

# Surviving BHA Audits

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MARYLAND  
Department of Health

# It is not just BHA

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Others looking at records:

1. Medicaid/ ASO
2. MDH-OIG
3. CMS- PERM reviews. Reviews of provider's medical record supporting the service claims, COMAR & CFR that are applicable, and State's policies to determine whether the service was medically necessary, provided in accordance with regs, and provided in appropriate setting, billed correctly.

# It is not just BHA

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Others looking at records:

4. UPICS-Unified Program Integrity Contractor
5. HHS-OIG

# The BHA/MA/ASO review

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- ❑ Providers must be in compliance with all applicable regulations governing the provision of their service, and the billing of their services.
- ❑ Audits will include a review of:
  - Staffing (licenses, exclusion list, criminal background check)
  - Documentation- consents, uninsured eligibility documentation, assessments, tx plans and contact notes
  - Evaluation of service delivery
  - Billing records

# Authority

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- ❑ COMAR 10.09.36 (Medicaid)

- A. 4. Department or its agents can conduct unannounced on-site inspections

- 9. Provider must maintain adequate records and make them available, upon request.

- ❑ COMAR 10.63.01.05 (BHA)

- B. The Department or its designee may inspect and copy records, including, but not limited to: Financial, Treatment and Service records.

# How selected

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1. Random
2. Unusual service pattern, billing outliers, high utilization, client never absent.
3. Allegation/Complaint
4. Requested by Medicaid and/or BHA.
5. Susan's rule--- the stupid name rule.

# Before you get notice

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- Back-up your computers (and test!)
- Deliver your service appropriately and bill appropriately. Know the applicable regulations, accreditation standards, policies.
- Know what is needed to get paid. Authorization, service, documentation, payment.
- Consistent process- Eliminate potential human error, minimize risk associated with employee absence by having process in place for all to follow.

# Your Basic Compliance Program

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- Clear policies/procedures on services and billing.
- Written Standards of conduct clear about no pressure to up-code, etc.
- Train everybody, and incorporate into supervision. (including contractors)
- Develop clear communication lines – no-fault reporting of non-compliance and supervisor feedback on problems.
- Internal monitoring and auditing.
- Set up clear disciplinary guidelines for false/missing documentation.
- Take corrective action on problems and generalize it.
- Review your system to make sure it is catching breakdowns, and FIX them!



# General Tips

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- All patient record entries timely made, legible, dated and signed by provider
- Only bill actual services. (No advance billing for anticipated service or as indicated on appointment calendar or treatment plan.)
- All licenses are up to date, and criminal background and exclusion checks completed.
- Use only standard abbreviations in your records. (use P&P glossary)
- Keep records organized and ready for copying, if necessary. One side documents, securely fasten small forms.
- Follow record retention laws- (6 yrs Medicaid)(5 yrs or age of majority +3, whichever later)

# General Tips- part 2

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- Must be a face-to-face service. (No phone calls, report writing)
- Must be appropriately licensed and credentialed. And if billing Medicaid, must be approved to be a Medicaid provider. (What Board allows vs. what Medicaid allows)
- Develop or use one of the available standard audit tools.
- EHR- avoid auto-fill. Watch for cloned notes. Make sure all notes have date and time stamp. EHR should have audit trail. Word is not an EHR.

# E.H.R. Signature tips...

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**Electronic signature acceptable if:**

**Audit Trail –**

**Time-stamped dates/times of signature**

**Reflects any changes made to final document.**

**Linked to the data -If the data are changed, the e-signature is invalidated.**

**Incorporated into the document, not part of a separate file.**

**Unique to the individual using it, can be verified.**

**Under the sole control of the user.**

# When you get notice

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- Be nice and cooperative;
- Be available, or have someone who can answer questions and produce documents available;
- Provide a workspace preferably away from clients;
- Produce medical records, organizational charts and personnel records as requested;
- Auditors may copy, scan records as needed.
- If records are not available because of fire, flood or theft--- have proof!

# Purpose of Documentation

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- Providing evidence that services were provided;
- Recording pertinent facts, findings and observations about:  
    Medical history, treatment, outcomes
- Facilitating communication and continuity of care among counselors,  
    other tx providers
- Facilitating accurate and timely claims reviews and payment
- Supporting UR and quality of care evaluations
- Data collection for research and education

# Documentation Requirements

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## COMAR 10.09.59.03 Medicaid

At minimum must include:

Date of service, start and end times

Participant's primary behavioral health complaint or reason for visit

Brief description of the service provided, including progress notes

Signature and title of individual providing the service.

# Documentation Requirements

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**COMAR 10.21.25.03-1H.** For individual practitioners, when services are preauthorized, the following documentation is required before submitting for payment for services rendered:

(1) For each individual served, the medical record, which shall include the following documentation:

- (a) A signed consent to treatment;
- (b) A comprehensive assessment that includes the:
  - (i) Individual or family's presenting problem;
  - (ii) Individual or family's history;
  - (iii) Individual's diagnosis; and

# Documentation Requirements

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(iv) Rationale for the diagnosis; and

(c) An individualized treatment plan that includes the:

(i) Problems, needs, strengths, and goals that are measurable;

(ii) Interventions that are medically necessary; and

(iii) Signatures of the individual, or if the individual is a minor, the guardian, and the treating mental health professional; and



# Documentation Requirements

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- (2) Progress notes for each face-to-face contact including:
  - (a) Date of service;
  - (b) Start time and end time;
  - (c) Location;
  - (d) Summary of interventions provided; and
  - (e) The treating mental health professional's signature and date of service

# Basic Documentation Requirements

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- Date, Start/End time
- Service codes in claims must match codes used in charts
- Progress notes must be individualized (even for groups)
- Units billed must match units in documentation
- Service provided and documented must match service code definition
- Note should be timely.
- Full signature with credentials
- Must be legible.

# Basic Documentation Requirements

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- Medical necessity must be explained. DX explained.
- Documentation:
  1. The Evaluation/Diagnostic Assessment
  2. The treatment plan
  3. Services provided in accordance with plan
  4. Periodic review of treatment plan, and progress.

# Signs of trouble

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- Inconsistency in Primary DX- in notes and/or between notes and claims
- Lack of correspondence between treatment plan and service
- Inconsistency in focus of treatment
- Pronouns change. He/She
- Documentation not individualized.
- Late/out of sequence documentation
- Excessive Service Frequency vs MNC

# Common Lame Excuses

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- “I didn’t know” – you signed a legal agreement that you did!
- “I was helping people, no time” – required by professional ethics to document properly.
- “The computer/dog/owner/supervisor lost it”
- “I said what we did – we went to the Mall” - and this is medically necessary service by a skilled provider?
- “I had the date, just not the start and end time” - so how is compliance supposed to verify the service?

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# The audit

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- Uses tool approved by Medicaid and BHA, and can be found on Beacon's website
- Report shared with BHA, Local Designated Authority, Medicaid, and as appropriate, MDH-OIG and Accreditation Organizations
- Program Improvement plan required for areas with less than 75% compliance rate
- If further investigation not required, Letter of Determination issued by BHA.
- Provider may appeal formally or informally.

# When you have questions

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Call or write:

[Bha.regulations@Maryland.gov](mailto:Bha.regulations@Maryland.gov)

[Spencer.Gear@Maryland.gov](mailto:Spencer.Gear@Maryland.gov), or 410-402-8610

[SusanR.Steinberg@Maryland.gov](mailto:SusanR.Steinberg@Maryland.gov) or 410-402-8692

Thank you.