

Self-Auditing Process for CBH Providers

Background

Community Behavioral Health (CBH) is required to inform all providers of the Pennsylvania Medical Assistance (MA) Provider Self-Audit Protocol that was established by the Pennsylvania Department of Human Services (PA-DHS) in 2001.^{1,2} **The requirements and processes in this Bulletin will take effect December 7, 2018.**

The Self-Audit Protocol

- Reminds MA providers of their ethical and legal duty to protect the financial integrity of the MA program.^{2,3}
- Reminds MA providers of their ethical and legal duty to promptly return MA overpayments and improper payments.^{2,3}
- Encourages MA providers to engage in the voluntary disclosure of overpayments or improper payments they have received from the MA program and to facilitate repayment.²
- Recommends each MA provider have a compliance plan that adheres to federal and state laws, regulations, and policies applicable to the MA program.² The compliance plan should incorporate periodic self-auditing in order to identify and return instances of overpayments or improper payments that are non-compliant with MA program requirements.^{2,3}
- Emphasizes self-audits initiated by MA providers. This occurs when MA providers self-identify potential payment violations and audit their own records, facilitating the return of overpayments or improper payments in accordance with the self-audit protocol. To assist MA providers with facilitating the return of MA overpayments and improper payments, the Self-Audit Protocol recommends three methods for MA providers to use for conducting self-audits:
 - **Option 1** - 100 Percent Claim Review
 - **Option 2** - Provider-Developed Audit Work Plan
 - **Option 3** - Statistically Valid Random Sample (SVRS)²

In the Centers for Medicare & Medicaid Services (CMS) *Pennsylvania Comprehensive Program Integrity Review*, third-party initiated self-audits are also highlighted as one of the PA-DHS program integrity measures. Self-audits are initiated by a third party if a potential concern is identified through compliance-related activities (e.g. data mining, hotline reports, third-party audits, etc.) To initiate the self-audit, the third party (i.e. the CBH Compliance Department) contacts the MA provider, requests they conduct a self-audit, and both parties mutually agree to the audit methodology and scope. Findings are then reviewed by the third party (i.e. the CBH Compliance Department), and overpayments and improper payments are returned in accordance with the Self-Audit Protocol.⁴

The CBH Compliance Department Self-Auditing Process for CBH Providers

In accordance with the Pennsylvania Medical Assistance (MA) Provider Self-Audit Protocol, the CBH Compliance Department developed two documents that are required for CBH providers to complete for their self-audits:

- The **Provider Self-Auditing Form** contains details of the self-audit and should be completed and submitted for any overpayments or improper payments that need to be returned to CBH and/or any evidence of fraud, waste, or abuse involving staff or a CBH member. This Form must also be completed and submitted when prepayment reviews, or reviews of claims prior to payment⁵, find evidence of fraudulent conduct. **The Provider Self-Auditing Form is posted on the DBHIDS website below this Bulletin.**
- The **Claims Overpayment Spreadsheet** must be completed for any identified overpayments or improper payments that are to be returned to CBH. **The Claims Overpayment Spreadsheet is posted on the DBHIDS website below this Bulletin.**

Instructions for CBH Providers:

1. **Follow the Self-Audit Protocol.** CBH providers are strongly encouraged to review and follow the Pennsylvania MA Provider Self-Audit Protocol:
<http://www.dhs.pa.gov/learnaboutDHS/fraudandabuse/medicalassistanceproviderselfauditprotocol/>
2. **Notify CBH about Self-Audits.** CBH providers must immediately notify the CBH Compliance Department when the need for a self-audit is identified, prior to the self-audit being conducted. When notifying the CBH Compliance Department, CBH providers should be familiar with the three self-audit options listed under the self-audit protocol. A time frame for the completion of the self-audit will be requested.
3. **Receive CBH Pre-Approval (if required).** CBH providers conducting self-audits using Option 1 of the Self-Audit Protocol do not require CBH pre-approval. CBH providers conducting self-audits using Options 2 and 3 of the Self-Audit Protocols must complete and submit items 1-17 in the **Provider Self-Auditing Form** to receive written approval from the CBH Compliance Department before initiating a self-audit. A time frame for the completion of the self-audit will be included in the written approval. Directions for submitting the Form are listed at the end of this document.
4. **Respond to Requests for Self-Audits.** The CBH Compliance Department may request CBH providers conduct self-audits if potential violations are identified through CBH Compliance-related activities. To initiate the self-audit, the CBH Compliance Department will contact the CBH provider to discuss the potential concerns and to determine the appropriate option under the Self-Audit Protocol. CBH providers conducting self-audits at the request of the CBH Compliance Department must also complete the **Provider Self-Auditing Form** and the **Claims Overpayment Spreadsheet**. Once submitted, the self-audit findings must be reviewed by the CBH Compliance Department for approval.

5. **Request Support.** CBH providers can request technical support from the CBH Compliance Department when notifying the department of the need to conduct a self-audit. The CBH Compliance Department may assist by generating electronic claims files containing CBH payments that CBH providers can use for their self-audits. The CBH Compliance Department can also develop statistically-valid random samples (SVRS) of claims using a statistical software program and can process the results of the SVRS after CBH providers complete their self-audits. CBH providers receiving technical support have the added benefit of not having to compile the necessary data to resolve overpayments or improper payments since the CBH Compliance Department already has this data. Depending on the needs of the CBH provider, the CBH Compliance Department also offers trainings, one-to-one support, or additional assistance if requested.

6. **Submit Self-Audits.** CBH providers must complete and submit the **Provider Self-Auditing Form** and the **Claims Overpayment Spreadsheet** for all self-audit options under the self-audit protocol. Attestations must accompany both documents once completed. The attestation for the **Provider Self-Auditing Form** is embedded at the end of the Form, and the attestation for the **Claims Overpayment Spreadsheet** is a separate document. CBH providers may send supplemental documentation to the CBH Compliance Department in addition to (but not in replacement of) the **Provider Self-Auditing Form** and the **Claims Overpayment Spreadsheet**.

If a prepayment review is conducted by a CBH provider and there is evidence of fraud, the **Provider Self-Auditing Form** and corresponding attestation is also required to be submitted to the CBH Compliance Department (the **Claims Overpayment Spreadsheet** will not be applicable).

Submit documents via secure email to CBH.ComplianceContact@phila.gov with the subject line "Self-Audit." If unable to send secure emails or for any other inquiries, please contact Special Investigative Unit (SIU) Supervisor Lauren Green at lauren.green@phila.gov or 267-602-2208. Documents may also be submitted to the following mailing address:

Attn: Lauren Green, Compliance Department
Community Behavioral Health (CBH)
801 Market Street, 7th Floor
Philadelphia, PA 19107

¹Commonwealth of Pennsylvania. (2001). *HealthChoices Behavioral Health Amendment, Appendix F, page 7.*

² Department of Human Services Medical Assistance. (2001). *Provider Self-Audit Protocol.*

³ Commonwealth of Pennsylvania. (2013). *Medical Assistance Bulletin # 99-02-13, The Bureau of Program Integrity and the Medical Assistance Provider Self-Audit Protocol Issue/Effective Date 12/2/2002.*

⁴Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2012). *Medicaid Integrity Program Pennsylvania Comprehensive Program Integrity Review Final Report*

⁵ Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2016). *Medicare Claim Review Programs.*