



# 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.*

This month we would like to share important reminders with **Assertive Community Treatment (ACT)** providers.

Below, we have highlighted some areas of focus and reminders as it relates to Pennsylvania Medical Assistance requirements and Magellan's expectations for ACT services.

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## **Intensity of Services**

Assertive Community Treatment (ACT) is the most intense level of community-based service provided to our highest-risk community-based members. As an intensive community-based program, ACT requires frequent contact with members. Per Medical Assistance Bulletin [OMHSAS-08-03](#), the minimum requirement is for all ACT Teams to average three face-to-face contacts per week across all members. This includes an average of two hours of face-to-face contact per week across all members. In our analysis of encounter data, ACT Providers are not currently in compliance with the minimum requirements. However, given that these are our most vulnerable members, the three contacts per week is a floor, not a ceiling. While the intensity of services will vary over time for each member, teams consistently averaging less than the required contacts and hours should evaluate whether the members need more frequent ACT contact or are no longer in need of the intensity of an ACT program.

## **Discharge**

Discharge planning should begin immediately upon intake and the expectations and course of treatment should be discussed with any member during the admission process. Teams should discuss achievement of long-term goals and markers for discharge at each treatment plan update and consistently be assessing members for discharge readiness throughout the duration of engagement with ACT services. This includes barriers to discharge, progress of discharge planning, and any changes to discharge plans. ACT teams shall not have any arbitrary time

frames for discharge and instead shall base readiness for discharge on the attainment of mutually agreed upon goals. Teams should strive to discharge 5% or less of their caseload over a 12-month period due to lack of engagement. When gauging discharge readiness, it is expected that teams will utilize *The Assertive Community Treatment Transition Readiness Scale (ATR)* every six months along with the comprehensive treatment plan. Teams may also utilize additional assessment methods or tools to gauge discharge readiness and teams are expected to evaluate the totality of the current circumstances to determine if discharge is appropriate. Teams should continuously review with members progress on goals that position them well for discharge readiness.

### **Billing Expectations**

ACT services are currently funded through an Alternative Payment Arrangement (APA). Providers are required to submit encounter data for members. Encounters should be submitted throughout the service month to reflect the ongoing services that are being provided to members. The claim that includes the bundled payment for the service month should be submitted the first week following the service month.

#### *For example:*

Service month February 2022: Encounters should be submitted throughout the month of February. Magellan understands that there is a lag between service delivery, documentation, and billing. Therefore, encounters can be submitted after the service month, but for real time reconciliation of service intensity and accurate reporting, encounters should be submitted as close to the actual service month as possible. Following submission of all encounters for the month of February, the claim for the bundled monthly payment may be submitted. Providers are never permitted to submit the bundled monthly payment for a member until they have submitted all the service encounters for that month. If no encounters are submitted during a service month or the minimum amount of contacts per month are not attained, the bundled payment claim should not be submitted as reimbursement is not supported.

### **Provider Performance Standards**

In an effort to support providers in progression towards best practice, continuous quality improvement, and improvement of member outcomes, Magellan has created a [library](#) of Provider Performance Standards for providers. The Standards for ACT are being finalized and will be posted to the library by February 8, 2022. These Standards can also be accessed through the provider page of the [Magellan of PA website](#). The Provider Performance Standards supplement rather than replace current licensing guidelines/ regulations. Providers are encouraged to refer to this document and utilize the Performance Standards in the development of internal quality improvement and monitoring activities.

While this communication highlights specific requirements, ACT providers are reminded that adherence to all expectations in *OMHSAS-08-03* is required.

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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, Bureau of Program Integrity (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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