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COUNTY

<u>Alameda</u>

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims:  $\underline{461}$ 

Percentage Out of Compliance: 57%

LINE #	AID CODE	PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
1	6h		1/3/2013	18	30	105	\$327.60	\$163.80	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
1	6h	ai ai	1/8/2013	18	30	100	\$312.00	\$156.00	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
1	6h		1/15/2013	18	30	120	\$374.40	\$187.20	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
1	6h		1/29/2013	18	01	45	\$137.25	\$68.62	4,3	Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
1	6h		2/11/2013	18	60	20	\$160.20	\$80.10	4,3	Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
1	6h		2/13/2013	18	30	100	<b>\$312.00</b>	\$156.00	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
1	6h		2/26/2013	18	30	135	\$421.20	\$210.60	6,7,9	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
1	6h		3/14/2013	18	01	105	\$320.25	\$160.12	16,3,4	Solely transportation	Solely transportation and did not address MH condition.
1	6h		3/26/2013	18	30	120	\$374.40	\$187.20	4,3,6,7	Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
2	60	3	2/6/2013	18	30	25	\$78.00	\$39.00		No service provided	Missed appointment

 SUBTOTALS:
 875
 \$2,817.30
 \$1,408.64

 TOTALS:
 875
 \$2,817.30
 \$1,408.64

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE	AID	PROVIDER	DATE OF	MODE	SERVICE			1		Tout of Compliance	
#	CODE	NUMBER	SERVICE	IMODE		UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
2	60	· ·	2/14/2013	18	30	80	\$249.60	\$124.80	3,4	Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/2/2013	18	30	83	\$216.63	\$108.32	3,4,16	Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/10/2013	18	01	74	\$149.48	\$74.74	17,3	Solely Clerical	Solely clerical and did not address MH condition.
3	60		1/11/2013	18	30	20	\$62.40	\$31.20		Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/11/2013	18	30	25	\$78.00	\$39.00	3,4	Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/11/2013	18	30	10	\$31.20	\$15.60		Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/11/2013	18	30	15	\$46.80	\$23.40		Intervention does not address mental health condition	The documented intervention does not mee medical necessity.
3	60		1/12/2013	18	60	15	\$50.85	\$25.43		No beneficiary participation CP	No beneficiary signature on CP as required per by MHP
3	60	-	1/15/2013	18	01	15	\$30.30	\$15.15		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
3	60		1/15/2013	18	30	10	\$31.20	\$15.60		ntervention does not address mental health	The documented intervention does not meet medical necessity.
				SI	JBTOTALS:	347	\$946.46	\$473.24			modical necessity.

\$946.46 \$473.24 TOTALS: 1222 \$3,763.76 \$1,881.88

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: <u>461</u> Percentage Out of Compliance: <u>57%</u>

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT#	REASON FOR RECOUPMENT	FINDINGS
3	60		1/15/2013	18	30	10	\$31.20	\$15.60	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
3	60		1/18/2013	18	30	80	\$249.60	\$124.80	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
3	60		1/23/2013	18	01	83	\$167.66	\$83.83	11,4,3	Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
3	60		2/6/2013	18	01	127	\$256.54	\$128.27		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
3	60		2/19/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented. No psychotherapy provided.
3	60		2/20/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented. No psychotherapy provided.
3	60		2/25/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented.
3	60		2/26/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented.
3	60		2/28/2013	18	85	11	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented.
3	60		3/1/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided, or documented.
				S	UBTOTALS:	306	\$1,919,58	\$959.82			

 SUBTOTALS:
 306
 \$1,919.58
 \$959.82

 TOTALS:
 1528
 \$5,683.34
 \$2,841.70

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

		r		Т						·	
LINE #	AID CODE	PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
3	60		3/5/2013	12	20	20	\$1,941.80	\$970.90	10	Time claimed greater than documented	Excessive billing for the service provided.
3	60		3/26/2013	18	30	45	\$117.45	\$58.73	11	Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
4	3N		2/11/2013	18	30	60	\$187.20	\$93.60	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
4	3N		2/21/2013	18	30	15	\$46.80	\$23.40	·	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
4	3N		2/25/2013	18	30	25	\$78.00	\$39.00		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
5	60		1/3/2013	18	30	45	\$140.40	\$120.20		CP not completed at least on an annual	
5	60		2/14/2013	18	30	45	\$140.40	\$120.20		CP not completed at least on an annual	Intervention claimed not on updated CP.
5	60		2/26/2013	18	01	45	\$137.25			Intervention would not diminish impairment or	Intervention claimed not on updated CP.  The documented intervention does not meet
5	60		3/28/2013	18				\$68.62		Intervention would not	medical necessity.
			5,26,2013	10	60	15	\$120.15	\$60.07	4,3	prevent deterioration	The documented intervention does not meet medical necessity.  Required service components and # of hours
6	3N		2/28/2013	18	85	1	\$202.43	\$101.22	19,15		for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
				SI	JBTOTALS:	316	\$3,111.88	\$1,655.94			The Market of Market State Control of the Control o

SUBTOTALS: 316 TOTALS: 1844

\$1,655.94 \$8,795.22 \$4,497.64

COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

2013-14

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Percentage Out of Compliance: 57%

LINE #	AID CODE	PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
6	3N		3/1/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/6/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/7/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/8/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	60		3/11/2013	18	30	60	\$187.20	\$93.60	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
6	3N		3/13/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	60		3/14/2016	18	30	180	\$561.60	\$280.80	3,4	intervention does not address mental health condition	The documented intervention does not meet medical necessity.
6	3N		3/15/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/18/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/19/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hours for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
				S	UBTOTALS:	248	\$2,368.24	\$1,184.16			Todaireacht,

TOTALS: 2092 \$11,163.46 \$5,681.80

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED FFP	RECOUP MENT #		FINDINGS
6	3N		3/20/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hour for DTI not scheduled, provided, or documented. No staff signature (or electronic equivalent).
6	3N		3/22/2013	18	85	1	\$202.43	\$101.22	19,15	No service provided	Required service components and # of hour for DTI not scheduled, provided, or documented. No staff signature (or electroni equivalent).
6	60		3/28/2013	18	30	240	\$748.80	\$374.40	4,3	Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
7	60		1/3/2013	18	30	30	\$93.60	\$46.80	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
7	60		1/7/2013	18	30	30	\$93.60	\$46.80	3,4,9,6	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
7	60		1/31/2013	18	30	30	\$93.60	\$46.80		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
7	60		2/1/2013	18	01	240	\$732.00	\$366.00		No beneficiary participation CP	Beneficiary signature required on CP per Contract and by MHP but late. (i.e. after date the service was provided)
7	60		2/13/2013	18	01	120	\$366.00	\$183.00		No beneficiary participation CP	Beneficiary signature required on CP per Contract and by MHP but late. (i.e. after date the service was provided)
7	60		2/19/2013	18	01	30	\$91.50	\$45.75		No beneficiary	Beneficiary signature required on CP per Contract and by MHP but late. (i.e. after date the service was provided)
7	60		2/20/2013	18	30	30	\$93.60	\$46.80		No beneficiary	Beneficiary signature required on CP per Contract and by MHP but late. (i.e. after date the service was provided)
				SU	JBTOTALS:	752	\$2,717.56	\$1,358.79			provided in the provided in th

SUBTOTALS: 752 \$2,717.56 \$1,358.79
TOTALS: 2844 \$13,881.02 \$7,040.59

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: <u>461</u> Percentage Out of Compliance: <u>57%</u>

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
7	60		2/20/2013	18	60	45	\$360.45	\$180.22	7	No beneficiary participation CP	Beneficiary signature required on CP per Contract and by MHP but late. (i.e. after date the service was provided)
7	60		3/7/2013	18	30	30	\$93.60	\$46.80	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
8	60		1/2/2013	18	30	20	\$62.40	\$31.20	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
88	60		1/10/2013	18	30	140	\$436.80	\$218.40		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
8	60		2/28/2013	18	30	80	\$249.60	\$124.80		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
8	60		2/28/2013	18	30	85	\$265.20	\$132.60		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
8	60		3/1/2013	18	30	50	\$156.00	\$78.00		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
8	60		3/4/2013	18	30	20	\$62.40	\$31.20		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
8	60		3/7/2013	18	30	75	\$234.00	\$117.00		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
8	60		3/13/2013	18	30	20	\$62.40	\$31.20		Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet
				S	UBTOTALS:	565	\$1,982.85	\$991.42	7,0	breverit defectoration	medical necessity.

 SUBTOTALS:
 565
 \$1,982.85
 \$991.42

 TOTALS:
 3409
 \$15,863.87
 \$8,032.01

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE	AID	PROVIDER	DATE OF	MODE	SERVICE	11811900			39	e Out of Compliance	. <u>91 /0</u>
#		NUMBER	SERVICE	MODE	FUNCTION	UNITS	AMOUNT	RECOUPED	RECOUP	- REASON FOR	FINDINGS
			DERTIFIC		FUNCTION	RECOUPED	PAID	(FFP@50.00%)	MENT#		FINDINGS
8	60		3/13/2013	18	30	20	\$62.40	\$31.20	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
9	60		2/5/2013	18	30	98	\$255.78	\$127.89	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/11/2013	18	30	15	\$39.15	\$19.57	7,3,4	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/12/2013	18	30	15	\$39.15	\$19.57	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/14/2013	18	30	20	\$52.20	\$26.10	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/14/2013	18	30	75	\$195.75	\$97.87		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/21/2013	18	30	100	\$261.00	\$130.50		no beneficially	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/27/2013	18	60	15	\$72.30	\$36.15		140 Delicitially	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/28/2013	18	30	15	\$39.15	\$19.57		No beneficiary	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		2/28/2013	18	30	115	\$300.15	\$150.07		No beneficiary	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
				SU	JBTOTALS:	488	\$1,317.03	\$658.49	T		
					TOTALO	200=		¥000.73			

\$658.49 TOTALS: 3897 \$17,180.90 \$8,690.50

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Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE		PROVIDER	DATE OF	MODE	SERVICE	UNITS	AMOUNT	DECOURSE		- Out of Comphanic	. <u>9770</u>
#	CODE	NUMBER	SERVICE			RECOUPED	PAID	RECOUPED	RECOUP-		
						ALGOOFED	PAID	(FFP@50.00%)	MENT #	RECOUPMENT	FINDINGS
9	60		3/1/2013	18	01	26	\$52.52	\$26.26	7,4,3	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/1/2013	18	30	. 39	\$101.79	\$50.89	7,4,3	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/1/2013	18	30	26	\$67.86	\$33.93		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/7/2013	18	30	115	\$300.15	\$150.07		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/8/2013	18	30	25	\$62.25	\$32.62		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/12/2013	18	01	40	\$80.80	\$40.40		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/12/2013	18	30	110	\$287.10	\$143.55		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/21/2013	18	30	20	\$52.20	\$26.10		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/25/2013	12	20	20	\$1,941.80	\$970.90	10	Time claimed greater than documented	Excessive billing for the service provided.
9	60		3/25/2013	18	30	20	\$52.20	\$26.10		No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
				S	UBTOTALS:	441	\$2,998.67	\$1,500.82			

 JBTOTALS:
 441
 \$2,998.67
 \$1,500.82

 TOTALS:
 4338
 \$20,179.57
 \$10,191.32

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS	AMOUNT	RECOUPED	RECOUP-	REASON FOR	
					FONCTION	RECOUPED	PAID	(FFP@50.00%)	MENT #	RECOUPMENT	FINDINGS
9	60		3/26/2013	18	30	40	\$104.40	\$52.20	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/26/2013	18	30	130	\$339.30	\$169.65	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
9	60		3/26/2013	18	60	35	\$168.70	\$168.70	7	No beneficiary participation CP	Beneficiary's participation and agreement to CP late. (i.e. after date the service was provided)
10	60		1/2/2013	18	01	10	\$20.00	\$10.00	19d,6,3,4	Service provided is outside provider's scope of practice	Targeted case management services were claimed for MHS staff doing vital signs at th Medication Clinic.
10	60		1/4/2013	18	01	60	\$183.00	\$91.50		CP not completed at least on an annual basis	Lapse of coverage between CPs.
10	60		1/8/2013	18	01	15	\$45.75	\$22.88		CP not completed at least ол an annual basis	Lapse of coverage between CPs.
10	60		1/10/2013	18	01	30	\$91.50	\$45.75		CP not completed at least on an annual basis	Lapse of coverage between CPs.
10	60		1/14/2013	18	01	80	\$244.00	\$122.00	[	CP not completed at least on an annual basis	Lapse of coverage between CPs.
10	60		1/15/2013	18	01	60	\$183.00	\$91.50	[	CP not completed at least on an annual basis	Lapse of coverage between CPs.
10	60		1/17/2013	18	01	60	\$183.00	\$91.50		CP not completed at east on an annual pasis	Lapse of coverage between CPs.
				SI	JBTOTALS:	520	\$1,562.65	\$865.68			

TOTALS: 4858 \$21,742.22 \$11,057.00

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COUNTY

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**REVIEW PERIOD** 

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January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE	AID	PROVIDER		Lean					Percentag	e Out of Compliance	e: <u>57%</u>
#	CODE	NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS	AMOUNT	RECOUPED	RECOUP	REASON FOR	
					PONCHON	RECOUPED	PAID	(FFP@50.00%)	MENT#	I MANOON FUR	FINDINGS
10	60		1/22/2013	18	01	120	\$366.00	\$183.00	6.7	CP not completed at least on an annual basis	
10	60		1/22/2013	18	30	90	\$280.80			CP not completed at least on an annual	Lapse of coverage between CPs.
10	60		1/25/2013	18	30	00		7.10.10	6,7	CP not completed at	Lapse of coverage between CPs.
				10	30	90	\$280.80	\$140.40	6,7	least on an annual basis	Lapse of coverage between CPs.
10	60		1/30/2013	18	01	15	\$30.00	\$15.00	19d,6,3.4	Service provided is outside provider's scope of practice	Targeted case management services were claimed for MHS staff doing vital signs at the Medication Clinic.
10	60		2/1/2013	18	30	30	\$77.40	\$38.70		CP not completed at least on an annual basis	
10	60		2/6/2013	18	30	30	\$93.60	\$46.80		CP not completed at least on an annual	Lapse of coverage between CPs.
10	60		2/7/2013	18	30	70	\$218.40			basis CP not completed at least on an annual	Lapse of coverage between CPs.
10	60		2/8/2013	18	01	20		\$109.20		basis CP not completed at least on an annual	Lapse of coverage between CPs.
10	60		2/15/2012				\$61.00	\$30.50	6,7	basis CP not completed at	Lapse of coverage between CPs.
			2/15/2013	18	30	160	\$499.20	\$249.60	6,7	least on an annual basis	Lapse of coverage between CPs.
10	60		2/19/2013	18	30	105	\$327.60	\$163.80		east on an annual	
				SI	JBTOTALS:	730	\$2,234.80	\$1,117.40			Lapse of coverage between CPs.
					TOTALS:	5588	\$23,977.02	\$12,174.40			-

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #	ă .	PROVIDER NUMBER	DATE OF SERVICE	MODE		UNITS RECOUPED	AMOUNT PAID	RECOUPED	RECOUP	1	FINDINGS
					· onomon	KEGOOFED	PAID	(FFP@50.00%)	MENT#		FINDINGS
10	60		2/25/2013	18	01	180	\$549.00	\$274.50	6,7	CP not completed at least on an annual basis	Lapse of coverage between CPs.
10	60		2/27/2013	18	01	15	\$30.00	\$15.00	19	Service provided is outside provider's scope of practice	Targeted case management services were claimed for MHS staff doing vital signs at the Medication Clinic.
10	60		2/27/2013	18	60	15	\$71.40	\$35.70	9	No progress note (PN)	SMHS claimed does not match type of SMHS documented.
10	60		2/27/2013	18	01	15	\$45.75	\$22.88	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
10	60		2/27/2013	18	30	2	\$3.67	\$1.84	9,6,7	No progress note (PN)	SMHS claimed does not match type of SMHS documented.
10	60		2/27/2013	18	60	16	\$76.16	\$38.08	9	No progress note (PN)	SMHS claimed does not match type of SMHS documented.
10	60		2/28/2013	18	30	15	\$38.70	\$19.35		Solely Clerical	Solely clerical and did not address MH condition.
10	60		3/14/2013	18	01	150	\$457.50	\$228.75		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
10	60		3/26/2013	18	60	15	\$71.40	\$35.70	[	CP not completed at east on an annual	Intervention claimed not on updated CP
10	60		3/27/2013	18	01	15	\$30.00	\$15.00		Service provided is outside provider's	Targeted case management services were claimed for MHS staff doing vital signs at the Medication Clinic.
				SL	BTOTALS:	438	\$1,373,58	\$686.80			Total Country of the

TOTALS: 438

\$1,373.58 \$686.80 \$25,350.60 \$12,861.20

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: <u>461</u>
Percentage Out of Compliance: <u>57%</u>

LINE		PROVIDER		MODE	SERVICE	UNITS	AMOUNT	RECOUPED	RECOUP	REASON FOR	T T
#	CODE	NUMBER	SERVICE		FUNCTION	RECOUPED	PAID	(FFP@50.00%)	MENT#	RECOUPMENT	FINDINGS
10	60		3/27/2013	18	30	16	\$71.40	\$35.70	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
10	60		3/28/2013	18	01	120	\$366.00	\$183.00	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
11	7J		1/3/2013	18	30	105	\$327.60	\$163.80	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		1/22/2013	18	30	50	\$156.00	\$78.00	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		1/31/2013	18	30	40	\$124.80	\$62.40	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		2/7/2013	18	30	40	\$124.80	\$62.40	5,4,3,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J	_	2/8/2013	18	60	35	\$280.35	\$140.18	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		3/4/2013	18	30	45	\$140.40	\$70.20	5,4,3,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J	_	3/5/2013	18	60	150	\$1,201.50	\$600.75	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		3/6/2013	18	30	165	\$514.80	\$514.80	5,4,3,7		No initial CP and staff unable to locate it in the medical record.
				0	UBTOTALS:	766	\$3 307 65	\$1 911 23			and the state of t

 SUBTOTALS:
 766
 \$3,307.65
 \$1,911.23

 TOTALS:
 6792
 \$28,658.25
 \$14,772.43

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #		FINDINGS
								(111 @30.0076)	WENT#	RECOUPMENT	THE INGS
11	7J		3/14/2013	18	30	75	\$234.00	\$117.00	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the medical record.
11	7J		3/28/2013	18	30	90	\$280.80	\$140.40	5,7	Initial CP not completed within timelines	No initial CP and staff unable to locate it in the
12	60		1/3/2013	18	30	195	\$421.20	\$210.60	13	Solely vocational	Solely vocational and did not address MH condition.
12	60		1/8/2013	18	30	164	\$354.24	\$177.12	9	No progress note (PN)	SMHS claimed does not match type of SMHS documented.
12	60		1/10/2013	18	30	104	\$224.64	\$112.32			SMHS claimed does not match type of SMHS documented.
12	60	- <u> </u>	1/11/2013	18	30	167	\$360.72	\$180.36	9	No progress note (PN)	SMHS claimed does not match type of SMHS documented.
12	60		1/31/2013	18	30	45	\$140.40	\$70.20		CP not completed at least on an annual basis	Intervention claimed not on updated CP.
12	60		2/14/2013	18	30	135	\$291.60	\$145.80	9		SMHS claimed does not match type of SMHS documented.
12	60		2/28/2013	18	30	23	\$49.68	\$24.84			SMHS claimed does not match type of SMHS documented.
12	60		3/8/2013	18	30	137	\$295.92	\$147.96			SMHS claimed does not match type of SMHS documented.
				SL	BTOTALS:	1135	\$2,653.20	\$1,326,60			

 SUBTOTALS:
 1135
 \$2,653.20
 \$1,326.60

 TOTALS:
 7927
 \$31,311.45
 \$16,099.03

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP- MENT #	REASON FOR RECOUPMENT	FINDINGS
12	60		3/28/2013	18	30	52	\$112.32	\$56.16	18,3	Solely Payee	Solely payee and did not address MH condition.
12	60		3/28/2013	18	30	60	\$129.60	\$64.80	13	Solely vocational	Solely vocational and did not address MH condition.
13	60		1/2/2013	18	01	30	\$91.50	\$45.75	18,4,3	Solely Payee	Solety payee and did not address MH condition.
13	60		1/3/2013	18	01	20	\$61.00	\$30.50	18,4,3	Solely Payee	Solely payee and did not address MH condition.
13	60		1/4/2013	18	30	20	\$62.40	\$31.20	6,18,4,3,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		1/8/2013	18	01	45	\$137.25	\$68.62	18,4,3	Solely Payee	Solety payee and did not address MH condition.
13	60		1/10/2013	18	30	20	\$62.40	\$31.20	6,4,3,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		1/22/2013	18	30	20	\$62.40	\$31.20		CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		1/24/2013	18	01	240	\$732.00	\$366.00	18,4,3	Solely Payee	Solely payee and did not address MH condition.
13	60		1/29/2013	18	01	45	\$137.25	\$68.62	18,4,3	Solely Payee	Solety payee and did not address MH condition.

SUBTOTALS: 552 \$1,588.12 \$794.05 TOTALS: 8479 \$32,899.57 \$16,893.08

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED	RECOUR		
						112000, 20	FAID	(FFP@50.00%)	MENT #	11-1001 1012111	FINDINGS
13	60		1/30/2013	18	30	20	\$62.40	\$31.20	6,4,3,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		2/19/2013	18	01	90	\$274.50	\$137.25	18,3	Solely Payee	Solely payee and did not address MH condition.
13	60		2/21/2013	18	30	20	\$62.40	\$31.20	6,18,3,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		2/22/2013	18	01	15	\$45.75	\$22.87	18,3	Solely Payee	Solely payee and did not address MH condition.
13	60		3/1/2013	18	30	20	\$62.40	\$31.20	6,4,3,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
13	60		3/19/2013	18	30	60	\$187.20	\$93.60	6,7	CP not completed at least on an annual basis	Intervention claimed not on updated CP
14	60		1/7/2013	12	20	20	\$1,941.80	\$970.90	10	Time claimed greater than documented	Excessive billing for the service provided
14	60	- 4	1/15/2013	18	30	54	\$140.94	\$70.47		Group activity not properly apportioned	Inaccurate calculation
14	60		1/22/2013	18	30	66	\$172.26	\$86.13		Group activity not properly apportioned	Inaccurate calculation
14	60		1/29/2013	18	30	165	\$430.65			Time claimed greater	
				SU	BTOTALS:	530	\$3,380.30	\$1,690.14	2/11/2		Excessive billing for the service provided

SUBTOTALS: 530 \$3,380.30 \$1,690.14 TOTALS: 9009 \$36,279.87 \$18,583.22

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COUNTY

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**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #	,	FINDINGS
14	60		2/5/2013	18	30	63	\$164.43			Group activity not properly apportioned	Inaccurate calculation
14	60		2/12/2013	18	30	56	<b>\$146</b> .16	\$73.08	14	Group activity not properly apportioned	Inaccurate calculation
14	60		2/21/2013	18	30	62	\$161.82	\$80.91	14,3,4	Group activity not properly apportioned	Inaccurate calculation
14	60		2/28/2013	18	30	62	\$161.82	\$80.91	14	Group activity not properly apportioned	Inaccurate calculation
14	60		3/5/2013	18	30	64	\$30.30	\$15.15	14	Group activity not properly apportioned	Inaccurate calculation
14	60		3/12/2013	18	30	75	\$195.75	\$97.87	14	Group activity not properly apportioned	Inaccurate calculation
14	60		3/19/2013	18	30	75	\$195.75	\$97.87		Group activity not properly apportioned	Inaccurate calculation
14	60		3/21/2013	18	30	\$80.	\$208.80	\$104.40		Group activity not properly apportioned	Inaccurate calculation
14	60		3/26/2013	18	30	65	\$169.65	\$84.82		Group activity not properly apportioned	Inaccurate calculation
14	60		3/27/2013	18	30	55	\$143.55	\$71.77		Group activity not properly apportioned	Inaccurate calculation
				SI	JBTOTALS:	657	\$1,578.03	\$788.99			

TOTALS: 657 \$1,578.03 \$788.99 TOTALS: 9666 \$37,857.90 \$19,372.21

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE		PROVIDER		MODE	SERVICE	UNITS	AMOUNT	RECOUPED	RECOUP	- REASON FOR	1
#	CODE	NUMBER	SERVICE		FUNCTION	RECOUPED	PAID	(FFP@50.00%)	MENT #		FINDINGS
15	60		1/3/2013	18	30	15	\$46.80	\$23.40	4,3,6,7	Intervention would not diminish impairment or prevent deterioration	The documented intervention does not meet medical necessity.
15	60		1/8/2013	18	60	55	\$265.10	\$132.55	9	No progress note (PN)	No PN and MHP staff unable to locate it in medical record.
15	60	-	1/10/2013	18	30	90	\$280.80	\$140.40	6,7,3	CP not completed at least on an annual basis	Intervention claimed not on updated CP.
15	60		1/25/2013	12	20	20	\$1,941.80	\$970.90	1	Diagnosis not eligible per Title 9	Diagnosistic assessment not signed by MD
15	60		1/25/2013	18	60	30	\$144.60	\$72.30	11,3,4	Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
15	60		1/28/2013	18	30	20	\$62.40	\$31.20	11,3,4,6, 7	Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
15	60		1/30/2013	18	30	20	\$62.40	\$31.20		Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
15	60		1/31/2013	18	30	20	\$62.40	\$31.20	11,3,4,6, 7	Beneficiary in IMD, jail, other similar settings	Beneficiary resided in a setting subject to lockouts.
15	60		2/1/2013	18	30	60	\$187.20	\$93.60		CP not completed at least on an annual basis	Intervention claimed not on updated CP.
15	60		2/4/2013	18	30	20	\$62.40	\$31.20	i	Intervention would not diminish impairment or	The documented intervention does not meet medical necessity.
				SI	JBTOTALS:	350	\$3,115,90	\$1 557 95			

 SUBTOTALS:
 350
 \$3,115.90
 \$1,557.95

 TOTALS:
 10,016
 \$40,973.80
 \$20,930.16

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE AID PROVIDER DATE OF MODE SERVICE UNITS **AMOUNT** RECOUPED RECOUP-**REASON FOR** # CODE NUMBER **SERVICE FINDINGS FUNCTION** RECOUPED PAID (FFP@50.00%) MENT# RECOUPMENT CP not completed at least on an annual 15 60 2/11/2013 18 30 110 \$343.20 \$171.60 6.7 basis Intervention claimed not on updated CP. 18,4,3,6, Solely payee and did not address MH 15 60 2/12/2013 18 30 110 \$343.20 \$171.60 Solely Payee condition. No PN and MHP staff unable to locate it in 15 60 2/12/2013 18 30 110 \$343.20 \$171.6 9 No progress note (PN) medical record. Solely payee and did not address MH 15 60 2/19/2013 18 30 110 \$343.20 \$171.60 18,6,7 Solely Payee condition. CP not completed at least on an annual 15 60 2/25/2013 18 30 110 \$343.20 \$171.60 6,7 basis Intervention claimed not on updated CP. 19,4,3,18, 15 60 3/5/2013 18 30 80 \$249.60 \$124.80 6,7 No service provided Missed appointment CP not completed at least on an annual 15 60 3/7/2013 18 30 35 \$109.20 \$54.60 6,7 basis Intervention claimed not on updated CP. Intervention does not address mental health The documented intervention does not meet 15 60 3/11/2013 18 30 100 \$312.00 \$156.00 3,4,6,7 condition medical necessity. Solely payee and did not address MH 15 60 3/12/2013 18 30 110 \$343.20 \$171.60 18,6,7 | Solely Payee condition.

 SUBTOTALS:
 875
 \$2,730.00
 \$1,365.00

 TOTALS:
 10,891
 \$43,703.80
 \$22,295.16

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER		MODE		UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #		FINDINGS
15	60		3/18/2013	18	30	100	\$312.00			CP not completed at least on an annual basis	Intervention claimed not on updated CP.
15	60		3/19/2013	18	30	110	\$343.20	\$171.60	18,6,7	Solely Payee	Solely payee and did not address MH condition.
15	60		3/25/2013	18	30	70	\$218.40	\$109.20	3,4,6,7	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
16	60		1/11/2013	18	30	52	\$38.48	\$19.24		Solely vocational	Solefy vocational and did not address MH condition.
16	60		1/16/2013	18	30	60	\$187.20	\$93.60	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
16	60		1/25/2013	18	30	55	\$40.70	\$20.35	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
16	60		2/5/2013	18	30	30	\$93.60	\$46.80	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
16	60		2/5/2013	18	30	60	\$187.20	\$93.60	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
16	60		2/15/2013	18	30	60	\$44.40	\$22.20			Solely vocational and did not address MH condition.
16	60		3/1/2013	18	30	48	\$35.52	\$17.76			Solely vocational and did not address MH condition.
				St	BTOTALS:	645	\$1,500.70	\$750.35			

TOTALS: 11,536 \$45,204.50 \$23,045.51

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**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #	REASON FOR RECOUPMENT	FINDINGS
16	60		3/8/2013	18	30	55	\$40.70	\$20.35		Solely vocational	Solely vocational and did not address MH condition.
16	60		3/11/2013	18	30	90	\$66.60	\$33.30		Solely vocational	Solely vocational and did not address MH condition.
16	60		3/18/2013	18	30	15	\$11.10	\$5.55	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
16	60		3/22/2013	18	30	26	\$19.24	\$9.62	13,6,7	Solely vocational	Solely vocational and did not address MH condition.
17	60		1/11/2013	18	30	115	\$236.90	\$118.42		Service provided is outside provider's scope of practice	Mental Health services were provided by a Peer Mentor.
17	60		1/26/2013	12	20	20	\$1,941.80	\$970.90		Time claimed greater than documented	Excessive billing for the service provided.
17	60		1/31/2013	18	30	220	\$574.20	\$287.10		Service provided is outside provider's scope of practice	Mental Health services were provided by a Peer Mentor.
17	60		2/7/2013	18	01	167	\$280.56	\$140.28	9	No progress note (PN)	No PN and MHP staff unable to locate it in medical record
17	60		3/27/2013	18	30	180	\$370.80	\$185.40		Service provided is outside provider's scope of practice	Mental Health services were provided by a Peer Mentor.
18	3		2/26/2013	18	01	35	\$106.75	\$53.38		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
				SI	JBTOTALS:	923	\$3 648 65	\$4 924 20			

SUBTOTALS: 923 \$3,648.65 \$1,824.30 TOTALS: 12,459 \$48,853.15 \$24,869.81

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Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #	CODE	PROVIDER NUMBER	DATE OF SERVICE	MODE		UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #	REASON FOR RECOUPMENT	FINDINGS
19	60		1/31/2013	18	85	1	\$202.43		19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60		2/5/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60		2/6/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60		2/7/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60	_	2/8/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60	_	2/11/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60		2/12/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60		2/13/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for DTI not scheduled, provided or documented.
19	60	_	2/19/2013	18	01	45	\$137.25	\$68.63	17,3	Solely Clerical	Solety clerical and did not address MH condition.
19	60		2/27/2013	18	30	60	\$187.20	\$93.60		Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
				SI	UBTOTALS:	113	\$1,943,89	\$071.00			

 UBTOTALS:
 113
 \$1,943.89
 \$971.99

 TOTALS:
 12,572
 \$50,797.04
 \$25,841.80

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COUNTY

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**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE #		PROVIDER		MODE		UNITS	AMOUNT	RECOUPED	RECOUP	REASON FOR	
#	CODE	NUMBER	SERVICE		FUNCTION	RECOUPED	PAID	(FFP@50.00%)	MENT#	RECOUPMENT	FINDINGS
19	60		2/27/2013	18	01	90	\$274.50	\$137.25	16,3,4	Solely transportation	Solely transportation and did not address MH condition.
19	60		2/27/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		2/28/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/1/2013	18	85	1	\$202.43	\$101.22	19_	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/4/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60	;	3/6/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/6/2013	18	30	90	\$280.80	\$140.40	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
19	60	-	3/7/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/8/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60	_ '	3/11/2013	18	85	1	\$202.43	\$101.22	19		Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/12/2013	18	85	1	\$202.43	\$101.22	19		Required # of hours for Day Tx Intensive not scheduled, provided or documented.
				SI	UBTOTALS:	189	\$2,377.17	\$1,188,63			The state of the s

 SUBTOTALS:
 189
 \$2,377.17
 \$1,188.63

 TOTALS:
 12,761
 \$53,174.21
 \$27,030.43

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Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE	SERVICE FUNCTION	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #	1 10 0111 011	FINDINGS
19	60		3/13/2013	18	85	1	\$202.43			7,100	Required # of hours for Day Tx Intensive not
						·	Ψ202.43	\$101.22	19	No service provided	scheduled, provided or documented.
19	60		3/18/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/19/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/20/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/21/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/22/2013	18	85	1	\$202.43	\$101.22	19	No service provided	Required # of hours for Day Tx Intensive not scheduled, provided or documented.
19	60		3/22/2013	18	01	35	\$106.75	\$53.38	3,4	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
19	60		3/22/2013	18	30	135	\$421.20	\$210.60	3,4,16	Intervention does not address mental health condition	The documented intervention does not meet medical necessity.
20	60	_	1/8/2013	18	30	238	\$704.48	\$352.24		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/9/2013	18	30	25	\$74.00			CP not completed at least on an annual	
	SUBTOTALS:						\$2.521.01	\$4 260 64	6,3,4,10	Dasis	Lapse of coverage between CPs.

 SUBTOTALS:
 439
 \$2,521.01
 \$1,260.54

 TOTALS:
 13,200
 \$55,695.22
 \$28,290.97

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**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE #	AID CODE	PROVIDER NUMBER	DATE OF SERVICE	MODE		UNITS RECOUPED	AMOUNT PAID	RECOUPED	RECOUP-		FINDINGS
					3 3 3 3 3 3	INEGGOI EB	PAID	(FFP@50.00%)	MENT#	RECOUPMENT	TIADINGS
20	60		1/9/2013	18	30	20	\$59.20	\$29.60	6,3,4,10	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/9/2013	18	30	20	\$59.20	\$29.60	6,3,4,10	CP not completed at least on an annual basis	
20	60		1/9/2013	18	30	20	\$59.20		6,3,4,10	CP not completed at least on an annual	Lapse of coverage between CPs.
20	60		1/9/2013	18	30	20	\$59.20		6,3,4,10	CP not completed at least on an annual	Lapse of coverage between CPs.  Lapse of coverage between CPs.
20	60		1/9/2013	18	30	20	\$59.20		6,3,4,10	CP not completed at	Lapse of coverage between CPs.
20	60	_	1/9/2013	18	30	20	\$59.20			CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/16/2013	18	30	32	\$94.72	\$47.36		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	_	1/16/2013	18	30	25	\$74.00	\$37.00		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	_	1/16/2013	18	30	25	\$74.00	\$37.00	_	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	- · · · .	1/16/2013	18	30	25	\$74.00	\$37.00		CP not completed at least on an annual basis	
				SI	UBTOTALS:	227	\$671.92	\$335.96	district the same		Lapse of coverage between CPs.

 SUBTOTALS:
 227
 \$671.92
 \$335.96

 TOTALS:
 13,427
 \$56,367.14
 \$28,626.93

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Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461

Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER	DATE OF SERVICE	MODE		UNITS	AMOUNT PAID	RECOUPED (FFP@50.00%)	RECOUP MENT #		FINDINGS
20	60		1/16/2013	18	30	25	\$74.00		_	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/16/2013	18	30	25	\$74.00	\$37.00	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	-	1/16/2013	18	30	25	\$74.00	\$37.00	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/16/2013	18	30	25	\$74.00	\$37.00	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/18/2013	18	30	72	\$213.12	\$106.56	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	-	1/22/2013	18	30	50	\$148.00	\$74.00	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/22/2013	18	30	28	\$153.16	\$76.58		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/24/2013	18	30	30	\$88.80	\$44.40		CP not completed at least on an annual	Lapse of coverage between CPs.
20	60	_	1/28/2013	18	60	18	\$98.46	\$49.23		CP not completed at least on an annual	Lapse of coverage between CPs.
20	60		1/30/2013	18	30	36	\$106.56	\$53.28		CP not completed at east on an annual	Lapse of coverage between CPs.
	SUBTOTALS: 334 \$1.104.101							\$552.0E			

 SUBTOTALS:
 334
 \$1,104.10
 \$552.05

 TOTALS:
 13,761
 \$57,471.24
 \$29,178.98

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COUNTY

Alameda

**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE		PROVIDER		MODE	SERVICE	UNITS	AMOUNT	RECOUPED	RECOUP	- REASON FOR	
#	CODE	NUMBER	SERVICE		FUNCTION	RECOUPED	PAID	(FFP@50.00%)	MENT #		FINDINGS
20	60		1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs,
20	60		1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	1 8	1/30/2013	18	30	30	\$88.80	\$44.40	6	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		2/5/2013	18	30	255	\$754.80	\$377.40	10,9,4,3	Time claimed greater than documented	Excessive billing for the service provided.
20	60		2/6/2013	18	30	25	\$74.00	\$37.00	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60	_ ,	2/6/2013	18	30	20	\$59.20			CP not completed at least on an annual	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	20	<b>\$</b> 59.20			CP not completed at least on an annual	Lapse of coverage between CPs.
			-	SI	UBTOTALS:	500	\$1,480.00				The state of the s

UBTOTALS: 500 \$1,480.00 \$740.00 TOTALS: 14,261 \$58,951.24 \$29,918.98

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**REVIEW PERIOD** 

January 2013 through March 2013

**REVIEW DATES** 

January 13, 2014 through January 16, 2014

Total Number of Sample Claims: 461
Percentage Out of Compliance: 57%

LINE #		PROVIDER NUMBER		MODE	£	UNITS	AMOUNT	RECOUPED	RECOUP		
			02.(1.02	1	TONCTION	KECOUPED	PAID	(FFP@50.00%)	MENT#		FINDINGS
20	60		2/6/2013	18	30	20	\$59.20	\$29.60	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	20	\$59.20	\$29.60	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	20	\$59.20		6,10,4,3	CP not completed at least on an annual	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	20	\$59.20	\$29.60	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	20	\$59.20	\$29.60	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		2/6/2013	18	30	234	\$692.64	\$346.32	10,16, 6,3,4	Time claimed greater than documented	Excessive billing for the service provided.
20	60		2/6/2013	18	60	25	\$120.50	\$60.25	6,10,4,3	CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		3/7/2013	18	30	49	\$145.04	\$72.52		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		3/7/2013	18	30	72	\$213.12	\$106.56		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		3/18/2013	18	30	155	\$458.80	\$229.40		CP not completed at least on an annual basis	Lapse of coverage between CPs.
20	60		3/25/2013	18	30	93	\$275.28	\$137.64		CP not completed at least on an annual pasis	Lapse of coverage between CPs.
				SL	BTOTALS:	728	\$2,201.38	\$1 100 60			

TOTALS: 728 \$2,201.38 \$1,100.69 TOTALS: 14,989 \$61,152.62 \$31,019.67