Magellan Compliance Notebook – February, 2016

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 provide an annual announcement regarding self-reports/ self-disclosures of Fraud, Waste or Abuse (FWA). **Please read through the below reminders thoroughly, as providers have been inconsistent in meeting these expectations in the preceding years. Additionally, for 2016, we have slightly amended the attached self-disclosure template and developed some additional criteria for internal investigations.**

Through Magellan's partnership with DPW, other PA HealthChoices Behavioral Health Managed Care Organizations and our provider network, we encourage the practice of **self-reporting** FWA with the common goal of protecting the financial integrity of the MA program. Magellan supports the notion that treatment providers have an ethical and legal duty to promptly return inappropriate payments that they have received from the MA Program.

Magellan supports the Centers for Medicare & Medicaid Services (CMS) Compliance Program Guidelines which includes a component on provider self-auditing. All providers should develop a Claims Auditing Policy which includes a procedure and mechanism for oversight in this area. Self-auditing is a good tool to measure internal compliance and ensures compliance with MA regulations. A comprehensive Claims Auditing Policy should include (at a minimum): the frequency audits are conducted; the number or percentage of records reviewed; how the sample is selected; whether audits are conducted prospectively (before claims are submitted) or retrospectively (after claims are submitted); the indicators that are measured; and the procedure/workflow regarding action steps to correct internal claims error findings. Magellan reviews Providers' Claims Auditing Policies during routine Compliance Audits and Integrated Audits.

In the event that a provider self-identifies inappropriate payment during the course of a self-audit or via another mechanism (i.e. Compliance Hotline), the below points summarize Magellan's expectations and workflow:

- Providers are strongly encouraged to contact their designated Compliance representative at Magellan immediately upon identification of the aversive finding(s). Technical assistance may be provided at this time, as needed.
- The provider will be advised to conduct a more thorough and comprehensive self-audit to identify the full impact of the alleged FWA inquiry.
- The Bureau of Program Integrity (BPI) is also available for technical assistance in answering questions related to self-audits (i.e. how far to go back; or what type of self-audit to conduct). BPI can be reached at (717) 772-4606.
- Upon completion of a comprehensive self-audit, **Magellan requests that the following information be submitted:**
    - ❖ Spreadsheet of all identified claims that could not be substantiated (utilize the attached template- "Provider self disclosure Claims Recovery"). Magellan will process any retractions internally.
    - ❖ Investigative Report (at a minimum, please include the following in your report):
        a. Description of the Finding
        b. How it was discovered
        c. How the agency proceeded with the self-audit. The following questions should be addressed:
            1. What parameters were used in determining the audit sample?
            2. What criteria was used in establishing those parameters?
            3. How the date range for the audit was determined
            4. If the wrong-doing was limited to one or a few individuals; or whether it was a systemic issue
            5. If members/ families were contacted or surveyed
            6. If yes, how many different contact methods did you use?
            7. If yes, what percentage or number of patients were contacted?
            8. The full name and SS # of the staff person(s) or contractor(s) responsible, if applicable (as required by the Medicaid Fraud Control Section)
            9. Any Human Resource (HR) action taken by the agency against the staff person(s) or contractor(s) responsible, if applicable (i.e. employee was terminated or their contract was terminated)
        d. Corrective Action taken by the agency as a result of the findings to reduce likelihood the incident will re-occur (i.e. workflow or process changes)
        e. If the self-audit protocols are part of the overall compliance plan

The attached Provider self disclosure Claims Recovery template should only be utilized in those cases of potential Fraud, Waste or Abuse. Billing mistakes or errors should be corrected by following Magellan's Claims Resubmission process whereby a provider can submit a Corrected Claim (see Provider Handbook for details).

The Department of Human Services (DHS) Provider Self-Audit Protocol can be reviewed in full by accessing the following link:

http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/medicalassistanceproviderselfauditprotocol/#.VtRsBk1OUdU

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!

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