



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 remind all providers of their obligation to complete Magellan's Medicaid Disclosure Form ("**Form**") to report on persons with an ownership or control interest, as well as agents and managing employees of each provider. This communication is intended to serve as advance notification that Magellan will be issuing a formal notice to all providers in the near future with instructions on how to review and complete the **Form**.

Federal regulations require Medicaid providers to disclose certain ownership and business transaction information. Furthermore, in accordance with the Pennsylvania HealthChoices Program Standards and Requirements (PS&R), Magellan is required to check the exclusion status of providers, persons with an ownership or control interest in the provider, and agents and managing employees of each provider. As a result, providers serving Magellan HealthChoices members are contractually obligated to complete a Medicaid Disclosure Form ("**Form**") as part of ongoing Network monitoring requirements prior to contracting and whenever any information in your disclosure changes.

Magellan created the **Form** to comply with the Medicaid disclosure requirements pursuant to 42 CFR 455.104, 105, and 106. These federal regulations require Medicaid providers to disclose the following information regarding (1) the identity of all persons with an ownership or control interest in the provider/disclosing entity; the identity of all persons with an ownership or control interest in any subcontractor in which the disclosing entity/provider has a direct or indirect ownership interest of 5 percent or more; information about the type of relationships among the persons with ownership interest; and information about the provider's agents and managing employees in compliance with 42 CFR 455.104; (2) certain business transactions between the provider and subcontractors/wholly owned suppliers in compliance with 42 CFR 455.105; and (3) including you, the provider, the identity of any person with an ownership or control interest in the provider or disclosing entity, or who is an agent or managing employee of the provider or disclosing entity that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social

Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act since the inception of those programs in compliance with 42 CFR 455.106.

Although this requirement was first communicated to the Magellan HealthChoices provider network in 2011, we are reminding providers of this obligation due to noncompliance. Providers are required to report the information to The Department of Human Services (DHS) during Medicaid enrollment/ re-enrollment; but also separately, to their Behavioral Health Managed Care Organization(s).

Next Steps:

1. In the near future, providers will receive formal notification from Magellan with instructions on how to complete the **Form**. The notification letter will be mailed to the TIN Owner's designated mailing address.
2. Providers must review and complete the **Form** online at www.magellanprovider.com within 30 days from the date they receive the formal notification (if providers are contracted with Magellan HealthChoices at more than one service location, they will only need to complete the *Form* once for each Tax Identification Number (TIN). The *Form* will be submitted under the TIN Owner's Provider Number [Magellan MIS Number] that is provided on the top of the notice).
3. If a provider filled out the **Form** previously, it can be easily edited and resubmitted.
4. Moving forward, providers should review and update the **Form with Magellan** every 5 years at a minimum, at the same time you complete your re-enrollment application with DHS. Providers are also required to submit an updated **Form** whenever any information in your disclosure changes.

Please send an email to PAHCPQuestions@MagellanHealth.com with any questions about the Medicaid Disclosure process/ **Form**.

At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations, and other pertinent information 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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