



United Behavioral Health

Compliance: Routine Auditing and Monitoring			Policy Identifier/Number: AD-01F
Annual Review Completed Date: February 2018			
Policy Category: Government - Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) will engage in various auditing and monitoring activities of its operations, performance levels and results, and other activities to support awareness and the ability to respond to deficiencies, reports of non-compliance, or other unwanted results.

This policy ensures that the Optum Pierce BHO Compliance Program has effective awareness and knowledge of performance and through defined standards has the ability to evaluate and measure performance to determine whether compliance and other standards are being met.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP) and Behavioral Health State Contract (BHSC).

Policy Definitions

N/A

Policy Provisions

1. Optum Pierce BHO completes reviews of contracted community behavioral health agencies to monitor for compliance and program integrity, fraud, waste and abuse.
 - 1.1. Encounter data audits are performed at least once per year to match paid service dates and times to records.
 - 1.2. The management information system is used to verify a number of points at which fraud or abuse could occur, including but not limited to:

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.2.1. Eligibility
 - 1.2.2. Whether the procedure has been authorized and is a covered service
 - 1.2.3. Whether a duplicate encounter exists in the system
- 1.3. Optum Pierce BHO Care Managers review Level of Care Guidelines and Access to Care standards as well as applying Clinical Practice Guidelines and evidence-based practice guidelines when requests for authorization are submitted by a provider. Care Managers are trained to screen for potential cases of fraud and abuse during these reviews and to report such cases to the Compliance Officer or the Corporate Optum Behavioral Health Compliance Unit for further investigation.
- 1.4. To encourage and facilitate reporting by employees, Optum maintains a 24-hour toll-free telephone hotline called the "Compliance HelpLine," through which incidents of suspected non-compliance or other misconduct can be reported. This hotline feeds into a voicemail box so that callers can call anonymously or can leave a call back number to discuss the reported issue further. The Compliance Helpline number is provided to each employee via United Health Group's internal web portals and by posters at all Optum locations.
- 1.5. Annual reviews of contracted community behavioral health agencies include an examination of the agency's ongoing process (monthly) checks of the list of excluded individuals/entities (LEIE) searchable database for each employee in contact with individuals receiving services consistent with RCW 43.43.830-842, at a minimum) for ensuring that staff are not listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation, as required by federal or state laws, or found to have a conviction or sanction related to health care as listed in the *Social Security Act, Title 11 Section 1128*.
2. Monthly attestations are requested from contracted community behavioral health agencies to confirm monthly exclusion checks are being conducted.
3. The following metrics are monitored on an ongoing basis to help detect fraud, waste and abuse in the Optum Pierce BHO system of care:
 - 3.1. Encounter Data Audits: Encounter data submitted to Pierce BHO electronically are compared to agency record reviews during onsite visits. These audits are conducted a minimum of once each year in compliance with QA-08, *Clinical and Administrative Review Including Annual Review of Behavioral Health Agencies*.
 - 3.2. Medical Record Audits: conducted in compliance with QA-08, *Clinical and Administrative Review Including Annual Review of Behavioral Health Agencies* review whether services were provided in a clinically appropriate matter and at the intensity appropriate to each consumer's needs. If services are consistently provided at too high an intensity for consumers, it may result in an investigation for abuse.
 - 3.3. Fiscal Audits conducted by the Optum Pierce BHO Finance Team.
 - 3.4. Edits in the Management Information System are designed to detect irregular billing patterns and report them as errors for further investigation.
 - 3.5. Utilization management reporting such as inpatient census and average lengths of stay for all levels of care shall be reviewed by the Clinical Manager or designee to detect any trends indicating possible over-utilization of services. If over-utilization is detected, utilization management reporting by providers will be used to determine if particular providers have patterns such as longer lengths of stay which may indicate the need to investigate further.
 - 3.6. The Quality Review Team (QRT) conducts agency site visits and gathers feedback about agencies through "Speak Outs" and other community interactions. If the QRT

encounters anything which may indicate fraud or abuse, they report directly to the Compliance Officer for investigation. They may do so anonymously if preferred.

- 3.7. Grievance and critical incident data, including data from agencies and the Ombuds, and complaints from contracted community behavioral health agencies and community members is reviewed for specific incidents or trends which may indicate fraud or abuse.
- 3.8. Licensing reports from the Washington DSHS are reviewed during contracting and annually thereafter to determine if DSHS has investigated a contracted community behavioral health agency for fraud or abuse.
- 3.9. Disciplinary reports from the Washington Department of Health are reviewed as they are circulated by the Compliance Officer and Compliance Representatives from each contracted community behavioral health agencies to identify any staff or organizations barred from work with Medicaid beneficiaries.
4. The Optum Pierce BHO Compliance Program consists of a risk self-assessment process as a core programmatic element that identifies the compliance risks posed within the BHO.
 - 4.1. Part of the implementation and maintenance of an effective compliance program, the Optum Pierce BHO Compliance Officer conducts an annual compliance program evaluation to identify and prioritize compliance risks facing the BHO.
 - 4.2. This evaluation assesses the effectiveness of the Optum Pierce BHO Compliance Program over the course of the previous twelve-months across functional areas including;
 - 4.2.1. Written Policies, Procedures and Standards of Conduct
 - 4.2.2. Compliance Program Governance and Oversight
 - 4.2.3. Training and Education
 - 4.2.4. Communication and Reporting
 - 4.2.5. Enforcement of Disciplinary Guidelines
 - 4.2.6. Routine Auditing/Monitoring
 - 4.2.7. System for Responding to Compliance Issues
 - 4.3. Identified risks are documented and prioritized, with risk mitigation activities established in a summary report document.
 - 4.4. Risk assessment and remediation activity report outs shall occur to the Optum Pierce BHO Governing Board, Optum Pierce BHO Compliance Committee and representatives within Corporate Optum Behavioral Health Compliance Unit.

Related Policies, Procedures & Materials

- Optum Pierce Behavioral Health Organization policy:
 - *AD-01A Compliance: General Compliance Policy*
 - *AD-01B Compliance: Governance and Oversight*
 - *AD-01C Compliance: Communication and Reporting*
 - *AD-01D Compliance: Training and Education*
 - *AD-01E Compliance: Routine Auditing and Monitoring*
 - *AD-01G Compliance: System for Prompt Response to Compliance Issues*

Attachments

N/A

Approval History

- Policy created and effective: February 2018