



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 about the requirements around obtaining signed encounter forms from members and other authorized representatives following the rendering of Medical Assistance (Medicaid) services.

Encounter forms offer an extra check and balance for an agency/ provider to ensure that billed services are done so as documented. As such, this mechanism for oversight and control is best enforced by verifying pertinent information which can support 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.

In accordance with Medical Assistance Bulletin 99-89-05, providers are required to obtain signed encounter forms to certify that the recipient received a service. At a minimum, the following elements **MUST** be included on the encounter form:

- Certification statement: "I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."
- Provider name and MA ID number
- Recipient name and ID number
- Date of Service
- Recipient's signature, or the signature of the recipient's agent

Magellan further requires that all providers of community-based services obtain a signed encounter verification form for each face-to-face contact that results in a claim being submitted to Magellan. Community-based providers may also develop their own encounter forms; however, at a minimum, they must include:

- Certification Statement: "I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."
- Provider name and MA ID number
- Recipient name and ID number
- Date of service
- **Start and end time of the session (actual time in clock hours, not the duration)**
- Recipient's signature, or the signature of the recipient's agent
- **The rendering provider's signature**

Encounter forms are also required for all telehealth services. Per OMHSAS-22-02, signatures for service verification may include hand-written or electronic signatures, unless prohibited by other laws. As of January 1, 2024, providers must be able to capture service verifications in a manner **that creates an auditable file** and is in compliance with both MA Bulletin 99-89-05, as well as the agency's policies and procedures on encounter form signatures. Physical signatures may be obtained through a variety of different mechanisms including in-person with the member; US Mail; or e-mailed forms to a member who has the capability to print and return the hard copies; or print, scan and e-mail copies. Signatures should be obtained as *soon as possible and no later than 90 days after the service*. Audio-only verification for service encounters must be obtained either by having another employee of the entity hear (meaning two people) and documenting that consent or by utilizing a mechanism such as a telehealth platform or U.S. mail or email to secure consent. Services cannot be provided audio-only telehealth if there is not the ability to document the verification of service as outlined above.

Other Frequently Asked Questions (FAQs) about Encounter Forms:

- **Does Magellan or the Office of Mental Health and Substance Abuse Services (OMHSAS) prescribe a certain encounter form template for providers to use?**
Answer: No. Neither Magellan, nor OMHSAS prescribe a certain template that must be used. Encounter forms may be developed by the provider. The required elements may also be embedded as part of the progress note. However, they must meet all the OMHSAS and Magellan requirements.
- **Who is permitted to sign an encounter form on behalf of a member (their "agent")?**

Answer: In accordance with Medical Assistance Bulletin 99-89-05, the following may sign on behalf of a recipient: a parent, a legal guardian, a relative, or a friend. Additionally, Magellan permits other service systems such as school personnel, teachers, etc to sign encounter forms. Anyone (outside of provider staff) that can verify all elements of the service (e.g. date, time, type of service) would be permitted to sign the encounter form on behalf of a recipient.

- **Is a separate encounter form required for each unique date of service?**

Answer: Magellan does permit encounter signatures on multiple dates of service, for example, a weekly/ monthly encounter form for all services rendered during the prior week/ month, as long as the minimum requirements outlined above are met. The signed encounter form must match all other supporting documentation of the session (i.e., progress note).

- **Can claims be submitted prior to obtaining an encounter form signature?**

Answer: All required signatures must in place prior to submitting claims.

- **If we have made multiple phone call attempts, sent numerous text reminders, and even sent reminders via email, without success are we permitted to bill for a rendered telehealth service without obtaining an encounter form signature?**

Answer: Magellan views this scenario as different than a refusal to sign. In this case, the member is non-responsive to outreaches. If the individual has also stopped receiving any services, all efforts to obtain the signature must be documented in the record. Providers should also include language about non-compliance with signature requirements in their Telehealth Consent form which outlines the requirement that a member return for in-person session and sign all outstanding documents before telehealth can resume. Providers must also have policies and procedures (P&Ps) in place that address these types of scenarios. Accordingly, Magellan would expect to see that the provider is in compliance with their own P&Ps. In the rare situation where a recipient is non-responsive to outreaches and has discontinued all services, a claim may be submitted without an encounter form signature as long as all efforts to obtain the signature are documented and the provider has acted in accordance with their own internal P&Ps.

In situations where a recipient refuses to sign or other conditions that prevent compliance, it must be documented why, and attempts should be made to obtain a signature the following session.

- **Are encounter forms required for Crisis Services?**

Answer: Every effort should be made to obtain a signature from the beneficiary or a parent, legal guardian, relative, or friend following the delivery of crisis services. In accordance with Crisis Services Policy Clarification (April, 2024), when such signature cannot be obtained due to the nature of the situation, crisis intervention service

providers are permitted to insert "Signature Exception" on the signature line of the encounter form.

- **What other scenarios are signature exempt?**

Answer: In accordance with Medical Assistance Bulletin 99-89-05, there are some situations in which the provider is not required to obtain the recipient's signature including:

- When billing for inpatient hospital care; or emergency room services by an independent physician
- When billing for services paid in part by another insurer (Medicaid is not the primary payor)
- When billing for services provided to a recipient who is unable to sign due to a physical condition (if possible, an agent should sign on behalf of the recipient)
- When billing for services provided to a recipient who is physically absent (this does not apply to telehealth services- please reference telehealth bulletin OMHSAS-22-02). If applicable, a collateral contact that was present and can verify all provisions of the service (e.g. date, time, type of service) would be permitted to sign the encounter form on behalf of a recipient.

- **How long must encounter forms be retained within medical records?**

Answer: In accordance with Medical Assistance Bulletin 99-89-05, as well as Chapter 1101.51 of the Pennsylvania Code, providers must retain signed encounter forms for a minimum of four years.

- **What is one of the biggest risks or issues that oversight agencies observe specific to encounter forms?**

Answer: Parents/ guardians/ recipients signing blank encounter forms. This is one of the biggest causes of fraud in the HealthChoices Medicaid program. Providers should NEVER allow staff to request recipient signatures on blank encounter forms. This issue should be addressed in annual fraud, waste & abuse training for staff, as well as with families and recipients during intake. Additionally, it's recommended that providers routinely ask individuals if this has occurred when conducting verification of services and quality monitoring follow-up activities.

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, they 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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