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!POP QUIZ!

What is the *60 Day Rule* and how does it apply to our work as compliance professionals?

*Answer in our next issue

Previous Issue Answer:

Rittenhouse Square

Logan Square

Washington Square

Franklin Square

Penn Square

Compliance Matters



Donna's Desk

Happy New Year! We topped off a busy 2017 with the second annual Compliance Forum. We appreciate the feedback that many of you provided and will use that as the starting point for planning this year's event. It's not too late to send us your ideas.

Last year, we also completed a review of the 7 elements of an effective compliance plan:

- ✓ Implementing written policies, procedures and standards of conduct.
- ✓ Designating a compliance officer and/or compliance committee.
- ✓ Conducting effective training and education.
- ✓ Developing effective open lines of communication.
- ✓ Enforcing disciplinary standards through well-publicized guidelines.
- ✓ Conducting internal monitoring and auditing.
- ✓ Responding promptly to detected offenses and developing corrective action.

When was the last time you conducted an internal audit? Have you communicated your compliance plan to all staff? Do your policies and procedures reflect your current practices? Now is a good time to assess how your agency's compliance program aligns with these 7 core elements. Map out areas that you want to revisit or revise this year; always feel free to ask for guidance from our Compliance Team.

In this edition of *Compliance Matters*, you'll get a preview of some of our 2018 activities. We'll outline some of the key aspects of our work plan which includes an update to the Manual for Review of Provider Personnel Files. We've also been working to standardize the Self Audit Referral process; updated the Audit Codes; and made significant headway with our preparations for our National Committee for Quality Assurance (NCQA) application. Here's to a productive 2018!

Enjoy!

- Donna E.M. Bailey

Chief of Staff & Compliance Officer

From the Junk Drawer...

Heads Up!

The CBH Compliance Department has been hard at work revising the list of audit codes to be utilized starting later in 2018. The codes are being updated to better reflect the language from the Commonwealth's reporting requirements, as well as adding codes for increasingly more common compliance issues, such as employing/contracting with individuals who are excluded from Medicaid. Once the new list has been finalized, we will send out a notification to the network with the effective date. The list of new codes will also be linked to audit results emails that are sent electronically to provider CEOs/Executive Directors.

Compliance Shines

Malakeyla Reynolds (Compliance Analyst) recently obtained her Certification in Healthcare Compliance (CHC) from the Healthcare Compliance Association. Congratulations to Malakeyla!

Lauren Green (Compliance Team Leader – SIU) attended a recent Certified Fraud Examiner (CFE) Training Course and successfully passed the multi-day exam. Congratulations to Lauren on becoming a Certified Fraud Examiner!

Ken Inness (Director of Compliance) successfully attained the Accredited Health Care Fraud Investigator (AHFI) credential. Congratulations Ken!



Roster-O-Rama

It's roster time again! CBH Compliance has released the 2018 provider personnel roster template. The key elements of the 2017 roster remain so that content can be transferred to the new version without the loss of fidelity. It is essential that the roster is completed entirely. Rosters that are incomplete will not be accepted. Some of the areas that were missing or incomplete in 2017, causing rosters to be rejected, were:

- The CBH provider number **must be** listed for each individual reflected on the roster (this five or six digit provider number can be found on the Schedule A for each program)
- Clearance dates
- Hours worked (the projected average weekly hours an individual is expected to work)

- Supervisors and directors must be listed on their own line, even if they do not see members directly
- The US educational equivalency service used for foreign educated individuals
- License numbers must be listed exactly as they appear on the license (i.e. MD999999E, PC999999)

The roster can be found on the CBH Compliance page of the DBHIDS website. The completed roster should be submitted by email to cbh.compliancecontact@phila.gov. Any questions should also be directed to this email address.

More NPAU Ka-Pow on page 3!

RTF Audit Outcome

The Compliance Department's Network Personnel Analysis Unit (NPAU) completed a comprehensive audit of Children's Residential Treatment Facility (RTF) personnel within the CBH Network in May and June of 2017. A total of 19 providers were audited. Staff files for *all* RTF personnel were reviewed for the following essential elements required by the Commonwealth and CBH; education, experience, clearances, and trainings.

The Compliance team audited the staff files along two tiers; in accordance with both CBH and Commonwealth requirements. At the time of the audits, the CBH requirement for the Mental Health Workers (MHW) position required either a Bachelor's degree in a related field and one year experience, or a HS diploma equivalent plus 12 behavioral health related credits and two years experience. RTF management has voiced concern over the 12 credit requirement, and expressed difficulty in finding qualified staff with the 12 credits.

Findings

Education varied widely for Mental Health Workers (MHW) across the network. Some providers hired mainly Bachelor's or Master's level staff, while others hired a primarily high school educated staff.

Education for front line staff varied across providers and was not consistently in line with CBH requirements, but in most cases met the state minimum for Child Care Worker. As with education, experience varied. A common theme was the lack of verification at the time of hire. Many of the staff persons gained the required experience while working in their position at the provider. Some of the providers obtained references in lieu of verifications of previous employment, or to supplement incomplete verifications. Others verified the full requisite employment and corroborated it with the resume, as required. Overall, experience for front line staff was found to be very diverse, however the full experience on the resume was not consistently verified.

Requirements stated in job descriptions reflected the range of experience and education found in the personnel files. Some job requirements were in line with Commonwealth requirements, others with CBH and yet others were unique to the provider. Job descriptions were not standardized across the system to be in line with CBH or Commonwealth requirements.

All individuals working with children, and by default all children's RTF providers, are required by the Commonwealth to have the following current certifications: FBI Clearance, PA Child Abuse Clearance, and PA Criminal History Report. Providers were advised that those staff who did not have current clearances could not work alone with CBH members. With few exceptions, RTF staff had current clearances in place.

Training logs were reviewed for compliance with CBH mandatory trainings. Special attention was paid to Management of Escalation and Restrictive Procedures trainings, which are required yearly. While most providers were conducting these trainings on or close to hire, completing the yearly 'refresher' or retraining appeared to be a challenge in meeting 100% compliance. Providers were advised that those staff who did not have current trainings could not work alone with CBH members. Several providers explained the lapse in trainings to be a documentation issue, for instance, the training was completed but not yet entered into the system. Another obstacle was the lack of a centralized training department. Managing trainings on a departmental level appeared to be less effective for some larger providers, yielding trainings that were not fully up to date.

We also noted that across providers most psychiatrists and nurses did not have the required trainings.

Summary

The review of education, experience, personal references, and life experience, described on resumes and cover letters, provided a picture of individual front-line staff that is not easily quantifiable.

In some cases, years of experience in combination with excellent references were the rationale for hiring in lieu of post-secondary education, as evidenced by discussions with RTF management and internal emails in the staff file. In other cases, education with a Master's or Bachelor's degree was seen as the deciding factor, without the experience piece.

While most direct care staff across the network had documented Management of Escalation and Restrictive Procedures trainings at some point, maintaining compliance with yearly training and documentation requirements was an area requiring improvement.

Response and Outcome

In part as a result of the staff file reviews, CBH has made changes to the staff requirements for agencies contracted as RTFs. The changes are meant to more closely align CBH requirements with the current Commonwealth requirements and ensure that staff providing care to CBH members are appropriately trained and able to provide high-quality interventions.

Effective November 24, 2017, CBH now recognizes the Commonwealth nomenclature and requirements for Child Care Workers and Child Care Supervisors, replacing the previous MHW position for RTFs. The position of, and related requirements for, MHW no longer apply to children's RTFs. CBH no longer requires Child Care Workers to obtain 12 college credits in order to be considered qualified for the position. Providers are expected to adopt nomenclature that is consistent with Commonwealth requirements (i.e. Child Care Worker and Child Care Supervisor). Children's RTFs are expected to meet or exceed any experiential or education requirements for Child Care Worker and Child Care Supervisor as presented in 55 Pa. Code § 3800. This includes staffing ratios as defined in relevant sections of the PA Code. Providers

will need to demonstrate that they are in 100% compliance with Commonwealth and CBH training requirements for all direct care staff, particularly in the areas of Management of Escalation and Restrictive Procedures trainings.

- Mark Miller, NPAU Team Leader

Smrppf'n SMRPPF

The Manual for Review of Provider Personnel Files aka *The MRPPF* is due for an overhaul in 2018. The goal will be to make the Manual easier to use, while more clearly reflecting Commonwealth requirements in a single source that are relevant to our providers. In the meantime a Supplement to the MRPPF has been created to use alongside of the MRPPF. The Supplement aka *SMRPPF*, is expected to be released in February 2018. This document will summarize some recent changes that are already in place, such as the Residential Treatment Facility requirements, and provide further clarity to other areas. Keep a look out for a provider notice and link to the SMRPPF on the CBH section of the DBHIDS website.

New Year, New Self Audit Forms!

Avid readers of *Compliance Matters* may remember the popular article entitled “#Selfies 2015” in the Autumn 2015 edition (archived in the CBH Compliance page of the DBHIDS website). This article provides an overview to provider self-auditing, and references self-audit guidance posted by Centers for Medicare & Medicaid Services (CMS) and Pennsylvania's Department of Human Services (DHS).

The #Selfies 2015 article references DHS's MA Provider Self-Audit Protocol, which lists three options for MA providers completing self-audits:

Option 1 - 100 Percent Claim Review

Option 2 - Provider-Developed Audit Work Plan

Option 3 - Statistically Valid Random Sample (SVRS)

To summarize, the Protocol states that the 100 percent claim review (Option 1) is, “recommended in instances where a case-by-case review of claims is administratively feasible and cost effective.” Providers may submit a work plan for preapproval (Option 2) when 100 percent claim review is, “not administratively feasible or cost effective.” Providers also have the option of utilizing a statistically-valid random sample (Option 3), an option that will also require preapproval from CBH Compliance. CBH Compliance recommends providers be familiar and follow the Protocol in completing self-audits which can be found here: <http://www.dhs.pa.gov/learnaboutDHS/fraudandabuse/medicalassistanceproviderselfauditprotocol/>

Since the publication of #Selfies 2015, many providers have asked CBH Compliance for clarification of what to submit to CBH Compliance for self-audits. To further assist providers, CBH Compliance has developed three new forms in accordance with the MA Provider Self-Audit Protocol for providers to use

for completing self audits:

Form A - Provider Self-Audit Work Plan Proposal

Form B - Provider Self-Audit Referral

Form C - Claims Overpayment Spreadsheet

Form A

The Proposal Form, is to be submitted to CBH Compliance for preapproval **before** completing your self-audit. This form is to be used for the Protocol's Provider-Developed Audit Work Plan (Option 2) and SVRS (Option 3).

Form B

The Referral Form, is to be submitted to CBH Compliance **after** completing your self-audit, for all three options listed under the Protocol (Options 1, 2, 3). CBH Compliance is also requesting that providers who conduct prepayment reviews to submit this completed form when evidence of potential fraud is recognized.

Form C

The Claims Overpayment Spreadsheet, is to be submitted to CBH Compliance **after** completing your self-audit for all identified claims that need to be paid back to CBH.

CBH Compliance currently has electronic draft-versions of the forms that are posted on the CBH Compliance's DBHIDS webpage. Providers may also contact CBH Compliance to provide feedback on the usability of the forms. Once CBH Compliance receives provider feedback, a Provider Bulletin will be issued enforcing the use of the forms for CBH providers.

Once the need for a self-audit is recognized, please immediately inform CBH Compliance at CBH.ComplianceContact@phila.gov or Lauren Green at 267-602-2208. Once completed, forms may be mailed, or submitted via a secure email to the email address listed above. Please contact Lauren Green for the mailing address or if needing access to Protected Trust.

- Lauren Green, SIU Team Leader

2018: Here We Go!

Heading into 2017, I was concerned. Specifically, I was concerned that many of you reading this would miss us knocking on your door for your regular routine audits. You may recall that in 2017, CBH Compliance shifted away from the use of routine auditing as a primary vehicle to provide feedback to our network providers on issues related to Fraud, Waste, and Abuse (FWA). We shifted resources in an attempt to provide more support via trainings, this newsletter, provider notice and bulletins, and focusing auditing on 'targeted' audits.

Thankfully, we were not inundated with message of despair asking for more audits from our providers. And we saw increases in the use of self-audits. So let me start by saying thank you for your continued diligence as our partners in combating FWA in our network!

In 2018, we will pick up right where we left off last year. A significant focus will be on increasing our data mining and analytics to identify potential areas of FWA. Of course, we will continue to respond to credible allegations of FWA received via hotline contacts or other reporting mechanisms. But, we would also like to help our providers identify and investigate risk areas that are going unreported. Therefore, through the utilization of data analytics, we will work to identify those risk areas and whether an investigation needs to be conducted or if we will be requesting a self audit be completed.

This year, CBH Compliance assumes responsibility for the credentialing of our individual practitioners and group practices. Please note that the delegated credentialing model used for other provider staff remains unchanged. This is necessary as we work to meet National Council for Quality Assurance (NCQA) credentialing standards. As new practitioners are contracted, or as they come up for re-credentialing, CBH Compliance will be making contact through our Network Personnel and Analysis Unit (NPAU) to gather

information we need to verify required information. We will assume primary source verification for many key pieces of information such as licenses, certifications, etc. This process will involve completion of a credentialing or re-credentialing application. Information will be provided in the very near future on the details of the application, but we will work to ensure that the process is as streamlined as possible. Our goal is to reduce duplication of effort as much as possible. As always, if we fall short, please let us know!

Work related to lab services will continue in 2018. We will continue to work on providing basic guidelines for our laboratory services. We have been working closely with our friends in Clinical Management and Medical Affairs to identify claim edits, best practice guidelines, and staffing requirements. For example, our Supplement to the Manual for Review of Provider Personnel Requirements (SMRPPF) has listed, for the first time, requirements for lab positions.

We also anticipate a review of all staff files and a clinical review of paid claims for our intensive outpatient (IOP) providers in 2018. This will likely be a part of a larger system wide review of this crucial tool in our fight against the opioid crisis. We have already started discussions related to planning our third annual CBH Compliance Forum! We are again targeting a November date for the annual celebration of all things healthcare compliance. Feedback from the second annual affair was generally positive. Now, if you are reading this and thinking "Um, I made it clear that the lawyer and enforcement stuff was scary", we heard you. Those comments though were relatively few in number and the general feedback continues to be positive with requests also including several to hear more directly from CBH itself. To that end, we are undergoing intensive training to overcome public speaking anxiety as I type.

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Finally, 2018 will reintroduce you to our Routine Investigative and Training Unit (RITU) staff. RITU staff will be upping their auditing activity through the use of probe audits. For example, we plan a mid year review of per diem substance abuse services providers. Within the next few weeks, we will issue per diem documentation standards. Our RITU staff will review records to see if these guidelines have any effect on documentation of these services. Probe audits will be utilized to gauge if a larger look, either via traditional targeted audits, extrapolation audits, or self-audits are indicated.

2018 promises to be a busy year!
Dilly, Dilly!

- Ken Inness, Director of Compliance



Philadelphia Eagles Super Bowl Champions!!!



Suggestions for future Compliance Matters features? Want to subscribe (it's FREE!)?

Contact Matthew Stoltz at
Matthew.Stoltz@phila.gov

In the next issue:

- Rising Trends
- Staff Roster Update
- More Junk Drawer
- Puzzling!

CONFIDENTIALLY REPORT FRAUD, WASTE, and ABUSE.

1-800-229-3050 or

CBH.ComplianceHotline@phila.gov

PUZZLING!

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Word List:

Super Bowl

Self

Data

Protocol

Sunshine

Champions

Roster

Foles

Winter

Spring

Eagles

Report

Wentz

Snow

Training