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!POP QUIZ!

With regard to healthcare compliance, what is a “kickback” defined as?

*Answer in our next issue

Previous Issue Answer:

Medicare overpayments are to be reported and returned by the later of:

- (A) the date which is 60 days after the date on which the overpayment was identified; or
- (B) the date any corresponding cost report is due, if applicable

For more information, please see Spring 2016 edition of *Compliance Matters*, or contact Matthew Stoltz for a copy of that edition.

Compliance Matters



As summer comes to an end, we're already looking forward to a busy fall season. We're pleased to announce that the 2018 Compliance Forum has been scheduled for **November 8th** here at CBH. A *Save the Date* will follow with more details. This year, based on feedback from past participants, we are planning for smaller, more interactive, sessions hosted by CBH Compliance staff.

Speaking of CBH Compliance staff, our team now has 6 staff who've earned professional certifications in compliance, ethics, and healthcare enforcement. Several other team members have trained and studied and will be sitting for their examinations in the coming months. This investment in ongoing training and education is a crucial component of our compliance plan and helps assure that we have staff who possess the knowledge to lead our oversight and monitoring obligations and our own internal compliance activities. For more information, here are just a few, of several national organizations, that might potentially be resources for your agency:

- *Healthcare Compliance Association (HCCA)*
www.hcca-info.org
- *Society of Corporate Compliance and Ethics (SCCE)*
www.corporatecompliance.org
- *National Healthcare Anti-Fraud Association (NHCAA)*
www.nhcaa.org

As always, we hope you find this issue informative and we look forward to seeing you in November.

Enjoy!

- Donna E.M. Bailey
COO & Compliance Officer

Show Me the Money!

It's just too easy to start a piece about what has come to be known as "compliance take-backs" with the quote from Jerry Maguire. But, sometimes you just take the low hanging movie quote fruit.

Contrary to what many may believe, Compliance is not all about taking back money paid to our providers. We have spent time in these pages talking about, and in fact using these pages to further the sharing of information with our providers. We have, and will continue to devote significant resources to sharing what we hope is helpful information to our providers so that you partner with us in the fight against Fraud, Waste, and Abuse. But, for this article, let's talk about what is likely the most unpleasant part of any visit by CBH Compliance staff, the paybacks.

When CBH Compliance staff identify claims that should not have been paid (think paying for a day of discharge or for a no-show) OR that can't fully substantiate the service provided (either from a lack of information in the note(s) or non-adherence to relevant regulations and rules), we note the claim as being in variance which results in an identified overpayment.

Part of our goal in CBH Compliance is to ensure that when overpayments are identified, we recoup them to be put back into the system and be made "whole". There is no benefit in CBH requiring repayments in such a manner that the provider would be put out of business. The costs to then recoup the overpayment may be more than the original identified overpayment. We have, and will continue, to work with the providers and our friends in Finance at CBH to identify a reasonable plan to recoup the overpayments in such a way that the provider is not forced out of the

network through repayment plans. Repayment plans should be requested ONLY when the identified overpayment, if recouped at once, would result in a financial crisis to the provider that would immediately threaten the solvency of the provider. In other words, if the average weekly check to the provider is \$100,000 and the identified overpayment is \$5,000, a repayment plan should not be required.

The standard repayment plan for compliance recoups is 20% of each check issued to the provider until the full overpayment is recovered. So, if agency A was due to receive a check for \$1,000 this week, the repayment plan would hold back \$200 and the provider would receive a check for \$800. Repayment plans can be requested following the audit and must be done so in writing to the Compliance Operations Specialist. Providers may copy others but we ask to reduce the risk of the request being misdirected, that all requests be sent to the Operations Specialist.

In cases where the standard 20% recoupment would still place an undue financial strain on the provider, the provider may request a customized repayment plan. The plan should aim at having the recovery complete within a year of the repayments starting. Additionally, any request that deviates from the standard repayment plan of 20% of each check must be accompanied by the following documents:

- IRS Form 990 (or equivalent if for-profit)
- Audited Financials
- Cash-Flow Statement

The documents will be used to ensure that the non-standard repayment plan is in fact necessary to ensure that the provider can continue to provide services to our members.

In most cases, CBH Finance will not accept checks to be submitted to repay identified overpayments. Overpayments are recovered in our system by reversing claims that were identified as being in variance and deducting the amount from future payments to the provider agencies. The rare cases where checks may be accepted and/or requested include:

- Closure of the program/agency making future claim withholdings impossible
- Overpayments identified via extrapolation

Please do not mail or bring checks to CBH without first clearing the submission with CBH Compliance and/or Finance. It is important for CBH to back out claims that have been identified as being incorrect/unsubstantiated for a number of reasons. Most importantly to our provider, it is crucial in ensuring that we do not attempt to recoup money from the same claim multiple times.

Of course, the best way to avoid all of this overpayment recoupment ugliness is to have a strong Compliance Plan in place. Catching problems early and making necessary corrections before they balloon into larger issues is the best defense for a Compliance letter that, in essence says, "Show me the money, please".

- Ken Inness, Director of Compliance

Compliance Shines

Matthew Stoltz (Compliance Analyst) recently attained the Certified Compliance and Ethics Professional (CCEP) credential from the Society of Corporate Compliance and Ethics. Congratulations to Matthew!

Lauren Green (Compliance Supervisor – SIU) recently competed in the Atlantic City Triathlon, where she placed first in her division! Congratulations Lauren! Way to go!



In the next issue:

- **Compliance Forum Follow-up**
- **IOP Tour Update**
- **Junk Drawer**
- **Puzzling!**

Suggestions for future Compliance Matters features? Want to subscribe (it's FREE!)?

Contact Matthew Stoltz at Matthew.Stoltz@phila.gov

CONFIDENTIALLY REPORT FRAUD, WASTE, and ABUSE.

1-800-229-3050 or

CBH.ComplianceHotline@phila.gov

PUZZLING!

T H I F Z B T I K D W B G N M Z E W F H H L R G L
A N D Q I N L P C Z O C E H P P U P A A P A O Z F
Z N E U C U X O A J M U Q G T F O F L G E Z Z Y P
P K T M Z Z Y L B D G H G A R O O S L B Z A W B E
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J G A K P Q V Q M U B V H E N X S R H B E Z Q H X
U N A R O B G R S L R X Y D F A D S R T A Y M Z J
C W O Q L P M Y O M N A B D D N S Y Q R Q D L D T
L X Z R N D B R G A N Y P V V C H R Q X M N E K R
E Y D V X I O A W V A B D K M H S Y B A C E L X T
S P N C K U M P V Z Q E H G J X S L L U C M X Y C
I I C R R E B L R P T T X J E M T A B S U I H U O
C V V T A Y B G W O Y U B W X R E E Y V E F C Z I
I G F V H F W L C E H N B C J B I R V K K I D Q E
Q N V Y U D A T O P T F D W W I V E H M H F I C M
U E A V P K P L B G R T U M C H Y B J T D U I M J

Word List:

Kickback

Detect

Sproles

Report

Foliage

Prevent

Deter

Doug

Fall

Fraud

Eagles

Overpayment

Swoop

Pumpkin Spice

Ethics