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 **Targeted Case Management** providers specific to some regulatory issues and recent audit findings. Please note that all references to *Targeted Case Management* and *case manager* are intended to encompass all models enrolled under case management including BCM, ICM, RC, TIP, etc.

The below *Question & Answer* outlines some recent observations of contracted Targeted Case Management Providers. Please also reference the following standards to ensure that your programs are compliant with all state and MCO requirements:

Applicable Standards

- 55 PA Code Chapter 5221 Mental Health Intensive Case Management: https://www.pacode.com/secure/data/055/chapter5221/chap5221toc.html
- 55 PA Code Chapter 1247 Targeted Case Management Services: https://www.pacode.com/secure/data/055/chapter1247/chap1247toc.html
- OMHSAS-13-01 Bulletin Targeted Case Management (TCM) - Travel and Transportation Guidelines: http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/p_033890.pdf
- OMHSAS-10-03 Blended Case Management- Revised: http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_006966.pdf
- MA Bulletin 99-10-14 Missed Appointments: http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_006394.pdf
- Magellan Behavioral Health of Pennsylvania, Inc. Provider Handbook Supplement: https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.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.

Q&A

- Can a case manager bill for transporting a member to or from an appointment and/ or community resources (food bank, grocery store)?

  No. Transporting or escorting consumers to appointments or other places is not identified under 42 CFR §440.169 as a component of case management services. Based on the Federal regulation, DHS Bulletin OMHSAS-13-01 was issued in January, 2013 to clarify that "case manager travel time and time spent transporting or escorting consumers **should not be billed as a unit of service**."

- Can a case manager bill for time spent in "travel training"?

  Travel Training refers to a case manager working with an individual who requires development in relation to learning a specific skill such as riding the bus. Travel transportation may be billable time – if, and only if the Treatment Plan/ Recovery Plan/ Individual Service Plan contains a goal related to the consumer needing to gain this skill, and that the progress notes show work related to this goal. The goal must be time-limited.

- Do providers need to track travel time and/or document time spent in travel or transportation?

  Documentation (i.e. progress notes) should **clearly** demonstrate that time spent in travel and transportation is not included in the billable time.

- Can a case manager bill for time spent in a waiting room without the individual present (i.e. a doctor's office), while on hold (phone) or for completing paperwork for a member?

  No. Per OMHSAS-10-03, progress notes must 'verify the necessity for the contact and reflect the goals and objectives of the blended case management service plan.' Further, per the February 2013 Magellan Compliance alert, and Office of Inspector General Report issued September 2009: 'provider staff meetings, trainings, recordkeeping activities and other non-direct services are not Medicaid reimbursable. Activities including leaving a voicemail message or just waiting for a consumer are not Medicaid reimbursable.'

- Can a case manager bill for attending therapy, medication checks and/ or physical health appointments?

  It depends on the circumstances of the contact and the member's service plan goals. Per OMHSAS-10-03, progress notes must 'verify the necessity for the contact and reflect the goals and objectives of the blended case management service plan.' The services provided and activities described in the progress note must reflect billable activities on behalf of the member as described in OMHSAS-10-03, Attachment D, Section V- Blended Case Management Activities. Additionally, the progress notes must describe the necessity of the contact for the member, or the goals and objectives from the member's service/treatment plan addressed, as required by OMHSAS-10-03, Attachment D, Section III- Requirements. Additionally, Magellan's Provider Handbook Supplement for HealthChoices outlines that documentation of treatment must include: the relationship of the service to the treatment plan, specifically any goals, objectives and interventions.

- Can a case manager bill for missed or attempted appointments?

  No. Per MA bulletin 99-10-14, MA providers may not bill MA recipients or the MA program for missed appointments or "No Shows". According to CMS, a missed appointment is not a distinct reimbursable Medicaid service, but a part of the provider's overall cost of doing business.

- What are the timeliness requirements for development of an initial service plan and all corresponding updates?

  A written service/ treatment plan shall be developed within 30 days of intake and updated at a minimum of every 6 months (OMHSAS-10-03 and §5221.33). The service plan must be signed by the member, the family if the member is a child, the intensive case manager, the intensive case management supervisor and others as appropriate. If the signatures cannot be obtained, attempts to obtain them should be documented. As a reminder, the services described in progress notes must relate back to the current

service plans goals. Please note that any services provided when an active service plan is not in place are ineligible for payment and thus subject to recovery.

- What are the timeliness requirements for the Environment Matrix (EM)?

  The EM must be developed within 30 days and updated every 6 months. Providers must ensure they are providing services in accordance with the EM score and meeting the minimum face-to-face and phone contact requirements (OMHSAS-10-03; OMHSAS-93-09; §5221).

- What are the requirements for Encounter Forms?

  Magellan requires providers of community-based services (including Targeted Case Management) to obtain a signed Encounter verification form for each face-to-face contact that results in a claim being submitted to Magellan. Providers may determine how they comply with and monitor this requirement; however at a minimum, the following information must be recorded on the Encounter: date of service, start and end time of the session (the actual time in clock hours, not the duration; i.e. '2:00 PM-4:00 PM', not '2 hours'), the rendering provider's signature and the member or guardian's (if under 14) signature. If the billable face-to-face contact is collateral (the member is not present), then the identified individual who the meets with the provider would need to sign the encounter verification form (i.e. school personnel/ teacher). The signed Encounter Forms should be part of the medical record at the time of a Magellan audit or review. If a provider is unable to obtain a signature on the Encounter Form (including refusal), it must be documented why and attempts should be made to obtain a signature the following session.

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!

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