

Magellan Compliance Notebook – July, 2017

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's communication is directed to providers who have implemented an Electronic Health Record (EHR). Magellan has identified three specific audit trends with providers who have converted to an EHR that we want to share in order to promote ongoing compliance with the regulations and our documentation expectations. These issues have been shared with providers by Magellan in prior Compliance Forums and Trainings; however we are taking this opportunity to reiterate the expectations.

The emergence of Electronic Health Records has yielded a long list of advantages; however it has also incited some unintended downfalls, especially from a compliance and auditing perspective. We want to ensure that providers are aware of these nuances so they can address them internally and avoid compliance deficiencies and/ or claims retractions.

In converting to an EHR, providers need to ensure that the system they choose to employ supports all applicable regulatory and documentation requirements. Your agency's designated Compliance Officer should be fully involved with any new system roll-out or enhancement to identify potential limitations and risks.

Some of the specific audit trends Magellan has identified during routine monitoring with providers utilizing an EHR includes:

1. Progress Notes no longer support the minimum documentation requirements due to the EHR's system design (please reference Magellan's Provider Handbook page 60 for the full list of documentation standards: https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf). In many cases, providers were fully compliant with the requirements prior to converting to an EHR, however did not have the appropriate personnel involved in selecting a system or designing the specifications. Specific examples of adverse audit findings include: rendering clinicians credentials do not display on the progress note; and only the start

time of the session appears when the requirement is that both the start and end times are included.

2. Electronic Time Stamps that precede the end time of the session. This includes both the rendering clinician's signature on the progress note and any member signatures that are collected to validate the session. Please ensure that staff and the individuals receiving services sign documentation only **following** completion of the activity.
3. Duplicate Documentation. All progress notes and treatment plans should be individualized. Most EHR systems have the capability to disable "pull through" or "cut-and-paste" functionality. We strongly recommend that providers do not allow their EHR systems to employ this tool as it lends itself to duplicate documentation.

As a reminder, time spent in documentation and record-keeping is not billable time (excluding providers conducting Collaborative Documentation that meets the state's standards [reference the Collaborative Documentation Guidelines attached]).

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

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