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Community Behavioral Health

COMPLIANCE MATTERS NEWSLETTER

Winter 2021 Edition

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From Donna's Desk

After a period of uncertainty as a result of the COVID-19 pandemic, we're happy to kick off 2021 with a new issue of Compliance Matters! Thank you again to our providers for ensuring that services to our members, needed in 2020 more than ever, remained accessible.

In this issue of Compliance Matters, we will spend some time looking back at the efforts of our team in 2020, including the first ever virtual Compliance Forum, and also looking ahead to what we plan to focus on in the coming year.

There is much work to be done, but 2020 showed that while we may have changed course, no matter the obstacle, we will find a way to stay true to our collective mission of serving Philadelphians. Here's to a new year of continuing our work with an even greater sense of purpose and urgency.

Donna E.M. Bailey
COO

Pop Quiz!

**Answer in our next issue*

What three factors need to be present according to Donald Cressey's Fraud Triangle hypothesis for fraud to potentially occur?

Previous Issue Answer:

The first brick-paved street in the world was in Charleston, West Virginia on October 23, 1870. The layout plan for the bricks was eventually patented by Mordecai Levi.

Junk Drawer

- Staff Roster season is upon us. Please start planning now to respond to the annual request to submit updated staff rosters in February.
- Just the FAQs! In what will hopefully be the first in a regular feature, Lauren's article wrapping up Compliance 102 also features some FAQ questions and answers. Don't see your question asked or answered in this month's entry? Let us know.
- We all shifted quickly to Alternative Payment Arrangements (APA) back in the spring. But remember, in most cases, there is still no alternative to solid clinical documentation. We have asked to have claims submitted to support the APA. These claims are vital in ensuring that our members are receiving care and that our providers get credit for the work that they

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are doing. Even though during an APA there is a $0 rate, there is still a need to ensure that claims submitted are valid. If you have questions about rules and expectations during the APA, please let us know!

- Starting a new year seems like a good time to review your agency's policies, procedures, and practices. At a very basic level, do they match? That is, do the actions and practices of staff match with the policies and procedures? If not, it may be time for some analyzing and changing. Additionally, it is a good time, particularly after a year like 2020, to make sure that your agency complies with broad guidance like Anti-Kick Back Statutes, Anti Patient-Brokering laws (EKRA), and rules against physician self-referrals (Stark Law).

Looking Ahead

The past year was difficult for many. It also presented many challenges to our Compliance Department. Luckily, our challenges pale in comparison to so many others. Seeing our providers and state and federal oversight partners adapt so quickly to a new, socially-distanced (when possible) reality has been impressive, to say the least.

For our department, March saw an abrupt transition from in-person, in-the-field auditing to remote working. Fortunately, our experience working in the field gave our staff a proverbial leg up in the transition to fully remote working. We made the decision early in the year to pause most auditing and overpayment recoveries. Our fraud, waste, and abuse fighting work did not stop, but we were cognizant of the fact that auditing and recoveries as normal could further destabilize agencies and cause disruptions to services for our members.

In late 2019 we developed a work plan to focus our efforts in 2020. Despite changes in priorities and activities as a result of the COVID-19 pandemic, CBH Compliance was able to meet significant goals identified in our 2020 work plan. Most notably, we used the time to get "caught up" on audits that had visits already completed. This included completion of result letters, summaries, replying to provider responses, and processing self-audits that were already in house.

In addition, we are in the home stretch in the development of a Compliance clinical audit database. This tool will be an important resource for our department for creating standardized and ad hoc reports and enhancing our efficiency by allowing entry of audit information directly into a centralized database. We anticipate that our new database, along with standardizing compliance reports and correspondence, and continued review of our audit scheduling protocols will increase our timeliness in turning around audit results to our providers.

During 2020, our training and education efforts increased as well. Our staff completed trainings for independent practitioners and for the network on the emerging and enhanced use of telehealth. Both trainings were recorded and can be accessed by provider staff by visiting the **training page on our website**.

We held our first virtual Compliance forum (thanks to all who were able to attend and participate), and we continue to provide guidance to support providers in

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keeping pace with changes in regulations and requirements in response to the COVID-19 crisis.

While we are optimistic that 2021 will be better and brighter, COVID will continue to play a significant role in our 2021 plan. Highlights of the coming year include:

- COVID-related Monitoring and Guidance
- Transition back to auditing and recoveries
- Audit Projects (more details about our 2021 projects are below)

The rapid shift to COVID-related APAs, in many ways, offers us an excellent "trial run" as we move from fee-for-service payment to more value-based payments that will become the norm in years to come. In 2021 we will gather and synthesize lessons learned from the COVID APA, provide ongoing guidance and education to our partners related to potential new APA and VBP models, and continued monitoring of current APAs and VBP arrangements.

It is clear, both from the US Department of Health and Human Services Office of Inspector General (HHS OIG) work plan updates and from conference/trainings with our federal partners, that significant attention is being paid to COVID-19 related fraud, waste, and abuse. The HHS OIG work plan identifies 45 areas of concern/monitoring in the current plan when searching for "COVID" as of December 29, 2020. In our behavioral health world, this likely translates to:

- Non-adherence to APA responsibilities
- Abuse of telehealth services
- Lab schemes
- Concerns with claims submitted – those claims submitted as part of APA payment protocol as well as in the traditional Fee-For-Service claims payments

We will continue to monitor and report on these and other key areas. Additionally, as we exit from lockdowns, APAs, and remote services, we will be resuming our auditing and recovery efforts.

Circumstances permitting, we have several audit projects that we will be tackling in 2021. These are planned to include:

- Returning to our ambulatory substance use disorder treatment providers
- TCM providers
- Per Diem substance use disorder treatment providers
- Family Based Services

The first two groups reflect our ongoing commitment to support the work on the opioid crisis. For IOP providers, we will be focusing on ensuring the group sizes are within limits set by regulation. For our per diem providers, we will be reviewing documentation to assess if the publication of clear documentation requirements has had a positive impact on treatment and documentation. Throughout both projects we will also be working, both with providers and with others within

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CBH, to move the ASAM transition forward. We will work to provide trainings and guidance to our network on changes that the ASAM transition will require. Finally, services that are delivered outside of an office setting are often viewed as primary candidates for FWA. Historically for us, that has meant a significant focus on IBHS (nee BHRS). This year we are proposing a look at all providers of Family Based services and targeted case management.

Finally, largely behind the scenes for most in our network, our Network Personnel and Analysis Unit (NPAU) team will continue to ensure our continued readiness for National Committee for Quality Assurance (NCQA) through review and refinement of our credentialing processes.

Zoom Zoom: The First Ever Virtual CBH Compliance Forum

By Marie Raupp

Thank you to everyone who attended our first virtual (Fourth Annual) CBH Compliance Forum on November 5, 2020. A special thanks to those who replied to our survey with feedback on this year's forum and input to help us with planning future events.

Although the circumstances forcing us to move the event to a virtual forum were certainly unwelcome, we are grateful for the technology that allowed us to reach a wider audience than in previous years. Challenges, such as limits on room capacity, city driving and parking issues, and provider staff being away from the office when needed, were eliminated, and we hope that we were able to reach more of your team members than in the past. We are also thankful that things seemed to have run smoothly online.

Highlights included: Ken and Donna's overview of 2020 and a look ahead to 2021, Alva and Emily sharing documentation guidelines for Independent Practitioners, Matt excelling in Excel, and our resident fraud detectives Lauren and Leann's master class on chart audits.

From your survey comments, we learned that you want more virtual trainings, and we agree. We are also thinking of scattering them throughout the year, rather than a full-day, one-timer during Compliance Week in November.

Some topics you suggested include:

- When to use extrapolation
- Auditing telehealth services
- Root cause analysis
- Risk assessment related to compliance
- ABA BHT documentation
- HIPAA
- Treatment plan expectations
- Federal and State-level compliance laws

We will use these recommendations to build our future events. If you have further suggestions for topics, please let us know at CBH.ComplianceContact@

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phila.gov. We are also reaching out to CBH's Provider Training and Development Department to ensure that our training content is consistent.

If you missed it, or just want to hear our brilliant team speak again, visit our Provider Training webpage to view the event recordings.

Thank you again for attending our forum and thank you to our team who worked hard to make it happen!

More Forum Musings and FAQs!

By Lauren Green

Compliance 102 Follow-Up

Many thanks to those of you who attended Compliance 102: Best Compliance Practices.

During the forum presentation, we asked CBH Providers to share their knowledge about self-auditing, or internal audits completed by Provider staff or contractors. The intent was to brainstorm ways self-audits may be initiated and to discuss investigative methods that may be completed during the self-auditing process.

Thank you very much to the CBH Providers who contributed. If you have any ideas to contribute, please contact us.

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
- Seeking Lack of Member Improvement

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 & End Session Times
- Calling Members in Order to Verify Services

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Ideas Contributed During Form About Potential Actions to Take While Self-Auditing

- Questionable Data Report Findings from EHR/ Reviewing Logs in EHR System (aka "employee clicks")
- Review employee access logs to buildings, computer network, electronic systems
- Quality Assessment
- Identify Staff Training Needs
- Checking Continuity Between Treatment Plans & That There Aren't Any Dates Without Treatment Plan Coverage
- Making Sure Clinical Files are Complete
- Matching Encounter Forms to EHR Billing

Compliance FAQs

In the days and weeks leading up to and following the forum, we asked for questions on all things Compliance. Here are some of the most commonly asked questions:

Can Telehealth be used on an inpatient (per diem) unit?

Kind of. Members need to be on the unit and receiving services in-person. As a result, staff will need to be there as well. But, high-risk or quarantining therapists, counselors, etc. can certainly conduct sessions remotely, so long as any applicable requirements for telehealth are met.

Must we really get encounter forms signed when this is over?

The State has indicated that there will not be a need for a mass encounter form, treatment plan, etc. signing when we head back to the offices. The use of electronic signature capture is still recommended, and providers must still document verbal agreement in lieu of a signature in most instances. Please see the **OMHSAS COVID-19 Public Health Emergency Suspended Regulations List** for additional information on this and other important regulations that may have been eased during the COVID Emergency Declaration.

Do we need encounter forms at all if we have (insert APA, VBP, etc.)?

Yes. Encounter forms are still required with APA or VBP arrangement, unless specifically noted otherwise. Encounter forms are helpful in aiding the provider and others to ensure that data submitted in support of the APA/VBP are valid and that members are receiving medically necessary services.

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Can you please give us examples of what you are looking for? Beyond "Concise and complete documentation of what happened," what exactly should we write in the charts?

Sorry, no. Each of our members and your treatment staff are unique individuals. The discussions held and course of treatment should be specifically tailored to meet the needs of our members using the skills and strengths of your staff. As a result, there is no "one size fits all" note.

We told you about the mistakes we made, we don't have to repay anything right?

If the mistakes noted resulted in a CBH payment that should not have been made, unfortunately, there is still a need to return the overpayment. Overpayments can be made because services were not delivered or because specific conditions for the service were not met. The only instances where a repayment is not required is if no overpayment was determined to have occurred.

What is a death master file and why would I want to check it?

The Death Master File (DMF) is a listing of individuals and their associated social security numbers who have been reported as deceased. For our purposes, we need providers to check the DMF for staff to guard against potential identity theft. For example, an individual who has been excluded from participation in the Federal Health Care system, may adopt the identity of a deceased relative to avoid detection by routine exclusion list checks. Providers need to check staff at time of hire and annually thereafter to ensure compliance with CBH rules around program integrity related checks. Please note, other exclusion lists (LEIE and Medicheck for example) must still be screened monthly.

In Our Next Issue:

- *More FAQs!*
- *ASAM Implementation & Compliance*
- *Junk Drawer*
- *Puzzling*

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Puzzling

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

Word List:

Acadia
Arches
Biscayne
Carlsbad
Denali
Everglades
Glacier
Katmai
Lassen
New River Gorge
Olympic
Saguaro
Teton
Yellowstone
Yosemite
Zion