

## Preparing for an Audit

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) conducts audits that include any combination of a Clinical Treatment Record Review in conjunction with a Claims Screening (comparison of clinical documentation vs. the accuracy of billing); Compliance Program Audit; or Network Audit. When a clinical audit takes place in conjunction with a claims, compliance and/or network audit during a provider's recertification cycle (every 3 years); the review is referred to as a Routine ***Integrated Audit***. In addition to assessing that active and appropriate clinical treatment is taking place, the purpose of these ***Integrated Audits*** is to take a more comprehensive and holistic approach to provider oversight by assessing compliance programs, billing practices, human resources aspects and other policies and procedures specific to a level of care or program. Magellan may also schedule a Targeted ***Integrated Audit*** on an ad-hoc basis in follow-up to a specific issue or concern.

Magellan wants to help you prepare for these audits. We view the audit process as an opportunity for communication of expectations and enhancement of our partnership to better serve our clients. The auditing process is a collaborative one and includes the provider, the Magellan Quality Improvement, Compliance and Network Departments.

- The **Clinical Audit** (treatment record review or TRR) focuses on treatment record documentation, quality of service delivery, member rights, initial evaluation, individualized treatment plan, ongoing treatment and coordination of care.
- The **Compliance Audit** focuses on compliance with state and federal regulatory compliance and fraud reporting requirements; provider internal claims audits; and provider compliance program components (i.e., policies and procedures, trainings and mandatory reporting).
- The **Claims Audit** reviews documentation, billing practices and adherence to Medicaid regulations.
- The **Network Audit** includes a review of various policy & procedures within your program, a review of staff HR records and the physical plant.

## Audit Tools:

- [Claims Screening Audit Tool](#)
- [Clinical TRR Audit Tool](#)
- [Compliance Program Audit Tool](#)
- [Network Audit Tool- Case Management](#)
- [Network Audit Tool- D&A Outpatient](#)
- [Network Audit Tool- FBS](#)
- [Network Audit Tool- MH Outpatient](#)

For providers that utilize Electronic Health Records (EHR): Please be aware that the auditors will need work stations with appropriate access to the EHR in order to complete the audits. The auditing team is typically made up of four-six participants; this is including County representatives. Magellan asks that the work stations be set up and ready to be accessed prior to our arrival. If there are any concerns related to accommodating the auditing team please contact us as soon as possible to discuss a plan.

When concerns are identified during the audit process, we share our data confidentially, in an attempt to improve the quality, appropriateness and value of behavioral health care. Providers who do not meet the standards referenced above will be given an opportunity to improve. The results from the audit(s) are forwarded to the agency within 30 days following the review.

In addition to knowing and understanding all applicable Medicaid Regulations, contracted providers should be familiar with both the [National Provider Handbook](#), [Organizational Provider Handbook Supplement](#), and the [Pennsylvania HealthChoices Provider Handbook Supplement](#).