

## **FY 2010-11 CLINICAL RECORDS REVIEW: ANNUAL REPORT**

### **HIGHLIGHTS**

#### **Disallowance** (QI reviews for 12 Disallowance categories):

- Overall (County and Contractor) Disallowance % (D%) was 3.3% (meaning that 3.3% of the total dollar amount reviewed was disallowed), consisting of:
  - County 8.3%
  - Contractor 2.1%
- 1 County clinic (MHUC) and 4 Contractors (Kidango, ARCC, Ujima, Indian HC) had zero D%.
- 2 out of the 10 County clinics reviewed had a D% under 5% (MHUC and Gilroy).
- 23 out of the 24 Contractors reviewed had a D% under 5%.
- County and Contractor Disallowances were mostly due to:
  - Treatment Plans, Upcoding, Non-Reimbursable Service, No Service Provided, Missing Progress Notes, and Progress Note Signature.
- Recommendations for Improvement: QI Mentoring Program, Documentation Training, and Self monitoring.

#### **Compliance Items** (QI reviews for 11 Compliance categories):

- Overall (County and Contractor) average Compliance score was 94.5% (meaning that 94.5 % of the charts reviewed met the requirements for compliance), consisting of:
  - County 92.3%
  - Contractor 96.7%
- EMQ-FF and Kidango had 100% compliance in all items; MHUC had 100% in Consents, the only category that applied there.
- County and Contractor compliance scores were mostly above 90% except for the following:
  - Assessment-Dx supported by sx/bx, and Treatment Plan-Goals
- Recommendations for Improvement: Self monitoring

#### **Administrative Reviews Items** (QI reviews for 10 County and 15 Contractor items):

- Overall County clinics scored YES in 3 out of 10 Administrative categories.
- Overall Contractors scored YES in 9 out of 15 Administrative categories.
- 3 County clinics and 13 Contractors scored YES in all the categories.
- Recommendations for Improvement: Self monitoring

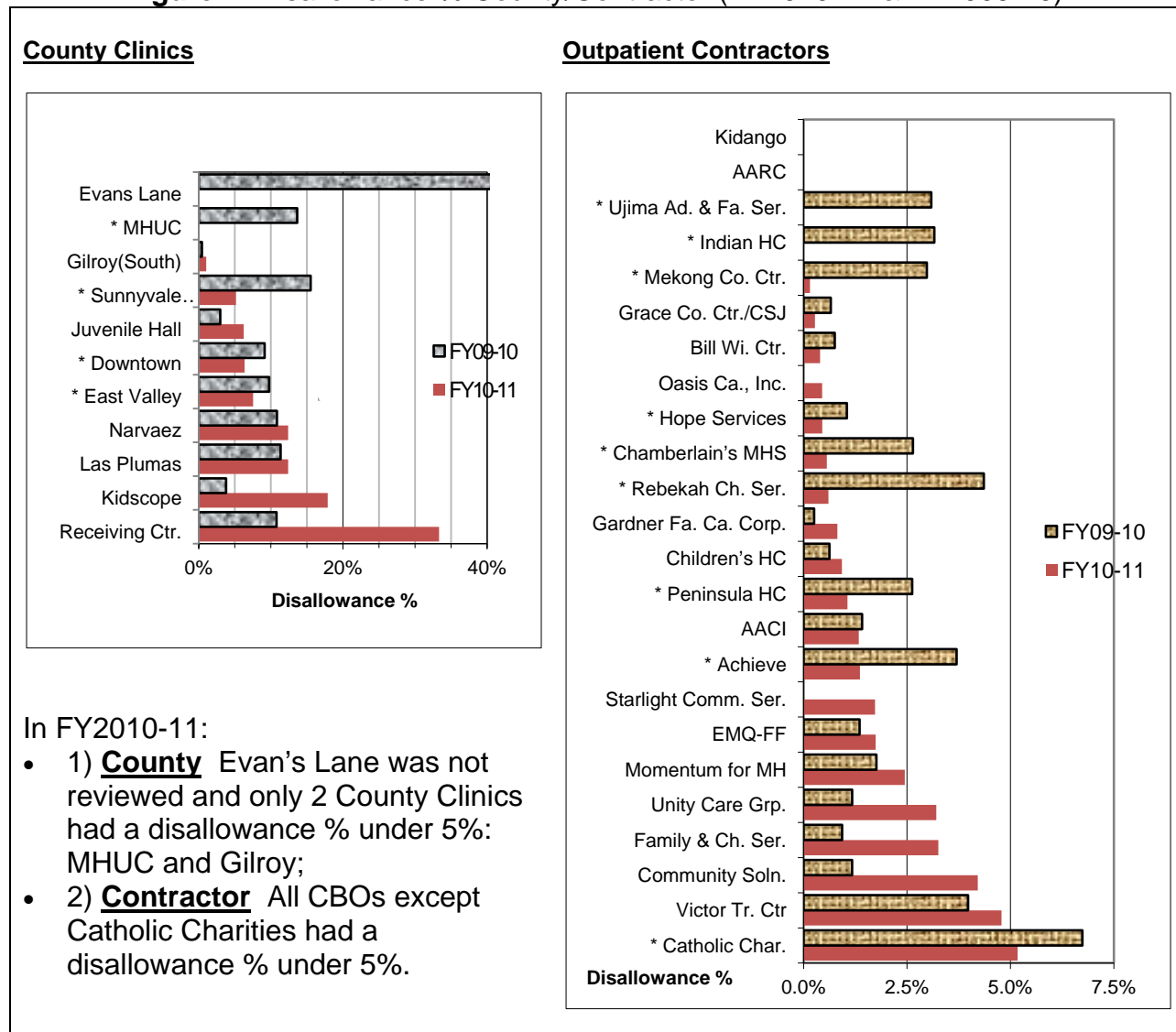
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The Quality Improvement Program completed its review of outpatient mental health clinical records (per policy # 175) for 10 County-operated clinics and 24 Outpatient Contractors. A total of **733 records** were audited (232 County, 501 Contractor).

### Disallowance

**Figure 1** displays the disallowance percentage for each County-operated clinic and Outpatient Contractor in the last two fiscal years: FY2009-10 and FY2010-11. Four County clinics (\*--MHUC, Sunnyvale, Downtown, EV) and nine Contractors (\*--Ujima, IHC, Mekong, Hope, CMHS, RCS, PHC, Achieve, Catholic Ch.) had a reduction in the disallowance percentage compared with last fiscal year.

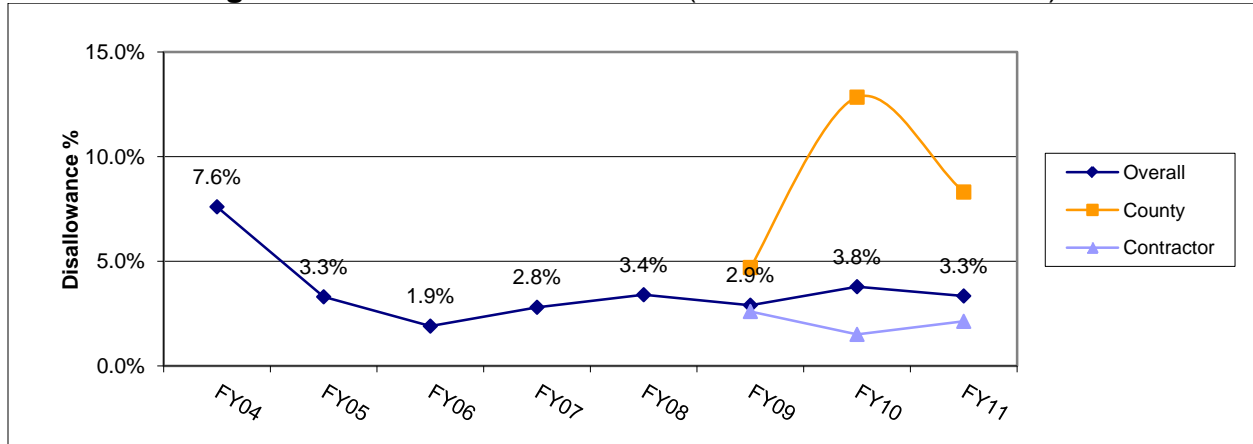
**Figure 1:** Disallowance % County/Contractor (FY2010-11 & FY2009-10)



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**Figure 2** provides the overall County disallowance percentage. The FY2010-11 disallowance percentage for all County and Contractor combined was 3.3% (8.3% County, 2.1% Contractor). The FY2010-11 improvement compared with last year is primarily due to improved performance by County clinics.

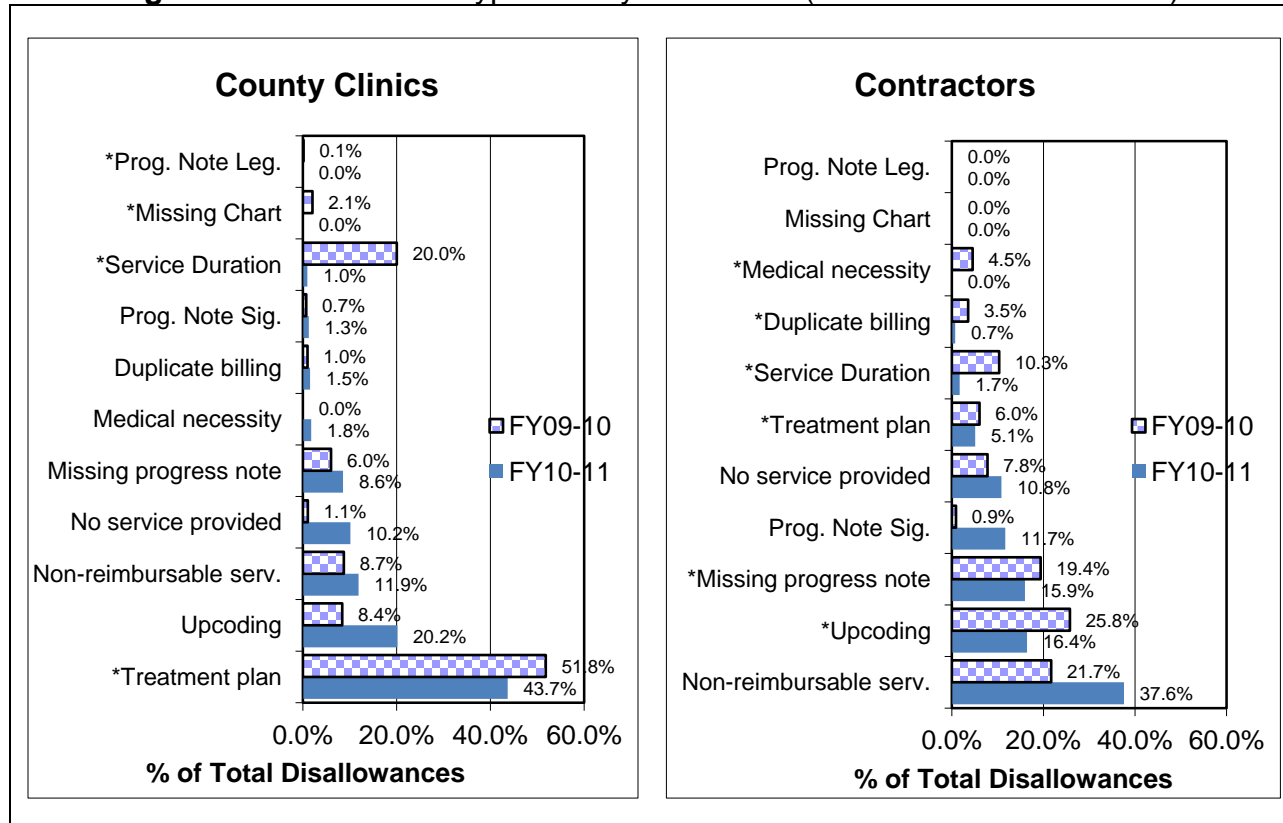
**Figure 2: Overall Disallowance % (FY2003-04 – FY2010-11)**



**Disallowance Type**

About \$58,900 was disallowed during this year's FY2010-11 review (\$26,700 County, \$32,200 Contractor), which is less than last year's total of \$66,800.

**Figure 3: Disallowance Type County/Contractor (FY2009-10 & FY2010-11)**



**Figure 3** displays the disallowance categories as a percentage of total disallowances for County and Contractor in the last two fiscal years: FY2009-10 and FY2010-11. For example: County clinic disallowances due to Treatment Plan issues were about (43.7% x \$26,700 =) \$11,600.

**Significant Disallowance Types:** The most significant types of disallowances (over 10% of Total) were:

<u>County:</u>	<ul style="list-style-type: none"> <li>• Treatment Plans: <b>43.7% (FY11)</b>, 51.8% (FY10)</li> <li>• Upcoding: <b>20.2% (FY11)</b>, 8.4% (FY10)</li> <li>• Non Reimbursable Service: <b>11.9% (FY11)</b>, 8.7% (FY10)</li> <li>• No Service Provided: <b>10.2% (FY11)</b>, 1.1% (FY10)</li> </ul>
<u>Contractor:</u>	<ul style="list-style-type: none"> <li>• Non-Reimbursable Service: <b>37.6% (FY11)</b>, 21.7% (FY10)</li> <li>• Upcoding: <b>16.4% (FY11)</b>, 25.8% (FY10)</li> <li>• Missing Progress Notes: <b>15.9% (FY11)</b>, 19.4% (FY10)</li> <li>• Progress Note Signature: <b>11.7% (FY11)</b>; 0.9% (FY10)</li> <li>• No Service Provided: <b>10.8% (FY11)</b>, 7.8% (FY10)</li> </ul>

**Areas For Improvement—Administrative/Technical Errors.** The disallowance categories fall into two types: 1) administrative or technical (AT) errors and 2) service or program interpretation errors. The AT type errors (56% of County errors; 35% of Contractor errors) would appear to be the errors most readily fixable because they can be identified by non-clinical persons; whereas the other errors require making a clinical judgment about the documentation. These AT type errors include:

- Duplicate Billing
- Missing Charts
- Missing Progress Notes
- Progress Note Legibility
- Progress Note Signature
- Service Duration
- Treatment Plans

### Compliance

Eleven compliance items were reviewed during this audit. **Table 1** lists the overall compliance results, as percentage of charts that met requirements. **Figure 4a** and **4b** displays overall compliance results for County and Contractor.

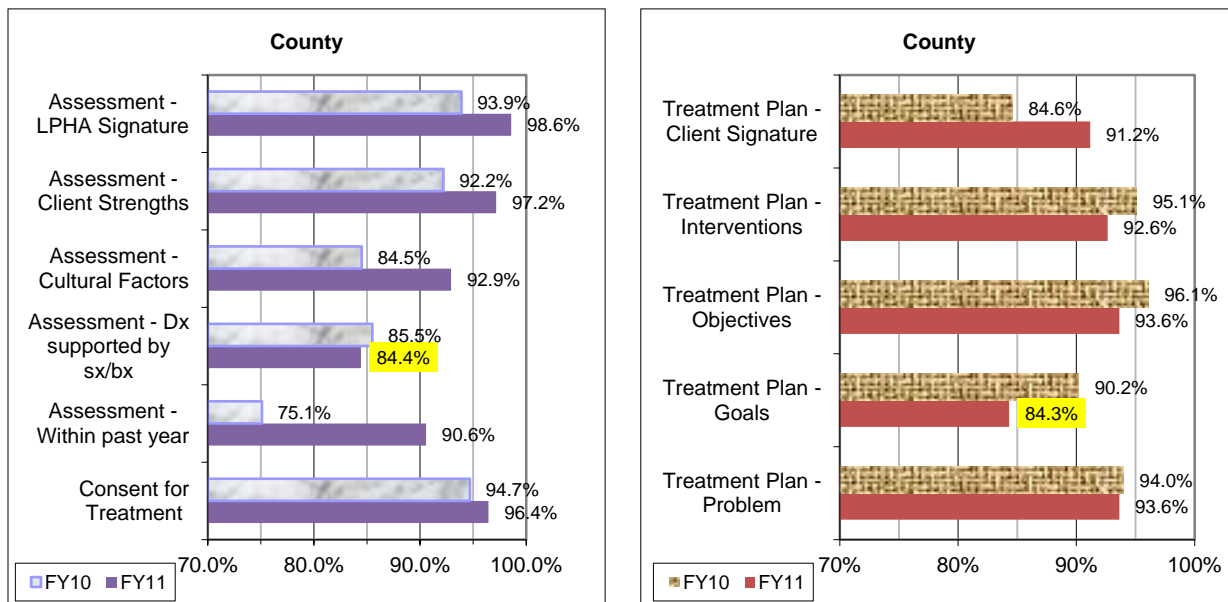
**Table 1:** Overall Compliance Items - % of Charts That Met Requirements

	FY10	FY11	Cty FY11	Cx FY11
<b>Consent for Treatment</b>	97.8%	98.5%	96.4%	99.4%
<b>Assessment - Within past year</b>	89.1%	95.5%	90.6%	97.6%
<b>Assessment - Dx supported by sx/bx</b>	92.2%	90.4%	84.4%	92.9%
<b>Assessment - Cultural Factors</b>	91.5%	95.6%	92.9%	96.8%
<b>Assessment - Client Strengths</b>	96.6%	97.7%	97.2%	98.0%
<b>Assessment - LPHA Signature</b>	97.4%	99.2%	98.6%	99.4%

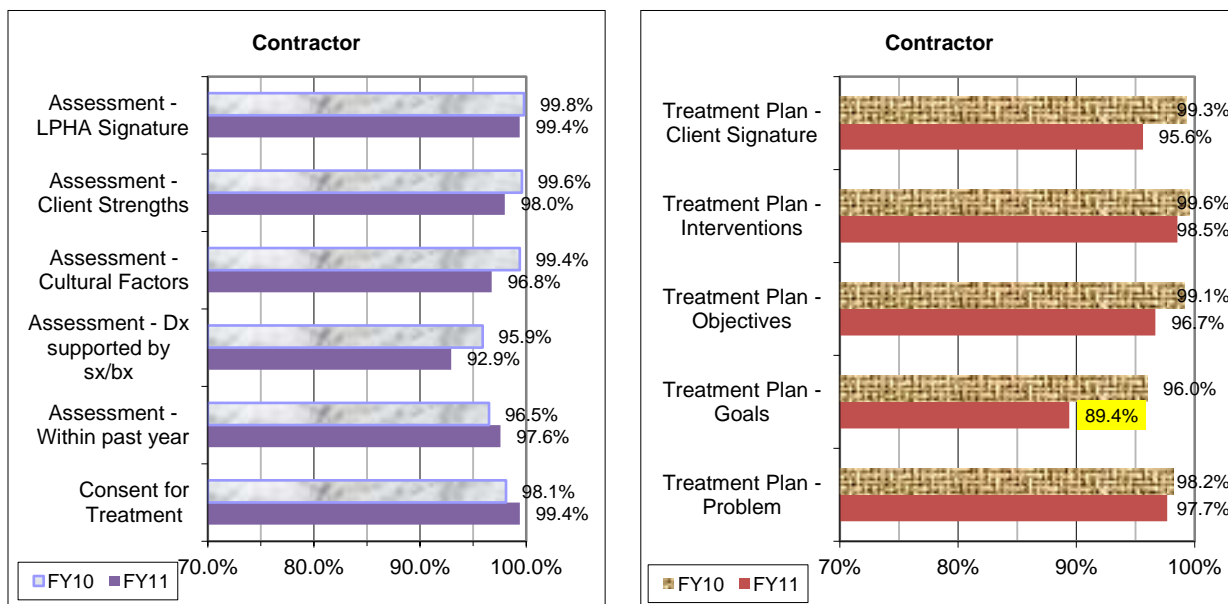
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	FY10	FY11	Cty FY11	Cx FY11
<b>Treatment Plan – Problem</b>	96.6%	96.5%	93.6%	97.7%
<b>Treatment Plan – Goals</b>	93.8%	87.9%	84.3%	89.4%
<b>Treatment Plan – Objectives</b>	98.0%	95.8%	93.6%	96.7%
<b>Treatment Plan – Interventions</b>	97.8%	96.8%	92.6%	98.5%
<b>Treatment Plan - Client Signature</b>	93.6%	95.3%	91.2%	97.1%

**Figure 4a:** County Compliance FY09-10 & FY10-11 - % of Charts That Met Requirements.



**Figure 4b:** Contractor Compliance FY09-10 & FY10-11 - % of Charts That Met Requirements.



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Individual County and contractor scores are not provided here, however, it should be noted the following had 100% compliance in all 11 categories: EMQ-FF and Kidango. MHUC also had 100% in Consents, the only category that applied there.

**Significant Non-Compliance Items:** The most significant types of compliance items (under 90%) for County and Contractor were:

<u>County:</u>	<ul style="list-style-type: none"> <li>• Assessment - Dx supported by sx/bx</li> <li>• Treatment Plan - Goals</li> </ul>
<u>Contractor:</u>	<ul style="list-style-type: none"> <li>• Treatment Plan - Goals</li> </ul>

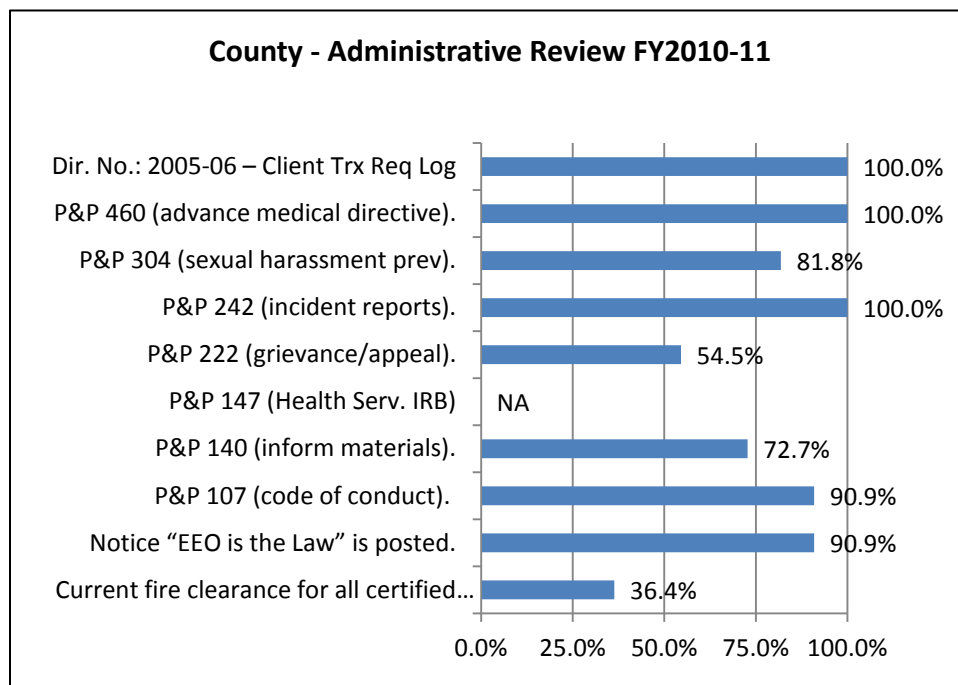
**Areas For Improvement—Administrative/Technical Errors.** The compliance items fall into two types: 1) administrative or technical (AT) and 2) service or program interpretation items. The AT type items would appear to be the compliance items most readily fixable because they can be identified by non-clinical persons; whereas the other items errors require making a clinical judgment about the documentation. These AT type items include:

- Assessment – LPHA Signature
- Assessment – Within past year
- Treatment Plan – Client Signature
- Consent for Treatment

**Administrative Review**

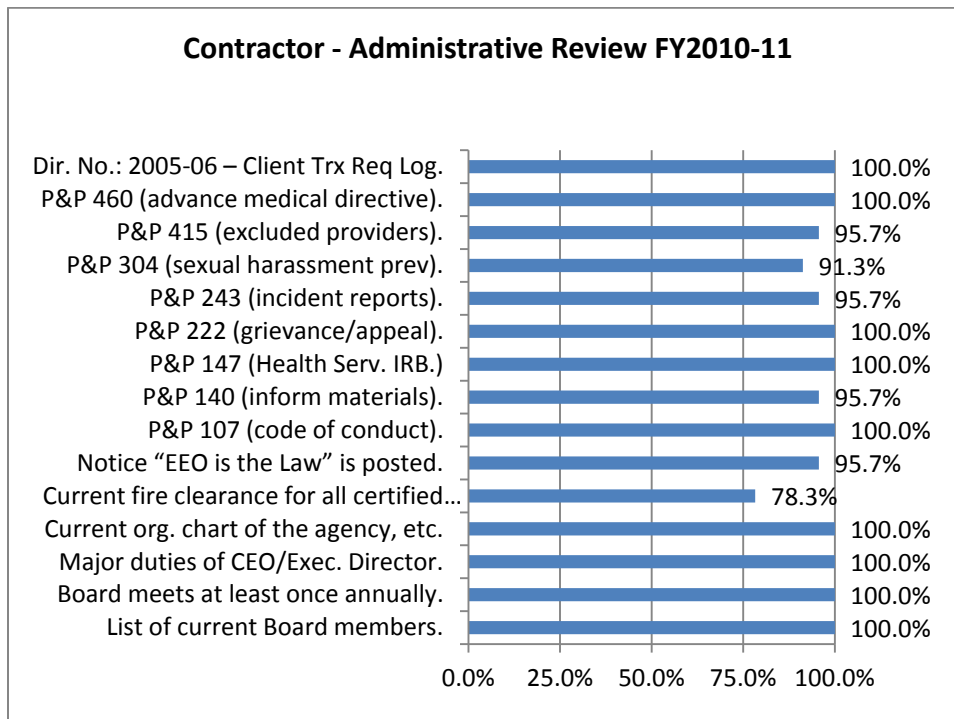
**Figure 5 and 6** displays the percentage of county clinics (out of 11) and contractors (out of 24) that met the requirements of the Administrative Review in FY2010-11.

**Figure 5:** County- Administrative Review FY10-11 - % of Clinics That Met Requirements



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**Figure 6: Contractor – Administrative Review FY10-11 - % of Contractors That Met Requirements**



Individual County and contractor scores are not provided here, however, it should be noted the following achieved a 100% score in all 11 categories: County--Narvaez, Gilroy and Downtown; Contractor—Achieve, AARC, Bill Wilson, Chamberlain’s, Community Solutions, EMQ-FF, Gardner, Hope, IHC, Kidango, Mekong, Starlight, and Ujima. Victor did not undergo an Administrative Review.

**Significant Administrative Review Items:** It seems reasonable to expect County and contractors to score 100% on all of the administrative review items. The areas for improvement for County and Contractor are:

<u>County:</u>	<ul style="list-style-type: none"> <li>• P&amp;P 304 (sexual harassment prev).</li> <li>• P&amp;P 222 (grievance/appeal).</li> <li>• P&amp;P 140 (inform materials).</li> <li>• P&amp;P 107 (code of conduct).</li> <li>• Notice "EEO is the Law" is posted.</li> <li>• Current fire clearance for all certified sites</li> </ul>
<u>Contractor:</u>	<ul style="list-style-type: none"> <li>• P&amp;P 415 (excluded providers).</li> <li>• P&amp;P 304 (sexual harassment prevention).</li> <li>• P&amp;P 243 (incident reports).</li> <li>• P&amp;P 140 (inform materials).</li> <li>• P&amp;P 107 (code of conduct).</li> <li>• Notice "EEO is the Law" is posted.</li> <li>• Current fire clearance for all certified sites.</li> </ul>

## Conclusions and Recommendations

1. **Disallowances/Disallowance Types:** Eight out of 10 County clinics had a disallowance of 5% or above. One out of 24 contractors had a disallowance of 5% or above. Notably there was 1 County Clinic (MHUC) and 4 Contractors that had a 0% disallowance rate (Kidango, ARCC, Ujima, Indian HC).

According to the FY2010-2011 Clinical Record Review Plan, Item #13, all County Clinics or Outpatient Contractors with a disallowance percentage of 5% and above are required to participate in a mandatory QI mentoring program.

County clinics with a disallowance percentage at or above 5% should be required to send all staff, including clinic managers, to Documentation trainings. These clinics should also investigate conducting self-monitoring. A self-monitoring program would at a minimum concentrate on the administrative/technical type errors identified above.

2. **Compliance:** County clinics overall had a performance of less than 90% compliance in 2 areas: Assessment - Dx supported by sx/bx; and Treatment Plan – Goals. Contractors had one area performing below 90%: Treatment Plan – Goals. While there are clinics and contractors that perform above the average in many compliance areas, overall the system does not generate 100% compliance in any of the categories reviewed.

County clinics and contractors should investigate conducting self-monitoring in all compliance areas. A self-monitoring program would at a minimum concentrate on the administrative/technical type errors identified above.

3. **Administrative Review:** County clinics and contractors have a number of areas where they score below 100%.

County clinics and contractors should investigate conducting self-monitoring in all administrative review areas.