
4-PART SERIES FOR PROVIDERS
NAVIGATING CONTRACTS, CREDENTIALING, AND COMPLIANCE
Part 4: Insurance Billing Compliance
Aug 29, Noon ET / 9am PT
ABABILLING.NET
ABA THERAPY BILLING
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SINCE 2012
AND INSURANCE SERVICES

Objectives

- Building a Culture of Compliance
- Definition of Voluntary Compliance Program
- Areas to test standards
- Risk Analysis Areas
- Additional Resources


TRANSPARENCY
REQUIREMENTS
LAW
COMPLIANCE
RULES
POLICIES
REGULATIONS
STANDARDS

As our Industry Matures so should our Systems

With all US states now having insurance autism mandates, more and more providers are turning to health plans as the primary funder of ABA services for Autism.

Ensuring provider organizations understand the fundamentals of medical billing and coding can help providers and other staff operate a smooth revenue cycle and recoup all of the reimbursement allowable for the delivery of quality care.

With more coverage for ABA Therapy by health insurance plans, providers need to know when they are at risk for non-compliance and remain out of harm's way of fraudulent activity. Using best practice tips for setting up internal audits and accountability in revenue cycle processes will aid in avoiding unexpected outcomes in routine audits.

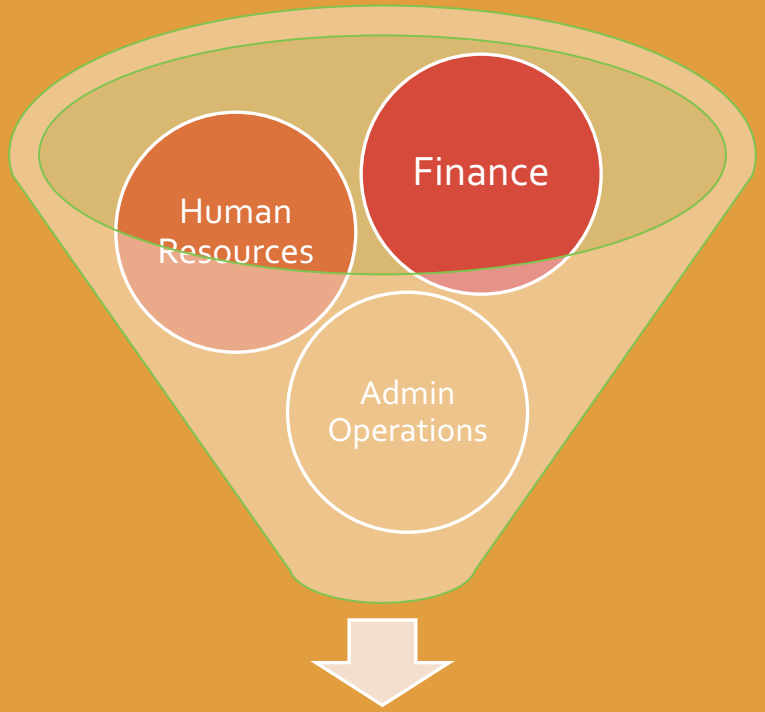
Why Compliance?

- Compliance helps your organization avoid waste, fraud, and other practices that disrupt operations and put your company at risk.
- Most of the time, compliance gets a bad rap because it is immediately associated with law, constraints, audits, and consequences for those who don't follow the rules. The word compliance in itself often conjures up thoughts of what organizations must do rather than what they want to do.

Compliance = Protection

1. Enables less hesitance and more confidence.
2. Reduces organizational and individual risk.
3. Uncovers better data for better decisions
4. Gives the gift of efficiencies and economies of scale.
5. Results in a smaller, better organized toolbox.
6. Levels the playing field.
7. Helps realize the company's mission.
8. Enhances relationships with clients and employees.
9. Reminds us that transparency is good business.

Healthcare Industry Changes Drive Our Operations in All Departments

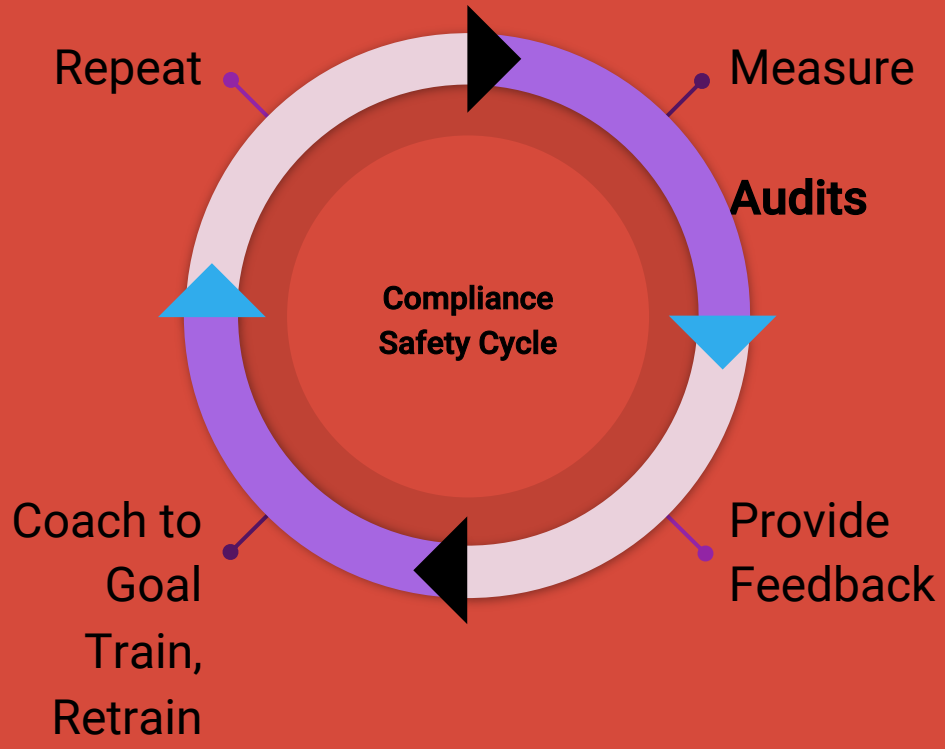


Clinical Services

Drift Happens

Our Company Priorities

1. Compliance and Risk Assessment
2. Employee Development
3. Client Satisfaction and Excellent Outcomes



Drift Solution

Voluntary Compliance Program

- Conduct internal monitoring and auditing.
- Implement compliance and practice standards.
- Designate a compliance officer or contact.
- Conduct appropriate training and education.
- Respond appropriately to detected offenses and develop corrective action.
- Develop open lines of communication with employees.
- Enforce disciplinary standards through well-publicized guidelines

https://oig.hhs.gov/compliance/physician-education/05compliance.asp

Compliance Program

Understand	• Understand your contract rights
Review	• Know your regulatory and statutory rights • Review contract or state department of insurance website
Comply	• Comply with HIPAA requirements
Meet or Exceed	• Comply with general and Payor specific standards for medical documentation, billing, claims submission • Document verbal advice from payor in writing
Standardize	• Standardize your practice – Everyone follows the same process! • Billing, documentation, claims, forms, etc.
Audit	• Conduct voluntary internal audits of your systems, files, services, facilities with oversight, action plans, spot checking, and training
Hire or Assign	• Follow OIG guidelines for establishing a Compliance program which includes hiring or assigning a Compliance Officer

7 Components of an Effective Voluntary Compliance Program

1

Conducting internal monitoring and auditing

An ongoing evaluation process is important to a successful compliance program.

This ongoing evaluation includes not only whether the practice's standards and procedures are in fact current and accurate, but also whether the compliance program is working, i.e., whether individuals are properly carrying out their responsibilities and claims are submitted appropriately.

Therefore, an audit is an excellent way for a practice to ascertain what, if any, problem areas exist and focus on the risk areas that are associated with those problems.

There are two types of reviews that can be performed as part of this evaluation: (1) A standards and procedures review; and (2) a claims submission audit.

2

Implementing compliance and practice standards

1. Standards and Procedures

It is recommended that an individual(s) in the practice be charged with the responsibility of periodically reviewing the practice's standards and procedures to determine if they are current and complete.

If the standards and procedures are found to be ineffective or outdated, they should be updated to reflect changes in Government regulations or requirements generally relied upon by physicians and insurers (i.e., changes in Current Procedural Terminology (CPT) and ICD–10–CM codes).

2. Claims Submission Audit

In addition to the standards and procedures themselves, it is advisable that bills and medical records be reviewed for compliance with applicable coding, billing and documentation requirements. The individuals from the practice involved in these self-audits would ideally include the person in charge of billing and a medically trained person (e.g., service provider (providers can rotate in this position)).

Each practice needs to decide for itself whether to review claims retrospectively or concurrently with the claims submission.

3

Designating a compliance officer or contact

After the audits have been completed and the risk areas identified, ideally one member of the practice staff needs to accept the responsibility of developing a corrective action plan, if necessary, and oversee the practice's adherence to that plan.

This person can either be in charge of all compliance activities for the practice or play a limited role merely to resolve the current issue. In a formalized compliance program there is a compliance officer who is responsible for overseeing the implementation and day-to-day operations of the compliance program.

4

Conducting appropriate training and education

Education is an important part of any compliance program and is the logical next step after problems have been identified and the practice has designated a person to oversee educational training. Ideally, education programs will be tailored to the practice's needs, specialty and size and will include both compliance and specific training.

There are three basic steps for setting up educational objectives:

- Determining who needs training (both in coding and billing and in compliance);
- Determining the type of training that best suits the practice's needs (e.g., seminars, in-service training, self-study or other programs); and
- Determining when and how often education is needed and how much each person should receive.

Compliance Training

Under the direction of the designated compliance officer/contact, both initial and recurrent training in compliance is advisable, both with respect to the compliance program itself and applicable statutes and regulations.

Suggestions for items to include in compliance training are: The operation and importance of the compliance program; the consequences of violating the standards and procedures set forth in the program; and the role of each employee in the operation of the compliance program.

There are two goals a practice should strive for when conducting compliance training:
(1) All employees will receive training on how to perform their jobs in compliance with the standards of the practice and any applicable regulations; and
(2) each employee will understand that compliance is a condition of continued employment.

Coding and Billing Training

Some examples of items that could be covered in coding and billing training include:

- Coding requirements;
- Claim development and submission processes;
- Signing a form for a provider without the provider's authorization;
- Proper documentation of services rendered;
- Proper billing standards and procedures and submission of accurate bills for services or items rendered to Federal health care program beneficiaries

5

Responding appropriately to detected offenses and developing corrective action

When a practice determines it has detected a possible violation, the next step is to develop a corrective action plan and determine how to respond to the problem.

Upon receipt of reports or reasonable indications of suspected noncompliance, it is important that the compliance contact or other practice employee look into the allegations to determine whether a significant violation of applicable law or the requirements of the compliance program has indeed occurred, and, if so, take decisive steps to correct the problem. As appropriate, such steps may involve a corrective action plan.

6

Developing open lines of communication

In order to prevent problems from occurring and to have a frank discussion of why the problem happened in the first place, physician practices need to have open lines of communication.

A compliance program's system for meaningful and open communication can include the following:

- The requirement that employees report conduct that a reasonable person would, in good faith, believe to be erroneous or fraudulent;
- The creation of a user-friendly process for effectively reporting erroneous or fraudulent conduct;
- Provisions in the standards and procedures that state that a failure to report erroneous or fraudulent conduct is a violation of the compliance program;
- The development of a simple and readily accessible procedure to process reports of erroneous or fraudulent conduct.

7

Enforcing disciplinary standards through well-publicized guidelines.

Finally, the last step that a practice may wish to take is to incorporate measures into its practice to ensure that practice employees understand the consequences if they behave in a non-compliant manner.

An effective practice compliance program includes procedures for enforcing and disciplining individuals who violate the practice's compliance or other practice standards.

Enforcement and disciplinary provisions are necessary to add credibility and integrity to a compliance program.

Potential Compliance Audit Checklist

HIPAA Checks	Master Contract Grid / Payor Policy Rules	Service Code Audit and software set up	New Employee Onboarding Audit
New Client/Intake Process Audit	Payor Testing and Validation	Scheduling rules (authorizations, client set up)	Authorization - Utilization Testing and Validation
Timesheet conversion accuracy Testing and Validation	Session note quality Testing Audit	Claims/billing submission Testing Audit	Payment Reconciliation Testing Audit
	AR Collections Testing Audit	Accounts Payable controls testing and validation	

Important time to focus Ethical Billing Practices to keep your organization safe from what may not pass a health insurance audit.

Rapid Change New Category 1 codes for Adaptive Behavior Services

Billing Ethics

- With the new Category I codes for Adaptive Behavior Services, it's an even more important time to not lose sight of Ethical Billing practices to keep your organization out of harm's way of unintended fraudulent billing or what may be perceived as abuse in an audit.

  - ✓ Stay educated using reliable, relevant resources!
  - ✓ Develop Session Documentation standards that align with the intent of the codes.
  - ✓ Document Payor Policy revisions for future audits.
  - ✓ Recognize that some health plans were using the Category III codes in non-standard ways.
  - ✓ Ground yourself in the difference between Case Supervision and supervision related to an RBT certificant. Many activities performed during Protocol Modification while simultaneously directing a technician may qualify for the certificant supervision requirements, but some may be considered practice and overhead expense.
  - ✓ Know that there could be a period of time where there is not a stand-alone code for indirect services and plan accordingly.

Session Notes

The Medical Record:

- Documents patient's medical problems and conditions
- Records patient medical histories
- Supports tracking health statistics
- **Used as a legal document**
- **Supports claims to insurance carriers**
- **Assess the quality of care**

Documentation

- **Medical records should be complete and legible**
- **Medical records should include the legible identity of the provider of service**

Session Notes for Consulting and Therapy Services are part of the Medical Record and are used for to meet these requirements.

Along with the documentation criteria listed, Session Notes should align with the intent of the codes used for submitting medical claims to health insurance plans for reimbursement.

Session Note Elements to Consider – Seek to understand the highest level of compliance for funders and make that your standard

- Header: Elements of Billing
  1. Client Name, Dx
  2. Provider Name, Who was present in the session, Location
  3. Date of Service, start and stop time and duration
  4. Insurance company Name, Service code
- Clinical Status
  1. Change in Medication
  2. Current signs and symptoms of ICD10 Dx
- Description of Service
  1. Data Elements
  2. Goals/Behaviors Addressed
  3. Interventions/Techniques Used, Responses
  4. Plan/Progress follow up
  5. Caregiver Communication
- Narrative Summary
- Footer: Signature
  1. Provider Signature, Provider Credentials
  2. Date/Time Signed

Areas of Risk – *my perspective…*

- Below are some of the areas of risk that I have encountered during my consultation and training that agencies have successfully worked to overcome obstacles and barriers for:
  - Comprehensive understanding of Category I codes
    - Research and study of steering committee guidance, CPT code book and Payor policies
  - Session Note Quality
    - Establishing templates that cover all elements of billing and clinical requirements
    - Ongoing education and training
  - Credentialing Barriers
    - Gaining knowledge in funding source requirements for assigning cases to non-credentialed providers
  - Authorization Gaps
    - Setting up efficient workflows to avoid authorization gaps and maximize reimbursement for medically necessary services
  - Billing Compliance
    - Adding "buddy system" checks to ensure that clean claims are being sent
    - Emphasizing importance of analyzing Explanation of Benefits and reflecting payments in a system that allows immediate follow-up on denials
    - Accurate tracking of Accounts Receivable balances and collection protocols

As a Clinician…

How do I do my part?

- Comprehensive understanding of Category I CPT codes and HCPCS codes per plan
- Timely and accurate session note documentation
- Adherence to contract and payor policy guidelines

What would you add considering what has been discussed?

As a Biller…

How do I do my part?

- Comprehensive understanding of Category I CPT codes and HCPCS codes per plan
- Document Payor Policies by Year and track changes
- Follow industry standard billing ethics
- Adherence to contract and payor policy guidelines
- Establish best practice processes to ensure compliance

What would you considering what has been discussed?

Resources

ABA Coding Coalition: Up to Date Resources on ABA Codes

Autism Law Summit: Link to Current Year Registration

Association for Professional Behavior Analysts: Resources for Behavior Analysts

Website Blogs and Webinars: ABA Therapy Billing and Insurance Services

Behavior Analysis Advocacy Network: Courses and Resources

Facebook Group: ABA Business Builders

Facebook Group: ABA Therapy Billing and Insurance HELP