



Magellan Compliance Notebook

Good morning!

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.

This month we'd like to share the resources from our 2016 Compliance Forum with all providers; and further encourage agencies, groups and individual practitioners to take advantage of the variety of educational tools and opportunities that Magellan offers related to Fraud, Waste & Abuse (FWA) oversight.

Although providers are ultimately responsible for knowing and complying with all applicable regulations, Magellan proactively engages providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, BPI and other oversight agencies. The monthly e-mail blast topics are typically generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

To further support this shared responsibility; Magellan hosted a five-county informational presentation on September 16, 2016 regarding efforts to prevent and combat Medicaid Fraud, Waste and Abuse. The forum was a collaborative effort between Magellan and the Office of Attorney General's Medicaid Fraud Control Section (MFCS). The packed agenda included the following topics: an overview of Medicaid Compliance oversight including presentations by Magellan's Special Investigations Unit (SIU) and MFCS; Auditing Electronic Health Records (EHR); Audit Trends; and Provider Self-Monitoring protocols. The forum was well attended with 72 total participants including 34 providers, our county customers and OMHSAS. The power point presentations from the training have been included here for your ongoing reference.

We encourage providers to take full advantage of all the resources that are available; and to also offer us feedback on other ways we can support you. Please remember to regularly visit the Compliance page on our website (<https://www.magellanofpa.com/for-providers/provider-resources/fraud-waste-and-abuse-compliance/>).

As a reminder, **all providers** are held to minimum documentation standards in addition to level of care specific regulatory requirements. Retractions may be pursued, if documentation does not meet Magellan or the state's minimum expectations. Our requirements are included in the Provider Handbook and also listed below. **As providers convert to Electronic Health Records (EHR), please ensure that the specifications continue to meet these requirements.**

Magellan has established minimum record keeping requirements that align with Pennsylvania Medical Assistance regulations. Specifically:

- The record must be legible throughout.
- The record must identify the patient on each page.
- Entries must be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel must be counter-signed by the responsible licensed provider.
- Alterations of the record must be signed and dated.

The record must contain a preliminary working diagnosis, as well as a final diagnosis, and the elements of a history and physical examination upon which the diagnosis is based.

- Treatments, as well as the treatment plan, must be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages, must be entered in the record. If a prescription is telephoned to a pharmacist, the prescriber's records require a notation to this effect.
- The record must indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.
- The record must contain the results, including interpretations, of diagnostic tests and reports of consultations.
- The disposition of the case must be entered in the record.
- The record must contain documentation of the medical necessity of a rendered, ordered or prescribed service.

The documentation of treatment or progress notes for all services, at a minimum, must include:

- The specific services rendered;
- The date that the service was provided;
- The name(s) of the individual(s) who rendered the services;
- The place where the services were rendered;
- The relationship of the services to the treatment plan—specifically, any goals, objectives and interventions;

- Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and
- **The actual time in clock hours that services were rendered.** For example: the recipient received one hour of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 a.m. to 11:00 a.m.

At Magellan, we will continue to educate our providers with updated MA Bulletins, Regulations and other pertinent information in order to ensure Compliance.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania's Compliance Team

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