

The seal of the City and County of San Francisco is a large, faint watermark in the background. It features a central figure, likely a personification of Justice or Liberty, holding a scale and a sword. The text "THE CITY AND COUNTY OF SAN FRANCISCO" is written around the perimeter of the seal. Below the central figure, there is a banner with the motto "ORO EN PAZ FIERRO EN GUERRA".

BHS Program Integrity & Compliance Workgroup

October 16, 2024

Behavioral Health Services Compliance Unit
San Francisco Department of Public Health

Staff Contact: [Joseph A. Turner](#), PhD, CHC, Compliance Officer

Webpage: [Behavioral Health Services \(BHS\) Compliance Unit | San Francisco \(sf.gov\)](#)

Ramaytush Ohlone Land Acknowledgment

The San Francisco Health Commission/San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush Ohlone who are the original inhabitants of the San Francisco Peninsula.

As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory.

As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Learn more:

- [City & County of San Francisco Health Commission Resolution 21-9](#)
- [SFDPH Land Acknowledgement sf.gov page](#)
- [Fine Arts Museums of San Francisco Youtube Ohlone Land Acknowledgement Series](#)
- [American Indian Cultural District Webpage Ramaytush Ohlone Land Acknowledgment](#)
- [The Association of Ramaytush Ohlone](#)

Indigenous Peoples Day: October 14, 2024

• Resources Shared in BHS Compliance

- A news article that talks about the background of the day ([What is Indigenous Peoples Day? Here's a look at its history | AP News](#))
- A list of resources and tools related to unlearning the Myths of Columbus Day ([Unlearning Columbus Day Myths: Celebrating Indigenous Peoples' Day | Helpful Handout Educator Resource \(si.edu\)](#))
- The Federal proclamation (2021) of the holiday ([A Proclamation on Indigenous Peoples' Day, 2021 | The White House](#))
- Brief article talking about which states have adopted Indigenous People's Day ([Which states observe Columbus Day or Indigenous Peoples' Day? | Pew Research Center](#))

Agenda and Objectives

Item	Focus/Objective	Time
<p>Introductions & Check In</p>	<p>Check In Question:</p> <p><i>Everyone wants to expand their network of people to consult with - - what is one area you could give strong consultation - - and what is one area you often want to get consultation?</i></p>	<p>15mins</p>
<p><i>Topic #1: Quick Recap</i></p>	<p><i>Let's review our last two monthly meetings</i></p>	<p>15mins</p>
<p><i>Topic #2: Expected Disallowances for SMHS in the Epic EMR</i></p>	<p><i>Known problems (time/units; code/narrative)</i></p>	<p>15mins</p>
<p><i>Topic #3: Disallowances from Provider Credentialing</i></p>	<p><i>Known problems (misunderstandings, miscommunications)</i></p>	<p>15mins</p>
<p><i>Subgroup</i></p>	<p>Analyzing “Waste” – Comparing Definitions from Compliance and Quality</p>	<p>30mins</p>

CHECK IN QUESTION

- **Everyone wants to expand their network of people to consult with:**
 - What is one area you could give strong consultation?
 - What is one area you often want to get consultation?

- **Joe Turner's Questions to Consultants:**
 - “How should I think about this” (systems thinker)
 - “Where did I read that” (source document thinker)
 - “Is there new guidance” (regulatory thinker)
 - “What’s the root cause” (clinical/program thinker)

WORKGROUP


- **Reminder** – Annual Privacy & Compliance Training Deadline for Staff in Epic/POI

- **Deadline**: October 31, 2024

- **Monitoring Completion**: list of staff will be emailed to agencies from Teresita Francisco (teresita.francisco@sfdph.org)

- **Details**: see OCPA sf.gov [webpage](#)

Compliance and Privacy Education & Communication
2024 DPH Annual Compliance and Privacy Training



2024 DPH Annual Compliance and Privacy Training

On August 1, 2024, the Office of Compliance and Privacy Affairs (OCPA) launched the 2024 DPH Annual Compliance and Privacy training session.

This training is mandatory for all employees.

The training will take place through the SF Learning Portal. You must complete the training via the SF Learning Portal. **There will be no "live" in-person training provided by OCPA.**

The deadline to complete the training is October 31, 2024. **NO EXTENSIONS WILL BE GRANTED. If you do not complete the training by the deadline, your access to DPH electronic systems will be suspended.**

The training program will consist of two parts. Part 1 consists of a series of 5 modules that can be completed at your own pace. After your completion of Part 1, please complete Part 2. A certificate of completion will be provided upon the successful completion both parts of the training.

To access the training program, please see the "DPH Compliance and Privacy Training Shooting Tips". The document provides guidance on 1) how to locate both parts of the course in ELM via SF Employee Gateway, 2) how to log in, and 3) how to launch the course.

If you have any issues accessing your Employee Portal, please contact DPH Service Desk via phone: (628-206-7378) or by email: dpb_helpdesk@sfdph.org

Thank you for doing your due diligence in completing this training. Please feel free to contact us with any questions. We can be reached via phone: 1-855-729-6040 or by email: compliance_privacy@sfdph.org

WORKGROUP-Claims Standards

- **Topic #1: Insufficient Information to Substantiate Primary and/or Add-On Procedure Code**
 - **Problem – Continuation of Identified Problem:** BHS Compliance used the 8/21/2024 Program Integrity Meeting and outlined FY24-25 Recoupment standard - - each procedure code generates a reimbursement - - and there are situations where the rate of reimbursement varies for the Primary vs. Add-On procedure code. See next slide
 - **Problem – Possible Disallowed Claims:**
 - The most basic/required information: (1) the client received a service; (2) the service is correctly described and coded; (3) add-on codes are briefly acknowledged/described
 - *Epic-Specific:* 2 Primary Procedure Codes – 1 Progress Note
 - *All Providers:* 1 Primary Procedure Code – 1 or more Add-On Codes

WORKGROUP-Claims Standards

- Topic #1: Insufficient Information to Substantiate Primary and/or Add-On Procedure Code
- Parameters for Recoupment in FY24-25: remember that every procedure code is tied to a reimbursement – and rates are tied to provider types!

WORKGROUP-Claims Standards

• Topic #2: Secondary (“Add On”) Procedure Code

- **Parameters for Recoupment in FY24-25**: until clarification is provided by BHS, **then** the following apply

- **Definition of “Add On Procedure Code”**: A rendering professional **is obtaining additional reimbursement** when an additional procedure code is claimed.

- There are four types of “Add On Procedure Codes”:
 - (1) Interactive Complexity
 - (2) ASL/Oral Interpretation
 - (3) Extended Service
 - (4) Psychotherapy Add On to Medical Staff.

BHS Program Integrity & Compliance Workgroup (2024-08-21)

WORKGROUP-Claims Standards

• Topic #2: Secondary (“Add On”) Procedure Code

- **All “Add On Procedure Codes”**: when appropriately documented, **inclusive of the following items**, the claim will not be disallowed:
 - The rendering provider’s progress note **must** identify the use of the Add On Procedure Code (identifying **the name and/or the CPT/HCPCS** code);
 - The rendering provider’s progress note **must** also include description of Add On service activity (may be brief – but must **contain sufficient information** to determine if the payment is proper)
- **Resources**: CMS’ [site](#) and [tools](#); AACAP’s [tools](#)

BHS Program Integrity & Compliance Workgroup (2024-08-21)

WORKGROUP-Claims Standards

• Topic #2: Secondary (“Add On”) Procedure Code

- **BHS Compliance Source Documents & Decision-Making**: we are following the **model established by Monterey County MHP** – but we reviewed the following additional information:

- DHCS IN [23-068](#)
- LA County
 - [Provider Page](#), [QA Page](#), Procedure Codes ([online](#), [pdf](#))
- Monterey County
 - [QI Homepage](#), [SMHS Manual](#)

BHS Program Integrity & Compliance Workgroup (2024-08-21)

16

WORKGROUP-Claims Standards

- **Topic #2: Conflicting Evidence for Units in CPT/HCPS and Units in Time**
 - **Problem – System Limitations and Unclear Standard:**
Within the progress note text, Epic users enter Direct Service Time – then manually transform this value into CPT/HCPS Units – then enter this new value into defined fields on the Epic form.
 - **Problem – Possible Disallowed/Underbilled Claims:**
 - The value within the text \neq value within defined fields
 - We have seen examples representing underbilling and overbilling (T1017 for 60mins in the narrative, but underbilled as 3 units or overbilled as 6 units)
 - We have seen examples of two primary procedure codes for one progress note and inconsistent information

WORKGROUP-Claims Standards

- **Topic #2: Conflicting Evidence for Units in CPT/HCPCS and Units in Time**
 - **Parameters for Recoupment in FY24-25:** BHS
Compliance will base disallowance based on the following:
 - We will assume the discrepancy is due to human/clerical error (conducting the mathematic operations to transform minutes into CPT/HCPC units) and we will request the following:
 - Additional chart documentation to resolve the discrepancy/omission
 - Agency's policy/procedure related to Procedure Coding
 - Agency's tools to help staff with mathematical computations
 - If the additional chart documentation cannot resolve the observed discrepancy, then the service may be disallowed

WORKGROUP-Claims Standards

- **Topic #3: Credentialing Basics & BHS System Interface**
 - **Problem – Chart Disallowance due to Incorrect Credentials**: to prevent problems, individuals need basic information and a checking-monitoring process.
 - **Basic Information**:
 - Within BHS – only one credentialed status
 - Cannot be LVN and AOD Counselor
 - Cannot be MHRS and Clinical Trainee/Student
 - [BHS Compliance webpage](#) for Avatar vs. Epic users
 - BHS Compliance's current [Policy for Credentialing](#)

WORKGROUP-Claims Standards

- **Topic #3: Credentialing Basics & BHS System Interface**
 - **Future Updates**: BHS Compliance will be working to publish an Excel file to our sf.gov site - - all individuals and their credentialing information.
 - You can confirm your credentialing information
 - You can identify staff who no longer work at the agency
 - You can identify staff who need to complete the credentialing
 - You can initiate an update to your credentialing file

WORKGROUP-Claims Standards

- **Topic #3: Credentialing Basics & BHS System Interface**
 - **Request for Volunteers**: BHS Compliance is trying to finalize a tool – showing the SMHS/ DMC-ODS service privileges for each type of staff member
 - Asking for volunteers to double-check and verify our work
 - Take a source document – analyze one provider type

SUBGROUP-Defining FWA

- Waste

- Within Health Care FWA – vague and no real examples

- Waste - Definition

Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources

(Source: CMS Internet Only Manual #100-16, Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines).

- Waste – Keywords

- overutilization (of services)
- practices (other)
- directly or indirectly
- result
- unnecessary costs
- criminally negligent actions
- misuse of resources

(Source: CMS Internet Only Manual #100-16, Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines).

- Within Health Care Quality Improvement – can we gain insights from their work?

SUBGROUP-Defining FWA

- Quality Improvement & Waste

- Definitions for Waste - Broadly

- Resources expended in services, money, time, and/or personnel that **do not add value** for the patient, family, or community ([IHI, 2019](#))
- In a broad sense, waste can be considered as any activity or resource in an organization that does **not add value to an external customer** ([IHI, 2011](#))
- Lean thinking begins with driving out waste so that **all work adds value and serves the customer's needs** ([IHI, 2005](#))
- Health system “waste” is broadly defined as **low-value spending** ([Health Affairs, 2022](#))

SUBGROUP-Defining FWA

- Quality Improvement & Waste
 - Examples of Waste and Impacts on Equity ([American Journal of Public Health, 2020](#))
 - Clinical **Inefficiencies** (adverse events, unnecessary office visits)
 - Missed **Prevention** Opportunities (screenings for other disorders)
 - **Overuse** (care provided without supporting evidence)

SUBGROUP-Defining FWA

- Quality Improvement & Waste

- Lean System for Performance Management ([IHI, 2014](#))

- Waste in **time** – waiting for people/services/equipment
- Waste from **defects** – time and costs lost to customer complaints, investigating concerns, repairs and fixing problems
- Waste from **movement** – unnecessary and/or incorrect movements
- Waste from **transportation** – unnecessary and/or complex processes for conveying information, picking up/dropping off
- Waste from **overproduction** – things that are not necessary – or not necessary at the time or in this amount
- Waste from **inventory** – maintaining excessive amounts of information – having more than what is needed and used
- Waste from **processing** – unnecessary processes that have been traditionally accepted as necessary

SUBGROUP-Defining FWA

- **Step Back – Quality Improvement and “Waste”**
 - Value (money, time, personnel)
 - Impact to client (address their priority needs)
 - Clinical inefficiencies (adverse events, unnecessary office visits)
 - Care practices that have no supporting evidence
 - Processes that lead to delivering a product with defects

SUBGROUP-Defining FWA

• Waste – FWA

- Overutilization (of services)
- Practices (other)
- Directly or indirectly
- Result
- Unnecessary costs
- Criminally negligent actions
- Misuse of resources

(Source: CMS Internet Only Manual #100-16, Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines).

• Waste – QI

- Value
- Impact to client
- Clinical inefficiencies
- Practices with no evidence
- Processes that lead to defects

(Source: CMS Internet Only Manual #100-16, Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines).

SUBGROUP-Defining FWA

- **Synthesizing**

- **FWA Waste**: financial costs to Medicaid due to practices including misuse of services
 - Ability to identify practices (what actions)
 - Ability to identify misuse (what level of misuse)
 - Ability to identify financial costs (what level of cost)

- **QI Waste**: broadly defined costs to Health Care due to process problems
 - Ability to identify problems (where in the process)
 - Ability to identify costs (for clients vs. staff, vs. systems)

SUBGROUP-Defining FWA

- Proposal for Next Steps?
 - Finish a Basic Outline for “Waste”
 - Patterns of practices and actions (patterns of mistakes)
 - Interventions provided to remedy pattern of mistakes (training, technical assistance, corrective action)
 - Failure of interventions represents misuse – not mistakes
 - Meets formal criteria for “Waste”
 - Move to “Abuse” and Replicate
 - *First* – focus on health care sources
 - *Second* – contrast with quality improvement sources
 - *Third* – align to our outline on “Waste”

BHS Compliance Unit Webpage (sf.gov)

The screenshot shows the BHS Compliance Unit webpage on sf.gov. The page is titled "Behavioral Health Services (BHS) Compliance Unit" and is part of the Department of Public Health. The search bar is highlighted in yellow, showing "BHS Compliance" entered. The page features three main content sections: "Routine Monitoring & Auditing", "Provider Credentialing and Screening", and "Communications & Education-Trainings". A "People" section on the right lists staff members with their photos and titles.

BHS Compliance Staff		

- **“Routine Monitoring & Auditing”** section includes audit protocol and calendar
- **“Provider Credentialing & Screening”** section includes Avatar & Epic Users
- **“Communications & Education-Training”** section includes Monthly Program Integrity Meeting materials and a sign-up for our distribution list!
- **Staff contact** information

DPH Privacy Unit Webpage (sf.gov)

SF.GOV Services Departments OCPA

SF.GOV Services Departments Search

DPH Office of Compliance and Privacy Affairs

The San Francisco Department of Public Health (DPH) Office of Compliance and Privacy Affairs (OCPA) promotes a high standard of conduct and integrity through its policies, procedures, and programs. OCPA provides guidance, resources, and support to DPH staff and the public to ensure operations to help protect patients, safeguard sensitive information, and prevent fraud, waste, and abuse.

Privacy at DPH

The Privacy Program's focus is to protect patient information shared in a way permissible by the Health Insurance Portability and Accountability Act of 1996.

Compliance and Privacy Hotline

The Compliance and Privacy Hotline is a convenient and anonymous way to report suspected wrongdoing, including fraud, waste, and abuse; privacy concerns; ethical concerns; or other incidents of wrongdoing. The Hotline is available 24 hours a day, 365 days a year.

Report by phone: **855-729-6040**

You may also report concerns by email to compliance.privacy@sfdph.org.

- **Learn about privacy** and protected health information
- **Get resources related to Data Sharing at DPH**, like Business Associate Agreements
- **Make a request for consultation and/or report a concern** about privacy or compliance via phone (855-729-6040) or email (compliance.privacy@sfdph.org)

Workgroup Objectives

- **Clarify claims audit standards and recoupment**
 - We learned in FY 22-23 CalAIM - - the volume and complexity of regulatory changes is overwhelming
- **Maximize transparency and participation**
 - We learned in FY 22-23 CalAIM - - DHCS no longer publishes the audit protocol or reasons for recoupment
- **Generate and disseminate “wisdom”**
 - We learned in FY 22-23 CalAIM - - our work and decision-making processes are guided by key source documents and implement interim steps (laws, regulations, contracts, professional standards, accreditation, certification, etc.)