

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

FY16 POST-PAYMENT REVIEW TOOL

A. PROVIDER NAME: PROVIDER #: Collaborative provider/NPI	B. REVIEW DATE: Dates of on-site review
C. Time Period Covered: Date span for bills reviewed. All claims reviewed will have been processed and approved by HFS. If the provider was not reviewed in FY15, the claim review period is the 12 month period prior to the claim run being developed. If the provider was reviewed in FY15, the claim review period begins 60 days after the last review (up to the date the claim run is developed).	
CONTRACT AND RULE COMPLIANCE	
Reason Codes:	
1	No valid note documenting the service could be located.
2	Progress note does not describe a billable service intervention or activity
3	Service provided by unqualified staff.
4	No amount of time documented.
5	No valid Mental Health Assessment could be located. Date: _____ Initial <input type="checkbox"/> Update <input type="checkbox"/> Admission Note <input type="checkbox"/> Healthy Kids Mental Health Screen <input type="checkbox"/>
6	No valid Individual Treatment Plan could be located. Date: _____ Initial <input type="checkbox"/> Review <input type="checkbox"/>
7	Specific service does not appear on ITP.
8	The LPHA and the QMHP reviews the ITP to determine if progress toward goals is being met and whether each of the services described in the plan has contributed to meeting the stated goals.
9	Time billed is greater than time documented.
10	Location of service not correctly noted on-site vs. off-site.
11	Note describes a different service than billing submitted.

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Reviewer: _____

Date_____

Reviewer: _____

Date_____

Results verbally reviewed with provider and copy of PPR Summary Report provided to:

Name: _____

Date_____

Signature of Provider Representative