2023 CBH Compliance Forum

City of Philadelphia

Agenda

1	Welcome/2023 Review/2024 Preview	9-930AM
2	How to Catch a Fraudster	945-1045AM
3	Compliance Plans	11-1130AM
4	FWA	1145AM-1215PM

2023

Credentialing in 2023

What's New:

- Re-Credentialing Timelines

- Statuses

- Triggers for Re-Credentialing Reviews

- Site Visits

What's the Same:

- Practitioner Credentialing/Re-Credentialing

Credentialing in 2023

Re-Credentialing Timelines

- Committee sets the windows to review facilities

- Typically, 1-2 months in advance of the ‘due’ date

- At times, re-credentialing may happen WELL in advance of due

    - This can be triggered by:

        * NIAC visit
        * clinical review
        * emergent information reviewed

Credentialing in 2023

Statuses

- Simplified to one or three years
- One Year = Provisional
- Three Years = Full
- Provisional:
    - Can occur due to NIAC, Compliance, or Quality concerns
    - Automatically triggers teaming at CBH to discuss how to support agency

Credentialing in 2023

Triggers for Re-Credentialing Reviews

- Old – NIAC visit and summary triggered Committee review

- New:

    * Committee schedules based on due date

    * “Off-Cycle” reviews can be triggered

        - NIAC, QM, Compliance, Provider Ops, etc

Credentialing in 2023

Site Visits

- Old – NIAC only and triggered the review

- New - Many departments may complete site visit

    - Site visit may not happen in proximity to review

    - We may also use licensing visits and/or accreditation in lieu of site visit

- Difference in site visits/teams (NIAC, Compliance, Quality, etc)

Credentialing in 2023

Practitioner Credentialing/Re-Credentialing

- No significant changes to process
- As of 8/2023, the NPAU and Committee credentialed/re-credentialed:
    - 297 Independent Practitioners or Group Practice Members
    - 66 FQHC Behavioral Health Consultants
- The FQHC credentialing/re-credentialing process is being reviewed

Notable Changes - Compliance

- Signature Requirements 1/1/24
    - Return to needing signatures for encounter/telehealth
    - More CBH information likely forthcoming
- E/M Codes
    - Bulletin 23-21 (August 31, 2023)
    - Ensure complexity, time, etc. match billed service
    - Pay attention to non-compatible services

Notable Changes - Compliance

- Compliance Plan Project (presentation later this AM)
- Documentation Guidelines Published/Updated
    - IBHS Billing Guide (8/29)
    - Provider Manual Updates (May)
        - MHOP, Group, CBE/R, per diem SUD, etc
- Resumption of unannounced audits

2024

2024 – A Glimpse Into the Future

- ***Plans for 2024 Still Need Committee Approval***
- Compliance Plans follow-up
- More Documentation Guidelines
- Expansion of Training/Cost Avoidance Efforts
- FWA in an APA/Value-Based World
- Follow the data/probe audits
- LOC specific tour/audits

Q&A

Q&A – Pre-FORUM submissions

Q: What additional certifications, standards, or training would CBH like or Recommend for the providers to have within their organization?

A: While we do not endorse any certification over another, having expertise in house related to fraud detection, coding, ethics, etc. is recommended. To the extent possible, supporting existing employees or recruiting new staff who hold certifications that include but are not limited to CFE, CHC, SCCE, and CPC is recommended.

Q&A – Pre-FORUM submissions

Q: What is the bottom floor for Random Peer Chart Review policies? Are 3-5 charts reviewed per month enough?

A: Peer reviews to ensure clinical effectiveness and compliance with documentation/billing requirements can be an effective tool. It should not be used as the only means of measuring/ensuring compliance. With that understanding, again, there is no one size fits all measure. Even CMS holds off on suggesting ratios, percentages, or set numbers (see https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf). CMS suggests in this document picking every "nth" chart for a time frame. Note this also differs from 'targeted' self-audits that usually require a SSRS.

Q&A – Pre-FORUM submissions

Q: Are there documents available explicitly outlining what is insurance fraud that can be provided to members and provider staff?

A: So first, insurance fraud can also be used to describe things such as false or exaggerated claims to homeowners, automobile, renters or other such policies. That is outside of our area of expertise.

For healthcare fraud, there are several excellent resources. The most comprehensive and explicit are the Code of Federal Regulations (typically/mostly 42 CFR), the ACA, and Social Security Acts. They are not reader friendly though to say the least. “One-Pager” references are also available at the links on the following slide. We (CBH Compliance) can also work on a one pager that can be provided to members when appropriate/requested and will aim to have this out in CY 2024

Q&A – Pre-FORUM submissions

FWA One Pagers:

CMS:

https://www.cms.gov/files/document/overviewfwacommonfraudtypesfactsheet072616pdf

Pa OAG (including dependent abuse):

https://www.attorneygeneral.gov/wp-content/uploads/2018/07/medicaid_fraud_control_section.pdf