



## Wyoming Care Management Entity (CME) Providers' Frequently Asked Questions

As of July 1, 2015, Magellan is contracted by the Wyoming Department of Health, Division of Healthcare Financing (DHCF) as the Care Management Entity (CME). The CME offers a centralized vehicle for coordinating the full array of care for children and adolescents with complex behavioral health needs. Part of the CME's responsibility is to develop and maintain a provider network that is appropriate in type and size to support the delivery of High Fidelity Wraparound (HFWA) services. Between April and June 2015, Magellan established the framework of the program, which includes, but is not limited to:

- Opening a local office in Wyoming
- Developing a provider training program
- Developing a provider certification process
- Ensuring that all providers meet the requirements and are Medicaid-enrolled providers
- Establishing an IT infrastructure that supports the exchange of healthcare information
- Developing the program's website.

**Find answers to you questions below, or you can navigate by clicking on the topic of your question.**

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**Covered Benefits/Services:**

HFWA, Youth and Family Training and Support, and Respite Care services.

QUESTION	ANSWER
Where can I learn more about this WY CME program?	Please visit the Magellan of Wyoming website at <a href="http://www.MagellanoofWyoming.com">www.MagellanoofWyoming.com</a> to learn more about the WY CME program. You also can visit the state's website at: <a href="http://health.wyo.gov/ddd/ChildrensMentalHealthWaiver.html">http://health.wyo.gov/ddd/ChildrensMentalHealthWaiver.html</a> . If you have questions, please email us at <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a> .
What ages does this CME program cover?	The program covers children and adolescents: Medicaid youth ages 4-20 and youth eligible for the Children's Mental Health Waiver 1915(c).
Am I required to have an NPI (National Provider Identifier)?	Yes. All providers are required to have an NPI. If you are an agency or organization, you will need one NPI for your agency/organization, and individual NPIs for each staff member providing HFWA or Respite services.  To apply for your NPI online, go to <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a> ,

QUESTION	ANSWER
	<p>which is the most efficient and expedited method of application.</p> <p>Once you have obtained and submitted your NPI to Magellan, make sure you <b>include the rendering individual NPI (certified staff delivering services) and pay-to provider NPI (agency or individual if solo contracted individual) on all claims that you submit to us.</b></p> <p>For an overview and additional information on NPI, visit the <a href="#">CMS website</a>. Magellan also has posted <a href="#">Frequently Asked Questions</a> about NPI on our provider website. Our <a href="#">NPI Claims Tips</a> provide specific details on how to prepare and submit HIPAA-compliant claims.</p>
<p>Will I need a Medicaid ID to participate?</p>	<p>Yes, the program requires that all providers be Medicaid enrolled. If you are certified staff delivering HFWA or Respite services, you must apply for your Medicaid Provider Enrollment. You must first apply for an individual NPI via the NPPES website (see previous question). Once you obtain your individual NPI, go to the Wyoming Medicaid Provider Enrollment website at: <a href="https://wyequalitycare.acs-inc.com/wy/general/providerEnrollmentHome.do">https://wyequalitycare.acs-inc.com/wy/general/providerEnrollmentHome.do</a> to enroll with Medicaid.</p>
<p>By enrolling as a Medicaid provider, are we obligated to accept ALL Medicaid clients?</p>	<p>No. The Medicaid ID is one of the requirements to certify you as a HFWA provider. The CME will not fund or control the Medicaid-funded services that remain fee-for-service. The CME will only fund the HFWA services; to deliver these services, providers must be certified and obtain Medicaid enrollment.</p>
<p>How many NPIs can a sole proprietor have?</p>	<p>A sole proprietor is eligible for only one NPI, just like any other Individual.</p>
<p>I am interested in participating as a High Fidelity Wraparound provider (HFWA) for WY children and adolescents. How do I apply?</p>	<p>We are pleased with your interest! If you haven't already been contacted by Magellan, to begin the process please send an email with your contact information and a listing of the services you provide to <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a>. We will need you to complete a provider roster form to collect information about you, your practice, your service locations, and to verify that staff providing the services have completed phase 1 of the HFWA certification process.</p>
<p>Will you grandfather my credentialing as a current HFWA provider and re-credential at my anniversary date, or must I go through initial credentialing again?</p>	<p>Existing HFWA providers through the CME and the Children's Mental Health (CMH) waiver who have already been certified by the State and completed training will <b>not</b> need to complete the certification process again. Magellan will accept their current standing and begin the recertification process at the provider's next cycle date. Recertification is required annually.</p>
<p>What if I have not completed certification or training to be an HFWA provider?</p>	<p>New providers who have not completed HFWA training and certification will start the certification process with Magellan beginning July 1, 2015.</p>

Will I need to enroll as a Children’s Mental Health Waiver provider?	Beginning July 1, 2015, the State will no longer require the CMH Waiver enrollment process for new providers, which, prior to July 1, was required in addition to the Medicaid enrollment.
Is there a cost associated with completing the required training to become certified as an HFWA provider?	There is no cost for the classes to the provider to complete the required HFWA provider training. Magellan, as the CME, will provide the required training
What will the billing process be for the HFWA and Respite Care services?	Magellan has sent providers a mailing that includes the Magellan WY Provider Agreement and Exhibit B-1 outlining the contracted services, service codes, and rates. Magellan-facilitated provider webinar sessions and recordings of these webinars can be found on <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a> . Also on the Magellan’s WY website you will find the WY CME Provider Handbook Supplement, Claims Encounters Billing Instructions, and more information on claims submission requirements. Please visit the website for more information and resources to assist you.
Who do I contact if I have any questions regarding credentialing or contracting?	<p>Please contact us by sending an email to <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a>.</p> <p>For contracting questions you can call: Don Pledger, senior network manager, at 318-272-8389</p> <p>For credentialing questions you can call: Sharon Weber, trainer-coach, at 307-287-9803.</p>
How do I log in to the provider website?	<p><i>Provider Website Login Setup Process</i></p> <ul style="list-style-type: none"> <li>Once you receive your executed contract, the cover letter will give you instructions on how to sign in on the Magellan provider website for the first time.</li> <li>For providers who are still in the contracting process with Magellan and do not have an executed contract, Magellan is in the process of setting up website logins for such providers. You will need to give us your TIN/SSN by completing the W-9 form.</li> </ul> <p><i>How to Sign in on the Provider Website</i></p> <ul style="list-style-type: none"> <li>Go to <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a>.</li> <li>Go to the <b>For providers</b> tab and select <b>Provider website</b> from the drop-down menu.</li> <li>Use the link to take you to the Magellan provider website home page: <a href="http://www.MagellanHealth.com/provider">www.MagellanHealth.com/provider</a>.</li> <li>Enter your username and temporary password in the “Sign In” box.</li> <li>Once you sign in, follow the online instructions to create a new password.</li> </ul> <p><i>Administrator Setup</i></p>

	<ul style="list-style-type: none"> <li>You will need to assign someone as the administrator (it can be yourself if you are a solo provider).</li> <li>Administrative rights allow you to create a login, set an initial password and specify system rights tailored for each member of your practice.</li> <li>You will need to set up all your group members with website logins (those staff that will be providing services: HFWA, Respite, and Independent Assessors/Evaluators).</li> </ul> <p>If you have not received your website login, please send an email to <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a> to inquire about your website login.</p>
I am having technical issues with the Magellan Provider website; do you have any troubleshooting resources?	Yes, you can find our technical frequently asked questions, which directly relate to the website, <a href="#">here</a> .
Why is the Magellan system set up this way?	<p>The Magellan system is designed to help account for individualization of plans of care. Not every youth and family’s plan will look or feel the same. They are not meant to. We want providers to develop, with the child and family team, a wraparound plan that meets each individual’s needs and fits with their culture and values. This can mean using pictures, video or other technology incorporated into the plan that isn’t necessarily a word document. It’s also designed to address a child/youth’s total health needs, as well as meet the federal guidelines for systems of care.</p> <p>We have to track certain critical pieces of data for reporting, edibility and claims submission. These are the pieces of the plans of care we are asking you to upload into the system. However, you should have some electronic or paper version of the wraparound plan in its entirety to review, edit and continue to develop as needs change and goals are achieved, as well as for your own records and accounting.</p>
How can I enter a wraparound plan into the plan of care section of the web portal? Can I get a template?	We want to encourage creativity and child/youth involvement in their teams. If it helps to have a template, talk to your program director and use what your organization has already set up. Then simply copy and paste the information from your documents into the fields on the webpage for submission.
What about fidelity to the model of High Fidelity Wraparound (HFWA)?	Your coach will work with you on the specific documentation requirements for certification for HFWA. It’s important to understand the work of HFWA is not just documentation, but actual live, face-to-face interaction with youth, families and their teams. Not all of this critical work can easily translate into an electronic document. Documenting youth and family involvement in their team planning process is a core piece of HFWA care. Having a thorough working knowledge of HFWA and

	incorporating all of the wraparound principles into your work in necessary. We do this through the certification and coaching process, quality and outcome measures, reporting, data collection, documentation and service delivery reviews.
Who pays for the Independent Evaluation ECSII (Early Childhood Service Intensity Instrument) for youth eligible for the Children’s Mental Health Waiver 1915(c), since they are not Medicaid eligible? How does that get funded?	The ECSII Independent evaluation is paid by Medicaid fee-for-service, through an online addition for eligibility, based on the information the evaluator submits about the youth. This is a one-day eligibility to cover the cost of the assessment. The evaluator submits the claim for the evaluation to Medicaid FFS the same as they have prior to July 1.
Who pays for the CASII (Child and Adolescent Service Intensity Instrument) evaluation?	The CASII evaluation is paid by Medicaid fee-for-service, through an online addition for eligibility, based on the information the evaluator submits about the youth. This is a one-day eligibility to cover the cost of the assessment. The evaluator submits the claim for the evaluation to Medicaid FFS the same as they have prior to July 1.
Will Magellan be assisting with the 90-day transition letters being sent to the participants (for DD and CMHW)?	No, the State is sending the transition letters to the participants, with copies to Magellan.
For the Plan of Care, will it transfer over to Magellan or will the providers need to submit the POC to Magellan? What is the transition date – June?	If we receive the information as discussed, it would be transferred to Magellan. If we do not receive the information, we will need providers to submit the POC to us.
For the CMHW system, what is the eligibility enrollment process? Will we get State contacts for CMHW enrollment?	The State will continue to be the initial referral contact for CMHW eligibility. However, if you send the contact information to Magellan we will forward it to the state and get the process started.
Will the Independent Assessor send the documents to the FCC?	Coordination of documentation is important for continuity of care. We will work on developing a process to ensure that the documents are received by the FCC, and the appropriate Authorized Use and Disclosure process is followed to ensure client confidentiality.
Who does the CANS and where is it found?	The Child and Adolescent Needs and Strengths (CANS) tool is an assessment strategy that is designed to be used for decision and support outcomes management. This tool is required to be completed with the first Plan of Care (POC) and then every 90 days, with the submission of the updated POC. The Wyoming CANS is the tool chosen by the State for use in the POC and outcomes measurement. It is required with the submission of the POC. The FCC needs to be CANS certified to facilitate and complete the CANS. Information on the WY CANS can be found at <a href="http://www.health.wyo.gov/mhsa/kids/CASII-ECSII-CANS.html">http://www.health.wyo.gov/mhsa/kids/CASII-ECSII-CANS.html</a> including information on certification and recertification, which is required annually. The training calendar for the WY CANS can be found at <a href="https://wy.train.org">https://wy.train.org</a> . The certification and recertification is taken on the Praed Foundation Training and

	Certification site <a href="https://canstraining.com">https://canstraining.com</a> and a certificate issued. FCCs will need to submit the CANS certificate. Additional information on the CANS can be found at <a href="http://praedfoundation.org">http://praedfoundation.org</a> .
Where do we upload the behavior support plan?	A separate behavior support plan is not required, as plans will be completed on the Plan of Care document via the web submission. You submit these on the Magellan Provider website, <a href="http://www.MagellanHealth.com/provider">www.MagellanHealth.com/provider</a> .
Do we upload daily progress notes?	No, please refer to the document grid regarding required progress notes. You can find the documentation requirements grid posted on the Magellan of Wyoming website <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a> . From the <b>For providers</b> tab, select <b>News, Events &amp; Training</b> .
Are we required to upload meeting summaries?	Please complete the appropriate progress note on the Magellan Provider website.
Is there a level of care document that we need to upload?	Level of care will be completed as part of the application, and the supporting diagnostic documentation is required to be submitted during the independent assessor submission of documents.
Where do YFT and Respite get forms?	They will need to log onto the website and complete progress notes as outlined in the documentation grid.
Do we need to keep paper documentation as well?	All forms are printable from the website, and the agency needs to follow documentation requirements.
Can the progress notes be printed and saved from the website?	Yes, all the forms on the website can be printed.
Will the LOC be done before the FCC is chosen?	Yes, this should be completed during the Independent Assessor process.
What is the approximate duration from when the family applies for services until they get an FCC?	After receipt of a complete application, a clinical decision for eligibility will be three days for urgent requests and up to 14 days for standard requests.
Are we now to do CASII every 6 months or every one year?	The CASII or ECSII is required annually by an independent assessor to meet the State qualifications.
Can a FSP start working with the family right away along with the FCC?	The Scope of Work on the CME contract outlines that the FCC needs to be the service that outreaches to the family for engagement of the process, and progress notes need to be entered into the system to reflect the outreach. At that point the FSP can begin working with the FCC and the family.
How are we supposed to have an Axis 1 diagnosis if the DSM-5 does not have axes?	Currently the system is utilizing ICD-9 and DSM-IV codes.

<p>Do you have a list of deliverables for YSP and FSP? For example, in order to bill for YSP, is there a specific number of hours with which the YSP needs to have contact with the youth?</p>	<p>Magellan is working on the list of deliverables for YSP and FSP. When this is developed, we will update you.</p>
<p>For youth who are already receiving wraparound services, what needs to be done to make sure they are receiving all services?</p>	<p>We will start by authorizing what has already been mapped out in the POC. On July 1 please continue services with the youth. We are in the process of coordinating with Wyoming Access and the State of Wyoming to receive the current plans.</p>
<p>The timeline stated that plans need to be turned in every three months. Currently with CMHW, the plans need to be turned in 30 days prior to the end of the plan period. Is that going to be the case with Magellan or will it be similar to the current CME?</p>	<p>Beginning July 1, 2015 it is 90 days for ALL plans regardless of the waiver. Plans of Care will need to be submitted 14 days prior to the end date on the 90 day authorization.</p>
<p>Is there a set budget for YFT and Respite units, e.g., no more than 5 hours a week with Respite or 2 hours a week with YFT? Or is there a budget for each child like there is with CMHW, and the FCC needs to stay within the budget? Currently, the CMHW budget is \$14,000 every six months.</p>	<p>We are setting this up as a set monthly payment for providers' services that will be authorized as specified and outlined in the POC. They need to function within the allotted payment.</p>
<p>Can a provider have more than one role with a family, e.g., YFT and Respite? I know that they won't be able to bill for two different services at the same time, but I would like for them to be able to bill for different services at different times. Currently, the only role that is set in stone is the FCC.</p>	<p>Providers can only deliver services for which they are credentialing and contracted with Magellan. An independent provider cannot serve in more than one role for the same family. An agency can provide services in more than one role for the same family as long as the individuals delivering the care are not operating in more than one role with that family.</p>
<p>What about being able to have a backup FCC? Currently, any facilitator can be a backup for another facilitator when needed for both the CME and CMHW, but I want to make sure.</p>	<p>As long as the FCC is certified and meets the minimal phase 1 criteria, we have been provided the information on the agency's roster and FCC has been Medicaid-enrolled with advance notice of the switch. The FCCs must work at the same agency and must have been submitted on the staff roster form. The encounter information, again, will need to be submitted with the correct person delivering the service.</p>
<p>What is going to happen for CMHW clients who are currently in the middle of a plan with the CMHW? For example, my client's plan doesn't end until September 2015. Will we continue to bill Medicaid for the</p>	<p>We will authorize services as outlined in the plan and matching the State's authorization.</p>

clients in the middle of a plan?	
This HFWA 101 information was very informative and well-written for families/communities new to the process. Will it be part of the community meetings?	Yes. Magellan held community forums around the state in June and early July. We continue to hold these forums on an on-going basis. You can find date, time, and location information on the Magellan of Wyoming website. From the <b>About</b> tab, select <b>Community</b> updates.
In an area where the number of residential/hospital placements has decreased over time, will there be a financial incentive to the agencies in the area providing wraparound?	This is not an item we are planning to execute during the implementation of the program. Our focus is first and foremost on transition, and consistent fidelity to the model and delivery of care.
What is EPSDT?	Early Periodic Screening, Diagnosis, and Treatment. For more information on EPSDT from the Wyoming Department of Health, go to: <a href="http://www.wyhealth.net/uploads/EPSDT1.pdf">http://www.wyhealth.net/uploads/EPSDT1.pdf</a> .
Do you have the website address for the online CANS training?	The upcoming CANS online training is to align the CASII, CANS and SNCD. The following site <a href="https://wy.train.org/DesktopShell.aspx">https://wy.train.org/DesktopShell.aspx</a> is where you find the upcoming trainings. You must first create an account, then go to the calendar.
I have not yet been alerted about the next four-day wrap around training session. Is everyone being notified?	We have been informing individuals during our weekly provider calls and provider e-blasts. We will post a link to the training at <a href="https://wy.train.org/DesktopShell.aspx">https://wy.train.org/DesktopShell.aspx</a> and on <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a> in the <b>For providers</b> section under <b>News, events &amp; training</b> .
What circumstances may initiate reconsideration?	Any time there is an adverse determination where Magellan has completely denied or reduced a request for services. In the case of claims, when a claim has not been paid or there is a payment issue.
How many times per month may a provider bill, e.g., weekly, monthly?	For FCC, FSP, and YSP, monthly. For Respite and YFT, you can bill as units are delivered, but recommended billing is every two weeks. That is only for the codes for YFT and Respite. You can bill everything monthly if that works better operationally.
I was wondering if you take care of taxes since we need to give you our SSN.	Magellan needs your completed W-9 to verify your Taxpayer Identification Number (TIN) or Social Security Number. With this we can set you up in our provider database to pay your claims and send payments to the correct business entity or solo provider practice. Magellan will send you a 1099 at the end of the year for <i>your</i> tax filing purposes.
Can the administrator see the claims that have been submitted if they didn't submit the claims? Would the administrator need to start a new claim from the beginning?	The administrator of your provider website account has full permission rights to all the applications and forms available and can set up your staff with website logins and assign access to specific website applications. However, the administrator cannot view claims submitted through Claims Courier if another staff person submitted those claims under their login. The administrator can check claims status and view explanation of benefits (EOBs) for all claims submitted and processed in the Magellan system (paid or denied claims). If the administrator or



	<p>another staff person would like to submit a claim using Claims Courier and they haven't submitted a claim before for a specific member, they will need to start a new claim in Claims Courier for that member. Once they submit the new claim for that member, you can then create a claim from a copy for the next time.</p>
<p>Is there an instruction manual for submitting claims?</p>	<p>You can refer to the WY CME Provider Handbook Supplement posted on the Magellan of Wyoming website, <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a>, and review the Provider Reimbursement section for claims submission requirements. Magellan does have online training specific to all of the Magellan provider website applications. You can go to <a href="http://www.MagellanofWyoming.com">www.MagellanofWyoming.com</a> and select <b>Provider website</b> under the <b>For providers</b> tab in the top menu. You can use the hyperlink to take you directly to the Magellan provider website. Once you're on the Magellan provider website, see the <b>Education</b> tab and select the <b>Online Training</b> drop-down. We have Website User Guides and Demos of Online Tools for each of our applications. The Website User Guides and training demos for each application serve as a mini-instruction-manual that can assist you. For example, if you refer to the "Submit a Claim Online" Website User Guide and online training demo, this will give you step-by-step instructions with easy-to-follow examples of how to use Claims Courier.</p>
<p>Can all website users view all claim statuses once they are submitted?</p>	<p>Yes, once the claim has been submitted and accepted into Magellan's system. Any authorized website user who has access to view claims can search to check the claims status and view explanations of benefits (EOBs).</p>
<p>Would there be a situation where we don't get paid the full amount submitted?</p>	<p>Yes, you must make sure you bill either your usual and customary charges or the total charges. You will be paid the lesser amount if you bill less than your contracted rate.</p>
<p>If we make an error in billing, is there a method for correcting a billing paid?</p>	<p>Yes, if you receive a claim denial then you can submit a new claim with the corrected information. If the claim was paid, but you need to correct the claim, you need to send us an adjusted claim via paper claim form CMS-1500 and note the corrected information.</p>
<p>Do progress notes have to be submitted prior to billing?</p>	<p>Yes, it is a best practice to follow in that once a service is provided to the member, you or your staff should enter the progress note for the service rendered. You should not wait to enter your progress notes at a later date or time.</p>
<p>What roles does the administrator have?</p>	<p>The administrator of your provider website account has full permission rights to all the applications and forms available and can set up your staff with website logins and assign access to specific website applications.</p>
<p>If a claim rejects, who gets the notification?</p>	<p>If you use Claims Courier and you submit a claim, you will get the notification that the claim was accepted or rejected. If it was rejected, the notification should indicate the reason for the rejection. You should correct the claim in Claims Courier until</p>

	<p>you see it was accepted. An accepted claim means that the claim was accepted in Magellan’s system and it will be processed (paid or denied). If the claim is rejected, that means there was an error and that claim was not accepted in Magellan’s system for processing. The timely filing requirement is 90 days, so you will want to make sure you review frequently to make sure all your submitted claims have been accepted, and correct any rejected claims.</p>
<p>Will we be reviewing what the per diem reimbursement covers?</p>	<p>The per diem reimbursement rates cover the services of FCC, FSP and YSP. If you are contracted for one of these services, you would bill these services monthly as we covered in the claims webinar sessions. If you have specific questions regarding reimbursement or billing, please send an email to <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a> for further assistance.</p>
<p>I listed my home address as a service address and do not want that published. How do I get this corrected?</p>	<p>Send an email to <a href="mailto:WYProvider@MagellanHealth.com">WYProvider@MagellanHealth.com</a> so that we can correct this.</p>