

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 remind providers who have per diem contracts (non-fee-forservice) that ancillary services are included as part of the daily per diem rate; and that separate billings for services such as laboratory costs present a significant compliance concern.

All providers are expected to understand and comply with the language included in their Magellan Provider Agreement. Services that are included in the stipulations below as being inclusive to your Magellan contracted per diem rate are not eligible for direct reimbursement from your agency or from a 3rd party vendor. Ancillary services, such as laboratory services, are expected to be provided in compliance with state regulatory requirements and are already part of your Magellan reimbursement.

Definitions

- Exclusive: Rate includes all clinical, ancillary services, diagnostic and professional services related to a behavioral health diagnosis. One physician service per day may be billed in addition.
- Inclusive: Rate includes all clinical, ancillary services, diagnostic and professional services related to a behavioral health diagnosis.
- Ancillary services relative to a contracted per diem rate are defined as the following services: All services associated to an admission or course of treatment in conjunction with a behavioral health diagnosis, including, but not limited to, professional fees, clinical laboratory services, nursing, dietary services and urinalysis.

Please be advised that any claims for ancillary services that are inappropriately reimbursed are eligible for retraction as outlined in the terms of your Magellan Provider Agreement.

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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