



# Compliance Matters



## !POP QUIZ!

What is the average lifespan of a major league baseball?

\*Answer in our next issue

### Previous Issue Answer:

A Kickback is any exchange or offer to exchange anything of value, in an effort to induce (or reward) the referral of federal health care program business (See 42 USC § 1320a-7b)

## Donna's Desk

Happy New Year! This issue of Compliance Matters will review some of 2018's highlights and preview the focus of our work for 2019.

CBH Compliance hosted its 3<sup>rd</sup> annual Compliance Forum. Each year, we tweak the format in response to feedback from participants. This year marked the first year where the day was all CBH Compliance, all the time. Feedback from previous years was that our providers wanted to hear directly from us about what we come across system-wide and have some dialogue about enhancing your FWA toolkits. The forum included breakout sessions covering discussions on extrapolation and random sampling, compliance 101, and self-auditing.

We are currently planning our 2019 efforts and our work plan is summarized in these pages. We anticipate creating opportunities for E-learning sessions to reach staff for whom online training is more convenient. Stay tuned!

- Donna E.M. Bailey  
COO & Compliance Officer

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

**Contact Matthew Stoltz at:**  
[Matthew.Stoltz@phila.gov](mailto:Matthew.Stoltz@phila.gov)

# Junk Drawer



Staff Roster season is upon us! If you have not already done so, please submit your agency's staff roster back to our NPAU staff at [CBH.ComplianceContact@phila.gov](mailto:CBH.ComplianceContact@phila.gov) by February 15<sup>th</sup>. As a reminder, this annual request currently utilizes an Excel template to report who is on your staff providing care to our members. Delays in submitting the roster or in failing to include all staff and fields within the staff roster can lead to sanctions being levied against your agency.

For our group practice members and independent practitioners, our initial round of credentialing utilizing the services of the Council for Affordable Quality Healthcare (CAQH) has started. Many of the impacted practitioners have already been involved with CAQH. For those folks, make sure your attestations with CAQH are up to date and watch your emails/mail for our communication. For those who have not been previously involved, please keep an eye out on your inboxes for additional information. Once notified that a credentialing or re-credentialing cycle will begin, it is important to return complete information as quickly as possible to speed the process along. If you have questions, please contact: [CBH.ComplianceContact@phila.gov](mailto:CBH.ComplianceContact@phila.gov) and include Credentialing in the subject line so it can be routed quickly to one of our NPAU experts!

Prepayment review has arrived at CBH! CBH Compliance can now, with the approval of the Compliance Committee, utilize prepayment review in cases of significant and lingering concerns regarding the validity of claims submitted for payment. We are working to refine the process to make it as efficient as possible both for the CBH staff involved and providers. Any provider subject to the prepayment review would be notified of the review in advance, steps necessary to successfully complete the review, and provided with detail about why the review was initiated.

Biz Rules RULE! CBH Compliance continues to work on expanding our business rules (AKA Claim Edits) to prevent overpayments from occurring in the first place. Please pay attention to your claims payment advice and the CBH website for information about any potential new claim edits. Examples that are in the works include enforcing diagnoses code requirements for specific services, enforcing place of service requirements, eliminating payment for consultations beyond the two allowed by regulation per admission, etc. The easiest way not to be surprised by claim rejections for these edits would be to stay up to date with CBH notices/bulletins and to ensure that your billing complies with current rules/regulations.



# Your 2019 Year at a Glance

2019 promises to be a challenging and busy year for FWA fighting! As we mentioned briefly at the 2018 Compliance Forum, several changes are happening in our field and city that will continue into 2019 (and in some cases likely beyond).

Our 2019 work plan is heavily influenced by a desire to be prepared to enter a new world in FWA fighting. Many of the areas of our work plan for the year are going to be “behind the scenes” work at CBH. Our work plan focuses this year on 5 main areas:

- NCQA
- Unit Reorganization
- Use of Technology
- Opioid Crisis Related Work
- Forward Thinking Changes – Compliance 2.0

For our providers, the most visible work will be centered on assisting our CBH and County partners in addressing the ongoing opioid crisis. We expect to finalize the IOP tour summary with recommendations for steps to further combat FWA and ensure our limited resources are well-spent on vital treatment and services for our members. We are also planning on returning to our per diem substance use treatment providers to gauge the effectiveness of our recently published documentation standards for these levels of care. We hope to see a decrease in the incidence of insufficient documentation with the assistance of the standards. As ASAM implementation finalizes, we also anticipate significant work will need to be done in adjusting business rules and definitions around “new” levels of care to our system.

Finally, we anticipate that our partners will identify alternative admission, payment, and service delivery models in the hopes of lessening or removing artificial barriers related to attracting and retaining members in necessary substance use disorder treatment. We will need to be focused on ensuring that these new models are appropriately defined to allow for monitoring of FWA in new payment and service delivery worlds.

A primary focus for our department will continue to be supporting CBH's application and review for National Committee for Quality Assurance (NCQA) accreditation. NCQA accreditation has changed the credentialing process substantially for independent practitioners and group practices. We will continue to work to ensure that our providers are reviewed efficiently and assist in guiding them through the new credentialing process.

We will also be working to recombine our clinical chart auditing teams back to one team. This will leave CBH Compliance with a two-team model – with one team focusing on clinical chart reviews and the other focusing on staff file related activities. We view this as a necessary step to allow for effective triaging of a growing number of audit needs. We will be working to ensure that training and education efforts with our providers continue, with some transitioning to on-line models and others transitioning to peers in CBH/DBH with training expertise. *(Continued on next page)*

*(Continued from previous page)* We will continue to work to make more efficient use of technology. This work will largely be unnoticed initially by our provider community as we work to standardize forms, letters, and reports. Ultimately, the effective use of technology will reduce the lag between audits and feedback to our providers. We understand that the delay in receiving results can hamper efforts to improve and makes financial planning for overpayment returns more difficult.

The final broad area is one that we refer to as Compliance 2.0 or 3.0. This again will be largely unnoticed by our provider community as we continue to work to position CBH Compliance to pivot with changing payment models, using technology to ferret out FWA, and preventing overpayments from ever being made. Examples include continued work on establishing effective business rules, utilization of prepayment reviews, processes for monitoring FWA in a value based contracting environment and using refined and targeted data mining and predictive analytics. As work in these areas progresses, we will keep you updated.

All of this will be happening concurrently with necessary targeted and probe audits, training and education, and responding to needs for assistance that emerge during 2019.

## ***IOP 2018***

### ***The Tour Retrospective***

Hot off the heels of the successful 2017 RTF Tour, in 2018, we embarked on a headlining IOP tour. CBH Compliance visit all in-network contracted IOPs. For those unfamiliar, IOP stands for Intensive Outpatient, a level of care in our network of substance use disorder treatment providers which allows members with increased acuity and need to attend outpatient services with increased frequency. It should be noted that in 2018 IOP was limited, by state definition to a maximum of 10 hours per week (among other things). CBH, with significant provider feedback, set a rule in our claims system to cap the paid claims at 9.75 hours. This will likely change in 2019 as full ASAM implementation in the Commonwealth is realized.

Our headlining tour of the IOP providers had many of the same goals of the 2017 RTF tour. Most importantly was to get a kind of "state of the state picture" of the system ahead of changes from ASAM implementation and during a high stress time for the network in dealing with the ongoing opioid crisis. What we found was not surprising on some levels and eye-opening on others. The most obvious point observed was the scope of the IOP system is massive. *(Continued on next page)*



*(Continued from previous page)* Over ten thousand individuals in need of substance use treatment were receiving services in IOP in 2017. Our review period focused on October 1 through November 30, 2017. Many members presented with not only high acuity substance use needs but also complicating housing, legal, and mental health issues.

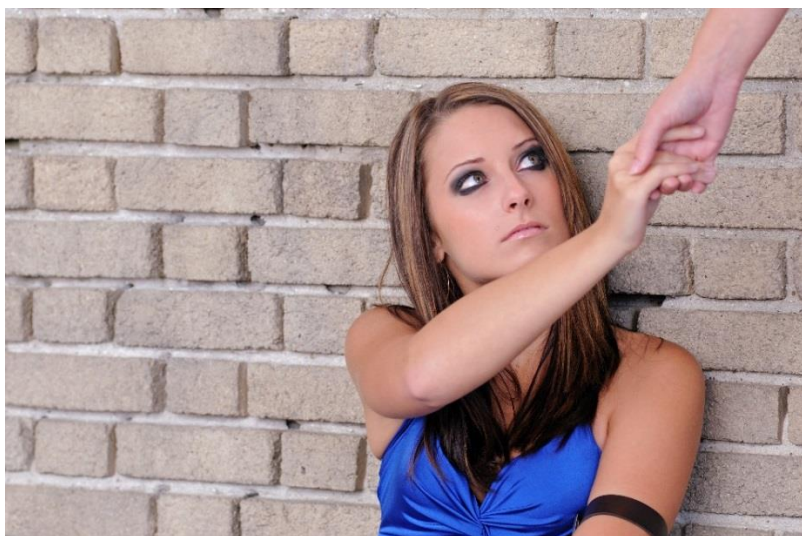
Hopefully by the time you are reading this, all of the providers visited will have received their individual reports. We anticipate presenting the comprehensive report and summary to our Compliance Committee by the February Committee meeting. Highlight below are a few of the concerns seen across several providers. They include the following:

### *Group Size*

In November 2016, CBH Compliance issued a Provider Notice entitled "Group Therapy Size Limitations" that laid out limitations on group sizes. AND, in these very pages in our initial issue of Compliance Matters back in 2015, we spent some time discussing group size limits. In addition, this has been a frequent reminder to providers when identified during compliance audits over the last several years.

We were surprised to see so many IOP providers running groups WELL in excess of the maximums allowed for therapy (10) and psychoed (15) groups. It is our belief that this leads directly to concerns related to a lack of individualized care that we will talk about in the next bullet point. It also means that many members in the group will be unable to have meaningful input into the group process due to the sheer size of the group. Sadly, we saw with some regularity group sizes more than 25-30 members. It is impossible for all those members to participate meaningfully in an hour to an hour and fifteen-minute group. And it is even more difficult for the staff running the group to clearly document the group process and individualized responses for all participants.

Also, as a reminder, when a group size exceeds the maximum allowed participants, the group is considered invalid. As a result, payment made for any group member present is considered an overpayment and subject to being recouped as a part of compliance reviews.



### *Lack of Individualized Care*

It became clear in the tour that two points were clear regarding lack of individualized care. The first, is the relative lack of individual and family therapy sessions occurring in IOP. The IOP model is clearly a group-based model. It was not uncommon, unfortunately, for entire programs to lack any evidence of family therapy as part of the IOP process. *(Continued on next page)*

*(Continued from previous page)* Individual sessions, even when documented by staff as being likely more beneficial for the member, were limited to brief encounters once per week or every other week, often focused on case management concerns rather than counseling interventions. In that same time, members could be receiving 4-5 group sessions. The model and curriculum used may change slightly from provider to provider, but the overall picture was the same for many of the programs reviewed. A predetermined set of courses/modules, heavy in group sessions that the member was expected to slot into. In some cases, these preset courses also relied heavily on the 12 Step model rather than evidence-based treatment modalities.

The other lack of individualized care was specific to groups. As mentioned earlier, the groups that were being run often had in excess of 20 members in the group. Not surprisingly, the individualized response for the member in the group was often non-existent. It is not uncommon after 1.5-3 hours of group sessions for the individualized response for the member to be "Member was present. Seemed to be interested in recovery. Minimal participation". Clearly, this is not sufficient to communicate the service received by that individual member.

#### *Non-Billable Activities*

CBH, as a Medicaid payor, is limited to paying for specific behavioral health services. The services for which we are able to pay for are defined, in part, by a listing of acceptable CPT/Procedure codes that we receive from the State. We continue to see claims submitted for non-billable services. Examples include, but are not limited to:

- Collection of urine samples
- Case management activities
- 12 step meetings
- Social and recreational events
- Peer support services

While these are all undoubtedly important tools in an IOP program, they cannot be billed for reimbursement by CBH. For example, the utility of the 12-step process for many individuals has been demonstrated over a number of years. However, a search on a Tuesday morning, found 23 different AA meetings alone for individuals JUST in Northeast Philadelphia. This does not include NA and other 12 Step fellowship organizations. A session utilizing a review of one of the 12 steps to start but then exploring individualized issues for each member using therapy/counseling MAY be billable, but statements which have been frequently been seen such as "Worked on step 4 in the workbook" will not substantiate IOP service.

**CONFIDENTIALLY REPORT FRAUD, WASTE, and ABUSE.**

**1-800-229-3050 or**

**[CBH.ComplianceHotline@phila.gov](mailto:CBH.ComplianceHotline@phila.gov)**

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### Lab Use

Laboratory services can be a useful tool in providing care to members in IOP. Whether screening for drugs of abuse based on concerns of relapse indicated by clinical signs and symptoms or random checks or to confirm the use of prescribed medications, these tests clearly have a use in the provision of IOP and other LOCs. In our tour, it was not uncommon to see individuals receiving multiple drug screens per week. Further, in many cases there was little to no indication that the results were then used in any meaningful way in the member's treatment. When not utilized in the care, the medical necessity of such labs is clearly called into question.

These issues will be addressed in the *FULL* IOP tour summary. The summary will include recommendations for modifications to the current system to improve the IOP experience for all involved. I encourage you to start thinking about changes you can make to improve the IOP experience and avoid overpayments for your agency. I would also recommend that you provide feedback about changes that you feel the system could implement to improve the efficiency and efficacy of the level of the care. We, sadly, do not anticipate a swift conclusion to the opioid crisis, and we are committed to ensuring that the limited funds available are utilized in the most effective ways possible to combat the current crisis.

## In Our Next Issue

- Lab 101
- Is Dapping Out of Style?
- Junk Drawer
- Puzzling

That's a lot of words...can I have some food now?



# PUZZLING!

V L O E L V S A I S J B J K S D V C N V U J N W X  
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 B M Y W X D W X S H P Z S U Z O G T O R Q R Z E Z  
 K Q V M T I X W W M A Z J L Y Z I A B G T J V C C

## Word List:

Beach

Caribbean

Gritty

JoJo

Mittens

Parka

Polar

Process

Resolution

Shovel

Sixers

Slush

Trust

Vortex