Hot Topics

Presenters: Lauren Green and Malakeyla Reynolds

City of
Philadelphia

Self-Audits

Documents

1. Pennsylvania Medical Assistance (MA) Provider Self-Audit Protocol
2. CBH Provider Bulletin 18-17 Self-Auditing Process for CBH Providers
3. CBH Provider Self-Auditing Form
4. CBH Overpayment Spreadsheet

Reminders

1. Virtual Meetings
2. Prompt Submission of Self-Audits

Periodic internal monitoring and auditing is one of the US Department of Health and Human Services Office of Inspector General (**Federal OIG**)'s 7 key elements of an effective compliance program.
Centers for Medicare & Medicaid Services (or **CMS**) **defines** a Self-Audit as examination, review or other inspection performed by a Provider.

Pennsylvania's Department of Human Services (**PA's DHS) recommends** Providers conduct your own self-audits to identify potential regulatory violations and overpayments.
Self-Audits may be **initiated by** the Provider, or a self-audit may be initiated by a third-party such as CBH.

When CBH Providers **identify a potential overpayment**, you are to **follow (1) & (2)**:
The Pennsylvania MA Provider Self-Audit Protocol, and
The CBH Provider Bulletin 18-17 Self-Auditing Process for CBH Providers, which is based on the Commonwealth's protocol.

CBH Bulletin 18-17 requires Providers to notify the CBH Compliance Department **prior to initiating your self-audit** when there are potential overpayment concerns,.
(3) The bulletin also requires Providers to use the CBH Provider Self-Auditing Form for **approval from CBH Compliance which is required for certain types of self-audits**.
The Provider Self-Auditing Form also details findings and corrective actions that result

from self-auditing.

(4) Providers are also to fill out the CBH Overpayment Spreadsheet which contains information about the services, dates, Members, billing information, and reasons for any overpayments.
Providers may request CBH Compliance provide a list of billing in lieu of completing the CBH Overpayment Spreadsheet to identify overpayments.

To assist with the self-audit process,
The CBH Compliance Department can set up a virtual meeting with Providers through Zoom or Teams to discuss the initiation of a self-audit.
During that time, CBH Compliance can review **auditing options** specified under the DHS MA Provider Self-Audit Protocol.
CBH Compliance can also discuss any **requests for CBH billing**.

In addition to meetings, CBH Compliance can **email you** the Provider Self-Auditing Form, the corresponding bulletin, and a link to the DHS MA Provider Self-Audit Protocol.
If needed, CBH Compliance can also send you a list of **audit codes** to consider when reviewing chart documentation.

Lastly, When providers are completing self-audits, please keep in mind that The Commonwealth recommends Providers to **promptly return** any inappropriate MA payments.
If you are having difficulty completing your self-audit, please let us know!

Self-Audits

Ideas

1. Progress Notes Electronically Signed During Sessions / Other Sessions
2. Overlapping Clock Times
3. After-Hour Electronic Signature Times of Members & Guardians
4. "Impossible Days"
5. Inconsistent Content
6. Service Verification
7. Service Tracking
8. Your Ideas!

We have some ideas of what to further explore when self-auditing and have received great ideas from Providers completing self-audits – so Thank You to those Providers!

1-**Progress notes that are electronically signed during the session or during other sessions** could potentially be an indication that services were not provided.
An example would be a session from 10 am to 11 am being electronically signed by that clinician at 10:15 am.
This could occur within one chart or multiple charts.

2-**Overlapping Clock Times** - When one clinician documents servicing two Members at the same time.
Another variation might be when services **start and end at the same time at different locations**, not allowing for travel time.
A third idea is when **two staff are working with the same Member at the same time at two different locations, or the staff have different accounts of what occurred**.

3-**After-Hour Electronic Signature Times of Members & Guardians**- When documents are signed by a Member or the Member's guardian at hours the Member or Member's guardian would not typically sign.
An example would be a parent electronically signing a treatment plan at midnight.

4-**Impossible Days**, or days when the documented hours of service exceed the hours

a facility is open or the number of hours that could potentially be provided.
Similar variations of this scenario may be not allowing sufficient time for **breaks or travel**, or school services provided **when schools or daycares are closed, or when Members are absent. With services like telehealth, potentially looking at dates with a high amount of units.**

5-**Inconsistent Content in Progress Notes and Encounter Forms** – or Progress Notes that contain questionable or inconsistent content could be further explored. An example would be a progress note documenting a discussion about Thanksgiving but the session was documented as occurring in the Spring, use of another Member's name in a progress note, or re-used content. **Other inconsistencies could be different clock times on progress notes when compared to Encounter Forms.**

6-**Service verification calls – when you** ask Members or Guardians the staff name, frequency of services, and duration of service.
In addition, you could also incorporate specific content from documented sessions, like verifying other individuals present or other details like a rec center mentioned to be located around the corner.
Asking about service location – was it telehealth or in-person, or was it something like texting only?
Its beneficial to ask if they have ever signed any "blank" documents like Encounter Forms or treatment plans.

7-**Service Tracking** - Some Providers have started using **data from GPS trackers on phones and vehicles, & facility cameras**.
For **telehealth** services, providers have also used **screen shots, phone records, and videoconferencing records**.

If you have any ideas that you would like to share, please add to the Chat!

CBH Compliance Hotline

CBH Requires Providers Display CBH Compliance Hotline Information

- *Call 1-800-229-3050 - Staffed weekdays from 9:00 to 11:00 am and 2:00 to 4:00 pm*
- *Voicemail 1-800-229-3050 - Anytime*
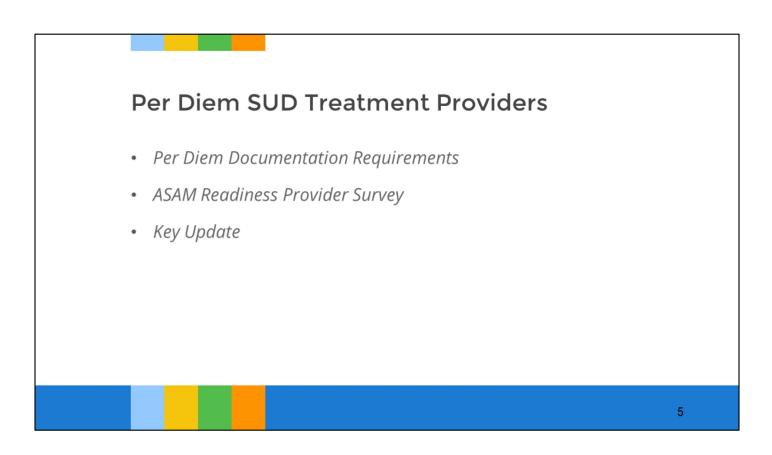- *Email CBH.ComplianceHotline@phila.gov – Anytime*

4

We wanted to remind Providers that in 2000 and again in February 2017, CBH required CBH Providers display the CBH Compliance Hotline information.
The hotline is for reporting of potential fraud, waste, and abuse
The hotline may be contacted by CBH Provider Staff, Members, CBH Employees, vendors, and contractors.
Individuals may call to speak to a CBH Compliance Representative Monday through Friday from 9-11 am and 2-4 pm. Individuals may also leave a voicemail or email at any time to make a **confidential report.**

We have copies of the Spanish and English versions we can send to providers if you need this information for posting.

We also wanted to ask Providers (ADD TO THE CHAT) with telehealth, school-based services, and community services, how are you relaying this information to Members and Provider Staff?

Per Diem SUD Treatment Providers

- *Per Diem Documentation Requirements*
- *ASAM Readiness Provider Survey*
- *Key Update*

Historically, CBH required documentation of at least one behavioral health intervention to support billing for one day of service in residential treatment programs (formally known as 2B, 3A/B/C and 4A/4B.)
The intervention did not have to be provided by certain staff or occur for a minimum amount of time but there had to be documentation of a behavioral health intervention provided to a member each day, including holidays and weekends.

To gather baseline data on how providers were performing/whether or not they met the sufficiency guidelines put out in 2018- CBH Compliance conducted a tour/review of the LOC in 2019.

Due to the ASAM transition (scheduled to start last year but postponed for some until 2022), CBH Compliance issued **Provider Bulletin #22-04: Documentation Requirements: Per Diem Substance Use Disorder Services**. This bulletin included the following changes:
 -required minimum number of clinical service hours be provided to the member and documented. The minimum varies by level of care
 -due to a required number of clinical hours, providers must document clock time (start and end time) of services
- Clinical services does not include N/AA meetings, 12 step meetings, community meetings, and other NON-CLINICAL services

CBH Compliance wanted to gather information from in-network substance use

disorder (SUD) treatment Providers about their programs' alignment with the 3rd Edition ASAM Criteria, so we issued a survey in Sept 2022. Deadline was 10/31/2022. So, we still need to review the responses, but we want to thank those who participated in the survey and submitted responses.

This brings me to an update to **Provider Bulletin #22-04: Documentation Requirements: Per Diem Substance Use Disorder Services**. The requirement elements discussed earlier still apply (i.e. minimum clinical service hours with documented interventions, clock time, etc.) however, There is one key change. The key change is in Group Size requirements. With the updated requirements that have yet to be released*,

- For group therapy, per CBH, the maximum group therapy size is 10 participants.

  o Progress notes should clearly indicate the number of participants in the group, without listing names or identifiers of other group members.

Questions?

Malakeyla Reynolds, M. Ed, CHC
CBH Compliance Supervisor
Malakeyla.Reynolds@Phila.Gov

Lauren Green, LSW, CFE
CBH Compliance Supervisor
Lauren.Green@Phila.Gov

CBH.ComplianceContact@Phila.Gov