



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.

All providers should be familiar with the information in your contract participation agreements; and in the [Magellan National Provider Handbook](#), the [Handbook Supplement for Organization and Facility Providers](#), and the [Pennsylvania HealthChoices Handbook Supplement and Appendices](#). This month, we'd like to share an important reminder with all providers regarding the contractual requirement to maintain active licensure and enrollment.

Providers are required to maintain both active licensure with The Office of Mental Health and Substance Abuse Services (OMHSAS) and/or The Department of Drug and Alcohol Program (DDAP); and active Pennsylvania Medicaid Enrollment at the rendering and contracted site location for all contracted levels of care. Some levels of care do not require licensure but must otherwise be approved through the state, Primary Contractors and Magellan. Please check with your Magellan Network representative to verify licensure requirements. Providers must also inform Magellan when there is a change in licensure status; and for other major changes such as moving to a new site location (see complete list of changes requiring notification below). Failure to notify Magellan within the identified timelines may affect your network status or lead to recovery action against claims.

This requirement is a stipulation of your contract with Magellan and the citations are copied below for your reference.

- SECTION 6 of Facility Agreement
Laws, Regulations, Licenses and Accreditation

Facility/ Provider warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws. Facility/ Provider further agrees that it will conform with all standards of JCAHO or such other applicable accrediting authority as Magellan may

specify. Upon written request by Magellan, Facility/ Provider shall provide Magellan with a copy of its statement of accreditation status and survey from JCAHO or other accrediting body. **Without limiting the foregoing, Facility/ Provider warrants that it holds and will continue to hold an unrestricted license to operate as a hospital or primary residential treatment program in the State where Covered Services are rendered under this Agreement and that it has all other permits and licenses required for operation.** Additionally, Facility/ Provider represents that it has engaged duly licensed and qualified staff. **Facility/ Provider shall notify Magellan in writing, within 10 days of: (a) any suspension, revocation, condition, limitation, qualification or other restriction, or upon initiation of any investigation or other action which could reasonably lead to such restriction on Facility's/ Provider's licenses, certification and permits by any federal authority or by any state in which Facility is authorized to provide health care services; or (b) any charges of malpractice or professional or ethical misconduct brought against Facility and/or any clinician employed by or under contract with Facility/ Provider.** Further, Facility/ Provider shall notify Magellan in writing within 10 days in the event of: (a) any change in the licensure or privileges of any Facility/ Provider staff member, including but not limited to suspension, revocation, condition, limitation, qualification or other restriction, or upon initiation of any action which could reasonably lead to such restriction of such Facility's/ Provider's staff member's license, certification and permit by federal authorities or by any state in which such Facility's/ Provider's staff member is authorized to provide health care services; (b) any suspension, revocation or restriction of staff privileges at any licensed hospital or other facility at which a Facility/ Provider staff member employed by or under contract with Facility/ Provider has staff privileges.

- SECTION 2.4 of PA Medicaid Addendum HealthChoices
Records and Reports

Notice of Changes. **Provider agrees to notify Magellan immediately of any change in Provider's licensure or hospital privileges whether or not such privileges are granted by a hospital under contract with Magellan.**

- SECTION 5.2 of PA Medicaid Addendum HealthChoices
Compliance with Disclosure Requirements

During the course of this Agreement, **the Provider agrees to notify Magellan of any material and/or substantial change in information contained in the credentialing application given to Magellan by Provider.** This notification must be made in writing within ten (10) business days of the event triggering the reporting obligation. Material and/or substantial change includes, but is not limited to, a change in:

- i) ownership
- ii) managing employees

- iii) agents
- iv) subcontractors
- v) **licensure**
- vi) federal tax identification number
- vii) bankruptcy
- viii) additions, deletions, or replacements in group membership; and
- ix) any change in address or telephone number.

- Magellan Provider Handbook Supplement for HealthChoices' Program Providers
SECTION 2: MAGELLAN'S BEHAVIORAL HEALTH NETWORK

Contracted providers for the Pennsylvania HealthChoices' network are required to be actively enrolled with the Pennsylvania Medical Assistance Program for their contracted provider type and specialty, at the approved OMHSAS service location. If you anticipate moving a contracted service location, please notify your Magellan network management specialist immediately, to discuss the appropriate actions needed to transition your contract and MA enrollment.

To be eligible to enroll, providers must be licensed and currently registered by the appropriate state agency.

On April 9, 2020 as a result of the COVID-19 Public Health Emergency (PHE), The Department of Human Services (DHS) issued guidance extending flexibility via a Section 1135 waiver for provider enrollment and revalidation changes. However, on March 23, 2021, [MA Bulletin 99-21-01](#) was issued and restores all provider revalidation requirements effective June 1, 2021.

For more information about the provider revalidation requirements, please see [MA Bulletin 99-16-10](#). For revalidations due on and after June 1, 2021, providers must submit revalidation applications by the due dates indicated in their 90-day and 30-day revalidation notices. Failure to submit the revalidation applications by the revalidation due date specified in the revalidation notices will result in closure of the provider service locations in PROMISE. For provider revalidations due but not yet completed during the PHE period March 1, 2020 through May 31, 2021, the Department will set new revalidation due dates based on a monthly staggered method, starting with the revalidations overdue from March 2020. The Department will notify providers of their new revalidation due dates via the 90-day and 30-day revalidation notices to ensure that providers receive ample advance notice of their new revalidation due dates. All other provider enrollment temporary flexibilities described in Quick Tip 240 remain in effect at this time, pending further notice from the Department specific to those flexibilities.

In compliance with the federal regulations and CMS guidance, as well as Magellan contractual requirements, all providers must maintain active licensure and Medicaid enrollment for each contracted level of care and service location. Any paid claim for a service that is rendered under

a non-licensed or non-enrolled location is subject to recovery. Magellan may also implement a claims stop on future services until the issue is resolved.

If you have any questions or need any assistance with enrollment or licensure issues, please contact your local field Network staff (877-769-9779).

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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