

Audit Trends

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) has been conducting Claims/ Compliance Audits of network providers since 2010. Through our experiences, we have comprised a list of audit trends which may result in retraction and/ or an action plan.

**Please note that this is not an inclusive list of adverse audit findings that may result in an overpayment to Magellan; but merely a collection of common observations based on our ongoing auditing efforts.*

- Missing documentation (progress notes/treatment plans)
- The start and end time of the session must be listed on all progress notes for all services. The time-in and time-out must be indicated as the actual time in clock hours including AM and PM (e.g. 4:00 PM - 4:45 PM).
- Treatment/ Service Plan requirements
 - Services do not relate back to the Treatment/ Service Plan (all services must be provided in accordance with the identified member's current treatment plan goals)
 - Expired Treatment/ Service Plans (the treatment plan has not been developed or updated in accordance with the minimum expectations per Pennsylvania Medicaid requirements)
- Adherence to Magellan rate sheet/ reimbursement schedule
 - Using appropriate procedure codes/modifier combination. All claims must be submitted in accordance with a provider's Magellan Rate Sheet/ Exhibit B Reimbursement Schedule(s).
 - Using appropriate unit definition (e.g. 15 minutes, 30 minutes)
- Duplicate billing

- Rounding up (e.g. rounding up session end times)
- Documentation does not support the length of the session (e.g. a few sentences to support a 4-hours of billing)
- Correct place of service code must be indicated on the claim and relate back to the location of services on the documentation in the medical record
- When submitting claims (whether electronically or on paper), providers are required to include specific information about the contracted Service Location in addition to the Billing Location, as these may not be the same.
- Encounter form deficiencies
 - Encounter form does not match the progress note
 - Blank encounter forms should never be signed by members or a parent/ guardian
- Billing the incorrect dates of service (e.g. the date of service on the progress note does not match the date of service billed)
- Overlapping sessions (e.g. individual therapy & medication management occurring at the same time on the same date)
- Missing signatures or credentials on progress notes, encounter forms and/or treatment plans
- Billing for Travel/ Transportation (in programs/ levels of care in which this is excluded)
- Electronic Health Record Audit Trends including:
 - Cut-and-paste/ cloning
 - Clinician/ rendering staff signature stamp proceeds the end time of the session
 - Signature stamps conflict with another session or activity
 - Empty data fields
 - Pre-populated code definitions that don't correlate to provider's contract or applicable regulations
- Other non-compliance with Magellan's minimum documentation standards (please reference the [Magellan HealthChoices Provider Handbook Supplement](#))