ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

POST-PAYMENT REVIEW SUMMARY

A. PROVIDER NAME:	**B. REVIEW DATE:** Dates of on-site review
C. PROVIDER #: Collaborative provider/NPI	**D. Time Period Covered**: Date span for bills reviewed (example Nov. 1, 2007 – Nov. 1, 2008) This should be a rolling 12 months, with dates of service no earlier than 10/1/07

The number in the column labeled "Total Bills Disallowed by Reason" should come from the Post-Payment Review Tool spreadsheet. Total Bills Disallowed by Reason column should be the total number of bills that are disallowed for that specific code. Some bills could have more than 1 reason code.		**Total Bills Disallowed by Reason**
CONTRACT AND RULE COMPLIANCE		
Reason Codes:		
1	**The initial Mental Health Assessment report is not signed and dated by the LPHA.** Rule 132.148.a.7	
2	**The Mental Health Assessment does not contain all required elements.** Rule 132.148.a.3.A-T (see attachment)	
3	**The Individual Treatment Plan (ITP) is not timely /not in effect at time of service.** Rule 132.148c	
4	**Time billed is greater than time documented.** Rule 132.100.i.3	
5	**The volume of service activity documented in the note does not support the amount of time billed.** Rule 132.100.i.3	
6	**No amount of time or actual time documented.** Rule 132.100.i.3	
7	**Documentation does not identify allowed mode of delivery.** (Group, individual or family modality). Rule 132.100.i.1	
8	**Documentation does not include the setting where services were rendered.** (on-site vs. off-site) Rule 132.100.i.5	
9	**Location of service not correctly noted on-site vs. off-site** Rule 132.100.i.5	
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	
11	**No note to match date of service on billing submitted.** Rule 132.100.i.2	

12	**Note describes a different service than billing submitted.** Rule 132.100.i.1	
13	**Documentation does not support service billed – note describes a service intervention or activity that is not billable.** Rule 132.100.i.1	
14	**Service provided by unqualified staff.** Refer to attached grid for definitions of acceptable credentials. Rule 132.42.a.4; Rule 132.150	
15	**Note not signed by staff providing service.** Rule 132.100.i.4	
16	**Specific service not authorized by ITP.** Rule 132.42.a.3; Rule 132.148.c.2.C; 132.148.c.7	
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	
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	
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	
	F. Total Number of Billings Reviewed:	
	G. Total Meeting Standard: This is the number of "billing substantiated" answers on the Post-Payment Review tool spreadsheet..	
	H. Score (Total Meeting Standard/Total billings reviewed) : Box G #/Box F # = %	
COMMENTS: Reviewer comments of any other positives or concerns identified during the review.		

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Comments, continued:

Reviewer: _____

Reviewer: _____ **Date**_____

Results verbally reviewed with provider and copy of summary provided to:

Name: _____ **Date**_____
Signature of Provider Representative

A copy of this summary document is left with the Provider.