



CITY OF PHILADELPHIA

*Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination*

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Commissioner

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April 30, 2018

The Honorable Darrell Clarke
City Council President
City Hall, Room 490
Philadelphia, PA 19107

Dear Council President Clarke,

This letter is in response to questions raised at the April 18, 2018 hearing before the Committee of the Whole on the Fiscal Year 2019 proposed budget for the Department of Behavioral Health and Intellectual disAbility Services. At this hearing, the following questions were asked:

1. **Councilman Squilla and Councilwoman Quinones-Sanchez:** Please provide a detailed financial breakdown of the funding needed to fully address the encampments (including respites and low-barrier housing).

Response: Forthcoming in collaboration with OHS

2. **Councilwoman Quinones- Sanchez:** Please provide a timeline for when you will have baseline data/standards for doctors to adequately review case files.

Response: The CBH Compliance Department assists in facilitating adherence to applicable federal and state regulations governing the Medicaid program as well as CBH policies and procedures. Composed of three distinct yet integrated units, the Routine Investigative and Training Unit (RITU), the Special Investigative Unit (SIU), and the Network Personnel Analysis Unit (NPAU), the Compliance Department serves to prevent, detect, and mitigate incidences of fraud, waste and abuse.

Providers are responsible for hiring and retaining fully qualified staff and maintaining current clearances for employees. The NPAU conducts audits of provider personnel file files, both on a routine basis and as specific needs arise, to ensure that provider meet minimum requirements. NPAU staff analyzes information from audits to identify potential gaps in qualified staff and/or training throughout the system. The NPAU is responsible for maintaining and revising the Manual for Provider Personnel File Review, which defines the requirements for specific clinical positions within contracted provider agencies.

These auditing and monitoring activities are designed to address compliance with laws governing Medicaid behavioral health program operations and billing. When an audit team discovers the use of unqualified staff, providers are notified and a series of progressive consequences are utilized. This may include warnings for first offenses, progressing to financial penalties, notification of problematic provider behavior/practice to appropriate State agencies (office of Attorney General and/or the Bureau of Program Integrity), and/or expulsion from the CBH Network.

Providers in the CBH network are required to submit a staff roster to CBH with detailed information. There is a specific section for the providers to complete for physicians. This includes the following:

- Physician’s name; job title; their position; the program they work in; date of hire; licensure number; licensure expiration date; DEA Certification Number; DEA expiration date; NPI number; university; location and date(s) of psychiatric residency; board certification number; number of hours per week worked; Date of National Practitioners Databank Report; date of PA Criminal History Clearance; Date of PA Child Abuse History Clearance; and date of FBI Background Check.

The CBH Compliance section of the DBHIDS website contains a wealth of information, to include a Roadmap for New Physicians: <https://dbhids.org/wp-content/uploads/2015/10/A-Roadmap-for-New-Physicians-Avoiding-Medicare-and-Medicaid-Fraud-and-Abuse-.pdf>

We also continue to work closely with providers on monitoring prescribing practices. Last year, over 80% of the nearly 1,000 reported deaths from drug overdoses in Philadelphia included opioids. In response, the Mayor’s Opioid Task Force recommended the improvement of health care professional education by supporting evidence-based approaches to changing prescribing behavior and establishing insurance policies that support safer opioid prescribing and appropriate treatment.

Currently, there is a Prescription Drug Monitoring Program (PDMP) in the state of Pennsylvania, but the program is in its infancy and does not permit access to the data by MCOs and limited access to Philadelphia’s Department of Public Health and DBHIDS.

DBHIDS hosted a “benzodiazepine summit” for providers in June, 2016 at which was very well attended. The agenda of this summit was: 1) overview of the history of benzos, 2) review the basic pharmacology of benzos, and 3) share best practices for anxiety disorders with benzos.

The attendees were provided with DBHIDS Best Practice Guidelines for Benzodiazepine Treatment and engaged in a discussion regarding provider-level monitoring, documentation as to why prescribing benzos and the action steps for outliers.

Since then, DBHIDS has worked to identify and modify concerning prescribing behavior. Since that time, provider and physicians in our network have been asked to submit and complete “action plans” or more often “quality improvement plans” (a more intensive intervention/sanction), often remaining closed to admissions until evidence of improvement was confirmed in the more severe cases.

CBH also completed a report in April, 2017, to identify prescribers of benzodiazepines to members currently enrolled in methadone maintenance treatment. This data has led to medical records requests to assess the quality of treatment and adherence to the benzodiazepine guidelines discussed above. These reviews are ongoing.

In June of 2017, collaboration began between CBH, PDPH, PENN & Philadelphia’s four physical health programs, to form The Philadelphia Medicaid Prescriber Dashboard Initiative addressing the growing concern over opioid misuse and abuse in the city of Philadelphia, particularly Medicaid recipients. The Initiative promotes appropriate prescribing practices among medical professionals in Philadelphia through sharing data that illustrates their prescribing patterns and summarizes: 1) the healthcare provider’s own prescribing history, including their ranking compared to the ‘average’ prescriber of the same specialty, and 2) a summary or graphical representation of their prescribing history. This effort is the first of many more approaches to monitor and respond to prescriber behavior.

The first distribution of the Philadelphia Medicaid Prescriber Dashboard reports was circulated to over 2,600 prescribers on December 29, 2017. Along with the report were supporting documents, including an introductory letter to the prescriber, a dashboard technical assistance guide and the Philadelphia

guidelines for opioid prescribing. Distribution will occur on a biannual basis until the State has implemented their version of a monitoring program. The next distribution is scheduled for July 2018.

One of the major benefits expected from the adoption of the Philadelphia Medicaid Prescriber Dashboard is an increased provider awareness of prescribing behavior. The use of dashboard reports is a promising practice that not only provides an opportunity for self-examination of a prescriber's practice as it pertains to their prescribing of controlled substances, but also provides a more efficient method for reviewing patient prescription histories and associated risk.

- 3. Councilwoman Reynolds-Brown:** Please provide the M/W/DSBE participation rate for all professional services for DBHIDS, including the professional services contracted by your providers.

Response: Forthcoming- May 15

- 4. Councilwoman Parker:** Please provide the race and gender of the leadership and staff of your 177 providers (and codify non-profit vs for-profit).

Response: Forthcoming- May 15

- 5. Councilwoman Parker:** Please provide the dollar amount given to the 177 providers, but especially the 81 M/W/DSBE providers (and codify non-profit vs for-profit).

Response: Forthcoming- May 15

If you have any additional questions, please feel free to contact my office.

Thank you,



David T. Jones
Commissioner