



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 share important reminders with all contracted providers about the minimum documentation requirements as a result of recent audit findings. The guidelines below apply to ALL provider types including Group Outpatient Practices and Individual Practitioners.

All providers are held to minimum documentation standards in addition to any level of care specific regulatory requirements. Retractions may be pursued, if documentation does not meet Magellan's or the State's minimum expectations. Our requirements are included in the Provider Handbook and also 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. 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 individual(s) who rendered the services;
- The place where the services were rendered;
- The relationship of the services to the treatment/ service plan—specifically, any goals, objectives and interventions;
- Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and
- **The actual time in clock hours that services were rendered.** For example: the recipient received 45 minutes of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 a.m. to 10:45 a.m.

Applicable Resources

- Magellan Behavioral Health of Pennsylvania, Inc. Provider Handbook Supplement: https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf
- Title 55 PA Code Part III General Provisions and MA Program Payment Policies: <https://www.pacode.com/secure/data/055/055toc.html>
- MA Bulletin 29-02-03, 33-02-03, 41-02-02 Documentation and Medical Record Keeping Requirements: http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_006952.pdf
- PA Magellan Medicaid Addendum 5.1 Regulatory Compliance: Provider shall provide all Covered Services in accordance with the standards, rules and regulations promulgated under the HealthChoices Program. Magellan may audit Provider for compliance with such standards, rules and regulations.
- PA Magellan Medicaid Addendum 5.19 Compliance with Fraud, Waste and Abuse Policies: Provider agrees to comply with Magellan’s Policies and Procedures related to Fraud, Waste and Abuse in order to comply with the Deficit Reduction Act of 2005, American Recovery and Reinvestment Act of 2009, applicable “whistleblower” protection laws, the Federal False Claims Act and State False Claims laws, which may include participation in trainings by Magellan. Provider agrees to comply with Magellan in any investigation of suspected fraud and abuse.

- PA Regulatory Amendment 6.1.1 Compliance with Applicable Law: Magellan and Provider shall comply with all applicable State and federal laws and regulations. Magellan and Provider specifically acknowledge that DOH has the authority to monitor and investigate quality of care issues, and to require corrective action or take other administrative action, as authorized by applicable Pennsylvania law and regulations.

At Magellan, we will continue to educate our providers with updated MA Bulletins, Regulations and other pertinent information in order 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, 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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