

For WebEx Participants:

- Please put yourself on mute
- You are free to type in your questions as we go along
- Q & A session at the end



- Gray Callout button is for you to type the questions
- Red Microphone button is to put yourself on mute



For In-Person Participants:

- Restrooms/Passcode
- Please silent your cell phones
- There is no eating or drinking inside the conference room, but you are free to eat outside in the hallway.

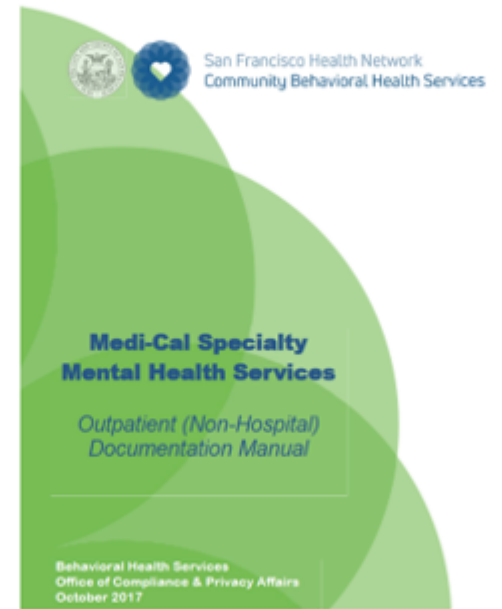
Quick Survey

Have you seen the BHS Compliance old audit tool before? YES NO

Are you familiar with the BHS Documentation manual? YES NO

The image shows a form titled "BEHAVIORAL HEALTH SERVICES (MH) CHART REVIEW PROTOCOL" from the City and County of San Francisco, Department of Public Health, Community Behavioral Health Services. The form includes fields for Program Name/ID#, Clinic/Line, Reviewer, Review Date, Client Name, BHS, and Review Period. It also contains a section for "MEDICAL NECESSITY/ASSESSMENT" with sub-sections for Opening Date, Assessment Date, and Closing Date, each with a "Completed" checkbox and a date field. A large "DRAFT DOCUMENTS ARE NOT CONSIDERED VALID" watermark is overlaid on the form.

Old Audit Tool



BHS Documentation Manual

REVISED Mental Health Compliance Audit Tool



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Overview of Presentation

1. Rationale for the revised tool

2. Monitoring Plan

3. New Audit Tool

- Q & A Session



Why are we having a new Mental Health audit tool?

1. Program Integrity:

- Activities meant to ensure that federal and state taxpayer dollars are spent appropriately on delivering quality necessary care
- To prevent Fraud, Waste and Abuse
- Focus on definitive recoupments



Why are we having a new Mental Health Audit Tool? Cont.

2. Align to ***Minimum Medicaid Standards*** to insure plan integrity by providers.

3. To foster greater transparency and accountability in programs

(By establishing a monitoring plan)

Monitoring Plan

Error Rate

0 - 4.99%

Audit Annually

5 - 14.99%

Programs will provide a CAP, do Internal review & monitoring

Report to BHS Compliance every month

Re-Audit in 6 months

15%+

Programs will provide a CAP, do Internal review & monitoring

Report to BHS Compliance every month

Re-Audit in 3 months



Programs **greater than 5% error rate:**

1. Provide a Corrective Action Plan (CAP)
 2. Do internal review and monitoring.
 3. Report to BHS Compliance on a monthly basis.
 4. Compliance Team will re-audit in 3/6 months.
-

Upon **re-audit**, if their error rate still **over 5%:**

1. Revise Corrective Action Plan (CAP)
2. Do internal review and monitoring.
3. Report to BHS Compliance on a monthly basis.
4. Compliance Team will re-audit in 3/6 months.

When will the revised tool be effective?

The new Mental Health Compliance Audit Tool will be effective as of **April 2020**.



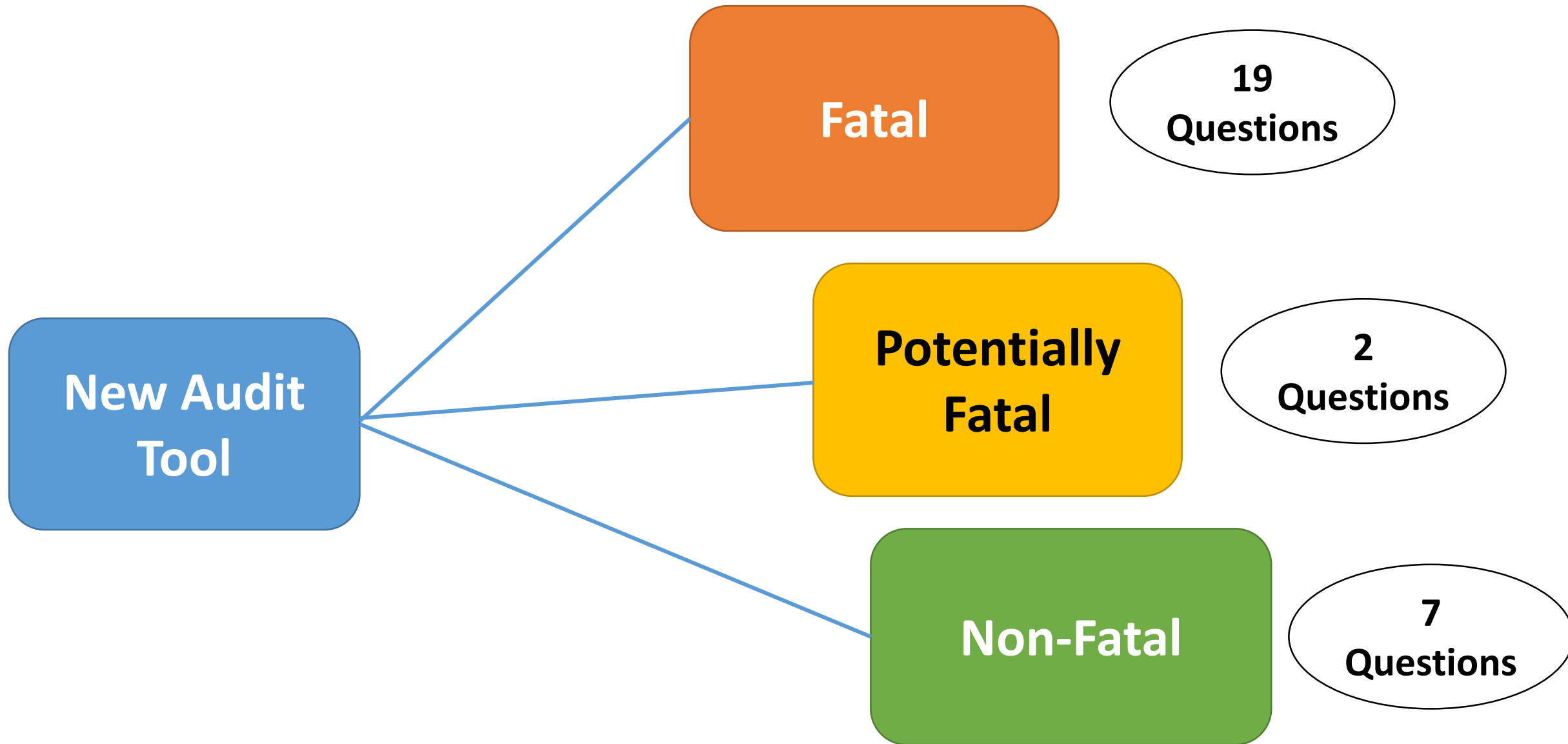
How is the new audit tool different from our old audit tool?

- We will be auditing less lines. We will be auditing up to 50 billing lines/claims as oppose to a larger load of charts.

NOTE on New Audit Tool

- What is NOT included in the new audit tool does not necessarily mean the programs are not held accountable for them.
- The Documentation expectation remains the same
Shortcut link to Doc Manual: tiny.cc/MHref
- We do reserve the right to do a ***targeted audit*** even if we will not disallow the initial audits

How is this new Audit Tool organized?



How is the new Audit Tool organized? Cont.

The Fatal Error section:
(19 Questions)

Medical Necessity/
Assessment

Treatment Plan of
Care (TPOC)

Claim/ Progress
Note Review

Any one of the 19 questions that are answered NO would result in the billing line/claim disallowed.



FATAL ERRORS

Medical Necessity/ Assessment

	Audit Item	Y/N/NA	Auditor's Comments
1	<p>Is there an assessment that covers the service and signed by a LPHA?</p> <p><i>BHS Documentation Manual; Annual BHS AOA Performance Objectives</i></p>		
2	<p>Is the primary diagnosis an included SMHS diagnosis?</p> <p><i>CCR Title 9, Chap 11, Sec 1830.205(b)(1)(A-R); 1830.210; Mental Health Plan Contract, Exhibit A, Attachment I)</i></p>		
3	<p>Does beneficiary meet diagnostic criteria for an included DSM/ICD diagnosis for outpatient SMHS in accordance with the MHP contract?</p> <p><i>CCR Title 9, Chap 11, Sec 1830.205(b)(1)(A-R); 1830.210; Mental Health Plan Contract, Exhibit A, Attachment I)</i></p>		
4	<p>Is the diagnosis determined by a LPHA?</p> <p><i>(CCR, Title 9, Section 1840.314 (d)</i></p>		



Treatment Plan of Care

	Audit Item	Y/N/NA	Auditor's Comments
5	Does the TPOC include goals and objectives? <i>(CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4)(c)</i>		
6	Does the TPOC include proposed interventions? <i>(Mental Health Plan Contract, Exhibit A, Attachment I)</i>		
7	Is the service date covered by the TPOC? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
8	Is the TPOC signed with credential and dated by the clinician completing the plan? <i>(Mental Health Plan Contract, Exhibit A, Attachment I)</i>		
9	Is the TPOC co-signed by LPHA if completed/signed by staff other than LPHA? <i>(CCR, Title 9, Chapter 11, Section 1840.314(e)(2); Mental Health Plan Contract, Exhibit A, Attachment I)</i>		



Treatment Plan of Care

	Audit Item	Y/N/NA	Auditor's Comments
10	<p>Is there documentation of beneficiary's participation and agreement with the TPOC as evidenced by the beneficiary's signature on the plan, or reference to beneficiary's participation in the body of the plan or in a progress note?</p> <p><i>(CCR, title 9, chapter 11, section 1810.440 (c)(2)(A)(B)</i></p>		



Claim/Progress Note Review

	Audit Item	Y/N/NA	Auditor's Comments
11	Is the Service Date documented? <i>BHS Documentation Manual; BHS Policies and Procedures 3.10-11</i>		
12	Is the signature of the person providing the service (or electronic equivalent) with the person's degree, license, or job title? <i>(Mental Health Plan Contract, Exhibit A, Attachment I; BHS Documentation Manual; MH Staffing Qualifications for Service and billing privileges)</i>		
13	Is the service provided within the provider's Scope of Practice?		



Claim/Progress Note Review

	Audit Item	Y/N/NA	Auditor's Comments
14	Is the progress note is co-signed by a LPHA or MHRS when required? <i>(Mental Health Plan Contract, Exhibit A, Attachment I; BHS Documentation Manual; MH Staffing Qualifications for Service and billing privileges)</i>		
15	If the claim is a Medicare billing, is the service rendered with a Face-to-Face (FTF)?		



Claim/Progress Note Review cont.

	Audit Item	Y/N/NA	Auditor's Comments
16	Is the service delivered contained in the beneficiary's TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
17	Are group notes properly apportioned to all beneficiaries, including documentation of “total number” of participants and include an “individualized” note for each client participant? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		



Claim/Progress Note Review cont.

	Audit Item	Fr old audit tool	Y/N/NA	Auditor's Comments
18	<p>Does note match and support the appropriate service/billing code?</p> <p><i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i></p>	III-12		
19	<p>Is the claim a billable service?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.355; Section 1840.312(a-d); Section 1840.312 (f); Section 1810.247 BHS Documentation Manual</i></p>	III-11		



What is a potentially fatal item?

- There are mainly 2 questions in the potentially fatal section, and they focus on the **timeliness** for the **assessment** and the **treatment plan**.
- If the treatment plan has not been finalized within the time period yet (late TPOC), but NO services are provided within that time period, then this would be considered a non-fatal disallowance. (Non-Fatal)
- If there were services provided prior to having a finalized assessment or treatment plan, then these services would be disallowed. In this case, the billing line would be disallowed. (Fatal)



POTENTIALLY FATAL ERRORS

	Audit Item	Y/N/NA	Auditor's Comments
PF-1	<p><u>Initial Assessment</u> For Outpatient - Is the initial assessment completed within 60 days of opening? For Residential Treatment - Is the initial assessment completed within 3 full days of admission? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i></p>		
	<p>For Reassessments, is the annual assessment update completed timely? <i>BHS Documentation Manual; Annual BHS AOA Performance Objectives</i></p>		

POTENTIALLY FATAL ERRORS

	Audit Item	Y/N/NA	Auditor's Comments
PF-2	<p><u>Initial TPOC</u> For Outpatient- Is the initial TPOC completed within 60 days of episode opening or prior to any planned services? For Residential Treatment- Is the initial TPOC completed within 3 full days of admission? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i></p>		
	<p>For Updated TPOC- Is the TPOC updated annually or when there are significant changes in the client's condition? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i></p>		



- **Non-Fatal does NOT mean it is not required.**
 - **E.g. 11 elements of assessment are still required**
- **Non-Fatal items means No \$\$ recoupment**
- **Reserve the right for targeted audits**

NON-FATAL ERRORS			
	Audit Item	Y/N/NA	Auditor's Comments
NF-1	Does the assessment include the 11 required elements? <i>Mental Health Plan Contract, Exhibit A, Attachment I; Documentation Manual</i>		



NON-FATAL ERRORS

	Audit Item	Y/N/NA	Auditor's Comments
NF-2	Are goals/objectives specific, quantifiable and/or observable, and related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis? (Identify/ provide method of measurement from current baseline to goal.) <i>(CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4)(c)</i>		
NF-3	Is the progress notes finalized within 5 business days? <i>BHS Documentation Manual; BHS Policies and Procedures 3.10-11</i>		
NF-4	Does the Progress Note content describe a service that is linked to a goal/objective in the TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		

NON-FATAL

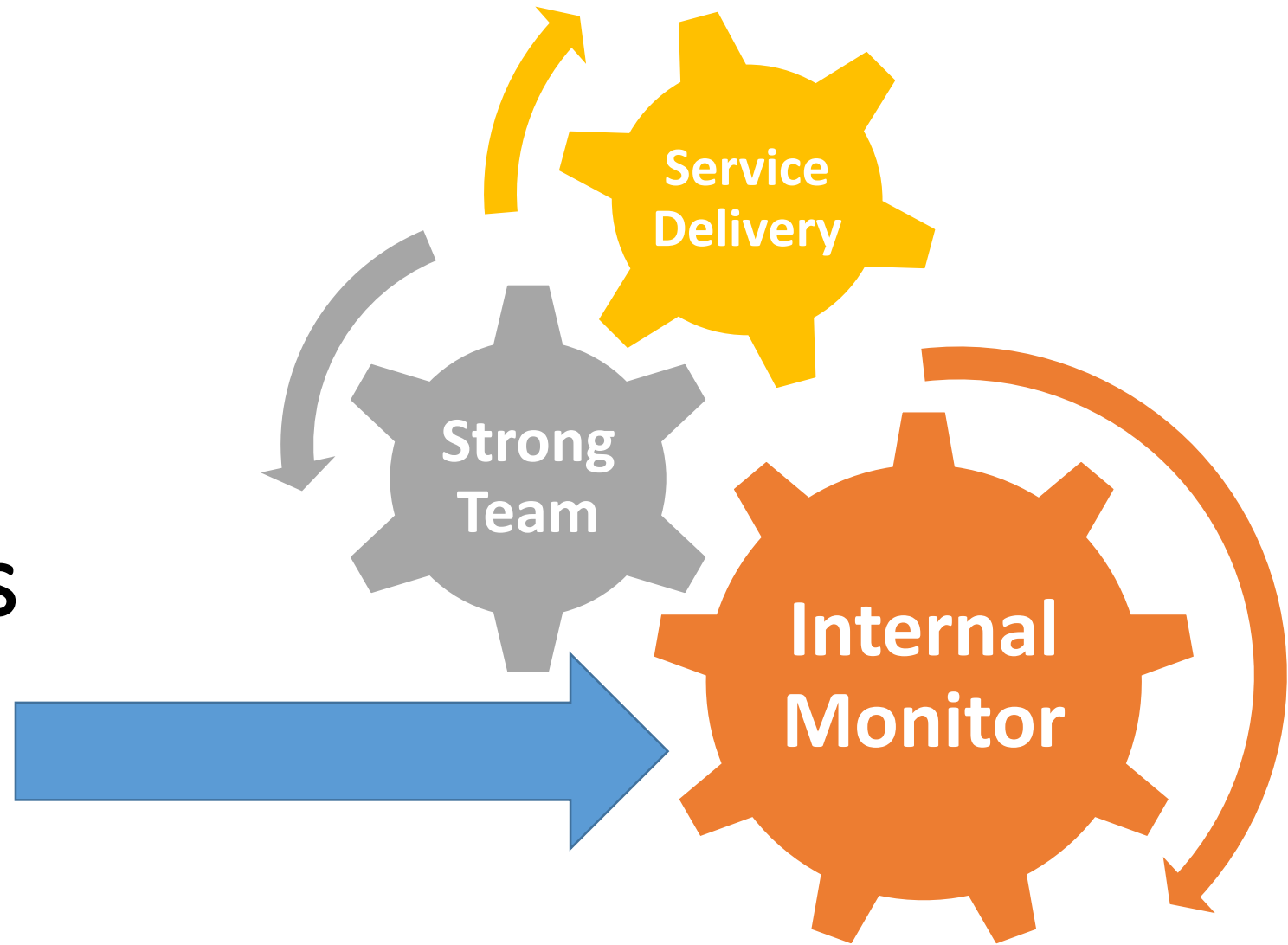
	Audit Item	Y/N/NA	Auditor's Comments
NF-5	<p>Does the note independently describe how the provided services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i></p>		
NF-6	<p>Was the face-to-face (FTF) time in range/ reasonable for the service provided?</p>		
NF-7	<p>Was the documentation time in range/ reasonable for the service provided? If no, enter total time for documentation for type of service below:</p>		

So how can I prepare for the Compliance Audit?

- Share the tool with everyone in your team
- Use this audit tool as a guide/checklist as you are documenting
- Make it a program-wide goal to strive for under 5% error rate
 - You can't improve on what you can't measure
 - Track your audit progress over time
 - Do take time to give acknowledgement for a superb documentation job!
- Implement an ongoing internal auditing/review
- Take time to periodically review the documentation manual



Implement
*Internal
Monitoring* as
part of the
process!





THANK YOU!
QUESTIONS?
COMMENTS.