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 communication is directed to all providers and serves as a reminder about ACT 62 billing requirements. Act 62 was a 2009 state mandate which requires private insurance companies to pay up to an annual limit per year for diagnostic assessments and treatment of covered individuals with autism spectrum disorders who are under age 21.

ACT 62 is a statewide insurance mandate specific to services provided to children and adolescents with autism spectrum disorder (ASD). Autism related services may be covered by private health insurance, the Medicaid program and/or the Children's Health Insurance Program.

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) is required to cover ABA and IBHS services. However, Federal law requires Medicaid be the payor of last resort whenever a member has primary coverage in addition to Medicaid. Magellan is responsible for ensuring that primary insurance coverage is billed, and benefits are coordinated. This must occur prior to Medicaid reimbursing for services that are otherwise a responsibility of a primary payor.

We are issuing this reminder notice to reinforce required billing procedures under Act 62. The Department of Human Services (DHS) has identified procedure codes that reflect services for the diagnostic assessment and treatment of ASD and may be subject to Act 62. This includes ABA and IBHS services. If the Medicaid beneficiary has private health insurance, providers must:

- Identify the procedure codes that are on the private health insurer's fee schedule. Private health insurance may require specific procedures codes for billing purposes. Those codes should be utilized when billing the primary insurer to ensure proper processing and payment of the claim.
- Submit claims to the private health insurance prior to billing Magellan, even if a denial was previously received for that service or a similar service.
- Submit evidence of exhaustion of benefits or denials of coverage.

Magellan will work with you and primary payers to coordinate benefits, ensure member and family care continuity, and issue timely payment.

Information about provider responsibility to coordinate benefits/Third Party Liability can be found on page 69 of the provider handbook here.

Additional information on ACT 62 and what this means for members and providers can be found on the DHS website and on page 24 of the provider handbook here: Pennsylvania HealthChoices Handbook Supplement (magellanprovider.com).

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!

Magellan of Pennsylvania's Compliance Team
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