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Compliance 102

City of Philadelphia

Presentation will review:

- Return to Auditing
- Audit Codes
- Practice notes
- Most common audit findings by CBH Compliance
- Most reported self-audit findings by CBH Providers
- Self-Audit Tips
- Highlighting Three Audit Codes
- Referring Self-Audits to CBH Compliance

Questions

The chat box will be monitored by throughout the presentation. If you have any questions please submit them as they come. Time permitting we address questions at the end of the presentation.

Please submit all questions via chat to “Aadam Muhammad.” Please do not submit questions to “Everyone” or any other host as it will not be recorded or addressed. Thank you!

Provider Notice September 4, 2020: Return to Compliance Auditing

C·B·H
Community Behavioral Health
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Community Behavioral Health: Provider Notice
Compliance Auditing
September 4, 2020

CBH Compliance will resume auditing activities, on a limited basis, **beginning Monday September 21, 2020**. CBH Compliance suspended most auditing activities during the COVID-19 related Emergency Declaration, although monitoring activities and completion of in-process audits continued during that time.

CBH Compliance will not complete any new level of care or service wide audits but will instead focus on audits related to specific tips, or data mining activities.

CBH Compliance will make every effort to avoid in-person audits that would require travel to provider sites. In order to meet our mission to combat fraud, waste, and abuse while honoring social distancing requirements, we will expand the use of "desk" audits. When feasible, these audits will be completed using remote access to electronic medical records and/or submission of relevant documents via secure email, mail/courier, or fax to CBH Compliance staff. In some cases, as in the past, some data mining efforts may lead to overpayment determinations requiring access to member records (services billed post date of death of member for example).

CBH will continue to allow for extended response times and we have not yet resumed recovery efforts on identified overpayments from previous audits.

Return to Compliance Auditing Process:

- Desk audit documentation can be reviewed either via provider-submitted documentation or remote access to EMR's

  -If the provider needs to submit documentation, email is preferred. However, other forms of submission can be discussed with the analyst

  -If remote access is preferred, please coordinate with the analyst a day/time to access records

- Chart & caseload requests are sent to the provider's CEO/Executive Director. The CEO/Executive Director must directly coordinate with the assigned CBH Provider Representative to have staff copied on any correspondence.

Current Codes for Compliance Audits

- B - Billed to Incorrect Service Location or Service Type Error (Differs from upcoding)
- C - Date Error
- D - Discrepant Information
- E - Services Provided by an Excluded Individual or Entity
- G - Group Size Not Noted or Exceeds Allowable Number of Participants
- H - Upcoding
- IC - Insufficient: Clinical
- ID - Insufficient: Documentation
- M - Missing Documentation
- N - Non-Billable Activity
- O - Clock Times Not Documented
- P - Services exceed MA allowable contacts per period
- Q - Services Provided by an Unqualified Individual
- R - Re-Use of Content
- S - Services Not Rendered
- T - Treatment Plan Concerns
- U - Unit Error
- Y - Unbundling Codes

Audit Codes & Examples

Note: Not all audit codes apply for all levels of care

B – Billed to Incorrect Service Location or Service Type Error (Differs from Upcoding)

Billed to incorrect service location; Service type error for less or no rate differential. Differs from upcoding in that there is no financial gain for billing the incorrect service

- Example: Billed Collateral Family Therapy as Family Therapy

C – Date Error

Billed for incorrect date; Billed for a date of service with no documentation present but a nearby date of service with no paid claim has documentation for the same service and number of units

D – Discrepant Information

Examples:

- Note reads as introductory for a client who has been previously seen
- Content differs from information in other parts of charts (family composition, number of siblings, treatment history) - *especially between notes and CBE/Rs
- Wrong client name or other identifying information
- Same clock times or overlaps with another service, including EMR/EHR entry times
- Start and end clock times are different than what is documented on Encounter Forms,
- Notes with clock times for two different services by two different staff and services occur at two different locations

E – Services Provided by an Excluded Individual or Entity

The CBH Provider Agreement requires all providers to complete monthly exclusion checks

G – Group Size not Noted or Exceeds Allowable Number of Participants

Number of participants in group not listed; Number of participants in a group exceeds allowable number. For current group size requirements consult current regulations.

H - Upcoding

Services cannot be billed by using a CPT Code or Service Type for a more expensive service than was performed. Differs from B – Billed to incorrect service location or service type error in there is a financial gain

Examples:

- Billing Psychiatrist LOC for a Master-level provider of service
- Billing Family when Individual was provided

IC – Insufficient: Clinical

Examples:

- Content does not support duration
- Content does not reflect the participation of the member
- Content does not reflect the participation of the provider (“court reporter” notes)
- Content is so vague and generic it’s difficult to tell what occurred
- Content cites therapy terms such as “…used CBT…” without details
- Form’s templated prompts have no answers or very sparse information, or checkboxes with no elaboration on clinically relevant responses

ID – Insufficient: Documentation

- Documentation must have all required signatures with the date of service and the date the note was signed (all notes must be created, signed, and entered into the record within 7 days post service or before the claim is submitted to CBH, whichever comes first)
- Signatures must be legible
- Corrections must be properly documented (if corrected/crossed out, initial the correction)
- The record must be legible
- Documentation must be original (not photocopied)
- Placeholder notes with blank sections
- Client identification must be on both sides of notes & multi-page documents

M – Missing Documentation

Progress notes and evaluation documents not filed in clinical record; Does not include missing treatment plans, which are listed under the code for "Treatment Plan concerns“

Note: Per the Provider Bulletin #18-02 “Updates to CBH Compliance Audit Policies and Procedures” posted March 15, 2018 “Providers will now be required to locate the documentation during the audit in the event CBH Compliance Analysts are unable to locate documentation related to a paid claim”

N – Non-Billable Activity

Note: Not all levels of care have the same billable activities

All billed services must be reimburseable by Medicaid

Examples:

- Travel
- Homework assistance
- Recordkeeping activities & completing paperwork
- Eating meals
- Providing psychoeducation in an outpatient group
- Services provided to a member without a Medicaid required diagnosis
- Services that do not meet minimum time requirements
- Therapists performing case management
- Text messages & voicemails
- Social/recreation

O – Clock Times not Documented

For all levels of care with services measurable in units of time, documentation must include accurate start and end clock times including a.m./p.m. or military time designation

P – Services Exceed MA Allowable Contacts per Time Period (also, Day of Discharge Billing)

All Levels of Care Service rendered may not exceed those prescribed, or bill beyond date of discharge. For D&A consult current DDAP guidance regarding ASAM implementation and for Outpatient and IOP levels of care consult current regulations.

Examples:

- For Per Diem levels of care this includes billing on date of discharge
- For Inpatient Consultations PA Medicaid allows only one consultation and one follow-up.
- RTF Services should not exceed Medicaid-allowable therapeutic leave, hospitalization, AWOL days per stay and/or per year

Q – Services Provided by an Unqualified Individual

Staff will meet the minimum requirements of the position description guidelines established by Federal, Commonwealth, and CBH standards, as well as the provider's own job qualifications

Example:

- Bachelor's level staff member completing Master's level services
- Lapses licenses

R – Re-use of Content

Repeated content or one word changes or moving words around *or* including content from a book or website

Example:

- "M said he is feeling sad today because he was thinking about his recent loss. We processed how to deal with the loss"
- "M said he is feeling sad today because he was recently thinking about his recent loss. We processed how to deal with it"
- "M said he was feeling down today because he was thinking about a loss he had recently. We processed how to deal with the loss"

S – Services not Rendered

Services must be provided in order to be billed. Specific examples will be discussed by Lauren later in the presentation

T – Treatment Plan Concerns

- No plan found to cover date of service
- Plan not signed by all required individuals
- Plan does not include all services being provided
- Plans are identical across time and/or members, often with re-used content for progress update section
- Plan has the wrong client name and/or other information

U – Unit Error

The units of service billed must equal the units of service documented in the clinical record.

Y – Unbundling Codes

Billing one encounter as two service events/types

Example:

- Billing labs during an inpatient stay

Now YOU be the auditor!

Example Note #1

Billed as 3 hours IOP

Example Note #1 – Page 1/2

Example Note #1

(Billed as 12 units IOP for 8/1/2020)

DAT

Drug and Alcohol Treatment Provider 1234 Main St. Philadelphia, PA 19146
Phone:(555)855-1691 Fax:(555)955-1657

IOP Progress Note

Client Name: Peppa Pig **Service Date:** 8/1/2020 **Start Time:** 9:00 a.m. **End Time:** 12:00 p.m.

Service Type: IOP Group **Group Size:** **Clinician(s):** Roger Rabbit, M.S.

Therapeutic Intervention:

Today's topic of discussion was expectations and managing situations in which expectations are not met. The group began by going around the room and discussing a time when each individual had expectations that weren't lived up to and how it made them feel. This therapist encouraged clients to think of times, either through interpersonal relationships, missed job opportunities, previous academic performances, etc. when their expectations weren't met. This therapist provided support and encouragement throughout the discussion by offering potential alternative perspectives of others involved.

Group Response:

The group's participants seemed engaged in the conversation. Group members were able to encourage one another in thinking of examples and also offering other potential perspectives of those involved.

Individualized Response:

Peppa shared that when she was younger and in a previous relationship that she had high expectations for her partner to get her an expensive gift and take her out to dinner for her 24th birthday. Peppa described that when he gave her a gift of a framed picture of the two of them and did not take her out to eat that she got very upset. This therapist asked Peppa if there were any other perspectives she could take in managing her disappointment. Another group member stated that her previous partner might not have had enough money to take her out to dinner and that the gift of a framed picture, while not expensive, could be perceived as more personal and thoughtful.

Plan for Next Session:

Example Note #1 – Page 2/2

Example Note #1

(Billed as 12 units IOP for 8/1/2020)

DAT

Drug and Alcohol Treatment Provider 1234 Main St. Philadelphia, PA 19146
Phone:(555)855-1691 Fax:(555)955-1657

Next session will focus on the introduction of coping mechanisms using the 5 senses. This therapist will bring in a box full of items to help the participants make connections to the 5 senses and see how they can each be used to help cope with stressful situations.

_____ _____

Clinician Signature Date Clinician Name

CBH Compliance Audit Codes			
Letter	**Description**	**Letter**	**Description**
B	Billed to Incorrect Service Location or Service Type Error	N	Non-Billable Activity
C	Date Error	O	Clock Times Not Documented
D	Discrepant Information	P	Services Exceed MA Allowable Contacts Per Period
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G	Group Size Not Noted or Exceeds Allowable Number of Participants	R	Re-Use of Content
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IC	Insufficient Clinical	T	Treatment Plan Concerns
ID	Insufficient Documentation	U	Unit Error
M	Missing	Y	Unbundling Codes

Example Note #1

Audit Codes	Comments
G, ID	**G** – Note is missing number of participants **ID** – Missing signature & date; client's name not listed on every page of the record

Example Note #2

Billed as One Hour Individual Outpatient Therapy

Example Note #2 – Page 1/2

Example Note #2

Billed as 1 hour (2 units) Individual Outpatient Therapy

EXAMPLE PROVIDER

SESSION PROGRESS NOTE

Date: 2/14/2020	Client: Harry Potter (#1234HP)	Clinician: Clark Kent, M.S.
Start Time: 2:00pm	End Time: 2:30pm	Duration: 30 minutes

DATA

Met with Mr. Potter for his scheduled appointment. He described how he had a lot of anxiety last weekend at a Halloween party because there were a lot of people around and they were being very loud. Harry stated that he was having a hard time concentrating on the conversations he was having with individuals because the noise around him was distracting.

This writer asked him to describe how the anxiety made him feel in his body and Mr. Potter said that he felt his heart racing faster than normal and he felt himself getting warm. The therapist asked what he did to cope with these feelings and he said that he counted to 10 and excused himself from the room. He left the living room and spent the rest of the time at the party in the kitchen where it was quieter.

This writer applauded Harry's ability to manage his stress in that situation and recognize the physical feelings he was having in the moment. The therapist also suggested that next time he might be able to ask the host of the party to turn the music down so people wouldn't have to shout.

ASSESSMENT

Harry seemed to do well using his coping skill of removing himself from a situation that made him anxious. Harry was also able to use his skill of counting to 10 to reduce anxiety.

PLAN

Janice will continue to work on her treatment plan goals. Janice will continue to make progress and show that she is learning how to do what she is supposed to do in the presence of this peer specialist.

Clinician Signature: Clark Kent, M.S. Date: 2/16/2020 Time: 1:24pm

Example Note #2 – Page 2/2

Codes only for reference. Not a continuation of the note

Example Note #2

Billed as 1 hour (2 units) Individual Outpatient Therapy

CBH Compliance Audit Codes			
Letter	**Description**	**Letter**	**Description**
B	Billed to Incorrect Service Location or Service Type Error	N	Non-Billable Activity
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Example Note #2

Audit Codes	Comments
D,U	**D** – Body of the note describes a recent Halloween party but the session took place in February & “Plan” section of the note describes another individual and peer specialist services **U** – Billed as 2 units but only 1 provided

Great Job, Auditor!

Did you find any other potential audit codes? If so, put them in the chat box!

2018-CBH Compliance 101 Forum Presentation “YOU Be the Auditor”

CBH Compliance Department’s Most Common Audit Findings:

- D Discrepant Information
- IC Insufficient: Clinical
- M Missing Documentation
- R Re-Use of Content
- T Treatment Plan Concerns

CBH Providers' Most Common Self-Audit Findings 2017-2020:

1. S Services Not Rendered
2. T Treatment Plan Concerns
3. D Discrepant Information
4. U Unit Error
5. R Re-Use of Content

   Q Services Provided by an Unqualified Individual

   IC Insufficient: Clinical

(three-way tie for 5th)

Common Audit Findings

CBH Compliance Audits & CBH Provider Self-Audits

- **D Discrepant Information**
- **IC Insufficient: Clinical**
- M Missing Documentation
- **R Re-Use of Content**
- **T Treatment Plan Concerns**

1. S Services Not Rendered
2. **T Treatment Plan Concerns**
3. **D Discrepant Information**
4. U Unit Error
5. **R Re-Use of Content**

Q Services Provided by an Unqualified Individual

IC Insufficient: Clinical

2018-CBH Compliance Forum Presentation “Self-Auditing and Referrals to CBH”

Ways Self-Audits May Be Initiated

Risk Assessments

Current Issues

Management Requests

Regular Rotations

Industry Guidance

- Member Complaints
- Funders Require Self-Auditing
- External Auditors
- Routine Quality Reviews
- Clinical Documentation Reviews and Supervision
- Service Verification such as Outreach
- Seeing Lack of Member Improvement

2018-CBH Compliance Forum Presentation “Self-Auditing and Referrals to CBH”

Actions That May Be Completed During Self-Audits

Service Verification

Interviewing Clients, Guardians, Claims Administrators, etc.

- Reviewing Credentialing Files
- Reviewing Encounter Forms
- Supervisor Pop-Up Visits
- GPS Tracking
- Videotaping Common Areas to Determine Start and End Session Times
- Calling Members in Order to Verify Services

2020-Information Contributed by CBH Providers during “Compliance 102”

Additional Actions To Take While Self-Auditing

Look for Questionable Data Report Findings from EHR

Review Logs in EHR System (aka “employee clicks”)

Review employee access logs to buildings, computer network, and electronic systems

Quality Assessments

Identify Staff Training Needs

Checking Continuity Between Treatment Plans

Make sure Clinical Files are Complete (eg all dates of service have signed treatment plans covering the span of time)

Match Encounter Forms to EHR Billing

Highlighting Audit Codes: S Services Not Rendered

Examples

- The Quality Assurance Manager at your agency was conducting routine quality of care calls with parents and guardians. A mother said they never met the mobile therapist and have only texted back and forth but there were three claims recently paid. Progress notes stated that services occurred with the mobile therapist, member and mother.
- A Supervisor at your agency talked with a member’s daycare. Your agency’s staff person was not at the daycare on a date when the staff person's documentation said they were.
- The Compliance Officer at your agency looked at the school calendar and found that a school-based service claim that paid when the school was closed.

Highlighting Audit Codes: U Unit Errors

Examples

- The Vice President at your agency was conducting an exit interview with a staff person who said they felt pressured to bill a set number of units. After comparing GPS Tracking to chart documentation, more units were being billed by staff than what was indicated.
- The Biller at your agency noticed that the number of hours submitted by a staff person did not seem plausible since it exceeded the number of hours the agency was operating. After confirming with members, more units were being billed by the staff person than what was provided.
- When talking with an inpatient psychiatric hospital social worker, the Supervisor confirmed that a case manager visited the member in the hospital for 15 minutes, and 2 hours of service were documented in a progress note.

Highlighting Audit Codes: D Discrepant Information

Examples

- The Compliance Auditor at your agency reviewed videotape and found that the start and end times on the video matched the sign-in sheets but were different than what was documented by the therapist in progress notes.
- The Front Desk Staff receive a call from a medical social worker who would like to arrange a follow-up appointment with the member's case management team. A Supervisor of the case management team was informed. There were face-to-face progress notes for services paid during the time period the member was in the medical hospital that did not reference the member was in a medical hospital.

CBH Provider Bulletin 18-17 Self-Audits
November 7, 2018

1. Follow the Pennsylvania MA Provider Self-Audit Protocol
2. CBH Providers Must Notify CBH Compliance When The Need for a Self-Audit is Identified
3. If required, Receive Pre-Approval from CBH Compliance
4. Respond to Requests from CBH Compliance for Self-Audits
5. Request Support
6. Submit Self-Audits Using Required Forms

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Compliance Hotline: CBH.ComplianceHotline@phila.gov
800-229-3050

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2 https://www.recoveryfirst.org/blog/the-big-list-of-addiction-recovery-movies/

References

Troklus, D. & Vacca, S. (2016). *Compliance 101 (4th ed.)*. Minneapolis, MN: Health Care Compliance Association.