## Magellan Compliance Notebook-November, 2014

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 Quality Improvement and Compliance Departments at Magellan have committed to sending monthly e-mails to targeted providers on a Compliance related subject. This month, we'd like to inform providers that the updated Provider Manual/ Handbook has been issued and is now available for viewing at the following location:

<u>https://www.magellanprovider.com/media/1661/pa\_healthchoices\_supp.pdf</u>. A section has been added to the Pennsylvania HealthChoices Handbook Supplement on page 62 which focuses on <u>Documentation</u>.

All providers must be familiar with the information in your Participation Agreement; and in the Magellan National Provider Handbook, the Handbook Supplement for Organization and Facility Providers, and the Pennsylvania HealthChoices Handbook Supplement and Appendices.

The Pennsylvania HealthChoices Provider Handbook Supplement is designed to give Magellan network providers specific information on the delivery of behavioral health care services to members of the HealthChoices' Program in Pennsylvania. This handbook supplements the Magellan Health, Inc. National Provider Handbook, addressing policies and procedures specific to the HealthChoices' Program for members in Bucks, Delaware, Lehigh, Montgomery and Northampton counties.

To be an in-network provider of clinical services with Magellan, all providers are responsible to: 1) Follow the policies and procedures outlined in the National Provider Handbook, any applicable supplements (Pennsylvania HealthChoices Handbook) and your Provider Participation Agreement(s)

2) Provide services in accordance with applicable state and federal laws and licensing and certification bodies

3) Provide medically necessary covered services to members whose care is managed by Magellan

4) Agree to cooperate and participate with all care management, quality improvement, outcomes measurement, peer review, and appeal and grievance procedures

5) Follow Magellan's credentialing and re-credentialing policies and procedures

On page 62 of the Pennsylvania HealthChoices Handbook Supplement, the minimum expectations for Documentation have been outlined:

## Documentation

In addition to serving as a legal record of services rendered, the documentation within each member's health record serves many purposes. It allows healthcare professionals to evaluate and plan the patient's immediate treatment, and to monitor his/her healthcare over time; facilitates communication and continuity of care among the physicians and other healthcare professionals involved in the patient's care; ensures accurate and timely claims review and payment; promotes appropriate utilization review and quality of care evaluations; can be used for research and education; and finally serves as evidence that the services were provided as billed to a payer.

Magellan has established minimum record-keeping requirements which align with Pennsylvania Medical Assistance regulations. Specifically:

- The record shall be legible throughout.
- The record shall identify the patient on each page.
- Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be counter signed by the responsible licensed provider.
- Alterations of the record shall be signed and dated.
- The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis is based.
- Treatments as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be entered in the record. If a prescription is telephoned to a pharmacist, the prescriber's records shall have a notation to this effect.
- The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment
- The record shall contain the results, including interpretations of diagnostic tests and reports of consultations.
- The disposition of the case shall be entered in the record.
- The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.

The documentation of treatment or progress notes for all services, at a minimum, must include:

- The specific services rendered;
- The date that the service was provided;
- The name(s) of the individuals(s) who rendered the services;
- The place where the services were rendered;
- The relationship of the services to the treatment plan, specifically any goals, objectives and interventions;

- Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and
- The actual time in clock hours that services were rendered. For example: the recipient received one hour of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 AM 11:00 AM.

In addition to the above requirements, providers must follow the applicable MA regulations for the services for which they are licensed and enrolled.

## Retractions may be pursued if documentation does not meet Magellan's or the state's minimum expectations.

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!

Happy Holidays!

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