



Compliance Matters



!POP QUIZ!

What was the first street in Philadelphia—actually, in the whole colony of Pennsylvania?

Answer in our next issue!

Previous Issue Answer:

The average lifespan of a Major League baseball is **seven** pitches! That's according to an *MLB News* post in July 2012. Seems like it should be easier to score a foul ball!

Donna's Desk

Welcome to the spring edition of *Compliance Matters*. This issue is one of the largest editions to date, with articles ranging from an introduction to our own internal compliance department to labs to note formatting.

And, since it is the spring edition, how about some spring cleaning? Spring cleaning shouldn't just be for dusty garages and basements! Now is also the time to break out your agency's compliance plan and associated policies to ensure that they are up to date. Spring is the perfect time to evaluate the performance of your compliance plan and make any changes during the summer months.

Be sure to keep those questions coming related to CBE/Rs. We are working hard, particularly our Assistant Director of Compliance Marie Raupp, to answer all the questions that come in, and we continue to work on posting as many FAQs as necessary for the benefit of the entire network.

Go Sixers and Phillies!

- 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

Junk Drawer



Back in 2018, CBH finalized the per diem substance use treatment documentation guidelines. To refresh your memories, the guide can be found here:

<https://dbhids.org/wp-content/uploads/2018/07/Per-Diem-DA-Documentation-Requirements.pdf>

The guidelines were developed at CBH with assistance from multiple departments within CBH and across the DBH. We even devoted a session at the 2017 Compliance Forum to it (at that time a draft). The hope was that the guide would help our per diem substance use treatment providers effectively document the work they complete with our members. Now a year later, CBH Compliance will be visiting our per diem substance use treatment providers in the coming months to gauge its effectiveness.

Biz Rules keep on RULING! Our business rules workgroup is preparing to test new business rules that would screen for appropriate diagnoses on claims. For example, if you are billing for a service for members on the autism spectrum, we should see an autism diagnosis present on the claim. Now would

be the time to make sure your chart documentation and billing diagnoses match up. An easy check for most, if 90%+ of your claims have the same diagnosis, you should probably look a little deeper to see if that is, in fact, true.

We have spent significant time in multiple venues... these pages, compliance forums, meetings, etc...stressing the need for our providers' medical records departments to be prepared to produce a significant number of medical records with little notice. As we continue to use more random and statistically significant samples, the number of charts requested continues to grow. As a reminder, if your agency is not able to produce a record during the audit day, the service will be considered an overpayment and we will recoup the claim payment.

Communication is key. Please make sure that we have updated contact information for your agency. As a reminder, CBH Compliance communicates its findings via e-mail. We need to have a valid email address on file for your agency. This should NOT be an unsecured web email address such as Hotmail, Gmail, or AOL. We transmit PHI with some regularity and every step possible should be taken to ensure appropriate security for these communications.

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

1-800-229-3050 or

CBH.ComplianceHotline@phila.gov

Putting the C Back in CBE/Rs (Part One)

There are some uniquely Philadelphia things. As a transplant, I can attest to that. Mummers, WaWa (AKA Sheetz wannabes), the Mütter Museum, cheesesteaks... the list goes on. CBH has added to the list of uniquely Philadelphia oddities with our own Hall-and-Oates-esque pairing of the Comprehensive Biopsychosocial Evaluation (CBE) and Comprehensive Biopsychosocial Re-evaluation (CBR). And perhaps nothing... well, maybe the Mummers... is more misunderstood in Philly than our own CBE/R duo. We will devote two articles in this and the next Compliance Matters to CBEs and CBRs, debunking some myths, highlighting some common pitfalls, and giving some helpful tips for making the most of your CBE/R experience.

To set a foundation, our Compliance Analysts have been hard at work reviewing a large sample of CBE/Rs billed between 2015-17. To do so, claims for these services were randomly selected and 17 providers were lucky (or unlucky, depending on your view) to be selected as part of the review. Several common errors were seen that included:

Clock Time Issues

The CBE/R is a unit-based assessment. This requires the provider to track start and end clock times for each portion of the evaluation completed. In many cases, this was not seen in the record. As a reminder, the start and end times must also include an AM/PM designation or be written utilizing "military time."

Missing Documentation

Each billed CBE/R must be complete prior to billing. Once billed, we should see the completed document, reflecting all time periods used to complete, reflected in the record. All required fields should be addressed in the completed evaluation.

Discrepant Information

This can take many forms. Examples include: referring to the individual by the wrong name (evidence, at times, of cutting and pasting), overlapping clock times with other services/members, information that conflicts in the evaluation with no explanation, etc.

Other common concerns noted in the review included:

- Service Type Errors/Upcoding (billing for the wrong TYPE of CBE/R)
- CBE/R exceeds max allowable units
- Date errors
- Missing client identification on each page of evaluation
- Legibility concerns

To help identify key elements needed for each CBE/R, which would hopefully increase the quality of the evaluation and reduce the errors observed, CBH published a guide for CBE/R completion earlier this year. The guide can be found here:

https://cbhphilly.org/wp-content/uploads/2019/03/CBE_R-Guide.pdf

The guide should address the concerns noted in the audit of CBE/Rs discussed earlier. Should you have questions, please email the questions to CBH.ComplianceContact@phila.gov. We are also working on setting up a CBE/R Frequently Asked Questions (FAQ) section to provide more information to our provider community.

In our next issue, we will tackle some CBE/R myths!

She Blinded Me With Science!

Ahhh, labs conjure up memories of organic chemistry for me. Bunsen burners, steam cones, test tubes, fancy words like “ethyl alcohol,” homemade aspirin, and then perhaps the funniest word in the English language... beakers. Don’t believe the hype that “wiggly” is funnier – beaker wins.

Our current working labs are nothing like my experience so many years ago at *the* greatest school in Virginia (those who said UVa in your head... we know who you are). They are full of gas chromatography machines, cleanliness that would make Joan Crawford envious, and more flashing lights and readouts than a Buck Rogers rerun.

At present, CBH pays for lab tests ordered for CBH members in treatment for behavioral health issues that are directly related to their behavioral health diagnosis. These include drug screens, labs related to screening for metabolic syndrome, and monitoring therapeutic levels of certain medications.

What do we look for when we look at lab services paid for by CBH? Part of the answer lies with the lab. Labs in the Commonwealth are expected to adhere to requirements laid out in Chapter 5 of the Pennsylvania Code:

<https://www.pacode.com/secure/data/028/chapter5/chap5toc.html>

In addition, labs are expected to hold a current and valid CLIA certification (*Clinical Laboratories Improvement Act of 1967*).

CBH reviews, as needed, lab records to ensure that our contracted labs maintain records that are consistent with the record keeping requirements outlined in Chapter 5 of the Pennsylvania Code. We are also tasked with ensuring that the lab has submitted claims consistent with the requirements contained within the CBH Provider Agreement and any relevant bulletins and notices.

For all review of labs, we also review the member’s record at the ordering practitioner’s facility. In that review, we look for the following:

- Presence of an order from a physician for the specific labs reported
- Results included in the chart
- Use of the lab results in the treatment of the member
- Abnormal/unexpected results are addressed in the record

Since most lab orders do not receive prior authorization, we are reviewing the order to ensure that the lab work requested was medically necessary. We encourage provider agencies to review the orders generated by their staff and ensure that all the above are clearly documented in the chart. If you notice that members are receiving multiple urine drug screens per week, for example, you will likely want to review the member’s record to determine if these tests are necessary and being utilized effectively in treatment. (*Continued on next page*)

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If you notice that your agency is generating requests to an outside lab for pregnancy tests for men (it happens... a lot), you should pull those records to determine why this is happening.

The ordering and performing of labs for no clear clinical benefit falls squarely in the waste section of the FWA trio. Eliminating this waste is a shared responsibility between CBH, our contracted labs, and the practitioners ordering the labs.

Inside Internal Compliance

In March 2018, CBH launched an Internal Compliance and Risk Management Department. The Department ensures development, implementation, and adherence to policies, procedures, standards of conduct, and written guidelines that tell employees what is expected of them and provides structure for the organization. The Department is responsible for Policy Management to ensure that CBH's policies and operations align with regulatory expectations. We also reinvigorated a cross departmental Internal Risk Management Committee as an oversight body to assure that internal controls are in place, to evaluate and monitor key areas of risk, and to that ensure internal and external audit recommendations are addressed. Finally, in 2018 Internal Compliance and Risk Management, in collaboration with CBH staff, revised CBH's Code of Conduct and developed various avenues for our staff to bring forth code of conduct and ethical concerns as well as known or suspected violations of agency policy. In 2019, our goals include expansion of our internal audit activities and training and education for staff.

CBH is committed to first in class service for our members, providers, and system partners. We believe this new department's focus on increased internal accountability will improve your experience working with us. For additional information, comments, or questions, please do not hesitate to contact Missy Robinson, Director of Internal Compliance and Risk Management, at maryellen.robinson@phila.gov or 215-413-7118.

- *Missy Robinson, Director of
Internal Compliance*

Thanks for
the inside
scoop,
Missy!



Is DAPping Out of Style?

I never learned to Achy Breaky Heart or to Style like Gangnam. I can neither whip nor nae nae. Popping and locking are things only my knees do. But dapping seemed doable even for me. Wait, is it dapping or dapping? What's the difference? Either way, once I found out about it – it was already out of style. Same thing happened with my Jam shorts and jean jacket. But I digress.

We are often asked about the preferred format for notes. Do we favor the DAP over the SOAP? Are there other formats that can be used as a template for clinicians to document services provided? My answer over the years has been remarkably consistent. "Eh, no."

SOAP and DAP continue to be the most common note formats we see. And certainly, each can lead to concise notes that effectively substantiate the service that has been provided. We have seen providers develop their own formats that prompt the clinician to provide information valuable to that program or provider. The key, in my opinion, is the clinical skill of the practitioner. A skilled therapist or counselor can take a blank piece of paper and provide a complete but concise understanding of what happened in the session and what is planned moving forward. And the opposite can be true: a well-designed and thought-out form can lead to take-backs for insufficient documentation in the hands of someone not properly trained and/or invested in documenting the content of their sessions.

There are some general DOs and DON'Ts that are common to most/all levels of care that include the following.

DOs

- Concisely summarize both the actions taken by the member(s) and the staff person. Both should have an action verb attached to them. The reader should have a clear understanding of exactly what was done by the provider staff and what the reaction and response was by the member(s).
- Document only time spent providing face-to-face service with the member(s). There are some exceptions to this provision, but in general, only face-to-face service delivery is billable.
- Provide notes that are legible and complete.
- Document a plan for ongoing care that is noted and relevant to the member and to their presentation.
- Ensure that the interventions utilized and care provided are consistent with what is described in the treatment plan. Exceptions can and should be made to deal with emergent crises. However, if the staff feels that interventions and care required differ regularly from what is described in the treatment plan, then the plan should be updated to reflect the current issues and presentation.
- Show the clinical thinking and decision making of the staff. This is particularly important in cases where the staff feels that there is incongruity in the member's stated feelings/behaviors/goals and that which is observed or necessary.

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DON'Ts

- Don't give only one side of the story. Think Paul Harvey (hands up for those who get the reference. Oh hey, fellow listeners of radio in the 80s): we want to know the *REST* of the story. Providing us with only an account of what the member said does not help us decipher what, if anything, the staff person did. It leaves us wanting more, like the Soprano's or LOST finales. We want the Game of Thrones finale (hopefully).

I could go on and on and on... you get it. Role reverse for one second: you are a CBH Compliance staff person. In addition to your amazement at the fashion sense, athletic ability, long attention-span, computerlike memory, and writing skills of the unit's director, you are faced with reviewing notes for 100 claim lines in a day. Would you want to read two and half pages or two paragraphs of a concisely written note? Yep, the latter. Erase those "three-page minimum" writing assignments from school from your memory.

- Don't describe an intervention used as simply a school of thought or jargon. Saying "Used Cognitive Behavioral Therapy" is insufficient. Tell us instead (if appropriate), "Challenged the maladaptive schema that all people are dangerous that leads {member} to avoid interactions" or "Asked (member) to think and reflect on what it would be like to be more confident and then act that out in a role-play". The sentence gives the reader a much clearer picture of the session than "Utilized CBT" or "Used Adlerian theory."
- Don't state the plan for future sessions in overly simplistic and repetitive ways. Examples of what not say would be "Will attend next session" or "Continue in outpatient."

So, even if you have a gold standard new note format, you will still need to ensure that the staff are utilizing it effectively. Your agency's compliance plan, utilizing those seven key elements, should be able to ensure that staff are documenting sessions appropriately. The general rule of thumb is that, if needed, a new counselor or therapist can pick up the case right where it was left off based solely on the chart documentation. If you are left with questions after reading the note like "What specifically in CBT worked?," it is likely to be considered insufficient.



PUZZLING!

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WORDS:

Achy	Ballroom	Breaky	Bryce	Carlton	Cha
Charleston	Fightins	Flamenco	Harper	Homer	Limbo
Man	Quinn	Realmuto	Running	Tango	Tap