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# **PART 3: TRAINING AND EDUCATION IN YOUR COMPLIANCE PROGRAM**



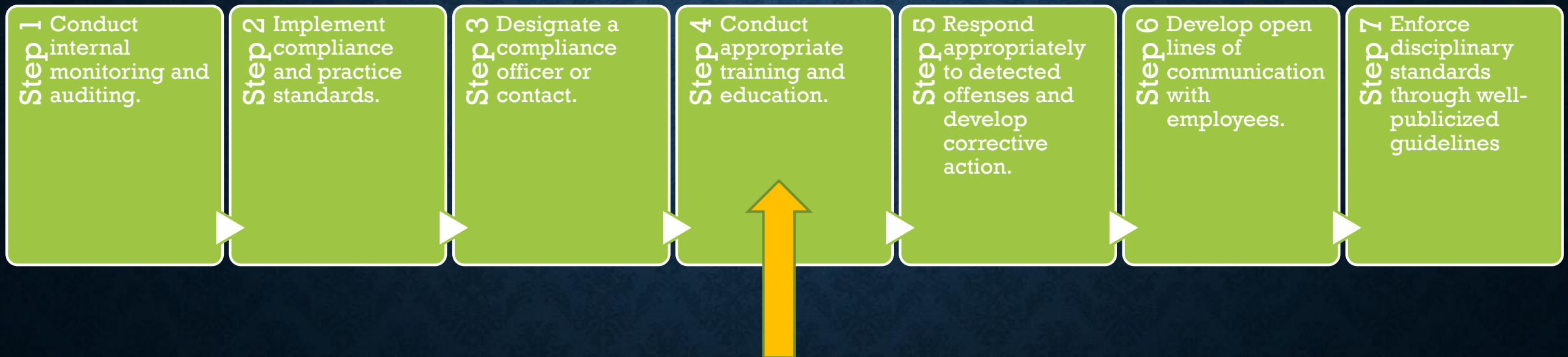
# TODAY'S TOPICS

- Revisit elements of a compliance plan
- Recap Policies & Procedures – Part 2
- Assess needs for Training and Education in compliance program
- Tool for Audit: Creating compliant client files



# WHAT IS A COMPLIANCE PLAN?

- Steps that a provider, organization or practice establishes to ensure adherence to federal and state regulations. Office of Inspector General (OIG) developed voluntary compliance program guidance in an effort to help organizations with their compliance programs. This resource assists in setting the foundation for an effective program.
- Make sure that Auditing is a major part of the compliance plan.



# POLICIES AND PROCEDURES



**Providers must build a set of company policies and procedures**



**Many payers will provide a list of policies and/or procedures**



**Examples:**

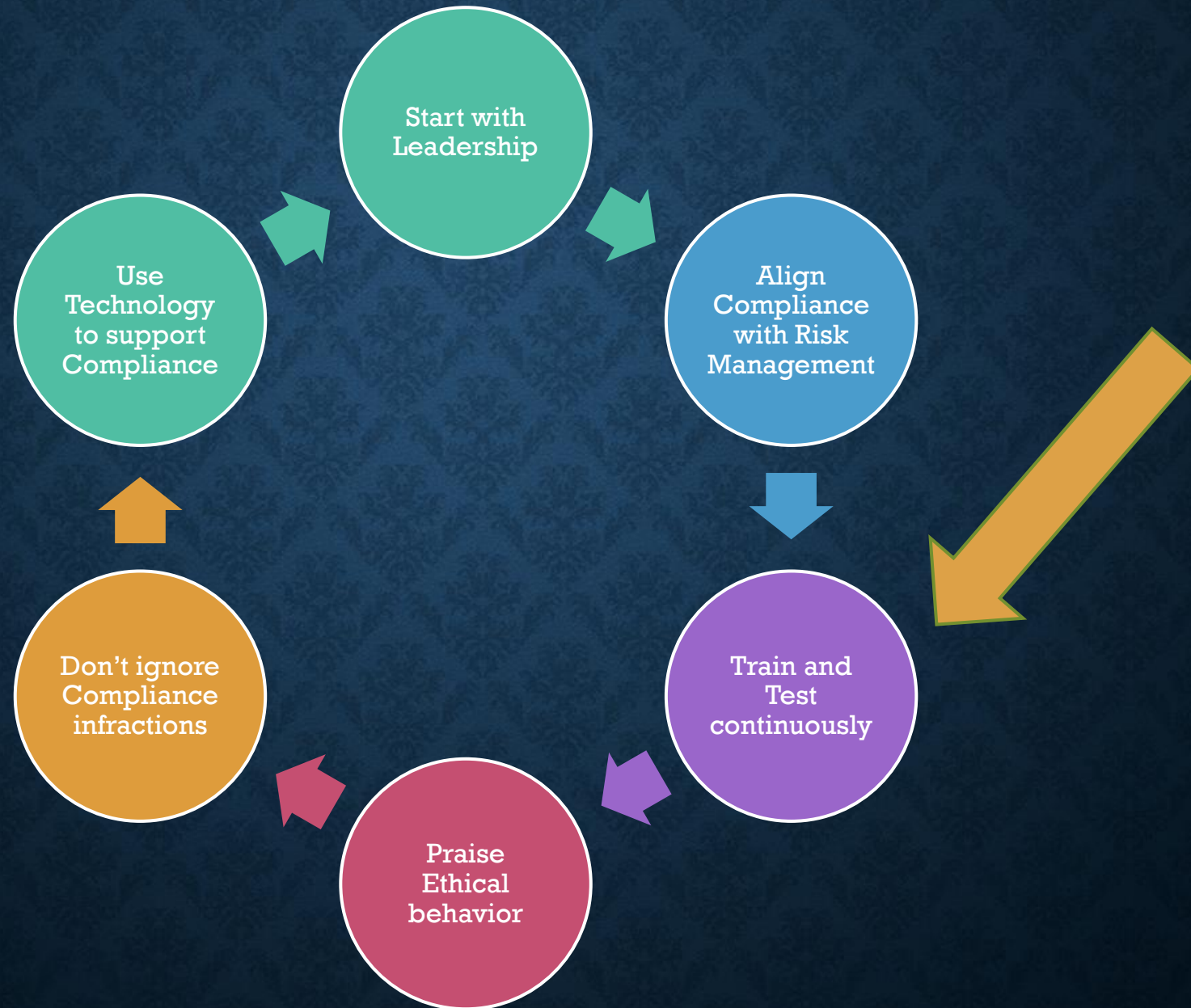
Emergency plan for severe weather events  
Infectious disease control for staff and clients  
Policy for handling a sentinel event  
Quality Assurance Program  
Compliance Program



**Often can encompass majority in:**

Parent Handbook  
Provider Handbook





# 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.



# WHO, HOW, WHEN?

- There are three basic steps for setting up educational objectives:
  1. Determining who needs training (both in coding, billing and compliance)

Clinical

Operations

Billing

2. Determining the type of training that best suits the practice's needs.
2. Determining when and how often education is needed and how much each person should receive.

# COMPLIANCE TRAINING

- 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.
- Compliance training focuses on explaining why the practice is developing and establishing a compliance program.
- The training should emphasize that following the standards and procedures will not get a practice employee in trouble but violating the standards and procedures may subject the employee to disciplinary measures. It is advisable that new employees be trained on the compliance program as soon as possible after their start date and employees should receive refresher training on an annual basis or as appropriate.

Reference: <https://oig.hhs.gov/authorities/docs/physician.pdf>



# OPTIONS FOR CLINICAL TRAINING

- Documentation standards
  - Treatment Plans
    - All versions, signed and dated by provider
    - Many payers require parent signature (also good clinical practice)
  - Data
    - How are you taking and STORING data?
    - Do data sheets include session information – date, time, provider, client
  - Session Notes
    - Must be signed (legibly), dated, and include provider credential
    - Needs to include “demographics” of session and clinical summary
    - **Amending a Session Note**
      - Providers **cannot change session notes** that have already been completed
      - Must change through an “amendment”
      - Small change could be “crossed out” and initialed
      - Or, additional amendment note should be written and attached with explanation

# CLINICAL (CONTINUED)

- Session Notes: Must be done contemporaneously to be valid
  - Many provider manuals will state that notes need to be completed within 24-48 hours
- Example from Anthem Georgia provider manual

- Patient's name and date of birth should appear on all pages of record.
- Patient's condition(s) should be clearly documented in record.
- The documentation must show that the condition was monitored, evaluated, assessed/addressed or treated (MEAT), or there is evidence of treatment, assessment, monitoring or medicate, plan, evaluate, referral (TAMPER).
- The documentation describing the condition and MEAT or TAMPER must be legible.
- The documentation must be clear, concise, complete and specific.
- When using abbreviations, use standard and appropriate abbreviations. Because some abbreviations have different meanings, use the abbreviation that is appropriate for the context in which it is being used.
- Physician's/Qualified Non-Physician's signature, credentials and date must appear on record and must be legible.



# OPTIONS FOR OPERATIONS TRAINING

- Contract Requirements
  - Locations and Credentialing
    - Home-Based Services: Must keep a mailing address for the contract
      - Also need fax and phone number
    - Clinic-Based Services: Need to keep all service location addresses current on each contract
      - Claims will deny if service location is not on the contract
      - When adding an address to the contract, be sure to track the effective date in case of claims processing issues
  - Credentialing Note: Need to attach providers to each location on the contract that they would bill under

# OPERATIONS (CONTINUED)

- Provider Training and Qualifications
  - Track provider requirements for each payer
    - Do staff need to have HIPAA training? Does it need to be done annually?
    - Do staff need to have CPR training? Do you track the renewals?
    - Which payers require RBT certification?
    - If no RBT certification required, do you need to document hours of training, competency evaluation, ethics training, etc?
  - Do you need to show proof of ongoing trainings?
  - Do you have sign in logs? Or certificates for each training?
- How do you document ongoing supervision and integrity checks?



# BILLING TRAINING – PER OIG

- Coding and billing training on health care program requirements may be necessary for certain members of the practice staff depending on their respective responsibilities.
- The OIG understands that most practices do not employ a professional coder and that the provider is often primarily responsible for all coding and billing.
  - However, it is in the practice's best interest to ensure that individuals who are directly involved with billing, coding or other aspects of health care programs receive extensive education specific to that individual's responsibilities.

# BILLING TRAINING – PER OIG

- Some examples of items that could be covered in coding and billing training include:
  - Coding requirements;
    - Comprehensive knowledge of Category I CPT® codes for Adaptive Behavior Services (ABA)
    - Rounding rules
  - Claim development and submission processes;
  - Signing a form on behalf of a provider;
  - Proper documentation of services rendered;
  - Proper billing standards and procedures and submission of accurate bills for services or items rendered to health care program beneficiaries; and
  - The legal sanctions for submitting deliberately false or reckless billings.

Reference: <https://oig.hhs.gov/authorities/docs/physician.pdf>



# Potential Compliance Audit Checklist

- Define successful compliance in your core processes for this audit checklist

Master Contract  
Grid / Payor  
Policy Rules

New Employee  
Onboarding  
Audit

New  
Client/Intake  
Process Audit



Scheduling rules  
(authorizations,  
client set up)

Session note  
quality Testing  
Audit

Claims/billing  
submission  
Testing Audit

Payment  
Reconciliation  
Testing Audit

# CLIENT FILES

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Provider manuals may include a list of items that must be on file for all clients (member beneficiaries of health insurance)

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Create new client intake procedures/checklists to gather all required documents

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Create system to annually update specific signed forms with families

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Maintain a system to audit client files – electronic systems can help track compliance for completed client files and updated signed forms where needed



# CLIENT FILE CONSIDERATIONS

- Intake Information
  - Proof of diagnosis
  - Client history – allergies, medications, other therapies, etc.
  - Family history – who is in the home, who has legal guardianship, spiritual/cultural preferences
- Consents for Treatment
  - Consent for Assessment
  - Consent for ongoing treatment
  - Consent from client – age appropriate, depending on client ability
- What needs to be renewed or resigned?
  - Consents?
  - Financial agreements?
  - How often?
- OPTUM<sup>®</sup> Record Tool:  
<https://www.providerexpress.com/content/dam/open-provexpr/us/pdfs/adminResourcesMain/forms/auditTools/abaRecordTool.pdf>

# RESOURCES

- **ABA Coding Coalition:** <https://abacodes.org/>
- **Autism Law Summit:** <https://www.autismlawsummit.com/>
- **Association for Professional Behavior Analysts:** <https://www.apbahome.net/>
- **ABA Therapy Billing and Insurance Services** (blogs and webinars:  
<https://www.ababilling.net/>
- **Council for Autism Service Providers:** <https://casproviders.org/>