



# Magellan of Louisiana Network Monitoring

## Our Philosophy

Magellan is committed to ensuring providers meet licensing rules and are compliant with requirements for providing services as outlined in the [Medicaid Behavioral Health Services Provider Manual](#).

## Our Policy

It is Magellan's policy to verify the provider's physical environment, human resource records, policies and procedures, and member records for compliance with Medicaid's and Louisiana Department of Health's requirements, including but not limited to:

- Licensing Rules
- Unlicensed Direct Care Staff Qualifications and Training Requirements
- Appointment Availability Standards
- Home and Community Based Setting (HCBS) Rule Requirements (waiver services providers only)
- Claims Coding Requirements (waiver services providers only)

## What You Need to Do

To comply with this policy your responsibility is to:

- Ensure compliance with licensing rule and requirements established in the [Medicaid Behavioral Health Services Provider Manual](#), including but not limited to appointment availability and unlicensed direct care staff requirements.
- Ensure the human resources records include all qualifications and training requirements as outlined in the [Medicaid Behavioral Health Services Provider Manual](#)) and are:
  - Accurate and legible
  - Safeguarded against loss, destruction, or unauthorized use and is maintained in an organized fashion for all staff rendering direct care to members, and is accessible for review and audit
  - Readily available for review
  - Compliant for all requirements
- Participate in all audit requests and complete all remedial activities timely as prescribed by Magellan.
  - Refusal to participate in any aspect of the monitoring process (e.g., not sending information timely, not responding to requests for corrective actions, not implementing

remedial activities, etc.) outlined in this communication will be considered provider non-compliance with their contract.

- Provider non-compliance will lead to actions including being placed on a hold from receiving new referrals and termination for cause from the network. It should be noted that termination for non-compliance will be made with the approval of Magellan's Medical Director. This type of provider termination does not require the oversight and approval of Magellan's Regional Network Credentialing Committee (i.e., the provider peer committee).

## What Magellan Will Do

Magellan's responsibility to you is to:

- Conduct monitoring reviews to ensure compliance with Medicaid requirements.
- Provide verbal and written feedback of results and ensure remedial activities are implemented to achieve compliance when deficiencies are identified.
- Follow Medicaid guidance and recoup Medicaid monies for services rendered by unlicensed providers and unlicensed direct care staff that do not meet qualification and training requirements as defined by the [Medicaid Behavioral Health Services Provider Manual](#).
  - Medicaid defines any claim submitted for Medicaid reimbursement by an unlicensed direct care staff that does not meet qualification and training requirements as a false claim.
  - For dates of service on February 2, 2018 or after, Magellan will be required by the Louisiana Department of Health and Medicaid to recoup false claims as delivered by unlicensed direct care staff not meeting requirements.

Please reach out to your Provider Relations Liaison (PRL) with any questions or concerns. Your PRL is available for support.

Thank you for all you do in supporting the members of CSoC.

Magellan Health in Louisiana