

**System of Care Audit of ACBHCS Master Contract Organizations
And County Owned & Operated Programs**

*Audit Performed in Fourth Quarter of 2015
For Audit Period: 12/1/14 – 2/28/15*

Post Appeal Report Issued 4/22/2016

ACBHCS Quality Assurance Office
2000 Embarcadero Cove
Oakland, CA 94606
(510) 567 - 8105

INTRODUCTION:

This chart review/audit utilized a random sample review of Mental Health (MH) services for the Alameda County Behavioral Health Care Services (ACBHCS) Adult and Children’s System of Care. The purpose of this report is to determine the rates of compliance with Specialty Mental Health Services (SMHS) Medi-Cal (M/C) documentation standards for services claimed to Medi-Cal.

The intention of this quarterly review is to provide concrete feedback of documentation strengths, as well as training needs, for ACBHCS programs and services across the system of care. Because the selection of claims for review employed a random sampling frame, it may be utilized to generalize findings to the ACBHCS Mental Health System of Care for the audit period as a whole.

The Quality Assurance Office (QA) requested a random sample of all submitted Mental Health claims for the time period of 12/1/2014 - 02/28/2015 from Emanio (database which pulls information from the InSyst Medi-Cal claiming program) for adult and child Specialty Mental Health Services Medi-Cal beneficiaries. Twenty-five (25) charts from twenty (20) providers and a total of four hundred ninety-four (494) claims were reviewed for compliance and quality of care utilizing a standardized chart audit protocol. See Exhibit 3a & 3b for the lists of claims reviewed by client chart and by provider. Exhibit 2 lists the Quality Review Items (QRI) reviewed.

Each chart was reviewed for compliance with Medi-Cal claiming requirements and for ACBHCS quality of care standards. (References: ACBHCS Clinical Documentation Standards Manual, 12/3/14 and the ACBHCS CQRT Regulatory Compliance Tools, 4/15/15.)

CLAIMS REVIEW:

Overall, of the 494 total claims examined by QA staff, 432 claims (87%) met the documentation standards and 62 claims (13%) were disallowed because they did not meet the standards. Please refer to the Claims Review Spreadsheets (Exhibits 3a & 3b), the Claims Comment Key (Exhibit 4), and the DHCS Reasons for Recoupment FY 2015 -2016 (Exhibit 5) while reviewing this section. In the next section we describe in detail the claims compliance findings by age, by dollar amount, by chart, by provider, by reason for recoupment of PAID claims, and by service modality. Please see Table #1 which specifies claims compliance by age group.

Population	Number of Claims	Allowed Claims	Disallowed Claims	Percent Compliant
All	494	432	62	87%
Children <18 yrs.	265	237	28	89%
Adults ≥ 18 yrs.	229	195	34	85%

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All claims reviewed (494) totaled \$85,660.91. The 432 allowed claims totaled \$75,311.39 and the 62 disallowed claims totaled \$10,349.52. Please see Table #2 (Claims Compliance by Dollar Amount) below.

See Table #2: Claims Compliance by Dollar Amount		
Claims	Amount	Dollars
Total	494	\$85,660.91
Allowed	432	\$75,311.39
Disallowed	62	\$10,349.52

The breakdown across all providers, for the *number of charts falling into claims compliance ranges* is listed below. This indicates 52% of the charts (13 of 25) fell in the compliance range of 95-100%. See Table #3 (Claims Compliance Results by Chart) below:

Table #3: Claims Compliance Results by Chart		
Number of Charts	Charts % Compliance	Percentage of Total
13	95 – 100%	52%
4	85 – 94%	16%
1	75 – 84%	4%
4	65 – 74%	16%
3	<65%	12%

The *average claims compliance by provider* indicated 50% (10 of 20) of providers had charts whose average claims compliance rate fell in the compliance range of 95 – 100%. See Table #4 (Claims Compliance Results by Provider) below:

Table #4: Claims Compliance Results by Provider		
Number of Providers	Average Chart Compliance	Percentage of Total
10	95 – 100%	50%
4	85 – 94%	20%
3	75 – 84%	15%
1	65 – 74%	5%
2	<65%	10%

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The 16 reasons for claims disallowances are listed below in descending frequency. See Table #5 (Reasons for Recoupment of PAID Claims by Frequency) below:

Table #5: Reasons for Recoupment of PAID Claims by Frequency				
DHCS Reasons for Recoupment	Claims Comments Key #	Reason for Recoupment	Frequency	%
5-Initial Plan 6-Annual	12	Service modality (med services, case mgt, etc.) is not indicated in Client Plan.	14	19%
5-Initial Plan 6-Annual	22	No Client Plan in effect at time of service delivery (missing staff signatures, etc.).	14	19%
13	21	Non-billable activity (supervision & vocational related).	12	17%
9	24	Progress Note missing.	6	8%
19a	07	PN does not include Provider's intervention.	5	7%
12-JV Hall 11-Other	17	Service claimed while in a lock-out setting (psych inpatient, juvenile hall, etc.).	5	7%
17	18	Non-billable activity: clerical/admin/voicemail/no show/scheduling appt.	3	4%
5-Initial Plan 6-Annual	11	Service claimed (PN) does not relate back to current MH Objective in Client Plan.	3	4%
19d	31	Service provided is outside scope of practice of person performing the service.	2	3%
19a	43	Duplication of services	2	3%
19a	26	PN does not meet medical necessity-not a MH service	2	3%
19a	01	Incorrect Service Code.	2	3%
18	19	Non-billable activity: payee related.	1	1%
16	20	Non-billable activity: transportation related.	1	1%
19a	30	Non-billable activity: completion of Mild-Moderate-Severe Screening Tool	1	1%

The two most frequent reasons for 27 disallowances (28%) were related to the Client Plan. The audit found that the service modality that was claimed was not listed in the client plan or there was no Client Plan present or if the Client Plan was present it did not have all required signatures in effect for the dates of claimed services. Please refer to Exhibit #5: DHCS Reasons for Recoupment for FY 2015-2016 for categories of claims disallowances and their associated ACBHCS Claims Comments from Exhibit 4.

The claims disallowed are listed below by type of service modality (in descending frequency). Please note that the Mental Health service modality most frequently disallowed was Case Management/Brokerage. See Table #6 (Disallowed MH Service Modality by Frequency) below:

Table #6: Disallowed MH Service Modality by Frequency		
Disallowed MH Services by Modality	Number of Claims	Percentage of 62 Total Disallowed Claims
Case Management - Brokerage	17	27%
Plan Development	13	21%
Individual Rehab	8	13%
Med Mgt by RN	6	10%
E/M Med Services	5	8%
Collateral	4	6%
Psychotherapy	3	5%
Behavioral Eval	2	3%
Med Training/Support	2	3%
Psych Diag Eval	1	2%
Group Rehab	1	2%

QUALITY REVIEW:

The Quality Review determined if the standards for documentation of Medi-Cal Specialty Mental Health Services had been met. Nine (9) Quality Review areas, with 83 items, were reviewed in this audit. They include:

- *Informing Materials,*
- *(Mild-Moderate-Severe) Screening,*
- *Medical Necessity,*
- *Assessments,*
- *Client Plans,*
- *Special Needs.*
- *Medication Log Issues,*
- *Progress Notes, and*
- *Chart Maintenance.*

The Quality Review also verified that medical necessity for each claimed service, and its relevance to the Client Plan, had been met. The following section explains the results from the quality review process. Please refer to the Quality Review Spreadsheet (Exhibit 1), and the Quality Review Key (Exhibit 2) while reviewing this section. Please note that the Quality Review items are inclusive of reasons for claims disallowances. However, not all of the Quality Review items are reasons for disallowance—see Quality Review item descriptions in this report for those that are also a reason for claims recoupment.

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As you read the report you will find percentages for each Quality Review (QR) item which represents the ratio of **adherence** with the chart documentation requirement. Following each of the Quality Review (QR) items there is a reference for the corresponding Quality Review Item Number (QRI #) listed in (Exhibits 1 & 2).

Quality items were evaluated from either a categorical or stratified approach. Most of the Quality Review items required a categorical method resulting in either a 'Yes/No' or 'True/False' review. In these items, the scores are either 100% for Yes/True or 0% for No/False. Whenever possible, scoring for a Quality Review item was stratified allowing for an accurate portrayal of documentation compliance.

The stratified approach is described in the example below:

- *Quality Review Item # 65 "There is a Progress Note for every Service Contact":*
 - *If there were 10 Progress Notes that were claimed during the audit period and 8 were present in the chart, the score for that chart on this item would be 80%. Each chart would be evaluated similarly. Then, the percentages for all charts across the System of Care Audit are averaged to obtain an overall compliance score for that quality review item.*

Some requirements do not apply to specific charts, such as when clients do not receive Medication Support services or when the client was discharged prior to the due dates for the Assessment or client Plan. These are noted as 'N/A' in the Quality Review Spreadsheet, and are not incorporated into the final score for that Quality Review item.

It is important to note that some Quality Review items are more crucial than others (i.e. presence of Medi-Cal Included Diagnosis versus appropriate filing of documents within chart sections); therefore examining the score for each individual Quality Review item is more informative and indicative of documentation quality than the overall Quality Review score.

The overall compliance rate for the Quality Review was 85%. The results of the Quality Review for 25 charts by compliance ranges demonstrated the following (Table #7: Quality Review Compliance by Chart):

Table #7: Quality Review Compliance by Chart		
Number of Charts	Percentage	Quality Compliance Rate
5	20%	95 – 100%
10	40%	85 – 94%
6	24%	75 – 84%
3	12%	65 – 74%
1	4%	<65%

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➤ ACBHCS Informing Materials:

- 68% (17/25) of the charts had the Informing Material signature page completed and signed on time (within 30 days of EOD or annually by EOD) OR if late, documents reason in progress notes. (QRI #9)

➤ ACBHCS Screening:

- *This item was not evaluated for this audit period.* It assesses for the percentage of the charts which show evidence of the implementation of the ACBHCS Screening Tool prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan updates. (QRI # 10)
- 100% (25/25) of the charts documented that the client had a mental health condition that could not have been treated at a lower level of care. (QRI #11)

➤ Medical and Service Necessity *(These are crucial items that if not met result in claims disallowances):*

- 96% (24/25) of the charts had a primary diagnosis from the DHCS Medi-Cal Included Diagnosis list. (QRI #12)
- 96% (23/24) of the charts had documentation which supported the primary diagnosis for treatment. (QRI #13)
- 96% (23/24) of the charts met the impairment criteria. (QRI #14)
- 100% (24/24) of the charts documented that the client had a mental health condition that would not have been responsive to physical health care treatment. (QRI #15)
- 96% (23/24) of the charts met the intervention criteria. (QRI #16)

➤ Assessments:

- 92% (22/24) of the charts had assessments where the presenting problem and relevant conditions were included. (QRI #17)
- 83% (20/24) of the charts had assessments which included a psychosocial history. (QRI #18)
- 84% (16/19) of the charts had assessments which listed current psychiatric medications. (QRI #19)
- 83% (20/24) of the charts had assessments that included a MSE. (QRI #20)
- 92% (22/24) of the charts documented the assessment of risks to client. (Including risks to self, at risk for domestic violence, abuse, etc.) (QRI #21)
- 83% (20/24) of the charts documented the assessment of risks to others. (QRI #22)
- 69% (11/16) of the charts had assessments which included the youth's pre/perinatal events and complete developmental history. (QRI #23)
- 88% (21/24) of the charts had assessments where the client's strengths/supports were assessed. (QRI #24)
- 88% (21/24) of the charts documented allergies/adverse reactions/sensitivities, or lack thereof, in the record. (QRI #25)

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- 75% (18/24) of the charts displayed allergies/adverse reactions/sensitivities, or lack thereof, on the chart cover, or if an EHR it is in the field/location designated by the clinic. (QRI #26)
- 88% (21/24) of the charts had assessments which noted and updated medical conditions/history. (QRI #27)
- 83% (20/24) of the charts had assessments which adequately noted the client's mental health history. (QRI #28)
- The compliance rate for assessing the required seven (7) areas of substance exposure/substance use was 42%. (QRI #29)
 - *All clients must be assessed for past and present substance exposure/substance use of tobacco, alcohol, caffeine, complementary & alternative medications, over-the-counter medications, prescription medications, and illicit drugs.*
- 38% (8/21) of the charts had the Annual Community Functioning Evaluation or CANS/ANSA completed for the relevant audit period. (QRI #30)
- 96% (23/24) of the charts properly noted who had established the diagnosis. (QRI #31)
 - *The diagnosis may be established by a licensed LPHA, or established by a Waivered staff or Registered Intern **with** a co-signature of a licensed LPHA.*
- 75% (18/24) of the charts had assessments which were done (completed and signed by all required participants) by 30 days of the Episode Opening Date. (QRI #32)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*

➤ Client Plans:

- 100% (21/21) of the charts had a Client Plan consistent with the diagnosis and which addressed the mental health impairments and symptoms. (QRI #33)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 93% of the mental health objectives that were listed in the Client Plans across all charts were observable or measureable with timeframes and preferably baselines. (QRI #34)
- 61% of the proposed service modalities including those documented in progress notes were listed in the Client Plans along with their frequency and timeframe to address identified impairments and mental health objectives. (QRI #35)
 - *This is a crucial item that results in disallowances for all claimed service modalities which are NOT listed in the Client Plan.*

- *Also, include the frequency and timeframes of service modalities (i.e. Psychotherapy 1x/week, or as needed, for 12 months). Assessment, Plan Development, Interactive Complexity, and Collateral services do not need to be listed separately in the Client Plan as they are included with each modality (Medication Services, Case Management, etc.).*
- 46% of the service modalities listed in the Client Plans included a detailed description of provider interventions. (QRI #36)
 - *Please note DHCS requirement: Client Plans must include detailed descriptions of proposed interventions that address stated impairments and mental health objectives. For example: “In psychotherapy sessions, clinician will utilize CBT techniques such as x, y, & z in order to build client’s awareness and insight around triggers to her anxiety...” “In individual rehabilitation sessions, clinician will teach client relaxation skills to manage her anxiety...”*
- 57% (8/14) of the charts had a plan for containment for risks to client when needed. (QRI #37)
- 33% (4/12) of the charts had a plan for containment for the client’s risk to others when needed. (QRI #38)
 - *When there is a risk to self or others present within the last 90 days, there should be a Treatment Plan goal with objectives that address the identified risks, or a specific Safety Plan. Progress Notes must also document the ongoing assessment and interventions of these risks.*
- 81% (17/21) of the charts showed evidence of coordination of care when it was applicable. (QRI #39)
- 100% of the charts had Client Plans which were signed and dated by an LPHA (credential is listed). (QRI #40)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 57% (4/7) of the client plans were revised when there were significant changes in services, diagnosis, and/or focus of treatment. (QRI #41)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 100% of the charts had Client Plans which were signed and dated by a MD/NP when the program provides medication services to the client. (QRI #42)
- 90% (19/21) of the charts had Client Plans which were signed and dated by the client or legal representative when appropriate, or documentation of client’s refusal or unavailability was present in the chart. (QRI #43)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
- 50% (10/20) of the charts had Client Plans which indicated the client/representative was offered a copy of the Client Plan. (QRI #44)

- *DHCS requires an acknowledgement from the client or representative that demonstrates that they were offered a copy of the Client Plan. It is important to add this information (usually in a prominent location such as a statement above where the client signs the Plan). It is no longer acceptable to just inform them that a copy is available upon request.*
- 67% (14/21) of the charts had the Client Plan for the relevant audit period completed on time. (QRI #45)
 - *This is a crucial item that if not met, results in claims disallowances (until met).*
 - *A Client Plan is not officially completed until all required participants have signed.*
 - *If the client signature was late or not present, the reason must be indicated on the signature line and documented in a Progress Note.*
- 90% (19/21) of the charts contained a Tentative Discharge Plan as part of the Client Plan. (QRI #46)
 - *Please include a time frame and clinical indicators for when the client is expected to be ready to be discharged. Time frames should be consistent throughout the Client Plan.*
- Special Needs:
 - 56% (14/25) of the charts noted the client's cultural and communication needs, or lack thereof. (QRI #47)
 - Of those with noted cultural and communication needs, 57% (13/23) of those charts addressed them as appropriate. (QRI #48)
 - 74% (14/19) of the charts noted client's physical limitations, or lack thereof. (QRI #49)
 - Of those with noted physical limitations, 56% (5/9) of those charts addressed the physical limitations as appropriate. (QRI #50)
- Medication Log Issues:
 - 100% (11/11) of the charts had a Medication Log (or complete medication information in every MD/NP progress note) which was updated at each visit with date of prescription, when applicable. (QRI #51)
 - 91% (10/11) of the charts had a Medication Log (or complete medication information in every MD/NP progress note) which was updated at each visit with the drug name, when applicable. (QRI #52)
 - 91% (10/11) of the charts had a Medication Log (or complete medication information in every MD/NP progress note) which was updated at each visit with the drug strength/size, when applicable. (QRI #53)
 - 91% (10/11) of the charts had a Medication Log (or complete medication information in every MD/NP progress note) which was updated at each visit with the instruction/frequency for administration of the medication, when applicable. (QRI #54)

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- 100% (11/11) of the charts had a Medication Log (or complete medication information in every MD/NP progress note) which is updated at each visit with the prescriber's signature or initials, when applicable. (QRI #55)
- 75% of the required Informed Consent for Medication(s) were completed and signed when applicable. (QRI #56)
- 67% of the required Informed Consent for Medication(s) included Rx name, dosage or range expected, uses/effects, risks/side effects, client signature, client name or ID. (QRI #57)
- 88% of the E/M Progress Notes were compliant with the E/M documentation standards. (QRI #58)

➤ Progress Notes (Each of the percentages reflect the results across all charts)

- There was a progress note for 95% of all service contacts. (QRI #59)
- 76% of the progress notes had the correct CPT Code/exact procedure name, and/or INSYST service code for the mental health services provided. (QRI #60)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 97% of the progress notes indicated the correct date of service. (QRI #61)
 - *This is a crucial item that if not met, results in claims disallowances*
- 96% of the progress notes indicated the correct location of service. (QRI #62)
- 83% of the progress notes documented both face-to-face time and total time. (QRI #63)
 - *For service codes that are time based--this is a crucial item that if not met, results in claims disallowances.*
- 96% of the progress notes documented time that equaled the time that was claimed. (QRI #64)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 81% of the progress notes documented time for services that was reasonable. (QRI #65)
 - *This is a crucial item that if not met, may result in claims disallowances.*
- 91% of the progress notes had documented content that supported the amount of time claimed. (QRI #66)
 - *This is a crucial item that if not met, may result in claims disallowances. (The "P/BIRP" Progress Note Format is not required, but the associated elements are required.)*

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- 96% of the progress notes for client encounters included a description of that day's evaluation/Behavioral presentation of the client. (QRI #67)
- 96% of the progress notes for client encounters included a description of that day's staff Intervention. (QRI #68)
 - *This is a crucial item that if not met, results in claims disallowances. (Interventions must be related to client's diagnosis, symptoms, impairments, and mental health objectives listed in Client Plan.)*
- 95% of the progress notes for client encounters included a description of that day's client Response to the intervention. (QRI #69)
- 86% of the progress notes for client encounters included a description of the client's and/or staff's Plan/follow up. (QRI #70)
- 100% of the group service progress notes included the number of clients served, if applicable. (QRI #71)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 83% of the progress notes documented services that related back to the mental health objectives listed in the Client Plan. (QRI #72)
 - *This is a crucial item that if not met, may result in claims disallowances.*
- 100% of the progress notes addressed unresolved issues from prior services, when applicable. (QRI #73)
- 88% of the progress notes were signed and dated with Medi-Cal credential (may also list credential on Provider Signature Page/Sheet in chart). (QRI #74)
 - *The signature is a crucial item that if not met, results in claims disallowances. (Progress notes must be signed and dated and include an acceptable Medi-Cal credential (license/registration/waiver/MHRS/Adjunct))*
- 89% of the progress notes had a completion line after the signature. (N/A if EHR). (QRI #75)
- 93% of the claimed services were NOT provided while the client was in a lock-out setting such as a psychiatric hospital or IMD (unless with a d/c plan within 30 days for placement purposes only), Juvenile Hall (unless documentation of an adjudication order is obtained), or jail. (QRI #76)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 94% of the claimed services provided were NOT for supervision, academic educational service, vocational service, recreation and/or socialization (socialization is defined as consisting of generalized activities that did not provide systematic individualized feedback to the specific targeted behaviors). (QRI #77)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 97% of the claimed services provided were NOT transportation. (QRI #78)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 92% of the claimed services provided were NOT clerical. (QRI #79)
 - *This is a crucial item that if not met, results in claims disallowances.*
- 96% of the claimed services provided were NOT payee related. (QRI #80)

- ***This is a crucial item that if not met, results in claims disallowances.***
 - 77% of the notes were completed and signed within the timeframe required by the MHP) (QRI #81)
 - *The current ACBHCS PN timeline of 5 working days was utilized.*
 - 89% of the notes documented the language that the service was provided in (or noted it in the treatment plan that the consumer was English-speaking and all services were to be provided in English). (QRI #82)
 - 100% of the notes indicated that interpreter services were used and the relationship to client was indicated, if applicable. (QRI #83)
- Chart Maintenance:
- 100% of the charts noted the admission date correctly. (QRI #84)
 - 84% (21/25) of the charts had emergency contact information in a designated location in the field/EHR. (QRI #85)
 - 80% of the required signed releases of information were present. (QRI #86)
 - The compliance rate for legibility in the charts was 93%. (QRI #87)
 - ***This is a crucial item that if not met, may result in claims disallowances.***
Five (5) areas of documents were reviewed for this quality item:
 - *Assessments*
 - *Client Plans*
 - *Non-Clinical Forms*
 - *Progress Notes*
 - *MD/NP Documents*
 - 95% of the signatures on the documents throughout all charts were legible (or printed name under signature or signature sheet was present). (QRI #88)
 - ***This is a crucial item that if not met, may result in claims disallowances.***
 - 100% (26/26) of the charts maintained a clinical record where documents were filed appropriately. (QRI #89)
 - 96% of the pages across all charts identified the client (by name or InSyst #). (QRI #90)
 - 93% (14/15) of the charts indicated the discharge/termination date correctly, when applicable. (QRI #91)

RESOLUTION OF FINDINGS

All twenty (20) providers that were audited have a unique section in the Addendum individualized to the findings of their reviewed chart(s). Each section summarizes the audit findings for the twenty (20) providers, and gives instructions for submitting the required Quality Improvement Plan (QIP) or Claims Recoupment with a Plan of Correction (POC). Each provider will also receive a Provider Audit Findings Letter detailing the findings for their chart(s) and needed follow-up. If you have any questions regarding the findings of this audit you may contact the ACBHCS Quality Assurance Office (QA) at (510) 567-8105 or through the general email QAoffice@acbhcs.org (**Please do not submit Client Protected Health Information**), or ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland CA 94606.

Quality Improvement Plan (QIP)

Nine (9) out of twenty (20) providers did not have any claims disallowed. Their only required follow-up is to submit a Quality Improvement Plan which addresses those Quality Review Items that scored below 95%. Submit the detailed QIP to the Quality Assurance Office no later than thirty (30) calendar days from the date of receipt of the Provider Audit Findings Letter. Please include timeframes for completion of objectives. The QIP should be sent via email to QAoffice@acbhcs.org (**do not include client Protected Health Information**) or by USPS certified mail with return receipt to ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland, CA 94606.

Claims Recoupment

The total amounts to be recouped are listed in the Addendum for those 11 providers who had claims disallowances. Please contact Leda Frediani, ACBHCS Director of Finance at: LFrediani@acbhcs.org (**do not include client Protected Health Information**) no later than thirty (30) calendar days from the date of receipt of the Provider Audit Findings Letter to make arrangements for the reimbursement of any disallowed claims.

Plan of Correction (POC)

As well, listed in the Addendum are the eleven providers with claims disallowances who are required to submit a Plan of Correction. The POC should address the resolution of each of the items in the Quality Review section that scored less than 95% and all issues noted in the Claims Review section. Please include time frames for completion of objectives. The POC should be applied agency wide and across programs.

Submit the detailed POC to the Quality Assurance Office no later than **thirty (30) calendar days** from the date of receipt of the Provider Audit Findings Letter by email to QAoffice@acbhcs.org (do not include client Protected Health Information) or by USPS certified mail with return receipt to: ACBHCS QA Office, 2000 Embarcadero, Suite 400, Oakland, CA 94606.

Informal Appeal to ACBHCS

If you wish to appeal any of the claims disallowances, you may do so by submitting an informal appeal letter in writing, along with supporting materials, within **twenty-one (21) calendar days** following receipt of the Provider Audit Findings Letter by USPS certified mail with return receipt to the ACHBCS QA Department, 2000 Embarcadero, Suite 400, Oakland, CA 94606.

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The ACBHCS QA Administrator will respond to the informal appeal within **30 days** of the receipt of the appeal.

DHCS Appeal

(Note: DHCS only accepts appeals of disallowed claims and does not accept appeals regarding Quality feedback.)

Per CA Code of Regulations, Title 9, 1850.350: in lieu of, or after, the informal appeal to ACBHCS the provider may choose to appeal to the Department of Health Care Services in writing, along with supporting documentation, within **60 calendar days** from the date of ACBHCS's written Audit Findings (or ACBHCS informal 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.

Refer to CA Code of Regulations, Title 9, 1850.350 for more details on the DHCS appeal process.

Submit your appeal via email to MHSD-Appeals@dchs.ca.gov (Client Protected Health Information must be sent via secure e-mail) or via mail to:

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

REGULATIONS; STANDARDS; POLICIES

The regulations, standards, and policies relevant to this Audit include, but are not limited to, the following:

- CA Code of Regulations, Title 9
- DHCS Reasons for Recoupment For FY 2015-2016
- Centers for Medicare & Medicaid Services
- Alameda County Behavioral Health Plan
 - Alameda County Behavioral Health Care Services Clinical Documentation Standards Manual (v. 12/3/14)
 - ACBHCS CQRT Regulatory Compliance Tools (v. 4/15/15)

LIST OF EXHIBITS

Exhibit 1: Quality Review Spreadsheet
Exhibit 2: Quality Review Key
Exhibit 3a: Children's Claim Review Spreadsheet

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

- Exhibit 3b: Adults' Claim Review Spreadsheet
- Exhibit 4: Claims Comments Key
- Exhibit 5: DHCS Reasons for Recoupment for FY 2015-2016

ADDENDUM

Provider P01 (Client 01)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 9

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):
None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):
Numbers: 21, 29, 47, 48, 60, 74, 76, 88 & 90

Quality Improvement Plan Required

Provider P02 (Client 02)

Claims Compliance: 67%

Number of Quality Items with less than 95% compliance: 44

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):
Number 24

Number of claims disallowed: 1

Amount of claims to be recouped: \$159.00

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):
Numbers: 12 - 14, 16 - 25, 27 - 32, 47 - 50, 59 - 70, 74 - 82

Provider P03 (Client 03)

Claims Compliance: 90%

Number of Quality Items with less than 95% compliance: 8

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):
Number 18

Number of claims disallowed: 1

Amount of claims to be recouped: \$30.14

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):
Numbers: 22, 23, 29, 60, 72, 79, 82 & 85

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P04 (Client 04)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 21

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 18, 29, 30, 35, 36, 38, 39, 46, 56, 57, 60, 63, 66, 70, 72, 81, 85, 86, 87, & 91

Quality Improvement Plan Required

Provider P05 (Client 01)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 6

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 32, 41, 44, 60, 65, & 81

Quality Improvement Plan Required

Provider P06 (Client 05)

Claims Compliance: 81%

Number of Quality Items with less than 95% compliance: 15

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Numbers: 1, 7, 11, 18, 22, & 43

Number of claims disallowed: 8

Amount of claims to be recouped: \$2,032.02

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 26, 32, 35, 36, 44, 45, 60, 65 – 67, 69, 70, 72, 74 & 81

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P07 (Clients 01, 6 & 7)

Claims Compliance: 88%

Number of Quality Items with less than 95% compliance: 16

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Number: 21

Number of claims disallowed: 8

Amount of claims to be recouped: \$268.52

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 29, 34 – 38, 47, 48, 60, 70, 72, 76, 77, 79, 85, & 90

Provider P08 (Client 08)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 5

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 32, 62, 65, 81 & 86

Quality Improvement Plan Required

Provider P09 (Client 09)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 5

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 29, 35, 44, & 60

Quality Improvement Plan Required

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P10 (Client 01)

Claims Compliance: 90%

Number of Quality Items with less than 95% compliance: 12

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Number 1

Number of claims disallowed: 1

Amount of claims to be recouped: \$194.54

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 19, 23 – 26, 29, 30, 47, 48, 70, 72 & 81

Provider P11 (Client 10 & 15)

Claims Compliance: 75%

Number of Quality Items with less than 95% compliance: 18

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Number 22 & 30

Number of claims disallowed: 10

Amount of claims to be recouped: \$1,199.20

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 25 – 30, 36, 43 - 45, 47, 48, 57, 58, 60, 79 & 90

Provider P12 (Client 11)

Claims Compliance: 53%

Number of Quality Items with less than 95% compliance: 30

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Numbers: 7, 11, 17, 19 & 20

Number of claims disallowed: 8

Amount of claims to be recouped: \$2,344.50

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 17, 20, 26 – 30, 32, 35, 36, 38, 39, 43 – 45, 47, 48, 56, 57, 62, 65, 68, 69, 72, 76, 78, 80, 81 & 86

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P13 (Client 12)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 2

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 30 & 45

Quality Improvement Plan Required

Provider P14 (Client 13)

Claims Compliance: 92%

Number of Quality Items with less than 95% compliance: 19

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Numbers: 23

Number of claims disallowed: 1

Amount of claims to be recouped: \$571.50

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 18, 20, 29, 30, 32, 37, 38, 45, 47 – 50, 60, 63, 66, 79, 80, & 86

Provider P15 (Client 14)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 14

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 26, 29, 30, 35 – 39, 44 – 46, 57, 59 & 72

Quality Improvement Plan Required

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P16 (Client 16)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 3

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: 0

Amount of claims to be recouped: \$0.00

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 29, 57 & 81

Provider P17 (Client 17)

Claims Compliance: 98%

Number of Quality Items with less than 95% compliance: 17

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Number 26 & 43

Number of claims disallowed: 2

Amount of claims to be recouped: \$380.32

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 19, 30, 35 – 39, 41, 44, 65, 66, 69, 70, 74, 81 & 86

Provider P18 (Client 17)

Claims Compliance: 100%

Number of Quality Items with less than 95% compliance: 5

Plan of Correction Needed: No

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

None

Number of claims disallowed: None

Amount of claims to be recouped: None

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 23, 29, 37, 38, & 60

Quality Improvement Plan Required

System of Care Audit, Fourth Quarter 2015
Audit Period: 12/01/2014 – 2/28/2015

Provider P19 (Client 17 & 18)

Claims Compliance: 10%

Number of Quality Items with less than 95% compliance: 41

Plan of Correction Needed: Yes

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Numbers: 7, 12, 17, 24, 26, 31

Number of claims disallowed: 18

Amount of claims to be recouped: \$1,518.10

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 9, 22, 24, 29, 30, 34 – 38, 41, 44, 47 – 50, 56, 57, 59 – 70, 72, 74 – 82, 87

Provider P20 (Client 11 & 19)

Claims Compliance: 77%

Number of Quality Items with less than 95% compliance: 27

Plan of Correction Needed: Yes

Number of claims disallowed: 4

The reasons for claims disallowances (See Exhibit 4: Claim's Comments Key):

Numbers: 21

Amount of claims to be recouped: \$1,651.68

The Quality non-compliance reasons (See Exhibit 2: Quality Review Key):

Numbers: 18, 20, 22, 23, 28 – 30, 35, 36, 44, 47 – 50, 52, 54, 56, 57, 60, 65, 66, 77, 81, 85, 87, & 88

Exhibit 1: ACBHCS System of Care Audit 2015 Q4 - QUALITY REVIEW SPREADSHEET

Client #	RU	QUALITY REVIEW ITEM #																													
		Inform	Screening		Medical Necessity						Assessment																				
		9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34				
15	P11	0	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	0	0	0	42	0	100	100	100	100				
7	P07	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100					
10	P11	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	0	100	100	0	100	100	100	100					
16	P16	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100					
17	P18	100	N/A	100	100	100	100	100	100	100	100	N/A	100	100	100	0	100	100	100	100	100	57	N/A	100	100	100					
19	P20	100	N/A	100	100	100	100	100	100	100	0	100	0	100	0	0	100	100	100	100	0	0	0	100	100	100					
11	P20	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	57	0	100	100	100					
17	P19	0	N/A	100	100	100	100	100	100	100	100	100	100	100	0	N/A	0	100	100	100	100	14	0	100	100	100					
18	P19	0	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	42	0	100	100	100					
9	P09	0	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	56	N/A	100	100	100					
14	P15	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	0	100	100	71	0	100	100	100					
3	P03	100	N/A	100	100	100	100	100	100	100	100	100	N/A	100	100	0	0	100	100	100	100	0	100	100	100	100					
11	P12	0	N/A	100	100	100	100	100	100	100	0	100	100	0	100	100	N/A	100	100	0	0	0	43	0	100	0	100				
5	P06	100	N/A	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	0	100	100	100	100	100	0	100					
2	P02	100	N/A	100	0	0	0	100	0	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	N/A	N/A				
8	P08	100	N/A	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100				
1	P05	100	N/A	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100				
1	P07	100	N/A	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
1	P01	100	N/A	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	43	100	100	100	N/A	N/A				
1	P10	100	N/A	100	100	100	100	100	100	100	100	0	100	100	100	0	0	0	0	100	100	0	0	100	100	N/A	N/A				
6	P07	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	43	100	100	100	100	50				
17	P17	0	N/A	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100				
12	P13	100	N/A	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	0	100	100	100	100				
4	P04	0	N/A	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100	0	0	100	100	100	100				
13	P14	0	N/A	100	100	100	100	100	100	100	0	100	0	100	100	N/A	100	100	100	100	100	0	0	100	0	100	100				
Compliant		17	0	25	24	23	23	24	23	22	20	16	20	22	20	11	21	21	18	21	20		8	23	18	21					
Compliant		8	0	0	1	1	1	0	1	2	4	3	4	2	4	5	3	3	6	3	4		13	1	6	0					
Total		25	0	25	25	24	24	24	24	24	24	19	24	24	24	16	24	24	24	24	24	24	24	21	24	24	21	21			
Compliant		68	N/A	100	96	96	96	100	96	92	83	84	83	92	83	69	88	88	75	88	83	42	38	96	75	100	93				
Compliant		32	N/A	0	4	4	4	0	4	8	17	16	17	8	17	31	13	13	25	13	17	58	62	4	25	0	7				

95-100% Compliant
 85-94% Compliant
 75-84% Compliant
 65-74% Compliant
 <65% Compliant

Exhibit 1: ACBHCS System of Care Audit 2015 Q4 - QUALITY REVIEW SPREADSHEET

Client #	RU	Client Plan												Special Needs				Medication Log											
		35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
15	P11	100	0	100	N/A	100	100	N/A	100	0	0	0	100	0	0	100	100	100	100	100	100	100	100	83	0	100	89		
7	P07	33	66	100	N/A	100	100	N/A	N/A	100	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100		
10	P11	100	0	100	N/A	100	100	N/A	100	100	100	0	100	100	100	N/A	N/A	100	100	100	100	100	100	100	100	100	93		
16	P16	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	N/A	N/A	100	100	100	100	100	100	80	100	100	100		
17	P18	100	100	0	0	100	100	N/A	N/A	100	N/A	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	60		
19	P20	33	100	N/A	N/A	100	100	N/A	100	100	100	100	100	0	0	0	0	100	0	0	0	100	55	55	100	100	66		
11	P20	33	0	100	N/A	100	100	N/A	100	100	0	100	100	0	0	100	100	100	100	100	100	100	100	100	100	100	100		
17	P19	0	0	0	0	100	100	0	100	100	0	100	100	0	N/A	0	N/A	100	100	100	100	100	50	50	N/A	57	43		
18	P19	0	0	N/A	N/A	100	100	100	100	100	0	100	100	0	0	0	0	100	100	100	100	100	100	83	100	84	69		
9	P09	67	100	N/A	N/A	100	100	N/A	N/A	100	0	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	91		
14	P15	58	0	0	0	0	100	N/A	100	100	0	0	0	100	100	100	100	100	100	100	100	100	100	0	100	70	100		
3	P03	100	100	100	100	100	100	N/A	N/A	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	0		
11	P12	66	0	N/A	0	0	100	100	100	0	0	0	100	0	0	100	N/A	100	100	100	100	100	25	83	100	100	100		
5	P06	33	0	N/A	N/A	100	100	100	N/A	100	0	0	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98	85		
2	P02	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67	33		
8	P08	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100		
1	P05	100	100	100	100	100	100	0	N/A	100	0	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	92		
1	P07	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	20		
1	P01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	0		
1	P10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100		
6	P07	33	0	0	0	100	100	N/A	N/A	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100		
17	P17	33	0	0	0	0	100	0	N/A	100	0	100	100	100	N/A	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	99		
12	P13	100	100	N/A	N/A	100	100	N/A	100	100	100	0	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
4	P04	0	0	N/A	0	0	100	N/A	N/A	100	100	100	0	100	100	N/A	N/A	100	100	100	100	100	0	0	N/A	100	94		
13	P14	100	100	0	0	100	100	N/A	N/A	100	100	0	100	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	75		
Compliant				8	4	17	21	4	10	19	10	14	19	14	13	14	5	11	10	10	10	11							
Compliant				6	8	4	0	3	0	2	10	7	2	11	10	5	4	0	1	1	1	0							
Total		21	21	14	12	21	21	7	10	21	20	21	21	25	23	19	9	11	11	11	11	11	11	11	8	25	25		
Compliant		61	46	57	33	81	100	57	100	90	50	67	90	56	57	74	56	100	91	91	91	100	75	67	88	95	76		
Compliant		39	54	43	67	19	0	43	0	10	50	33	10	44	43	26	44	0	9	9	9	0	25	33	13	5	24		

95-100% Compliant
 85-94% Compliant
 75-84% Compliant
 65-74% Compliant
 <65% Compliant

Exhibit 1: ACBHCS System of Care Audit 2015 Q4 - QUALITY REVIEW SPREADSHEET

Client #	RU	Progress Notes																									
		61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	
15	P11	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	
7	P07	100	100	100	100	100	100	100	100	100	100	97	N/A	100	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100
10	P11	100	100	100	96	100	100	100	100	100	100	N/A	100	N/A	100	N/A	100	100	100	41	100	100	100	N/A	100	100	
16	P16	100	100	100	96	96	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	39	100	N/A	100	100	
17	P18	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100	
19	P20	100	100	100	100	92	83	100	100	100	100	N/A	100	100	100	100	100	66	100	100	100	83	100	N/A	100	0	
11	P20	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100	
17	P19	57	43	0	57	57	57	57	57	57	57	N/A	57	100	57	57	29	57	57	43	57	57	57	N/A	100	100	
18	P19	100	100	0	92	0	100	100	100	100	100	N/A	100	100	100	100	100	100	100	100	100	100	0	N/A	100	100	
9	P09	100	100	100	100	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100	
14	P15	100	100	100	100	100	100	100	100	100	100	100	90	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100	
3	P03	100	100	100	100	100	100	100	100	100	100	N/A	91	100	100	N/A	100	100	100	91	100	100	0	N/A	100	0	
11	P12	100	94	100	100	94	100	100	82	82	100	100	88	100	100	100	88	100	94	100	94	12	100	N/A	100	100	
5	P06	98	98	98	98	78	66	88	95	93	88	N/A	93	100	59	N/A	98	98	98	95	98	61	98	N/A	100	100	
2	P02	67	67	67	67	67	67	67	67	67	67	N/A	N/A	100	67	67	67	67	67	67	67	67	67	N/A	100	100	
8	P08	100	88	100	100	0	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	67	100	100	100	100	
1	P05	100	100	100	100	14	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	22	100	N/A	100	100	
1	P07	100	100	100	100	100	100	100	100	100	100	N/A	0	100	100	N/A	80	100	100	80	100	100	100	N/A	100	0	
1	P01	100	100	100	100	100	100	N/A	100	N/A	100	N/A	N/A	100	0	100	75	100	100	100	100	100	100	N/A	100	100	
1	P10	100	100	100	100	100	100	100	100	100	60	N/A	0	100	100	N/A	100	100	100	100	100	50	100	N/A	100	100	
6	P07	100	100	100	100	100	100	100	100	100	0	N/A	100	100	100	N/A	100	72	100	100	100	100	100	N/A	100	100	
17	P17	100	100	100	100	21	17	100	99	82	90	100	96	100	13	N/A	100	100	100	100	100	22	100	N/A	100	100	
12	P13	100	100	100	100	100	100	100	100	100	100	N/A	100	100	100	N/A	100	100	100	100	100	100	100	N/A	100	100	
4	P04	100	100	0	100	100	90	100	100	100	0	N/A	0	100	100	N/A	100	100	100	100	100	35	100	N/A	100	0	
13	P14	100	100	0	100	100	92	100	100	100	100	N/A	100	100	100	N/A	100	100	100	80	75	100	100	N/A	100	100	
Compliant														24											25	21	
Compliant														0											0	4	
Total		25	25	25	25	25	25	24	25	24	25	7	23	24	25	7	25	25	25	25	25	25	25	1	25	25	
Compliant		97	96	83	96	81	91	96	96	95	86	100	83	100	88	89	93	94	97	92	96	77	89	100	100	84	
Compliant		3	4	17	4	19	9	4	4	5	14	0	17	0	12	11	7	6	3	8	4	23	11	0	0	16	

95-100% Compliant
 85-94% Compliant
 75-84% Compliant
 65-74% Compliant
 <65% Compliant

Exhibit 1: ACBHCS System of Care Audit 2015 Q4 - QUALITY REVIEW SPREADSHEET

Client #	RU	Chart Maintenance						Total #	% Compliant	% Not Comp
		86	87	88	89	90	91			
15	P11	100	100	100	100	33	N/A	77	82	18
7	P07	100	100	100	100	80	N/A	67	97	3
10	P11	100	100	100	100	100	N/A	73	92	8
16	P16	100	100	100	100	100	N/A	75	98	2
17	P18	100	100	100	100	100	100	65	94	6
19	P20	100	80	80	100	100	N/A	76	76	24
11	P20	100	100	100	100	100	N/A	74	92	8
17	P19	100	80	100	100	100	100	76	67	33
18	P19	100	75	100	100	100	N/A	76	81	19
9	P09	100	100	100	100	100	N/A	64	96	4
14	P15	100	100	100	100	100	100	78	86	14
3	P03	100	100	100	100	100	100	67	91	9
11	P12	0	100	100	100	100	N/A	77	73	27
5	P06	100	100	100	100	100	100	66	88	12
2	P02	100	100	100	100	100	100	57	47	53
8	P08	0	100	100	100	100	N/A	68	95	5
1	P05	100	100	100	100	100	100	68	93	7
1	P07	100	100	100	100	100	100	35	85	15
1	P01	100	100	0	100	80	100	54	87	13
1	P10	100	100	100	100	100	100	56	81	19
6	P07	100	N/A	N/A	100	100	100	66	91	9
17	P17	0	100	100	100	100	100	69	79	21
12	P13	100	100	100	100	100	100	75	97	3
4	P04	0	0	100	100	100	0	73	74	26
13	P14	0	100	100	100	100	100	68	77	23
Compliant					25		14	OVERALL COMPLIANCE 85%		
Compliant				0			1			
Total		25	24	24	25	25	15			
Compliant		80	93	95	100	96	93			
Compliant		20	7	5	0	4	7			

Exhibit 2: Quality Review Key

(Unless otherwise noted, item is evaluated relevant to audit period)

CHART AND PROVIDER REVIEW:

1. INSYST #
2. REPORTING UNIT (RU)
3. EPISODE OPENING DATE (EOD)
4. ASSESSMENT STAFF
5. CT PLAN STAFF
6. PN STAFF 1
7. PN STAFF 2
8. MD/NP

INFORMING MATERIALS:

9. Informing Materials signature page completed and signed on time? (within 30 days of EOD and then annually by EOD) OR if late, documents reason in progress notes¹

SCREENING:

10. ACBHCS Screening Tool has been completed prior to the opening of the client episode, prior to the reauthorization of services, and/or at the time of any Client Plan update?³
11. The mental health condition could not be treated at a lower level of care?²

MEDICAL NECESSITY:

12. Primary diagnosis from DHCS Medi-Cal Included Diagnosis list is included?¹
13. Documentation (assessment, client plan, PN's) supports primary diagnosis (es) for TX?¹
14. Impairment Criteria: the focus of TX is one of the following as a result of Dx:¹
 - a. Significant impairment in important area of life functioning;
 - b. Probable significant deterioration in an important area of life functioning;
 - c. Probable the child won't progress developmentally, as appropriate;
 - d. If EPSDT: MH condition can be corrected or ameliorated.
15. The mental health condition would not be responsive to physical health care treatment?²
16. Focus of proposed intervention addresses medically necessity criteria AND they will diminish impairment, or prevent significant deterioration in important area of life functioning, or will allow the child to progress developmentally as appropriate. (If EPSDT, condition can be corrected or ameliorated).¹

ASSESSMENT:

17. Presenting problems and relevant conditions included?¹
18. Assessment includes psychosocial history?¹
19. Assessment lists current psychiatric medications?¹
20. Assessment includes a mental status exam (MSE)?¹

Scoring Key:

¹ **Yes=100% No=0%:** These quality review items have either a 'Yes' or 'No' answer

² **True=100% False=0%:** These quality review items have either a 'True' or 'False' answer

³ **# present/total required:** These quality review items can score from a range of 0-100%

⁴ **# of items or areas compliant/# items or areas evaluated:** These quality review items can score from a range of 0-100%

⁵ **% of those audited that are compliant:** These quality review items can score from a range of 0-100%

Exhibit 2: Quality Review Key

(Unless otherwise noted, item is evaluated relevant to audit period)

21. Risk(s) to client assessed?¹
22. Risk(s) to others assessed?¹
23. Assessment for youth includes pre/perinatal events and complete developmental history?¹
24. Client strengths/supports are included?¹
25. Allergies/adverse reactions/sensitivities OR lack thereof noted in record?¹
26. Allergies/adverse reactions/sensitivities OR lack thereof noted prominently on chart cover, or if an EHR, is it in the field/location designated by the clinic?¹
27. Relevant medical conditions/hx noted?¹
28. Assessment adequately notes client's mental health history?¹
29. Past and present substance exposure/substance use of tobacco, alcohol, caffeine, CAM, Rx, OTC drugs, and illicit drugs assessed and noted?³
30. CFE or CANS/ANSA completed for relevant audit period?¹ (N/A for FSP/Brief Service Programs)
31. Dx is established by a licensed LPHA OR co-signed by licensed LPHA if established by a waived staff or registered intern?¹
32. Assessment completed and signed by all required participants on time.¹

CLIENT PLAN FOR AUDIT PERIOD:

33. Is the Client Plan consistent with the diagnosis and addresses mental health impairments/symptoms?¹
34. Are the Mental health objectives listed in the Client Plan observable or measurable with time frames (baselines are recommended)?³
35. Does the Client Plan identify proposed service modalities, their frequency, and timeframes.³
36. The Client Plan describes detailed provider interventions for each service modality listed in the Plan?³
37. Identified Risk(s) to client have plan for containment, if applicable?¹
38. Identified Risk(s) to others have a plan for containment, if applicable?¹
39. Is Coordination of care is evident, when applicable?¹
40. Is the Client Plan signed/dated by LPHA (if licensed, credential is listed)?¹
41. Is the Client Plan revised when there are significant changes in service, diagnosis, focus of treatment, etc.?¹
42. Is the Client Plan signed/dated by MD/NP?¹ (required if receiving medication services)
43. Is the Client Plan signed/dated by client or legal representative when appropriate, or documentation of client refusal or unavailability?¹
44. Does the Client Plan indicates that the client/representative was offered a copy of the Plan?¹
45. Was the Client Plan for relevant audit period completed on time?¹
46. Does the Client Plan contain a Tentative Discharge Plan?¹

Scoring Key:

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Exhibit 2: Quality Review Key

(Unless otherwise noted, item is evaluated relevant to audit period)

SPECIAL NEEDS:

47. Has the Client's cultural and communication needs, or lack thereof, been noted in relevant client plan/assessment?¹
48. If identified, were cultural and communication needs addressed as appropriate?¹
49. Has the Client's physical limitations, or lack thereof, been noted?¹
50. If identified, were physical limitations addressed as appropriate?¹

MEDICATION LOG, MEDICATION CONSENTS, & E/M SERVICES:

51. Med. log (or note) updated at each visit with date of Rx?¹
52. Med. log (or note) updated at each visit with drug name?¹
53. Med. log (or note) updated at each visit with drug strength/size?¹
54. Med. log (or note) updated at each visit with instruction/frequency of Rx?¹
55. Med. log (or note which requires signature) updated at each visit with prescriber's signature/initials?¹
56. Informed Consent for Medication(s), when applicable?³
57. The informed consent form for medications includes: Rx name, dosage or range expected, uses/effects, risks/side effects, client signature, client name or ID?⁴
58. E/M progress notes are compliant with E/M documentation standards.⁵

PROGRESS NOTES:

59. There is a progress note (PN) for every service contact?³
60. Correct CPT and/or INSYST service codes?⁵
61. Date of service indicated and correct?⁵
62. Location of service indicated and correct?⁵
63. Face-to-Face Time and Total Time are documented⁵
64. Time documented on PN equals time claimed?⁵
65. Time noted for documentation of service is reasonable?⁵
66. Documentation content supports amount of time claimed?⁵
67. Notes for client encounters include description of that day's evaluation/behavioral presentation?⁵
68. Notes for client encounters include description of that day's staff interventions?⁵
69. Notes for client encounters include description of that day's client response to interventions?⁵
70. Notes for client encounters include description of client's and/or staff's plan/follow-up?⁵
71. Group service notes include # of clients served, if applicable?⁵
72. Services are related to mental health objectives listed in Client Plan?⁵
73. Unresolved issues from prior services addressed, if applicable?¹
74. PN is signed and dated with designation: License/registration/waiver/MHRS/Adjunct?⁵
75. Completion line after signature (N/A If EHR notes)?⁵
76. Claimed service provided while client was NOT in a lock-out (i.e. IMD, jail, juvenile hall, etc)?⁵

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Exhibit 2: Quality Review Key

(Unless otherwise noted, item is evaluated relevant to audit period)

77. Claimed service provided was NOT for supervision, academic educational svc, vocational svc, recreation and/or socialization?⁵
78. Claimed service provided was NOT transportation?⁵
79. Claimed service was NOT clerical (i.e. making copies, voice mail, scheduling appointments with client, etc.)?⁵
80. Claimed service was NOT payee related?⁵
81. Progress note was completed within the required timeframe per MHP?⁵
82. Progress note documents the language that the service was provided in (or note in Assessment that client is English-speaking and all services to be provided in English)?⁵
83. Progress note indicates interpreter services were used, and relationship to client is indicated, if applicable?

CHART MAINTENANCE:

84. Admission date is noted correctly? (EOD noted in chart should match Insyst)¹
85. Emergency contact info in designated location in file/EHR?¹
86. Releases of information, when applicable?³
87. Writing is legible?⁴ (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)
88. Signatures are legible (or printed name under signature or signature sheet)?⁴ (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD docs)
89. Filing is done appropriately?¹
90. Client identification is present on each page in the clinical record?⁴ (Areas reviewed: Assessments, Client Plans, non-clinical forms, PN's & MD documents)
91. Discharge/termination date noted correctly, when applicable?¹ (Discharge/termination date noted in chart should match InSyst)

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Public Edition: Exhibit 3a: ACBHCS System of Care Audit, 4th Quarter 2015
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 12/1/14 - 2/28/15

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
2		1	P01	11/7/14	12/2/14	323	90791 Psychiatric Diag Eval	100	\$ 274.00	1	\$ 274.00				1:324; 15b
3		1	P01	11/7/14	12/3/14	571	Brokerage Services	71	\$ 150.52	1	\$ 150.52				1:571;15B
4		1	P01	11/7/14	12/10/14	571	Brokerage Services	15	\$ 31.80	1	\$ 31.80				1:311;15b
5		1	P01	11/7/14	12/18/14	323	90791 Psychiatric Diag Eval	50	\$ 137.00	1	\$ 137.00				1:311; 15b
6	Chart Totals									4		0		4	
7	Chart Claims Compliance														100%
8															
9		2	P02	10/24/14	12/3/14	571	Brokerage Services	40	\$ 84.80	1	\$ 84.80				1:310
10		2	P02	10/24/14	12/10/14	571	Brokerage Services	75	\$ 159.00			1	\$ 159.00		24
11		2	P02	10/24/14	12/19/14	571	Brokerage Services	130	\$ 275.60	1	\$ 275.60				2,4,1:377/378
12	Chart Totals									2		1	\$ 159.00	3	
13	Chart Claims Compliance														67%
14															
15		3	P03	10/22/14	12/3/14	442	90834 Psychotherapy 45 min	59	\$ 161.66	1	\$ 161.66				1:PN missing CPT/Insysts code,32
16		3	P03	10/22/14	12/17/14	442	90834 Psychotherapy 45 min	59	\$ 161.66	1	\$ 161.66				1:PN missing CPT/Insysts code,32
17		3	P03	10/22/14	1/14/15	310	COLLATERAL - CAREGIVER	41	\$ 112.34	1	\$ 112.34				1:PN missing CPT/Insysts code,32
18		3	P03	10/22/14	1/21/15	442	90834 Psychotherapy 45 min	47	\$ 128.78	1	\$ 128.78				1:PN missing CPT/Insysts code,32
19		3	P03	10/22/14	1/28/15	443	90837 Psychotherapy 60 min	63	\$ 172.62	1	\$ 172.62				1:PN missing CPT/Insysts code,32
20		3	P03	10/22/14	2/4/15	442	90834 Psychotherapy 45 min	59	\$ 161.66	1	\$ 161.66				1:PN missing CPT/Insysts code,32
21		3	P03	10/22/14	2/5/15	310	COLLATERAL - CAREGIVER	43	\$ 117.82	1	\$ 117.82				1:PN missing CPT/Insysts code,32
22		3	P03	10/22/14	2/10/15	311	Collateral	11	\$ 30.14			1	\$ 30.14		18,1:PN missing CPT/Insysts code,32
23		3	P03	10/22/14	2/11/15	442	90834 Psychotherapy 45 min	57	\$ 156.18	1	\$ 156.18				1:PN missing CPT/Insysts code,32
24		3	P03	10/22/14	2/18/15	449	90847 FAMILY PSYCH W PATIENT	59	\$ 161.66	1	\$ 161.66				1:PN missing CPT/Insysts code,32
25	Chart Totals									9		1	\$ 30.14	10	
26	Chart Claims Compliance														90%
27															
28		4	P04	9/4/12	12/2/14	311	Collateral	55	\$ 209.55	1	\$ 209.55				25;4
29		4	P04	9/4/12	12/3/14	311	Collateral	60	\$ 228.60	1	\$ 228.60				25;4
30		4	P04	9/4/12	12/10/14	311	Collateral	70	\$ 266.70	1	\$ 266.70				25;4
31		4	P04	9/4/12	12/10/14	442	90834 Psychotherapy 45 min	55	\$ 209.55	1	\$ 209.55				
32		4	P04	9/4/12	12/12/14	311	Collateral	30	\$ 114.30	1	\$ 114.30				25;9;16
33		4	P04	9/4/12	12/17/14	443	90837 Psychotherapy 60 min	60	\$ 228.60	1	\$ 228.60				25;9;16
34		4	P04	9/4/12	12/18/14	311	Collateral	60	\$ 228.60	1	\$ 228.60				25;9;16
35		4	P04	9/4/12	1/7/15	311	Collateral	50	\$ 190.50	1	\$ 190.50				25;9;16
36		4	P04	9/4/12	1/7/15	442	90834 Psychotherapy 45 min	55	\$ 209.55	1	\$ 209.55				25;9;16
37		4	P04	9/4/12	1/9/15	310	COLLATERAL - CAREGIVER	40	\$ 152.40	1	\$ 152.40				25;9;16
38		4	P04	9/4/12	1/9/15	311	Collateral	20	\$ 76.20	1	\$ 76.20				25;9;16
39		4	P04	9/4/12	1/12/15	381	Individual Rehabilitation	60	\$ 228.60	1	\$ 228.60				38;16
40		4	P04	9/4/12	1/13/15	367	MEDICATION TRAINING & SUPPORT	30	\$ 167.40	1	\$ 167.40				
41		4	P04	9/4/12	1/13/15	381	Individual Rehabilitation	30	\$ 114.30	1	\$ 114.30				38;9;16
42		4	P04	9/4/12	1/14/15	441	90832 Psychotherapy 30 min	40	\$ 152.40	1	\$ 152.40				9;16
43		4	P04	9/4/12	1/21/15	443	90837 Psychotherapy 60 min	70	\$ 266.70	1	\$ 266.70				25;9;16
44		4	P04	9/4/12	1/22/15	311	Collateral	25	\$ 95.25	1	\$ 95.25				25;9;16
45		4	P04	9/4/12	1/22/15	442	90834 Psychotherapy 45 min	55	\$ 209.55	1	\$ 209.55				25;9;16
46		4	P04	9/4/12	1/22/15	571	Brokerage Services	30	\$ 106.80	1	\$ 106.80				1/311
47		4	P04	9/4/12	1/27/15	311	Collateral	30	\$ 114.30	1	\$ 114.30				
48		4	P04	9/4/12	1/28/15	443	90837 Psychotherapy 60 min	70	\$ 266.70	1	\$ 266.70				25;16

Public Edition: Exhibit 3a: ACBHCS System of Care Audit, 4th Quarter 2015
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 12/1/14 - 2/28/15

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
49		4	P04	9/4/12	2/4/15	443	90837 Psychotherapy 60 min	70	\$ 266.70	1	\$ 266.70				25;16
50		4	P04	9/4/12	2/9/15	413	90846 FAMILY PSYCH WO PATIENT	30	\$ 114.30	1	\$ 114.30				25;16;38
51		4	P04	9/4/12	2/10/15	311	Collateral	60	\$ 228.60	1	\$ 228.60				
52		4	P04	9/4/12	2/10/15	581	Plan Development	45	\$ 171.45	1	\$ 171.45				38
53		4	P04	9/4/12	2/11/15	443	90837 Psychotherapy 60 min	70	\$ 266.70	1	\$ 266.70				25
54		4	P04	9/4/12	2/19/15	571	Brokerage Services	80	\$ 284.80	1	\$ 284.80				25
55		4	P04	9/4/12	2/20/15	443	90837 Psychotherapy 60 min	70	\$ 266.70	1	\$ 266.70				25
56		4	P04	9/4/12	2/24/15	311	Collateral	45	\$ 171.45	1	\$ 171.45				4
57		4	P04	9/4/12	2/24/15	571	Brokerage Services	105	\$ 373.80	1	\$ 373.80				25
58		4	P04	9/4/12	2/25/15	443	90837 Psychotherapy 60 min	60	\$ 228.60	1	\$ 228.60				25
59	Chart Totals									31		0		31	
60	Chart Claims Compliance														100%
61															
62		1	P05	9/15/14	12/3/14	311	Collateral	26	\$ 71.24	1	\$ 71.24				25, 4
63		1	P05	9/15/14	12/3/14	311	Collateral	26	\$ 71.24	1	\$ 71.24				25, 4
64		1	P05	9/15/14	12/3/14	311	Collateral	101	\$ 276.74	1	\$ 276.74				25
65		1	P05	9/15/14	12/3/14	311	Collateral	25	\$ 68.50	1	\$ 68.50				25, 16 (intervention)
66		1	P05	9/15/14	12/4/14	441	90832 Psychotherapy 30 min	45	\$ 123.30	1	\$ 123.30				25, 4, 16
67		1	P05	9/15/14	12/5/14	311	Collateral	29	\$ 79.46	1	\$ 79.46				1: 581 (better coded as Plan Development)
68		1	P05	9/15/14	12/5/14	441	90832 Psychotherapy 30 min	30	\$ 82.20	1	\$ 82.20				25, 16, 4
69		1	P05	9/15/14	12/5/14	443	90837 Psychotherapy 60 min	135	\$ 369.90	1	\$ 369.90				25, 16, 4
70		1	P05	9/15/14	12/8/14	310	COLLATERAL - CAREGIVER	143	\$ 391.82	1	\$ 391.82				1:449 (better coded as Family Therapy), 25
71		1	P05	9/15/14	12/10/14	310	COLLATERAL - CAREGIVER	38	\$ 104.12	1	\$ 104.12				16, 4
72		1	P05	9/15/14	12/10/14	311	Collateral	27	\$ 73.98	1	\$ 73.98				16, 4
73		1	P05	9/15/14	12/12/14	311	Collateral	28	\$ 76.72	1	\$ 76.72				25, 16, 4
74		1	P05	9/15/14	12/12/14	442	90834 Psychotherapy 45 min	65	\$ 178.10	1	\$ 178.10				25, 16, 4
75		1	P05	9/15/14	12/15/14	443	90837 Psychotherapy 60 min	135	\$ 369.90	1	\$ 369.90				1: 581 (better coded as Plan Development), 25, 16, 4
76		1	P05	9/15/14	12/16/14	310	COLLATERAL - CAREGIVER	31	\$ 84.94	1	\$ 84.94				4, 16
77		1	P05	9/15/14	12/16/14	311	Collateral	31	\$ 84.94	1	\$ 84.94				4, 16
78		1	P05	9/15/14	12/17/14	311	Collateral	29	\$ 79.46	1	\$ 79.46				4, 16
79		1	P05	9/15/14	12/17/14	442	90834 Psychotherapy 45 min	65	\$ 178.10	1	\$ 178.10				4, 16
80		1	P05	9/15/14	12/19/14	442	90834 Psychotherapy 45 min	63	\$ 172.62	1	\$ 172.62				25, 4, 16
81		1	P05	9/15/14	1/5/15	443	90837 Psychotherapy 60 min	74	\$ 202.76	1	\$ 202.76				25, 4, 16
82		1	P05	9/15/14	1/6/15	311	Collateral	25	\$ 68.50	1	\$ 68.50				25, 4, 16
83		1	P05	9/15/14	1/9/15	311	Collateral	27	\$ 73.98	1	\$ 73.98				25, 4, 16
84		1	P05	9/15/14	1/9/15	441	90832 Psychotherapy 30 min	29	\$ 79.46	1	\$ 79.46				25, 4, 16
85		1	P05	9/15/14	1/13/15	311	Collateral	30	\$ 82.20	1	\$ 82.20				25, 4, 16
86		1	P05	9/15/14	1/13/15	311	Collateral	31	\$ 84.94	1	\$ 84.94				25, 4, 16
87		1	P05	9/15/14	1/20/15	442	90834 Psychotherapy 45 min	69	\$ 189.06	1	\$ 189.06				25, 4, 16
88		1	P05	9/15/14	1/27/15	311	Collateral	29	\$ 79.46	1	\$ 79.46				25, 4, 16
89		1	P05	9/15/14	1/27/15	442	90834 Psychotherapy 45 min	53	\$ 145.22	1	\$ 145.22				25, 4, 16
90		1	P05	9/15/14	1/27/15	311	Collateral	28	\$ 76.72	1	\$ 76.72				25, 4, 16
91		1	P05	9/15/14	1/27/15	311	Collateral	55	\$ 150.70	1	\$ 150.70				25, 4, 16
92		1	P05	9/15/14	1/28/15	311	Collateral	28	\$ 76.72	1	\$ 76.72				25, 4, 16
93		1	P05	9/15/14	1/30/15	442	90834 Psychotherapy 45 min	57	\$ 156.18	1	\$ 156.18				25, 4, 16
94		1	P05	9/15/14	2/3/15	311	Collateral	32	\$ 87.68	1	\$ 87.68				25, 4, 16

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 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 12/1/14 - 2/28/15

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
95		1	P05	9/15/14	2/19/15	441	90832 Psychotherapy 30 min	46	\$ 126.04	1	\$ 126.04				25, 4, 16
96		1	P05	9/15/14	2/26/15	324	96151 Behavioral Eval	45	\$ 123.30	1	\$ 123.30				
97		1	P05	9/15/14	2/27/15	442	90834 Psychotherapy 45 min	66	\$ 180.84	1	\$ 180.84				25, 4, 16
98	Chart Totals									36		0		36	
99	Chart Claims Compliance														100%
100															
101		5	P06	10/3/14	12/1/14	571	Brokerage Services	107	\$ 226.84			1	\$ 226.84		22, 2, 4, 15b
102		5	P06	10/3/14	12/9/14	381	Individual Rehabilitation	153	\$ 419.22			1	\$ 419.22		22, 15b, 6, 8, 9, 25, 2, 4
103		5	P06	10/3/14	12/9/14	571	Brokerage Services	90	\$ 190.80			1	\$ 190.80		22, 2, 25, 15b
104		5	P06	10/3/14	12/10/14	311	Collateral	183	\$ 501.42			1	\$ 501.42		22
105		5	P06	10/3/14	12/10/14	571	Brokerage Services	244	\$ 517.28			1	\$ 517.28		22, 25, 2, 4, 15b
106		5	P06	10/3/14	12/10/14	622	NON CLAIMABLE CLIENT SUPPORT	83	\$ 159.36	1	\$ 159.36				Not Claimed to Medi-Cal
107		5	P06	10/3/14	12/10/14	622	NON CLAIMABLE CLIENT SUPPORT	58	\$ 111.36	1	\$ 111.36				Not Claimed to Medi-Cal
108		5	P06	10/3/14	12/29/14	622	NON CLAIMABLE CLIENT SUPPORT	25	\$ 48.00	1	\$ 48.00				Not Claimed to Medi-Cal
109		5	P06	10/3/14	12/30/14	571	Brokerage Services	16	\$ 33.92	1	\$ 33.92				1:311 (better coded as collateral to support the plan)
110		5	P06	10/3/14	12/30/14	571	Brokerage Services	12	\$ 25.44	1	\$ 25.44				1:311 (better coded as collateral to support the plan)
111		5	P06	10/3/14	1/2/15	311	Collateral	16	\$ 43.84	1	\$ 43.84				
112		5	P06	10/3/14	1/6/15	311	Collateral	49	\$ 134.26	1	\$ 134.26				2, 15b
113		5	P06	10/3/14	1/6/15	311	Collateral	48	\$ 131.52	1	\$ 131.52				2, 25, 15b
114		5	P06	10/3/14	1/7/15	310	COLLATERAL - CAREGIVER	20	\$ 54.80	1	\$ 54.80				11
115		5	P06	10/3/14	1/8/15	310	COLLATERAL - CAREGIVER	123	\$ 337.02	1	\$ 337.02				2, 4
116		5	P06	10/3/14	1/12/15	311	Collateral	165	\$ 452.10	1	\$ 452.10				2, 4
117		5	P06	10/3/14	1/12/15	571	Brokerage Services	12	\$ 25.44			1	\$ 25.44		1:310, 7, 11 (need to document how it supports the treatment plan)
118		5	P06	10/3/14	1/12/15	571	Brokerage Services	160	\$ 339.20	1	\$ 339.20				24, 15b
119		5	P06	10/3/14	1/12/15	622	NON CLAIMABLE CLIENT SUPPORT	12	\$ 23.04	1	\$ 23.04				Not Claimed to Medi-Cal
120		5	P06	10/3/14	1/15/15	381	Individual Rehabilitation	202	\$ 553.48	1	\$ 553.48				15b, 25, 2, 4, 6, 8, 9
121		5	P06	10/3/14	1/21/15	311	Collateral	26	\$ 71.24	1	\$ 71.24				1:571 (Brokerage; without staff support client would not follow-through), 25
122		5	P06	10/3/14	1/21/15	571	Brokerage Services	135	\$ 286.20	1	\$ 286.20				25
123		5	P06	10/3/14	1/21/15	622	NON CLAIMABLE CLIENT SUPPORT	60	\$ 115.20	1	\$ 115.20				Not Claimed to Medi-Cal
124		5	P06	10/3/14	1/21/15	622	NON CLAIMABLE CLIENT SUPPORT	109	\$ 209.28	1	\$ 209.28				Not Claimed to Medi-Cal
125		5	P06	10/3/14	1/24/15	311	Collateral	35	\$ 95.90			1	\$ 95.90		18 (non-bill scheduling appointment), 25, 15b, 2
126		5	P06	10/3/14	1/26/15	311	Collateral	13	\$ 35.62	1	\$ 35.62				
127		5	P06	10/3/14	1/27/15	311	Collateral	199	\$ 545.26	1	\$ 545.26				25, 2, 4, 15b
128		5	P06	10/3/14	1/28/15	571	Brokerage Services	121	\$ 256.52	1	\$ 256.52				
129		5	P06	10/3/14	1/29/15	571	Brokerage Services	21	\$ 44.52	1	\$ 44.52				1:581 (Plan Development; wanting to move into Family Counseling), 25, 15b
130		5	P06	10/3/14	1/29/15	622	NON CLAIMABLE CLIENT SUPPORT	14	\$ 26.88	1	\$ 26.88				Not Claimed to Medi-Cal
131		5	P06	10/3/14	2/4/15	571	Brokerage Services	38	\$ 80.56	1	\$ 80.56				25, 2, 15b
132		5	P06	10/3/14	2/6/15	381	Individual Rehabilitation	221	\$ 605.54	1	\$ 605.54				25, 6, 9, 15b
133		5	P06	10/3/14	2/6/15	571	Brokerage Services	26	\$ 55.12			1	\$ 55.12		43 (Duplication of Service; unnecessary. Staff could have received information from reading clinician's note), 25, 15b
134		5	P06	10/3/14	2/6/15	622	NON CLAIMABLE CLIENT SUPPORT	18	\$ 34.56	1	\$ 34.56				Not Claimed to Medi-Cal

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1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
135		5	P06	10/3/14	2/10/15	311	Collateral	16	\$ 43.84	1	\$ 43.84				
136		5	P06	10/3/14	2/12/15	311	Collateral	104	\$ 284.96	1	\$ 284.96				2
137		5	P06	10/3/14	2/17/15	381	Individual Rehabilitation	99	\$ 271.26	1	\$ 271.26				25, 15b, 4, 6, 9
138		5	P06	10/3/14	2/17/15	571	Brokerage Services	12	\$ 25.44	1	\$ 25.44				
139		5	P06	10/3/14	2/25/15	571	Brokerage Services	39	\$ 82.68	1	\$ 82.68				25
140		5	P06	10/3/14	2/25/15	571	Brokerage Services	56	\$ 118.72	1	\$ 118.72				1: 581 (bill Plan Development and both staff can bill), 25, 15b
141		5	P06	10/3/14	2/26/15	571	Brokerage Services	18	\$ 38.16	1	\$ 38.16				
142	Chart Totals									33		8	\$ 2,032.02	41	
143	Chart Claims Compliance														80%
144															
145		6	P07	9/19/14	1/2/15	581	Plan Development	14	\$ 38.36			1	\$ 38.36		21 supervision, 9
146		6	P07	9/19/14	1/9/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21 supervision, 9
147		6	P07	9/19/14	1/15/15	310	COLLATERAL - CAREGIVER	35	\$ 95.90	1	\$ 95.90				9
148		6	P07	9/19/14	1/15/15	311	Collateral	41	\$ 112.34	1	\$ 112.34				9
149		6	P07	9/19/14	1/15/15	381	Individual Rehabilitation	50	\$ 137.00	1	\$ 137.00				9
150		6	P07	9/19/14	1/16/15	311	Collateral	181	\$ 495.94	1	\$ 495.94				9
151		6	P07	9/19/14	1/16/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21 supervision, 9
152		6	P07	9/19/14	1/16/15	311	Collateral	22	\$ 60.28	1	\$ 60.28				9
153		6	P07	9/19/14	1/20/15	310	COLLATERAL - CAREGIVER	18	\$ 49.32	1	\$ 49.32				9
154		6	P07	9/19/14	1/21/15	381	Individual Rehabilitation	22	\$ 60.28	1	\$ 60.28				9
155		6	P07	9/19/14	1/23/15	310	COLLATERAL - CAREGIVER	30	\$ 82.20	1	\$ 82.20				9
156		6	P07	9/19/14	1/23/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21, 9
157		6	P07	9/19/14	1/26/15	311	Collateral	145	\$ 397.30	1	\$ 397.30				9
158		6	P07	9/19/14	1/27/15	311	Collateral	94	\$ 257.56	1	\$ 257.56				9
159		6	P07	9/19/14	1/27/15	311	Collateral	100	\$ 274.00	1	\$ 274.00				9
160		6	P07	9/19/14	1/28/15	310	COLLATERAL - CAREGIVER	42	\$ 115.08	1	\$ 115.08				9
161		6	P07	9/19/14	1/28/15	381	Individual Rehabilitation	13	\$ 35.62	1	\$ 35.62				9
162		6	P07	9/19/14	1/29/15	311	Collateral	13	\$ 35.62	1	\$ 35.62				9
163		6	P07	9/19/14	1/30/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21, 9
164		6	P07	9/19/14	2/5/15	310	COLLATERAL - CAREGIVER	50	\$ 137.00	1	\$ 137.00				9
165		6	P07	9/19/14	2/6/15	310	COLLATERAL - CAREGIVER	20	\$ 54.80	1	\$ 54.80				9
166		6	P07	9/19/14	2/6/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21
167		6	P07	9/19/14	2/9/15	311	Collateral	153	\$ 419.22	1	\$ 419.22				9
168		6	P07	9/19/14	2/10/15	310	COLLATERAL - CAREGIVER	28	\$ 76.72	1	\$ 76.72				9
169		6	P07	9/19/14	2/13/15	311	Collateral	66	\$ 180.84	1	\$ 180.84				9
170		6	P07	9/19/14	2/17/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21, 9
171		6	P07	9/19/14	2/19/15	581	Plan Development	48	\$ 131.52	1	\$ 131.52				9
172		6	P07	9/19/14	2/20/15	581	Plan Development	12	\$ 32.88			1	\$ 32.88		21, 9
173		6	P07	9/19/14	2/23/15	310	COLLATERAL - CAREGIVER	140	\$ 383.60	1	\$ 383.60				9
174	Chart Totals									21		8	\$ 268.52	29	
175	Chart Claims Compliance														72%
176															
177		1	P07	12/22/14	12/22/14	377	90839 Crisis Thpy 60 min	60	\$ 244.20	1	\$ 244.20				
178		1	P07	12/22/14	12/22/14	377	90839 Crisis Thpy 60 min	60	\$ 244.20	1	\$ 244.20				
179		1	P07	12/22/14	12/22/14	378	90840 + Crisis Thpy Add 30min	104	\$ 423.28	1	\$ 423.28				
180		1	P07	12/22/14	12/22/14	378	90840 + Crisis Thpy Add 30min	79	\$ 321.53	1	\$ 321.53				

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
181		1	P07	12/22/14	12/23/14	310	COLLATERAL - CAREGIVER	17	\$ 46.58	1	\$ 46.58				
182		1	P07	12/22/14	12/23/14	571	Brokerage Services	18	\$ 38.16	1	\$ 38.16				1 323
183		1	P07	12/22/14	12/30/14	571	Brokerage Services	14	\$ 29.68	1	\$ 29.68				1 323
184		1	P07	12/22/14	1/12/15	571	Brokerage Services	17	\$ 36.04	1	\$ 36.04				1 323
185	Claims Totals									8		0		8	
186	Chart Claims Compliance														100%
187															
188		7	P07	11/14/12	12/1/14	443	90837 Psychotherapy 60 min	64	\$ 173.44	1	\$ 173.44				
189		7	P07	11/14/12	12/4/14	381	Individual Rehabilitation	12	\$ 32.52	1	\$ 32.52				9, 41
190		7	P07	11/14/12	12/8/14	443	90837 Psychotherapy 60 min	62	\$ 168.02	1	\$ 168.02				9
191		7	P07	11/14/12	12/15/14	443	90837 Psychotherapy 60 min	62	\$ 168.02	1	\$ 168.02				
192		7	P07	11/14/12	12/16/14	449	90847 FAMILY PSYCH W PATIENT	91	\$ 246.61	1	\$ 246.61				9
193		7	P07	11/14/12	1/5/15	443	90837 Psychotherapy 60 min	63	\$ 170.73	1	\$ 170.73				
194		7	P07	11/14/12	1/7/15	571	Brokerage Services	21	\$ 44.52	1	\$ 44.52				
195		7	P07	11/14/12	1/8/15	381	Individual Rehabilitation	14	\$ 37.94	1	\$ 37.94				9
196		7	P07	11/14/12	1/12/15	443	90837 Psychotherapy 60 min	65	\$ 176.15	1	\$ 176.15				
197		7	P07	11/14/12	1/14/15	571	Brokerage Services	13	\$ 27.56	1	\$ 27.56				
198		7	P07	11/14/12	1/21/15	442	90834 Psychotherapy 45 min	49	\$ 132.79	1	\$ 132.79				9
199		7	P07	11/14/12	1/26/15	443	90837 Psychotherapy 60 min	64	\$ 173.44	1	\$ 173.44				41
200		7	P07	11/14/12	1/27/15	311	Collateral	16	\$ 43.36	1	\$ 43.36				1
201		7	P07	11/14/12	1/28/15	381	Individual Rehabilitation	24	\$ 65.04	1	\$ 65.04				
202		7	P07	11/14/12	2/2/15	311	Collateral	77	\$ 208.67	1	\$ 208.67				
203		7	P07	11/14/12	2/2/15	311	Collateral	83	\$ 224.93	1	\$ 224.93				1
204		7	P07	11/14/12	2/5/15	441	90832 Psychotherapy 30 min	28	\$ 75.88	1	\$ 75.88				9
205		7	P07	11/14/12	2/11/15	311	Collateral	13	\$ 35.23	1	\$ 35.23				
206		7	P07	11/14/12	2/12/15	310	COLLATERAL - CAREGIVER	16	\$ 43.36	1	\$ 43.36				
207		7	P07	11/14/12	2/12/15	442	90834 Psychotherapy 45 min	55	\$ 149.05	1	\$ 149.05				
208		7	P07	11/14/12	2/18/15	310	COLLATERAL - CAREGIVER	18	\$ 48.78	1	\$ 48.78				
209		7	P07	11/14/12	2/18/15	442	90834 Psychotherapy 45 min	58	\$ 157.18	1	\$ 157.18				
210		7	P07	11/14/12	2/19/15	449	90847 FAMILY PSYCH W PATIENT	85	\$ 230.35	1	\$ 230.35				
211		7	P07	11/14/12	2/20/15	311	Collateral	15	\$ 40.65	1	\$ 40.65				
212		7	P07	11/14/12	2/23/15	443	90837 Psychotherapy 60 min	64	\$ 173.44	1	\$ 173.44				
213		7	P07	11/14/12	2/24/15	381	Individual Rehabilitation	52	\$ 140.92	1	\$ 140.92				1
214		7	P07	11/14/12	2/24/15	449	90847 FAMILY PSYCH W PATIENT	64	\$ 173.44	1	\$ 173.44				
215		7	P07	11/14/12	2/26/15	449	90847 FAMILY PSYCH W PATIENT	83	\$ 224.93	1	\$ 224.93				
216		7	P07	11/14/12	2/27/15	310	COLLATERAL - CAREGIVER	22	\$ 59.62	1	\$ 59.62				
217		7	P07	11/14/12	2/27/15	381	Individual Rehabilitation	22	\$ 59.62	1	\$ 59.62				
218	Claim Totals									30		0		30	
219	Chart Claims Compliance														100%
220	Agency Totals									59		8	\$ 268.52	67	
221	Agency Claims Compliance														88%
222															
223		8	P08	9/2/14	1/7/15	443	90837 Psychotherapy 60 min	83	\$ 227.42	1	\$ 227.42				4
224		8	P08	9/2/14	1/8/15	381	Individual Rehabilitation	104	\$ 284.96	1	\$ 284.96				4
225		8	P08	9/2/14	1/16/15	443	90837 Psychotherapy 60 min	98	\$ 268.52	1	\$ 268.52				4, 25
226		8	P08	9/2/14	1/22/15	571	Brokerage Services	107	\$ 226.84	1	\$ 226.84				4
227		8	P08	9/2/14	2/4/15	443	90837 Psychotherapy 60 min	87	\$ 238.38	1	\$ 238.38				4

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1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
228		8	P08	9/2/14	2/23/15	381	Individual Rehabilitation	186	\$ 509.64	1	\$ 509.64				4, 25, 5
229		8	P08	9/2/14	2/26/15	443	90837 Psychotherapy 60 min	109	\$ 298.66	1	\$ 298.66				4
230		8	P08	9/2/14	2/27/15	581	Plan Development	185	\$ 506.90	1	\$ 506.90				4, 25
231		8	P08	9/2/14	2/27/15	581	Plan Development	194	\$ 531.56	1	\$ 531.56				2, 4
232	Claims Totals									9		0		9	
233	Chart Claims Compliance														100%
234															
235		9	P09	10/5/12	12/3/14	442	90834 Psychotherapy 45 min	52	\$ 136.76	1	\$ 136.76				
236		9	P09	10/5/12	12/4/14	456	90853 GROUP PSYCHOTHERAPY	26	\$ 68.38	1	\$ 68.38				
237		9	P09	10/5/12	12/10/14	311	Collateral	18	\$ 47.34	1	\$ 47.34				
238		9	P09	10/5/12	12/10/14	443	90837 Psychotherapy 60 min	66	\$ 173.58	1	\$ 173.58				
239		9	P09	10/5/12	12/18/14	443	90837 Psychotherapy 60 min	62	\$ 163.06	1	\$ 163.06				1; 442(per F:F time)
240		9	P09	10/5/12	12/18/14	456	90853 GROUP PSYCHOTHERAPY	36	\$ 94.68	1	\$ 94.68				
241		9	P09	10/5/12	1/6/15	311	Collateral	12	\$ 31.56	1	\$ 31.56				
242		9	P09	10/5/12	1/7/15	443	90837 Psychotherapy 60 min	66	\$ 173.58	1	\$ 173.58				
243		9	P09	10/5/12	1/8/15	456	90853 GROUP PSYCHOTHERAPY	25	\$ 65.75	1	\$ 65.75				
244		9	P09	10/5/12	1/13/15	443	90837 Psychotherapy 60 min	63	\$ 165.69	1	\$ 165.69				
245		9	P09	10/5/12	1/27/15	443	90837 Psychotherapy 60 min	64	\$ 168.32	1	\$ 168.32				
246		9	P09	10/5/12	1/29/15	456	90853 GROUP PSYCHOTHERAPY	25	\$ 65.75	1	\$ 65.75				
247		9	P09	10/5/12	2/3/15	311	Collateral	22	\$ 57.86	1	\$ 57.86				
248		9	P09	10/5/12	2/3/15	413	90846 FAMILY PSYCH WO PATIENT	41	\$ 107.83	1	\$ 107.83				
249		9	P09	10/5/12	2/3/15	443	90837 Psychotherapy 60 min	63	\$ 165.69	1	\$ 165.69				
250		9	P09	10/5/12	2/3/15	449	90847 FAMILY PSYCH W PATIENT	94	\$ 247.22	1	\$ 247.22				1; 581
251		9	P09	10/5/12	2/5/15	456	90853 GROUP PSYCHOTHERAPY	26	\$ 68.38	1	\$ 68.38				
252		9	P09	10/5/12	2/10/15	442	90834 Psychotherapy 45 min	53	\$ 139.39	1	\$ 139.39				
253		9	P09	10/5/12	2/12/15	456	90853 GROUP PSYCHOTHERAPY	36	\$ 94.68	1	\$ 94.68				
254		9	P09	10/5/12	2/17/15	441	90832 Psychotherapy 30 min	41	\$ 107.83	1	\$ 107.83				
255		9	P09	10/5/12	2/19/15	456	90853 GROUP PSYCHOTHERAPY	26	\$ 68.38	1	\$ 68.38				
256		9	P09	10/5/12	2/26/15	456	90853 GROUP PSYCHOTHERAPY	36	\$ 94.68	1	\$ 94.68				
257		9	P09	10/5/12	2/27/15	441	90832 Psychotherapy 30 min	46	\$ 120.98	1	\$ 120.98				
258	Chart Totals									23		0		23	
259	Chart Claims Compliance														100%
260															
261		1	P10	12/3/14	12/3/14	311	Collateral	31	\$ 84.94	1	\$ 84.94				25;1:323
262		1	P10	12/3/14	12/3/14	323	90791 Psychiatric Diag Eval	113	\$ 309.62	1	\$ 309.62				25
263		1	P10	12/3/14	12/9/14	443	90837 Psychotherapy 60 min	101	\$ 276.74	1	\$ 276.74				25;16;9
264		1	P10	12/3/14	12/15/14	310	COLLATERAL - CAREGIVER	12	\$ 32.88	1	\$ 32.88				
265		1	P10	12/3/14	12/15/14	323	90791 Psychiatric Diag Eval	55	\$ 150.70	1	\$ 150.70				25
266		1	P10	12/3/14	12/16/14	443	90837 Psychotherapy 60 min	139	\$ 380.86	1	\$ 380.86				16(12/9/14);9
267		1	P10	12/3/14	12/23/14	443	90837 Psychotherapy 60 min	140	\$ 383.60	1	\$ 383.60				16 (12/9/14);9
268		1	P10	12/3/14	12/29/14	323	90791 Psychiatric Diag Eval	110	\$ 301.40	1	\$ 301.40				16;9;25
269		1	P10	12/3/14	1/2/15	324	96151 Behavioral Eval	16	\$ 43.84	1	\$ 43.84				
270		1	P10	12/3/14	1/2/15	581	Plan Development	71	\$ 194.54			1	\$ 194.54		1:Non-Billable Note
271	Chart Totals									9		1	\$ 194.54	10	
272	Chart Claims Compliance														90%
273															
274		10	P11	12/11/14	12/11/14	323	90791 Psychiatric Diag Eval	150	\$ 411.00	1	\$ 411.00				

Public Edition: Exhibit 3a: ACBHCS System of Care Audit, 4th Quarter 2015
 CHILDRENS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 12/1/14 - 2/28/15

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments	
275	10	P11	12/11/14	12/11/14	323	90791 Psychiatric Diag Eval	90	\$ 246.60	1	\$ 246.60					
276	10	P11	12/11/14	12/11/14	571	Brokerage Services	120	\$ 254.40	1	\$ 254.40				1 (323)	
277	10	P11	12/11/14	12/15/14	323	90791 Psychiatric Diag Eval	120	\$ 328.80	1	\$ 328.80					
278	10	P11	12/11/14	12/18/14	323	90791 Psychiatric Diag Eval	55	\$ 150.70	1	\$ 150.70					
279	10	P11	12/11/14	12/18/14	571	Brokerage Services	10	\$ 21.20	1	\$ 21.20					
280	10	P11	12/11/14	12/22/14	449	90847 FAMILY PSYCH W PATIENT	100	\$ 274.00	1	\$ 274.00					
281	10	P11	12/11/14	12/29/14	449	90847 FAMILY PSYCH W PATIENT	100	\$ 274.00	1	\$ 274.00					
282	10	P11	12/11/14	1/5/15	571	Brokerage Services	40	\$ 84.80	1	\$ 84.80					
283	10	P11	12/11/14	1/6/15	449	90847 FAMILY PSYCH W PATIENT	100	\$ 274.00	1	\$ 274.00					
284	10	P11	12/11/14	1/6/15	571	Brokerage Services	80	\$ 169.60	1	\$ 169.60					
285	10	P11	12/11/14	1/8/15	571	Brokerage Services	140	\$ 296.80	1	\$ 296.80				3	
286	10	P11	12/11/14	1/9/15	571	Brokerage Services	50	\$ 106.00	1	\$ 106.00					
287	10	P11	12/11/14	1/12/15	449	90847 FAMILY PSYCH W PATIENT	90	\$ 246.60	1	\$ 246.60					
288	10	P11	12/11/14	1/12/15	571	Brokerage Services	25	\$ 53.00	1	\$ 53.00					
289	10	P11	12/11/14	1/22/15	571	Brokerage Services	40	\$ 84.80	1	\$ 84.80					
290	10	P11	12/11/14	1/22/15	644	99213 OP VISIT DET EST PT 15MN	55	\$ 278.30	1	\$ 278.30					
291	10	P11	12/11/14	1/26/15	449	90847 FAMILY PSYCH W PATIENT	110	\$ 301.40	1	\$ 301.40					
292	10	P11	12/11/14	1/29/15	571	Brokerage Services	10	\$ 21.20	1	\$ 21.20					
293	10	P11	12/11/14	2/2/15	449	90847 FAMILY PSYCH W PATIENT	90	\$ 246.60	1	\$ 246.60					
294	10	P11	12/11/14	2/2/15	571	Brokerage Services	25	\$ 53.00	1	\$ 53.00					
295	10	P11	12/11/14	2/9/15	311	Collateral	15	\$ 41.10			1	\$ 41.10		22	
296	10	P11	12/11/14	2/10/15	324	96151 Behavioral Eval	35	\$ 95.90			1	\$ 95.90		22, 18, 43	
297	10	P11	12/11/14	2/18/15	449	90847 FAMILY PSYCH W PATIENT	90	\$ 246.60			1	\$ 246.60		22	
298	10	P11	12/11/14	2/18/15	571	Brokerage Services	35	\$ 74.20			1	\$ 74.20		22	
299	10	P11	12/11/14	2/23/15	443	90837 Psychotherapy 60 min	90	\$ 246.60			1	\$ 246.60		22	
300	10	P11	12/11/14	2/23/15	571	Brokerage Services	15	\$ 31.80			1	\$ 31.80		22	
301	10	P11	12/11/14	2/23/15	581	Plan Development	40	\$ 109.60			1	\$ 109.60		22	
302	10	P11	12/11/14	2/25/15	571	Brokerage Services	25	\$ 53.00			1	\$ 53.00		22, 18	
303	10	P11	12/11/14	2/26/15	644	99213 OP VISIT DET EST PT 15MN	35	\$ 177.10			1	\$ 177.10		22	
304	10	P11	12/11/14	2/27/15	581	Plan Development	60	\$ 164.40	1	\$ 164.40					
305	Totals								22	\$ 39,750.60	9	\$ 1,075.90	31		
306	% Compliant													71%	
307															
308															
309															
310															
311														red =disallowance	
312														green = recommended void and replace codes	

Public Edition: Exhibit 3b: ACBHCS System of Care Audit, 4TH Quarter 2015
 ADULTS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 1/1/14 - 2/28/15

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
2		11	P12	12/11/96	12/12/14	571	Brokerage Services	60	\$ 213.60			1	\$ 213.60		19, 20 (linkage to PCP could have been claimed if broken out), 25, 5
3		11	P12	12/11/96	12/15/14	369	MEDICATION MGMT B	10	\$ 55.80			1	\$ 55.80		7 (service not described), 8, 25
4		11	P12	12/11/96	12/15/14	645	99214 OP VISIT CMPR E	60	\$ 334.80	1	\$ 334.80				25
5		11	P12	12/11/96	12/16/14	367	MEDICATION TRAINING	30	\$ 167.40	1	\$ 167.40				
6		11	P12	12/11/96	12/16/14	391	Group Rehabilitation	150	\$ 571.50			1	\$ 571.50		7 (service not described), 25
7		11	P12	12/11/96	1/26/15	381	Individual Rehabilitatio	100	\$ 381.00	1	\$ 381.00				
8		11	P12	12/11/96	2/2/15	381	Individual Rehabilitatio	60	\$ 228.60			1	\$ 228.60		11 (needs Mental Health objective re: interpersonal impairments), 25
9		11	P12	12/11/96	2/10/15	381	Individual Rehabilitatio	125	\$ 476.25			1	\$ 476.25		11 (needs Mental Health objective re: interpersonal impairments), 25
10		11	P12	12/11/96	2/17/15	369	MEDICATION MGMT B	10	\$ 55.80			1	\$ 55.80		7 (service not described), 8, 25
11		11	P12	12/11/96	2/18/15	311	Collateral	60	\$ 228.60	1	\$ 228.60				4, 25
12		11	P12	12/11/96	2/18/15	571	Brokerage Services	45	\$ 160.20	1	\$ 160.20				1: 310, 25
13		11	P12	12/11/96	2/19/15	570	Brokerage Services IMD	30	\$ 106.80	1	\$ 106.80				25
14		11	P12	12/11/96	2/24/15	323	90791 Psychiatric Diag	105	\$ 400.05			1	\$ 400.05		17 (Lockout), 25
15		11	P12	12/11/96	2/24/15	570	Brokerage Services IMD	150	\$ 534.00	1	\$ 534.00				25
16		11	P12	12/11/96	2/24/15	581	Plan Development	90	\$ 342.90			1	\$ 342.90		17 (Lockout), 25
17		11	P12	12/11/96	2/26/15	570	Brokerage Services IMD	75	\$ 267.00	1	\$ 267.00				25
18		11	P12	12/11/96	2/26/15	570	Brokerage Services IMD	175	\$ 623.00	1	\$ 623.00				25
19	Chart Totals									9		8	\$ 2,344.50	17	
20	Chart Claims Totals														53%
21															
22		12	P13	12/20/12	12/2/14	581	Plan Development	120	\$ 457.20	1	\$ 457.20				
23		12	P13	12/20/12	12/3/14	571	Brokerage Services	75	\$ 267.00	1	\$ 267.00				
24		12	P13	12/20/12	12/4/14	367	MEDICATION TRAINING	10	\$ 55.80	1	\$ 55.80				
25		12	P13	12/20/12	12/16/14	381	Individual Rehabilitatio	105	\$ 400.05	1	\$ 400.05				
26		12	P13	12/20/12	12/17/14	570	Brokerage Services IMD	75	\$ 267.00	1	\$ 267.00				
27		12	P13	12/20/12	12/24/14	581	Plan Development	90	\$ 342.90	1	\$ 342.90				
28		12	P13	12/20/12	12/24/14	644	99213 OP VISIT DET EST	35	\$ 195.30	1	\$ 195.30				
29		12	P13	12/20/12	1/20/15	381	Individual Rehabilitatio	105	\$ 400.05	1	\$ 400.05				
30		12	P13	12/20/12	1/26/15	367	MEDICATION TRAINING	20	\$ 111.60	1	\$ 111.60				
31		12	P13	12/20/12	1/27/15	381	Individual Rehabilitatio	135	\$ 514.35	1	\$ 514.35				
32		12	P13	12/20/12	2/24/15	570	Brokerage Services IMD	75	\$ 267.00	1	\$ 267.00				
33		12	P13	12/20/12	2/24/15	644	99213 OP VISIT DET EST	35	\$ 195.30	1	\$ 195.30				
34	Chart Totals									12		0		12	
35	Chart Claims Totals														100%
36															
37		13	P14	12/16/08	12/23/14	570	Brokerage Services IMD	25	\$ 89.00	1	\$ 89.00				23
38		13	P14	12/16/08	12/26/14	581	Plan Development	150	\$ 571.50			1	\$ 571.50		23
39		13	P14	12/16/08	1/5/15	570	Brokerage Services IMD	35	\$ 124.60	1	\$ 124.60				23
40		13	P14	12/16/08	1/12/15	571	Brokerage Services	25	\$ 89.00	1	\$ 89.00				25
41		13	P14	12/16/08	1/20/15	570	Brokerage Services IMD	25	\$ 89.00	1	\$ 89.00				
42		13	P14	12/16/08	1/27/15	570	Brokerage Services IMD	10	\$ 35.60	1	\$ 35.60				
43		13	P14	12/16/08	1/29/15	310	COLLATERAL - CAREGIV	75	\$ 285.75	1	\$ 285.75				

Public Edition: Exhibit 3b: ACBHCS System of Care Audit, 4TH Quarter 2015
 ADULTS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 1/1/14 - 2/28/15

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments	
44	13	P14	12/16/08	2/11/15	570	Brokerage Services IMD	50	\$ 178.00	1	\$ 178.00					
45	13	P14	12/16/08	2/13/15	310	COLLATERAL - CAREGIV	45	\$ 171.45	1	\$ 171.45					
46	13	P14	12/16/08	2/18/15	310	COLLATERAL - CAREGIV	20	\$ 76.20	1	\$ 76.20					
47	13	P14	12/16/08	2/18/15	570	Brokerage Services IMD	55	\$ 195.80	1	\$ 195.80					
48	13	P14	12/16/08	2/23/15	570	Brokerage Services IMD	30	\$ 106.80	1	\$ 106.80					
49	Chart Totals								11			1	\$ 571.50	12	
50	Chart Claims Compliance														92%
51															
52	14	P15	9/18/00	12/1/14	381	Individual Rehabilitatio	60	\$ 163.80	1	\$ 163.80					
53	14	P15	9/18/00	12/11/14	571	Brokerage Services	25	\$ 53.00	1	\$ 53.00					
54	14	P15	9/18/00	12/23/14	381	Individual Rehabilitatio	60	\$ 163.80	1	\$ 163.80					
55	14	P15	9/18/00	12/23/14	645	99214 OP VISIT CMPR E	35	\$ 176.75	1	\$ 176.75					
56	14	P15	9/18/00	1/9/15	391	Group Rehabilitation	27	\$ 73.71	1	\$ 73.71					
57	14	P15	9/18/00	1/12/15	367	MEDICATION TRAINING	10	\$ 50.50	1	\$ 50.50					
58	14	P15	9/18/00	1/16/15	391	Group Rehabilitation	29	\$ 79.17	1	\$ 79.17					
59	14	P15	9/18/00	1/23/15	391	Group Rehabilitation	27	\$ 73.71	1	\$ 73.71					
60	14	P15	9/18/00	2/6/15	391	Group Rehabilitation	23	\$ 62.79	1	\$ 62.79					
61	14	P15	9/18/00	2/18/15	645	99214 OP VISIT CMPR E	35	\$ 176.75	1	\$ 176.75					
62	Chart Totals								10			0		10	
63	Chart Claims Compliance														100%
64															
65	15	P11	10/1/04	12/18/14	381	Individual Rehabilitatio	65	\$ 178.10	1	\$ 178.10					
66	15	P11	10/1/04	12/18/14	643	99212 OP VISIT EXP EST	30	\$ 151.80	1	\$ 151.80				39	
67	15	P11	10/1/04	12/24/14	324	96151 Behavioral Eval	45	\$ 123.30			1	\$ 123.30	30		
68	15	P11	10/1/04	2/5/15	311	Collateral	38	\$ 104.12	1	\$ 104.12					
69	15	P11	10/1/04	2/5/15	643	99212 OP VISIT EXP EST	30	\$ 151.80	1	\$ 151.80				39	
70	15	P11	10/1/04	2/9/15	311	Collateral	50	\$ 137.00	1	\$ 137.00				1 (better 310 or571)	
71	15	P11	10/1/04	2/10/15	571	Brokerage Services	50	\$ 106.00	1	\$ 106.00					
72	15	P11	10/1/04	2/18/15	571	Brokerage Services	50	\$ 106.00	1	\$ 106.00					
73	15	P11	10/1/04	2/23/15	571	Brokerage Services	50	\$ 106.00	1	\$ 106.00					
74	Chart Totals								8			1	\$ 123.30	9	
75	Chart Claims Compliance														89%
76															
77	16	P16	11/1/12	12/2/14	381	Individual Rehabilitatio	145	\$ 268.25	1	\$ 268.25					
78	16	P16	11/1/12	12/2/14	645	99214 OP VISIT CMPR E	41	\$ 140.22	1	\$ 140.22					
79	16	P16	11/1/12	12/4/14	623	CLIENT SUPPORT HOUS	90	\$ 180.00	1	\$ 180.00					
80	16	P16	11/1/12	12/5/14	624	CLIENT SUPPORT VOCA	225	\$ 450.00	1	\$ 450.00					
81	16	P16	11/1/12	12/7/14	381	Individual Rehabilitatio	210	\$ 388.50	1	\$ 388.50					
82	16	P16	11/1/12	12/11/14	381	Individual Rehabilitatio	30	\$ 55.50	1	\$ 55.50					
83	16	P16	11/1/12	12/13/14	381	Individual Rehabilitatio	150	\$ 277.50	1	\$ 277.50					
84	16	P16	11/1/12	12/14/14	381	Individual Rehabilitatio	120	\$ 222.00	1	\$ 222.00					
85	16	P16	11/1/12	12/15/14	381	Individual Rehabilitatio	30	\$ 55.50	1	\$ 55.50					
86	16	P16	11/1/12	12/18/14	624	CLIENT SUPPORT VOCA	30	\$ 60.00	1	\$ 60.00					
87	16	P16	11/1/12	12/23/14	381	Individual Rehabilitatio	181	\$ 334.85	1	\$ 334.85					
88	16	P16	11/1/12	12/23/14	646	99215 OP VISIT CMPL E	68	\$ 232.56	1	\$ 232.56					

Public Edition: Exhibit 3b: ACBHCS System of Care Audit, 4TH Quarter 2015
 ADULTS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 1/1/14 - 2/28/15

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
89		16	P16	11/1/12	12/28/14	381	Individual Rehabilitatio	75	\$ 138.75	1	\$ 138.75				
90		16	P16	11/1/12	1/2/15	624	CLIENT SUPPORT VOCA	30	\$ 60.00	1	\$ 60.00				
91		16	P16	11/1/12	1/4/15	381	Individual Rehabilitatio	150	\$ 277.50	1	\$ 277.50				
92		16	P16	11/1/12	1/5/15	624	CLIENT SUPPORT VOCA	30	\$ 60.00	1	\$ 60.00				
93		16	P16	11/1/12	1/8/15	381	Individual Rehabilitatio	50	\$ 92.50	1	\$ 92.50				
94		16	P16	11/1/12	1/9/15	381	Individual Rehabilitatio	90	\$ 166.50	1	\$ 166.50				
95		16	P16	11/1/12	1/9/15	624	CLIENT SUPPORT VOCA	30	\$ 60.00	1	\$ 60.00				
96		16	P16	11/1/12	1/9/15	624	CLIENT SUPPORT VOCA	75	\$ 150.00	1	\$ 150.00				
97		16	P16	11/1/12	1/9/15	624	CLIENT SUPPORT VOCA	15	\$ 30.00	1	\$ 30.00				
98		16	P16	11/1/12	1/12/15	624	CLIENT SUPPORT VOCA	30	\$ 60.00	1	\$ 60.00				
99		16	P16	11/1/12	1/16/15	391	Group Rehabilitation	85	\$ 157.25	1	\$ 157.25				
100		16	P16	11/1/12	1/20/15	381	Individual Rehabilitatio	35	\$ 64.75	1	\$ 64.75				
101		16	P16	11/1/12	1/20/15	645	99214 OP VISIT CMPR E	46	\$ 157.32	1	\$ 157.32				
102		16	P16	11/1/12	1/21/15	367	MEDICATION TRAINING	20	\$ 68.40	1	\$ 68.40				
103		16	P16	11/1/12	1/22/15	571	Brokerage Services	40	\$ 57.20	1	\$ 57.20				
104		16	P16	11/1/12	1/30/15	391	Group Rehabilitation	134	\$ 247.90	1	\$ 247.90				
105		16	P16	11/1/12	2/1/15	623	CLIENT SUPPORT HOUS	90	\$ 180.00	1	\$ 180.00				
106		16	P16	11/1/12	2/5/15	571	Brokerage Services	198	\$ 283.14	1	\$ 283.14				
107		16	P16	11/1/12	2/5/15	624	CLIENT SUPPORT VOCA	75	\$ 150.00	1	\$ 150.00				
108		16	P16	11/1/12	2/5/15	646	99215 OP VISIT CMPL E	72	\$ 246.24	1	\$ 246.24				
109		16	P16	11/1/12	2/8/15	623	CLIENT SUPPORT HOUS	90	\$ 180.00	1	\$ 180.00				
110		16	P16	11/1/12	2/12/15	381	Individual Rehabilitatio	40	\$ 74.00	1	\$ 74.00				
111		16	P16	11/1/12	2/13/15	571	Brokerage Services	30	\$ 42.90	1	\$ 42.90				
112	Chart Totals									35		0		35	
113	Chart Claims Compliance														100%
114															
115		17	P17	11/7/13	12/22/14	381	Individual Rehabilitatio	55	\$ 150.70	1	\$ 150.70				25, 2, 4
116		17	P17	11/7/13	12/22/14	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				4, 8, 15b
117		17	P17	11/7/13	12/22/14	571	Brokerage Services	56	\$ 118.72	1	\$ 118.72				25, 4
118		17	P17	11/7/13	12/22/14	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b
119		17	P17	11/7/13	12/22/14	381	Individual Rehabilitatio	68	\$ 186.32	1	\$ 186.32				8, 4, 15b, 15c
120		17	P17	11/7/13	12/22/14	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				2, 15b, 4
121		17	P17	11/7/13	12/22/14	571	Brokerage Services	53	\$ 112.36	1	\$ 112.36				15b, 15c, 2, 4
122		17	P17	11/7/13	12/23/14	381	Individual Rehabilitatio	110	\$ 301.40	1	\$ 301.40				8, 2, 4, 15b, 15c
123		17	P17	11/7/13	12/23/14	571	Brokerage Services	55	\$ 116.60	1	\$ 116.60				25, 2, 4
124		17	P17	11/7/13	12/23/14	571	Brokerage Services	109	\$ 231.08	1	\$ 231.08				2, 4, 25, 15b
125		17	P17	11/7/13	12/23/14	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				25, 2, 4
126		17	P17	11/7/13	12/23/14	571	Brokerage Services	61	\$ 129.32	1	\$ 129.32				25, 2, 4, 15b
127		17	P17	11/7/13	12/23/14	571	Brokerage Services	41	\$ 86.92	1	\$ 86.92				25, 4
128		17	P17	11/7/13	12/26/14	571	Brokerage Services	94	\$ 199.28	1	\$ 199.28				25, 2, 4, 15b
129		17	P17	11/7/13	12/28/14	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b
130		17	P17	11/7/13	12/29/14	381	Individual Rehabilitatio	70	\$ 191.80	1	\$ 191.80				25, 4, 8, 15b
131		17	P17	11/7/13	1/2/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				2, 4, 15b
132		17	P17	11/7/13	1/2/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b
133		17	P17	11/7/13	1/2/15	571	Brokerage Services	55	\$ 116.60	1	\$ 116.60				2, 4, 11, 15b

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 ADULTS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 1/1/14 - 2/28/15

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
134		17	P17	11/7/13	1/5/15	381	Individual Rehabilitatio	109	\$ 298.66	1	\$ 298.66				2, 4, 15b
135		17	P17	11/7/13	1/5/15	571	Brokerage Services	54	\$ 114.48	1	\$ 114.48				2, 4, 25, 15b
136		17	P17	11/7/13	1/5/15	571	Brokerage Services	61	\$ 129.32	1	\$ 129.32				25, 2, 4, 15b
137		17	P17	11/7/13	1/5/15	571	Brokerage Services	61	\$ 129.32	1	\$ 129.32				25, 2, 4, 15b
138		17	P17	11/7/13	1/5/15	571	Brokerage Services	55	\$ 116.60	1	\$ 116.60				2, 4, 15b
139		17	P17	11/7/13	1/5/15	571	Brokerage Services	66	\$ 139.92	1	\$ 139.92				2, 4, 15b
140		17	P17	11/7/13	1/6/15	571	Brokerage Services	88	\$ 186.56	1	\$ 186.56				25, 15b, 2, 4
141		17	P17	11/7/13	1/6/15	571	Brokerage Services	137	\$ 290.44	1	\$ 290.44				1:311, 2, 4, 15b
142		17	P17	11/7/13	1/8/15	381	Individual Rehabilitatio	98	\$ 268.52	1	\$ 268.52				25, 15b, 11
143		17	P17	11/7/13	1/8/15	571	Brokerage Services	116	\$ 245.92	1	\$ 245.92				25, 15b
144		17	P17	11/7/13	1/13/15	391	Group Rehabilitation	68	\$ 186.32	1	\$ 186.32				10, 25, 15b, 8, 2, 4, 9
145		17	P17	11/7/13	1/13/15	571	Brokerage Services	45	\$ 95.40	1	\$ 95.40				25, 2, 4
146		17	P17	11/7/13	1/13/15	571	Brokerage Services	60	\$ 127.20	1	\$ 127.20				15b, 2, 4
147		17	P17	11/7/13	1/13/15	571	Brokerage Services	60	\$ 127.20	1	\$ 127.20				25, 2, 4, 15b
148		17	P17	11/7/13	1/13/15	571	Brokerage Services	54	\$ 114.48	1	\$ 114.48				15b, 2, 4
149		17	P17	11/7/13	1/13/15	571	Brokerage Services	56	\$ 118.72	1	\$ 118.72				25, 2, 4, 15b
150		17	P17	11/7/13	1/14/15	571	Brokerage Services	61	\$ 129.32	1	\$ 129.32				2, 4, 15b, 25
151		17	P17	11/7/13	1/14/15	571	Brokerage Services	54	\$ 114.48	1	\$ 114.48				2, 4, 15b, 25, 11
152		17	P17	11/7/13	1/15/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 2, 4, 15b, 8, 9
153		17	P17	11/7/13	1/15/15	441	90832 Psychotherapy 3	30	\$ 82.20	1	\$ 82.20				25
154		17	P17	11/7/13	1/15/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				2, 4, 15b, 25
155		17	P17	11/7/13	1/19/15	381	Individual Rehabilitatio	75	\$ 205.50	1	\$ 205.50				25, 2, 4, 15b
156		17	P17	11/7/13	1/20/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				25, 2, 4, 15b
157		17	P17	11/7/13	1/20/15	571	Brokerage Services	202	\$ 428.24	1	\$ 428.24				25, 15b, 2, 4
158		17	P17	11/7/13	1/21/15	381	Individual Rehabilitatio	80	\$ 219.20	1	\$ 219.20				25, 2, 4, 15b, 8, 9
159		17	P17	11/7/13	1/22/15	441	90832 Psychotherapy 3	44	\$ 120.56	1	\$ 120.56				25
160		17	P17	11/7/13	1/23/15	381	Individual Rehabilitatio	64	\$ 175.36	1	\$ 175.36				25, 2, 4, 11, 15b, 8
161		17	P17	11/7/13	1/26/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				25, 2, 4, 15b
162		17	P17	11/7/13	1/27/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 2, 4, 15b, 8
163		17	P17	11/7/13	1/27/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b, 25
164		17	P17	11/7/13	1/27/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				2, 4, 15b, 25
165		17	P17	11/7/13	1/28/15	571	Brokerage Services	110	\$ 233.20	1	\$ 233.20				2, 4, 15b, 25
166		17	P17	11/7/13	1/28/15	571	Brokerage Services	61	\$ 129.32	1	\$ 129.32				2, 4, 15b, 25
167		17	P17	11/7/13	1/29/15	441	90832 Psychotherapy 3	42	\$ 115.08	1	\$ 115.08				25
168		17	P17	11/7/13	1/30/15	571	Brokerage Services	60	\$ 127.20	1	\$ 127.20				2, 4, 15b, 25
169		17	P17	11/7/13	2/2/15	571	Brokerage Services	55	\$ 116.60	1	\$ 116.60				2, 4, 15b
170		17	P17	11/7/13	2/3/15	381	Individual Rehabilitatio	62	\$ 169.88	1	\$ 169.88				2, 4, 15b, 25
171		17	P17	11/7/13	2/3/15	571	Brokerage Services	72	\$ 152.64	1	\$ 152.64				2, 4, 15b, 25
172		17	P17	11/7/13	2/3/15	381	Individual Rehabilitatio	62	\$ 169.88	1	\$ 169.88				2, 4, 15b, 25, 11
173		17	P17	11/7/13	2/3/15	571	Brokerage Services	109	\$ 231.08	1	\$ 231.08				2, 4, 15b, 25, 8
174		17	P17	11/7/13	2/4/15	571	Brokerage Services	66	\$ 139.92	1	\$ 139.92				2, 4, 25, 15b
175		17	P17	11/7/13	2/5/15	441	90832 Psychotherapy 3	48	\$ 131.52	1	\$ 131.52				25
176		17	P17	11/7/13	2/5/15	571	Brokerage Services	66	\$ 139.92	1	\$ 139.92				25, 2, 4, 15b
177		17	P17	11/7/13	2/5/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				25, 2, 4, 15b
178		17	P17	11/7/13	2/10/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 15b, 2, 4

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 ADULTS CLAIM REVIEW SPREADSHEET FOR DATES OF SERVICE 1/1/14 - 2/28/15

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments	
179	17	P17	11/7/13	2/10/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				15b, 25, 2, 4	
180	17	P17	11/7/13	2/10/15	571	Brokerage Services	124	\$ 262.88	1	\$ 262.88				25, 2, 4, 15b	
181	17	P17	11/7/13	2/11/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				25, 2, 4, 15b	
182	17	P17	11/7/13	2/11/15	571	Brokerage Services	77	\$ 163.24	1	\$ 163.24				25, 4, 15b	
183	17	P17	11/7/13	2/11/15	571	Brokerage Services	93	\$ 197.16	1	\$ 197.16				25, 2, 4, 15b	
184	17	P17	11/7/13	2/11/15	571	Brokerage Services	66	\$ 139.92	1	\$ 139.92				25, 2, 4, 15b	
185	17	P17	11/7/13	2/13/15	381	Individual Rehabilitatio	80	\$ 219.20			1	\$ 219.20		26 (Not a mental health service), 25, 8, 15b, 4	
186	17	P17	11/7/13	2/17/15	391	Group Rehabilitation	60	\$ 164.40	1	\$ 164.40				8, 9, 15b	
187	17	P17	11/7/13	2/17/15	571	Brokerage Services	76	\$ 161.12	1	\$ 161.12				25, 2, 4, 15b	
188	17	P17	11/7/13	2/17/15	571	Brokerage Services	77	\$ 163.24	1	\$ 163.24				25, 2, 4, 15b	
189	17	P17	11/7/13	2/18/15	381	Individual Rehabilitatio	80	\$ 219.20	1	\$ 219.20				25, 2, 4, 15b, 8, 9	
190	17	P17	11/7/13	2/18/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b, 25	
191	17	P17	11/7/13	2/18/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 2, 4, 15b, 8, 9	
192	17	P17	11/7/13	2/18/15	571	Brokerage Services	68	\$ 144.16	1	\$ 144.16				25, 2, 4, 15b	
193	17	P17	11/7/13	2/18/15	571	Brokerage Services	76	\$ 161.12	1	\$ 161.12				25, 2, 4, 15b	
194	17	P17	11/7/13	2/18/15	571	Brokerage Services	76	\$ 161.12			1	\$ 161.12		43 (Duplicate note of above)	
195	17	P17	11/7/13	2/18/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				2, 4, 15b	
196	17	P17	11/7/13	2/19/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 2, 4, 15b, 8, 9	
197	17	P17	11/7/13	2/19/15	441	90832 Psychotherapy 3	42	\$ 115.08	1	\$ 115.08				25	
198	17	P17	11/7/13	2/19/15	571	Brokerage Services	78	\$ 165.36	1	\$ 165.36				25, 2, 4, 15b	
199	17	P17	11/7/13	2/20/15	381	Individual Rehabilitatio	79	\$ 216.46	1	\$ 216.46				25, 2, 4, 15b, 8, 9, 16	
200	17	P17	11/7/13	2/23/15	571	Brokerage Services	72	\$ 152.64	1	\$ 152.64				2, 4, 15b, 25	
201	17	P17	11/7/13	2/24/15	381	Individual Rehabilitatio	69	\$ 189.06	1	\$ 189.06				2, 4, 15b, 25, 8, 9, 16	
202	17	P17	11/7/13	2/25/15	571	Brokerage Services	73	\$ 154.76	1	\$ 154.76				2, 4, 15b, 25	
203	17	P17	11/7/13	2/25/15	571	Brokerage Services	73	\$ 154.76	1	\$ 154.76				25, 2, 4, 15b, 25	
204	17	P17	11/7/13	2/25/15	571	Brokerage Services	72	\$ 152.64	1	\$ 152.64				2, 4, 15b, 25	
205	17	P17	11/7/13	2/26/15	441	90832 Psychotherapy 3	49	\$ 134.26	1	\$ 134.26				25, 15c	
206	17	P17	11/7/13	2/27/15	571	Brokerage Services	67	\$ 142.04	1	\$ 142.04				2, 4, 15b, 25	
207	Chart Totals								90		2	\$ 380.32	92		
208	Chart Claims Compliance													98%	
209															
210	17	P18	2/3/15	2/3/15	323	90791 Psychiatric Diag	82	\$ 214.02	1	\$ 214.02					
211	17	P18	2/3/15	2/10/15	323	90791 Psychiatric Diag	86	\$ 224.46	1	\$ 224.46					
212	17	P18	2/3/15	2/13/15	581	Plan Development	67	\$ 174.87	1	\$ 174.87				1 (325)	
213	17	P18	2/3/15	2/18/15	323	90791 Psychiatric Diag	75	\$ 195.75	1	\$ 195.75				1 (581)	
214	17	P18	2/3/15	2/25/15	381	Individual Rehabilitatio	49	\$ 127.89	1	\$ 127.89					
215	Chart Totals								5		0		5		
216	Chart Claims Compliance													100%	
217															
218	18	P19	11/6/14	12/18/14	465	90833 +PsyThpy with E	20	\$ 101.20			1	\$ 101.20		24 (No progress note)	
219	18	P19	11/6/14	12/18/14	571	Brokerage Services	15	\$ 31.80			1	\$ 31.80		7,26,12,31	
220	18	P19	11/6/14	12/18/14	644	99213 OP VISIT DET ES	20	\$ 101.20			1	\$ 101.20		37, 12	
221	18	P19	11/6/14	12/24/14	369	MEDICATION MGMT BY	10	\$ 50.60			1	\$ 50.60		38, 15c, 12	
222	18	P19	11/6/14	12/24/14	369	MEDICATION MGMT BY	20	\$ 101.20			1	\$ 101.20		38, 15c, 12	
223	18	P19	11/6/14	1/22/15	581	Plan Development	15	\$ 41.10	1	\$ 41.10				38, 15c,	

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		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
224		18	P19	11/6/14	1/22/15	645	99214 OP VISIT CMPR E	30	\$ 151.80			1	\$ 151.80		38, 37, 12
225		18	P19	11/6/14	2/12/15	369	MEDICATION MGMT BY	40	\$ 202.40			1	\$ 202.40		38, 15, 31, 12
226		18	P19	11/6/14	2/12/15	571	Brokerage Services	15	\$ 31.80			1	\$ 31.80		38, 15c, 12
227		18	P19	11/6/14	2/12/15	581	Plan Development	15	\$ 41.10			1	\$ 41.10		24
228		18	P19	11/6/14	2/12/15	645	99214 OP VISIT CMPR E	30	\$ 151.80			1	\$ 151.80		38, 37, 3, 12
229		18	P19	11/6/14	2/13/15	369	MEDICATION MGMT BY	25	\$ 126.50			1	\$ 126.50		38, 15c, 12
230		18	P19	11/6/14	2/20/15	581	Plan Development	30	\$ 82.20	1	\$ 82.20				38, 15c
231	Claims Totals									2		11	\$ 1,091.40	13	
232	Chart Claims Compliance														15%
233															
234		17	P19	11/10/14	12/3/14	367	MEDICATION TRAINING	10	\$ 50.60			1	\$ 50.60		24 (No Note); 17 (Lockout Setting); 12 (No service modalities)
235		17	P19	11/10/14	12/9/14	571	Brokerage Services	15	\$ 31.80			1	\$ 31.80		17 (Lockout Setting); 18 (Scheduling Appointment)
236		17	P19	11/10/14	12/18/14	367	MEDICATION TRAINING	15	\$ 75.90			1	\$ 75.90		17 (Lockout Setting), 12 (No service modalities); 1 (No Code Listed); 5 (No Location); 3 (No time listed).
237		17	P19	11/10/14	1/8/15	571	Brokerage Services	35	\$ 74.20			1	\$ 74.20		12 (No service modalities)
238		17	P19	11/10/14	1/8/15	645	99214 OP VISIT CMPR E	30	\$ 151.80			1	\$ 151.80		24 (No Note); 12 (No service modalities)
239		17	P19	11/10/14	1/8/15	571	Brokerage Services	10	\$ 21.20			1	\$ 21.20		12 (No service modalities)
240		17	P19	11/10/14	1/8/15	571	Brokerage Services	10	\$ 21.20			1	\$ 21.20		24 (No Note) Duplicate of Above?
241	Claims Totals									0		7	\$ 426.70	7	
242	Chart Claims Compliance														0%
243	Agency Totals									2		18	\$ 1,518.10	20	
244	Agency Claims Compliance														10%
245															
246		19	P20	9/1/04	12/1/14	571	Brokerage Services	45	\$ 86.40	1	\$ 86.40				
247		19	P20	9/1/04	12/2/14	381	Individual Rehabilitatio	115	\$ 285.20			1	\$ 285.20		21
248		19	P20	9/1/04	12/9/14	381	Individual Rehabilitatio	179	\$ 443.92			1	\$ 443.92		21
249		19	P20	9/1/04	12/16/14	381	Individual Rehabilitatio	248	\$ 615.04			1	\$ 615.04		21
250		19	P20	9/1/04	1/15/15	646	99215 OP VISIT CMPL E	45	\$ 206.10	1	\$ 206.10				
251		19	P20	9/1/04	1/22/15	381	Individual Rehabilitatio	107	\$ 265.36	1	\$ 265.36				
252		19	P20	9/1/04	1/22/15	381	Individual Rehabilitatio	149	\$ 369.52	1	\$ 369.52				
253		19	P20	9/1/04	1/27/15	381	Individual Rehabilitatio	159	\$ 394.32	1	\$ 394.32				25
254		19	P20	9/1/04	1/29/15	381	Individual Rehabilitatio	120	\$ 297.60	1	\$ 297.60				
255		19	P20	9/1/04	2/3/15	381	Individual Rehabilitatio	140	\$ 347.20	1	\$ 347.20				25
256		19	P20	9/1/04	2/5/15	381	Individual Rehabilitatio	124	\$ 307.52			1	\$ 307.52		21 (vocational)
257		19	P20	9/1/04	2/12/15	645	99214 OP VISIT CMPR E	35	\$ 160.30	1	\$ 160.30				
258	Claims Totals									8		4	\$ 1,651.68	12	
259	Chart Claims Compliance														67%
260															
261		11	P20	2/25/15	2/25/15	141	Crisis Residential Day	2880	\$ 338.25	1	\$ 338.25				
262		11	P20	2/25/15	2/26/15	141	Crisis Residential Day	2880	\$ 338.25	1	\$ 338.25				
263		11	P20	2/25/15	2/27/15	141	Crisis Residential Day	2880	\$ 338.25	1	\$ 338.25				
264		11	P20	2/25/15	2/28/15	141	Crisis Residential Day	2880	\$ 338.25	1	\$ 338.25				

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1		Mask Client ID	Mask RU	EOD	DOS	Code	Procedure	Mins	\$ Amount	Allowed	\$ Allowed	Disallowed	\$ Disallowed	Total # Claims	Comments
265		11	P20	2/25/15	2/25/15	549	99205 NEW OFC PT CO	90	\$ 446.40	1	\$ 446.40				
266	Chart Totals									5		0		5	
267	Chart Claims Compliance														100%
268	Agency Totals									13		4	\$ 1,651.68	17	
269	Agency Claims Compliance														76%
270															
271															
272															
273															Red = disallowed
274															Green = recommended void and replace codes

Exhibit 4

Claim's Comments Key v. 2.18.2016

1. Incorrect Service Code "Service code should be _____"
2. Documentation *content* does not support amount of time claimed. Disallow if very excessive.
3. Time documented on PN does not equal time claimed (overbilled)
4. Time noted for documentation is excessive. Disallow if very excessive.
5. Location of service not indicated in note – or incorrect
6. PN does not include or has inadequate Behavioral/Assessment/Evaluation Component
7. PN does not include or has inadequate Clinician's Intervention component
8. PN does not include or has inadequate Client's Response to today's intervention component
9. PN does not include or has inadequate Plan or Follow-up component
10. Group service note does not include # of clients served
11. Service claimed does not relate back to a current mental health objective in Client Plan
12. Service modality claimed is not indicated in Client Plan
14. No Current Assessment present
15. Missing or inadequate Full Signature on PN
 - a. Missing signature
 - b. Credential missing
 - c. Date missing
16. Cut & paste activity on PN (Cut & paste of history is OK) Disallow if completely or highly excessive cut & paste.
17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)
18. Non- billable activity – clerical/admin/voicemail/No Show/making appointment w/client
19. Non- billable activity – payee related
20. Non- billable activity – transportation
21. Non- billable service – supervision/educational/vocational/recreational/social group
22. No Client Plan (or missing required staff signature/s for date of service)
23. No client signature on Client Plan OR late signature on Client Plan w/no documentation of reason
24. PN missing
25. Late note
26. PN does not meet medical necessity?
27. Case closed, cannot bill
28. Client deceased, cannot bill
30. Non-Billable Activity for Completion of ACBHCS Screening Tool
31. Service provided is outside scope of practice of person delivering the service
32. Progress Note does not indicate the language service is provided in (if applicable)
33. Progress Note does not indicate an interpreter was used and/or relationship to client (if applicable)
34. Service not provided in monolingual client's language/interpreter
35. Use of non-approved abbreviations
36. Date of Progress Note is different than claimed
37. Illegible Progress Note (completely—disallow)
38. Time on PN is not broken down into face-to-face (time based codes—crisis, ind psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time (minimum) (for codes based on time-disallow).
39. E/M progress note is not compliant with E/M documentation requirements
40. Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern (disallow if not done by licensed, waived or registered LPHA)
41. Unresolved issue from prior service not addressed
42. No completion line after signature
43. Duplication of Services (Same service billed twice by same OR different providers without documentation to support co-providers.)

**Exhibit 5: DHCS Reasons for Recoupment with
ACBHCS Claims Comments for System of Care Audit Report**



**REASONS FOR RECOUPMENT
FOR FY 2015-2016**

NON-HOSPITAL SERVICES

MEDICAL NECESSITY

1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)

ACBHCS Exhibit 4: Claims comments Key:

14. No Current Assessment present

40. Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern

2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- a) A significant impairment in an important area of life functioning;
- b) A probability of significant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate; or
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)

ACBHCS Exhibit 4: Claims comments Key:

14. No Current Assessment present

3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B),(C)-(see below):

**Exhibit 5: DHCS Reasons for Recoupment with
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- a) A significant impairment in an important area of life functioning;
- b) A probability of significant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate; and
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)

ACBHCS Exhibit 4: Claims comments Key:

14. No Current Assessment present

4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:

- a) Significantly diminish the impairment;
- b) Prevent significant deterioration in an important area of life functioning;
- c) Allow the child to progress developmentally as individually appropriate; or
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)

ACBHCS Exhibit 4: Claims comments Key:

14. No Current Assessment present

CLIENT PLAN

5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS Exhibit 4: Claims comments Key:

- 11. Service claimed does not relate back to a current mental health objective in Client Plan
- 12. Service modality claimed is not indicated in Client Plan
- 22. No Client Plan (or missing required staff signature/s for date of service)

6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

**Exhibit 5: DHCS Reasons for Recoupment with
ACBHCS Claims Comments for System of Care Audit Report**

ACBHCS Exhibit 4: Claims comments Key:

- 11. Service claimed does not relate back to a current mental health objective in Client Plan
- 12. Service modality claimed is not indicated in Client Plan
- 22. No Client Plan (or missing required staff signature/s for date of service)

7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract

ACBHCS Exhibit 4: Claims comments Key:

- 23. No client signature on Client Plan OR late signature on Client Plan w/no documentation of reason

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, DMH Letter No. 99-03, Pages 6-7

PROGRESS NOTES

9. No progress note was found for service claimed.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract

ACBHCS Exhibit 4: Claims comments Key:

- 24. PN missing

10. The time claimed was greater than the time documented.

CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract

ACBHCS Exhibit 4: Claims comments Key:

- 2. Documentation *content* does not support amount of time claimed
- 3. Time documented on PN does not equal time claimed (overbilled)
- 4. Time noted for documentation is excessive

11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (e.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)

**Exhibit 5: DHCS Reasons for Recoupment with
ACBHCS Claims Comments for System of Care Audit Report**

CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d

ACBHCS Exhibit 4: Claims comments Key:

17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)

12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).

CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)

ACBHCS Exhibit 4: Claims comments Key:

17. Lock out setting (Without Juv. Hall adjudication or 30 days prior to acute psych inpatient)

13. The progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation; or
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)

ACBHCS Exhibit 4: Claims comments Key:

21. Non- billable service – supervision/educational/vocational/recreational/social group

14. The claim for a group activity was not properly apportioned to all clients present.

CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)

ACBHCS Exhibit 4: Claims comments Key:

10. Group service note does not include # of clients served

15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

MHP Contract

ACBHCS Exhibit 4: Claims comments Key:

15. Missing or inadequate Full Signature on PN: a. Missing signature, b. Credential missing c. Date missing

**Exhibit 5: DHCS Reasons for Recoupment with
ACBHCS Claims Comments for System of Care Audit Report**

16. The progress note indicates the service provided was solely transportation.

CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07

ACBHCS Exhibit 4: Claims comments Key:

20. Non- billable activity – transportation

17. The progress note indicates the service provided was solely clerical.

CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS Exhibit 4: Claims comments Key:

18. Non- billable activity – clerical/admin/voicemail/No Show/making appointment w/client

18. The progress note indicates the service provided was solely payee related.

CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)

ACBHCS Exhibit 4: Claims comments Key:

19. Non- billable activity – payee related

19a.No service was provided.

CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)

ACBHCS Exhibit 4: Claims comments Key:

1. Incorrect Service Code "Service code should be _____"
7. PN does not include or has inadequate Clinician's Intervention component
16. Cut & paste activity on PN (Cut & paste of history is OK) \
26. PN does not meet medical necessity?
27. Case closed, cannot bill
28. Client deceased, cannot bill
30. Non-Billable Activity for Completion of ACBHCS Screening Tool
36. Date of Progress Note is different than claimed
37. Illegible Progress Note
38. Time on PN is not broken down into face-to-face (time based codes—crisis, ind psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time (minimum)
43. Duplication of Services (Same service billed twice by same OR different providers without documentation to support co-providers.

**Exhibit 5: DHCS Reasons for Recoupment with
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19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

CFR, title 42, section 438.610; Social Security Act, sections 1128 and 1156; USC, title 42, chapter 7, subchapter XI, part A, sections 1320a-5 and 1320a-7

19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

CCR, title 9, chapter 11, section 1840.314(a); Welfare and Institutions Code, Sections 14043.6, 14043.61 and 14123;

19d. The service was not provided within the scope of practice of the person delivering the service.

CCR, title 9, chapter 11, section 1840.314(d)

ACBHCS Exhibit 4: Claims comments Key:

31. Service provided is outside scope of practice of person delivering the service

20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons:

- a) For the convenience of the family, caregivers, physician, or teacher;
- b) To provide supervision or to ensure compliance with terms and conditions of probation;
- c) To ensure the child's/youth's physical safety or the safety of others, e.g., suicide watch; or
- d) To address conditions that are not a part of the child's/youth's mental health condition.

DMH Letter No. 99-03

21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.

*revised from: DMH
Letter No. 99-03*