LOUISIANA DEPARTMENT OF HEALTH – MEDICAID BEHAVIORAL HEALTH PROVIDER WALK WITH ME COMMUNITY IMPROVEMENT CENTER

INVESTIGATIVE AUDIT
ISSUED APRIL 17, 2019

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LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

April 17, 2019

DR. REBEKAH E. GEE, SECRETARY
LOUISIANA DEPARTMENT OF HEALTH
Baton Rouge, Louisiana

We are providing this report for your information and use. This investigative audit was performed in accordance with Louisiana Revised Statutes 24:513, *et seq.* to determine the validity of complaints we received.

After reviewing records for the Walk With Me Community Improvement Center (WWM), we found WWM appeared to have billed the Louisiana Medicaid Program (Medicaid) for 9,043 units of specialized behavioral health services the company either did not provide or provided using unqualified staff members. Between December 2015 and September 2018, WWM billed Medicaid $107,003 for these units.

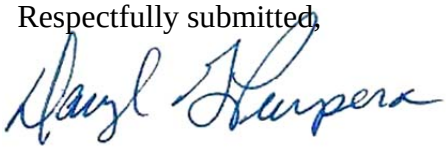
In addition, we found seven staff members for whom WWM billed Medicaid for individual psychosocial rehabilitation (PSR) service units in excess of eight hours per day. The documentation for 11 clients served by these staff members showed the clients participated in group PSR sessions. However, WWM billed Medicaid as if the clients received individual services. Between December 2015 and April 2017, WWM billed Medicaid for 1,824 units of individual PSR services that were documented as group services. Because individual PSR services are billed at a higher rate than group services, WWM was overpaid $18,541.

We also reviewed files for 11 clients served between January 2015 and August 2018 and found several instances in which no documentation was available to support the services billed to the Medicaid program. To be eligible for reimbursement for behavioral health services, Medicaid requires providers to complete service/progress notes documenting the services performed.

The procedures we performed primarily consisted of making inquiries and examining selected financial records and other documents, and were not an examination or review in accordance with generally accepted auditing or attestation standards. Consequently, we provide no opinion, attestation or other form of assurance with respect to the information upon which our work was based.

The accompanying report presents our findings and recommendations, as well as management's response. This is a public report. Copies of this report have been delivered to the United States Attorney for the Eastern District of Louisiana, the District Attorney for the 22nd Judicial District of Louisiana, the District Attorney for the 19th Judicial District of Louisiana, and others as required by law.

Respectfully submitted,



Daryl G. Purpera, CPA, CFE
Legislative Auditor

DGP/aa

LDH WALK WITH ME

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Based on our review of Walk With Me Community Improvement Center (WWM) records, WWM appears to have billed the Louisiana Medicaid Program (Medicaid) for 9,043 units of specialized behavioral health services WWM either did not provide or provided using unqualified WWM staff members between December 2015 and September 2018. WWM billed $107,003 for these services. If WWM billed Medicaid for behavioral health services that were not provided or were provided by unqualified staff members, WWM may have violated state law and its Medicaid provider agreements with the Louisiana Department of Health (LDH) and the Managed Care Organizations that operate the Medicaid program on behalf of LDH.

WWM Improperly Billed for Higher Level of Service

During our audit, we identified seven staff members who WWM billed Medicaid for individual psychosocial rehabilitation (PSR) service units in excess of eight hours per day. We reviewed documentation for 11 clients served by these staff members and found that although these clients participated in group PSR sessions, WWM improperly billed the services as individual PSR services. From December 2015 to April 2017, WWM billed Medicaid for 1,824 units of individual PSR services (456 hours) that were documented as group PSR services. Because individual PSR services are billed at a higher rate than group services, WWM was overpaid a total of $18,541 during this period. By improperly billing Medicaid for individual PSR services when group PSR services were provided, WWM management may have violated state law and its Medicaid service provider agreements.

No Documentation of Services Provided

We reviewed WWM client files for 11 clients served from January 2015 to August 2018 and found several instances in which there was no documentation to support the services billed to the Medicaid program. To be eligible for reimbursement for behavioral health services, Medicaid requires providers to complete service/progress notes documenting the services performed. By billing Medicaid for services not properly documented, WWM may have been reimbursed for ineligible services and may have violated its Medicaid provider agreements.

BACKGROUND AND METHODOLOGY

The Louisiana Department of Health (LDH) is an executive branch department that reports to the governor. LDH's mission is to protect and promote health and to ensure access to medical, preventative, and rehabilitative services for all citizens of the state of Louisiana. LDH is responsible for developing and providing health and medical services for the prevention of disease for the citizens of Louisiana. LDH provides health and medical services for uninsured and medically-indigent persons and also coordinates the delivery of services provided by the Louisiana State University Health Sciences Center with services provided by LDH, local health departments, and federally-qualified health centers, including but not limited to, the following:

- Services for any of the following persons:
    - Persons with mental illness;
    - Persons with intellectual disabilities;
    - Persons with developmental disabilities; and
    - Persons with addictive disorders.
- Public health services.
- Services provided under the medical assistance program (Medicaid).

LDH administers the Medicaid program to provide health and medical services for uninsured and medically-indigent citizens. In 2012, LDH began transitioning from a fee-for-service (FFS) model, where LDH paid all claims submitted by Medicaid providers for each service performed, to *Healthy Louisiana*,[A] a full-risk prepaid managed care model. Under LDH's current full-risk prepaid managed care model, LDH pays a fixed monthly fee to a Managed Care Organization (MCO) for the administration of health benefits and payment of all claims for each member. LDH contracted with five MCOs to operate the *Healthy Louisiana* Medicaid program through December 31, 2019. However, LDH is responsible for determining Medicaid recipient eligibility and enrolling applicants into Medicaid programs.

Walk With Me Community Improvement Center (WWM) is a Texas non-profit corporation[B] that registered with the Louisiana Secretary of State to do business in Louisiana on December 6, 2010. WWM operates in Covington, Louisiana, and was licensed through LDH to

[A] *Healthy Louisiana* was previously called Bayou Health. A managed care model is an arrangement for health care in which an organization (e.g., an MCO), acts as a gatekeeper or intermediary between the person seeking care and the physician. FFS still covers some Medicaid recipients who are not eligible for managed care.

[B] According to the Louisiana Secretary of State's (SoS) website, WWM is a non-Louisiana Corporation or Co-op, whose domicile address is in Stafford, Texas. WWM is active in Louisiana but not in good standing with the SoS for WWM's failure to file an annual report. According to the Texas Comptroller's website, WWM is active in the state of Texas and lists its registered office street address as Missouri City, Texas.

provide specialized behavioral health services to children, adolescents, adults, and families. According to LDH records, WWM submitted claims totaling $725,202 to LDH and the MCOs for Medicaid services between January 2015 and August 2018. In August 2018, LDH suspended WWM's license due to "credible allegations of fraud." As of September 2018, all five MCOs terminated their provider agreements with WWM.

The Louisiana Legislative Auditor (LLA) received complaints from the Attorney General's Office – Medicaid Fraud Control Unit that WWM was paid for Medicaid services not provided. As a result, the LLA conducted an audit of available WWM records to determine the credibility of these complaints. The procedures performed during this audit included:

(1) interviewing LDH and WWM employees;

(2) interviewing other persons, as appropriate;

(3) examining selected LDH and WWM documents and records;

(4) gathering and examining external parties' documents and records; and

(5) reviewing applicable state laws and regulations.

FINDINGS AND RECOMMENDATIONS

Medicaid Services Apparently Not Provided or Provided by Unqualified Staff

Based on our review of Walk With Me Community Improvement Center (WWM) records, WWM appears to have billed the Louisiana Medicaid Program (Medicaid) for 9,043 units of specialized behavioral health services WWM either did not provide or provided using unqualified WWM staff members between December 2015 and September 2018. WWM billed $107,003 for these services. If WWM billed Medicaid for behavioral health services that were not provided or were provided by unqualified staff members, WWM may have violated state law[1] and its Medicaid provider agreements with the Louisiana Department of Health (LDH) and the Managed Care Organizations (MCOs) that operate the Medicaid program on behalf of LDH.

WWM is licensed by LDH to provide specialized behavioral health services, including psychosocial rehabilitation (PSR), community psychiatric support (CPST), and crisis intervention to Louisiana Medicaid recipients during all times relevant to our audit. WWM employs Licensed Mental Health Professionals (LMHP) and other direct care staff to provide these services to its clients. In order to provide eligible behavioral health services, an LMHP or physician must determine medical necessity, perform an assessment of needs, and develop a treatment plan. Once the assessment and treatment plan is approved by the appropriate *Healthy Louisiana* managed care organization (MCO), the provider is authorized to perform services and bill Medicaid, through the MCOs, for the number of units approved each period.

The LMHP or direct care staff member is required to complete progress notes and session review forms to document services performed and bill the MCO. Progress notes include the date of service, start and end time of the service session, the type of session/therapy conducted, and the location of the session. The session review notes provide the objective of the session, a review of the overall session, activities performed during the session, the start and end time of the session, type and number of units to bill, and the signatures of the staff and the client.

During our audit, we reviewed WWM's Medicaid billings for behavioral health services and identified several staff members who were billed for an unusually high number of service units on a daily basis. We interviewed several of these staff members and compared the amounts WWM billed to WWM's records regarding the services they provided and found that WWM billed Medicaid at least $34,376 for two staff members who did not perform the services and at least $72,627 for services performed by four staff members who were not qualified to perform the services.

Services Not Provided

Bahram Dehnadi

LDH records indicate that WWM billed Medicaid for 2,175 individual PSR units,[C] totaling $25,530 (543.75 hours of service), and 457 group psychotherapy units,[D] totaling $7,056, provided by Bahram Dehnadi, Licensed Professional Counselor (LPC), from October 2016 to July 2017. However, Mr. Dehnadi told us he never provided PSR services to WWM clients and only provided group psychotherapy services two or three times at WWM's after school camp. He said WWM contracted with him to provide assessments and treatment plans for their clients from late 2016 to early 2017. Mr. Dehnadi estimated that he completed between 50-75 assessments and/or treatment plans for WWM clients and provided them to WWM Executive Director Latoyia Porter. Mr. Dehnadi said he was unaware that WWM billed Medicaid for PSR and group psychotherapy services he did not perform.

We provided Mr. Dehnadi with a schedule of WWM Medicaid billings, using his National Provider Identifier Number (NPI) as the service provider for individual PSR and group psychotherapy services from October 2016 to July 2017. After reviewing the schedule, Mr. Dehnadi reiterated that his contract with WWM was to provide client assessments and treatment plans. We reviewed client folders for four of the clients who WWM billed a total of 87 hours (348 units of service, totaling $4,154) using Mr. Dehnadi's NPI. There was no documentation to support any individual PSR services provided by Mr. Dehnadi. We found progress notes and/or session review notes that matched the dates that individual PSR services were billed for a total of 96 units of service (24 hours); however, those notes indicated that the clients participated in group PSR or group psychotherapy sessions and not individual sessions.

Brook Capdeboscq

Medicaid records show that WWM billed 116 group psychotherapy units, totaling $1,790 for services provided by Brook Capdeboscq, LPC from January 1, 2018 to February 8, 2018. Ms. Capdeboscq told us she did not work for WWM during this time. According to Ms. Capdeboscq, she was employed at WWM from March 2017 to May 2017 as the Treatment Director, where she performed client assessments and treatment plans. She told us that she returned to work with WWM on February 12, 2018, as the Clinical Coordinator and now performs administrative work. According to Ms. Capdeboscq, since returning to WWM on February 12, 2018, she may have provided group psychotherapy services a maximum of three times during the after school camp. WWM personnel records indicate that Ms. Capdeboscq was initially hired in March 2017 and confirm that she was re-hired on February 12, 2018.

[C] Each individual PSR unit is 15 minutes in duration, meaning, 2,175 units equals 543.75 hours.
[D] There is no time specification for group psychotherapy units. Available WWM documentation showed that group psychotherapy sessions lasted between 1-2 hours in duration.

We reviewed client folders for four clients for which WWM billed Medicaid using Ms. Capdeboscq's NPI prior to her return to work on February 12, 2018. These clients were billed a total of 104 units of service. We found progress notes to support 16 units of service which appear to have been signed by Ms. Capdeboscq. Ms. Capdeboscq stated that she was provided with records to review and sign after she returned to work on February 12, 2018. Based on the information provided by Ms. Capdeboscq, it appears that WWM billed Medicaid for services that Ms. Capdeboscq did not provide from January 1, 2018 to February 8, 2018.

Unqualified Staff Billed for Services

LDH's Behavioral Health Services Provider Manual requires non-licensed direct care staff to complete a basic clinical competency training program approved by the Office of Behavioral Health to provide PSR and CPST services. During our audit, we identified four direct care staff (Servant Leaders) for which WWM billed for providing PSR and CPST who do not appear to have completed a basic clinical competency training program. According to LDH records, WWM received payments totaling $72,627 for 6,295 units of PSR and CPST services provided by these unqualified direct care staff from December 2015 to September 2017. The services for which WWM billed for these direct care staff are provided in the table below.

Name	Time Period	Procedure Code Totals		Billing Totals
		H2017 (PSR)	H0036 (CPST)	
Victorian Barrie	Dec. 2015 to Sept. 2017	$20,890.10	$1,246.90	$22,137.00
Letitia Simmons	Apr. 2016 to Sept. 2016	20,808.24	1,023.04	21,831.28
Tamira Polk	Feb. 2016 to Sept. 2016	20,238.62	1,748.52	21,987.14
Alysia Johnson	May 2016 to July 2016	6,672.25	0.00	6,672.25
Total		**$68,609.21**	**$4,018.46**	**$72,627.67**

We spoke with Tamira Polk, who told us that she did not receive any training to provide PSR or CPST services. According to Mrs. Polk, she was employed on and off at WWM as a Servant Leader for WWM's summer and after school camps from 2014 to 2017. As a Servant Leader, she was responsible for the oversight of a group of 13 children. For the after school camp, she mostly assisted the kids in her group with their homework. During the summer camp, she provided various activities for the kids in her group, supervised them on field trips, and helped coordinate an end-of-camp play. We provided Ms. Polk with a schedule of WWM Medicaid billings that listed her, using her NPI, as the service provider for PSR and CPST services. Ms. Polk reviewed the schedule and stated that the client names listed were consistent with the clients in her group; however, she never provided any counseling services (PSR and CPST) to them. Mrs. Polk also stated she was unaware WWM billed Medicaid for these services.

Additionally, Letitia Simmons, Victorian Barrie, and Alysia Johnson all stated they worked as a Servant Leader for WWM at the after school camp and/or summer camp. Their job duties consisted of assisting kids with homework, supervising kids during camp activities such as

arts and crafts, basketball, movie time, and other outdoor games. We reviewed Ms. Polk, Ms. Simmons, Ms. Barrie, and Ms. Johnson's personnel folders and did not find documentation to demonstrate that they had completed a basic clinical competency training program required to provide PSR and/or CPST services.

Conclusion

We reviewed WWM Medicaid billing records and identified six staff members who appear to have been billed for a total of 9,043 units of specialized behavioral health services that were either not provided or provided by unqualified staff. From December 2015 to September 2018, WWM billed Medicaid a total of $107,003 for these units. By billing Medicaid for behavioral health services that were either not provided or provided by unqualified staff, WWM may have violated state law[1] and its Medicaid provider agreements with LDH and the MCOs that operate the Medicaid program on behalf of LDH.

WWM Improperly Billed for Higher Level of Service

During our audit, we identified seven staff members who WWM billed Medicaid for individual PSR service units in excess of eight hours per day. We reviewed documentation for eleven clients served by these staff members and found that although these clients participated in group PSR sessions, WWM improperly billed the services as individual PSR services. From December 2015 to April 2017, WWM billed Medicaid for 1,824 units of individual PSR services (456 hours) that were documented as group PSR services. Because individual PSR services are billed at a higher rate than group services, WWM was overpaid a total of $18,541 during this period. By improperly billing Medicaid for individual PSR services when group PSR services were provided, WWM management may have violated state law[1] and its Medicaid service provider agreements.

PSR are services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's treatment plan. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. Medicaid requires service providers to use the Healthcare Common Procedure Coding System (HCPCS) code H2017 to bill for individual PSR services. Further, service providers must use HCPCS code H2017 with a modifier, HQ, to bill for group PSR services. The modifier is used to distinguish between the individual and group rates as the unit rate for individual PSR services is five times greater than the group PSR unit rate. For example, PSR services provided to a group of five clients in a community setting for one hour would allow the provider to bill Medicaid a total of $50.60 for the entire session. However, if the provider failed to use the HQ modifier and billed the same services on an individual basis, the provider would be paid $253.40. The following table provides the Medicaid rates for individual and group PSR Services.

HCPCS Code	Modifier	Type of Service	Unit	Price/ Unit	Price/ Hour
H2017	N/A	Individual – Office	15 Min	$10.99	$43.96
H2017	N/A	Individual - Community	15 Min	$12.67	$50.68
H2017	HQ	Group – Office (per client)	15 Min	$2.20	$8.80
H2017	HQ	Group – Community (per client)	15 Min	$2.53	$10.12

During our audit, we identified seven staff members who WWM billed for individual PSR service units in excess of eight hours per day. We reviewed documentation for 11 clients served by these staff members and found that 10 of the 11 clients participated in group PSR sessions that WWM improperly billed as individual PSR services. From December 2015 to April 2017, WWM billed Medicaid for 1,824 units of individual PSR services (456 hours) which were documented as group PSR services. Because individual PSR services are billed at a higher rate than group services, WWM was overpaid a total of $18,541 during this period.

Documentation maintained in WWM's client folders showed that WWM staff members generally completed daily progress notes describing the type of service provided (Individual, Group, Family, or Assessment). The progress notes also included check boxes to document the client's appearance, behavior, attitude, etc., and narrative boxes to describe the treatment provided. In some cases, the progress notes were accompanied by a billing sheet that includes the HCPCS codes, modifiers, and descriptions necessary to bill Medicaid for the appropriate level of service. We found that although WWM staff generally completed the progress notes and billing sheets to reflect that group services were provided, WWM billed Medicaid for individual service.

For example, WWM billed eight service units of individual PSR (2 hours) for one client on June 29, 2016, and received reimbursement in the amount of $101.36 (8 units x $12.67). We reviewed the client's progress note for this day and found that the service type was clearly marked for group services. Further, the written description of services provided stated that, "Staff provided group PSR for scholars. Staff reviewed rules and expectations with scholars…." In addition, the corresponding billing sheet was completed to indicate that eight units of group PSR (H2017, HQ) were provided.

By improperly billing Medicaid for individual PSR services when group PSR services were provided, WWM management may have violated state law[1] and its Medicaid service provider agreements.

No Documentation of Services Provided

We reviewed WWM client files for 11 clients served from January 2015 to August 2018 and found several instances in which there was no documentation to support the services billed to the Medicaid program. To be eligible for reimbursement for behavioral health services, Medicaid requires providers to complete service/progress notes documenting the services performed. By billing Medicaid for services not properly

documented, WWM may have been reimbursed for ineligible services and may have violated its Medicaid provider agreements.

To be eligible for reimbursement for behavioral health services, Medicaid requires that providers complete service/progress notes documenting the services performed. Service/ progress notes must reflect the service delivered and are the "paper trail" for services delivered. According to LDH's Behavioral Health Services Provider Manual, the following information is required to be entered in the service/progress notes to provide a clear audit trail and document claims:

- Name of the recipient;
- Name of provider and employee providing the service(s);
- Service provider contact telephone number;
- Date of service contact;
- Start and stop time of service contact; and
- Content of each delivered service, including the reason for the contact describing the goals/objectives addressed during the service, specific intervention(s), and progress made toward functional and clinical improvement.

In addition, service/progress notes must be reviewed by a supervisor to ensure that all activities are appropriate in terms of the nature and time, and that documentation is sufficient. During our audit, we reviewed files for 11 clients which WWM billed Medicaid for a total of 5,324 units of service totaling $69,206 from January 2015 to August 2018. We found that WWM did not maintain service/progress notes for 1,372 of these units totaling $18,310.

In addition, documentation in several of these client files included permission slips, signed by client parents/guardians, for the clients to visit the Audubon Zoo in New Orleans, Louisiana on June 29, 2016. In order to determine what services were provided by WWM on this date, we reviewed documentation from 36 clients for which WWM billed 304 units of service totaling $4,159. This amount included 45 separate services as some clients were billed for multiple services. We found there was no documentation to support a trip to the zoo, and there were no service/progress notes to document 19 of the 45 (42%) services billed. Further, of the clients that received multiple services, the service times for three clients overlapped with one another. For example, one client was billed for individual CPST services from 9:00 a.m. to 11:00 a.m. and for group PSR services from 9:00 a.m. to 10:00 a.m.

By billing Medicaid for services not properly documented, WWM may have been reimbursed for ineligible services and may have violated its Medicaid provider agreements.

Recommendations

We recommend that LDH consult with its legal counsel to determine the appropriate action to be taken, including the recovery of payments for services not provided.

In addition, LDH management should:

(1) Require providers to implement detailed written policies and procedures to ensure that they appropriately bill for services provided. These policies and procedures should require supervisory review and approval of service/progress notes completed by staff members;

(2) Require providers to implement detailed written policies and procedures to ensure that all staff members have received the appropriate training required to perform the services billed to the Medicaid program;

(3) Conduct periodic monitoring visits to ensure that staff members are providing the services that are billed. Monitoring visits should determine if the services are being performed, are properly documented, and authorized in an approved plan of care;

(4) Investigate service providers who billed for services that are not properly documented to determine if fraud occurred;

(5) Require providers to periodically update employee personnel files to ensure that they contain accurate information; and

(6) Require providers to sign an annual certification stating that the provider has reviewed and will comply with the provisions of the provider manuals.

LEGAL PROVISIONS

[1] **Louisiana Revised Statute (La. R.S.) 14:67(A)** provides, in part, "Theft is the misappropriation or taking of anything of value which belongs to another, either without the consent of the other to the misappropriation or taking, or by means of fraudulent conduct, practices, or representations. An intent to deprive the other permanently of whatever may be the subject of the misappropriation or taking is essential."

La. R.S. 14:70.1(A) provides, "The crime of Medicaid fraud is the act of any person who, with intent to defraud the state or any person or entity through any medical assistance program created under the federal Social Security Act and administered by the Louisiana Department of Health or any other state agency, does any of the following:
(1) Presents for allowance or payment any false or fraudulent claim for furnishing services or merchandise.
(2) Knowingly submits false information for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services or merchandise. (3) Knowingly submits false information for the purpose of obtaining authorization for furnishing services or merchandise."

La. R.S. 14:72(A) provides, "It shall be unlawful to forge, with intent to defraud, any signature to, or any part of, any writing purporting to have legal efficacy."

18 U.S.C. §666 provides, in part, "That theft concerning programs receiving federal funds occurs when an agent of an organization, state, local, or Indian tribal government or any agency thereof embezzles, steals, obtains by fraud, or otherwise intentionally misapplies property that is valued at $5,000 or more and is owned by or under control of such organization, state, or agency when the organization, state, or agency receives in any one year period, benefits in excess of $10,000 under a federal program involving a grant contract, or other form of federal assistance."

18 U.S.C. §1343, "Wire Fraud" provides, in part, "That whoever, having devised or intending to devise any scheme or artifice to defraud, or for obtaining money or property by means of false or fraudulent pretenses, representations, or promises, transmits or causes to be transmitted by means of wire, radio, or television communications in interstate or foreign commerce, any writings, signs, signals, pictures, or sounds for the purpose of executing such scheme or artifice, shall be fined not more than $1,000 or imprisoned not more than five years, or both."

APPENDIX A

Management's Response

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

VIA E-MAIL ONLY

April 10, 2019

Daryl G. Purpera, CPA, CFE
Legislative Auditor
P. O. Box 94397
Baton Rouge, Louisiana 70804-9397

Re: Investigative Audit Report – Walk With Me Community Improvement Center

Dear Mr. Purpera:

Thank you for the opportunity to respond to the findings of your Medicaid Audit Unit report on the Walk With Me Community Improvement Center. The Bureau of Health Services Financing, which is responsible for the administration of the Medicaid program in Louisiana, and the Office of Behavioral Health are committed to ensuring the integrity of the Medicaid program.

We reviewed the findings and provide the following response to the recommendations documented in the report.

Recommendation 1: Require providers to implement detailed written policies and procedures to ensure that they appropriately bill for services provided. These policies and procedures should require supervisory review and approval of service/progress notes completed by staff members.

LDH Response: LDH agrees supervisors should be required to approve service/progress notes. The Medicaid Behavioral Health Services (BHS) Provider Manual contains recordkeeping requirements, including requirements for service/progress notes. The BHS Provider Manual states: "Service/progress notes must be reviewed by the supervisor (if applicable) to ensure that all activities are appropriate in terms of the nature and time, and that documentation is sufficient." Additionally, evidence of supervisory oversight of the treatment record is an element that is reviewed by the Medicaid Managed Care Organizations (MCOs) as part of their quality monitoring visits.

Recommendation 2: Require providers to implement detailed written policies and procedures to ensure that all staff members have received the appropriate training required to perform the services billed to the Medicaid program.

LDH Response: LDH agrees staff members shall have appropriate training. The BHS Provider Manual contains staff training requirements that must be met prior to the provision of services for which they are reimbursed. The BHS Provider Manual also establishes that provider agencies are required to maintain documentation of training completed. Furthermore, providers must adhere to

the licensing requirements found in the Louisiana Administrative Code Chapter 56, Subchapter C, Sections 5633(C)(5) and 5645.

Recommendation 3: Conduct periodic monitoring visits to ensure that staff members are providing the services that are billed. Monitoring visits should determine if the services are being performed, are properly documented, and authorized in an approved plan of care.

LDH Response: LDH agrees. Medicaid MCOs currently conduct periodic monitoring visits to ensure that patient records substantiate services billed. One component of the MCO monitoring visits is a member interview, which compares services billed to services documented. These MCO monitoring visits are conducted on a statistically significant sample of providers.

Recommendation 4: Investigate service providers who billed for services that are not properly documented to determine if fraud occurred.

LDH Response: LDH agrees. Medicaid's Surveillance and Utilization Review Subsystem (SURS) unit routinely investigates providers where suspicious billing patterns have been identified. During these investigations; and, if fraud is suspected, the case is referred to the State's Medicaid Fraud Control Unit for further review.

Recommendation 5: Require providers to periodically update employee personnel files to ensure that they contain accurate information.

LDH Response: LDH agrees. The Louisiana Administrative Code, Chapter 56, Subchapter C, Sections 5633(C)(5) and 5645 currently requires providers to periodically update employee personnel files to ensure they contain accurate information.

Recommendation 6: Require providers to sign an annual certification stating that the provider has reviewed and will comply with the provisions of the provider manuals.

LDH Response: Compliance with the Medicaid BHS Provider Manual is required. LDH will investigate the feasibility of requiring annual provider certifications. With the implementation of the Medicaid Credentials Verification Organization, Medicaid providers will be required to recertify every three years.

You may contact Michael Boutte, Medicaid Deputy Director, at (225) 342-0327 or vial e-mail at Michael.Boutte@la.gov with any questions about this matter.

Sincerely,

Cindy Rives

Cindy Rives
Undersecretary

CR/js