



# Quality and Compliance

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*Magellan New Provider Orientation*

**Magellan**  
HEALTHCARE.

# Agenda

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- » HIPAA verification when contacting Magellan, and uses and disclosures of protected health information
- » Fraud, waste and abuse overview and resources
- » Documentation and record-keeping practices
- » Member complaints/grievances
- » Provider complaints and support
- » Idaho Department of Health and Welfare resources





# Health Insurance Portability and Accountability Act (HIPAA)

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As a covered entity, understanding and following your established HIPAA policies and procedures as well as any related confidentiality and privacy laws is an important component to providing member care as a contracted provider.

At Magellan, we follow and abide by the HIPAA regulations, in addition to any applicable state and federal confidentiality and privacy laws.



# When the laws differ, Magellan follows the most stringent law.



## **Alcohol and Substance Use**

- Federal Substance Use Confidentiality Law
- Prohibits disclosure of substance use treatment information without written permission from the member



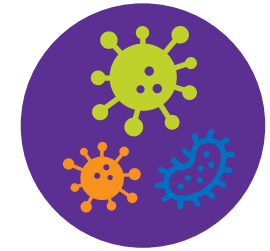
## **HIV/AIDS**

- Prohibits disclosure of HIV status without written permission from the member



## **Mental Health**

- Prohibits many disclosures without written permission from the member



## **Sexually Transmitted Diseases**

- Prohibits many disclosures without written permission from the member
- Idaho state exceptions may apply

# Uses and disclosures of PHI

## Authorization to Use and Disclose Protected Health Information (AUD) Form:

- ❖ We obtain a valid AUD form before disclosing information to a provider about the member's previous hospitalization, substance use, and/or mental health treatment history, even at the time of the referrals, because many state laws are more stringent than HIPAA relevant to the privacy and confidentiality of behavioral health information.





# Provider identity verification

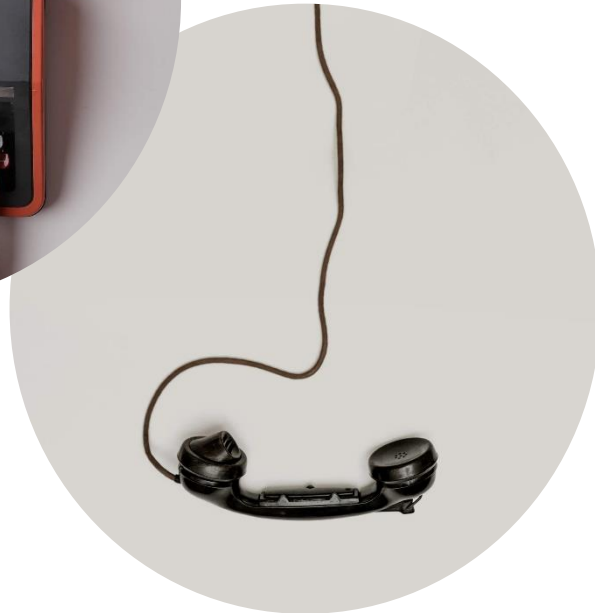


Magellan makes every reasonable effort to verify the identity and the authority of any person who contacts us, including a provider, before releasing member protected health information (PHI).



**If the request for PHI is received from a provider in written form:**

- ✓ The correspondence must be on the provider's letterhead



**If the request for PHI is received over the phone, Magellan staff will verify the identity of the provider by asking for the following verification information:**

- ✓ The provider's name
- ✓ The provider's ID
- ✓ The provider's address
- ✓ The provider's phone number
- ✓ The full name and date of birth of the member about whom they are requesting PHI
  - ✓ If additional information is needed due to uncertainty, the provider should provide the member ID

# Unauthorized disclosures created by providers



## **Report any unauthorized disclosures**

As a covered entity, you should have a policy in place regarding how you will account for unauthorized disclosures.





# Unauthorized disclosures created by Magellan

**If Magellan creates or causes an unauthorized disclosure that involves a provider,** we will contact you (the provider) to ask you to return the incorrect PHI data received or confirm that you destroyed the data.

**If you discover that you received PHI from Magellan for a member who is not your client/patient,** contact Magellan immediately to inform a Magellan representative of the incident and your plans to either destroy or return the PHI received.



# Unauthorized disclosures created by Magellan (cont.)

**This includes if you see any data on a Magellan website or portal.** If the data is not your client/patient, contact Magellan immediately.

In summary, if you see something (that you should not have seen), say something!





The background of the slide is a close-up photograph of a dark, weathered wooden surface, likely the lid of a chest or box. A metal latch mechanism is visible in the center, featuring a circular metal plate with a keyhole and a small handle. The wood grain is prominent, showing various textures and colors from dark brown to lighter, worn areas. The lighting is somewhat dim, creating a sense of mystery and security.

You play an important role in our commitment to the privacy and security of data, plus it is the right thing to do!

Thank you for your cooperation in supporting the quality and confidentiality of our programs and systems.



# Fraud, Waste and Abuse (FWA)

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# What is fraud?



- ❖ **Intentional deception or misrepresentation** made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.
- ❖ It includes any act that constitutes fraud under applicable federal or state law.

# Examples of fraud



- ✗ Intentionally billing for services that were not provided
- ✗ Falsifying signatures
- ✗ Rounding up time spent with a member
- ✗ Misrepresenting a diagnosis to justify payment
- ✗ Altering claim forms
- ✗ Using another person's Medicaid information to obtain care
- ✗ Soliciting, offering, or receiving kickbacks, bribes, or rebates (e.g., paying for referrals)

# What is waste?



Acting with gross negligence or reckless disregard for the truth in a manner that results in any unnecessary cost or any unnecessary consumption of healthcare resources.

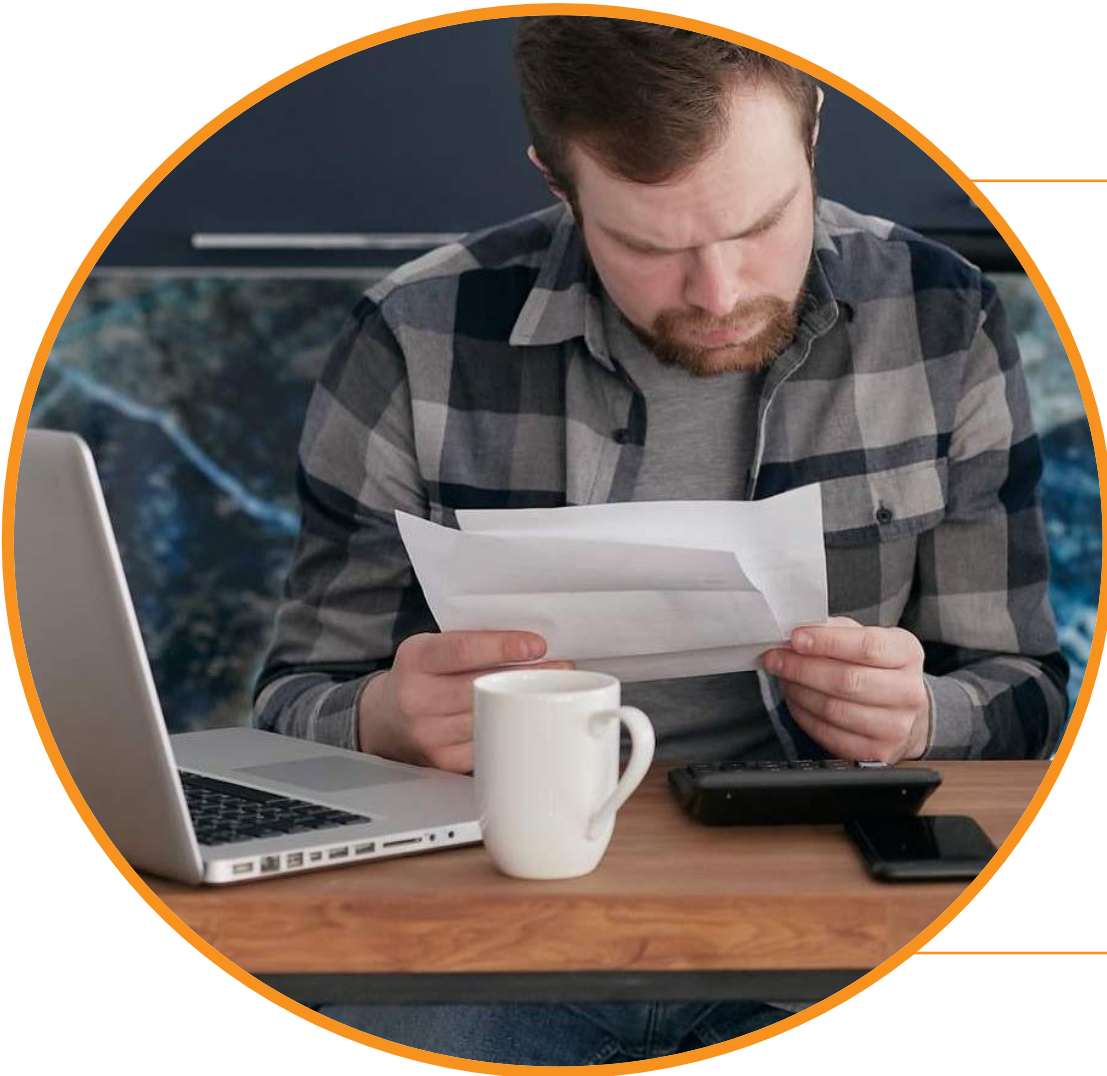


# Examples of waste



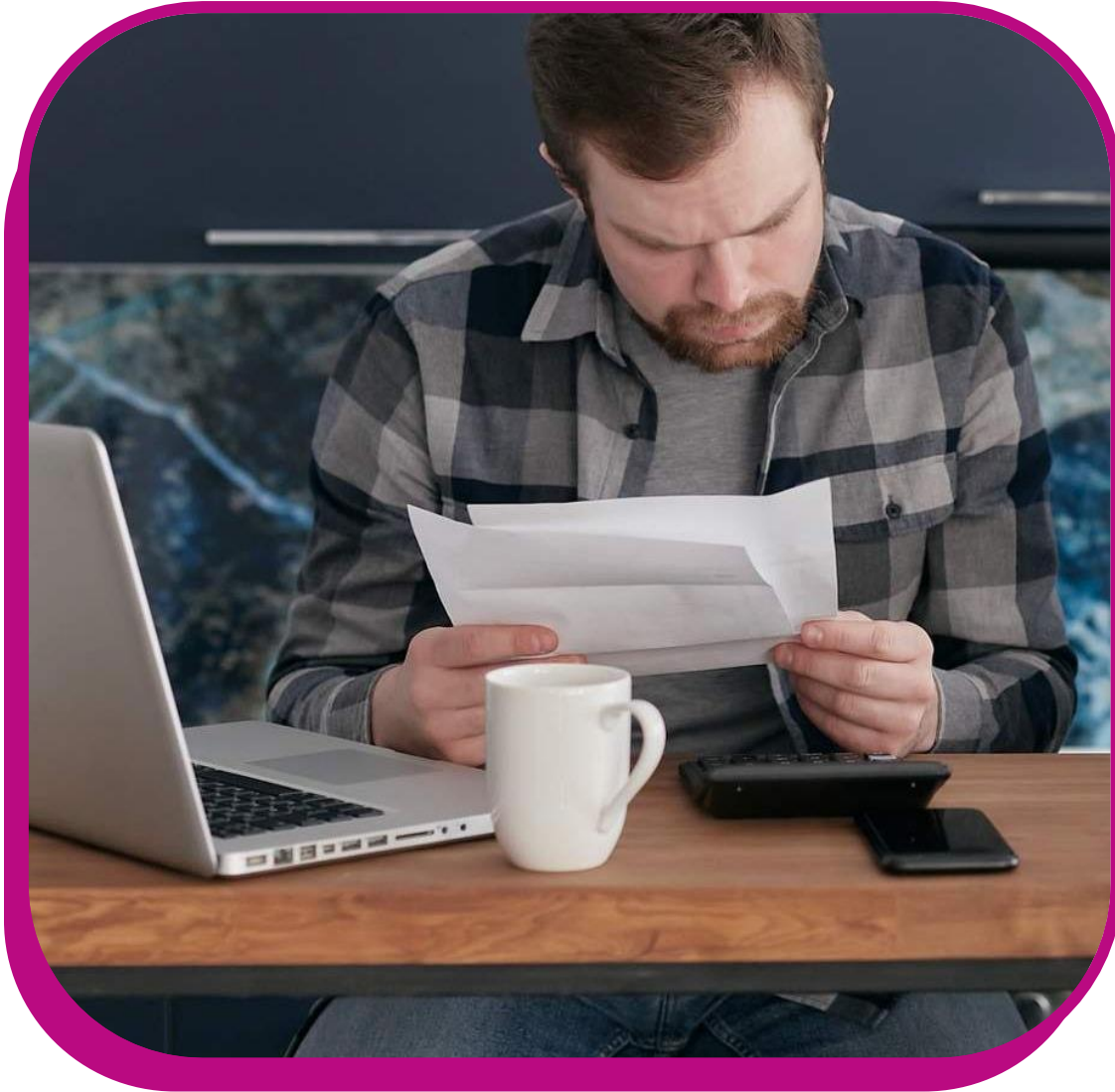
- ✗ Using excessive services or spending more time than is needed
- ✗ Providing services that aren't medically necessary
- ✗ Ordering excessive testing
- ✗ Conducting excessive non-face-to-face services
- ✗ Multiple clinicians or provider staff billing for attending the same meeting or service
- ✗ Over-ordering of assessments/evaluations

# What is abuse?



Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for healthcare.

# Examples of abuse



- × Services that are billed by mistake
- × Misusing codes
- × Billing for non-covered services
- × Providing services in a method that conflicts with regulatory requirements
- × Retaining and failing to refund and report overpayments



# Fraud, waste and abuse differences



- ❖ **Fraud** – it is illegal to intentionally submit false information to the government in order to receive a monetary or other benefit.
- ❖ **Waste** – overutilization of services and is not generally thought to be a result of criminal negligence.
- ❖ **Abuse** – payment for items or services that have no substantiated basis for payment and for which the provider has not knowingly and/or intentionally tried to obtain the payment.



# Fraud, waste and abuse differences (cont.)



**Fraud** requires the person to have an intent to obtain payment and the knowledge that their actions are wrong.

**Waste** and **abuse** may involve receiving an improper payment, but does not require the same intent and knowledge.



# Fraud, waste and abuse program



- ❖ Magellan's comprehensive FWA program monitors and audits provider claims activity to ensure dollars are spent for legitimate use of services.
- ❖ Magellan's provider-centric implementation approach fully supports hospitals and our entire provider network to accurately and effectively submit claims to safeguard timely claims payment and prevent FWA.





# Reporting fraud, waste and abuse



## Ways to Report:

- ❖ Magellan's Corporate Compliance Hotline is available 24/7 at 1-800-915-2108, or by email at [Compliance@MagellanHealth.com](mailto:Compliance@MagellanHealth.com).
- ❖ Callers may choose to remain anonymous. All calls will be treated confidentially and investigated.



# Special Investigations Unit (SIU)



- Magellan has a **Special Investigations Unit** that conducts targeted audits and investigations based on issues or complaints of FWA.
- Contact : 1-800-755-0850 or [SIU@MagellanHealth.com](mailto:SIU@MagellanHealth.com)

# Provider self-audit and refunding overpayments



- ❖ We strongly encourage you to establish a process to conduct self-audits.
- ❖ You can report any errors found and refund any overpayments to the Magellan SIU.
- ❖ Pursuant to Section 5 of the Idaho Medicaid Provider Agreement, providers are solely responsible for the accuracy of claims submitted and shall immediately repay any items or services not properly provided, documented, or claimed.





# Documentation and Record Keeping

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# Documentation and record keeping

**Providers must know and comply with any federal and state regulations as well as Magellan standards for behavioral health record documentation.**

Please see the following for more information:

ID Medicaid Manual – Section 1.2

[General Information and Requirements for Providers \(idmedicaid.com\)](https://www.idmedicaid.com/)

Additional resources:

- [MLN909160 – Complying with Medical Record Documentation Requirements \(cms.gov\)](https://www.cms.gov/MLN909160)
- [Guidelines for Medical Record Documentation \(ncqa.org\)](https://www.ncqa.org/Guidelines-for-Medical-Record-Documentation)





# Magellan minimum record-keeping requirements





# Treatment or progress notes requirements



# Why do we document?



# Treatment record review (TRR) activities



## Benefits of TRRs include:

- ❖ Ensures a consistent approach to treatment among providers, Magellan, and Magellan's contractors
- ❖ Supports use of clinical practice guidelines as applicable
- ❖ Provides proactive oversight for member safety-related activities
- ❖ Measures adherence to standards set by Idaho Medicaid regulations, Centers for Medicare & Medicaid Services (CMS), and Magellan's national and local teams





# What to expect



- ✓ **Magellan will request that you submit records for remote review.**
- ✓ **Notification will come from Magellan.**
  - ✓ Magellan will contact you to determine an agreeable date.
  - ✓ Be aware that certain extenuating circumstances may require Magellan to outreach with urgency and with little notice.



# TRR communication requirements



- ✓ Magellan will send a confirmation letter and tools electronically.
- ✓ TRR tools will also be available on the website.
- ✓ In most cases, we will send member names one week prior to the review activities date, via secured email.

# After the review



**Feedback is organized as follows:**

- **Strengths**
- **Recommendations**
- **Items that require follow-up as applicable.**

**You will receive formalized findings electronically within 30 days following the audit.  
The clinical quality reviewer will be available for discussion of results, as needed.**



# Magellan Provider Handbook and supplements



- The handbook documents are not limited to documentation and record keeping – they outline all the policies and procedures with which providers are required to comply when serving members whose care is managed by Magellan and/or its affiliate companies.
- Learn more about your responsibilities as a contracted provider of Magellan by reviewing the Provider Handbook and IBHP supplement, accessed via [www.MagellanofIdaho.com](http://www.MagellanofIdaho.com).



# Member Complaints and Grievances

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# Member complaints and grievances



A complaint or grievance is defined as an expression of dissatisfaction about any matter other than an adverse benefit determination.



# Member complaints and grievances



# Handling complaints



Members will be able to submit a complaint in the following ways:



By Phone

Member Line 1-855-202-0973

By Fax

1-888-656-9795



By email

IDAC@MagellanHealth.com



By Mail

Magellan Healthcare, Inc.  
Attn: Idaho Quality Department  
P.O. Box 2188, Maryland Heights,  
MO 63043

# Handling complaints



In response to each general complaint received, Magellan investigates and responds in writing including, but not limited to, the following:



A **summary** of the general complaint, including a statement of the issues raised and pertinent facts determined by the investigation



A **statement** of the specific coverage or policy or procedure provisions that apply



A **decision or resolution** of the general complaint including a reasoned statement explaining the basis for the decision or resolution



# Handling complaints



Magellan sends written acknowledgement notifications for all complaints within five business days of receipt.



General complaints are resolved within 10 business days of receipt of the original complaint. We send complainants written notifications of resolutions for all general complaints within 10 business days of receipt.

# Quality of care concerns



- Quality of care concerns are substantiated and/or resolved, including a determination regarding whether the concern is substantiated, **within 30 calendar days** based upon the Idaho Department of Health and Welfare (IDHW) approved Quality of Service Complaints and Quality of Care Concerns policy and procedure.
- Quality of care concern resolutions are communicated back to the complainant in alignment with applicable federal and state law and regulations.





# Quality of care concerns



- Members **have the right to file complaints** with Magellan, the IDHW, or the Idaho Department of Juvenile Corrections (IDJC) at any time.
- Magellan will resolve each complaint and provide notice of such resolution as expeditiously as the member's health condition requires.



# Quality of care concerns

Magellan may extend the timeframe for processing a complaint up to **14** calendar days if:

- The member requests the extension
- Magellan justifies to the IDHW that the delay is in the member's interest





# Provider Complaints and Support

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# Provider complaints



Magellan has a process to resolve issues that providers may have with our policies, procedures, or any aspect of our administrative functions.



# Provider complaints



- ❖ By **phone**: Magellan's Idaho Provider Services 1-855-202-0983
- ❖ By **fax**: 1-888-656-9795
- ❖ By **email**: [IDAC@MagellanHealth.com](mailto:IDAC@MagellanHealth.com)
- ❖ By **mail**: Magellan Healthcare Inc.  
Attn: Idaho Quality Department  
P.O. Box 2188, Maryland Heights, MO, 63043



# Provider complaints



**Once we receive a complaint, Magellan will:**

- Thoroughly investigate each provider grievance using applicable statutory, regulatory, and contractual provisions, and collecting all pertinent facts from all parties.
- Try to successfully resolve your concern at the time of the initial call. If this is not possible, we will involve a supervisor or designee to resolve the issue.
- Provide written notification of the disposition of the complaint and the opportunity to appeal if an adverse decision is made.
- Make every effort to ensure that executives with the authority to require corrective action are involved in the provider grievance process.



# Provider support and engagement



**Magellan implements a variety of resources to support and engage with providers.**

**Some of those resources include:**

- Provider partnership team
- Provider Advisory Committee
- Provider meetings and forums
- Provider support
- Magellan Healthcare of Idaho website
- Dedicated email box
- Provider newsletter



# Provider partnership team

- ❑ Facilities that have 50 or more admissions per year
- ❑ Quarterly calls to share HEDIS rates, follow up after hospitalization, average length of stay, and readmission rates compared to the network average
- ❑ Calls provide an opportunity to discuss best practices, engage in clinical discussions, and support initiatives that improve member care



# Provider Advisory Committee



Hosted quarterly by Magellan to provide an opportunity to:



- ☐ Discuss Magellan initiatives and timelines
- ☐ Solicit provider suggestions and ideas to assist in implementing state and region-wide program initiatives
- ☐ Provide an open forum to explore ways to promote diversity, equity, and inclusion and best practices
- ☐ Review trends in the delivery of care to members
- ☐ Gain input and knowledge of local providers to enhance service delivery



# Provider meetings and forums

Conducted in-person and via webinars, Magellan, in collaboration with the IDHW, offers these meetings and forums to provide an opportunity to:

- ❑ Gain input and knowledge of local providers to enhance service delivery
- ❑ Discuss Magellan initiatives
- ❑ Inform providers of transition timelines
- ❑ Discuss contracting activities
- ❑ Solicit feedback





An overhead view of four call center agents sitting at their desks. The agents are wearing headsets and are focused on their work. The desks are equipped with computers, keyboards, and various office supplies. The background is a light-colored wooden floor.

## Provider Support

Ongoing provider support to assist with questions

Email [IdahoProvider@MagellanHealth.com](mailto:IdahoProvider@MagellanHealth.com)

# Magellan Healthcare of Idaho website



## ✓ News and Events

- Trainings and webinars
- Special events
- Newsletters
- Provider communications
- Press releases
- Learn more about Magellan Healthcare

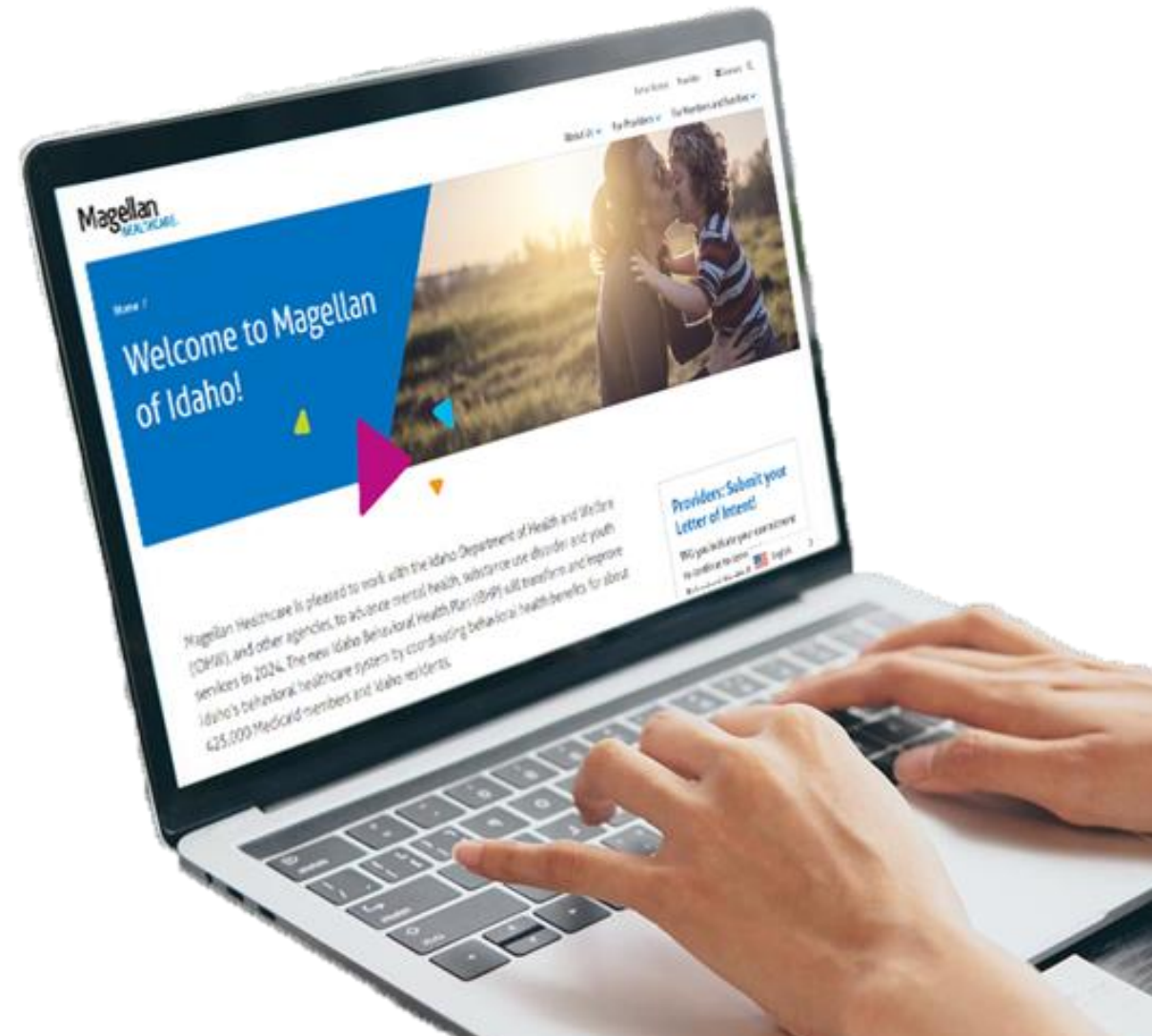
## ✓ Provider Resources

- Provider forms and helpful links
- Provider Handbook and IBHP supplement
  - Contractual expectations
  - Credentialing and recredentialing
  - Regulatory requirements
  - Quality improvement information
  - Provider reimbursement and claims

## ✓ Member Resources

- Emergency contacts
- Community referrals
- Eligibility questions
- IBHP program descriptions
- IBHP program updates

[www.MagellanofIdaho.com](http://www.MagellanofIdaho.com)



# Dedicated email box

## **Send us an email to:**

- Ask questions
- Request contracting materials
- Share information
- Discuss concerns
- Ask for assistance
- Brainstorm solutions
- Request to be added to Magellan's provider contact list

We encourage you to contact us via email  
at [IdahoProvider@MagellanHealth.com](mailto:IdahoProvider@MagellanHealth.com)





# Provider newsletter (*Provider Focus*)

- Current events and new initiatives
- Clinical findings and processes
- Industry best practices
- Learning opportunities and resources
- Claims and quality improvement tips
- New regulatory requirements
- Plan-specific news and more

The screenshot displays the 'Magellan HEALTHCARE. PROVIDER focus' newsletter for Spring 2023. The header includes a search bar and the tagline 'News & information for Magellan network providers'. The 'features' section lists topics such as supporting kids' healthy habits, mental health month resources, and medical necessity updates. A 'region/plan-specific news' table lists updates for California, Louisiana, Pennsylvania, Virginia, and Wyoming. The 'featured articles' section contains six articles with 'Read More' links, covering topics like behavioral health resources, mental health month, and provider satisfaction surveys. A large image of two women in a meeting is featured in the top right.

**Magellan HEALTHCARE. PROVIDER focus**  
News & information for Magellan network providers

**features**

- Support kids' healthy habits
- Share these resources during Mental Health Month
- Help members find the right provider
- Got insights? Make an impact
- Medical necessity criteria updates to occur this Fall
- Magellan provider satisfaction survey yields insights
- Increase your potential for referrals
- One way to encourage recovery and resiliency

**region/plan-specific news**

California
Commercial Health Plans in AL, AZ, CO, CT, DE, FL, HI, IL, LA, MD, NC, NJ, OH, OR, PA, SC, TN, TX
Employer Plans Nationwide
Louisiana CSoC
Pennsylvania HealthChoices
Virginia Medicaid
Wyoming CME

**featured articles**

- Resources to support kids' healthy habits**  
As you're no doubt aware, numerous recent studies have correlated social media use among children and adolescents with increased depression, anxiety, negative body image and other challenges. As you are supporting families with such challenges, know Magellan offers these resources.  
[Read More »](#)
- Help members find the right provider**  
For members seeking a qualified provider to help them with their behavioral health or substance use concern, the process can be a bit like trying to find a soulmate online.  
[Read More »](#)
- May is Mental Health Month**  
Magellan shares your commitment to increasing awareness about mental health, wellbeing, and the importance of recognizing and addressing concerns. Tap these Mental Health Month resources for sharing with your clients, patients, family, friends and colleagues.  
[Read More »](#)
- Increase your potential for referrals**  
If you already participate with Magellan in our behavioral health network, why not join our network for Employee Assistance Programs to provide short-term, non-medical counseling to members of our employer clients' plans, including those who serve our country?  
[Read More »](#)
- Got insights? Make an impact**  
Over the last year, hundreds of providers have signed up for Magellan's exclusive provider advisory group, Provider iMput. It's not too late to join!  
[Read More »](#)
- Medical necessity criteria updates to occur in the fall**  
The 2023-2024 Magellan Care Guidelines will become effective later this year. Stay tuned to our provider website, [MagellanProvider.com](#), for the release.  
[Read More »](#)
- Providers share insights in 2022 survey**  
See where you think we measured up in areas of Magellan service (and where you've helped identify room for us to improve).  
[Read More »](#)

# IDHW Resources

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Please refer to the various Idaho Department of Health & Welfare (IDHW) website pages for further information and resources.

Web: <https://healthandwelfare.idaho.gov/newIBHP>

Email: [IBHP@dhw.idaho.gov](mailto:IBHP@dhw.idaho.gov)



# Helpful web resources

Idaho Medicaid information related to **member resources, provider resources, and tools such as member eligibility verification:**

<https://www.idmedicaid.com>

Information on **Idaho's Medicaid programs:**

<https://healthandwelfare.idaho.gov/services-programs/medicaid-health>



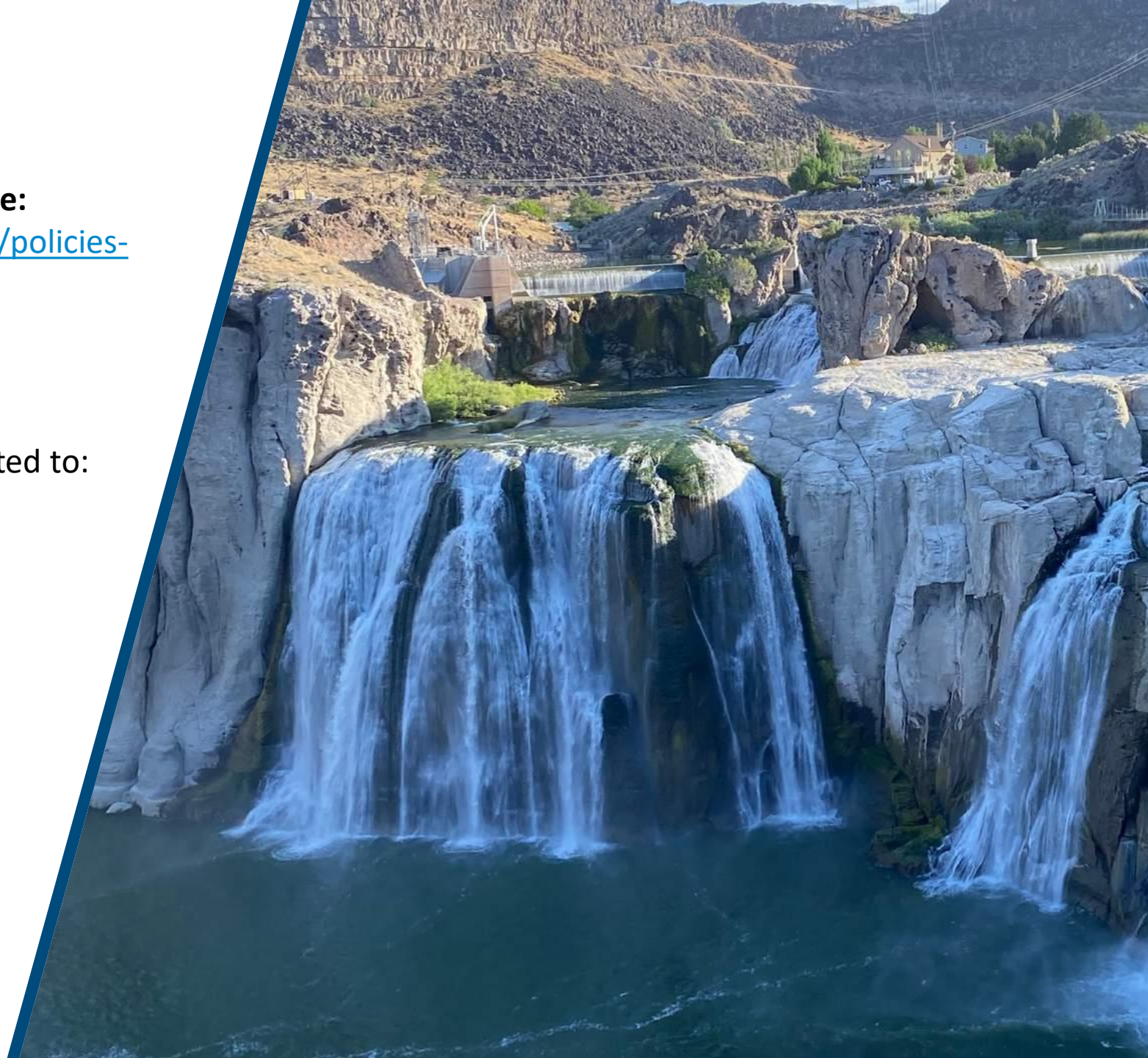


# Helpful web resources

**IDHW Policies, Procedures, and Waivers website:**

<https://healthandwelfare.idaho.gov/about-dhw/policies-procedures-and-waivers>

- ❖ Idaho's negotiated rulemaking library
- ❖ Idaho's policies library, including but not limited to:
  - ❖ Benefit programs policies
  - ❖ Behavioral health policies
  - ❖ Family and community services policies
  - ❖ Medicaid policies
  - ❖ Medicaid Tribal policies





# Helpful web resources

**The Department of Administration website where you can find the current Administrative Rules including but not limited to:**

- ❖ Medicaid basic plan benefits
- ❖ Medicaid enhanced plan benefits
- ❖ Consumer-directed services
- ❖ Medicare/Medicaid coordinated plan benefits
- ❖ Medicaid cost sharing
- ❖ You can also find the Idaho Department of Administrative Rules website at:

<https://adminrules.idaho.gov/rules/current/16/index.html>





Do you have any  
**Questions?**



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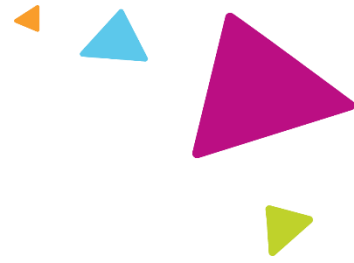




# Thank you

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