

Idaho Behavioral Health Plan (IBHP): Behavioral Health Provider Q&A

June 28, 2024

Version 6.0 *New or revised Q&As indicated with an asterisk (*)*

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GENERAL

Question	Answer
What is the Idaho Behavioral Health Plan (IBHP)?	The State of Idaho is starting a new Behavioral Health Plan (IBHP) to advance mental health and substance use disorder treatment services. They have chosen Magellan Healthcare to manage these services that have been, in the past, delivered by multiple commercial entities and state agencies. Magellan will manage medically necessary mental health, substance use disorder and crisis services on behalf of the Department of Health and Welfare's (IDHW) Division of Medicaid and Division of Behavioral Health (DBH). Magellan also will manage the provider network for the Idaho Department of Juvenile

Question	Answer
	<p>Corrections. Magellan will oversee behavioral health services for Idahoans who don't have health insurance as well as those who have Medicaid or other types of insurance. You may visit www.MagellanofIdaho.com or https://healthandwelfare.idaho.gov/newIBHP for more information.</p>
<p>Who is Magellan Healthcare?</p>	<p>Magellan Healthcare is a mental health services company that has been in the field of mental health and substance use disorder treatment for over 50 years. Magellan offers an array of clinically led, evidence-based solutions to state agencies, employers, health plans, and federal agencies.</p>
<p>When does the new IBHP take effect?</p>	<p>It begins on July 1, 2024.</p>
<p>Is Magellan replacing Optum?</p>	<p>Yes.</p>
<p>Is Magellan replacing BPA Health?</p>	<p>Yes, for substance use disorder services only.</p>
<p>Will Magellan have a dedicated and local Idaho team to handle provider and member questions/concerns?</p>	<p>Yes, we will have three offices (Pocatello, Boise, Coeur d' Alene) in Idaho.</p>
<p>*Are you holding training sessions for providers?</p>	<p>Yes, Magellan holds trainings on a variety of subjects. Trainings, listening sessions, and forums have already begun. If you have supplied your email address, we will contact you via email with the details of these learning opportunities. General orientation sessions for outpatient providers began in April.</p> <p>For information on current training offerings, as well as provider forums, visit MagellanofIdaho.com, then select <i>For Providers</i>, then Events & Training.</p>
<p>*Do you have a provider manual that states requirements for each outpatient program (e.g., partial hospitalization program/intensive outpatient program)?</p>	<p>Magellan Healthcare of Idaho has information related to outpatient programs in the IBHP Provider Handbook Supplement and Appendix C: IBHP Program Services. You can find both of these documents on the Provider Handbooks page at MagellanofIdaho.com.</p>

PROVIDER PORTAL/WEBSITE

Question	Answer
*How do I sign up for the new provider orientation?	The link to sign up is located on the Magellan of Idaho website, under Events and Training , under the header “All providers: New provider orientation.” Here is the direct link to register: https://magellan.reach360.com/register/9dac8091-b059-44ec-aabd-91c35eaffdd6 .
*Who should take the new provider orientation?	Magellan recommends that all providers take the training prior to providing services to IBHP members.
*Will all members billed under our Taxpayer ID be accessible through one Availity Essentials account or will they be in each individual provider account (like commercial Magellan)?	Once you set up your organization (by your TIN), you will load all providers associated with that TIN under your organization. When you begin to use the features within Availity Essentials, you will search for Magellan Healthcare as the payer. Magellan Healthcare only has one payer account in Availity Essentials.
*Do you have an online portal for benefit verification so that we can easily verify that a member has an active policy and will be covered?	Yes, Idaho network providers will access this information via the Availity Essentials portal. Go to Availity.com and click <i>Log in to Essentials</i> or <i>Get Started</i> .
Where can I find information online about serving the new IBHP, including training opportunities?	Visit MagellanofIdaho.com and select <i>For Providers</i> from the top menu. Check back periodically as we update this site with new details.

LETTER OF INTENT (LOI), CREDENTIALING, AND CONTRACTING

Question	Answer
*Will I need a Medicaid ID to credential with Magellan?	At this time providers do not need a Medicaid ID. IDHW and Magellan will work together to communicate any changes to this requirement in the future.
*How do I add providers to a roster while contracting and credentialing is still in process?	<p>You can submit a revised Exhibit C and/or organizational staff roster as appropriate.</p> <ul style="list-style-type: none"> • Fax: 1-888-656-1121 • Email: IdahoProvider@MagellanHealth.com • Mail: Attn: Network Services, 14100 Magellan Plaza, Maryland Heights, MO 63043
Are background checks required? How do I complete a new background check?	<p>All providers must complete a background check, per IDAPA 16.05.06. However, providers who already participate in the Optum network or are enrolled in the Medicaid fee-for-service system have already been verified and will not need to re-submit a background check application or provide proof of clearance.</p> <p>Providers who are not in the Optum network or in the Medicaid fee-for-service system will need to apply for a background check and get fingerprinted.</p> <p>To initiate the process, go to https://healthandwelfare.idaho.gov/bcu. (If you scroll down to <i>Background Check System Training</i>, you'll find the relevant videos to walk you through the process.) Once completed, send Magellan proof of clearance by either taking a screenshot of the clearance in the Background Check System (BCS) or by submitting a copy of the clearance letter from the BCS to IdahoProvider@MagellanHealth.com.</p>
Will providers be “grandfathered” into your network, or will we need new contracts?	Magellan will not grandfather providers from others’ networks. You will need to be contracted with Magellan Healthcare.
Does each individual provider in a group need to submit an LOI, or can the group submit a single LOI under a single tax ID?	Submit only one LOI , for the group.
Will the contracting process start after I submit the LOI?	Yes. If you submitted an LOI , expect Magellan to reach out to you in the upcoming weeks to begin the contracting process.
Who should complete the LOI?	The administrator or owner should complete the LOI .

Question	Answer
<p>*Will Magellan require a site audit for credentialing?</p>	<p>We do not perform site audits for traditional outpatient providers as a condition for the credentialing process. Some higher levels of care do require provider site visits; we will work with your group individually to determine which requirements apply.</p> <p>Magellan will notify you in writing if a site visit is required. Magellan’s Quality staff will provide two weeks’ advance notice for any routine visit.</p>
<p>Does Magellan use CAQH for credentialing?</p>	<p>Magellan uses CAQH for practitioner credentialing applications. CAQH enables providers to enter information once and share it with all of the plans you authorize.</p> <p>We have included credentialing instructions with the contract materials in our provider mailings. Please be sure you have submitted an LOI so that you are on our mailing list.</p>
<p>Will each of our independently licensed clinicians have to re-credential with Magellan, or just the group?</p>	<p>Each individual practitioner within your group with an independent license must be credentialed/re-credentialed.</p>
<p>When will a Magellan provider agreement be available to us?</p>	<p>We have finalized and mailed contracts. If you have any questions about the contract documents or did not receive them, contact us at IdahoProvider@MagellanHealth.com.</p>
<p>If I am already a Magellan provider, do I need to do anything?</p>	<p>If you are a provider who is already contracted with Magellan for other plans, we will have to amend your contract to add the Idaho IBHP Addendum, confirm your services/locations, and add IBHP reimbursement rates. We will send information to you in the upcoming weeks.</p>
<p>Must I have a Medicare number to contract with Magellan?</p>	<p>No. A Medicare number is not required.</p>
<p>Will the youth and adult crisis centers be part of the new Magellan network?</p>	<p>Yes.</p>

MEDICAID DISCLOSURE FORM

Question	Answer
Is the Medicaid Disclosure Form required?	Yes, every Taxpayer Identification Number (TIN) owner in Idaho who participates in the IBHP must have a Medicaid Disclosure Form on file. Medicaid disclosure is intended to prevent fraud, promote transparency, identify individuals or entities precluded from participation, and enhance oversight of federal and state spending on Medicaid.
Why is the Medicaid Disclosure Form required?	To comply with 42 CFR 457.935, 42 CFR 1001.1001, 42 USCS § 1395cc(j)(5), 42 CFR §455.104, §455.105, and §455.106, providers are required to disclose including, but not limited to, information regarding (1) the identity of all persons with an ownership or control interest in the provider, or in any subcontractor in which the disclosing entity has a direct or indirect ownership of 5 percent or more including the identity of managing employees, agents, and other disclosing entities; (2) certain business transactions between the provider and subcontractors/wholly owned suppliers; and (3) the identity of any person with an ownership or control interest in the provider or disclosing entity, or who is an agent or managing employee of the provider or disclosing entity that has ever been convicted of any crime related to that person’s involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or XXI (State Children’s Health Insurance Program) of the Social Security Act since the inception of those programs.
Where can I find instructions on how to complete the Medicaid Disclosure Form?	You will find instructions for <i>accessing</i> the form in the mailing you received from us. Additional instructions for <i>completing</i> the form are within the Medicaid Disclosure Form itself. View a brief demo on accessing and completing the Medicaid Disclosure Form.
How long does a provider/group/facility have to complete the Medicaid Disclosure Form?	Complete and submit the Medicaid Disclosure Form to Magellan no longer than 35 calendar days from the date on the cover letter enclosed with the form.
If I don’t complete the Medicaid Disclosure Form, will I be out of compliance? What are the consequences?	If you do not complete the Medicaid Disclosure Form, you will be considered noncompliant with Idaho state requirements. Your provider contract with Magellan will not be executed and you will not be a participating provider in the IBHP.

Do I need to complete Section 3 of the Medicaid Disclosure Form since I already completed Section 1?	Yes, any person with ownership or control interest needs to be listed in Section 3, even though the same individual may be listed in Section 1.
Can the Medicaid Disclosure Form be emailed or faxed?	No, the Medicaid Disclosure Form is an online form that you must complete in Magellan’s portal.
Whom can I contact if I have questions or need assistance completing the form?	Contact our Network team at IdahoProvider@MagellanHealth.com .

TRIBAL RELATIONS

Question	Answer
Will you have Tribal representatives who are familiar with Federally Qualified Health Centers (FQHCs) to assist, if needed?	Yes. Magellan’s director of Tribal and community relations will work with Tribal communities and with the FQHCs to ensure they are familiar with the processes for serving members of Idaho’s five federally recognized Tribes.
Will you schedule meetings and/or Q&A sessions with the Tribes of Idaho, or how are you planning to work with them?	Yes, Magellan’s director of Tribal and community relations will initiate outreach to each of the five Tribes and their Tribal leadership to answer their questions and to develop a comprehensive Tribal collaboration and communication plan. Specifically, the director will meet regularly with the Indian Health Service, Tribal providers, or Urban Indian Health Centers (I/T/Us) during implementation and monthly after service start date. We will use these meetings to deliver focused training and share information with the Indian Health Care provider community.
Tribes of Idaho do not have to contract. How does that affect the Tribes of Idaho?	Members of Idaho’s five federally recognized Tribes may continue to receive behavioral health services through the Indian Health Service, Tribal providers, or Urban Indian Health Centers (I/T/Us). I/T/Us will be reimbursed at the federally set encounter rate, whether they are contracted with Magellan or not. Members may also access services through non-I/T/U providers, whether those providers hold Medicaid contracts or not. Services provided by all these providers are reimbursable through the IBHP.

PROVIDER RELATIONS

Question	Answer
Will we be assigned to a specific provider advocate that can help us navigate the process of changing from Optum Idaho to Magellan Healthcare?	We will have three offices (Pocatello, Boise, Coeur d' Alene) and several Provider Relations staff members in Idaho. You will have a representative assigned to you, who can assist through the transition.

AUTHORIZATIONS

Question	Answer
*How can I submit authorization requests?	<p>The IBHP Provider Handbook Supplement has a section for authorizations. In summary, Magellan offers three different methods to request authorization:</p> <ul style="list-style-type: none"> • Provider portal (accessed through Availity Essentials) • Fax to 1-888-656-2586 • Call the provider phone line at 1-855-202-0983 <p>The services requiring authorization and standard authorization turnaround times are identified in Section 3 of the IBHP Provider Handbook Supplement. We will process standard outpatient prior authorization requests as soon as possible, but not to exceed 14 calendar days.</p>
*What levels of care require pre-authorization and what does that authorization process entail?	Services that require authorization are identified in Section 3 of the IBHP Provider Handbook Supplement , available in the <i>For Providers</i> area of MagellanofIdaho.com .
*What are your authorization processes/procedures?	You can find authorization requirements and processes in Section 3 of the IBHP Provider Handbook Supplement , available in the <i>For Providers</i> area of MagellanofIdaho.com .
*Will there be a prior authorization process for the services that we currently provide to members?	You can find authorization requirements and processes in Section 3 of the IBHP Provider Handbook Supplement , available in the <i>For Providers</i> area of MagellanofIdaho.com .
If we have current prior authorization approved for services, will we have to re-submit prior to the transition in 2024?	Magellan will honor authorizations from BPA, Optum, and Telligen that have been approved and span past July 1, 2024. The end date of the authorization will be the same as what you were provided by the issuing organization/entity.

ASSESSMENTS

Question	Answer
<p>*Will Magellan use ASAM 3rd edition or 4th edition?</p>	<p>Magellan will use the 3rd edition of American Society of Addiction Medicine criteria (The ASAM Criteria®) for now. We will discuss transitioning to the 4th edition once the adolescent edition is available in mid-2025. Magellan will develop a plan to implement across all of our markets, which will include system configuration changes, training, and communication with customers.</p> <p>Magellan has not yet identified a date for this to occur.</p>
<p>*Do providers need to complete new Comprehensive Diagnostic Assessments (CDAs) for all members on July 1?</p>	<p>CDAs should be updated every 365 days. This interval should continue.</p>
<p>Will you require a social determinants of health (SDOH) assessment for all members?</p>	<p>Yes, providers should continue to assess members for SDOH needs.</p>
<p>Will you keep the Child and Adolescent Needs and Strengths (CANS) tool for minors and Idaho Medicaid members?</p>	<p>Yes, we will require the CANS functional assessment tool for all IBHP members, including Medicaid and other eligible members.</p>
<p>Will we continue to use the ICANS system?</p>	<p>On July 1, 2024, Magellan will replace the ICANS system with a more user- and system-friendly platform that you will access via a single sign-on from Availity Essentials. The Magellan technology will have the ID CANS 3.0, an updated and briefer version of the CANS created by the Idaho Transformational Collaborative Outcomes Management (TCOM) Center of Excellence and the Praed Foundation to best meet the needs of Idaho’s YES Class youth and their families. The improved technology of the system will allow for: easily sharing the CANS across providers, updating the CANS without requiring completion of every item again, and sending the CANS to families and youth upon completion. The system is aligned with person-centered care principles to connect the CANS to the person-centered services plan. You will additionally have your own CANS management and outcomes dashboard to improve your ability to work with your staff on CANS completion and use in supervision.</p> <p>Magellan offers training on the new system. Regularly visit MagellanofIdaho.com, then select <i>For Providers</i>, then Events & Training.</p>

Question	Answer
Do you have plans to reduce the number of assessments we're required to do (e.g., CANS, WHODAS, wellness)?	We are currently discussing with IDHW. Our focus to is to lessen administrative work for providers.

QUALITY/CLINICAL

Question	Answer
*Are electronic signatures allowed?	Electronic signatures are deemed legal signatures in Idaho (per Title 28, Chapter 50).
*Will Magellan do yearly site audits for behavioral health?	No, we will not perform annual site audits. Magellan's Quality staff uses treatment record reviews for quality improvement purposes. Treatment record reviews begin in October 2024 and will not span all providers, an approach first vetted with the Magellan Provider Advisory Committee (PAC). You can view the treatment record review tool that Magellan uses in our reviews.
*How do we contact the Clinical team?	Member Line: 1-855-202-0973 Member Email Address: MagellanIDmfam@MagellanHealth.com Provider Line: 1-855-202-0983 Clinical Fax for Utilization Management: 1-888-656-2586 Clinical Fax for Care Coordination: 1-888-656-2709
*Do you have level-of-care guidelines and/or medical necessity criteria available?	Magellan Care Guidelines for the Idaho Behavioral Health Plan are published on MagellanofIdaho.com. However, note that MCG Care Guidelines® and The ASAM Criteria® are not published publicly. To view a copy of a guideline associated with an IBHP member's clinical review, contact us at 1-855-202-0983. No provider should be awaiting instructions nor be belabored to amend electronic medical record (EMR) systems, as Magellan expects providers to follow today's industry-standard federal and state recordkeeping and retention guidelines. View the treatment record review tool that Magellan uses in reviews.
*What limitations will be placed on services (e.g., 53+ minute sessions per year, skills building units per year, case management units per year, peer support)?	We considered Optum's existing threshold when developing authorization guidelines. You can find all authorization guidelines in the IBHP Provider Handbook Supplement on MagellanofIdaho.com.

Question	Answer
*Where can we find the treatment record requirements and treatment guidelines?	Refer to the Treatment Record Review pages in Section 4 of the IBHP Provider Handbook Supplement and view the treatment record review tool that Magellan uses in reviews.
Will Healthy Connection referrals be a requirement for outpatient providers?	No.

HIGH-FIDELITY WRAPAROUND (HFW)

Question	Answer
Is Targeted Care Coordination (TCC) being discontinued?	<p>Magellan Healthcare of Idaho is supporting the Idaho Department of Health and Welfare’s (IDHW) initiative to increase standardization and access to Idaho’s Behavioral Health Care Coordination system.</p> <p>As outlined in the Idaho Behavioral Health Plan (IBHP) contract, IDHW’s approach is to transform Targeted Care Coordination (TCC) offered today solely by community providers into a model with Intensive Care Coordination (ICC) as an administrative service provided by Magellan and Idaho Wraparound Intensive Services (Idaho WInS) and Case Management services offered through IBHP network providers.</p>
How will TCC and ICC work in the IBHP?	<p>Per the IDHW FAQ found at https://healthandwelfare.idaho.gov/newibhpproviders: “To increase capacity, our approach is to transform Targeted Care Coordination (TCC) offered today solely by community providers into a model with Intensive Care Coordination (ICC) as an administrative service provided by Magellan, and Idaho Wraparound Intensive Services (Idaho WInS) and Case Management services offered through IBHP network providers.”</p> <p>Visit https://healthandwelfare.idaho.gov/newibhpproviders and read the “How will TCC and ICC work in the new IBHP?” FAQ for more information.</p>

<p>What is the difference between High-Fidelity Wraparound and Targeted Care Coordination?</p>	<p>Magellan wraparound is considered High-Fidelity Wraparound (HFW) that follows a fidelity model and takes into consideration the 10 Wraparound principles, along with the required activities that are done in each phase at each team meeting throughout the Wraparound process.</p> <p>In HFW, fidelity to the model will be measured and aligned with the Idaho Wraparound Intensive Services (IWInS) program.</p> <ul style="list-style-type: none"> • HFW and TCC both use the YES Principles of Care. • HFW uses the plan of care, crisis and safety plan, and transition plan to help measure outcomes. In TCC, there is only one service plan, which is the person-centered service plan. • In HFW, there is a partnership between the Center of Excellence (CoE), agency, care coordinators and Magellan to support quality and fidelity of the model. The CoE supports fidelity monitoring with standardized tools as well as coaching and training for program improvement and skill development. TCC does not have the requirement for monitoring fidelity or outcomes. • In HFW, youth and families are engaged in the planning process for approximately 12-14 months. TCC does not have an anticipated time limit on the service. • In HFW, the coordinator and family meet as often as needed during phase 1. In phase 2, the coordinator, family and team meet at a minimum of every 30 days. This is individualized to the family needs. TCC contacts the member and family at least every 30 days.
<p>Will Wraparound/WInS replace Targeted Care Coordination, or will they coexist? Could a family participate in both TCC and Wraparound?</p>	<p>To promote a smooth transition, providers will be able to continue to serve existing members receiving TCC services and bill for TCC services through Dec. 31, 2024. This will allow six months for transition of care with either Magellan’s care coordinators or new providers that will be offering Idaho WInS services within the network.</p> <p>With this transition, Magellan will not be endorsing new providers to offer TCC services. Starting July 1, 2024, new members needing this level of care may begin services with Magellan or Idaho WInS rather than TCC.</p>
<p>We currently offer TCC services; will we have Magellan’s support in the transition to ICC and Idaho WInS?</p>	<p>Magellan will work closely with agencies and providers currently offering TCC services to discuss how their role will change in the new IBHP, as well as other opportunities for them to provide services to Medicaid and other eligible IBHP members. More information will be shared with all providers on how ICC will be integrated into the new IBHP.</p>

<p>Who comprises the Wraparound care team?</p>	<p>In HFW, agency care coordinators are paired with a CoE certified Wraparound coach throughout their Wraparound practice to support skill development and facilitation experience.</p> <p>The CoE also provides technical assistance to agency supervisors.</p> <p>The role of the care coordinator, supervisor and coach are a trifecta that supports quality and fidelity to the model.</p> <p>The Wraparound Team as a whole is comprised of the Wraparound care coordinator, the youth and family, formal and informal supports, youth peer and family support partners.</p>
<p>Will Wraparound coaches be affiliated with the CoE?</p>	<p>Yes, the CoE will provide support for coaching and training along with technical assistance to Wraparound care coordinators and agency supervisors. The CoE has a team of 13 Wraparound Human Services Program Specialists (HSPS) who have been trained as Wraparound coaches and will provide training and coaching support to approximately 10-15 Wraparound care coordinators each.</p>
<p>How many care coordinators will be needed for the Wraparound program?</p>	<p>The initial goal is to train 30 Wraparound coordinators in the first year. However, based on a population study, it's anticipated that 1,600 youth will need ICC, which could include Wraparound or any other ICC in the YES system of care. This would mean that across the state a need for up to 130-150 Wraparound coordinators.</p>
<p>What are the credentials/licensure/degree requirements for coordinators?</p>	<p>Wraparound coordinators must:</p> <ul style="list-style-type: none"> • Have a minimum of a bachelor's degree in a human services related field and at least two years' experience in another type of care coordination practice. • Be certified in the Idaho CANS. • Have attended the IWInS Foundational Training. • Participate in the Wraparound coaching through the CoE. <p>For more information, visit https://healthandwelfare.idaho.gov/coe.</p>

<p>What are the training and coaching requirements for coordinators?</p>	<p>Foundational training</p> <p>Wraparound care coordinators must complete the Wraparound Foundational Training that consists of 20 total training hours. The training is set up in a virtual format broken down into 2-hour modules (total of 10 modules) that can be completed within 5-10 weeks depending on the training schedule.</p> <p>During the training (following the completion of modules 3 or 4), Wraparound care coordinators can begin the process of learning through practice and in-vivo observations of team meetings and working with their Wraparound coaches for individual and group-based coaching.</p> <p>Ongoing coaching</p> <p>Following this training, the coordinator begins the process of learning through practice. The CoE coach accompanies the coordinator as they begin to put the training into practice. This is completed through observation of the coach or other more seasoned coordinators, in-vivo observation of the coordinator by the coach, individual 1:1 coaching between coordinator and coach and group-based coaching.</p> <p>The coach and coordinator relationship continues as the coordinator deepens their practice.</p>
<p>What are the requirements for agency supervisors?</p>	<p>The agency supervisor completes the Wraparound Supervisor Training (a one-time, 2-hour web-based training) and receives ongoing coaching through the CoE.</p> <p>The agency supervisor (or clinical designee) role includes:</p> <ul style="list-style-type: none"> • Providing clinical oversight for Wraparound care coordinators, including their employment, assigning cases and supporting their practice. • Collaborating with the Wraparound CoE to receive coaching regarding the intersection of coordinator practice and employment, quality service reviews and fidelity measurement, addressing any barriers that may emerge with the CoE or other system partners.

<p>Our agency is interested in providing Wraparound services. How will Magellan help our agency attract staff, given the current labor shortage?</p>	<p>Coordinators attending the Wraparound training will receive 20 CE hours at no cost to your agency. Wraparound as a bundled rate includes coaching and training for fidelity during the time the care coordinator is providing Wraparound.</p> <p>Magellan continues to solicit feedback and look at ways to create incentives for training and support workforce development.</p> <p>The educational and experience requirements for a Wraparound coordinator correspond with types of providers identified across the state.</p>
<p>How will Magellan select the 30 Wraparound coordinators?</p>	<p>Magellan and the CoE will look for regional coverage of Wraparound.</p> <p>Community provider agencies that wish to provide Wraparound will get to select their potential Wraparound coordinators independently given the educational and experience requirements.</p> <p>Once the provider agencies are contracted with Magellan, then the CoE, the provider agency and Magellan will collaborate on the training schedule and connecting Wraparound coordinators with certified coaches.</p>
<p>Are CEUs provided for the training?</p>	<p>Yes, eligible staff members who attend and complete the entire training will earn 20 CEUs.</p>
<p>Does the training cost anything?</p>	<p>The training is free and will be provided by the CoE trainers.</p>
<p>Does Wraparound consist of team meetings only, or does it entail meeting with family at other times during the month?</p>	<p>Wraparound care coordinators will bring the team together every 30-45 days to engage in the team planning process. During Phase 1 of Engagement and Preparation, the coordinator may meet with the family more frequently to gather information and in Phase 2 Planning and Phase 3 Implementation hold team meetings on a consistent basis with the goal of meetings tapering off to monthly basis depending on the needs of the youth and family. The coordinator can also hold check-in meetings with the family before and after a team meeting, based on family preferences, to prepare or follow up on a meeting. In the event of a crisis, the team will typically come together within 48-72 hours of a crisis to provide safety and crisis support with the team and review a crisis plan.</p>
<p>What if there are multiple agencies working with the family; how will a bundle rate be divided?</p>	<p>The bundled rate is specific for Wraparound care. Other services are not part of bundled rate.</p>

<p>How does each provider bill for these meetings?</p>	<p>Refer to your Magellan IBHP reimbursement schedule for the appropriate code/modifier to use when billing Child and Family Team (CFT) Interdisciplinary Team Meetings.</p> <p>For more information about billing claims, see Section 5: Provider Reimbursement in the <i>IBHP Provider Handbook Supplement</i> at www.MagellanofIdaho.com / For Providers.</p>
<p>How will referral to private agencies work?</p>	<p>The referral process to IWInS (Idaho’s Wraparound CoE) is still in development.</p> <p>In general, referrals to the IWInS can be from a behavioral health provider in the community, residential treatment centers, the independent assessor (Liberty), other child serving systems such as IDJC, education, child welfare, and developmental disabilities, and by family self-referral. An Idaho CANS and a comprehensive diagnostic assessment will be needed. For a direct referral to IWInS, for example a self-referral by a family, a process to obtain the CANS and assessment will be identified.</p> <p>The coach will provide technical assistance to the agency supervisor and coordinator regarding eligibility and staffing patterns.</p> <p>The CoE will defer to Magellan and IBHP as the process develops. The CoE can aid with the access map and decision support model, when it is used in referral process, and the decision process for eligibility.</p>
<p>What is the turnaround from when our agency receives a referral to when we must begin working with a family?</p>	<p>Your agency must begin working with the family within three days of receiving the referral.</p>
<p>Will each child or family need a comprehensive diagnostic assessment (CDA), treatment plan and CANS before getting Wraparound services?</p>	<p>The provider will develop an initial plan of care, administering the CANS assessment within 45-60 days. If a CANS has been completed during the last 90 days, then the Wraparound care coordinator will update the CANS based on the updated information.</p> <p>Ideally, a youth will connect with a mental health provider and have the CDA and CANS completed prior to entering Wraparound.</p>
<p>What if the team is full? What happens to the referral then?</p>	<p>Magellan ICC will work with the Child and Family Team until Wraparound is available. The expectation is that Wraparound will expand to meet needs, and there will be no waiting lists.</p>
<p>Does the CDA need to refer specifically to Wraparound?</p>	<p>The CDA will include clinical recommendations and using the specific term “Wraparound” is not necessary.</p>

I was unable to attend your provider forum that discussed High-Fidelity Wraparound. Is there a transcript of the meeting?	No, a transcript is not available; however, you may find answers to your questions in this section of the FAQ.
Where can I find more information on the role of the CoE and how Wraparound care coordinators are trained?	Visit https://healthandwelfare.idaho.gov/coe .
Is there any other website or information for more information on WInS or Wraparound?	For more information, visit: <ul style="list-style-type: none"> • https://healthandwelfare.idaho.gov/coe • https://yes.idaho.gov/youth-empowerment-services/tools/understanding-yes/wraparound-intensive-services/ • https://nwi.pdx.edu/

CLAIMS AND REIMBURSEMENT

Question	Answer
*Will there be claims testing for all providers?	No, claims testing is already underway with fully contracted providers who volunteered to participate.
*How can providers submit claims?	We highly recommend that you submit claims electronically. You may send through a clearinghouse, via electronic data interchange (EDI) direct submit to Magellan, or through Availity Essentials. Submit paper claims to: Magellan Healthcare, Inc., P.O. Box 1029, Maryland Heights, MO 63043.
*What is the Payor ID and what clearinghouses may we use?	Magellan’s Payor ID is 01260. You may use any clearinghouse that has a trading partner agreement with Magellan. Here are our preferred clearinghouses: <ul style="list-style-type: none"> • Availity • Office Ally • Payerpath • Trizetto Provider Solutions, LLC • Change Healthcare (<i>Note: due to the cybersecurity incident, claims submitted to Change Healthcare for Magellan are temporarily routed to Availity for processing.</i>)

Question	Answer
<p>*What is needed for electronic funds transfer (EFT)?</p>	<p>To ensure providers are paid timely and accurately, when Magellan begins managing the Idaho Behavioral Health Plan on July 1, 2024, we will pay claims via paper check. Checks will be sent via U.S. mail for services rendered beginning July 1, 2024. This is a temporary process.</p> <p>Please review the information in the For Providers / Getting Paid / Payment Method page on Magellanofidaho.com for the most up-to-date information.</p> <p>When the EFT option becomes available, you will get your first payment via virtual credit card (VCC) along with instructions for signing up for EFT with ECHO Health/Change Healthcare.</p> <p>If you are a <i>current</i> Magellan provider already receiving payments via EFT, no action is needed. You'll receive reimbursement for IBHP services via EFT as well.</p>
<p>*Will reimbursement change?</p>	<p>Visit our Rate Schedules webpage for more information.</p>
<p>On July 1, 2024, will Idaho Medicaid have an inpatient or residential reimbursement for SUD services or mental health?</p>	<p>We will have reimbursement for both.</p>
<p>Will telehealth pay less than in-person sessions?</p>	<p>No. We reimburse covered services rendered via telehealth at the same rate as in person.</p>
<p>Should I bill claims with a medical diagnosis to Magellan?</p>	<p>No. You should bill claims with a <i>medical</i> diagnosis to Gainwell. Bill claims with a <i>behavioral health</i> diagnosis to Magellan.</p>
<p>What is the timely filing requirement for claims?</p>	<ol style="list-style-type: none"> 1) Medicaid services: 180 days from date of service 2) Other state-funded services (SUD, adult mental health, child mental health): 60 days from date of service 3) Exceptions: <ol style="list-style-type: none"> a) Tribal providers: 365 days from date of service b) Medicare services: 365 days from date of service. Submit secondary claims to Medicaid after the Medicare claim is completed. 4) Corrected claims: 60 days from date on Magellan explanation of benefits/payment (applies to all services and providers)

FACILITY-SPECIFIC

Question	Answer
What are your residential treatment center (RTC) plans (e.g., how many beds, the demographic of your patient profile)?	Magellan will collaborate with the state to build out resources. We don't have the exact bed numbers currently but will share as available. Also, we'll have more to come regarding RTC development and psychiatric residential treatment facility (PRTF) development, including contracting and credentialing, as we progress to July 1, 2024.
When a patient is ready to discharge from an inpatient facility, who is responsible for finding them housing and scheduling their appointments for medication management and other outpatient services?	We have a team of transition support care coordinators that can assist to find specific services based on needs. Inpatient providers will have responsibility to secure services (housing and appointments), but Magellan staff will definitely partner with and assist you.
Will care coordinators be available to assist hospitals and support patient access to care?	Yes.
We are a rural hospital with no psychiatric services. We do have LCSWs who provide psychotherapy in our outpatient clinic. Will Magellan fund psychotherapy for patients admitted to our hospital to address mental health needs?	Magellan will contract with you for outpatient services.

If you have a question that isn't addressed here, you may submit it to IdahoProvider@MagellanHealth.com.