The screenshot shows the Magellan Health Services website interface. At the top, there is a navigation bar with links for "Sign Out", "FAQs", "About Us", and "Home". Below this is a banner image with the Magellan Health Services logo. A secondary navigation bar includes "MyPractice", "Provider Network", "Providing Care", "Getting Paid", "Forms", "Education", and "News & Publications". A search bar with a "Go" button is located in the top right. On the left, a "My Practice" sidebar lists options for "Nebraska", including "New Registration", "New Registration From Existing", "Edit Registration", "New Discharge Summary", "View Discharge Summary", "TAD Reports", "Auth Reports", and "Reports". The main content area is titled "Nebraska :: Search Registration Help?". It contains instructions: "To find an existing case, use the following fields to narrow your search. The search will filter out any records which are not like the search parameters. If a parameter is left blank, then the results are not filtered on that parameter." Below this, it says "Provider ABC" and "Search Registration". The "Search Parameters" section includes input fields for "Last Name:", "First Name:", "Date of Birth:" (with a calendar icon showing "31"), and "Social Security Number:". A red "Search" button is positioned below these fields. At the bottom of the search area, there is a link "Return to MyPractice Page".

So what's the process? (Cont.)

- If the person has not received services previously, a screen like the one below will appear.

Nebraska :: [Search Registration](#) [Help?](#)

To find an existing case, use the following fields to narrow your search. The search will filter out any records which are not like the search parameters. If a parameter is left blank, then the results are not filtered on that parameter.

Provider ABC

Search Registration

Search Parameters

Last Name: <input type="text"/>	First Name: <input type="text"/>	Date of Birth: <input type="text" value="31"/>
Social Security Number: <input type="text" value="123456789"/>		

[Return to MyPractice Page](#)

← Registration does not exist. Please add new registration OR register client at another location. →

So what's the process? (Cont.)

- At the bottom of the screen, click the link that says *“Registration does not exist. Please add new registration OR register client at another location”*.
- After clicking on the link above, screen (1) of the registration/pre-authorization will then appear.

After the Pre-Auth – The next steps:

- Call the Magellan Nebraska Care Management Center 1-800-424-0333 and ask to speak with a Care Manager.
- The Care Manager will obtain additional information regarding the person's clinical presentation, and if the person meets the clinical criteria for the service requested, complete the authorization.
- If the person does not meet the clinical criteria for the service requested, the Care Manger will inform the caller about their recourse via the appeal process.



After the Auth is Done – What's Next?

- If you have an ASA/MRO authorization for a non-Medicaid eligible person you need to go to www.magellanprovider.com in the same manner discussed earlier and select “TAD Reports” under the “My Practice” section.

The screenshot displays the Magellan Health Services website interface. At the top, there is a navigation bar with links for 'Sign Out', 'FAQs', 'About Us', and 'Home'. Below this is a banner image featuring three people and the Magellan Health Services logo. A secondary navigation bar includes 'MyPractice ::', 'Provider Network ::', 'Providing Care ::', 'Getting Paid ::', 'Forms ::', 'Education ::', and 'News & Publications ::'. A search bar with a 'Go' button is located on the right. The main content area is divided into two columns. The left column, titled 'My Practice', has a sub-menu for 'Nebraska' which is highlighted with a red box and a red arrow. The right column, titled 'Nebraska Applications ::', contains text explaining the application process for Nebraska public sector consumers and mentions TAD reports. The Magellan Health Services logo and tagline 'Getting Better All the Time' are visible in the bottom right corner.



After the Auth is Done – What’s Next? (Cont.)

- When you click on “TAD Report” you’ll see the following selection screen.

The screenshot shows a web application interface. On the left is a navigation menu under the heading "My Practice". The menu items are: Nebraska (selected), New Registration, New Registration From Existing, Edit Registration, New Discharge Summary, View Discharge Summary, TAD Reports, Auth Reports, and Reports. The main content area is titled "TAD Report ::" and includes a "Search" and "Help?" link. Below the title is the text "Provider ABC". A "Search" section contains instructions: "Please select which TAD report you would like to view. Enter the month for which you would like view/edit data." and a "NOTE: Start date must be the first of the month. If another date is entered, it will be defaulted to the first." The "Search Parameters" section includes a dropdown menu labeled "Please choose a report:" with "TAD (Auth) Main" selected, and two date input fields: "Start Date:" with "11/01/2008 31" and "End Date:" with "11/30/2008 31". A red "Search" button is located below the date fields. At the bottom of the main content area is a link: "Return to MyPractice Page".

After the Auth is Done – What’s Next? (Cont.)

- By clicking on the Drop Down Menu under the heading “Please Choose Report” you’ll find the following TAD “categories”:

TAD (Auth) Main

TAD (Auth) Intensive Outpatient

TAD (Auth) Community Support SA

TAD (Auth) Community Support MH

TAD (Auth) Day/Res Rehab

TAD (Regs) Outpatient

TAD (Regs) Registered

Choose the category that pertains to the service authorized.



After the Auth is Done – What's Next? (Cont.)

- Select the date range for the month you are submitting the claim.
- A report - somewhat like the one on the next slide - will appear.

After the Auth is Done – What's Next? (Cont.)

Auth No. Community Support – MH MRO -- No	Member Name	SSN	Auth Period	Units Auth	Actual Units
201004011234567-001-0001-000	Adams, James	123456789	04/01/2010- 10/01/2010	1	0
201004011234568-001-0001-000	James, Adam	123456788	04/01/2010- 10/01/2010	1	0
201004011234569-001-0001-000	Hughes, Sam	123455789	04/01/2010- 10/01/2010	1	0

After the Auth is Done – What's Next? (Cont.)

- Review the information on the TAD (e.g., service type, date range, units auth'd).
- In the “Actual Units” column, enter the number of units of service provided during the reporting month.
- Repeat for each person authorized.
- Save and print the TAD and submit to the Region per their policy and procedure.

After the Auth is Done – What’s Next? (Cont.)

- For Medicaid eligible persons receiving ASA/MRO services the process is slightly different.
- Go to www.magellanprovider.com in the same manner discussed earlier and select “Auth Reports” under the “My Practice” section

The screenshot shows the Magellan Health Services website interface. At the top, there is a navigation bar with links for 'Sign Out', 'FAQs', 'About Us', and 'Home'. Below this is a banner image featuring three people. The main navigation menu includes 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar is located on the right side of the main navigation. The 'My Practice' section is expanded, showing a list of options: 'Nebraska', 'New Registration', 'New Registration From Existing', 'Edit Registration', 'New Discharge Summary', 'View Discharge Summary', 'TAD Reports', 'Auth Reports', and 'Reports'. A red box highlights the 'Nebraska (NBHS) Choices:' section, and a red arrow points to the 'Auth Reports' option in the 'My Practice' menu. The 'Nebraska Applications' section is also visible, providing information about applications for Nebraska public sector consumers.



After the Auth is Done – What’s Next? (Cont.)

- When you click on “Auth Report” you’ll see the following selection screen.

The screenshot shows a web application interface for 'My Practice'. On the left is a navigation menu with 'Auth Reports' selected. The main content area is titled 'TAD Report ::' and shows 'Provider ABC'. It includes a search section with instructions and a 'NOTE' about start dates. Below this is a 'Search Parameters' section with a dropdown menu set to 'TAD (Auth) Main', and date pickers for 'Start Date' (11/01/2008) and 'End Date' (11/30/2008). A red 'Search' button is present, along with a 'Return to MyPractice Page' link.

My Practice

- ▶ Nebraska
 - New Registration
 - New Registration From Existing
 - Edit Registration
 - New Discharge Summary
 - View Discharge Summary
 - TAD Reports
 - Auth Reports
 - Reports

TAD Report :: Search Help?

Provider ABC

Search

Please select which TAD report you would like to view. Enter the month for which you would like view/edit data.

NOTE: Start date must be the first of the month. If another date is entered, it will be defaulted to the first.

Search Parameters

Please choose a report:
TAD (Auth) Main

Start Date: 11/01/2008 31

End Date: 11/30/2008 31

Search

[Return to MyPractice Page](#)

After the Auth is Done – What’s Next? (Cont.)

- By clicking on the Drop Down Menu under the heading “Please Choose Report” you’ll find the following report “categories”:

Medicaid (Auth) Main

Medicaid (Auth) Intensive Outpatient

Medicaid (Auth) Community Support SA

Medicaid (Auth) Community Support MH

Medicaid (Auth) Day/Res Rehab

Medicaid (Regs) Outpatient

Medicaid (Regs) Registered

Choose the category that pertains to the service authorized.



After the Auth is Done – What's Next? (Cont.)

- Select the date range for the month you are submitting the claim.
- A report - somewhat like the one on the next slide - will appear.

After the Auth is Done – What's Next? (Cont.)

Case Episode No.	Member Name	Auth Period	Medicaid Auth #	Service Auth	Units Auth	Medicaid Provider ID
201004011234566-001-0001-000	Adams, James	01/01/2011-04/01/2011	165012456	H2015	72	471234567801
201004011234567-001-0001-000	James, Adam	01/01/2011-06/30/2011	165012457	H2015	144	471234567801
201004011234568-001-0001-000	Hughes, Sam	01/01/2011-01/31/2011	165012458	H2015	24	471234567801

After the Auth is Done – What’s Next? (Cont.)

- Review the information on the Auth Report (e.g., service type, date range, units authorized, Medicaid Provider ID).
- Locate the Medicaid Authorization Number for the person you are submitting claims. ASA authorizations start with “161” (e.g., 161XXXXXX). MRO authorizations start with “165” (e.g., 165XXXXXX).
- Complete the CMS 1500 form using the nine digit authorization number found on the “Auth Report”.
- Submit the CMS 1500 form to Nebraska Medicaid.

Process Pitfalls to Avoid

- Be aware of the Medicaid eligibility status of all persons receiving ASA/MRO services. This status may change which will impact the claims process that needs to be followed.
- Eligibility should be checked monthly. This can be done through the Nebraska Medicaid Eligibility System (NMES) 800-642-6092. Electronic access to the Medicaid eligibility system (sometimes referred to as C-1) is available to providers as well. Contact Linda White 402-471-6070 for more information.
- For persons receiving ASA services be sure they are Medicaid **Managed Care** eligible before searching for the nine digit Medicaid Authorization number on the “Auth Report”.

Process Pitfalls to Avoid (Cont.)

- When you review the Medicaid Auth Report, be sure to review the Medicaid Provider ID associated with the authorization. If it is not correct, please send us a “Behavioral Health Authorization Modification Request Form” so we can make the correction. This is particularly important for new authorizations. The form is available on the Magellan website https://www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/ne_medicaid/appD/19.pdf
- Be sure that the person’s SSN is entered correctly when completing the “Pre-Auth”. If it’s not correct and the person is Medicaid eligible, a Medicaid authorization number will not be created.

Process Pitfalls to Avoid (Cont.)

- If a person is authorized for an ASA/MRO service and is not Medicaid eligible at the time, but becomes eligible later, we need to be notified via the “Behavioral Health Authorization Modification Request Form”, so the authorization can be “re-triggered” and a Medicaid Authorization number created.
- Claims payment/resolution assistance is available through the HHS Claims Resolution line 877-255-3092.

AND NOW...

It's time for your questions

