

# Magellan Compliance Notebook

## September, 2014

Magellan Behavioral Health of Pennsylvania, Inc. (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.

*This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.*

The Quality Improvement and Compliance Departments at Magellan have committed to sending monthly e-mails to targeted providers on a Compliance related subject. This month, we'd like to share an important reminder with all providers regarding the contractual requirement to notify Magellan in the case of a change in licensure status. All providers should be familiar with the information in your participation agreement; and in the Magellan National Provider Handbook, the Handbook Supplement for Organization and Facility Providers, and the Pennsylvania HealthChoices Handbook Supplement and Appendices.

**Providers must inform Magellan when there is a change in licensure status. This requirement is a stipulation of your contract with Magellan (Section 6.1) which is copied below for your reference. Should you experience any change in licensure status, please be sure to follow the required communication process explained below. Failure to notify Magellan within the identified timelines may affect your network status.**

- Contractual Language:

### ***SECTION 6***

#### ***Laws, Regulations, Licenses and Accreditation***

*Section 6.1 Laws, Regulations, Licenses and Accreditation. Facility/ Provider warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws. Facility/ Provider further agrees that it will conform with all standards of JCAHO or such other applicable accrediting authority as Magellan may specify. Upon written request by Magellan, Facility/ Provider shall provide Magellan with a copy of its statement of accreditation status and survey from JCAHO or other accrediting body. Without limiting the foregoing, Facility/ Provider warrants that it holds and will continue to hold an unrestricted license to operate as a hospital or primary residential treatment program in the State where Covered Services are rendered under this Agreement and that it has all other permits and licenses required for operation. Additionally, Facility/ Provider represents that it has engaged duly licensed and qualified staff. **Facility/ Provider shall notify Magellan in writing, within 10 days of: (a) any***

**suspension, revocation, condition, limitation, qualification or other restriction, or upon initiation of any investigation or other action which could reasonably lead to such restriction on Facility's/ Provider's licenses, certification and permits by any federal authority or by any state in which Facility is authorized to provide health care services; or (b) any charges of malpractice or professional or ethical misconduct brought against Facility and/or any clinician employed by or under contract with Facility/ Provider. Further, Facility/ Provider shall notify Magellan in writing within 10 days in the event of: (a) any change in the licensure or privileges of any Facility/ Provider staff member, including but not limited to suspension, revocation, condition, limitation, qualification or other restriction, or upon initiation of any action which could reasonably lead to such restriction of such Facility's/ Provider's staff member's license, certification and permit by federal authorities or by any state in which such Facility's/ Provider's staff member is authorized to provide health care services; (b) any suspension, revocation or restriction of staff privileges at any licensed hospital or other facility at which a Facility/ Provider staff member employed by or under contract with Facility/ Provider has staff privileges.**

- National Provider Handbook:

*Section 2 page 15 of the national provider handbook outlines the obligation for providers to communicate changes in practice status. Your responsibility is to notify us using if any of the following credentialing information changes:*

- **Licensure, including state licensing board actions on your license;**
- Certification(s);
- Hospital privileges;
- Participation in Medicare and/or Medicaid programs;
- Insurance coverage;
- Past or pending malpractice actions.

Procedure/ workflow:

1. Get to know your Magellan field network staff  
(<https://www.magellanprovider.com/MagellanProvider/do/MPMap/DisplayContactInformation?st=pa>)
2. Notify Magellan of changes in your service or program information, including but not limited to, changes of name, address, telephone number, Taxpayer Identification Number, National Provider Identifier (NPI) and ability to accept referrals, including any program closure. *Note: some changes may require additional credentialing and/or a contract amendment.*
3. Providers can use our website, fax or mail new or updated credentialing and re-credentialing information to:

Magellan Health Services  
Attn: Network Operations  
14100 Magellan Plaza  
Maryland Heights, MO 63043

Fax number: 888-656-3804

4. Magellan's responsibility is to:

- Update your record in a timely manner to reflect the new information
- Notify you if your change in information impacts your referral status
- As always should you have any questions of clarification please contact the Network Department 877-769-9779

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!

## Magellan of Pennsylvania's Compliance Team

☎ 215-504-3967 or 610-814-8009 | 📠 866-667-7744

[magellanofpa.com](http://magellanofpa.com)

