



Department of Medical Assistance Services  
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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** August 28, 2013

**SUBJECT:** Clarification Regarding the Behavioral Health Services Administrator (BHSA) and Magellan Correspondence to Providers

The purpose of this memorandum is to clarify for providers who may have recently received a welcome letter from Magellan Health Services dated July 15, 2013 (copy attached) that this letter served as an initial correspondence from Magellan to introduce them and describe their new role in Virginia to providers, who may or may not provide behavioral health services. As communicated in the Medicaid Memo dated July 2, 2013, the Department of Medical Assistance Services (DMAS) has contracted with Magellan as the new Behavioral Health Services Administrator for behavioral health services not covered under Medicaid/FAMIS Managed Care. Magellan will be administering the traditional and non-traditional behavioral health services for all members covered through any DMAS behavioral health fee-for service, regardless of the population served. Magellan will also be administering the non-traditional behavioral health services for members enrolled with a Medicaid/FAMIS Managed Care plan.

The Magellan letter was mailed to a wide range of providers in an intentional effort to communicate and help ensure that providers, who may or may not provide behavioral health services, are aware of the changes the DMAS contract with Magellan will bring, effective December 1, 2013.

- If you are a behavioral health provider licensed by the Department of Health Professions and /or a provider whose service is licensed through the Department of Behavioral Health and Developmental Services and/or a provider of Treatment Foster Care licensed through Department of Social Services, and you currently bill DMAS fee-for-service for reimbursement, you will need to credential and contract with Magellan to remain in the Medicaid behavioral health network for service provision and submission of claims for reimbursement.
- If you are not a behavioral health provider and you do not bill for behavioral health services covered through DMAS fee-for-service, you do not have to enroll with Magellan; in your case, the Magellan letter was for informational purposes only.

Magellan will be sending future correspondence to providers of behavioral health services related to the network enrollment process and every attempt will be made to prevent providers who do not render behavioral health services from receiving future notices. However, if you are not a behavioral health provider and you do receive a Magellan letter in error, the information does not apply to your network status with DMAS.

This memorandum also clarifies that there will be no changes in the long term care services that are currently being provided. Magellan will only be coordinating care for members receiving behavioral health care services. Questions regarding services covered through community-based waivers should continue to be directed to the DMAS Division of Long Term Care.

The behavioral health services that are included in the Magellan contract are:

<ul style="list-style-type: none"><li>■ EPSDT Behavioral Therapy Services</li><li>■ Community Mental Health Rehabilitative Services (CMHRS) (including, but not limited to, Intensive In Home, Therapeutic Day Treatment, and Mental Health Supports for children and adults)</li><li>■ Targeted Case Management</li></ul>	<ul style="list-style-type: none"><li>■ Treatment Foster Care Case Management</li><li>■ Residential Treatment (Levels A, B &amp; C)</li><li>■ Substance Abuse Services</li><li>■ Inpatient and Outpatient Psychiatric and Substance Abuse Treatment Services (such as medication management, and individual, family, and group therapies) for non-MCO enrolled members.</li></ul>
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**Only providers of the services listed above must enroll with Magellan.**

### **Exclusions**

Medallion II (Medicaid MCO) and FAMIS MCO Members — Inpatient and outpatient psychiatric services for members currently enrolled in a managed care organization (MCO) are excluded from the Magellan contract; therefore, providers should contact the member's MCO for these services. Note that *Medicaid* members who are hospitalized under fee-for-service coverage at the initial time of MCO enrollment will remain in fee-for-service until the first of the month following their hospital discharge. It is important that hospitals continue to report Medicaid census information using the process described at: [http://www.dmas.virginia.gov/Content\\_atchs/mc/mc-mdl2\\_hsptlzd.pdf](http://www.dmas.virginia.gov/Content_atchs/mc/mc-mdl2_hsptlzd.pdf). Timely reporting of this information by hospital providers is necessary to ensure that MCO enrollment information is kept updated timely and accurately by DMAS. In addition, Medicaid children who are hospitalized in a level C, psychiatric residential treatment (RTC) setting will continue to be temporarily exempted from MCO enrollment until the first of the month following their RTC discharge. The MCO exemption for RTC occurs with notice from Magellan to DMAS at the time of the provider's request to Magellan for service authorization of the RTC admission. Providers should continue to follow the established service authorization rules for RTC; the same RTC service authorization process applies for Medicaid fee-for-service and Medicaid MCO enrolled children. Individuals enrolled in State owned facilities will continue to be exempted from MCO enrollment, using the existing notification process. Provider questions regarding MCO exemptions should be directed to DMAS managed care at: [managedcarehelp@dmas.virginia.gov](mailto:managedcarehelp@dmas.virginia.gov).

### **Magellan Website and Contact Information**

To help communicate information and activities in preparation for the December 1, 2013 implementation date, the Magellan of Virginia website has been launched. The Magellan website offers information to members and providers regarding behavioral health services that will be administered by Magellan as well as information regarding upcoming events offered by Magellan. Frequently asked questions pertaining to the BHSA contract will also be posted and updated routinely. Providers are encouraged to visit the new website at <http://www.magellanofvirginia.com>. DMAS will also be maintaining its behavioral health webpage to provide updates regarding the Magellan contract as needed.

For further assistance providers may contact Magellan directly at [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com) or 1-800-788-4005. Providers may also contact DMAS at [BHSA@dmas.virginia.gov](mailto:BHSA@dmas.virginia.gov).

Providers may also refer to the Medicaid Memo dated July 2, 2013 at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemostoProviders> for specific information on what services and processes will be transitioning to Magellan.



July 15, 2013

Dear Provider:

We are pleased to announce that Magellan Behavioral Health\* (Magellan) has been selected by the Virginia Department of Medical Assistance Services (DMAS) to serve as the Behavioral Health Services Administrator (BHSA). Beginning December 1, 2013, Magellan will administer behavioral health services for members enrolled in Virginia's Medicaid and FAMIS programs. Magellan will be responsible for management of all behavioral health services for the individuals enrolled in these programs as well as the behavioral health services not covered through DMAS' managed care programs.

Magellan is committed to a successful implementation. A significant part of that success is building a partnership with providers to ensure organizations and practitioners transition smoothly, avoid any disruption in care for members, and make providers aware of critical next steps to becoming part of the Magellan network. To help answer your questions every step of the way as Magellan prepares for the December 1 transition, our provider relations team will be in contact with providers soon. We will send you additional correspondence in the near future about provider training sessions to begin this fall.

To continue to offer covered services to Medicaid members in Virginia, you must be credentialed through and contracted with Magellan. You can expect to receive credentialing and contracting materials from Magellan over the next few weeks. It is critical that providers respond to network applications as well as provide the required information in a timely manner for a successful implementation.

To assist you in navigating this process, a list of frequently asked questions (FAQs) is enclosed. We have established an email address at [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com) as another resource for you to use. In addition, please take a moment to provide us with your contact information through a brief online survey. Providing us with your email address will allow us to communicate updates to you quickly during the implementation. The survey is located at <http://www.surveymonkey.com/s/VAMedicaidFamis>. You also may call our Provider Services Line at 1-800-788-4005 for help.

If you would like more information about Magellan, including our National Provider Handbook, we invite you to visit us online at [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider). A Virginia-specific website is under development, so stay tuned for more information.

Thank you in advance for your time. We look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Brian Smock".

Brian Smock  
National Director, Behavioral Health Network

Enclosure: FAQs