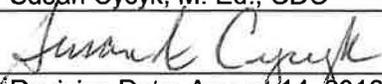




**Department of Services for Children, Youth and Their Families
State of Delaware**

ADM 012	CORPORATE COMPLIANCE		
Authored by:	Kimberly Scully	Title: Billing Manager	
Approved by:	Susan Ccyk, M. Ed., CDC	Title: Division Director	
Signature:		Date Adopted:	
	Revision Date: August 14, 2013	Reviewed: August 14, 2013	Page: 1 of 2

I. PURPOSE

The purpose of this policy is to establish corporate compliance within the Division and standards of monitoring corporate compliance with contracted parties.

II. SCOPE OF APPLICABILITY

This policy applies to DPBHS staff and those whom DPBHS compensates for services.

III. POLICY STATEMENT

It is the policy of the Division of Prevention and Behavioral Health Services to promote corporate compliance. The acceptance of federal funding requires acceptance of the responsibility and accountability for tracking funds and determining and overseeing how funds are being used and reported. Receiving federal funding not only relates to direct federal funding but also indirect funding, such as that funneled through state Medicaid or other programs. The receipt of federal funding may occur in a variety of ways, including the direct receipt of Medicaid funding or through another entity such as block grants or funding through being a federally funded network.

Grant Funded Programs

Any Program Administrator assigned to a grant funded program is responsible to be aware of and in compliance with all statutory regulations that relate to the grant.

Contracted Services

The Quality Improvement and Provider Services Units, as well as the Department's Centralized Contract Unit are responsible for monitoring service providers. All billing and expenditures must be consistent with federal guidelines and/or contractual expectations. Documentation to support and verify billable events and expenditures is required and must be maintained and available for review by Department staff upon request. Each year, each agency that provides services will be audited in the previous calendar year's billable services. A 10% random sample will be audited. Each agency will receive a percentage compliance rating based on the quantity of claims reviewed and errors found. Billing errors may include, but are not limited to, no documentation, insufficient documentation, medically unnecessary services, and/or incorrect coding. Without proper documentation, a claim cannot be verified; as a result, the money paid for that claim must be returned. Returning the money paid for these claims resolves only the overpayment. It does not impact any other investigation relating to the particular claims identified, nor will it impact any resulting civil, criminal or administrative action undertaken.

IV. DOCUMENTATION

Copies of all corporate compliance audits will be maintained by the DPBHS Quality Improvement Unit. DPBHS requires each claim or bill submitted for payment have documentation to verify the claim. Thus, DPBHS requires the progress note to include the following items for billing documentation only (for clinical expectations, please refer to the treatment services sections of the Provider Manual):

- Date the service was provided
- Client Name
- Subservice Type

- Start Time
- End Time
- Number of units billed

Additionally, if your program or service bills for mileage reimbursement or for flex fund reimbursement, DPBHS requires that documentation will be in the client chart. DPBHS requires the documentation for transportation and/or flex funds to have:

- Date the services was provided
- Client Name
- Subservice Type
- Start Time
- End Time
- Number of units billed
- # of miles traveled for this claim (includes start and arrival location)
- Name of the DPBHS representative who authorized/approved flex fund expenditure

Please note, each individual client sub-service is considered a claim. Each claim **MUST** have documentation to support its existence on the date billed for the number of units billed to DPBHS. It is also the expectation of DPBHS that ALL required documentation be in the client chart within 24 hours of the service provided. Please note that without proper documentation, a claim cannot be verified; as a result, the money paid for that claim must be returned. Returning the money paid for these claims resolves only the overpayment. It does not impact any other investigation relating to the particular claims identified, nor will it impact any resulting sivil, criminal or administrative action undertaken.

For any provider that is currently operating under a program-funded or cost-reimbursable contract, please be sure to have supporting documentation for the services you bill in your cost reimburseable/program funded contracts. Thus, during an audit you should be able to provide documentation that corresponds with each expense line in your contractual "budget form", for each bill that was submitted to DPBHS for reimbursement. .

V. QI/QA MEASURES

Monitoring Reports which include corporate compliance or billing audits are provided to the Quality Management Committee. The Quality Management Committee will report significant findings and/or recommendations to Division Leadership at the next DPBHS Leadership meeting.