



**Louisiana Department of Health and Hospitals  
Healthy Louisiana Informational Bulletin 16-6  
March 17, 2016**

**Issue: Billing/Claims Submission Processes for Specialized Behavioral Health Services for Members Enrolled in One or More of The Following: Healthy Louisiana , Magellan or fee for service Medicaid**

**Purpose:**

This bulletin outlines the policies and procedures relative to behavioral health billing for dates of service on or after Dec. 1, 2015 for Healthy Louisiana, Magellan and fee for service Medicaid members.

This bulletin provides guidance to providers who are delivering and submitting claims to a Managed Care Organization (MCO) for behavioral health services for a member who is referred to the Coordinated System of Care (CSoC). This guidance informs providers when to stop billing the MCO and when to start billing the CSoC contractor (Magellan of Louisiana).

Note: This guidance only applies to members enrolled in a Managed Care Plan who are receiving behavioral health services at the time of referral for CSoC services or begins behavioral health services with a Managed Care Plan during the CSoC assessment process.

**Background:**

Effective Dec. 1, 2015, Louisiana Medicaid changed the way members get behavioral health services (treatment for mental illness and substance use) and integrated behavioral and physical healthcare under the management of the Managed Care Plans. Unlike other behavioral health services, the CSoC will remain carved out of Healthy Louisiana for CSoC waiver recipients and will be managed by Magellan of Louisiana.

**Provider Participation in the Child and Family Team Meetings:**

The wraparound facilitator from the wraparound agency (WAA) will contact provider(s) working with the child and family and invite them to the initial and subsequent Child and Family Team (CFT) meetings. This will allow providers to work with all other team members, including at minimum, the parent/caregiver, youth, other providers and stakeholders to create one unified cohesive plan of care based on assessed needs and strengths of the youth and family.

During the CFT meeting, a plan of care (POC) will be developed to include the goals, objectives, services and names of each provider. The WAA submits the POC, which serves as the request for authorization for services, to Magellan. If a provider is not present at the CFT, the provider submits the initial authorization or reauthorization request to the WAA.

**Submitting Claims During Month of CSoC Referral:**

If an MCO member is receiving behavioral health services and a referral is made for CSoC services after the FIRST calendar day of the month, the provider (excluding CSoC service providers) should submit service claims to the member’s Managed Care Plan until the end of the month.

If the member remains in the CSoC eligibility/assessment process, or has been determined eligible, by the **first** calendar day of the following month, all behavioral health service claims should be submitted to the CSoC contractor (Magellan Providers should check the Electronic Medicaid Eligibility Verification System (eMEVS) to determine which Health Plan is responsible for the payment of claims.) Providers are encouraged to check eMEVS on every date of service to verify a member’s eligibility and to identify which Health Plan is responsible for the date of service. Although DHH does not routinely change a member’s linkage during the middle of a month, there are retroactive corrections that can occur that may impact claims and responsibility.

**Submitting Claims During Months of CSoC Enrollment:**

For any month that a recipient is enrolled in CSoC on the **first** calendar day of the month, the CSoC Contractor shall be responsible for paying providers for specialized behavioral health services rendered during the entire month. As stated above, provider should check eMEVS to determine which Managed Care Plan or if Magellan is responsible for the payment of claims.

**Submitting Claims During Month of Discharge:**

During the month that a member is discharged from CSoC, all specialized behavioral health service providers will submit claims to Magellan through the end of that month. The Managed Care Plan will assume responsibility for payment of all specialized behavioral health services on the **first** calendar day of the following month.

**Exclusions:**

Payment to providers for the provision of one of the five CSoC waiver services (i.e., Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, Crisis Stabilization or Respite Care) shall be the responsibility of Magellan for any date of service upon which a child/youth is enrolled in CSoC. The child/youth’s Managed Care Plan will not be responsible for payment to providers for the provision of waiver services to CSoC enrolled recipients.

Payment to providers for the provision of residential treatment, including Psychiatric Residential Treatment Facilities (PRTF), Therapeutic Group Homes (TGH) and Substance Use Residential treatment shall not be the responsibility of Magellan for any date of service. The child/youth’s Managed Care Plan

will retain responsibility for the payment of providers for the provision of these services to CSoC enrolled recipients.

Payment to providers for the provision of Inpatient Psychiatric Treatment will be determined based upon which Plan was responsible (per the above guidance) as of the recipient's admission date. The Plan will maintain responsibility for payment throughout the period that was prior authorized, or through the date of discharge, whichever occurs first.

Members enrolled with Magellan will continue to receive their physical health services from their Managed Care Plan or fee for service Medicaid.