ALAMEDA COUNTY Behavioral Health Care Services	**Date Approved:** 12/5/2016 **By:** _____ **Karyn Tribble, PsyD, LCSW** Interim BHCS Director
POLICY TITLE **Audit of Medical Charts of Providers for Services Funded by Medi-Cal and Non-Medi-Cal Sources**	**Policy No:** 1603-2-1 **Date of Original Approval:** 6/24/2011 **Date(s) of Revision(s):** 12/5/2016

PURPOSE

Alameda County Behavioral Health Care Services (BHCS) has the authority to conduct periodic audits of medical records to evaluate the level and quality of care, the necessity and appropriateness of services, and whether Federal, State, and County regulations and requirements are being met by both County-operated and contracted providers. The audits may be conducted as an on-site or off-site review. Audits are done both routinely and on an as-needed basis as a response to sentinel events, complaints and grievances.

AUTHORITY

Alameda County Behavioral Health Care Services' Mental Health Plan Agreement with the California Department of Health Care Services, Exhibit A, Attachment 1, Section 22: Quality Management Program, Section 23: Quality Improvement Program, and Section 24: Utilization Management Program.

SCOPE

All BHCS county-operated programs in addition to entities, individuals and programs providing mental health and substance use services under a contract or subcontract with BHCS.

POLICY

This policy establishes guidelines for auditing medical charts of providers, for services funded by Medi-Cal and non-Medi-Cal sources, by the BHCS Quality Assurance Office including, but not limited to, frequency of audits, quantity of charts to be audited, when a provider may be audited, and providers' responses to audits.

PROCEDURE

I. Audits of Providers Funded by Medi-Cal

A. System of Care Audits:

1. Audits of Medi-Cal Specialty Mental Health Services (SMHS) and Substance Use Disorders (SUD) services will be conducted (separately) by the BHCS Quality Assurance Office with the goal of doing so on a quarterly basis.

2. Audits will be conducted across the complete BHCS system of care (ie. specialty mental health or SUD)

3. The audit time frame is a 3-month period, referred to as "audit period," of Medi-Cal services delivered in the previous 6 - 9 months.
4. 20 - 100 Medi-Cal beneficiary episodes will be chosen randomly for each system audit.
5. Audits will provide both quality review and claims disallowances feedback.
    a. Feedback is given of compliance with the Quality Review Items (QRI) in the audit which represent BHCS and the California Department of Health Care Services (DHCS) service and documentation requirements. The QRI's can be found in the BHCS document: *Regulatory Compliance Tool*. See the BHCS Provider website http://www.acbhcs.org/providers/QA/docs/audit/Regulatory_Compliance.docx for the most current version.
    b. Additionally, some QRI's result in disallowances of claims. The reasons can be found in the document: *DHCS/ACBHCS Reasons for Recoupment*. See the BHCS Provider website http://www.acbhcs.org/providers/QA/docs/audit/DHCS_ACBHCS_Reasons_Recoupment.pdf for the most current version.
6. A system-wide audit report (across all providers and services provided) will identify trends across the BHCS system of care for the charts reviewed. Client and provider information shall be de-identified in the system-wide audit report.
7. Each provider will receive an individualized provider report with more specific feedback regarding their compliance with Quality Review Items and regarding their disallowed claims.
8. All efforts shall be made by BHCS to provide the audit report and individualized provider report in a timely manner. This time frame varies depending on the volume of charts reviewed for the specific audit.

B. Provider Specific Audits:

1. Provider specific audits may be performed routinely or may be triggered by an event such as results of any of the following:
    1. System of care audits
    2. Unusual occurence and/or death investigations
    3. Complaint(s) about a provider
    4. Consumer grievance and appeal investigations
2. Provider specific audits may either include a random sample of their clients over a given three-month period, or a 100% audit for a given time period depending upon the reason for the audit.
3. The provider will receive an audit report with feedback regarding their compliance with Quality Review Items and regarding their disallowed claims.
4. All efforts shall be made by BHCS to provide the audit report to the provider in a timely manner.

C. Plans Of Correction (POC)

1. If a provider had any audit claims disallowances, a Plan of Correction (POC) is required. A POC shall address the resolution of each of the items in the Quality Review section of the audit report and all issues noted in the claims review section.

2. A Plan of Correction shall include objectives, implementation measures and time frames. See the BHCS Provider Website at http://www.acbhcs.org/providers/QA/docs/audit/POC_QIP_Template.pdf for the most current version.
3. If a POC is required, the provider shall submit the POC to the BHCS Quality Assurance Office, per instructions in the provider audit report no later than thirty (30) calendar days from the date of the issuance of the provider report. If a provider intends to submit an appeal of any disallowed claims to to BHCS, the POC is due 30 days after the results of the appeal are issued.
4. After a POC is approved by the BHCS Quality Assurance Office, the provider shall send proof of implementation of the POC within calender 90 days.

D. Informal Appeal Of Denied Claims To BHCS

1. If a provider wishes to appeal any of the claims disallowed, they may do so by submitting an informal appeal letter in writing via certified US Mail, along with supporting documentation, postmarked within thirty (30) calendar days of the issue date of the audit report. E-mail submissions of appeals will not be accepted.
2. Any appeals postmarked beyond thirty (30) calendar days will not be reviewed and will be denied.
3. The appeal letter should be addressed to the Quality Assurance Administrator, Alameda County Behavioral Health Care Services, 2000 Embarcadero, Suite 400, Oakland, CA 94606.
4. BHCS shall respond to the informal appeal within sixty (60) days of the receipt of the appeal.

E. Appeal of Denied Claims to California DHCS (For non-County agencies only)

1. Per CA Code of Regulations, Title 9, 1850.350: in lieu of, or after, the informal appeal to BHCS the provider may choose to appeal directly to the California Department of Health Care Services (DHCS) in writing, along with supporting documentation, within sixty (60) calendar days from the date of receipt of BHCS's written audit report (or informal BHCS appeal findings) to the provider. Supporting documentation shall include, but not limited to: (1) Any documentation supporting allegations of timeliness, if at issue, including fax records, phone records or memos; (2) Clinical records supporting the existence of medical necessity if at issue; (3) A summary of reasons why the MHP should have approved the MHP payment authorization; and (4) A contact person(s) name, address and phone number.

2. Submit appeals to DHCS by email to MHSD-Appeals@dhcs.ca.gov (do not submit client private health information via e-mail) or by mail to:

John Leslie
Mental Health Services Division
Department of Health Care Services
POB 997413, MS 2702
Sacramento, CA 95899-7413

II. Audits of Providers Funded by Non-Medi-Cal Sources

A. Provider specific audits for services funded by sources other than Medi-Cal may be performed routinely or may be triggered by an event such as results of any of the following:
   1. Unusual occurrence and/or death investigations
   2. Complaint(s) about a provider
   3. Consumer grievance investigations

B. Provider specific audits may either include a random sample of their clients over a given three-month period, or a 100% audit for a given time period depending upon the reason for the audit.

C. Plans Of Correction (POC)
   1. If a provider has any adverse findings as a result of the audit, a Plan of Correction (POC) may be required. The POC shall address the resolution of each of the adverse findings.
   2. The Plan of Correction shall include objectives, implementation measures and time frames.
   3. The provider shall submit the POC to the BHCS Quality Assurance Office, per instructions in the audit report, no later than thirty (30) calendar days from the date of the issuance of the audit report. If a provider intends to submit an appeal of any disallowed claims to BHCS the POC is due 30 days after the results of the appeal are issued.
   4. After the POC is approved by the BHCS Quality Assurance Office, provider shall send proof of implementation of the POC within calender 90 days.

D. Appeal Of Denied Claims To BHCS

   1. If a provider wishes to appeal any of the claims disallowed, they may do so by submitting an appeal letter in writing via certified US Mail, along with supporting documentation, postmarked within thirty (30) calendar days of the issue date of the audit report. E-mail submissions of appeals will not be accepted.
   2. Any appeals postmarked beyond thirty (30) calendar days will not be reviewed and will be denied.
   3. The appeal letter should be addressed to the Quality Assurance Administrator, Alameda County Behavioral Health Care Services, 2000 Embarcadero, Suite 400, Oakland, CA 94606.
   4. ACBHCS shall respond to the informal appeal within sixty (60) days of the receipt of the appeal.

CONTACT

BHCS Office	Current as of	Email
Quality Assurance Office	November 2016	qaoffice@acbhcs.org

DISTRIBUTION

This policy will be distributed to the following:
- ACBHCS Staff
- ACBHCS County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Kyree Klimist, MFT, Quality Assurance Administrator
Original Date of Approval: 6/24/2011 by Marye Thomas, Behavioral Health Director
Date of Revision: 12/5/2016

Revise Author	Reason for Revise	Date of Approval by (Name)
Donna L. Fone, MFT, LPCC, QA Administrator and Tony Sanders, PsyD, QA Associate Administrator	Update policy to reflect current practice	12/5/2016 by Karyn Tribble, PsyD, LCSW, Interim BHCS Director

DEFINITIONS

Term	Definition
Beneficiary	Anyone currently receiving BHCS care or services, or who has received BHCS care or services in the last 12 months. The term 'beneficiary' is also synonymous with 'consumer,' 'patient,' or 'client'.
Medi-Cal	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Specialty mental health services	Medi-Cal services provided under county Mental Health Plans (MHPs) by mental health specialist, both licensed and unlicensed, such as psychiatrists, psycologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and peer support providers.