

Magellan Health Services of Arizona, Inc.
 Maricopa County RBHA
 Provider Deliverables

Network			
Report Deliverable	Send To	When	How Often
Credentialing			
Change/Add Form	Network Department - Attention: Credentialing & Privileging Manager	Upon hire, at termination, and discipline change - (form found on Magellan website/For Providers/Forms/Section 3.20 Credentialing & Privileging)	Ad hoc
Individual Clinician Credentialing Application and supporting documentation	Network Department - Attention: Credentialing & Privileging Manager	Upon hire - (Change/Add form must be submitted & received before a credentialing application will be sent)	Ad hoc
Individual Clinician re-credentialing application and supporting documentation	Network Department - Attention: Credentialing & Privileging Manager	63 days prior to Credentialing Expiration Date - (Magellan will send notification letters prior to Expiration Date)	Every Three years - (Magellan will notify provider prior to recredentialing due date to initiate the process)
Privileging Application and supporting documentation	Network Department - Attention: Credentialing & Privileging Manager	Upon hire and prior to serving as a Clinical Liaison and/or conducting assessments	Ad hoc
Organizational Credentialing Application and supporting documentation	Network Department - Attention: Credentialing & Privileging Manager	Ad hoc - (Existing providers will need to submit a request to add a service/program; New providers will need to request to join the network)	15 days after approval letter from Magellan is received (Magellan will send the credentialing application)
Organizational re-credentialing application and supporting documentation	Network Department - Attention: Credentialing & Privileging Manager	63 days prior to Credentialing Expiration Date - (Magellan will send notification letters prior to Expiration Date)	Ad hoc
OBHL license & POC if applicable	Network Department - Attention: Credentialing & Privileging Manager	Prior to Expiration Date	Annually
Proof of Insurance/Facility	Network Department - Attention: Credentialing & Privileging Manager	Prior to Expiration Date	Annually
Individual Clinician license	Network Department - Attention: Credentialing & Privileging Manager	Prior to Expiration Date	Annually
DEA (if applicable)	Network Department - Attention: Credentialing & Privileging Manager	Prior to Expiration Date	Upon Expiration
Accreditation certificate and survey report	Network Department - Attention: Credentialing & Privileging Manager	Prior to Expiration Date	Upon Expiration
CSA Amendment	Network Department - Attention: Credentialing & Privileging Manager	Ad Hoc	30 days prior to Amendment
CSA Initial Application	Network Department - Attention: Credentialing & Privileging Manager	Ad hoc - (Providers will need to request to join the network)	15 days after approval letter from Magellan is received
CSA Renewal	Network Department - Attention: Credentialing & Privileging Manager	Annually	45 days prior to expiration
Provider availability Database			
Inpatient/Residential Bed Availability Database - (For Level I, II, III, and HCTC providers only)	Magellan of AZ website	Minimum of 2x per Day	Daily on Business Days - (see Process Flow posted in Section 10 of Magellan Provider Manual)
Outpatient Appointment Availability Database - (For Intake providers only)	Magellan of AZ website	Minimum of 2x per Day	Daily on Business Days - (see Process Flow posted in Section 10 of Magellan Provider Manual)
Provider Information			
Key Staff Contact Information	Network Department - Attention: Provider Relations Manager	Update as needed - (Providers will need to notify us when there is any change to key staff contact information i.e. CEO/Executive Director, Credentialing/Contracting person, Billing Contact, Clinical/Program Director)	Ad hoc
Key Workforce Reduction, with a plan to not fill, or delay filling the staff vacancies (no plan to fill within 60 days) Request (i.e. clinical director, BHTs, BHPs, peer/family support staff, etc.)	Network Department – Attention: Senior Contracts Manager	Prior Approval Required	Ad hoc
Service Capacity Addition/Reduction Requests (i.e. loss of a prescriber, specialty clinician or any staff or program that would cause disruption of services or availability of services, or would require a change to Scope of Work. Anything that is going to impact the ability to maintain OBHL licensure.)	Network Department – Attention: Senior Contracts Manager	Prior Approval Required	Ad hoc

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Change in Provider Billing Type Requests (i.e. CSA conversion to Outpatient Clinic, Level II conversion to Level I Sub-Acute, etc.)	Network Department – Attention: Senior Contracts Manager	Prior Approval Required	Ad hoc
Provider Relocation/Move Request	Network Department – Attention: Senior Contracts Manager	Prior Approval Required for Moves Greater than 5 miles, 45 day Notification for all Moves	Ad hoc
Provider Notification of Failure to Meet Licensing Criteria	Network Department – Attention: Senior Contracts Manager	Immediate Notification Required	Ad hoc
Provider Requests to Stop Accepting New TXIX or Priority Recipients	Network Department – Attention: Senior Contracts Manager	Immediate Notification Required once decision has been made	Ad hoc
Provider Termination, Suspension, Limitation or Material Change of RBHA Contract Notification (i.e. site closure, facility fire, foreclosure, staff strike, etc.)	Network Department – Attention: Senior Contracts Manager	45 day Notification prior to any change	Ad hoc
SAPT			
SAPT WAIT LIST	Network Department - Attention: Adult PNO Network Transition/Development Specialist	60 days after the Quarter ends	Quarterly
HIV Monthly Report	Network Department - Attention: Adult PNO Network Transition/Development Specialist	30 days after the month ends	Quarterly
Cultural Competency			
Provider Survey			
Deaf and Hard of Hearing Services Survey	Cultural Competency - Attention: Director of Cultural Competency	12/31/07	As necessary
Cultural Competence Organizational Self-assessment	Cultural Competency - Attention: Director of Cultural Competency	To be implemented at request of RBHA.	As necessary
Clinical			
Prevention			
Prevention Report	Clinical Department - Attention: Prevention Manager	QTR 1 (July-Sep): October 10; QTR 2 (Oct- Dec): January 10; QTR 3 (Jan-Mar): April 10; QTR 4 (Apr-Jun): July 10	Quarterly
Annual Report	Clinical Department - Attention: Prevention Manager	07/31/07	Annually
Quality Improvement			
Provide QI Department with all data required to achieve the goals in the RBHA QM plan and work plan and as required for special projects or reporting requirements	QI Department - Attention: Quality Improvement Department	Varies based upon request. (Refer to QI Initiative Examples below)	When Requested
Provide QI Department with corrective actions/PIPs as requested	QI Department - Attention: Quality Improvement Department	Usually 30 days from request	Ad hoc
TXIX/XXI Eligibility Screening Report	QI Department - Attention: Secured1 Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly
Part D Enrollment and Limited Income Subsidy Report	QI Department - Attention: Secured1 Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly
For all Direct Service Sites			
Staff to Consumer Ratio Report	QI Department - Attention: Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly
Current ISP Production	QI Department - Attention: Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly
Clinic Scorecard Site Contribution Tool	QI Department - Attention: Quality Improvement Reporting	The 5th calendar day each month	Monthly
For all Intake Providers			
Access to Care 7 Day Routine Referral Log	QI Department - Attention: Secured1 Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly
For all Child Providers and Provider Network Organizations			
Children's System of Care - Quality Management Data Structural Elements Reports	QI Department - Attention: Secured1 Quality Improvement Reporting - Email: MSCQIRreporting@magellanhealth.com	The 5th calendar day each month	Monthly

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Child Crisis Network – Children structural report	QI Department - Attention: SecuredI Quality Improvement Department Reporting – Email: MSCQIReporting@magellanhealth.com	The 5 th calendar day each month	Monthly
For UPC and PRC-W			
UPC and PRC-W Data Submission Template and Data Collection Tool	QI Department - Attention: Quality Improvement Reporting - Email: MSCQIReporting@magellanhealth.com	The 10th calendar day each month	Monthly
Grievance and Appeals			
Corrective Action	Attention: Grievance Investigator	Usually 30 days from request	When requested
Requested documentation regarding a grievance	Attention: Grievance Investigator	As soon as possible	As needed
Attendance at an informal conference	May attend by phone	Within 7 days of appeal	When requested
Risk Management			
Incident, Accident, Death Reports	Attention: Risk Management	Within 24 hours of occurrence	When occurs
Seclusion and Restraint Reports	Attention: Risk Management	Within 5 days of occurrence	When occurs
Monthly Seclusion and Restraint Report	Attention: Risk Management	By the 5th of each month	Monthly
Performance Improvement: for all Level I Providers			
Medical Care Evaluation Studies (MCE) Request for Registration	QI Department - Attention: Sr. QI Specialist	04/14/07	Annual
MCE Quarterly Reports	QI Department - Attention: Sr. QI Specialist	QTR 1 (July-Sep): October 10; QTR 2 (Oct-Dec): January 10; QTR 3 (Jan-Mar): April 10; QTR 4 (Apr-Jun): July 10	Quarterly
Summary of Methodology	QI Department - Attention: Sr. QI Specialist	05/31/07	Annual
Abstract of Final Study Results	QI Department - Attention: Sr. QI Specialist	07/31/07	Annual
Provider Monitoring			
Provide data and assistance with clinical record review and other types of Provider monitoring.	Prepare for on-site availability to provider monitoring auditors	Standard Clinical Record Review: 2 weeks from request / Ad Hoc Review: As soon as possible	When Requested
Data Analysis and Reporting			
State Consumer Satisfaction Survey	Attention: Data Analysis and Reporting	TBD	Annual
Quality Improvement Initiatives			
Treatment Record Reviews	TBD	TBD	As necessary
Practice Guidelines	TBD	TBD	As necessary
Outcomes Initiatives	TBD	TBD	As necessary
Provider Profiling	TBD	TBD	As necessary
Other QI Initiatives	TBD	TBD	As necessary
FINANCE			
For contract revenues less than \$250,000			
Un-audited Financial Statements	Finance Department - Attention: Finance Director	120 days after year-end	Annually
For contract revenues between \$250,000 and \$499,999			
Un-audited Financial Statements	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
For contract revenues of \$500,000 or more			
Un-audited Financial Statements	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
Two (2) copies of annual certified financial report along with any management letters	Finance Department - Attention: Finance Director	120 days after year-end	Annually
Sub –recipient of Federal Funds and required to obtain an OMB Circular A-133 audit			
Two (2) copies of the A-133 Audit Report	Finance Department - Attention: Finance Director	30 days after receipt and no later than 120 days after year-end	Annually
Quarterly Financial Statement			
Certification Statement	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
Statement of Financial Position	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
Statement of Financial Position Disclosures (if applicable)	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
Statement of Activities	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly

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Statement of Changes in Net Assets	Finance Department - Attention: Finance Director	30 days after quarter-end	Quarterly
Annual Financial statement			
Statement of Financial Position	Finance Department - Attention: Finance Director	120 days after year-end	Annually
Statement of Financial Position Disclosures (if applicable)	Finance Department - Attention: Finance Director	120 days after year-end	Annually
Statement of Activities	Finance Department - Attention: Finance Director	120 days after year-end	Annually
Statement of Changes in Net Assets	Finance Department - Attention: Finance Director	120 days after year-end	Annually
Where audited statements are required, all opinion letters must be included.	Finance Department - Attention: Finance Director	120 days after year-end	Annually
OMB Circular A-133 audit program specific schedules	Finance Department - Attention: Finance Director	30 days after receipt and no later than 120 days after year-end	Annually

Note: Provider Deliverables highlighted in "Yellow" will need to be electronically sent to the email address indicated.