

Magellan Compliance Notebook

February, 2013

Magellan strives on being proactive and using education as a preventative tool to provide our members the highest quality of care through you, the provider.

Magellan's Quality Improvement Department has committed to sending monthly e-mails to targeted providers on a Compliance related subject. This month, we are going to focus on the Pennsylvania Regulations and Bulletins for **Targeted Case Management**. Please see the below friendly reminders regarding this service/ level of care.

- The Federal regulation at 42 CFR §440.169 (relating to case management services) specifies the components of case management services. Section 440.169 Does Not identify the time a case manager spends Traveling as a component of case management services. Therefore, units of service Can Not be Billed for time spent Traveling to a beneficiary to provide a case management service. Likewise, Transporting or Escorting consumers to appointments or other places is not identified under 42 CFR §440.169 as a component of case management services.

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- On September 1, 2009, Mr. Joseph Vengrin, Deputy Inspector General for Auditing services issued a correspondence for the Review of Pennsylvania's Medicaid Payment for Targeted Case Management Services for Calendar years 2003 through 2005. The following information was relayed via this correspondence:

Documentation/Recordkeeping:

The providers of TCM must ensure that the following documentation requirements are adhered to:

1. Verification of eligibility to receive TCM.
2. The record shall 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.
3. Treatment/services provided to the individual as well as the treatment/service plan shall be entered in the record.
4. The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment.
5. The disposition of the case shall be entered in the record.
6. The Case notes shall:
 - a. Be legible
 - b. Verify the necessity for the contact and reflect the goals of the TCM service plan.
 - c. Include the date, time, and circumstance of contacts, regardless of whether or not a billable service was provided.
 - d. Identify the consumer by name or case number on both sides of each page on which there is writing on both sides. The consumers name and case number should appear together earlier in the file.
 - e. Be dated and signed by the individual providing the service.

Billable/ Non-Billable Services:

1. Provider staff meetings, trainings, recordkeeping activities and other non-direct services Are Not Medicaid reimbursable. The cost for these activities are already built into the overall rate structure.
2. The unit of service for billing purposes shall be ¼ hour of service (15 minutes) in which the TCM or TCM supervisor is in FACE TO FACE or TELEPHONE contact with the consumer, consumer family or friends, service providers or other essential persons for the purpose of assisting the consumer in meeting his needs.
3. Multiple Contacts CANNOT be combined to claim as a UNIT of service (example: THREE DISTINCT CONTACTS, EACH LASTING 5 MINUTES CAN NOT BE COMBINED TO BILL AS ONE UNIT OF SERVICE)
4. Time spent on activities that do not constitute actual contacts Are Not Medicaid reimbursable (example: LEAVING A VOICE MAIL MESSAGE OR JUST WAITING FOR A CONSUMER)
5. TCM services provided to individuals in INPATIENT settings are reimbursable only under certain conditions outlined in the Policy Clarification ICM-04 RC-01 FBMHS-09 and TCM-01.
6. During a ¼ hour period, if one or more targeted case management staff (who are providing services together) makes service contact with a consumer (or a consumer's family member if the consumer is a child), then the maximum number of units that may be billed shall equal the number of staff persons involved or the number individuals being served, whichever is smaller.

Furthermore, two E-mail blasts were sent out by Magellan in 2012 regarding BCM/TCM level of care:

- Email blast 1/16/2012: This attachment outlines Pennsylvania training regulations for Case Management with the goal of helping ensure that all Case Management providers operate programs according to contractual obligations and state regulations. Effective April 1st, 2012 OMHSAS is requiring that all case managers complete the Western Psychiatric Institutes & Clinics (WPIC) online Mental Health Case Management training every 2 years.
- Email blast 6/15/2012: OMHSAS issued a new MA Bulletin yesterday and effective yesterday as well: MA Bulletin # OMHSAS-12-03 Mental Health Targeted Case Management (TCM) Documentation Requirements- (<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4829>)

Please always remember that member records are a legal document with the capability to be subpoenaed at any time through any legal representation. Keep these email blasts with attachments in a book by itself. One never knows when they will need a quick reference, and what a great way to keep compliant!

At Magellan, we will continue to educate our providers with the most up-to-date Bulletins and Regulations in order to ensure Compliance. Our members are our utmost priority and together, we can provide excellence through education, knowledge, and being a proactive advocate for our member population. Together, we can make a difference!

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