



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, Magellan shares important guidelines about Collaborative Documentation for all providers/ practitioners who are utilizing this technique.

The Office of Mental Health and Substance Abuse Services (OMHSAS) first published documentation that supports the use and reimbursement of Collaborative Documentation (CD) in 2014. Then in 2015, following the establishment of a workgroup to better define and support the implementation of the growing practice of CD, additional information and guidance was issued. In response, Magellan sent an [e-mail blast](#) in July, 2015 to its provider network supporting the OMHSAS guidelines, which at the time centered on Peer Support Services.

On February 20, 2020, following the expanded use of CD, OMHSAS distributed [updated correspondence](#) on CD's use in behavioral health services in Pennsylvania. OMHSAS reported that they do not intend to develop additional standards, training or regulatory requirements. CD continues to be an optional therapeutic activity/ model that should be used at a provider's discretion. Each provider can make the decision based on the services provided if CD is appropriate for the service and the individual receiving care.

Magellan fully supports the [OMHSAS position and guidance](#) on Collaborative Documentation. We require that the below elements be met in order to bill for the time spent working collaboratively with a member on documentation:

1. Providers must have specific policy/ procedures in place for using CD which includes training for staff and ongoing supervision focused on CD.
2. The session must be face-to-face (there is an allowance for CD provided via Telehealth during the COVID-19 federal emergency).
3. CD is an interactive approach. The individual must be engaged in the process by providing input and perspective.

4. CD can be used in the assessment process, service planning and the writing of progress notes.
5. CD is an *Intentional Therapeutic Technique* to engage the individual to develop their objectives and support their goals.
6. Providers must define CD to the individual so they are FULLY informed of the process and may choose to participate or not. If an individual declines, the practitioner may NOT mandate CD.
7. CD is a highly engaged conversation through shared narrative between the individual and the provider to assure that both are of the same understanding with regard to what was accomplished during the session and what the next steps are that supports the individual's treatment/ recovery plan.
8. Documentation must clearly indicate that it was written collaboratively with the individual (one recommendation is to add a check-box to progress note templates).
9. CD must occur within the scheduled time of the session. For example, if the scheduled session is 3:00 - 4:00 PM, the rendering provider can't ask the individual to stay an additional 15 minutes to work on the documentation. It must be completed by 4:00 PM.
10. CD may not be used every session even if a member agrees with the process during previous sessions. For example, if a provider is meeting with an individual in the community, it might not be appropriate to utilize CD due to confidentiality. Or if an individual is agitated or in crisis during a particular session, it may not be appropriate or beneficial at that time. CD should be utilized on a case-by-case and session-by-session basis.

In order to bill for the time spent working collaboratively with a member on documentation (including service plans and progress notes), providers must be compliant with these expectations. Documentation that does not follow these essential elements is not a billable activity and is considered to be part of the administrative cost included in the rate.

CD also does not replace any of the required documentation elements within the PA regulations, MA bulletins and Magellan's Provider Handbook Supplement.

Magellan will continue its oversight of providers based on our routine audit schedule and in response to ad-hoc concerns. Corrective Action and retractions may be applied when the documentation does not meet these expectations.

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!

Magellan of Pennsylvania's Compliance Team

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