



Provider Newsletter

2nd Edition November 2016

Fraud, Waste and Abuse Presentation and Attestation

Like all providers, imaging providers need to be on the lookout for potential fraud, waste and abuse in the healthcare system. As we frequently hear in the news, healthcare fraud is a widespread problem, resulting in costs to the U.S. health system of no less than \$68 billion per year, and possibly much more (National Health Care Anti-Fraud Association). <http://www.bcbsm.com/health-care-fraud/fraud-statistics.html>

As a Magellan Healthcare* provider, the services that you offer our members are subject to both federal and state laws and contract requirements designed to prevent fraud, waste and abuse in government programs (such as Medicare and Medicaid) and private insurance. You can find definitions, examples and ways to prevent fraud in Magellan's fraud, waste and abuse [FAQs](#).

We have a comprehensive compliance program in place, including policies and procedures to address the prevention of fraud, waste and abuse. If you are a provider participating in Magellan's Medicare network serving Medicare Advantage plan members for our health plan customers, annually you must:

1. Complete the CMS ([Centers for Medicare & Medicaid Services](#)) Fraud, Waste and Abuse *and* General Compliance trainings (about 30 minutes to complete both).
2. Review Magellan's Code of Conduct (about 20-30 minutes to read; the Code of Conduct provides many outlets in which to report any compliance concerns).
3. Notify Magellan of your completion of the above by submitting a brief attestation.

If you serve Medicare Advantage plan members, we reached out to you in October with instructions on how to access this information and complete the attestation. If you have completed these required items, we thank you for your prompt attention to this. You will be receiving a reminder in the near future if you have not completed this. We thank you in advance for your commitment to comply with this requirement.

Magellan, in conjunction with appropriate government agencies, actively pursues all suspected cases of fraud, waste and abuse. **If you think you have detected an instance of either health care fraud or medical identity theft, please contact the Special Investigations Unit (SIU).** You can reach the SIU through a 24-hour Fraud Hotline at 1-800-755-0850 or send an email to SIU@MagellanHealth.com.

Rendering Provider Satisfaction Survey Results

Thank you for completing the Rendering Provider Relations Satisfaction Survey for 2016. Your feedback is valuable to us and we appreciate your time.

We are happy to announce that we have achieved an 88% satisfaction rate.

Some areas of positive satisfaction include:

- Expressed ease in looking up authorizations on RadMD for your facility: **92% satisfaction**
- Satisfied with the education materials provided to your facility, i.e. provider handbook: **96% satisfaction**
- My Provider Relations Manager was able to answer my question(s) and/or resolve my issue(s): **96% satisfaction**
- Satisfied with the service provided by your provider relations and area contract managers: **91% satisfaction**
- Satisfied with the credentialing/re-credentialing process: **94% satisfaction**
- Satisfied with the contracting process: **94% satisfaction**
- Provider Service Line (PSL) answers calls within an acceptable amount of time: **92% satisfaction**

90% of Providers said that they would recommend other facilities to work with Magellan Healthcare.

One area of dissatisfaction includes:

- Credentialing/recredentialing process takes less time relative to other RBMs: **79% satisfaction**

We are also attaching a link with the latest Provider Relations and Area Contract Managers State Assignments and contact information for your review and use. Some of your responses to the 2016 Satisfaction Survey indicated that you weren't aware that you had a Provider Relations or Area Contract Manager to assist you with any questions regarding your contract or issues related to the Magellan Healthcare process. Please feel free to contact your Provider Relations Manager to arrange a discussion with your facility.

<http://www1.radmd.com/media/501287/state-assignments-from-provider-handbook-08182016.pdf>.

Please help us to continue to provide optimal service to your facilities by completing this survey on an annual basis. We have made improvements to our processes based on your feedback from previous years.

Payer Participation Schedule

As a rendering provider you may view a complete listing of Health Plans that Magellan Healthcare is currently partnered with by going to www.RadMD.com. If you do not already have a login, you will be able to request one from the home page. After logging in, under Resources, click on Health Plan Materials. Clicking on an individual Health Plan on the left hand side will bring up helpful documents, resources and educational materials beneficial to the entire staff.

Authorization Process

The following is a description of Magellan Healthcare's process for initiating authorizations for rendering providers. Magellan does not accept a complete authorization submission from a rendering provider. A rendering provider may initiate the authorization, but Magellan will have to contact the referring provider to authenticate the referral and obtain the necessary clinical information.

Magellan does not permit a rendering provider to contractually accept delegation of responsibility for the complete authorization submission from the referring provider. Magellan also does not permit a rendering provider to represent themselves as a referring provider in order to obtain a complete authorization. These practices could implicate federal or state laws or terms and conditions of a provider contract or benefit plan. Therefore, Magellan investigates all situations where this type of activity is suspected or reported.