

Magellan Compliance Notebook – January, 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 regarding a Compliance related subject. This month, we will be outlining some regulatory requirements and Magellan's expectations regarding documentation for Outpatient Group Therapy (90853 or H0004). Recent audits of both Mental Health (MH) and Drug & Alcohol (D&A) Outpatient Clinics; as well as Mental Health Outpatient Groups have revealed a trend of similar deficiencies.

By Definition:

PSYCHIATRIC OUTPATIENT CLINIC Group Psychotherapy is Psychotherapy provided to no less than two and no more than ten persons with diagnosed mental disorders for a period of at least 1 hour. These sessions shall be conducted by a clinical staff person (55 § 1153.2).

OUTPATIENT DRUG AND ALCOHOL CLINIC Group Psychotherapy is Psychotherapy provided to no less than two and no more than ten persons with diagnosed drug/alcohol abuse or dependence problems for a minimum of 1 hour. These sessions shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician (55 § 1223.2).

In order to assist providers with improving their documentation for Outpatient Group Therapy, Magellan has developed the below reminders.

Magellan's Compliance, Quality Improvement and Clinical Departments have reviewed the Group Therapy documentation deficiencies and divided our feedback/ expectations accordingly into 5 categories:

1. Regulatory and Contractual Requirements: As with all services provided to Pennsylvania HealthChoices Medicaid members, providers must adhere to specific documentation regulations governing the level of care being provided. Specific to Outpatient Group Therapy, those regulations include (please note that this is not a comprehensive list of all the Outpatient regulations that exist but merely a summary of some of the key requirements that are often missing in the records):

- *MEDICAL ASSISTANCE BULLETIN 29-02-03, 33-02-03, 41-02-02:* The documentation of treatment or progress notes for **all** services, at a minimum, must include:
 - The specific service rendered (i.e. Group Therapy)
 - The date that the service was provided (i.e. 12/20/14)
 - The name(s) of the individual(s) who rendered the services (i.e. John Smith, LPC)
 - The relationship of the services to the treatment plan—specifically, any goals, objectives and interventions
 - Progress at the visit, any change in diagnosis, changes in treatment and response to treatment
 - 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

- *CHAPTER 5200. PSYCHIATRIC OUTPATIENT CLINICS:* Records shall also be maintained as follows:
 - Legible and permanent
 - Reviewed periodically as to quality by the facility or clinical director as appropriate
 - Maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes
 - Signed and dated by the staff member writing in the record

- *CHAPTER 1153. OUTPATIENT PSYCHIATRIC SERVICES:* **Noncovered** services (§ 1153.14) include:
 - Vocational rehabilitation, occupational or recreational therapy, referral, information or education services, case management, central intake or records, training, administration, program evaluation, research or social services provided in psychiatric outpatient clinics

- *CHAPTER 1223. OUTPATIENT DRUG AND ALCOHOL CLINIC SERVICES*
 - **Noncovered** services (§ 1153.14) include:

- Nonmedical counseling consisting of supportive activities to improve an individual's problem-solving and coping skills and intrapersonal or interpersonal development and functioning; and group recreation or group social activities, as group psychotherapy.
 - Ongoing responsibilities of providers (§ 1223.42) include:
 - As part of the progress notes, the frequency and duration of each service provided shall be included
- *CHAPTER 709, SUBCHAPTER I. STANDARDS FOR OUTPATIENT ACTIVITIES: Client Records (§709.93)* must include:
 - Record of services provided: a chronological listing (separate from progress notes) of the various specific services provided to the individual client. This listing should also include the date, the provider(s), and the duration of the service.
 - Progress notes: should be dated and signed by the individual making the entry; include data, assessment and plans relative to treatment; include information presented by the client during the counseling session, counselor observations and information about the client from other sources; an assessment is the interpretative statement(s) based upon both new and previous information and includes the counselor's analysis of and conclusions regarding the client's current situation or status; The plan (strategies) should reflect the counselor's actions to be taken in light of the evaluation and indicate the direction of treatment and include action steps, counselor plan(s) and client assignments or tasks
 - If group sessions are conducted, individual notes need not be written for each client. One group note will suffice provided that it includes a comment relative to each individual's response or participation in the group session.
- *MEDICAL ASSISTANCE BULLETIN 99-97-06*: The MA Provider Handbook requires providers to bill for full units of service. The instructions do not allow for rounding, especially for services that are measured in incremental time-specific units (i.e. Group Therapy, as a 30 minute unit). Therefore a provider rendering 45 minutes of group services may only bill 1 unit of service since only one full 30 minute unit was provided. The additional 15 minutes do not constitute a full unit of service; the provider may not round up to the next full unit of service. A provider may also not combine separate partial time units to equal one full unit of service. Providers who have units of service defined as time specific periods must document in the patient's record, the clock time spent providing the service (i.e. 6:00 PM- 7:00 PM).

- *MAGELLAN PROVIDER HANDBOOKS*: 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. On page 62 of the Pennsylvania HealthChoices Handbook Supplement, the minimum expectations for Documentation have been outlined for all services
(https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf).

2. Relationship to the Treatment Plan: Ongoing Documentation (i.e. Progress Notes) **MUST** relate back to the individual's active Treatment/ Service Plan

- An individual Treatment Plan shall include written documentation of short and long-term goals for treatment as formulated by both staff and member, utilizing a collaborative and meaningful approach
- The Treatment Plan should specify the goals and objectives, prescribe an integrated program of therapeutic activities and experience, specify a time of expected duration and the person or persons responsible for carrying out the plan. The goals should be realistic and stated in terms of measurable criteria.
- The type and frequency of treatment should be included on the Treatment Plan (i.e. *group counseling once a week*)
- The treatment planning process should be directed at specific outcomes and these outcomes should connect with the modalities and activities proposed
- Treatment Plans shall be reviewed and updated in accordance with the regulatory requirements (i.e. every 120 days or 15 sessions in a Psychiatric Outpatient Clinic or every 60 days in a D&A Clinic; Mental Health Group providers should update Treatment Plans in accordance with clinical best practice- once every 120 days; or once every 6 months for individuals only receiving medication management). Retractions may be pursued if it's observed that Treatment Plans were not updated in accordance with the regulations.
- Treatment plans should also be updated based on a member's progress or lack of progress
- Services provided beyond the 15th calendar day following intake, without the psychiatrist's review and approval (i.e. signature) of the initial assessment and Treatment Plan are not reimbursable and retractions may be pursued
- The Treatment Plan update as well as ongoing documentation (i.e. Progress Notes) should include an assessment of the member's progress in relationship to the stated goals
- As indicated above in the regulatory requirements, all Progress Notes must include the start and end time of the session; and be signed by the clinician(s) including their credentials, and date of dictation

- All Progress Notes must demonstrate the medical necessity of a rendered group therapy session
 - Treatment Plan updates as well as ongoing Progress Notes must be individualized. Copying or “cutting-and-pasting” content from one Treatment Plan or Progress Note to another *within* a member’s clinical record is never appropriate and retractions may be pursued for duplicated information.
- 3. Clinical Assessment:** Every progress note must include a clinical assessment of the identified member’s participation in and response to the group therapy session. The assessment must be clear and individualized. As stated above in the regulatory requirements, individual notes need not be written for each member. One group note will suffice provided that it includes a comment relative to each individual’s response or participation in the group session.
- 4. Clinical Appropriateness:** It should be apparent in Magellan’s review of a member’s participation in a group session that the group topic and group structure is clinically appropriate for the treatment needs of the identified member.
- 5. Group outline/ program description:** As part of an agency’s Clinical Policies, Magellan suggests that Outpatient Providers include a group outline/ program description for each group they offer. At a minimum, the group outline should include: Name of Group; Description/ Commentary about the Group; Expected Duration (i.e. 12 weeks); Frequency that the group meets (i.e. once per week); Length of each group session (i.e. 60 minutes); Targeted Population/ Diagnostic Group(s); and Expected Outcomes

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

○ 215-504-3967 or 610-814-8009 | F 866-667-7744

magellanofpa.com



