



Fraud, Waste & Abuse Resources

Magellan Behavioral Health of Pennsylvania (Magellan) does not tolerate Fraud, Waste or Abuse, either by providers or staff. Accordingly, we have instituted extensive procedures to both prevent and combat these problems. Many of our efforts focus on providing education and technical assistance. The following information includes some of the valuable resources that we depend on to promote compliance throughout our provider network.

- *Centers for Medicare and Medicaid Services (CMS) Program Integrity Behavioral Health Toolkit:* https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/behavioral-health.html?utm_source=Behavioral+Health+-+March+2016&utm_campaign=Behavioral+Health+-+Mar+2016&utm_medium=email
- *Medical Assistance (MA) Bulletin Search.* Remaining well-informed of new MA bulletins, changes in regulations, and other compliance-related communication from the Office of Mental Health and Substance Abuse (OMHSAS)/ Department of Human Services (DHS) is a critical component of an agency's compliance oversight. Providers may search the archives dating back to 2011; and also be added to the state's listserv for release of future MA bulletins: <http://www.dhs.pa.gov/publications/bulletinsearch/index.htm#>
- *The Pennsylvania Code* is the Commonwealth's official publication of rules and regulations. Title 55 is dedicated to DHS: <http://www.pacode.com/secure/data/055/055toc.html>

- *The Centers for Medicare and Medicaid Services (CMS)* developed guidelines in 2005 to assist providers in developing and implementing effective compliance programs that promote adherence to, and allow for, the efficient monitoring of compliance with all applicable statutory, and regulatory requirements. The program guidance may be accessed by utilizing the following link: <http://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/compliance.pdf>
- *Magellan Monthly E-mail Blasts on Compliance.* Magellan Behavioral Health of Pennsylvania strives on being proactive and using education as a preventative tool to provide our members the highest quality of care. Since 2013, the Quality Improvement and Compliance Departments at Magellan have committed to sending monthly e-mails to targeted providers regarding a Compliance related subject. The e-mail alerts may be viewed by visiting the Provider Communications page of the Magellan of PA website: <http://www.magellanofpa.com/for-providers-pa/provider-communications/monthly-compliance-alerts.aspx>
- *Important regulatory changes* that effect documentation practices, billing and other requirements are often communicated to providers via Magellan Compliance E-mail Alerts. Ultimately, it's a provider's responsibility to know the regulations. Therefore, we recommend that providers monitor the release of MA Bulletins on a regular basis and also sign-up for communications from other advocacy groups, such as the RCPA (<https://www.cvent.com/Pub/eMarketing/Pages/SignUp.aspx?p=83965604-3CD6-47E2-98FA-E709A31FBBE1&m=>). Magellan maintains a comprehensive library of PA Code Title 55; MA Bulletins; and Policy Clarifications for all levels of care. We urge providers to develop their own resource libraries as well.
- *DHS Self-Audit Protocol.* Magellan supports the Centers for Medicare & Medicaid Services (CMS) Compliance Program Guidelines which includes a component on provider self-auditing. All providers should employ a Claims Audit Policy which includes a procedure and mechanism for comparing clinical documentation to the accuracy of billing. Self-auditing is a good tool to measure internal compliance and ensures compliance with MA regulations. Per DHS's Self-Audit Protocol, providers have several options for conducting the self audits and expediting the return of inappropriate payment to the MCO/ Department. Additional information is available at the following link: <http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/medicalassistanceproviderselfauditprotocol/>

- *Exclusionary Checks.* Medical Assistance Bulletin #99-11-05 which was effective August 15, 2011 reminds providers that participate in the Medical Assistance Program to screen their employees and contractors, both individuals and entities, to determine if they have been excluded from participation in Medicare, Medicaid or any other federal health care program. See also HHS-OIG Special Advisory Bulletin: The Effect of Exclusion from Participation in Federal Health Care Programs: <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effectuated.htm>. All MA providers are required to develop policies and procedures for the screening of all employees and contractors, **at the time of hire or contracting; and thereafter on an ongoing monthly basis.** The following databases should be used:
 - Pennsylvania Medichex List
 - List of Excluded Individuals/ Entities (LEIE)
 - Excluded Parties List System (EPLS)

The complete bulletin included links to the above databases is available at:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005732.pdf

- *Verification of Licensure.* Professional licensing protects the health, safety and welfare of the public from fraudulent and unethical practitioners. Verification of licensure should be performed for any health care professional. Licensure status and disciplinary history can be viewed online at: <http://www.licensepa.state.pa.us/>