



Compliance Matters Summer 2015

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What is Compliance Matters?

Welcome! The Compliance Department at CBH will produce a quarterly newsletter to educate provider agencies on all compliance related topics as well as to inform providers of upcoming changes.

All agency staff are encouraged to subscribe to the newsletter by contacting

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Over the past two years, CBH Compliance Analysts have inquired with our providers about each agency's policy and practice regarding screenings for individuals and entities that have been excluded from participation in any federally funded healthcare program.

Many providers were unaware of the three databases that should be checked regularly (at time of hire/contracting and monthly thereafter) and of the consequences for failing to check the databases.

As a result, Compliance Analysts began leaving Exclusion List fact sheets that provided links to relevant bulletins (MA Bulletin 99-11-05 for example) and to the three databases that need to be monitored.

The three lists are:

[The List of Excluded Individuals and Entities \(LEIE\)](http://oig.hhs.gov/fraud/exclusions.asp)

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

[System for Award Management \(SAM\)](https://www.sam.gov)

<https://www.sam.gov>

[PA's DHS Medicheck List](http://www.dhs.state.pa.us/publications/medichecksearch)

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

After this period of education, Compliance Analysts will now move to a monitoring phase to ensure that our providers are checking the databases as required. This may include reviews of relevant policies and/or checks of documentation of queries made by providers.

Our providers need to determine the method by which they will track the monthly checks of the exclusion lists. The OIG in a bulletin issued May 8, 2013 suggested screen-shots of name checks as an example of maintaining records of database checks. Again, ultimately each of our providers will need to determine a method of recording the database checks.

If you have questions or would like to receive a copy of the current Exclusion List Fact sheet, please contact your Provider Relations Representative.



The Manual for Review of Provider Personnel Files is about to undergo its 2nd revision.

MRPPF Madness!

The Manual for Review of Provider Personnel Files, affectionately known as the MRPPF, was first published in 2014. The MRPPF is a vital tool for providers in completing the credentialing of staff.

CBH continues to use a delegated credentialing model for provider staff. Providers are responsible for primary source verification of credentials to ensure that staff hired meet the minimum standards for each position. This model allows for providers to hire staff without waiting for approval from CBH. Compliance Analysts, in partnership with Provider

Relations Representatives, then review personnel records during audits to ensure compliance with minimum standards.

Previous comment windows have proven invaluable in shaping the current document and highlighting the need for clarifications or corrections. We hope that when published, our provider community will again review the MRPPF and provide feedback regarding issues needing clarification, correction, or general feedback.

The current revision includes changes that reflect the recent changes to the Child Protective Services Law, the inclusion of job descriptions and credentialing standards for clinical laboratory personnel, and requirements for psychiatrists and child

psychiatrists. All changes are highlighted in Appendix E to allow readers to quickly identify revisions in this version.

Please ensure that your agency is signed up for e-mail notifications from CBH and pay attention to the "Credentialing" page of the CBH website for future updates. And, thank you in advance for your feedback and assistance in continuing to refine and shape the MRPPF.

Stay Informed!

To receive the latest updates from CBH, sign up for e-mail notifications!

For assistance, please contact your Provider Relations Representative.



Try This on for Size:

Group Size Limits Revisited

Group work is a well-established and vital component to many behavioral health treatment programs. And while groups are widely practiced across a number of different settings within the CBH Network, there is significant confusion about the maximum number of participants in group settings.

It is important to remember that size limits are influenced by the type of group being held. While there is virtually a limitless amount of group topics, composition, and styles, there are two dominant categories of groups when discussing size limits. The first is typically referred to as "**group therapy**." Group therapy in its most simplistic form is therapy held with a group of individuals and therapist. The exact goal of each group therapy session will depend on the topic of the group and the training of the therapist. Typically, though, group therapy sessions focus on obtaining insight, acquiring skills, revealing and reconciling unconscious conflicts, etc. Group therapy sessions must be led by an appropriately credentialed therapist. For mental health settings, this equates to a Mental Health Professional. In substance abuse treatment settings, this equates to a counselor or counselor assistant position. All are defined in the Manual for Review of Provider Personnel Files.

A second category of group work often utilized throughout the CBH Network is referred to as **Psychoeducational (Psycho-ed) Groups**. As the name would imply, psycho-ed groups' focus is on providing education and life skills information to group members. In some settings, psycho-ed groups are led by staff with less training and/or experience than traditional therapy groups. It is important to remember that, in order to be used as a reimbursable service, all groups must be led by appropriately credentialed staff as defined above.

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CONFIDENTIALLY REPORT FRAUD, WASTE, and ABUSE.

CBH Compliance Hotline:

1-800-229-3050

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The State of Pennsylvania provides clear limits for group sizes in both mental health and substance abuse outpatient treatment settings for therapy groups. In both settings group sizes must fall between a minimum of two and maximum of 10. Guidance on psycho-ed groups has not been as clear. In an attempt to clarify and formalize size limits for both categories of group work, CBH will be publishing a bulletin outlining size limits for group services. Please pay attention to the website and e-mails for updates when published. As with other notices, there will be a period for provider feedback and comment.



Fraud, Waste, and Abuse have become common buzzwords in recent years, as focus on eliminating all three from the healthcare system has increased. Entities from State Governments through small healthcare providers have, and will continue to, come under scrutiny to ensure that steps are taken to identify and eliminate fraud, waste, and abuse. A critical component of any organization's efforts is the presence of a robust and thorough compliance program.

Compliance Plans

Section 6401 of the Patient Protection and Affordable Care Act states that all providers "of medical or other items or services" shall establish a compliance program as a condition of enrollment in Medicare, Medicaid, of the Children's Health Insurance Program (CHIP). At a fundamental level, compliance programs establish a culture within an organization that promotes the prevention, detection, and resolution of conduct that is not adherent to regulatory standards.

Internal compliance programs are responsible for ensuring that the provider meet standards set by Federal, state, and county laws and regulations. An effective compliance program can reduce billing errors; prevent fraud, waste, and abuse; improve results of CBH Compliance Audits and other audits; and promote safety and high quality care.

These programs must include seven core elements as established by the Secretary of Health and Human Services:

1. Written Policies, Procedures, and Standards of Conduct
2. Compliance Program Oversight
3. Training and Education
4. Open Lines of Communication
5. Auditing and Monitoring
6. Consistent Discipline
7. Corrective Actions

Compliance programs should be summarized and codified in a compliance plan. This document should capture the central elements of the compliance program in place.

Although the timeline for implementation is yet to be determined, CBH will be requesting that all providers submit their compliance plans for internal review . Please stay tuned for more details. As you review the current compliance program for your agency, should you have questions please contact your Provider Relations Representative for assistance in linking to the appropriate staff at CBH to assist you.

In the next Issue:

- Look in the Mirror: Self-Audits
- Compliance Bad Words
- Call Me Maybe: Hotlines

Suggestions for future Compliance Matters features?

Contact Kate Fox at Kathleen.Fox@phila.gov