



Compliance Matters Winter 2017



In this issue:

2 From the Junk Drawer

3-4 NPAU KA-POW!

4-6 1 + 1 = 10 Part Three!

7-8 It's Elementary...

9 Puzzling!

POP QUIZ!

Autumn Issue Answer: 3

Turkey, Texas

Turkey, North Carolina

Turkey Creek, Louisiana

Winter Issue Question:

Located in the United States, which park is considered to be one of the world's largest municipal parks, sprawling over 9,600 acres?

(Hint: This park also contains America's oldest zoo.)

*Answer in our Spring issue.

Happy New Year!

Here at CBH, we're already full steam ahead into 2017. We celebrated 20 years on February 1st and no longer the small, fledging upstart, we're looking forward to our next decade and beyond. In this issue, we will share some of our priority areas for 2017, discuss the next element of an effective compliance plan, and give you an overview of our guide to Statistically Sound and Valid Sampling and Extrapolation. That one is a particularly riveting read – wink, wink.

Here's a snap shot of our 2017 work:

- Revision to the CBH Provider Staff File review process to align with the National Council on Quality Assurance (NCQA) standards. This will likely initially only impact licensed staff that have individual contracts with CBH. Much more to come on this process.
- Tied to our first goal is a significant overhaul of the Manual for Review of Provider Personnel Files (MRPPF). This overhaul will reflect changes related to alignment with NCQA standards; and will also increase the readability and utility of the document for our providers and their staff.
- Begin random spot-checks of providers' compliance with requirements for checking relevant exclusion lists.
- Completion of the first several targeted audits that will utilize Statistically Sound and Random Samples and Extrapolation.
- Our Special Investigative Unit has a goal to process all self-audits within 30 days of receipt of all necessary information.
- Formalization of basic laboratory documentation and utilization guidelines.

- Hosting the second annual Compliance Forum, and a smaller focus group with our "per diem" Substance Abuse treatment providers to discuss strategies for ensuring that daily documentation requirements are routinely met.
- Exploration and development of e-learning curriculum related to Fraud, Waste, and Abuse for CBH/DBH and provider staff.
- Automating and streamlining compliance administrative functions to shorten or

eliminate delays in forwarding written feedback to our providers following audits and inquiries.

As always, we ask that you let us know how we're doing. If you have input on any of these areas or suggestions for other areas not covered, please let us know. 2017 promises to be a VERY busy year!!



- Donna E.M. Bailey
Chief of Staff & Compliance Officer

From the Junk Drawer...

Heads Up!

The deadline to submit your updated staff rosters has come and gone (January 31st). I must say that we've had a less than stellar response rate. We've enlisted the support of our partners in Provider Relations and you should be hearing from your Provider Relations Representative with a friendly reminder. Please note this is a required activity.

I also want to remind you that it is your agency's responsibility to ensure that all of your staff (employed and contracted) has the requisite experience and education for the positions they hold, along with current clearances and required trainings. A well-developed staff credentialing (or "privileging") process, combined with consistent internal monitoring and auditing, is essential to staying on top of this fundamental activity. This year, we will be requesting that agency Executive Directors attest that their agency staff is appropriately credentialed and possess current clearances and trainings. Hopefully, through completion of the staff roster, agencies will be able to assess their



current compliance and if necessary, develop an action plan to remedy any deficiencies moving forward.

Certainly, these activities can be quite time consuming, at least initially. However, staff credentialing and maintenance of personnel files, if not treated as a priority, can become a potential area of risk for an agency.

Our NPAU team is always available to answer any questions you may have, please email Mark.D.Miller@phila.gov or Amy.Cruz@phila.gov with any questions.

- Donna EM Bailey
Chief of Staff & Compliance Officer

A purple starburst graphic with the text "NPAU KA-POW" in white, bold, sans-serif capital letters.

NPAU KA-POW

BHRS Audit Outcome

It's hard to believe it's been a year since the Network Personnel Analysis Unit (NPAU) completed a comprehensive audit of Behavioral Health Rehabilitation Services (BHRS) personnel within the CBH Network. Looking back on the findings serves to better understand challenges within the network, and can also help providers better understand how to vet prospective staff.

The audits were conducted from April 2014 through February 2016, as a follow-up to the comprehensive BHRS audits of 2002. The review was comprised of 34 providers, with 2329 staff files reviewed. Highlighted below are some common themes that were identified throughout the review:

Education

Educational concerns centered mainly on documentation of the required field of study. In addition, accreditation was not consistent. Post-secondary institutions are required to be accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education (USDE) or both.

Experience

Verification of the full requisite employment for the position is required as part of the on-boarding process.

Clearances

All individuals working with children, and by default all BHRS providers, are required by the Commonwealth to have the following current certifications: FBI Clearance, PA Child Abuse Clearance, and PA Criminal History Report.

Several providers expressed that they were not aware of the current Commonwealth regulations and were under the impression that FBI Clearances were not required for staff

hired prior to 2008, per the 2007 amendment to the Child Protective Services Law (CPSL) 'grandfathering' these staff. The 2014 Commonwealth amended the CPSL, ending the 'grandfathering' allowance effective December 31, 2014. All staff working with children are now required to maintain a current FBI Clearance. CBH has had this requirement since February 2014. All three clearances must be updated at least every five years.

Trainings

Required BHRS trainings varied widely across providers. CBH requires that unlicensed BSCs have eight hours of behavior analysis / behavior modification training upon hire as a BSC. All BSCs are required to have eight hours of the above training on an annual basis. Trainings in this area were inconsistent, ranging from no documented trainings to well documented professional continuing education. Commonwealth mandated trainings for inexperienced TSS, as well as ongoing yearly trainings were also inconsistent. While most TSS received some of the trainings, it was not typical to see all subject areas being covered. The most commonly overlooked TSS training was in the area of psychotropic medication.

Summary

Overall, there appeared to be a marked improvement in BHRS staffing practices over the 2002 audit, particularly around education and experience. Since 2002, the educational and experiential requirements have been updated to reflect more focused guidelines. The requirements have been widely disseminated and readily available in CBH Manuals which were updated in 2014.

Based on feedback from providers, the BHRS audit process was educational, enabling them to better understand CBH and Commonwealth

staffing requirements. The most salient areas of concern were the apparent role confusion and perceived interchangeability of the BSC and MT positions, and the lack of current FBI clearances. Trainings were another area of concern. Several providers expressed that they are in transition regarding the documentation of trainings, shifting from paper to electronic systems. Regardless, providers are required to maintain complete records of staff trainings and have documentation available upon request.

Moving Forward

In March 2016, CBH Compliance introduced a mandatory staff roster to be submitted at least annually. The 2017 rosters were due in January 2017. The development of the roster was partially informed by the findings of this BHRS audits. CBH Compliance will continue to monitor roster submissions closely for BHRS program staff with missing or expired clearance dates.

- Mark Miller, NPAU Team Leader

Roster-O-Rama

The 2017 staff roster template was released in December of 2016 with a January 31, 2017 due date. CEOs / Executive Directors were contacted directly by email, and a Provider Notice was posted to the [CBH website](#). At the time of 'press' the rosters were still rolling in.

The 2016 submission was a learning experience for all and we anticipate a smoother and more accurate 2017 submission. In many ways, the 2017 roster template maintains fidelity to the 2016 template, which should make updating more streamlined, as providers can use their current rosters as a working template. The tabs have been expanded to better reflect employment status; instead of employed vs. contracted, which proved to be confusing to many providers, tabs are now labeled by pay type (i.e. W-2 (benefit eligible), 1099, and temp). The new template includes a column for CBH Provider ID number. This last area seems to be the most challenging so far, as many rosters have been submitted with this area left blank. The CBH Provider ID number can be found on the Schedule A. Please note, any incomplete rosters will be returned to the provider for completion.

If you have not yet submitted your roster it is now overdue. As a reminder, rosters should be sent to CBH.ComplianceContact@phila.gov.

Please contact Mark.D.Miller@phila.gov or Amy.Cruz@phila.gov with any questions.

1 + 1 = 10 (Part Three!)

When last we left you Aquaman was, let's face it, the lamest of the Super Friends and we were anticipating sending an updated provider bulletin regarding extrapolation and the move to house the process within Rat-Stats. Now, here we are, with Aquaman suddenly some buff bad-a...sorry family newsletter....dude who makes some Compliance staffers swoon and still no provider bulletin.

While I can't explain the move from Aquaman being the blonde dweeb of the Hall of Justice, the reasoning for the delay in the bulletin is entirely on me. Behind the scenes we have

been working on perfecting a step-by-step guide that we hope will ease the transition to the use of Rat-Stats.

As has been mentioned in the past, Rat-Stats has a number of positive qualities. Perhaps most importantly it is free. Our providers will incur no extra expense in downloading and utilizing Rat-Stats. In addition, it is the industry standard, having been used for some time by CMS and their contractors in completing extrapolation audits. Finally, it is specifically designed for use in healthcare audits. That

Continued on page 5

fact allows for the user to get everything from necessary sample size, to random number generation, to the actual extrapolation of the financial impact of the audit to be completed within the program.

The big downside to Rat-Stats was covered in the Summer 2016 edition of *Compliance Matters* and it is directly related to the “War and Peace” sized companion and instruction manuals. If you need a safe and non-habit forming sleep aid though – start reading it!

We will be providing the step-by-step guide as soon as possible. This will not be a watered down generalized version – but the actual steps that our analysts use to complete the sample preparation and results generation. The goal is to make the process as transparent as possible for our providers so that each audit can be replicated in its entirety by the provider.

In general, the process is broken into FIVE sections: *Decision to Audit*, *Sample Size Determination*, *Sample Selection*, *Audit*, and *Determination of Financial Impact*. We will briefly discuss each section now, and indicate in the discussion where more detail will follow in the step-by-step guide.

Decision to Audit

Our Special Investigative Unit (SIU) receives information on a regular basis that could lead to a targeted audit. The information comes in many forms, from hotline calls or emails to data runs. Not all “tips” lead to an audit, much less an audit that will require a Statistically Valid Random Sample (SVRS) or extrapolation. To decide on the best course of action, senior members of the Compliance Department triage the tips and decide on the next step based on the following factors:

- Severity of the potential infractions
- History of similar concerns with providers
- Level of staff at provider potentially involved (management, supervisory, etc)
- Ability, based on provider staffing and

compliance plan, of provider to investigate and report independently

- Ability, based on expertise and resources available, for CBH Compliance to investigate

Many “tips” received are actually referred outside of Compliance which include to CBH Quality Management, CBH Clinical Management, the Commonwealth’s Bureau of Financial Operations, Labor Relations, etc.

When an audit is determined to be necessary, Senior CBH Compliance staff will decide a scope of the audit to be conducted. The scope will be defined by the service(s)/Levels of Care involved, the error types to be investigated, and the timeframe to be investigated.

Sample Size Determination

With the scope of the audit determined, the SIU Team Leader then sets out to investigate the number of paid claim lines that are potentially affected. This will come to be known as the “universe”. Claims data will be obtained through data request from partner departments within CBH (PEAR and/or IS).

When the data run returns 500 or fewer claim lines that are potentially involved, the SIU will work on scheduling an audit that will review ALL involved claim lines.

When the data run returns 501 or more claim lines that are potentially involved, the SIU will move forward with determining a sample to satisfy our sampling requirements (currently 90% Precision Level with a Confidence Level of 5%). The sample will be “stratified” so that different levels of care are represented by distinct strata. This will include separate strata for child/adolescents and adults in cases where there is a rate distinction between the two populations.

The process for determining the sample size necessary, by strata, is completed entirely in Rat-Stats (2010). In instances where Rat-Stats indicate that the stratum to be reviewed has

50 or fewer sampling units (claim lines), the audit team will then review all of the claim lines.

The step-by-step guide will walk our providers through the entire process, in detail, from start to finish.

Sample Selection

Here is where we get to combining the power of Rat-Stats with some Excel wizardry. There are actually two parts to this step. First is using Rat-Stats to generate a list of random numbers. The list of numbers will obviously correspond to the number of claim lines that need to be reviewed in the sample. This process, again, will be covered in detail in the step-by-step guide. The generation of random numbers is perhaps the simplest portion of the process. For our providers, a "seed" number will accompany each report. The seed number allows our providers to obtain the SAME list of random numbers that our analysts obtained. Wizardry...I know.

With the list of random numbers now in hand, the next step involves pulling ONLY those selected claim lines from the larger Excel sheet containing all the claim lines in the stratum. For this we will use an advanced sort process to combine the two lists and pull only those claim lines to be investigated.

Audit

This part of the process remains relatively unchanged. Although, I have to remind our providers that the biggest difference in terms of actual audit days will be the number of charts we are requesting. In the past, analysts attempted to pull a relatively few number of charts in order to obtain a workable sample. That will not be the case moving forward. We are now ruled by the random selection, meaning 150 claim lines may come from 100 different charts. It is CRUCIAL that providers ensure their medical records systems allow for the rapid pull of a large number of clinical charts. Compliance Analysts will continue to need access to the original documentation supporting the

service/claim line being investigated. They will continue to review the chart documentation and compare it to the paid claim to ensure that the claim is substantiated, within the scope defined earlier.

Determination of Financial Impact

In the past, the financial impact was simply the sum of the dollars associated with the claim lines that were found to be in variance (unsubstantiated). This will no longer be the case for audits utilizing extrapolation. Rather, we will enter the audit results back into Rat Stats to determine the financial impact when the errors observed are applied to the entire universe.

Rat-stats will generate a corridor of overpayments that accounts for the variability introduced by the sample. CBH will use the lower threshold as the basis for recouping overpayments determined through the extrapolation of the audit findings. So, if Rat-Stats determined that the high end of the range is \$50,000 and the low end is \$40,000, CBH will seek to recoup \$40,000, which includes the actual variance observed in the audit as well.

Again, the summary provided here is just that – a summary. The proverbial "devil" is in the details and the details will follow in the step-by-step guide. In addition, CBH Compliance staff will be available to walk providers through the process as needed. We would ask that groups remain relatively small and that all participants for any requested training have access to a computer loaded with Excel and Rat-Stats. When released, the notice containing the step-by-step guide will include information about how to request focused training on the extrapolation process.

This process should also be mirrored for providers conducting self-audits on large volumes of claims. Providers may wish to change the confidence and precision levels but sample selection should be random and lead to a statistically valid sample. Self-audits that do not include random selection of claims and/or a sample that is considered statistically valid face likely rejection when presented for approval.

- Ken Inness, Director of Compliance

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)

We've made it to Brooks Robinson! My wife and some other Philly folks would say we made it to Pat Burrell. In any event, here we are at stop #5 of our review of the Seven Core Elements of an Effective Compliance Program. This stop deals with *Auditing and Monitoring*.

They are two distinct processes, and could very easily have two separate articles, but they don't. Therefore, let's start with Monitoring.

With strong policies in place, education and training provided to staff, and open lines of communication between all levels of staff and the compliance team, problems may still creep up. Monitoring is a key step to ensure that those problems are nipped early on. What and how to monitor are logical questions though. Some examples of what and how to monitor include:

- Ensuring that the agency is checking all relevant Exclusion Lists monthly for all staff, contractors, and vendors.
- Monitoring staff personnel files to ensure the presence and validity of all required information that would qualify the individual for the position, including current clearances, and up to date required trainings
- Screening for potential fraudulent or wasteful behaviors through routine reviews of outliers, related to units billed/provided by staff
- Random chart reviews to screen for "under the radar flyers"
- Monitoring for spikes or dips in productivity/income from particular programs or units

Mixing targeted and random monitoring



may prove to be the most effective, to identify statistical outliers and those who may be working to evade detection. Therefore, this requires, you guessed it, auditing!

When I first moved to Compliance, the term "audit" just sent shivers through me. I immediately associated it with childhood memories of the IRS and the angst family members had gone through with a suit wearing fellow, pouring through boxes of receipts and returns. I mean audits are what took down Al Capone and Willie Nelson. Even Wesley "Willie Mays Hayes" Snipes couldn't dodge the tag – sorry Wesley – always bet on the tax man. Sadly, I fear that our providers have the same trepidation in association with CMS (certainly not from CBH Compliance Audits!).

Auditing, though, should be your pal. We need to create a cute character that can de-stigmatize audits. How about a cute, but curious cat?

Continued on page 8

To audit or not to audit, that is the...Wow that's so shiny!



Calvin the Curious Compliance Cat

Audits are perfectly paired with monitoring. I mean, how else can you effectively monitor a process without occasionally peeking in to see if things are working as planned?

SO, for the above examples we could:

- Pull a random sample of 10 staff, 10 contractors, and 10 vendors per month to audit for review of evidence of satisfactory exclusion list checks
- Hire an outside consultant to review a Statistically Valid and Random Sample of staff files to ensure all staff files contain all relevant and necessary documentation.
- Determine the outliers for average session lengths and audit those monthly to ensure chart documentation substantiates the duration of the service billed.

- Pull a random selection of a set number or percentage of all claim lines weekly to ensure that chart documentation is present and free of errors that would result in overpayment, and potential recoupment.
- When a spike in billing in an unexpected source (school based BHRS in June for example) is identified, setting up a SVRS to ensure that services were provided as billed.

When done correctly, you will also 'catch' GOOD behavior. Call that out – if your Exclusion List screens are done 100% the time after 6 months of review, reward the staff involved for a job well done. If you review an outpatient session billed for 2 hours and notice a therapist who provided extra time for an individual in crisis and provided sound clinical interventions, reward that staff member. Acknowledging that good behavior when it is caught is a key way to reduce the fear often associated with auditing, and making it our friend.

- Ken Inness, Director of Compliance

In the next issue:

- **It's Elementary! - Consistent Discipline and Your Compliance Plan**
- **1+1 = 10 (Part Four!)**
- **More Junk Drawer**
- **Puzzling!**

Suggestions for future Compliance Matters features?
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Contact Matthew Stoltz at Matthew.Stoltz@phila.gov

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CBH.ComplianceHotline@phila.gov

PUZZLING!

P	R	J	X	R	A	W	T	N	T	D	E	P	X	C	W
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Word List:

Audit	Falcons	Patriots	Random	Sample Size
BHRS	Groundhog	Phil	RatStats	Targeted
Extrapolation	Monitoring	Punxsutawney	Roster	Valentine

	3			9	1	2	8	
8				5	6	7		
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Fill in the grid with digits in such a manner that every row, every column and every 3x3 box accommodates the digits 1-9, without repeating any.