

As our interactions increasingly come via a computer screen, the [Program Integrity](#) Team has decided to bring back the Compliance Matters Newsletter. We are utilizing the newsletter to disseminate important information and reminders in an easy-to-read format. **What compliance issues would be helpful to discuss? What information is useful to have readily accessible?**

For the resurgence of this newsletter, we thought it would be helpful to get back to the basics of compliance. Laying a foundation for your organization helps ensure that standards are followed and limits the amount of “guesswork.” Completing an effective Compliance Plan can assist you in providing quality care to those you serve.

The following article helps you shape your Compliance Plans. As a reminder, a corporate compliance program is a requirement under the CBH Provider Agreement.

## Enhancing Quality Care: The 7 Elements of an Effective Compliance Program for CBH Providers

In the ever-evolving behavioral health landscape, ensuring compliance with regulations and ethical standards should be paramount for you as a provider. An effective compliance program mitigates risks and enhances the quality of care delivered to our members. Here, we'll explore the seven essential elements of an effective compliance program and how they can benefit CBH's network providers.

### Written Policies and Procedures

*Establishing clear, comprehensive written policies and procedures is the foundation of a robust compliance program.*

These documents provide guidance on regulatory requirements, ethical standards, and operational protocols. Well-defined policies can ensure consistency in delivering services and maintaining compliance. Simply put, well-defined policies reduce ambiguity and potential legal issues.

### Compliance Officer and Compliance Committee

*Appointing a dedicated compliance officer and/or assembling a compliance committee creates a structured approach to oversight.*

This team is responsible for monitoring compliance efforts, providing training, and addressing any potential issues. This leadership structure ensures accountability and promotes a culture of compliance throughout your organization, enhancing the overall effectiveness of your program.

## Training and Education

*Regular training and education for all staff members is crucial for fostering a compliant environment.*

Behavioral health providers can minimize errors and improve service delivery by equipping employees with knowledge of relevant laws, regulations, and ethical standards. Continuous education also empowers staff to recognize compliance issues and address them proactively.

## Effective Communication Channels

*Establishing open lines of communication is vital for a successful compliance program.*

Behavioral health providers should implement mechanisms encouraging staff to report concerns without fear of retaliation, including anonymous reporting systems and regular feedback sessions. Effective communication helps identify compliance issues early and promotes a culture of transparency and trust within your organization.

## Monitoring and Auditing

*Monitoring and auditing compliance practices continuously is essential for identifying areas of improvement and ensuring adherence to standards.*

Regular evaluations can help detect potential violations and assess the effectiveness of your compliance efforts. By implementing a robust monitoring system, you can take corrective action before issues escalate, protect your reputation, and maintain members' trust in your organization.

## Enforcement of Disciplinary Standards

*A clear enforcement mechanism for disciplinary standards is crucial to uphold internal compliance.*

You are responsible for establishing consistent consequences for non-compliance to reinforce the importance of adhering to the organization's policies. Enforcing disciplinary standards deters potential violations and communicates to staff that compliance is a priority and integrity is non-negotiable.

## Response and Prevention

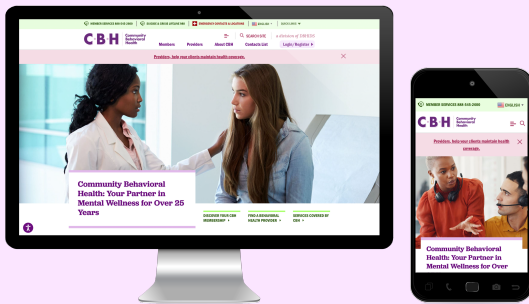
*For your compliance program to be effective, it must include a framework for responding to detected violations and implementing preventive measures.*

You should establish procedures for investigating compliance breaches and taking corrective actions. This proactive approach will help address immediate issues and identify systemic weaknesses, enabling the organization to enhance its practices and prevent future violations.

In conclusion, an effective compliance program is more than just a regulatory requirement; it is vital to delivering high-quality behavioral health services. By integrating these seven elements—written policies, dedicated leadership, ongoing training, effective communication, monitoring, enforcement, and responsive measures—behavioral health providers can foster a culture of compliance that ultimately leads to better outcomes for our

members, enhanced organizational integrity, and reduced risk of legal challenges. As the behavioral health field continues to grow, investing in a comprehensive compliance program is an investment in the future of care.

— *Andrew Robinson*



Remember, the latest Program Integrity resources can be found on

**CBHPHILLY.ORG**

- Audit Tools
- Fraud, Waste, and Abuse Info
- Compliance Forums and Newsletters

## 2024 Applied Behavioral Analysis Tour

Last year, our Program Integrity team completed a tour of Intensive Behavioral Health Services (IBHS) Applied Behavioral Analysis (ABA) providers and shared very preliminary findings during the 2024 Compliance Forum. In 2025, we can share a more complete picture of these findings.

During the tour, the team pulled a random sample from all paid ABA claims in March 2023. Before site visits and/or record requests, the team discussed which 'error codes' would be subject to financial impact. Given that the sample would likely include providers new to CBH, and that the service had not received significant auditing attention previously, it was determined that not all 'error' codes would be enforced. For those implemented, such as insufficient clinical information, only the most egregious errors would have a financial impact for this audit.

Now, let's look at the numbers from the tour's findings. In total, 29 providers were represented in the paid claims run for March 2023. Note that not all providers billed during this month-long window had claims selected for review. 589 records were included in the audit, with \$350,157.98 in claims contained in the sample. The initial findings showed that \$193,355.78 had been paid without documentation substantiating the respective claim, representing 55% of the dollars reviewed in the audit. The most common errors observed were discrepant information (21% error rate), insufficient clinical information (19%), and treatment plan concerns (14%).

In addition to conducting the clinical audit, our Network Personnel and Analysis Unit (NPAU) completed staff file reviews for a selection of individuals involved in the care provided in the month-long window. Several themes and concerns were observed while reviewing personnel files across all providers:

- ➔ **Documentation of supervision:** This includes missing supervision notes, not receiving the required monthly hours of supervision, and/or supervision notes not containing all the elements required by the Commonwealth regulations. The supervision notes reviewed were for the entire month of March 2023.
- ➔ **Concerns with supervisor qualifications:** This was evaluated for the March 2023 supervision notes. In addition to including supervisors who do not meet the qualifications required by the Commonwealth, this also includes the inability to determine supervisor qualifications due to inadequate information, such as missing notes or credentials in the supervisor's signature.
- ➔ **Unqualified staff:** Staff were considered unqualified if the documentation submitted did not establish that they met all the requirements for their specific role as outlined in the Commonwealth's regulations **and** that all personnel files reviewed contained documentation of a Pennsylvania Child Abuse Clearance, Pennsylvania Criminal Record Check, and FBI Background Check (DHS). The clearances needed to be valid as of March 2023.
- ➔ **Missing/late BHT-ABA competency assessments:** The requirement for successful completion of a performance-based competency assessment, rated by a BCBA or BCBA-D, within 90 days of hire is established in the CBH ABA Performance Standards. Concerns for this category included completely missing competency assessments or assessments that were not completed within 90 days of hire.

As a result of the findings, our team made several recommendations to our Program Integrity Committee for follow-up, including:

- ➔ Publication of documentation guidelines for ABA services
- ➔ Guidance on common errors observed, such as discrepant information and insufficient documentation
- ➔ Role clarification for ABA positions, including expectations and requirements for who may provide and bill for specific services
- ➔ Publication of the treatment plan and encounter form requirements

We appreciate the assistance of these providers who participated in the audit tour and shared feedback. If you have questions or suggestions for additional steps we can take to improve ABA services compliance with regulations and requirements, please contact our hotline at [CBH.ComplianceContact@phila.gov](mailto:CBH.ComplianceContact@phila.gov).

## 2024 Compliance Forum Review

On November 7, 2024, the Program Integrity Department held its eighth Compliance Forum, which included options to attend in person and via Zoom. This year's forum featured informative discussions on compliance-related topics, including a 2024 lookback, ways to ensure clean claims, and updates from the Pennsylvania

Office of Attorney General (OAG). Those who attended in person could participate in one of two breakout groups: one on Artificial Intelligence, or one on preliminary findings from the IBHS ABA Provider Tour, which we covered earlier in this newsletter.

In addition to the 2024 overview, participants also learned about what's to come in 2025, including a tour of Community Integrated Recovery Center (CIRC) providers. Below is a summary for those who couldn't attend the forum or want to revisit the topics discussed:

## **“2024: The Year That Was (and Still Is)”**

In May 2024, CBH's Compliance Department formally changed its name to the Program Integrity Department to align with industry standards and better reflect its scope of work, which includes identifying and addressing fraud, waste, and abuse within the provider network; provider credentialing; establishing claim edits; conducting pre- and post-payment audits; and education and training.

The department's name change may leave you wondering why this publication is still called the Compliance Matters Newsletter. While the department's new name reflects industry standards, we are still passionate about offering compliance-related education and insight for our providers, and we believe the newsletter's original nomenclature best captures this lasting commitment.

So, if you are confused by outreach from CBH's Program Integrity team, know that we are the same, great team, just with a new, refreshed name! Read the [Departmental Name Changes Provider Notice](#) for reference.

It's hard to capture the amount of work that has occurred in just a few short paragraphs. However, here are a few statistics for 2024:

- ➔ By the time of the forum, our team had completed 82 audits, triaged 77 hotline contacts, credentialed 307 practitioners, and re-credentialed 154 practitioners.
- ➔ Additionally, the team completed its IBHS ABA Provider Tour, which included an in-depth review of clinical and staff files from both in-network and out-of-network IBHS ABA providers. Be on the lookout for more information about the official findings from the tour.

Some key changes made during 2024 included the elimination of CBH PSV/Credentialing of FQHC Behavior Health Consultants, staff file reviews completed based on need or identified concern as part of the IBHS ABA Tour, and the initiation of credentialing and re-credentialing for select unlicensed practitioners.

## **Clean Claims**

Much like editing a paper, ensuring the accuracy of claims is imperative to smooth claims filing and gives a more complete picture of the services that took place. The most common errors include incorrect Place of Service (POS) codes, incorrect/discrepant diagnoses, and incorrect/discrepant billing. By taking the time to ensure



accuracy, providers can reduce the amount of time needed to reprocess a claim. Information about the [False Claims Act](#) was included in the July 2024 [Claim Accuracy Provider Notice](#).

### *Incorrect Place of Service*

Providers must utilize a place of service code that accurately reflects the location where the service took place. Additionally, the area must be included in the designated places allowed for that specific level of care under current Commonwealth guidance. For example, if an IBHS session occurred while an individual attended school, the provider would utilize the place of service code 03. Providers can find the allowed place of service codes on their Schedule A; please contact your Provider Relations Representative if you have any questions or concerns.

### *Incorrect/Discrepant Diagnosis*

The diagnosis a provider lists in a claim must be the primary diagnosis that was “treated” during the service provided. This ensures that the diagnosis listed in the claim is allowable for the level of care being billed. As a provider, please ensure that you continuously check the Commonwealth’s coding, as it may change periodically.

### *Incorrect/Discrepant Billing*

All claims must contain the appropriate Current Procedural Terminology (CPT) code that matches the service provided. Modifiers can be utilized to add information or change the description of the service to improve specificity. These modifiers always consist of two digits.

### *Community Integrated Recovery Center Tour*

Program Integrity’s proposed 2025 Work Plan features audits of CIRC programs, including service verification and sampling-based review of CIRC documentation. Beginning in Q2 of 2025, the Program Integrity Department will conduct probe audits of CIRC programs. CIRC providers should expect to be contacted by Program Integrity team members to coordinate the audits.

To view the complete forum presentations and listen to audio recordings of the sessions, visit CBH’s [Provider Training Opportunities webpage](#) under the “CBH Compliance Forums” section.

## Why Does Compliance Matter?

In January 2025, the U.S. OAG issued a [press release](#) regarding a complaint against a former in-network CBH provider. The case was about alleged fraudulent Medicaid billing for medication management appointments (“Med check”). The OAG argued that the provider knowingly submitted claims for med checks that did not amount to 15 minutes, billed for multiple med checks simultaneously, and billed for more med checks than were possible within a day. This violated the False Claims Act, a civil war-era regulation that ensures the government receives goods or services it purchased. This resulted in the provider repaying \$900,000 to resolve matters.