

## **FY 2011-12 CLINICAL RECORDS REVIEW: ANNUAL REPORT**

### **HIGHLIGHTS**

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

- Overall (County and Contractor) Disallowance % (D%) was 4.8% (meaning that 4.8% of the total dollar amount reviewed was disallowed), consisting of:
  - County 6.7%
  - Contractor 4.5%.
- 1 County clinic (Juvenile Hall) and 3 Contractors (Alum Rock Counseling Center, Grace, Indian Health Center) had zero D%.
- 5 out of the 11 County clinics reviewed had a D% under 5%.
- 17 out of the 25 Contractors reviewed had a D% under 5%.
- County and Contractor Disallowances were mostly due to:
  - Non-Reimbursable Service, Upcoding, Treatment Plans, and Missing Progress Notes.
- Recommendations for Improvement: QI Mentoring Program, Documentation Training, and Self monitoring.

#### **Compliance Items regarding Audit Protocol** (QI reviews for 10 Compliance categories):

- Overall (County and Contractor) average Compliance score was 94.6% (meaning that 94.6 % of the charts reviewed met the requirements for compliance), consisting of:
  - County 90.9%
  - Contractor 98.3%
- Twenty-One (21) Contractors [AACI, Achieve Kids, Bill Wilson, Catholic Charities, Chamberlain's, CHC, AARS, EMQ, F&CS, Gardner, GBCC, Hope, Kidango, Mekong, Momentum, Oasis, Peninsula Health Care, RCS, Starlight, Ujima, and Unity Care] had 100% compliance in all items; Six (6) County Clinics [Receiving Center, Downtown, East Valley, South County, Juvenile Hall, and Las Plumas] had 100% in all items.
- County and Contractor compliance scores were mostly above 90% except for the following:
  - Assessment - Within past year, Assessment - Dx supported by sx/bx, Assessment - Cultural Factors, and Treatment Plan – Goals.
- Recommendations for Improvement: Self monitoring

#### **Administrative Reviews Items** (QI reviews for 11 County and 24 Contractor items):

- Overall County clinics scored 100% YES in 3 out of 10 Administrative categories.
- Overall Contractors scored 100% YES in 12 out of 15 Administrative categories.
- 6 County clinics and 20 Contractors scored 100% YES in all the categories.

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- Recommendations for Improvement: Self monitoring

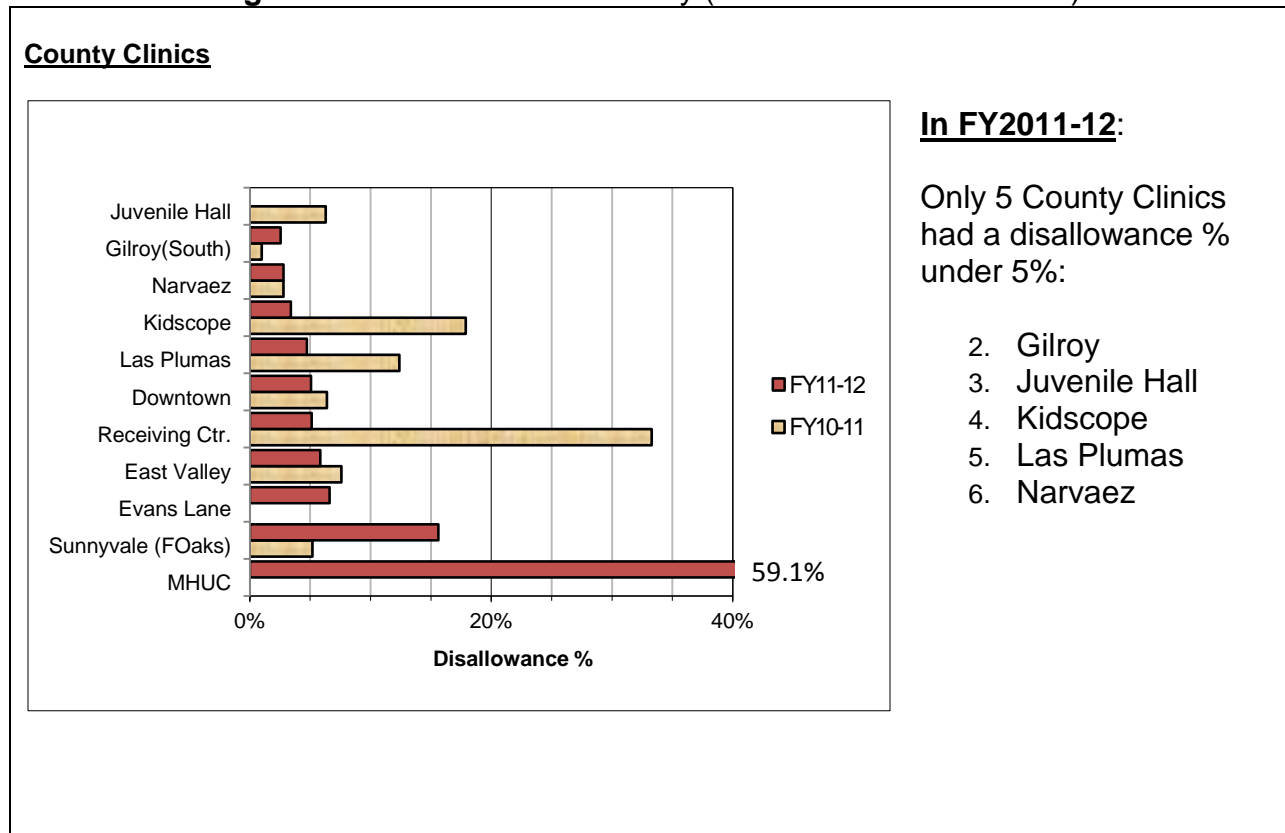
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The Quality Improvement Program completed its review of outpatient mental health clinical records (per policy # 175) for 11 County-operated clinics and 25 Outpatient Contractors. A total of **693 records** were audited (171 County, 522 Contractor).

**Disallowance**

1. **Figure 1** displays the disallowance percentage for each County-operated clinic in the last two fiscal years: FY2010-11 and FY2011-12. Eight County clinics (Downtown, East Valley, Gilroy, Juvenile Hall, Kidscope, Las Plumas, Narvaez, and Receiving Center).

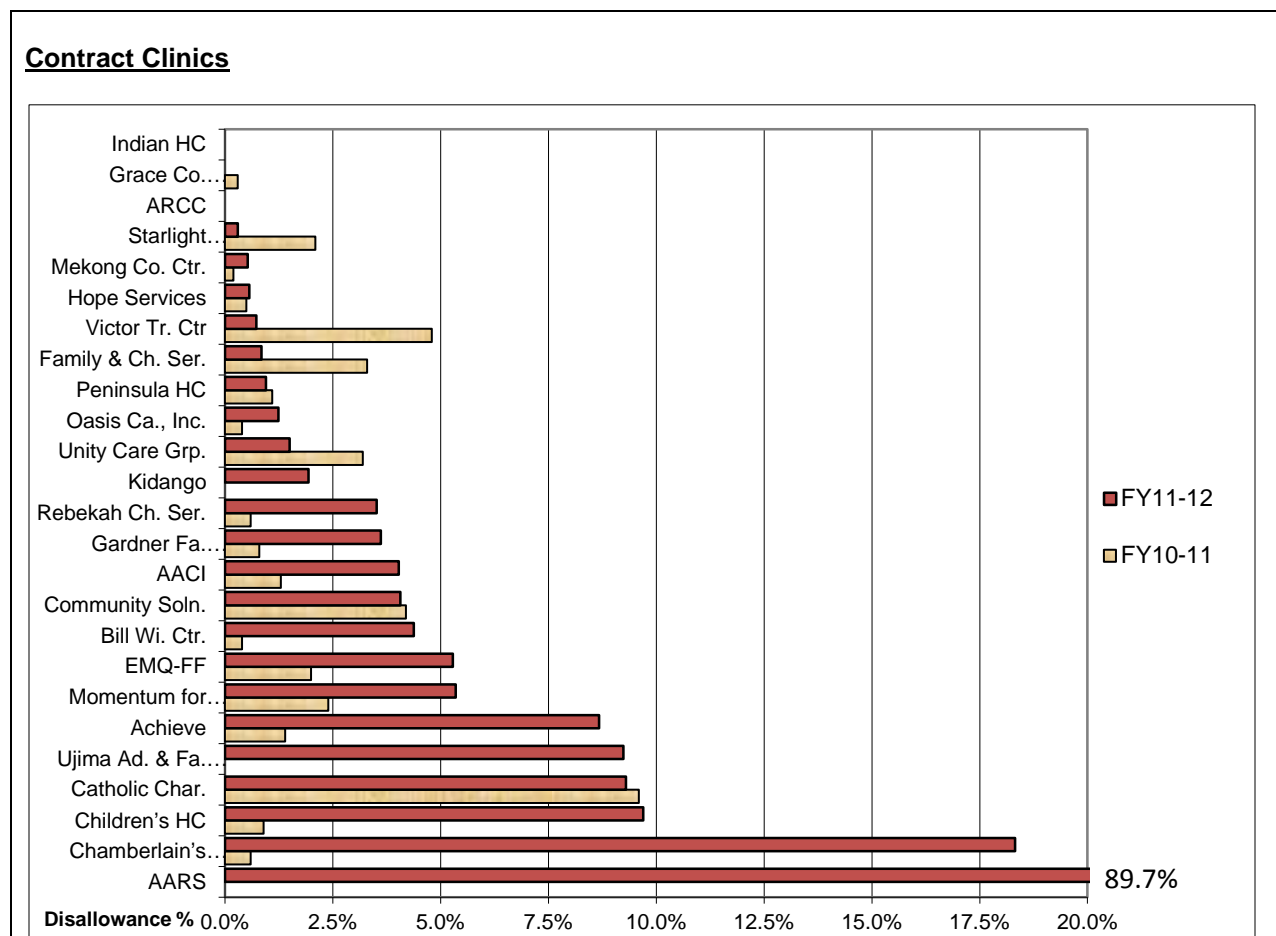
**Figure 1: Disallowance % County (FY2010-11 & FY2011-12)**



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2. **Figure 2** displays the disallowance percentage for each Contractor in the last two fiscal years: FY2010-11 and FY2011-12. Twenty-One (21) Contractors (AACI, Achieve Kids, ARCC, Bill Wilson Ctr, Catholic Charities, Community Solutions, EMQ, Family & Children’s Svcs, Gardner, Grace, Hope, Kidango, Mekong, Momentum, Oasis, Peninsula HC, RCS, Starlight, Ujima, Unity Care, and Victor Treatment Ctr) had a reduction in the disallowance percentage compared with last fiscal year.

**Figure 2: Disallowance % Contractors (FY2010-11 & FY2011-12)**



In FY2011-12:

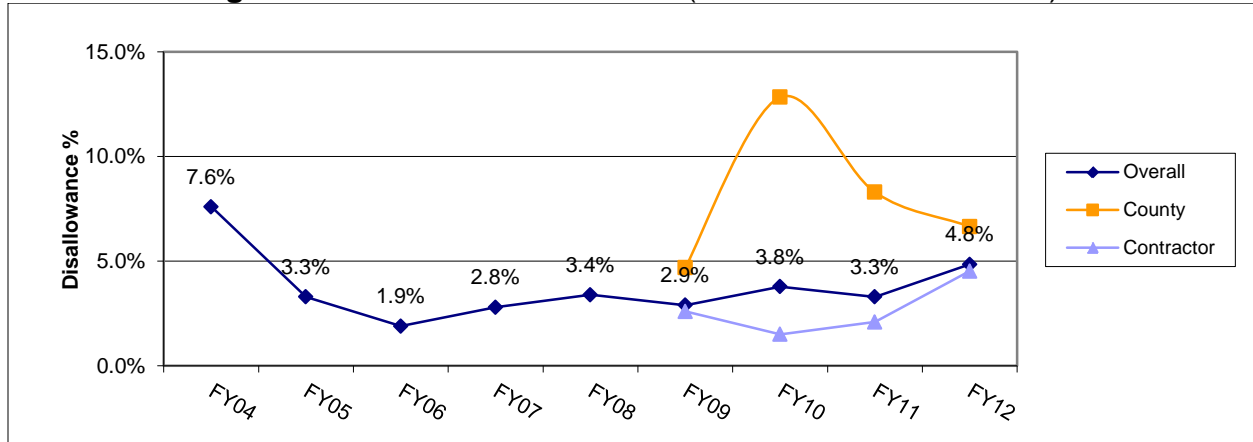
The following 17 CBOs were had a disallowance % under 5%:

- |                     |                    |                   |
|---------------------|--------------------|-------------------|
| 1) AACI             | 7) Grace Comm Ctr  | 13) Peninsula HC  |
| 2) ARCC             | 8) Hope            | 14) RCS           |
| 3) Bill Wilson Ctr  | 9) Indian Hlth Ctr | 15) Starlight     |
| 4) Comm Sol         | 10) Kidango        | 16) Unity Care    |
| 5) Family & Ch Svcs | 11) Mekong         | 17) Victor Tx Ctr |
| 6) Gardner          | 12) Oasis          |                   |

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**Figure 3** provides the overall County disallowance percentage. The FY2011-12 disallowance percentage for all County and Contractor combined was 4.8% (6.7% County, 4.5% Contractor). The FY2011-12 improvement compared with last year is primarily due to improved performance by County clinics.

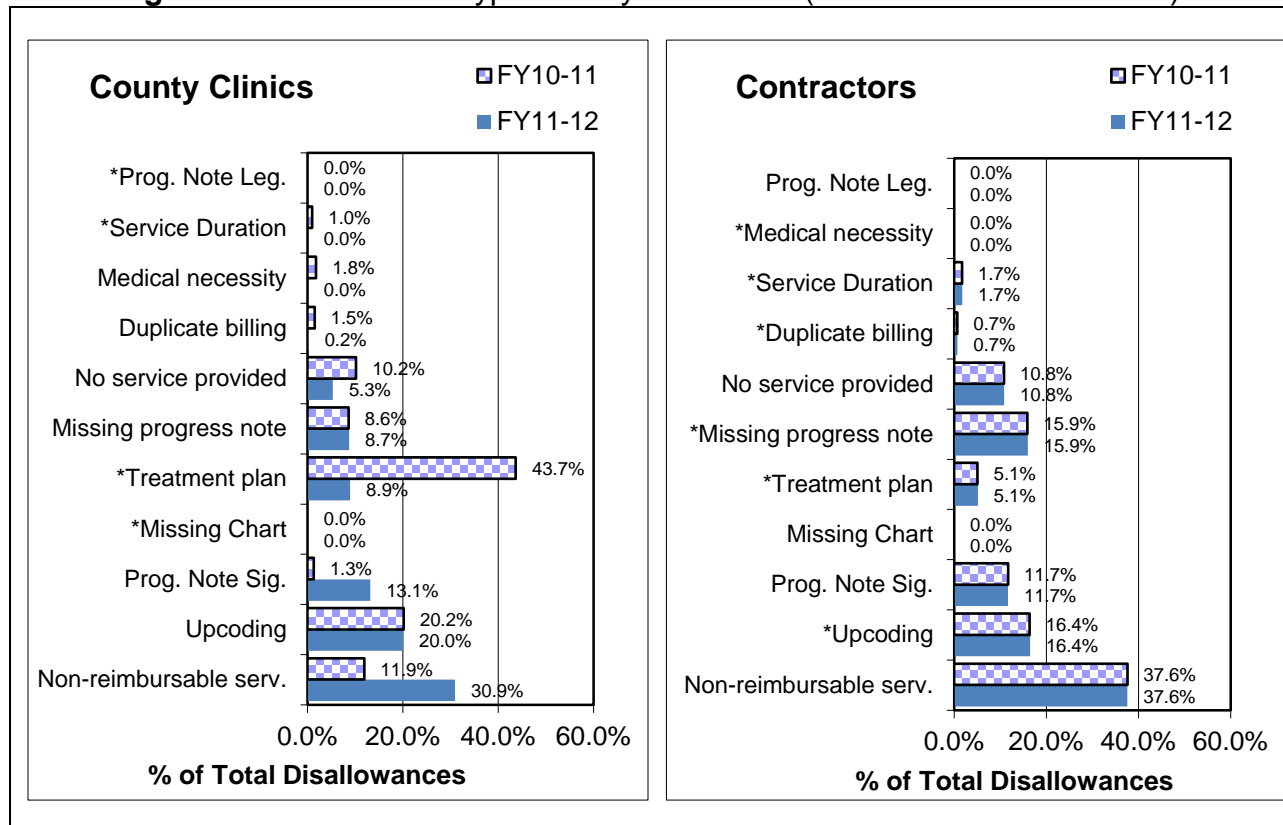
**Figure 3: Overall Disallowance % (FY2003-04 – FY2011-12)**



**Disallowance Type**

About \$103,900 was disallowed during this year's FY2011-12 review (\$21,100 County, \$82,800 Contractor), which is less than last year's total of \$58,900.

**Figure 3: Disallowance Type County/Contractor (FY2010-11 & FY2011-12)**



**Figure 3** displays the disallowance categories as a percentage of total disallowances for County and Contractor in the last two fiscal years: FY2010-11 and FY2011-12. For example: County clinic disallowances due to Non Reimbursable Service issues were \$6,500 (\$21,100 x 30.9%).

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

<u>County:</u>	<ul style="list-style-type: none"> <li>• Non Reimbursable Service: <b>30.9% (FY12)</b>, 11.9% (FY11)</li> <li>• Upcoding: <b>20.0% (FY12)</b>, 20.2% (FY11)</li> <li>• Progress Note Signature: <b>13.1% (FY12)</b>; 1.3% (FY11)</li> </ul>
<u>Contractor:</u>	<ul style="list-style-type: none"> <li>• Non-Reimbursable Service: <b>39.3% (FY12)</b>, 37.6% (FY11)</li> <li>• Treatment Plan: <b>16.7% (FY12)</b>, 5.1% (FY11)</li> <li>• Upcoding: <b>16.2% (FY12)</b>, 16.4% (FY11)</li> <li>• Missing Progress Notes: <b>12.3% (FY12)</b>, 15.9% (FY11)</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 (31% of County errors; 38% 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 Progress Notes
- Progress Note Signature
- Service Duration
- Treatment Plans

### Compliance

Nine 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.

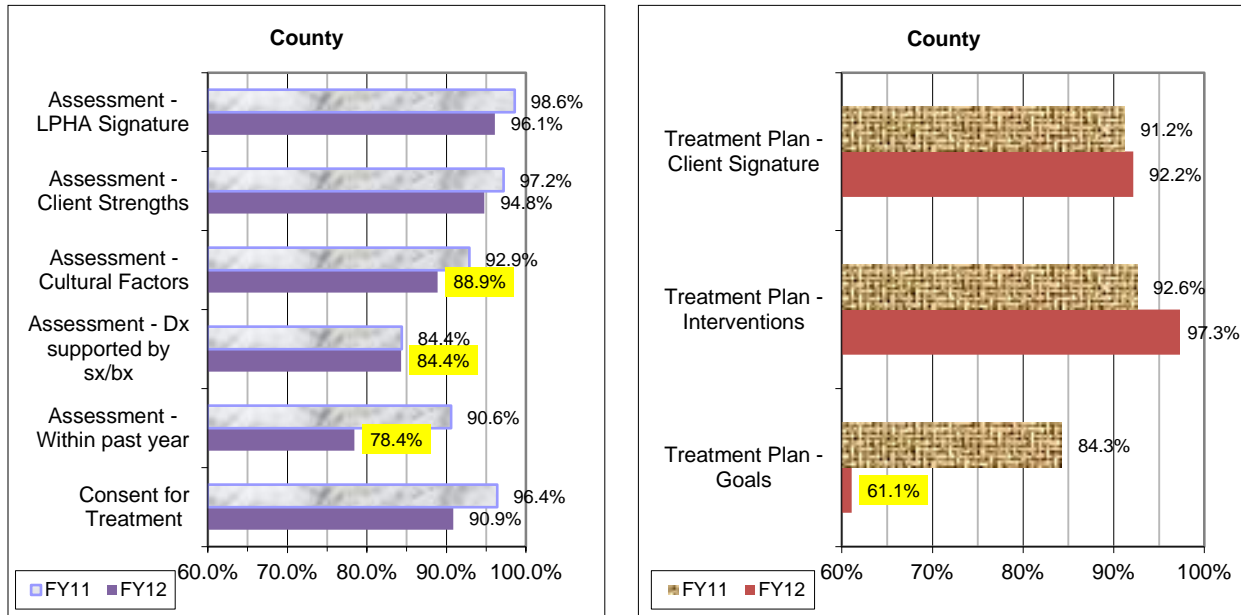
**Table 1:** Overall Compliance Items - % of Charts That Met Requirements

	FY11	FY12	Cty FY12	Cx FY12
<b>Consent for Treatment</b>	98.5%	96.5%	90.9%	98.3%
<b>Assessment - Within past year</b>	95.5%	92.4%	78.4%	96.5%
<b>Assessment - Dx supported by sx/bx</b>	90.4%	93.0%	84.3%	95.5%
<b>Assessment - Cultural Factors</b>	95.6%	93.1%	88.9%	94.4%
<b>Assessment - Client Strengths</b>	97.7%	97.0%	94.8%	97.7%
<b>Assessment - LPHA Signature</b>	99.2%	97.5%	96.1%	97.9%
<b>Treatment Plan – Problem</b>	96.5%	N/A	N/A	N/A

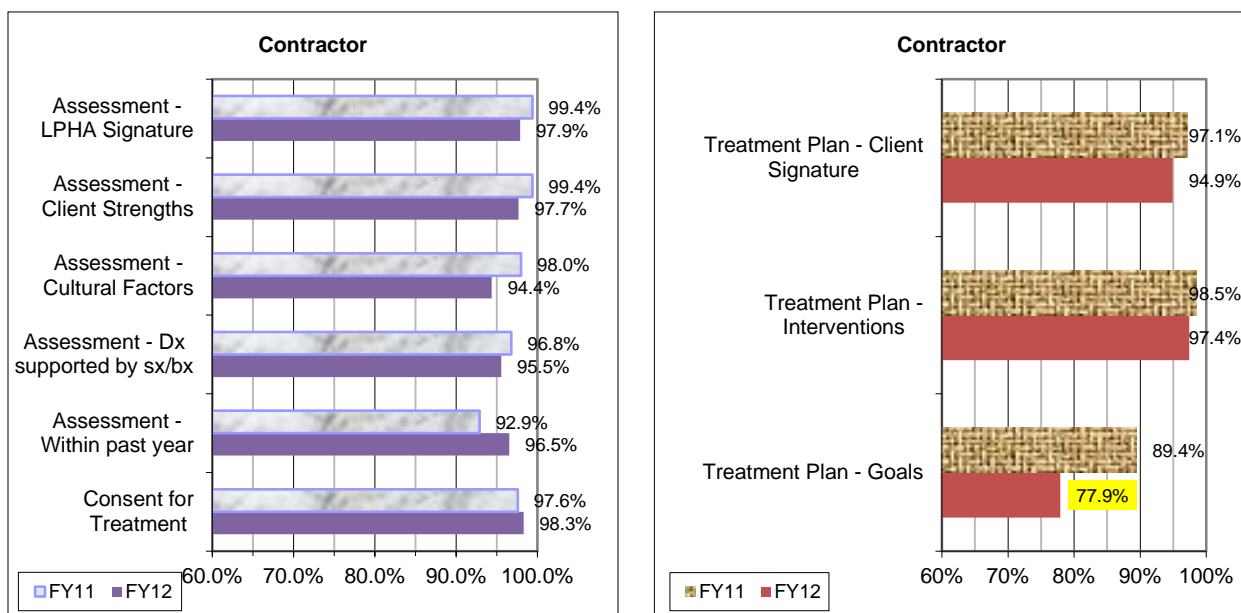
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	FY11	FY12	Cty FY12	Cx FY12
<b>Treatment Plan – Goals</b>	87.9%	74.0%	61.1%	77.9%
<b>Treatment Plan – Objectives</b>	95.8%	N/A	N/A	N/A
<b>Treatment Plan – Interventions</b>	96.8%	97.4%	97.3%	97.4%
<b>Treatment Plan - Client Signature</b>	95.3%	94.3%	92.2%	94.9%

**Figure 4a:** County Compliance FY10-11 & FY11-12 - % of Charts That Met Requirements.



**Figure 4b:** Contractor Compliance FY10-11 & FY11-12 - % 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 9 categories Contractors: ARCC, Oasis, and Peninsula Health Care. County: Juvenile Hall also had 100%.

**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 – Within past year</li> <li>• Assessment – Dx supported by sx/bx</li> <li>• Assessment – Cultural Factors</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:

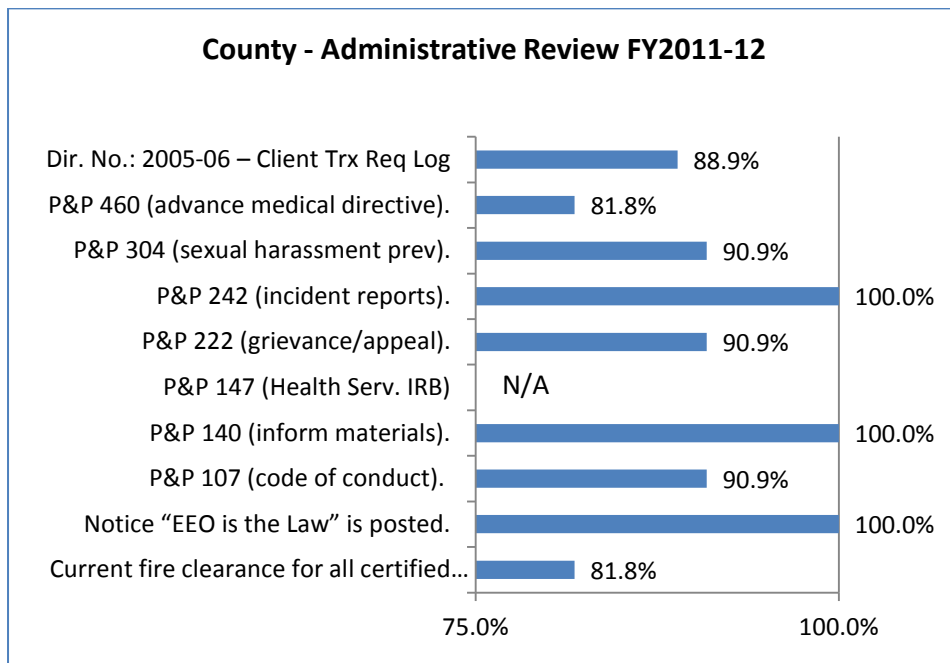
- Consent for Treatment
- Assessment – Within past year
- Assessment-LPHA Signature
- Treatment Plan – Client Signature

**Administrative Review**

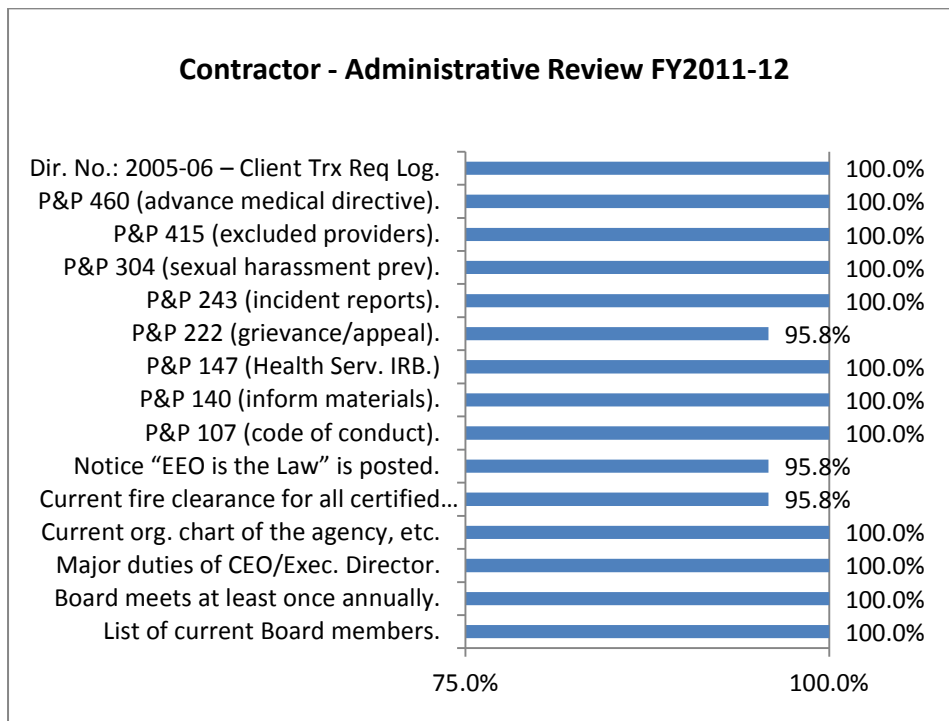
**Figure 5 and 6** displays the percentage of county clinics (out of 11) and contractors (out of 25) that met the requirements of the Administrative Review in FY2011-12.

**Figure 5:** County- Administrative Review FY11-12 - % of Clinics That Met Requirements

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**Figure 6:** Contractor – Administrative Review FY11-12 - % 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—Downtown, East Valley, Gilroy / South County, Juvenile Hall, Las Plumas, and Receiving Center; Contractor—AARS, AACI, AchieveKids, Bill Wilson, Catholic Charities, Chamberlain's, Children's Health Council, EMQ-FF, Family and Children's Services, Gardner, Grace,



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Hope, Kidango, Mekong, Momentum, Oasis, Peninsula Health Care, RCS, Starlight, Ujima, Unity Care. 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>• Dir No. 2005-06 – Client Trx Req Log.</li> <li>• P&amp;P 460 (advanced medical directive).</li> <li>• P&amp;P 304 (sexual harassment prev).</li> <li>• P&amp;P 222 (grievance/appeal).</li> <li>• P&amp;P 107 (code of conduct).</li> <li>• Current fire clearance for all certified sites</li> </ul>
<u>Contractor:</u>	<ul style="list-style-type: none"> <li>• P&amp;P 222 (grievance/appeal).</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:** Six out of 11 County clinics had a disallowance of 5% or above. Eight out of 25 contractors had a disallowance of 5% or above. Notably there was 1 County Clinic (Juvenile Hall) and 3 Contractors that had a 0% disallowance rate (ARCC, Grace, and Indian HC).

According to the FY2011-2012 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 4 areas: Assessment – Cultural Factors, Dx supported by sx/bx, Within past year; 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.