



Compliance Matters

Summer 2016

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iPOP QUIZ!

Spring Issue Answer:

Medicheck List -

<http://www.dhs.state.pa.us/publications/medichecksearch/>

List of Excluded Individuals/Entities (LEIE) -

<http://oig.hhs.gov/exclusions/index.asp>

System for Award Management (SAM) - <https://www.sam.gov/>

Summer Issue Question:

Which colleges are in the Top 3 for having won the most medals in the Olympic Games?

**Answer will appear in the Autumn 2016 issue.

Donna's Desk



We know your summer reading list wouldn't be complete without the latest edition of CBH's *Compliance Matters*. This month, we introduce the third element of an effective compliance program: Training & Education. An effective training program is a primary method of effectively communicating your organization's compliance program requirements and expectations for staff conduct. It can also support your efforts to mitigate risk. Fortunately for me, we have a top-notch team in Law & Compliance that leads our internal compliance training and education activities. After all, delegation is one of the benefits of being the Compliance Officer.

And, don't forget that Compliance Week will be here before we know it. Corporate Compliance & Ethics Week 2016 is November 6-12. CBH is pleased to announce its inaugural Compliance Week Forum scheduled for Wednesday, November 9th from 9:00-1:00. The forum will provide both educational and networking opportunities for compliance, privacy, and quality assurance professionals within your organizations. Please save the date; more details will follow. As always, let us know what you'd like to see in future editions of our newsletter.

Sincerely,

Donna E.M. Bailey

Chief of Staff & Compliance Officer

Roster Recap

In March of this year, the CBH Compliance department requested updated rosters from all providers utilizing a new format. Thank you to those providers who worked very hard to produce a complete roster and submit it on time! Many providers have expressed that while the process was arduous; they have found the outcome to be informative, and the tool itself to be useful in better understanding their workforce.

We are very excited about having this information to better understand the composition and breadth of our provider network. Trends in education, licensure, staff retention, and utilization of individual staff persons across multiple providers, are just a few of the areas we are able to explore with the information



gleaned from the 2016 staff rosters. It should be noted that some providers submitted rosters that were missing information. As a rule, we have asked for a resubmission from these providers. An incomplete or inaccurate roster misrepresents the provider. As you may know, we will be requesting staff rosters on a regular basis (at least yearly). Please help us to fully understand the services you are providing by submitting a complete roster during the next roster update period.

Cover Your Bases, Check with NACES!

(National Association of Credential Evaluation Services)

All foreign (non-US) post secondary degrees must be evaluated by a NACES member in order to confirm the US equivalence before the applicant can provide services. The evaluation must include a course by course breakdown by credit and reflect the full requirements for the position(s) in which the individual will be working. This documentation must be maintained in the personnel file of the prospective staff person. A full list of members can be found at www.NACES.org.

From the Junk Drawer...



Where did I put that marker? Can you pass me the screwdriver? I think this key goes to that?

So where do you put important things that just don't seem to have a logical storage place? As with our previous edition, this section of the newsletter pertains to topics that we may not know exactly where to put, but by golly they are still important and should be shared!

Psychiatric Outpatient Clinics – Treatment Plans

Recent routine audits of several providers have resulted in significant paybacks due to failure to meet requirements for timely treatment plan updates and/or failure to obtain required signatures.

Treatment planning regulations are outlined in the PA Code, Title 55, Chapter 5200 Psychiatric Outpatient Clinics, Treatment Standards, § 5200.31, which begins as follows:

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“A qualified mental health professional or treatment planning team shall prepare an individual comprehensive treatment plan for every patient which shall be reviewed and approved by a psychiatrist...”

To review the Code in its entirety, please go to <http://www.pacode.com/secure/data/055/cha/pter5200/s5200.31.html>.

In addition to the mental health professional and psychiatrist, CBH requires active participation and signature of the primary caregiver (legal guardian, parent) and/or the consumer for the development of, and any changes to, the treatment plan, as well as a statement of understanding on treatment plans (initial and updated) be signed by the consumer (*if capable*).

The responsibility to review and sign the initial and updated treatment plans is with the psychiatrist.

CBH Compliance Staff Shine

CBH Manager of Compliance, Marie Raupp recently sat for and passed her Certified in Healthcare Compliance (CHC) exam!

Compliance Team Leader Lauren Green recently won the highly competitive CBH Wellness Program 160K Step Challenge finishing with a whopping 400,203 steps in just two weeks. For reference, 400,203 steps is the equivalent of approximately 200 miles, which means Lauren successfully walked from Philadelphia to Hartford, Connecticut!

Compliance Team Leader, Gretchen Murchison, also had a very strong showing in the 160K Step Challenge, finishing fourth with an impressive 226,491 steps. This is approximately 113 miles! Meaning on the way to Connecticut with Lauren, Gretchen decided to stop off in New York City for a refreshing craft beverage.

Compliance Analysts Nary Kith and Alva Robinson recently put their culinary skills on display, bringing in mouth watering treats that included sweet Mango cupcakes and crispy Spring Rolls. Unfortunately Director of Compliance, Ken Inness was not present to partake in the deliciousness...Maybe next time Ken!



HIPAA, Why? – Because Ya Gotta!

While traditional Compliance issues are often discussed separate and apart from issues of Privacy and Security, there are many occasions, especially in the world of healthcare, where Privacy, Security, and Compliance are intertwined.

The privacy of members we serve is paramount, especially in the hyper-stigmatized area of behavioral health in which we operate. Further, all health plans, health care providers, and the vendors we all work with have obligations under state and federal law to monitor disclosures of protected health information (PHI) and make certain that information is only shared with appropriate individuals in an appropriate manner.

While there are numerous resources available to anyone who would like to delve deeper into allowed activities under the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH), we would like to identify several best practices as you continue to conduct business within the CBH Network.

- When sharing records with CBH, be mindful that if records contain PHI, they must be transmitted in a secure manner. If you are dropping records off at CBH, they must be in a sealed envelope or box and clearly marked with the intended recipient's name. In addition, only provide the requested records and no additional PHI.
- When emailing CBH, if the body of the email or attachments includes PHI, the emails must be sent in a secure manner. Typically, traditional or popular email systems such as Google's Gmail, Yahoo mail, AOL, Hotmail, and others do not offer email encryption consistent with the HITECH Act. If you don't have access to an encrypted email account, please use Protected Trust to send PHI securely.

- Communicate regularly with your organization's Privacy Officer. Federal law requires that HIPAA training occurs regularly within organizations who are Covered Entities (CE): Health Plans and Health Care Providers are Covered Entities. Regulations require CEs to maintain policies about confidentiality, physical and technical safeguards for PHI, along with a number of other requirements; you never want to be in a position where you are unable to produce these documents if the Office of Civil Rights makes an inquiry, especially as fines and penalties for HIPAA breaches continue to soar.

To stay up-to-date on the latest HIPAA information, access the regulations and guidance documents, and learn more about the requirements of HIPAA and HITECH, please visit the Health and Human Services website at: <http://www.hhs.gov/hipaa/>

Questions about HIPAA? Reach out the CBH Privacy Officer at CBH.HIPAA@phila.gov!

- Shloka Joshi, Assistant Counsel (Legal Eagle)

Knock, Knock!

Who's there?

HIPAA!

HIPAA who?

I can't tell you that!

It's Elementary...

Compliance Matters will use this column to publish an article each quarter regarding one of the seven core elements of a successful compliance program, as outlined by provisions in the Patient Protection and Affordable Care Act 42 U.S.C. § 18001 (2010)

In its guidance on an effective compliance program, the Office of Inspector General (OIG) states: "The proper education and training of officers, directors, employees, contractors, and agents, and periodic retraining of all personnel at all levels, are critical elements of an effective compliance program." With that, we arrive at the third stop of the whistle stop tour of the seven elements of an effective compliance program – Training and Education.

Let me take you back to the winter 2015 edition of Compliance Matters. In that edition we discussed the need to implement effective written policies, procedures, and standards of conduct. The key take-away was implementation. It is not enough to write on guidance for staff if it sits in a book on a shelf. How can we guarantee that staff will open the document(s)? Granted, labeling the policy and procedures guide as "Your Guide to a Free Million Dollars" or "Idiot's Guide to Holodeck Construction" might get the book opened (well the Holodeck book would only work on my fellow Trek fans), whether the material will be meaningfully conveyed to your staff is doubtful.

The way to make policies, procedures, and standards of conduct come alive in your organization is to make training and education around compliance a priority. In our provider organizations, the responsibility for creating, scheduling and leading the training efforts and sessions may fall to a variety of positions. As with many things in the compliance world, the toughest part is often getting it off the ground. Overcoming the inertia of inactivity can seem overwhelming. There are a couple key points to keep in mind for whomever is responsible for compliance training and education at your agency.

First, executive leadership MUST demonstrate that compliance, and the training and education efforts related to it, are a priority for the organization. There



are several ways in which this can be demonstrated:

- Prioritizing scheduling for the training sessions is one important way that the message can be conveyed.
- Executive leadership participating with line staff IN the trainings. They should prioritize attendance just as a line staff member would.
- Providing an adequate budget for compliance efforts can also demonstrate the organization's commitment to compliance.

Training and education efforts must also be viewed as on-going activities. That is, it is not sufficient to provide an overview to new employees. Trainings must be repeated or refreshed at regular intervals. At one point in my life, I think I knew how to calculate the hypotenuse of a triangle or maybe it was the circumference of a circle. Anyway, the point is the message of how to do it and why it mattered stopped being delivered, so the skill left me. It was replaced with more pressing needs like the ability to quickly calculate how far my car could travel with the gas light on.

For large organizations, it would be helpful to tailor the training for subgroups. For example, every Board of Directors has specific responsibilities related to the organization's health. Compliance trainings for Board members should likely focus on fiduciary responsibilities, the Board members' role in oversight of the organization, and consequences for not completing the member's responsibilities. In

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contrast, direct-care therapists perhaps would receive education on how to spot potential fraud in the workplace, reporting structures, and whistleblower protections. In short, training and education efforts should not be viewed as a “one size fits most” concept.

Training efforts should be tracked. Every individual in the organization from Executive Director and Board Chair to reception staff to therapist staff and on should receive relevant and regular trainings. The organization must have a system in place to track participation in trainings and to identify individuals who have not attended required trainings to allow them to “catch-up” quickly. This system should also allow the organization to quickly produce records of attendance, topics, and syllabi of trainings offered to staff when requested by auditing and/or oversight bodies.

Finally, what may be the most important point. After your staff have attended trainings, they should be more cognizant of potential problems or areas of vulnerability in your agency. Your trainings will have identified clear reporting structures for staff to communicate concerns. It is VITAL that your agency address these concerns when raised. If staff feel that there's no follow-up when concerns are voiced or worse, retribution, the training and education have been, again, as useful as the ir- in irregardless. By committing to compliance trainings, upon hire and at regular intervals, you will effectively deputize the organization. Your message will be that everyone, no matter the position, plays a role in combating fraud, waste and abuse. Because let's face it, Compliance Officers are often overworked!

- Ken Inness, Director of Compliance

1 + 1 = 10 (Part Two!)

When last we left you, we had introduced the theory and history of the use of extrapolation in conducting compliance audits. We then issued a bulletin on May 2, 2016 (Bulletin #16-03) providing more details, describing the use of several platforms to complete the extrapolation process from claims selection to determination

of the financial impact.

In the time between the issuance of that bulletin and now, we have made the decision to use one platform (RatStats) in order to complete the entire extrapolation process. Why would we change even before we conduct our first extrapolated audit? Those who know me would suggest PERHAPS it is because I just can't make a decision – the question of where my wife and I are going for dinner is forever unanswered. But no, the reasoning is simple: RatStats offers a one-stop platform to select claim lines, analyze results, and determine a financial impact that incorporates the variability in the sample.

RatStats, or Regional Advanced Techniques Staff, is a statistical program, available for download at no charge, developed specifically for the United States Department of Health and Human Services (HHS), Office of Inspector General. The program is utilized by HHS and others to regularly complete healthcare audits. RatStats has been the generally accepted industry standard for some time and has proven to be an effective tool for providers, HHS, and other payers. Admittedly, it does come with a fairly steep learning curve, and a user's manual that is, well, about as helpful as your typical Ikea instruction sheet or the ir- in irregardless.

A revised bulletin will be sent to the provider network in the coming weeks. But here is what is NOT changing:

- Michael Phelps is a beast. Simone Biles can do things I can't do. Sprint cycling is underappreciated.
- Audits utilizing extrapolation and Statistically Significant Random Sampling (SSRS) will ONLY be used for large targeted audits. Large is defined as audits where 501 or more claim lines are affected.
- We remain committed to ensuring that providers are able to replicate our process step-by-step to confirm results and randomization. This will include providing assistance, as needed, to providers in utilizing RatStats.
- Providers must still prepare for the

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potential for audits that require the rapid presentation of a large number of clinical charts for review.

- We will continue to stratify samples based on different levels of care and/or pay rates.

And here is what IS changing:

- The methodology of chart/claim selection, determination of the required sample size, and the determination of the final financial impact all are now to be completed using RatStats.
- The use of Rat-Stats will permit CBH Compliance to set a confidence level of 90% with a confidence interval of 5%.
- Rather than arriving at a fixed dollar amount at the conclusion of the audit, we will have a range of financial impacts that takes into account the variability of the sample.
- We anticipate, overall, smaller samples will be needed with the move to Rat-Stats, thus hopefully lessening the burden on provider's medical records department.

So what would a typical audit look like? In over simplified terms, it would look to the provider much as previous audits have. That is, a sample will be drawn based on paid claims, charts will be requested, and an auditor will review the charts to determine if the documentation substantiates fully the service paid. We will continue to break out claims into separate "strata" that represent different levels of care and/or payment levels.

CBH Compliance Staff have been testing the process internally, both to ensure that it runs as smoothly as possible, but more importantly so that we are able to present the information and trainings to our provider community. Again, we remain

committed to ensuring that each step of the process may be replicated by the provider, from sample selection to final financial impact determination.

Should a large targeted audit be necessary prior to the publication of the bulletin outlining the changes above, CBH Compliance will utilize the methodology described in bulletin #16-03.

Please forward any questions (and as sure as I am that Sheetz is head and shoulders above WaWa I know there are questions) to Matt Stoltz. We will answer your questions in the next Compliance Matters.

- Ken Inness, Director of Compliance

In the next issue:

- Compliance and Open Communication
- 1+1 = 10 (Part Three!)
- More Junk Drawer
- Recipe Roll Call

Suggestions for future Compliance Matters features?

Contact Matthew Stoltz at Matthew.Stoltz@phila.gov

CONFIDENTIALLY REPORT FRAUD, WASTE, and ABUSE.

1-800-229-3050 or

CBH.ComplianceHotline@phila.gov

PUZZLING!

Compliance Matters - Summer Edition

A L E S I G N A T U R E
P S Y C H I A T R I S T
E T E I N O T T N Y F L
B R P P R A T C C N O L
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S G R I S I I U T S A C
I R R E G A R D L E S S
M O R G A N T O W N P P

Word List:

Exclusion	Psychiatrist	Signature	Policy	HIPAA
CHC	Rio	Olympics	Training	Summer
Compliance	Forum	Beach	Irregardless	Morgantown