

**DHS/DMH Post Payment Review
Claim Guidance for FY 2009 and FY 2010
4/2/09**

Consistent with Federal Office of Inspector General (OIG) audit practice¹, providers are expected to fully comply with the State's Medicaid Rule though some items may be determined to be 'procedural' in nature and therefore not invalidating payment for the claim. The following table provides guidance from DHS/DMH regarding how claims sampled for post payment review that are found not to be supported by documentation will be treated. Column headings and meaning are as follows:

and "Item list" Describes the PPR tool item and the specific Rule 132 reference
Billing Correctible? Can this error be corrected by the provider by voiding existing claim and resubmitting corrected claim?
PIP Threshold Threshold of compliance rate that requires the provider to develop a performance improvement plan

PROCEDURAL DEFICIENCY ONLY

(Claim not disallowed, though low compliance will trigger a plan of improvement)

#	Post Payment Review Item List	Billing Correctable?		Performance Improvement Plan Threshold
		YES	NO	
2	The Mental Health Assessment does not contain all required elements. Rule 132.148.a.3.A-T The cumulative total across each MHA sub-part is the compliance indicator.		X	< 80% compliance cumulative across the MHA sub parts
5	The volume of service activity documented in the note does not support the amount of time billed. Rule 132.100.i.3		X	< 80% compliance
10	Documentation must include a description of the interaction that occurred during service delivery, including the consumer's response to clinical interventions and progress toward attainment of the goals in the ITP. Rule 132.100.i.6		X	< 80% compliance

¹ See for example *Review of Medicaid Community Mental Health Provider Services in Illinois*, Department of Health and Human Services, September 2006.

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DISALLOW CLAIM

(Note: low compliance also triggers a plan of improvement)

#	Post Payment Review Item List	Billing Correctable?		Performance Improvement Plan Threshold
		YES	NO	
1	The initial Mental Health Assessment report is not signed and dated by the LPHA. Rule 132.148.a.7		X	< 50% compliance
3	The Individual Treatment Plan (ITP) is not timely /not in effect at time of service. Rule 132.148c		X	< 50% compliance
4	Time billed is greater than time documented. Rule 132.100.i.3	X		< 50% compliance
6	No amount of time or actual time documented. Rule 132.100.i.3		X	< 50% compliance
7	Documentation does not identify allowed mode of delivery. (Group, individual or family modality). Rule 132.100.i.1		X	< 50% compliance
8	Documentation does not include the setting where services were rendered. (on-site vs. off-site) Rule 132.100.i.5		X	< 50% compliance
9	Location of service not correctly noted on-site vs. off-site Rule 132.100.i.5	X		< 50% compliance
11	No note to match date of service on billing submitted. Rule 132.100.i.2		X	< 50% compliance

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#	Post Payment Review Item List	Billing Correctable?		Performance Improvement Plan Threshold
		YES	NO	
12	Note describes a different service than billing submitted. Rule 132.100.i.1	X		< 50% compliance
13	Documentation does not support service billed – note describes a service intervention or activity that is not billable. Rule 132.100.i.1		X	< 50% compliance
14	Service provided by unqualified staff. Refer to attached grid for definitions of acceptable credentials. Rule 132.42.a.4; Rule 132.150		X	< 50% compliance
15	Note not signed by staff providing service. Rule 132.100.i.4		X	< 50% compliance
16	Specific service not authorized by ITP. Rule 132.42.a.3; Rule 132.148.c.2.C; 132.148.c.7		X	< 50% compliance
17	The specific service is authorized by the ITP but is not based on a clinical need as identified in the Mental Health Assessment. Rule 132.148.c		X	< 50% compliance
18	Service provided to ineligible person – a) Diagnosis in the clinical record is not a covered diagnosis and/or does not match the diagnosis on the billing; or b) Insufficient documentation of functional impairment to establish medical necessity. Rule 132.145.c; Rule 132.148 c.3		X	< 50% compliance
19	Service provided to ineligible person – service not available for persons in consumer's age category. i.e., Vocational 14 and older, PSR 18 and older, ICG community-based 17 and under. ACT - Rule 132.150.i.1, PSR - Rule 132.150.j.1, ICG – Rule 135		X	< 50% compliance