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CBH Compliance Forum 2024

November 7, 2024

HOSTED BY:

CBH Program Integrity

COMMUNITY BEHAVIORAL HEALTH | 801 MARKET STREET | PHILADELPHIA, PA 19107 | 215.413.3100 | CBHPHILLY.ORG

Agenda

- **Welcome/CBH Program Integrity Year in Review/Look Ahead**
- **Clean Claims Discussion**
- **Updates from the Pennsylvania Office of Attorney General**
- **Break**
- **Breakout Roundtables (*In-Person*)**
 - **Artificial Intelligence**
 - **IBHS ABA Tour Preliminary Findings**

Housekeeping

- Slide decks and presentation recordings will be posted to the CBH website after the Forum
- Breakout rooms/discussions will be in-person only
- Please ask questions in the chat

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2024:

The Year that was (and still is)

Credentialing in 2024

➤ CBH Program Integrity staff completed (from 10/23 to 10/24):

- *Initial Credentialing Reviews for Practitioners: 307*
- *Re-Credentialing Reviews for/of Practitioners: 154*
- *Approved 14 staff related waiver requests via the CBH Credentialing Committee*

➤ Key Changes/Activities

- *Elimination of CBH PSV/Credentialing of FQHC Behavior Health Consultants*
- *Staff file reviews completed based on need/identified concern and as part of ABA tour*
- *Initiation of credentialing and re-credentialing for select unlicensed practitioners*

Credentialing in 2024

Reminder about previous facility re-credentialing changes from 2023

➤ Statuses

- *Simplified to one or three years*
 - One Year = Provisional
 - Three Years = Full

➤ Provisional Status:

- *Can occur due to NIAC, Program Integrity, Quality concerns*
- *Automatically triggers teaming at CBH to discuss how to support agency*

Credentialing in 2024

Reminder about previous facility re-credentialing changes from 2023

- Multiple departments/agencies can trigger a re-credentialing review
- This may lead to updated/new credentialing statuses well in advance of previous status “expiration”
- NIAC, Quality Management, and Program Integrity are the most common initiators
- A “passing” or acceptable review does not necessarily indicate overall adequacy
 - The different branches review different components with some overlap
 - Program Integrity for example focuses on adherence to rules and regulations as they related to payments

Program Integrity in 2024

- Name Change – CBH Compliance became CBH Program Integrity in 2024
- 82 Audits completed so far in 2024
- Through the first half of 2024, 77 hotline contacts triaged
- Completion of a thorough review of Applied Behavior Analysis (ABA) providers
- Compliance Plan reviews and Guidance
- Continued work on Cost Avoidance

Name Change

- Better reflects the work done by our department
- Ideally, decreases potential confusion among providers, oversight entities, and other stakeholders
- Allows CBH's internal compliance focused department to assume the Compliance moniker

ABA Tour

- Detailed discussion later in breakout group
- Reviewed a sampling of all in-network and out of network ABA providers for a point in time (*those who were providing services for review period*)
- Review of both clinical files and staff files
- Designed to allow for a baseline measure of ABA services and adherence to requirements
- Also designed to identify gaps in guidance and areas of confusion among service providers

Compliance Plan

- Phase two of a multi-year project continues
- Phase one = collection of network plans
- Phase two = additional guidance to network
 - General training available on the website
 - Targeted follow-up with providers/agencies
- Phase three = Review of implementation of plans

Cost Avoidance

- Focus shift from post-pay to pre-pay checks
- Claim Edits/Business Rules
 - *Disallowing inappropriate claims*
 - *Examples include improper POS or Dx*
- Training/Education
 - *Measuring effectiveness of training*
- Prepayment Review
 - *Holding payment for documentation review*

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2025:

A peek into the crystal ball

Program Integrity in 2025

- Work Plan still in process
- Program Integrity Committee has final say on priority/focus areas
- Daily/'Routine' activities will continue
 - *Focus on Cost Avoidance*
 - *Audits (post-pay, pre-pay, and self-audit processing)*
 - *Following up on tips/referrals*
 - *Coordination, when appropriate, with BPI, OMHSAS, and OAG*
 - *Staff and Provider training and education*
- Work Plan will outline a handful of targeted/priority areas for review

Program Integrity in 2025

- Potential Work Plan areas of concentration include:
 - ✓ Staff Roster Data Validation
 - ✓ Family Based Services Follow-Up Tour
 - ✓ Per Diem Substance Abuse Treatment Follow-Up Tour
 - ✓ CIRC Review
 - ✓ New Provider Reviews (including new independents/group practices)
 - ✓ Random audits for providers who have not had self/CBH audit in recent past
 - ✓ Compliance Plan Follow-up – Phase 3

Staff Roster

- Review of staff rosters to ensure accuracy and compliance
- Ensure clearances and minimum qualifications are met
- Ensure Exclusion List checks are completed

FBS Follow-Up

- Follow-Up to 2021 Tour
- Review to determine impact of previous tour and documentation guidelines
- Determine if further gaps in guidance/guidelines exist and update documentation guidelines as needed

Per Diem D&A Follow-Up

- Follow-Up to 2019 Tour
- Review to determine impact of previous tour and documentation guidelines (initial and revision)
- Determine if further gaps in guidance/guidelines exist and update documentation guidelines as needed potentially review ASAM adherence

CIRC Review

- Examine effectiveness of claim edits/rules and verify services delivered as reported in claims
- Determining/Verifying through sampling ratio of psych/PRS and office based/community-based service
- Publication of documentation guidelines as needed following tour

New Providers

- Educational or pre-pay audits for new providers – including independent and group practitioners
- Lessen financial impact while providing education to new providers on expectations
- Some error types will still result in financial impacts even for educational audits (missing documentation, some instances of discrepant information, etc.)

“Reunion Audits”

- Since elimination of “routine audits” some providers/facilities have had little to no PI contact
- Audit project that would prioritize visits to providers that have not had self-audit activity or PI-led audits in specified time frame
- Desired outcome is to verify that providers are successfully adhering to relevant rules/regulations

Phase 3 – Compliance Plans

- Once training/education to providers with no submissions and/or plans that lacked critical elements is complete
- Would focus on determining if plans as written have been implemented
- If completed would likely include requests for copies of self-audits, Compliance Committee minutes, reports from hotlines, etc.