



## Attestation of Policy Change

### *Case Management, Peer Support and Peer Recovery Services*

**Effective May 1, 2014**, Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) will require all contracted providers of Case Management, Peer Support and Peer Recovery services (ICM, RC, TCM, BCM, CTI, TIP, CPS, CRS, etc) to obtain a signed Encounter verification form from the member for every face-to-face contact that results in a claim being submitted to Magellan.

At a minimum, the following information must be recorded: date of service, start and end time (the actual time in clock hours, not the duration; i.e. '2:00 PM-4:00 PM', not '2 hours') and the member or guardian's (if under 14) signature.

It is expected that contracted providers sign this attestation form acknowledging the policy change within 30 days (by Friday, March 14, 2014). Regardless of Magellan's receipt of this attestation, however, the new expectations will begin May 1, 2014. Providers will be monitored against these expectations during routine and targeted audits from Magellan's Quality Improvement/Compliance Departments. The signed Encounter verification forms must be part of the medical record at the time of the audit.

Only one attestation per provider Contract Owner (unique provider MIS/ID) should be returned. The attestation may be e-mailed to Patricia Marth at [PMarth@magellanhealth.com](mailto:PMarth@magellanhealth.com) or faxed to her at 866-382-1258.

I hereby understand and acknowledge the above information:

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Provider representative completing attestation (signature)

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Provider representative completing attestation (please print)

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Title of representative completing attestation

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Phone number and e-mail address of representative completing attestation

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Date of signature

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Name of Provider/ Agency