



November 2011

Coding Committee Update

The Coding Committee continues to meet. We are reviewing each code and will make recommendations to the Steering Committee. The committee continues to compare the new manual to the issues submitted to HCPF. We are trying to ensure all approved changes are reflected in the June 2011 revised manual. Our original mandate was to review the manual and try to Reduce Paperwork, Reduce Complexity, Increase Clarity, and Increase Quality of Care. To ensure we are meeting the mandates, the process we use is:

1. Read the manual.
2. Investigate Resources to include Federal and State laws, rules and regulations.
3. Look at recent audits in other states.
4. Look at best practices.
5. Recommend Changes
6. Recommend Other Codes.
7. Present draft to the entire workgroup (Drafts to group one week prior to presenting).
8. Recommendations go to Steering Committee.

If you have any concerns or issues for the Coding group, please contact Barb Mettler at barbm@spanishpeaks.org.

9. Upon approval of the Steering Committee these recommendations will be forwarded to the BHO leadership.

High Risk Training Workgroup

The High Risk Training Workgroup worked diligently over the past year to identify high risk training areas and to create statewide trainings. There were five areas that were identified as representing the highest compliance-based risk for the behavioral health organizations and their service providers: case management, service planning, psychiatric rehabilitation, children's in-home service, and other B3 services (e.g., clubhouse and drop-in center services). The statewide case management and service planning trainings were completed this year. However, due to budgetary considerations, the High Risk Training Workgroup's current course of action was amended and the three remaining high risk trainings were put on hold.

The current focus of the Workgroup involved generating a list of training recommendations for the behavioral health organizations and service providers. The High Risk Training Workgroup, along with Mary Thornton, went through the Uniform Service Coding Manual to determine which service codes continue to represent a substantial compliance risk. In addition to the previously identified high risk areas, several other areas were identified. A document containing the recommendations will soon be provided to the behavioral health organizations.

Training

**December 1,
2011**

WHAT: Come learn about the new audit procedures the BHOs will be conducting and elements that the CMHCs and high volume providers will perform themselves.

WHO: Compliance Officers, Quality Directors, or Clinical Supervisors. There is the capacity for 2-3 people per Mental Health Center and high volume provider.

WHERE:

**Community
Reach Center
11285 Highline
Drive
Northglenn, CO**

TIME: 8:30-4:00

Audit Protocol Workgroup

The Audit Protocol Workgroup has completed their BHO Auditing and Monitoring Procedures Recommendations document and associated audit tools. The recommendations were approved by the BHO Committee on October 19th and on October 26th by the CCQC Steering Committee. **A training for all CMHCs and BHO high volume providers is scheduled for Dec 1st.** This training will outline requirements for CMHCs and providers to complete compliance plan self assessment and medical record documentation review. This training will also outline the new claims review process to be performed by the BHOs. PLEASE REGISTER ONLINE AT WWW.CBHC.org (under CCQC Link). Highlights of planned activities include:

- **Compliance Plan Self Assessment:** This assessment will ask CMHCs and high volume providers to attest to the presence of an effective compliance program. We plan to ask CMHCs and high volume providers to complete this assessment in January 2012.
- **Medical Record Documentation:** CMHCs and high volume providers will be asked to conduct their own peer review of five records randomly selected by their BHO. We currently plan to ask CMHCs and providers to conduct these reviews in May 2012. Another round is planned for October 2012.
- **Claims and Encounter Review:** The BHOs will conduct a claims/encounter review of 50 randomly selected claims/encounters from each CMHC and high volume provider within our networks. These reviews include 14 elements related to the validity of the encounter/claim. Unlike the “411” audit, we will review the treatment plan’s relation to the service. The first round is planned for April 2012 with a follow-up planned for October 2012.

The BHO are forming a Compliance Committee to execute the implementation of these recommendations and work together on common compliance issues. A key advantage of this committee is that all BHOs have agreed to accept the reviews conducted by their area BHO. This means that all CMHCs and high volume providers will only be reviewed by one BHO. The BHO Compliance Committee will continue working on concerns around the sharing of this information. No PHI will ever be shared. We only intend to share the results (i.e. scores) of the audits. This more efficient use of our resources will allow the BHOs to focus on higher risk areas.

We should emphasize this is intended to be a learning process, not a punitive exercise. It is intended to prepare us as a behavioral health system for State and Federal audits. Do not think that audits are not imminent. CMS is currently conducting its second review of managed care plans in Colorado. The last was on 2009.



REGISTER FOR THE DEC. 1ST TRAINING!!

Go to:

www.cbhc.org

Training on Dec. 1st will include light fare and is \$25.00.

If you have any questions, comments or concerns, please contact:

Charlotte

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Veatch:

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or Kari Snelson-

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