

Provider Bulletin # 18-02
**The Philadelphia Department of Behavioral Health and Intellectual
disAbility Services (DBHIDS)**
Community Behavioral Health

Updates to CBH Compliance Audit Policies and Procedures
March 15, 2018

The following changes will go into effect April 15, 2018 and apply to all audits scheduled on or after April 15, 2018:

1. Elimination of Allowable Time for Submission of Missing Documentation for Audits at Provider's Location:

Providers are responsible for ensuring documentation of services is present in the clinical record within seven days of the service or before the service is billed, whichever comes first. The CBH Compliance Department has historically allowed providers to submit missing documentation as part of the provider's response to the audit. Previously, providers have had until 10:00AM of the business day after the daily on-site audit to submit progress note and treatment plan documentation listed as missing at the audit. Providers will now be required to locate the documentation during the audit in the event CBH Compliance Analysts are unable to locate documentation related to a paid claim.

Procedure: The CBH Compliance Audit Team Lead, or designee, will communicate with the provider representative periodically throughout the audit day when an analyst is unable to locate required documentation in the record. The provider representative will be asked to review the member record in the presence of the CBH auditing team to determine if the documentation is present. Documentation not filed in the record at the time of the audit, i.e. located in a clinician's desk or field folder, will not be accepted for credit. Providers may not create new documentation to replace that which is unable to be located.

As a reminder: CBH is no longer accepting new paper claims for the correct dates and types of service as part of the provider's compliance audit response. Claims appeals will also not be accepted for these billing errors.

2. Request for Documentation for Audits at Provider's Location:

CBH providers receiving an on-site audit will be required to provide Compliance Analyst(s) access to requested records in a timely manner. This includes paper charts and electronic medical records.

For audits at the provider's location, the Compliance team will arrive between 8:45 and 9:00 AM and present the chart list to the provider representative. For announced audits, providers must provide access to paper charts beginning no later than 9:30 AM, and for unannounced audits no later than 10:00 AM, and continue in a constant flow until all charts are presented. The audit team lead will communicate to the

provider the time the last charts are required to be presented; this time will vary based on the number of charts requested.

For providers with electronic health records, access to all charts in announced audits must be available by 9:30 AM and by 10:00 AM for unannounced audits. For announced audits, if the provider requires the chart list the day prior to the audit (i.e., to allow the provider's IT department to create auditor accounts), charts are to be made available upon Analysts' arrival at 9:00 AM.

For providers with multiple programs requiring multi-day visits, lists will be presented each morning for each program to be audited that day. The same timeframes described above are followed.

Providers are reminded that with the initiation of extrapolation and use of random claims selection for probe audits, Compliance Department audits may include more charts than providers are accustomed. The CBH Compliance Department acknowledges the number of charts requested and time required to review the record varies for each audit. In the event Analysts are unable to complete the review of charts during the audit day, they will return to the provider location the following day. In this case, all charts must be made available upon Analysts' arrival at 9:00 AM on the second and subsequent days.

CBH reserves the right to apply more strict deadlines for chart availability when allegations have been made related to fraudulent note creation.

In the event a provider fails to provide sufficient charts in a timely manner, the Analyst(s) consider the audit cancelled by the provider and will leave the on-site audit and return to the CBH office. The CBH Compliance Department will then notify the CBH Compliance Committee, which will determine whether all payments for the unseen records will be recouped, or the audit rescheduled, and if so, if it will be announced or unannounced.

3. Request for Documentation for Desk Audits Conducted at CBH:

Certain Compliance audits may be conducted as desk audits at CBH's office. The written request for records may come through the CBH Compliance or Quality Departments and will detail specific documents to submit including but not limited to: admission/ discharge summaries, psychiatric evaluations, physician orders, treatment plan(s), individual progress notes, group therapy notes, and lab/consultation reports. All treatment plans that cover services for the identified time period are to be submitted to CBH. When required for the level of care, copies of encounter forms are to be submitted with the chart. Please note that neither CBH nor the Medical Assistance Program will reimburse the provider for this cost. Failure to submit requested documentation will result in related claims being placed in variance and subject to repayment.

Unless otherwise specified, the provider may choose to submit records in electronic or paper form. Electronic records may be submitted via encrypted email, CD-ROM, or thumb drive. Copies of paper records may be delivered to CBH reception, mailed, or faxed. Please do not submit original paper records.

Regarding confidentiality:

For mental health services: Refer to the PA Mental Health Procedures Act (5100.32) concerning non-consensual release of information (See: PA code, Title 55 Public Welfare, ch. 5100. 32, MH Procedures, nonconsensual release of information).

For substance use services: All member identifying information will be maintained in accordance with the security requirements provided by 42 C.F.R., Subpart D, Subsection 2.53 Audit and Evaluation Activities.

All member identifying information copied and removed will be destroyed upon completion of the audit and evaluation. Information disclosed may be disclosed only back to the program from which it was obtained and may be used only to carry out the purpose of the audit and evaluation.

4. Unannounced Audits:

Conducting unannounced visits to review and assess potential fraud, waste, and abuse is a widely accepted practice for Special Investigation/Compliance Units across the country. In general, the notice provided will be determined, at least in part, by the type of audit being conducted; a summary is detailed below. CBH reserves the right to amend these guidelines based on the precipitating circumstances of the review.

<i>Type of Audit</i>	<i>Typical Notice</i>
Educational	One week minimum
Probe	24-48 hours
Targeted (including extrapolation)	No notice

Unannounced audits, particularly those requiring large numbers of charts, can put significant strain on medical records departments. We encourage provider agencies to have a plan and mechanism in place for the retrieval of significant numbers of charts with no prior notice. It is vital that charts are complete and easily accessible in the event any oversight entity arrives for an unannounced audit.

Each CBH provider must have written policies and procedures for the maintenance of clinical records so that those records are documented accurately and in a timely manner, are readily accessible, and permit prompt and systematic retrieval of information. These policies and procedures must also address the prompt retrieval of records that may be housed off-site.

5. Educational Audits:

CBH providers may request an educational audit for the agency, program(s), or specific level(s) of care. CBH Compliance or other departments may recommend educational audits for new providers or programs to mitigate documentation challenges.

Educational audits provide valuable insight into the comprehensiveness and sufficiency of clinical documentation as it relates to supporting the service provided. In educational audits, most observed errors will be reported as “non-variance.” Non-variance concerns are those noted by the CBH Compliance Department as concerning that could have financial impacts as part of future audits, but carry no financial impact for the current audit. Variance concerns are those concerns that carry an immediate financial impact

to the provider. The following error types will always be considered “in variance” and the financial impact calculated accordingly:

- Missing documentation
- Services provided by unqualified staff
- Services not rendered

In addition, when the auditor observes indication of potential fraud, the auditor will note the errors as variance and calculate the financial impact accordingly.

A probe or targeted audit may be scheduled when an educational audit identifies significant non-variance and/or variance concerns. Probe or targeted audits resulting from an educational audit will typically be scheduled only after sufficient time has passed for the agency to implement corrective actions to ensure documentation meets CBH minimum standards.

6. Repayment Plan Policy:

When the resultant financial impact from a compliance audit or provider self audit poses a financial hardship, providers may request a repayment plan to disperse the reimbursement over a pre-determined time period. The standard repayment plan is 20% of the provider’s weekly pay from CBH until the overpayment is reimbursed in full. Upon approval, payment plans will be contained within one calendar year when possible. Providers requesting such an arrangement must make the request in writing to the CBH Compliance Operations Specialist no later than ten calendar days from the date of the Audit Resolution Letter. CBH will then determine whether to approve the request based upon review of the provider’s recent claims activity. If the provider does not request a payment plan within that time period, CBH will proceed to recoup the full amount.

7. Audit Codes:

Audit Codes are used by analysts to categorize error types during clinical chart audits. The audit codes have been updated to better align the CBH error types/categories with those utilized by the Pennsylvania Department of Human Services (PA DHS), and to include additional billing errors such as group size exceeding allowable limits and post-death billing. The updates have allowed for groupings of similar error types, decreasing the number of codes from 25 to 18. Updated codes went into effect March 1, 2018 and are posted on the [CBH Compliance page of the DBHIDS website](#).

8. Document Scanning During On-Site Audits:

To ensure integrity of documentation and deter alterations following a Compliance review of clinical records or personnel files, the CBH analyst(s) may scan potentially problematic documentation during a field audit. CBH analysts will be equipped with portable scanners programmed to save documentation to HIPAA compliant, encrypted laptop computers. Documents will be transferred to CBH’s secure network and deleted from the laptop upon analyst’s return to the office.

When reviewing medical records in an electronic health records system, analysts may capture screen shots for future review. Potentially problematic documentation may include, but is not limited to: re-use of

content, missing signature(s), date/time errors, overlapping services, discrepant information, and insufficient documentation. Providers will be notified during the audit exit meeting if records were scanned/electronically captured during the audit.

Scanned records and screen shots will be stored on CBH's secure network in accordance with current record storage guidelines, and destroyed at the end of the retention period.

9. Provider Scanned Documents and Digital Record-Keeping:

Providers electing to store clinical records digitally without retaining the hard copy must comply with current federal and state guidelines related to record retention. Records must be readily accessible. CBH Compliance Analysts may request to see the provider's policies and procedures for ensuring transformation and authentication of paper documents to digitally-stored records. Providers are encouraged to review OMHSAS Policy Clarification #08-13-02 issued 6/25/14 for guidance on verification and authentication of digitally stored records.

Questions regarding this Notice may be directed to CBH.ComplianceContact@phila.gov.

Applicable Regulations / Guidance:

55 Pa. Code, Chapter 1101 general MA regulations

CBH Compliance

<https://dbhids.org/providers-seeking-information/community-behavioral-health/cbh-compliance/>

OMHSAS Policy Clarification #08-13-02 issued 6/25/14

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES HEALTHCHOICES BEHAVIORAL HEALTH PROGRAM STANDARDS AND REQUIREMENTS – Primary Contractor January 1, 2018