Magellan Behavioral Health of Pennsylvania (Magellan) has been conducting Compliance Audits of network providers since 2010. Through our experiences, the Magellan Compliance Department has comprised a list of suggestions to aid providers in the development and enhancement of their Compliance Programs.

**Please note that this is not an inclusive list of compliance best practices, but merely a collection of observations based on our review of existing provider compliance programs/ plans.*

<u>Compliance Program Best Practices</u>:

- Many providers require staff to review and attest to the agency's Compliance Program Manual and/or Code of Conduct on an annual basis. It is recommended that all staff also receive a **<u>formal</u>** training (either in person or online) on Compliance at hire and at least annually thereafter.

- Include a section of Definitions <u>and</u> Examples (such as for Fraud, Waste, Abuse, etc.) within the Compliance Program Manual. Ensure that employees/ staff review these definitions/ examples on at least an annual basis by incorporating them into a training and attestation process.

- Include an assessment or quiz attached to all required Compliance Trainings. Set a minimum standard for passing.

- Reference Federal, State and Local laws related to Fraud, Waste & Abuse within a Provider's Code of Conduct and/or Compliance Plan.

- As part of any policy that describes disciplinary actions to employees who fail to comply with Medicaid regulations and employer's compliance standards (HR related actions), include a statement that acts of Fraud in the Medicaid Program are punishable in a court of law. Provide recent examples from the news.

- Many agencies utilize an Electronic Medical Records (EMR) system that is intrinsically set up with a lot of compliance controls. Such controls should be explained in a written policy and be included as part of the agency's Compliance Program Manual.

- Providers are required to have a mechanism for staff or members/ clients to report suspected non-compliance (i.e. hotline, email, drop box). The mechanisms should be well publicized throughout office locations (such as flyers posted in hallways). There should always be an anonymous mechanism available for reporting as well.

- Some providers release an Annual Corporate Compliance Report. This practice upholds a provider's commitment to comply with Medicaid standards/regulations. It also ensures that periodic reviews of a Provider's Code of Conduct and/or Compliance Program are taking place.

- Agencies/ Providers should adopt a Concurrent/ Collaborative Documentation policy (when a counselor/ doctor and client write the progress note together as a clinical intervention during the session).

- Providers with community-based services (i.e. BHRS, Case Management, Peer Support) should utilize a service verification process (random calls or letters to members and/ or guardians to verify that services were delivered as indicated)

Documentation Best Practices:

- **One** progress note template should be used consistently throughout an agency or practice. This helps to reduce errors and ensure compliance with MA documentation requirements. Some agencies allow staff/ clinicians to use a variety of different templates and it has been observed that this often leads to an increase in documentation errors.

- Records should contain documentation of all non-billable contacts.

- There should be a field on the progress note template for “Place of Service.” Some level of care specific regulations, as well as PA Medical Assistance Bulletin 29-02-03, 33-02-03, 41-02-02 on Documentation and Medical Record Keeping, require this information.

- EMR systems/electronic progress notes offer a lot of benefits, most notably legibility; however, they can also lead to “cutting and pasting” from session to session. Employees and staff should be trained not to employ this practice and it should be routinely audited by supervisors and during Internal Claims Audits. Each progress note should be unique and individualized.

- For services that require Encounter Verification signatures (i.e. BHRS, Blended Case Management, etc.), incorporate the clinical documentation and encounter signature on the same form/ template.

- For services that allow some non-direct billable contact (i.e. BHRS, Family-Based Mental Health Services): When conducting research or outside work for the family, there should be evidence that this information is shared with the family in future sessions. Furthermore, the researched material could be printed out and included in the record as evidence (attached to the applicable progress note).