

Preparing for an Audit

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) conducts audits of providers that include any combination of a Clinical Treatment Record Review in conjunction with a Claims Screening Audit, a Compliance Program Audit, and/ or a Network Audit. When a treatment record review takes place in conjunction with a claims, compliance and/ or network audit, the review is referred to as an ***Integrated Audit***. In addition to assessing that active, appropriate and high-quality clinical treatment is taking place, the purpose of these Integrated Audits is to take a more comprehensive and holistic approach to provider oversight by assessing compliance programs, billing practices, human resources aspects and other policies and procedures specific to a level of care or program. Magellan conducts the following types of Integrated Audits:

- ***Routine***- based on a statistically valid random sample selected annually from the entire network of contracted providers regardless of size and type (individual, group or organization). Programs that received a Routine Integrated Audit in the prior year are excluded from the sample.
- ***Targeted***- conducted in response to an identified concern, complaint, whistleblower, etc.
- ***Follow-up***- audit to assess implementation of a prior action plan
- ***Implementation Oversight (I/O)***- conducted on new providers who have recently joined the network.

Magellan wants to help you prepare for these Integrated Audits. We view the audit process as an opportunity for communication of expectations and enhancement of our partnership to better serve our members. The auditing process is a collaborative one and includes the provider, our County Partners and the Magellan Quality Improvement, Compliance and/ or Network Departments. Reviews are typically conducted at the provider's location; however, given the current public health concerns, we are currently conducting most audits remotely. We ask providers to submit a copy of all intake documents (consents, releases, bill of rights, etc.), progress notes, treatment plans, evaluations/ assessments, and encounter forms within two business days of the scheduled review. For providers that utilize an electronic health record which can be accessed remotely, we ask that log-in information is provided by 9:00 AM on the day of the audit.

The specific components of an Integrated Audit include:

- The **Clinical Audit** (also referred to as a treatment record review or TRR) focuses on treatment record documentation, quality of service delivery, member rights, consent to treat, releases of information, the initial evaluation, an individualized treatment plan, ongoing treatment and coordination of care.
- The **Compliance Audit** focuses on compliance with state and federal regulatory requirements, provider internal claims audits, provider compliance culture; and provider compliance program components (e.g., policies and procedures, trainings and mandatory reporting).
- The **Claims Audit** reviews documentation, billing practices and adherence to PA Medicaid requirements. The auditors will compare paid claims to the clinical documentation in the medical record as well as any Encounter Forms to ensure accuracy.
- The **Network Audit** includes a review of various policy and procedures within your program, staff training, supervision, a review of staff HR records and the physical plant.

The Claims and Compliance Auditor may also want to gain knowledge on the agency's compliance culture by having select staff complete a Compliance Interview Questionnaire. We will ask providers to submit a copy of their current Compliance Plan and/or all Compliance Policies & Procedures as well as the completed questionnaires prior to the audit date.

For providers that utilize Electronic Health Records (EHR), providers will also be asked to complete an EHR Questionnaire. The auditors will need workstations with appropriate access to the EHR in order to complete the audits.

The auditing team is typically made up of four-six participants which includes our county partners.

Audit Tools:

Audit Tools are available by contacting a representative from Magellan's Quality Improvement, Compliance or Network Departments. Audit Tools are shared with providers electronically in advance of any Routine or I/O Audit but also can be requested at any time. Level of care specific Clinical and Network Audit Tool Addendums also exist for most program types.