# Magellan Compliance Notebook

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 would like to remind and 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).

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Per The Department of Drug and Alcohol Programs (DDAP) Case Management and Clinical Manual, **providers receiving state or federal funds are not allowed to restrict admissions based upon medication use**. Contracted providers that restrict admission based upon medication use may not receive those funds to treat any individual or provide any type of prevention, intervention, treatment, or treatment related service. Whether or not an individual should taper from MAT is a decision that must be made between the prescriber and the patient. If an individual and their prescriber make the decision to taper off MAT, the facility is still allowed to receive federal or state funds. However, if the facility forces a person from MAT to admit or continue treatment, they would be violating this requirement.

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, The Bureau of Program Integrity (BPI) and other oversight agencies.

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/).

We have designated resources on the below topics. These pages were all recently refreshed to include updated and current content.

- Fraud, Waste and Abuse Definitions and Examples

- Preparing for a Magellan Audit -- Please be advised that our Audit Tools have been removed from the website. Audit Tools are available by contacting a representative from Magellan's Quality Improvement, Compliance or Network Departments. Audit Tools are shared with providers electronically in advance of any Routine or Implementation Oversight Audit but also can be requested at any time. Level of care specific Clinical and Network Audit Tool Addendums also exist for most program types.
- Fraud, Waste & Abuse Trainings and Education
- Fraud, Waste & Abuse Resources
- How to Make a Fraud, Waste or Abuse Referral (including the link and instructions for making a self-report to Magellan)
- Audit Trends
- Compliance Best Practices

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 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 individuals(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.
- **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.

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At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations, and other pertinent information to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage 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, Bureau of Program Integrity (BPI) and other oversight agencies. The monthly e-mail blast topics are 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.

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

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