



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 month we would like to remind providers about the requirements for Encounter Forms. Providers that render community-based services must obtain Encounter Forms in accordance with these guidelines.

Back in 2014, as a result of Magellan's ongoing auditing practices and the continued expansion of fraud, waste and abuse oversight responsibilities, we identified the need for consistent and comprehensive requirements in the attainment of signature verification for service encounters (i.e. Encounter Forms).

Magellan requires providers of community-based services to obtain a signed Encounter verification form for each face-to-face contact that results in a claim being submitted to Magellan. Providers may determine how they comply with and monitor this requirement; however at a minimum, the following information must be recorded on the Encounter: date of service, start and end time of the session (the actual time in clock hours, not the duration; i.e. '2:00 PM-4:00 PM', not '2 hours'), the rendering provider's signature and the member or guardian's (if under 14) signature. If the billable face-to-face contact is collateral (the member is not present), then the identified individual who the meets with the provider would need to sign the encounter verification form (i.e. school personnel/ teacher). The signed Encounter Forms should be part of the medical record at the time of a Magellan audit or review. If a provider is unable to obtain a signature on the Encounter Form (including refusal), it must be documented why and attempts should be made to obtain a signature the following session.

As a reminder, Encounter Forms offer an extra check and balance for an agency to ensure that services delivered in the community are done so as documented. As such, this mechanism for oversight and control is best enforced by obtaining pertinent information which can verify the provision of services. Medicaid providers across the country surrender millions of dollars annually due to staff persons falsifying claims and/or billing for services not rendered. Thus,

securing and monitoring Encounter Forms should be viewed as a mutual aid for our battle against Fraud, Waste & Abuse.

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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