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 review some important guidelines with **Substance Use Disorder/ Drug & Alcohol Case Management** providers.

Substance Use Disorder/ Drug & Alcohol Case Management is currently an in-lieu-of service in the Pennsylvania HealthChoices Medical Assistance Program. Therefore, there are no accompanying state regulations to guide providers and ensure consistency across service delivery. Recent audits have revealed inconsistencies and deficiencies as it relates to Magellan's expectations for these services. Below, we have highlighted some areas of focus and reminders for Substance Use Disorder/ Drug & Alcohol Case Management Services.

Billable Unit Definition/ Rounding

- The unit definition for Substance Use Disorder/ Drug & Alcohol Case Management services is a full 15-minutes.

- Although OMHSAS has permitted rounding exceptions for specific in-plan services including Mental Health Targeted/ Blended Case Management services, Substance Use Disorder/ Drug & Alcohol Case Management is NOT included as part of this allowance. The full 15 minutes must always be provided to bill 1 unit. Rounding up is never permitted.

Travel and Transportation

- Transporting or escorting members to appointments or other places is not identified under 42 CFR §440.169 as a component of case management services.

- If your agency policy allows for the transporting of members, the time spent in travel or transportation is not directly reimbursable.

- Travel Training refers to a case manager working with an individual who requires development in relation to learning a specific skill such as riding the bus. Travel transportation may be billable time – if, and only if the Treatment Plan/ Recovery Plan/ Individual Service Plan contains a goal related to the individual needing to gain this skill, and that the progress notes show work related to this goal. The goal must be time limited.

- Documentation (i.e., progress notes) should **clearly** demonstrate that time spent in travel and transportation is not included in the billable time.

Service Plan Requirements

- A written Case Management Service Plan shall be developed after intake and updated at regular intervals. The service plan must be addressed at the time of the Level of Care Assessment (LOCA) and reviewed every 60 days, at a minimum, per the Department of Drug and Alcohol Programs Case Management and Clinical Service Manual.

- The service plan should be signed by the member, the case manager, and others as appropriate. If a signature cannot be obtained from the member, the reason why and attempts to obtain it should be documented.

- The services described in progress notes must relate back to the current service plan goals.

- Any services provided when an active service plan is not in place are ineligible for payment and thus subject to recovery.

Other Reminders

- Progress notes must verify the necessity for the contact and reflect the goals and objectives of the case management service plan. Provider staff meetings, trainings, recordkeeping activities and other non-direct services are not Medicaid reimbursable. Activities including leaving a voicemail message or just waiting for a member are not Medicaid reimbursable.

- Text messages and social media correspondence are never compensable.

- MA providers may not bill MA recipients or the MA program for missed appointments or “No Shows”. According to CMS, a missed appointment is not a distinct reimbursable Medicaid service, but a part of the provider’s overall cost of doing business.

- Magellan requires providers of community-based services (including SUD Case Management) 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: certification statement (reference MA Bulletin 99-89-05), provider name and MA ID, recipient name and ID, date of service, start and end time of the face-to-face session (the actual time in clock hours, not the duration; i.e., '2:00 PM-4:00 PM', not '2 hours') and the recipient's 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 form. 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.

Please review your existing state-approved Service Descriptions to ensure that the language reflects these parameters. If updates are needed to your Service Description, we ask that you contact Anita Kelly (alkelly@magellanhealth.com) at Magellan for assistance/ direction on the workflow for making changes to an approved Service Description.

If you are currently billing for time spent in Travel or Transportation, Magellan will expect all providers to comply by May 1, 2022. If you feel this change may cause an impact to your program fiscally, providers are reminded that they may submit a rate increase proposal at any time to Magellan for consideration. Rate increase requests may be sent to Jeff Stumm at jrstumm@magellanhealth.com.

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!

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