

Magellan Compliance Notebook – March, 2015

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives on being proactive and using education as a preventative tool to provide our members the highest quality of care through you, the provider.

This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.

The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance related subject. This month we'd like to provide an annual announcement regarding self-reports/ self-disclosures of Fraud, Waste or Abuse (FWA). Please read through the below reminders thoroughly, as providers have been inconsistent in meeting these expectations over the preceding year.

Through Magellan's partnership with DPW, other PA HealthChoices Behavioral Health Managed Care Organizations and our provider network, we encourage the practice of **self-reporting** FWA with the common goal of protecting the financial integrity of the MA program. Magellan supports the notion that treatment providers have an ethical and legal duty to promptly return inappropriate payments that they have received from the MA Program. In order to encourage proactive efforts to identify and return inappropriate payments, if a provider properly identifies an inappropriate payment and reports it to the MCO (or the state), and the acts underlying such conduct are not fraudulent, DPW will not seek double damages, but will accept repayment without penalty.

Magellan supports the Centers for Medicare & Medicaid Services (CMS) Compliance Program Guidelines which includes a component on provider auditing. All providers should develop a Claims Auditing Policy which includes a procedure and mechanism for oversight in this area. Self-auditing is a good tool to measure internal compliance and ensures compliance with MA regulations. A comprehensive Claims Auditing Policy should include (at a minimum): the frequency audits are conducted; the number or percentage of records reviewed; how the sample is selected; whether audits are conducted prospectively (before claims are submitted) or retrospectively (after claims are submitted); the indicators that are measured; and the procedure/workflow regarding action steps to correct internal claims error findings. Magellan reviews Providers' Claims Auditing Policies during routine Compliance Audits and Integrated Audits.

In the event that a provider self-identifies inappropriate payment during the course of a self-audit or via another mechanism (i.e. Compliance Hotline), the below points summarize Magellan's expectations and workflow:

- Providers are strongly encouraged to contact their designated Compliance representative at Magellan (contact information is below) immediately upon identification of the aversive finding(s). Technical assistance may be provided at this time, as needed.
- The provider will be advised to conduct a more thorough and comprehensive self-audit to identify the full impact of the alleged FWA inquiry.
- The Bureau of Program Integrity (BPI) is also available for technical assistance in answering questions related to self-audits (i.e. how far to go back).
- Upon completion of a comprehensive self-audit, Magellan requests that the following information be submitted:
 1. Spreadsheet of all identified claims that could not be substantiated (utilize the attached template- "Provider self disclosure Claims Recovery"). Magellan will process any retractions internally.
 2. Investigative Report (at a minimum, please include the following in your report):
 - a. Description of the Finding
 - b. How it was discovered
 - c. How the agency proceeded with the self-audit
 - d. The full name and SS # of the staff person(s) or contractor(s) responsible, if applicable (as required by the Medicaid Fraud Control Section)
 - e. HR action taken by the agency against the staff person(s) or contractor(s) responsible, if applicable
 - f. Corrective Action taken by the agency as a result of the Finding to reduce likelihood the incident will occur again (i.e. workflow or process changes)

The attached Provider self disclosure Claims Recovery template should only be utilized in those cases of potential Fraud, Waste or Abuse. Billing mistakes or errors should be corrected by following Magellan's Claims Resubmission process whereby a provider can submit a Corrected Claim (see Provider Handbook for details).

The Department of Human Services (DHS) has also published a Provider Self-Audit Protocol which can be reviewed by accessing the following link:
<http://www.dhs.state.pa.us/learnaboutdhs/fraudandabuse/medicalassistanceproviderselfaudit/protocol/>

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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