

Department of Behavioral Health

Providing Quality Mental Health and Substance Use Disorder Services for the People of Fresno County

Behavioral Health Compliance Plan

Revision of 04/11/2025



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Compliance Program

Abbreviations Used

A-C/T-TC – Auditor Controller/Treasurer-Tax Collector

AP – Accounts Payable

AR – Accounts Receivable

BSA – Business Systems Analyst

CMS – Centers for Medicare & Medicaid Services

CO – Compliance Officer

CPT - Current Procedural Terminology

CR – Cost Report

DBH – Department of Behavioral Health

DHCS – California Department of Health Care Services

DMC-ODS – Drug Medi-Cal Organized Delivery System

DSM – Diagnostic Statistical Manual

EMR – Electronic Medical Record

HCPCS - Healthcare Common Procedure Coding System

HIPAA – Health Insurance Portability and Accountability Act of 1996

ICD - International Classification of Diseases (versions CM-9, 10)

LMS – Learning Management System

MAA – Medi-Cal Administrative Activities

MHP – Fresno County Mental Health Plan

NPI – National Provider Identification Number

OIG – Office of Inspector General

PPACA – Patient Protection and Affordable Care Act

PPG - Policy and Procedure Guidelines

QI – Quality Improvement

QIC – Quality Improvement Council

RRS – Records Retention Schedule

SCARF – Service Correction/Adjustment Request Form

SOA – Supervising Office Assistant

SUD – Substance Use Disorder

UR – Utilization Review

Section 1

INTRODUCTION

The Fresno County Department of Behavioral Health (DBH) consists of the Fresno County Mental Health Plan (MHP) and the Fresno County Drug Medi-Cal Organized Delivery System (DMC-ODS). DBH has developed the Compliance Plan with the main objective being to establish a culture that promotes prevention, detection, and the resolution of any activity that does not conform to federal and state laws and DBH policies and procedures. A Compliance Program provides a framework for disseminating information and establishes mechanisms for investigating potential noncompliance. By supporting an environment of compliance, employees are encouraged to further DBH's goal of providing quality care and to promote health and recovery to persons served.

The benefits of having an effective Compliance Program include:

- A demonstrated commitment to ethical practices;
- The development of internal procedures to ensure compliance with regulations, billing, and coding rules;
- Streamlined operations through better communication and more comprehensive policies and guidelines;
- Improved training and awareness for employees;
- Improved medical record documentation;
- The avoidance of potential liability arising from noncompliance and reduced exposure to penalties and disallowances through regular risk assessment and corrective action; and
- Improved quality of care.

An effective compliance program sends an important message to employees. Having a department-wide Compliance Program in place encourages an environment of quality and continuous improvement. The Federal Medicaid Managed Care regulations require that DBH have administrative and management arrangements or procedures, including a mandatory compliance program designed to detect and prevent fraud, waste and abuse. This Compliance Plan aligns with statutes including CFR 42, chapter 4 section 438.608: Program Integrity Requirements; the U.S. Federal Sentencing Guidelines; the County MHP and DMC-ODS contract with the California Department of Health Care Services (DHCS), and anti-fraud provisions in the Affordable Care Act. The arrangements or procedures must include the following:

1. Standards and Procedures: Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State standards.
2. Oversight: The designation of a Compliance Officer (CO) who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to executive management. Additionally, a Compliance Committee is established and is charged with overseeing the organization's compliance program and its compliance with the requirements under the contract.
3. Training and Education: Effective training and education for the CO, senior management and the organization's employees.
4. Communication: Effective lines of communication between the CO and the organization's employees.
5. Enforcement: Enforcement of standards through well-publicized disciplinary guidelines.

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6. Monitoring and Auditing: The establishment and implementation of procedures, an annual audit calendar, and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits.
 7. Risk Assessment and Corrective Action: Provision for periodic assessment of risk for fraud and abuse, for the prompt response to detected offenses, and for development of corrective action initiatives relating to Fresno County's contract with the Department of Health Care Services (DHCS).

The focus of the Compliance Program is to assist DBH's employees and contractors in taking proactive steps to minimize their risks associated with the increasing efforts of federal and state authorities to address fraud in Behavioral Health services. This Compliance Program will provide the means to correct problems before they rise to the level of an enforcement issue. The overarching tasks and objectives of the Compliance Program are as follows:

- Develop and maintain a program that supports a working environment, which promotes and encourages ethical values, exemplary behavior and high ethical standards by each person in the performance of their job duties.
- Maintain a disclosure system (Hotline) that requires the Compliance Office to respond to reports of a suspected violation of law or the principles of the Compliance Program.
- Identify situations where applicable laws, regulations, rules and standards have potential for obstruction to ensure the facilitation of the correction of any such practices.
- Monitor procedures, as well as internal controls to ensure future compliance with all laws and regulations of the Medicare and Medicaid programs and all other applicable laws.
- Training and communication that ensures employees and contractors understand and comply with all applicable laws, regulations, rules, and standards.
- Adherence to established policies for appropriate screening of prospective and current DBH employees and contractors.
- Maintain and/or dispose of compliance related documents and records in accordance with applicable laws,
- Statutes, regulations, or existing County Records Retention Schedule (RRS) or policies and procedures. Adhere to established disciplinary policies that are prompt, effective and consistent, and will discipline employees based on the severity of the violation, not their position or tenure with DBH.
- Assure that government inspections proceed in a smooth and professional manner, and promptly and appropriately address all requests and concerns.

The entire Compliance Program described herein is intended to provide a framework for individuals and departmental compliance efforts; and to apply generally to all covered persons and functions. Appendices at the end of each section include Policies, Procedures, and other documents, which further detail protocols within this framework. On any compliance issue, absent any existing formal policy or procedure, the language contained in this Compliance Program will serve as the guideline for adherence purposes.

Section 2

STANDARDS and PROCEDURES

COMPLIANCE MISSION STATEMENT

DBH will comply with all applicable laws, regulations, rules or guidelines governing the provision of behavioral health services. All employees and contractors, who provide and receive payment for behavioral health services, are to conduct themselves honestly, fairly, and with a high degree of integrity.

Accordingly, DBH has implemented this Compliance Program to ensure, to the extent reasonably possible, that all employees invoke a high degree of business honesty and integrity required of healthcare professionals and providers. In addition, this Program is to prevent fraud, abuse and false billings to any third-party payer. Strict adherence to the Compliance Program is required of all DBH employees and contractors.

CONDUCT STANDARDS

The County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to its behavioral health operations and services. At the core of this commitment are the County's employees, contractors (including contractors' employees and subcontractors), volunteers and students, also referred to as "Covered Persons", and the manner in which they conduct themselves.

The Code of Conduct was established to express our expectation of commitment to compliance to all Covered Persons. This Code of Conduct as well as all applicable regulations, rules, guidelines and Compliance Program policies and procedures are part of their employment or contractual arrangement with the County. County employees must also adhere to the Fresno County Code of Ethics (Board of Supervisors Administrative Policy No.1). The Code of Conduct is provided to all Covered Persons during the initial and annual General Compliance Training and whenever amended.

In addition, the Federal Deficit Reduction Act (DRA) of 2005 required adoption of certain policies applicable to the provision of services under the Medi-Cal (Medicaid) program. To meet this requirement, DBH has established the Compliance Program PPG 1.3.9: *Prevention, Detection, and Correction of Fraud, Waste and Abuse*, which addresses compliance measures and program integrity requirements for Federal health care programs. This PPG provides information on the County's policies and procedures for detecting and preventing fraud, waste and abuse, and information on the Federal and California False Claims Acts.

All Covered Persons will perform their duties in good faith and in a manner that they reasonably believe to be in the best interest of the County and the public it serves. They must maintain a high level of integrity in their conduct and avoid any conduct that can reasonably be expected to reflect adversely upon the integrity of the County and the services it provides.

DBH will provide training on this Compliance Program to all Covered Persons. Covered persons will acknowledge receipt of the Code of Conduct, information on the Compliance Program, and training by signing the Compliance training and Code of Conduct Acknowledgment and Agreement form. DBH will retain a copy of acknowledgement forms per the Compliance Program's RRS.

APPENDIX I EXHIBITS:

- [Code of Ethics - Fresno County Board of Supervisors, Administrative Policy Number 1](#)
- [Compliance Program Code of Conduct PPG](#) pdf
- [Compliance PPG: Prevention, Detection, and Correction of Fraud, Waste and Abuse](#) pdf

Section 3

OVERSIGHT

COMPLIANCE OFFICER

The CO or designee has the authority and responsibility for the development, operation, implementation, oversight and refinement of the Compliance Program and its related activities to prevent illegal, unethical, or improper conduct. This involves developing standards, coordinating compliance training and education, conducting or arranging internal audits, identifying compliance issues and trends, investigating and resolving compliance complaints and promoting an awareness and understanding of the positive ethical and moral practices consistent with the mission and values of DBH and those required by all applicable laws, regulations, rules or guidelines.

The CO or designee has the authority to review any and all documents and other information that may be relevant to compliance activities, including, but not limited to, client records; billing records; contracts with other parties; and results of internal and external audits. The CO or designee has the full authority to stop any work process, for further review and or corrected, that may cause or contribute to noncompliance.

DBH has established the following minimum requirements for the person holding the position of CO:

- Not found to be in violation of any laws or policy of DBH.
- Possesses values and principles representative of DBH.
- Understands and accepts the principles to and goals of the Compliance Program.

THE RESPONSIBILITIES of the CO include:

- Oversee and monitor the implementation of the Compliance Program.
- Report on a regular basis to the Director of DBH on compliance matters (See Organization Chart for Compliance at the end of this section).
- Chair the Compliance Committee.
- Establish and maintain a document control system for all reports and operations of the Compliance Committee including minutes of meetings, audit and monitoring reports, corrective actions, disciplinary actions, investigations, disclosures, training and education, government inspections.
- Develop, coordinate and participate in an education and training program that focuses on the elements of the Compliance Program and seeks to ensure that all appropriate employees and contractors are knowledgeable of and comply with the Compliance Program as well as all applicable laws, regulations, rules or guidelines. The CO will also assess the need for additional training and education.
- Monitor and keep current with all applicable laws, regulations, rules, guidelines and DBH processes.
- Institutes and maintains an effective compliance communication program for the organization, including promoting (a) use of the Compliance Hotline (b) heightened awareness of the Code of Conduct and (c) understanding of new and existing compliance issues and related policies and procedures.
- Assist department divisions that provide and bill for behavioral health services, in coordinating internal compliance monitoring activities.
- Maintains a system that enables employees and contractors to report suspected violations without fear of retaliation. Ensure that this system is available to employees and contractors, investigation of allegations of non-compliance occur promptly. Ensure documentation of corrective action.
- Investigate matters related to compliance and coordinate internal and external investigations. Collaborates with other divisions or departments to direct compliance issues to appropriate existing

channels for investigation and resolution. Consults with the county counsel as needed to resolve difficult legal compliance issues.

- Periodic review of the effectiveness of the Compliance Program and implement improvements or modifications on an ongoing basis to meet the changes in the organization's risks and needs. Document the Risk Assessment process.

TRAINING for the CO:

- The Compliance Officer will obtain the training and knowledge necessary to oversee an effective compliance program. Some examples of specialized training may include topics such as ICD and CPT coding, fraud mitigation, conducting investigations, and documentation rules under Medi-Cal and Medicare regulations. The Compliance Officer will maintain certification in health care compliance.

COMPLIANCE COMMITTEE

A Compliance Committee is available to provide organizational support, create awareness of the Compliance Program, advise the CO, and assist in the implementation of the Compliance Program. The CO will serve as chairperson of the Compliance Committee.

The Compliance Committee is currently comprised of the members listed below:

- Compliance Officer
- Medical Director
- Director of Behavioral Health
- Division Managers
- Deputy Directors
- Compliance Utilization Review Specialist
- Sr. Business Systems Analyst
- Supervising Accountants
- Nurse Manager
- Staff Development Program Manager

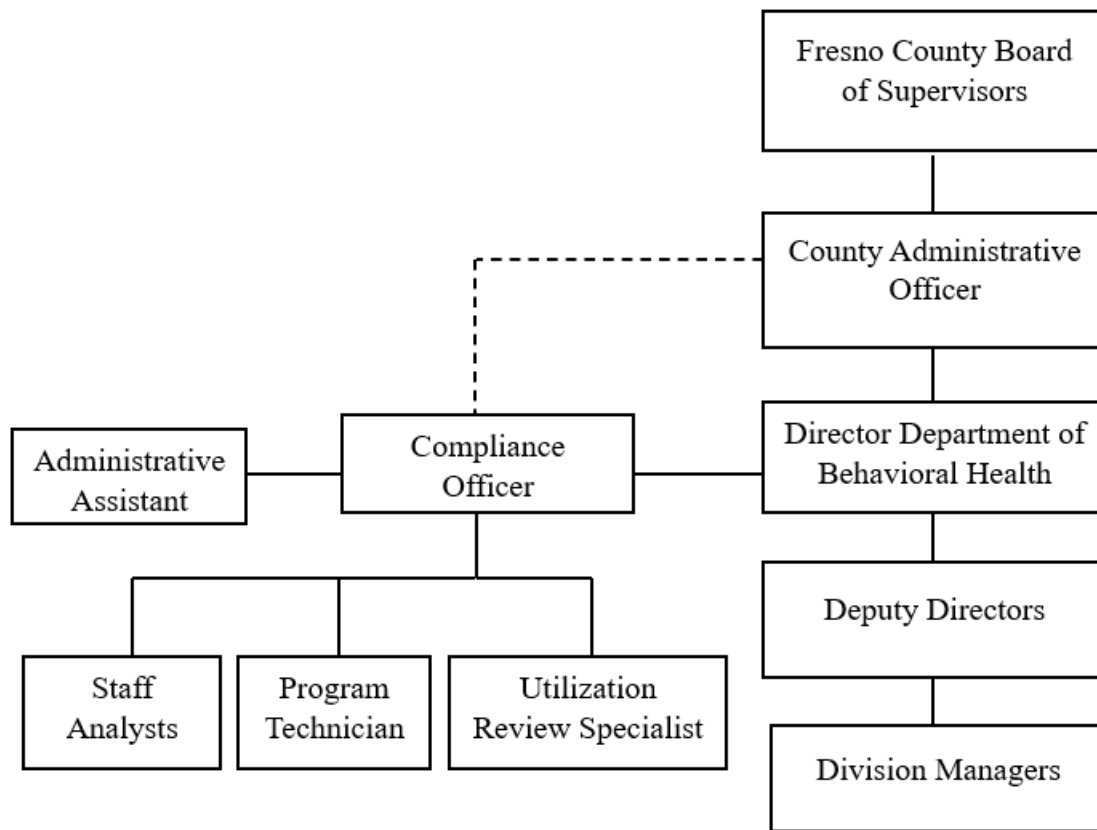
This composition of members may change as needed or as determined by the CO and/or Executive Leadership of Behavioral Health. Other staff are invited, as appropriate, to attend the committee meeting when it is addressing specific issues, but they will not serve as members.

THE RESPONSIBILITIES of the Compliance Committee include:

- Analyze DBH's regulatory environment and legal requirements with which it must comply and identify specific risk areas.
- Assess existing policies and procedures that address these risk areas for possible incorporation into the Compliance Program.
- Work with appropriate departments, programs, and contractors to ensure adherence to established conduct standards and practices and other policies and procedures that promote allegiance to the Compliance Program. This will include revising existing and/or establishing, as needed, uniform approaches or consistent procedures for the documentation and billing of mental health and SUD services throughout all behavioral health programs/divisions.
- Recommend and monitor the development of internal systems and controls to achieve DBH's standards, policies, and procedures as part of its daily operations.
- Develop and monitor communication methods and training programs to ensure that employees and contractors receive proper information about the Compliance Program, including their duties under it.
- Determine appropriate strategies and approaches to promote compliance and detection of any potential violations.

- Develop a system to solicit, evaluate, and respond to complaints and suspected cases of noncompliance.
- Monitor internal and external audits and investigations to identify troublesome issues and deficient areas in the organization and to develop and implement corrective and preventive action.
- Develop and work with special task groups assigned to focus on identified risk areas, to develop standards, and to formulate appropriate policies and procedures for compliance with ethical and legal standards.
- Assign duties to individuals to ensure implementation of the Compliance Program and maintain a current listing of the assignment of these duties.
- The committee will meet on a monthly basis or more often as needed.

ORGANIZATIONAL CHART FOR DBH COMPLIANCE



Section 4

TRAINING and EDUCATION

All Covered Persons must complete general compliance training and as federal and state regulations and DBH standards change, training and retraining of all Covered Persons essential. Job-specific trainings are available based on job classification or job duties/functions of the Covered Persons. These training requirements exclude Covered Persons expected to work less than 160 hours per year, provide inpatient professional services at non-County facilities or serve Fresno County foster children placed in another county.

RESOURCE MATERIALS

DBH will provide the following resource materials tailored to all Covered Persons, as applicable:

1. Documentation and Billing Handbook – Provides guidance on documentation and billing standards in compliance with current applicable laws, regulations, rules, and DBH standards. This handbook is available to all Covered Persons who provide direct service and to all clinical management staff.
2. CalMHSA Documentation Guides – These guides are role-specific documentation guides for both mental health and substance use disorder services and may be used as comprehensive training tools for existing and new providers/staff.
3. Individual/Group and Organizational Provider Manuals – These manuals define DBH’s standards and contractor’s responsibilities regarding documentation and billing and will be provided to contractors upon signing of their agreement with the County.
4. “News You Can Use” and Informational Notices – These include any relevant and/or new compliance information and distributed to employees and contractors, respectively. These serve as educational, reminder notices, primarily posted via email. The “News You Can Use” notice can be found on the PolicyTech system. .
5. Compliance Bulletins – Provides important new or updated policy information that affects the entire system of care. These bulletins will be accessible to all providers.

TYPES OF TRAINING

GENERAL COMPLIANCE TRAINING

New DBH employees will receive training as soon as possible after their start date and receive a refresher training on an annual basis. General Compliance training requirements are extended to DBH Contractors, volunteers and students.

The curriculum is developed by the Compliance Office and will be reviewed annually and updated as needed to reflect changes in federal/state healthcare program requirements, or for any other relevant general compliance information. At a minimum, this training will provide information on Fresno County’s Compliance Program, the Code of Conduct, and all PPGs that pertain to general compliance issues. The Compliance Office conducts this training.

JOB-SPECIFIC COMPLIANCE TRAINING

Some job classifications require specific training to ensure compliance with federal and state regulations and DBH standards. These job specific trainings are Documentation and Billing Processes and Procedures.

DOCUMENTATION AND BILLING TRAINING

All County employees providing direct service, clinical management staff (Division Managers and Clinical Supervisors), and clerical billing staff are trained as soon as possible after their start date and receive additional training as appropriate. This training is also a requirement for DBH contractors. At any time, Contractors may also request one-on-one training as needed as an individual or for their organization. Accordingly, contractor is responsible for ensuring that their employees and subcontractors complete all required trainings. This curriculum is developed by and training conducted by licensed County staff

PROCESSES AND PROCEDURES

Applicable Finance staff will receive training on CPT and HCPCS coding and billing of behavioral health services. To assist staff in coding and billing functions, the Finance Division will maintain current reference tools, e.g., ICD, CPT/CPT Assistant, HCPCS and other reference manuals or materials as needed. These manuals are reviewed and purchased at least annually but may be reviewed and/or purchased more frequently when regulations change. Additionally, training webinars on Medicare and private insurance billing are available to applicable Finance staff.

TRACKING OF TRAININGS/EDUCATION

Documents for all Compliance and other applicable trainings are in accordance with federal document retention policies and will be available to CO or designee. Records should include all information necessary for properly tracking completion of the training.

Staff Development and Compliance will track and maintain records of employees, contractors, volunteers and students who have completed the required initial and annual General Compliance and Documentation and Billing trainings. All documentation are maintained as outlined in the policy provided in Section 9, Maintenance and Retention of Compliance Records. The Compliance Office will monitor overall completion rates and evaluate effectiveness of the trainings.

REPORTING AND FOLLOW-UP

Staff Development will notify the department when staff have not completed training based on Relias Learning Management System (LMS). They may direct follow-ups with managers/supervisors to assure training is conducted and reaching all targeted staff.

Section 5

COMMUNICATION

Effective lines of communication between the CO and all Covered Persons are critical for the adherence to and effectiveness of the Compliance Program. DBH will maintain an environment in which staff members and contractors can ask questions and are encouraged to develop a mindset focused on preventing problems. Communication may consist of or be in the form of formal trainings, posters, e-mail, DBH webpage, e-Services or other appropriate means including, but not limited to, the following:

- Maintain a compliance website where all appropriate documents, forms and PPGs will be available for access by all Covered Persons.
- Compliance standards will be communicated regularly and timely, i.e., via the initial and annual trainings, Compliance Bulletins, and “News You Can Use” publications.
- All County and contractor behavioral health facilities and sites will prominently post the following information: Code of Conduct and Process for reporting Non-Compliance/Hotline information.

REPORTING VIOLATIONS OR SUSPECTED NON-COMPLIANCE

DBH employees and contractors are expected to report any activity that may violate the Compliance Program’s mission, standards, and any applicable law, regulation, rule or guideline. DBH prohibits retaliation against any person making a report. Any employee engaging in any form of retaliation will be subject to disciplinary action.

Employees and contractors may report anonymously using any of the reporting methods described below.

REPORTING METHODS:

- ▶ **TELEPHONE:**
 - Compliance Hotline: 1-888-262-4174 - is available 24/7 and is maintained by the Compliance Office. All calls are confidential and every caller has the option to remain anonymous (no caller I.D. or tracing)
 - Contact the Compliance Officer directly at (559) 600-6728.
- ▶ **U.S. MAIL:** Addressed to: DBH Compliance Officer
1925 E. Dakota Ave, Fresno CA 93726
Mail Stop #273
- ▶ **DBH WEBPAGE:** Using the Compliance website Reporting Form located at:
<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Care-Services/Behavioral-Health-Compliance/Report-a-Violation>

All reports will be logged and documented. Documentation will include the process and results of the investigation, corrective action taken, and any follow-up performed or required. The goal of all reporting methods is to provide opportunities for the identification, investigation, correction and prevention of inappropriate activities. Compliance Officer will monitor and address patterns, and report ongoing investigations and the results of the investigations to the Compliance Committee.

CLARIFICATION

Covered Persons are encouraged to contact their respective supervisor or manager to ask clarifying questions about practices, procedures or compliance standards and policies before contacting the Compliance Officer. This contact is intended to promote clear communication within divisions or program units while ensuring that any misunderstandings are addressed quickly. This communication will also provide information so that the employee/contractor are fully informed should there be a need to speak with the Compliance Officer.

When another communication path is desired, covered persons should contact the Compliance Officer. Questions directed to the CO via telephone, or electronically as described above. Clarification requests may require extensive research by the CO utilizing the Federal Register, Code of Federal Regulations, California Code of Regulations, Centers for Medicare and Medicaid Services, Medi-Cal Manuals, and other information sources that may assist in the analysis for final determination. Requests and determinations are documented and presented to the Compliance Committee to determine if there is cause for review of a specific divisions, area, or program for risk areas or possible non-compliance,. The CO and the Compliance Committee will also consider a more global view when considering training needs around these requests for clarification.

APPENDIX II EXHIBITS:

- [Poster – Reporting Violations and Non-Compliance](#)
- [CalAIM Information/Resources webpage](#)

Section 6

ENFORCEMENT and DISCIPLINE - COUNTY EMPLOYEES

DBH is committed to a fair and reasonable but unwavering enforcement of these compliance standards. DBH will communicate the standards of enforcement and discipline, clearly stating that it is without prejudice, bias, or other non-standard conduct. On a case-by-case basis, after a thorough investigation is completed, if it is determined that any employee knowingly committed a violation, the employee will be subject to appropriate disciplinary action by their department head.

DISCIPLINE

DBH will enforce Disciplinary action as appropriate in accordance with County of Fresno Personnel Rule 10. Disciplinary actions include:

- Oral Reprimand
- Written Reprimand
- Disciplinary Suspension
- Administrative Salary Reduction
- Disciplinary Demotion
- Dismissal

Because federal and state laws govern the billing and reimbursement policies, it is of crucial importance that DBH responds to incidents of noncompliance (by clinical and administrative staff) fairly, firmly and in proportion to the potential risk of harm to the Department.

Contractors (Organizational Providers) are to have a systematic formal discipline policy upon which to base responses to inappropriate compliance related employee behavior or practices.

APPENDIX III EXHIBITS:

- [County of Fresno: Personnel Rule 10—Disciplinary Actions](#)

Section 7

MONITORING and AUDITING PROCEDURES

To ensure the Compliance Program is effective and the organization's performance is compliant with all applicable laws, regulations, rules, and guidelines, the Compliance Office will monitor the County's behavioral health activities that are subject to regulatory requirements, and routinely report findings to the Compliance Committee and the Director of Behavioral Health. According to CFR 42 (Code of Federal Regulations) and Title 9 Section 1840.112 of the California Code of Regulations, it is required that all providers of behavioral health services verify that every service provided is accurately documented, signed, and billed appropriately. The Compliance Office will perform audits to investigate indications of non-compliance revealed by monitoring activities, the Hotline and other reporting or detection means. DBH conducts medical record reviews annually.

Collectively, these audits and reviews, conducted with the support of management, will also help assure compliance with the policies and procedures of DBH and the Compliance Program. All PPGs referenced below are available in Appendix IV.

AUDIT SCOPE

The Compliance Office, at a minimum, will be conducted audits in these areas to measure DBH's compliance with laws and standards governing:

- Hotline/other Communication Systems
- Background Checks – Screening for Ineligible Persons
- Medical Records Reviews
- DBH Contract with DHCS
- Finance-Billing and Claiming
- Cost Reporting

The Compliance Office will conduct additional audits to investigate specific concerns identified within DBH, identified by a contract provider, or other outside agency, including Federal or State agencies.

MONITORING TECHNIQUES/PROCESSES

These may include, but not be limited to, the following:

1. Site visits
2. Data surveillance of utilization and error patterns – trend analysis
3. Planned and unplanned medical record, operational, and financial audits
4. Fraud, waste and abuse investigations
5. Review and monitoring of medical records and quality assurance processes
6. Report investigations and trends to the Compliance Committee

On an ongoing basis, the CO will monitor and maintain reports of suspected noncompliance, and review with the Compliance Committee.

SCREENING FOR INELIGIBLE PERSONS

Fresno County screens all Covered Persons via a Credentialing process prior to hire or contract effective date to verify professional licensure/background history (where applicable) and to ensure that they are not excluded, debarred, suspended or sanctioned from participating in State or Federal health care programs, or in Federal procurement of non-procurement programs. Subsequent ineligible persons screening occurs monthly.

LICENSED/WAIVERED STAFF

Managed Care will screen all licensed/waivered persons, in the disciplines listed below. DBH's Credentialing Committee will review screened persons and presented to DBH's Credentialing Committee for approval, before they may provide and bill for behavioral health services or contract with DBH:

- Physician
- Psychologist (licensed and waived)
- Clinical Social Worker (licensed and associates)
- Marriage and Family Therapist (licensed and associates)
- Licensed Professional Clinical Counselor (licensed and associates)
- Registered Nurse and Nurse Practitioner
- Licensed Vocational Nurse
- Licensed Psychiatric Technician
- Certified Peer Support Specialist

This credentialing approval process for employees and contractors includes a verification of the individual's professional license and a background check. The background check for DBH employees occurs before they are hired and contractors' approval process occurs prior to Credentialing Committee review and every three years thereafter. The background check consists of a query of *all* of the following sources:

- Licensing Boards
- Medi-Cal Suspended and Ineligible Provider List (MSIL)
- Office of Inspector General List of Excluded Individuals/Entities (LEIE)
- National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank (NPDB/HIPDB)
- Excluded Parties List System (EPLS)

The credentialing process is performed in accordance with the following DBH PPG 4.1.6: *Background and Licensed Verification for Licensed/Registered Mental Health Practitioners - County Programs*, PPG 4.1.5: *Background and License Verification for Prospective and Current Contract Providers* or PPG 4.1.3: *Credentialing, Recredentialing and Appeals Policy for Fresno County Behavioral Health System of Care Specialty Mental Health and SUD Providers*.

NON-LICENSED STAFF

Screening of non-licensed staff, in accordance with PPG 1.3.1: *Screening for Ineligible Persons-County Employees/Contract Providers*, occurs upon hire and annually thereafter and is the responsibility of each department.

MEDICAL RECORDS REVIEWS-AUDITS

FOR CONTRACTORS

DBH conducts reviews of contractors' medical records to ensure they are compliant with documentation and billing standards PPG 1.3.8D: *Contract Provider Medical Record Review*.

The Compliance and Quality Improvement Committees review audit reports annually to ensure corrective action, facilitate further decisions regarding mitigating risk areas, training/technical assistance needs, and performance improvement.

FOR COUNTY PROGRAMS

Medical record reviews of County programs operate in accordance with the PPG 1.3.8F: *Medical Records Review for DBH, County-Operated Mental Health Treatment Programs*. These reviews will cover documentation standards and billing procedures.

MEDICATION SERVICES REVIEWS-AUDITS

DBH conducts retrospective, annual medication services and utilization reviews of each physician and nurse practitioner (County and Contractor) to ensure regulatory compliance with documentation and billing standards. Reviews in accordance with PPG 1.3.8E: *Medication Services Utilization Review*.

REPORTING

In accordance with PPG 4.3.5: *Outpatient Medi-Cal Disallowance and Unauthorized Services*, and PPG 6.1.2: *Disallowance Repayment Procedures*, any disallowed claim identified through medical record reviews, medication services reviews, or any other means will be adjusted or deleted. QIC is notified of all medical records reviews and disallowance paybacks, copies will be reviewed by the CO and forwarded to the Finance Division for processing of disallowances and paybacks.

FINANCE DIVISION

The Finance Division is responsible for the accurate and timely:

- Claiming of Behavioral Health and SUD services to the appropriate payor(s).
- Posting of payments, denials, adjustments and deletions.
- Processing of recoupments, refunds to the appropriate payor(s).

To accomplish these functions, the Finance Division will:

1. Follow recognized guidelines for accurate coding approved by CMS, DHCS, or other applicable regulatory agency.
2. Use accurate billing codes, including as appropriate, those established or approved by CMS, DHCS, or any other applicable government entities or third-party payers.
3. Provide Medicare, Medi-Cal (Medicaid), and other third-party payers with accurate information to pay claims, as well as submit the Claim Certification form signed by the Behavioral Health Director, as applicable.
4. Examine payment and denial documents for accuracy. Finance staff will meet on a regular basis to discuss changes or updates provided in these documents.
5. The Finance Division will purchase annual updates of reference tools, thoroughly review them for all changes, and maintain current reference tools necessary to assist Finance staff in performing accurate coding and claiming functions; examples of reference tools include 837 Companion Guide, ICD, DSM, CPT/ CPT Assistant, Drug Topics Red Book and HCPCS reference manuals.
6. Train staff responsible for coding and claiming functions, at a minimum, upon hire and on an annual basis or more often as needed. Training will include, but will not be limited to:
 - Changes in billing/claiming/coding regulations
 - Proper handling and posting of remittance advice and processing denials
 - Other adjustments or deletions to billed/claimed services

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- Any other changes that might affect billing/claiming/coding
7. Retain a copy all training/education documentation provided to staff (documentation will include subject matter of the training as well as attendees); a copy will be made available to the CO upon request.
 8. Generate various quality assurance reports from the SmartCare system to allow billing staff to review, correct or adjust claims as needed before a final claim is submitted.
 9. Report all billing/claiming errors discovered to the appropriate supervisor and the CO. A corrective action plan will be developed and implemented to correct and prevent future errors.
 10. Promptly report changes in beneficiary eligibility to the state through the MEDS system.

CLAIM DEVELOPMENT AND SUBMISSION (ALL PAYERS/GUARANTORS)

Using the correct coding based on usual and legally accepted billing standards, direct service employees and contractors will only bill for services provided to the correct patient, for the appropriate service, for the accurate duration, and applicable diagnosis. The following general policies reinforce current federal/state statute and regulation regarding the proper development and submission of claims to a third-party payer:

- Payers/Plans or patients will not receive a bill for services not provided or not properly documented in the medical record. The Finance Division and/or the program that billed for the service will investigate questionable charges; In the event they do not arrive at a decision, the final decision is the responsibility of the CO.

BILLING, PAYMENTS, ADJUSTMENTS, REFUNDS/OVERPAYMENTS

In accordance with PPG 4.3.5: *Outpatient Medi-Cal Disallowance and Unauthorized Services*, and PPG 6.1.2: *Disallowance Repayment Procedures*, we will promptly refund any payment received for a claim reviewed and found to be incorrect. Investigators are required to report findings from all billing, claims reviews, and any UR adjustments to the Compliance Committee. The CO will review and approve adjustments and send the file to billing for processing.

REVIEW AND REPORTING

Each month, the CO provides a random sample of all Medicare claims paid in the month of review. The Finance Division reviews each claim based on identified risk areas, such as, but not limited to:

- A qualified staff provided the service
- The NPI is correct
- Duplicate services
- The procedure code crosswalks to the correct CPT code
- Cost Center designation is correct
- On an on-going basis, the Finance Division designated Claims Adjustment Team will identify and investigate EMR-generated documentation that have prompted pre-claim billing discrepancies.

The PPGs in Exhibits IV, V and VI can be found in PolicyTech and are accessible to all DBH employees.

APPENDIX IV EXHIBITS:

- PPG 4.1.3 Credentialing, Re-credentialing and Appeals Policy for Fresno County Behavioral Health Specialty Mental Health and SUD Providers
- PPG 1.3.1 Screening for Ineligible Persons - County Employees/Contract Providers

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- PPG 1.3.8D Provider Medical Record Review
 - PPG 1.3.8F Medical Record Reviews for DBH, County-Operated Mental Health Treatment Programs
 - PPG 1.3.8E Medication Services Utilization Review
 - PPG 4.3.5 Outpatient Medi-Cal Disallowance and Unauthorized Services
 - PPG 6.1.2 Disallowance Repayment Procedures

Section 8

CORRECTIVE ACTION

Upon report or reasonable indication of suspected noncompliance, the CO or designee will promptly investigate the conduct in question to determine whether a material violation of applicable law, regulation, rule, guideline, program instruction or the requirements of the Compliance Program have occurred.

Detected but uncorrected misconduct can seriously endanger the mission, reputation and legal status of the County and DBH. These compliance standards will assure that detected misconduct is promptly investigated and corrective action is carried out promptly and responsibly.

INVESTIGATION AND FOLLOW-UP

The CO or designee is responsible for promptly investigating every report or discovery of suspected non-compliance. Accordingly, appropriate corrective action, if needed, must be carried out promptly, fairly and responsibly. Investigations will be performed as outlined in the Compliance Program PPG: *1.3.10 Process for Investigating Non-Compliance*. Within a reasonable amount of time after the completion of an investigation, a follow-up audit/review may be performed as needed. The CO or designee will review the circumstances that formed the basis of the investigation to determine whether similar problems have emerged or whether modifications of the Compliance Program are necessary to prevent and detect other violations.

OVERPAYMENTS

For each overpayment discovered or identified through any means, the Finance Division will repay any amount owed; correct the problem(s) as appropriate within 60 days; and perform a follow-up to ensure that the problem is not occurring and that other similar problems have not emerged. Overpayments discovered through internal audit procedures require documentation that a request has been made to the Finance Division to adjust the charges. The Finance Division will submit a quarterly report to the Compliance Committee on UR adjustments and deletions by cost center. Failure to report or repay an overpayment within a reasonable amount of time could be interpreted as an intentional attempt to conceal the overpayment from the government, so overpayments should be processed promptly.

VOLUNTARY DISCLOSURE

It is a felony when a person has “knowledge of the occurrence of any event affecting (a) his initial or continued right to any such benefit or payment, or (b) the initial or continued right to any such benefit of payment of any other individual on whose benefit he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event” (42 U.S.C. § 1320a-7b(a)(3)).

If, after thorough investigation of a reported violation or suspected non-compliance, the CO or the Compliance Committee with consultation from County Counsel determines that the misconduct may violate criminal, civil, or administrative law, they should act promptly to disclose misconduct to the appropriate authorities. When appropriate, the CO or designee will report to the appropriate governmental authority the existence of misconduct no more than sixty (60) days after determining that there is credible evidence of a violation.

APPENDIX V EXHIBITS:

- PPG 1.3.10 Process for Investigating Non-Compliance w/Worksheet

Section 9

MAINTENANCE & RETENTION of COMPLIANCE RECORDS

DOCUMENTATION OF COMPLIANCE EFFORTS

The Compliance Office documents its' efforts to protect the integrity of the organization's compliance process and confirm the effectiveness of the program. In addition to the Code of Conduct, additional compliance PPGs exist and are included herein.

TYPES OF RECORDS TO BE RETAINED

The CO will retain all records that substantially affect the obligations of the Compliance Program. Besides formal PPGs, other documentation requirements will vary depending on the area of review or emphasis, but will include, at a minimum, items such as:

- Documentation of compliance training
- Compliance policies and procedures
- Meeting records (agenda, minutes, handouts, etc.)
- Records from reports of violations, including hotline calls, the nature and result of any investigation that was conducted
- Documentation of corrective action, including disciplinary action taken and policy improvements introduced in response to an investigation
- Modifications to the Compliance Program
- Documentation of any self-disclosures
- Written notifications to contractors
- Results of DBH's auditing and monitoring efforts

MAINTENANCE AND RETENTION

The Compliance Office maintains and/or destroys records in accordance with the Compliance Program's PPG 1.3.11: *Maintenance and Retention of Compliance Records*. Specific documents or information which include: claims processing data, BO records, audit documentation, and Compliance Committee minutes will be maintained for at least ten (10) years from the date these documents were created.

Documentation related to the investigation of a particular violation will be reviewed on a bi-annual basis to determine when these records will be kept or should be destroyed to ensure confidentiality of all involved particularly those who reported the violation. Additionally, the CO or designee will purge records on a bi-annual basis to avoid any appearance that the CO deliberately destroyed records in anticipation of an outside review or discovery.

Through annual reviews, the CO will ensure that record maintenance procedures are being followed. Before the record of any investigation is destroyed, there should be a written record of each investigation including the dates and results of the investigation.

In the event that the CO receives notice regarding the initiation of an external investigation, immediate steps must be taken to prevent the destruction of any relevant documents pending further notice that the investigation or litigation has been concluded.

APPENDIX VI EXHIBIT:

- PPG 1.3.11 Maintenance and Retention of Compliance Records