

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: February 16, 2004

MENTAL HEALTH POLICY NO.: MH 04-04

SUBJECT: Compliance Policy for Funded Services Provided by Members of the MHP Workforce

AUTHORITY: 42 CFR, 456.180; CCR, Title 9, Chapter 11, Sections 1830.205, 1830.210, and 1840.314; County Contract with DMH, Attachment C; Mental Health Services Quality Management Plan; Mental Health Documentation Manual; MH Policy 91-05, Compliance with Documentation Standards; MH Policy 03-20, Organized Health Care Arrangement (OHCA)

SUPERSEDES: New Policy

APPLICABILITY: This policy applies to all members of the Mental Health Plan (MHP) workforce, including employees, interns/trainees/volunteers and independent contractors who are part of the Mental Health Organized Health Care Arrangement (OHCA).

PURPOSE

To establish standards for eligibility of workforce members, documentation of services and compliance responsibilities for all staff categories.

DEFINITIONS

Federal Health Care Program means Medicare, Medicaid, and all other Federal health care programs defined in Federal law (above citation).

Independent Contractor “who is a member of Mental Health Services’ workforce” means those independent contractors who are defined as participating in an Organized Health Care Arrangement (OHCA) with Mental Health.

Ineligible Person is an individual or entity who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility.

OIG is the Office of the Inspector General

POLICY

Claims for services that are submitted for reimbursement to any Federal, State or private source shall be based on complete and timely documentation filed in the client's mental health record.

Each service reported to Department of Mental Health (DMH) Client Statistical Information (CSI), and claimed to any payer shall meet all DMH defined criteria, whether or not the services are billed using a case-rate methodology, fee-for-service, or other methodology. Any service provided which does not meet these standards and requirements shall not be submitted for reimbursement or included in the case-rate claim.

The division's authority for documentation standards and practices is the Documentation Manual and any amending or procedural memos or bulletins (distributed prior to the incorporation of this new material into the referenced manuals). Policy expectations concerning documentation may be found in MH Policy 91-05, Compliance with Documentation Standards.

All members of the workforce must be eligible to participate in Federal health care programs. Eligibility shall be determined upon hiring or first contracting with Mental Health and reviewed annually. If Mental Health staff learns that any employee or contractor has become an ineligible provider; the staff shall immediately notify the Compliance Officer. The Compliance Officer shall ensure that such person is removed from responsibility for or involvement with Mental Health's operations related to Federal health care programs. The Officer will further ensure that the ineligible person's salary and any services provided by this person are not paid, in whole or in part, by Federal health care program funds. As indicated, Employee and Public Services or the contract manager shall be notified for appropriate action, which may include steps up to and including loss of employment or termination of contract.

PROCEDURE

1. Management Staff and Compliance Committee

Mental Health Services management staff shall be responsible for the overall implementation, maintenance and updating of this compliance policy. Further, management staff is expected to demonstrate the necessary leadership for the ongoing compliance effort. It is essential that all staff experience that compliance is a top priority for all management staff.

Management staff and the Compliance Committee shall ensure that policies and procedures are developed in accordance with all applicable Federal and State regulations. Further, management staff shall ensure that all subordinate staff is trained in these policies and procedures. Management staff and the Compliance Committee shall also ensure that required coordination between the various mental health clinical and administrative programs occurs in an effective and efficient manner in support of the compliance effort.

Management staff shall further ensure that subordinate staff has the necessary support, evaluation and information about their activities to carry out responsibilities in full compliance with policy and procedures.

Management staff that are responsible for contract development and oversight shall ensure that individual and organizational providers are given all information necessary to provide services in a compliant manner.

Management staff shall ensure that comprehensive oversight of Mental Health Services' operations and those of its contractors occurs, so that issues can be identified, addressed and corrective action taken. The goal is to ensure appropriate service delivery, documentation, billing and reimbursement.

2. Clinical Staff

Clinical staff is defined as those personnel that directly provide clinical services to a client, and that document the provision of services in a mental health record. Clinical staff may include employees, trainees, volunteers, and independent contractors providing services on county owned or operated sites.

Clinical staff shall ensure that all services are provided and documented based upon the standards and requirements included in the Documentation Manual, et al., and in MH Policy 91-05, Compliance with Documentation Standards. Clinical staff is responsible for correcting coding and other errors identified by administrative or other staff. Errors shall be lined through, dated and initialed and the correct service code, location, or other information provided.

3. Supervisory (Clinical) Staff

Supervisory (Clinical) staff is defined as those supervisory personnel responsible for the performance of subordinate clinical staff as defined above.

Responsibilities of Supervisory (Clinical) Staff concerning compliance are defined in MH Policy 91-05, Compliance with Documentation Standards. That policy focuses in detail on standards and expectations for compliant documentation. It further identifies necessary remediation if occasional or persistent errors are identified.

4. Administrative Staff

Administrative staff is defined as personnel working in clinical settings or in administration who are responsible for data input and/or for other administrative duties related to the provision of clinical services.

It is the responsibility of assigned administrative staff to enter into the computer (using the Online Activity Record [OAR] protocol, Group Services Program, Managed Care

Program, etc.) all information related to the registering of clients and billing for provision of services, in a timely and accurate manner.

Administrative staff shall refer questions to the clinician who recorded the services when poor handwriting or obvious inaccuracies are noted. Administrative staff shall not attempt to interpret or assume to know what was meant by an ambiguous entry. Except as identified below as a special circumstance, administrative staff shall not alter, add or delete any clinical entry that identifies the date of service or date of documentation, activity code, location, or time spent. Using procedures identified in the administrative support manual, administrative staff shall return problematic charts to the clinician involved, or to the administrative supervisor.

- Special circumstance: If administrative support staff process a clinical note dated more than thirty days before the date of the OAR entry, the administrative staff member shall record “0” for time of service. This will block any claiming for the entry.

5. Supervisory (Administrative) Staff

Supervisory (Administrative) staff is defined as those supervisory personnel responsible for the performance of subordinate administrative staff described above.

It is the supervisor’s responsibility that subordinate staff is provided all the necessary training, and have up to date and accurate policies and procedure manuals needed to prepare and submit accurate claims.

It is the responsibility of the supervisor, through sampling and other reviews, to ensure that all data entry performed by subordinate fiscal staff is accurate and represents appropriate submissions to the various Federal, State and private sources.

In the event the supervisor becomes aware of incorrect data entry practice, the supervisor shall alert the Business Systems Manager to the errors and ensure that no further billing occurs until the issues are clearly identified, remedial action is taken to correct the billings, and appropriate training, counseling, etc. occurs to prevent recurrence.

It is the responsibility of the Business Systems Manager to ensure that the appropriate Financial Manager and the Compliance Officer are informed in a timely manner of any inaccurate billing.

6. Fiscal Staff

Fiscal staff is defined as personnel who are responsible for various fiscal functions and duties.

It is the responsibility of fiscal staff to ensure that claims, charges and other requests for reimbursement of provided services are accurate, to the best of the staff person’s

knowledge. Under no conditions shall fiscal staff submit claims, charges or invoices if the fiscal staff person has doubt regarding their accuracy. This applies to all services, whether provided by County staff, Individual Contractors, or Organizational Providers.

7. Supervisory (Fiscal) Staff

Supervisory (Fiscal) staff is defined as those supervisory personnel responsible for the performance of subordinate fiscal staff described above.

It is the supervisor's responsibility that subordinate staff is provided all the necessary training, and have up to date and accurate policies and procedure manuals needed to prepare and submit accurate claims.

It is the responsibility of the supervisor to ensure that all claims, charges and invoices prepared by subordinate fiscal staff are accurate and represent appropriate submissions to the various Federal, State and private sources.

In the event the supervisor becomes aware of inappropriate billing practice, the supervisor shall ensure that no further billing occurs until the issues are clearly identified, remedial action is taken to correct the billings, and appropriate training, counseling, etc. occurs to ensure that it does not happen again.

It is the responsibility of the supervisor to ensure that appropriate Financial Manager(s) and the Compliance Officer are informed in a timely manner of any inaccurate billing.

8. Information Systems (IS) Staff

Information Systems staff are defined as those staff who are responsible for management of mental health's automated systems..

It is the responsibility of staff involved in the development, implementation and ongoing maintenance of information systems to ensure that such systems meet all requirements for accurate submission of claims, charges, and invoices for federal, state and private reimbursement. All systems shall further meet Federal requirements for privacy and security under HIPAA as well as all related State requirements.

It is the responsibility of IS staff to monitor and test all aspects of the billing software to ensure that it is providing the same accurate information expected of the clinical, administrative and fiscal staff to ensure correct claims and charges.

Where the responsibility for the automated systems management resides outside of Mental Health Services, it is still the responsibility of Mental Health IS staff to monitor the performance of the software. IS staff shall communicate any problems to County ISD and also to the Business Systems Manager and the Financial Services Manager in a timely manner. If IS problems caused inappropriate billing, the Compliance Officer shall be notified and steps taken immediately to correct the billing and remediate the error.

9. Contract Administration Staff

Contract administration staff is defined as those staff with responsibility for processing of individual and organizational provider contracts. This includes administrative support staff with responsibility for contracts, program managers, and all fiscal staff who assist in the contracting process and who review and process invoices and claims submitted by contractors.

Staff that are responsible for the development, negotiation, completion and ongoing monitoring of contract providers shall ensure that all contractors understand the importance San Mateo County Mental Health Services places upon the timeliness and accuracy of submissions for reimbursement from State, Federal, and private sources.

In the event any staff involved in contract administration becomes aware of any inaccurate or inappropriate billing practice on the part of a contract provider, his/her supervisor shall immediately be informed. The supervisor shall ensure that the Financial Services Manager and the Compliance Officer are notified.

10. Quality Improvement (QI) Staff

Quality Improvement staff is defined as those staff responsible for the ongoing oversight of various activities performed by clinical staff and contracted programs, in order to monitor for adherence to qualitative and quantitative standards.

QI staff shall review services and documentation for compliance with established standards in order to ensure timely and accurate submission of claims, charges and invoices to Federal, State and private sources.

In the event that QI staff becomes aware of inaccurate or inappropriate documentation that has or could result in inappropriate submission of claims, charges or invoices, he/she shall immediately inform the QI Manager. The QI Manager shall ensure that the Financial Services Manager and the Compliance Officer are notified.

It is the responsibility of QI staff to develop and maintain policies and procedures for documentation of services that are in compliance with Federal and State standards. It is the further responsibility of QI staff to provide regular and ad hoc documentation training and materials for staff.

NON-COMPLIANCE

For all staff categories, persistent failure to follow policies and procedures as outlined above and in related policies may result in progressive discipline up to and including loss of job or termination of contract.

Additional References: MIS User's Manual
Administrative Support Manual
Quality Improvement Utilization Management Plan

Approved: _____
Gale Bataille, Director
Mental Health Services Division

Reviewed: _____