

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

	A	B	C	D	E	F	G	H
1		Chart Review Information						
2								
3		Agency/Legal Entity Name:				Review Start Date:		
4		Program Name:				Review End Date:		
5		Total Services for Review: 0				Billing Review Period Start:		
6						Billing Review Period End:		
7								
8								
9		Records to be Reviewed						
10		Tab	SmartCare Client ID#	Insurance	# of Services to be Reviewed	Reviewer	Admit Date	Discharge Date
11		Client 1	N/A					
12		Client 2	N/A					
13		Client 3	N/A					
14		Client 4	N/A					
15		Client 5	N/A					
16		Client 6	N/A					
17		Client 7	N/A					
18		Client 8	N/A					
19		Client 9	N/A					
20		Client 10	N/A					
21		Client 11	N/A					
22		Client 12	N/A					
23		Client 13	N/A					
24		Client 14	N/A					
25		Client 15	N/A					
26		Client 16	N/A					
27		Client 17	N/A					
28		Client 18	N/A					
29		Client 19	N/A					
30		Client 20	N/A					
31	* Use "N/A" in the SmartCare Client ID# field for any Client rows that will not be used. Do not leave SmartCare Client ID# cells blank.							
32								

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

Chart Review Results

Agency/Legal Entity Name	0
Program Name	0
Total Services for Review	0

Review Start Date:	
Review End Date:	
Billing Review Period Start:	
Billing Review Period End:	

# of Disallowed Services	0
Disallowance %	0%
Disallowed Services Cost	\$0.00

# of Compliant Charts	0
Compliant Charts %	#DIV/0!

Overall Compliance %	#DIV/0!
QIP Required?	

Overall Result: Percentage represents number of yes response(s) divided by the total number of yes and no response(s). N/A responses are not included.

Service Disallowance rate is the number of disallowed services divided by the total number of services reviewed. The disallowance rate does not include non-billable services or services that can be edited/corrected/claimed. Recouped services are based on the DHCS Reasons for Recoupment and can be viewed on the DHCS website.

Disallowance Cost in Dollars: The dollar amount for all claimed services that were disallowed during the review period.

Charts in Compliance: Counts all charts with an compliance rate of 90% or higher.

Quality Improvement Plan (QIP) Requirements

Refer to the comments section at the end of each item for QA Reviewer feedback.

1. A QIP is required if the Overall Result is below 90% or if disallowance rate exceeds 5%. The QIP shall include the Services Change Summary. A QIP may also be requested at the discretion of the QA Specialist for any significant deficiencies/trends identified in the review.
2. If the Overall Result is below 80%, the QA Specialist conducting your review will follow up three months after QIP approval to collect evidence demonstrating that the QIP has assisted in improved compliance.
3. Any services listed on the Services Change Summary shall be corrected on the Services Change Summary and submitted to QA within 14 calendar days of receipt of QAPR. A copy of the Billing Unit Payment Recovery Form sent to the BHS Billing Unit shall be submitted to QA along with the Services Change Summary, if applicable.
4. Quality Improvement Plans are due to the QA Unit within 14 calendar days of receipt of the final QAPR report.

Prior year QAPR Results and Quality Improvement Plan Comments:

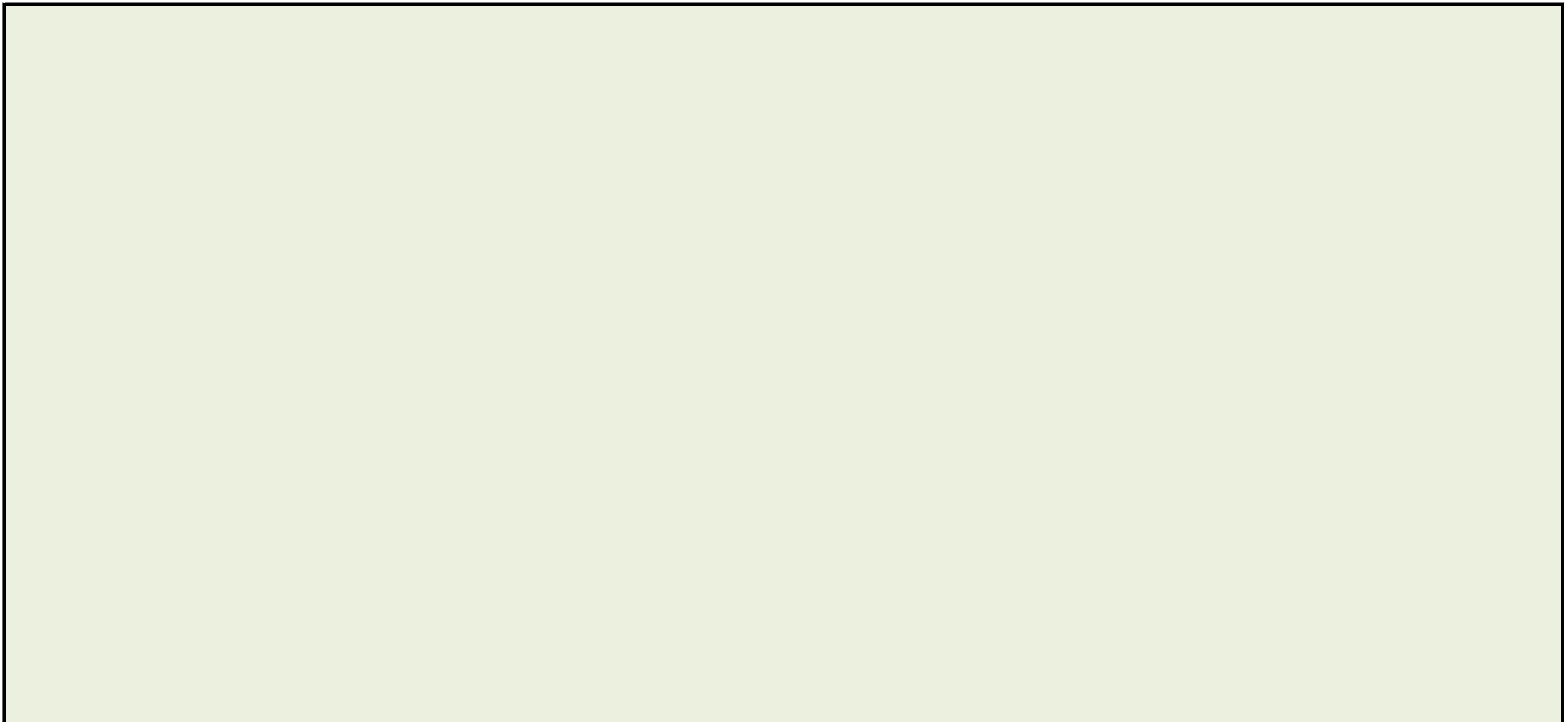
Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

- 1.
- 2.
- 3.
- 4.
- 5.

Strengths and Commendable Efforts

Quality Improvement Recommendations

Confidential QA Report
 COSD DMC-ODS Plan
 Substance Use Disorder Services
 Fiscal Year 25-26



Total Corrected Services and Disallowances by Client					Findings by Category, all Clients		
Client	Services Reviewed	Services Corrected	Services Disallowed	Amount Disallowed	Category	Items Scored	Total Findings
Client_1				\$ -	Policy & Procedures (P&P)	0	0
Client_2				\$ -	Intake	0	0
Client_3				\$ -	Treatment Plan	0	0
Client_4				\$ -	Progress Notes	0	0
Client_5				\$ -	Specialty Populations	0	0
Client_6				\$ -	Billing	0	0
Client_7				\$ -			
Client_8				\$ -			
Client_9				\$ -			
Client_10				\$ -			
Client_11				\$ -			
Client_12				\$ -			
Client_13				\$ -			
Client_14				\$ -			
Client_15				\$ -			
Client_16				\$ -			
Client_17				\$ -			
Client_18				\$ -			
Client_19				\$ -			
Client_20				\$ -			
Totals	0	0	0	\$ -			

Item		Met %
	INTAKE	N/A
1.1	Is there a full assessment using the American Society of Addiction Medicine (ASAM) completed with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor that includes a typed or legibly printed name, signature of the service provider and date of signature? Effective 1/2025, per BHIN 24-001	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

1.2	Is the multiple registration form completed and is the identifying information included in the patient's record: <ul style="list-style-type: none"> - Any aliases member uses - Month, day and year of birth - Mother's maiden name - Race - Sex - Height - Weight - Color of hair - Color of eyes - Distinguishing markings (scars/tattoos) <p>patient voluntarily provided social security number?</p>	N/A
1.3	If telehealth or telephone services are provided, is there documented consent (written or verbal) specific to the provision of telehealth services prior to initial delivery of services? Prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to member: <ul style="list-style-type: none"> • The member has a right to access covered services in person. • Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future. • Non-medical transportation benefits are available for in-person visits. • Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable. 	N/A
1.4	Is there evidence in member chart of: <ul style="list-style-type: none"> - request to sign authorization for disclosure of confidential information to contact other narcotic replacement therapy providers prior to admission - member signing document indicating whether they are receiving replacement narcotic therapy from another program - releases of information for multiple registrants and/or temporary dosing in another narcotic treatment program and - if program determined member has multiple registrations (is simultaneously receiving replacement narcotic therapy from one or more other programs): - Is there evidence of contact with previous NTP program to notify member has applied for admission replacement narcotic therapy and does this request from previous program to provide this program with written documentation that member has been discharged within 72 hours of receipt of request? - Program documented that it: conferred with the other program(s) to determine which program will accept sole responsibility for the member; revoked the member's take-home medication privileges; and notified DHCS NTP Licensing Branch by phone within 72 hours of the determination. 	N/A
1.5	Is there evidence of advisement of the following: <ul style="list-style-type: none"> - Member will be tested for evidence of use of opiates and other illicit drugs - Member's dosage level may be adjusted without the member's knowledge, including dose may contain no medication use in treatment - Possible adverse effects of abrupt withdrawal from medication use in replacement therapy - Misuse of medication will result in specified penalties within the program and may also result in criminal prosecution 	N/A
1.6	Is there documentation that member was provided with information and understanding of program's Take-Home policy and expectations?	N/A
1.7	For members whose primary language is not English, is there evidence of informing materials provided to member in their primary/preferred language? Do progress notes document the language of service provided (if other than English)?	N/A
1.8	For member with identified disabilities, is there documentation that services were provided in alternate formats and/or accommodation of disability?	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

1.9	For female members who are of childbearing age: Is there evidence of advisement of the following: - The effects of medication use in replacement narcotic therapy on pregnant women and unborn children - That the medications are transmitted to the unborn child and may cause physical dependence - That the use of other medication and illicit drugs in addition to these medication may harm the patient and/or their unborn child - The need for consultation with physician prior to nursing - That the child may show irritability or other ill effects from the member's use of these medications for a brief period following birth	N/A
1.10.	Is there evidence in the member's chart: - of certification of fitness for replacement narcotic therapy by physician - of MD determined physical dependence and addiction to opiates by either observed signs of physical dependence OR results of initial test or analysis for illicit drug use - Medical evaluation or documented review and concurrence of medical evaluation if conducted by Medical Director or physician (at a minimum the evaluation shall consist of) member's medical history including drug use - TB tested - Chest x-ray - Lab test for determination of narcotic drug use - Syphilis Test (non-reactive) - Urine analysis (minimum 1x/month) - Initial dose observed for new patients - MD records dates and signs all dosage changes	N/A
1.11	Is there evidence confirming history of at least 2 years of addiction to opiates by Medical Director (MD) (exceptions may be made by MD based on member's health endangering situations)?	N/A
1.12	Is there evidence that MD is placing member in treatment by initiating, altering, and determining replacement narcotic therapy medication and dosage amounts by medical director?	N/A
1.13	Is there documented evidence for reasons for changes in dosage levels and medication?	N/A
1.14	Is there evidence of periodic review or evaluation by Medical Director (every 3 months or at least	N/A
1.15	Is there justification for continuing of treatment (maintenance treatment beyond 2 years)?	N/A
	TREATMENT PLAN	N/A
2.1	Is the primary counselor's name and date of assignment included on the treatment plan?	N/A
2.2	Is the treatment plan completed within 28 days of admission with both member and counselor signature and date?	N/A
2.3	Does the treatment plan include the following: - Short-term (90 days or less) and long-term (exceeding 90 days) goals based on identified member needs - Target dates - Specific behavioral tasks to achieve each short-term and long-term goal - Type and frequency of counseling services (minimum of 50 mins/month unless waived by MD)	N/A
2.4	Has the supervising counselor and medical director reviewed and signed the treatment plan and any subsequent treatment plan updates within 14 days of the effective date?	N/A
2.5	Are amendments to the plan medically deemed appropriate?	N/A
2.6	Has an updated treatment plan been created when necessary or at least once every 3 months from the date of admission and include the following: - Summary of progress or lack of progress toward each goal - Development of new goals - Behavioral tasks for newly identified needs - Document any changes to frequency of counseling services - Target dates - Effective date for update	N/A
	PROGRESS NOTES	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

3.1	<p>Do progress notes identify the following:</p> <ul style="list-style-type: none"> - Program's response to test or analysis for illicit drug use which discloses the absence of both methadone and its primary metabolite or buprenorphine (when prescribed) and the presence of any illicit drugs or misuse of other substances, including alcohol. - Incidence of arrest and conviction or any other signs of retrogression (dates of incarceration, reasons for incarceration, circumstances involved) - Evidence of attempted cooperation by program physician to work with jail medical officer to ensure treatment for opiate withdrawal symptoms - Documentation of incidence of hospitalization (dates of hospitalization, reason for hospitalization, circumstances involved) - Evidence of attempted cooperation by program physician to work with hospital staff and attending physician to continue member's replacement narcotic therapy treatment for opiate withdrawal symptoms 	N/A
3.2	<p>Do progress note include the following:</p> <ul style="list-style-type: none"> - Take-home medication privileges via doctor's order - Member meeting criteria for Take-Home medication - Documentation on restricting, restoring, or suspension of member's Take-Home privileges 	N/A
3.3	<p>Do progress notes identify the following, (if applicable):</p> <p>The counselor conducting the session has documented within 14 calendar days of the session the following:</p> <ul style="list-style-type: none"> - date of counseling session - type of session (individual, group or medical psychotherapy) - duration of session in 10 minute intervals, excluding documentation time. - the correct service code, date of service, service time and travel time (if applicable) including start and end times, and signatures with title/degree/credentials, printed name, and date within required timelines 	N/A
3.4	<p>Has a minimum of 50 minutes up to 200 minutes per calendar month of counseling services been provided to member? If medical necessity is met that requires additional NTP counseling beyond 200 minutes per calendar month, is there sufficient documentation?</p>	N/A
3.5	<p>Documentation of case management/care coordination services must include:</p> <ul style="list-style-type: none"> - date of counseling session - type of session (individual, group or medical psychotherapy) - duration of session in 15 minute intervals, excluding documentation time. - Progress notes include the correct service code, date of service, service time and travel time (if applicable) including start and end times, and signatures with title/degree/credentials, printed name, and date within required timelines 	N/A
3.6	<p>Is there documentation of the following:</p> <ul style="list-style-type: none"> - Program's response to 3 consecutively missed appointments (may be terminated or remain in program if physician deemed medically indicated) - Program's response to member missing 2-weeks or more of appointments without notifying the program (will be terminated, if member returns to care will be admitted as a new member with documentation as indicated) 	N/A
	SPECIALTY POPULATIONS	N/A
4.1	<p>For Pregnant Members: Is there a treatment plan update by primary counselor within 14 days of confirmed pregnancy that includes:</p> <ul style="list-style-type: none"> - Nature of prenatal support - Face-to-face consultation at least 1 time monthly with medical director or physician extender - Collection of body specimens at least 1x/week 	N/A
4.2	<p>For Pregnant Members: Within 14 days from the date of birth or termination of pregnancy is there the following updated records:</p> <ul style="list-style-type: none"> - Evidence of updated treatment plan to reflect change in member's status and needs - Evidence on treatment plan of the nature of pediatric care and child immunization (until the child is at least 3 years old) 	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

4.3	For Pregnant Members: Are all of the following requirements documented? - Medical Director reviewed, signed, and dated confirmation of pregnancy within 14 calendar days from the date of the program's knowledge. - Evidence of accepting medical responsibility for member's prenatal care OR evidence of verification member is under the care of a licensed physician - Evidence of a medical order and rationale, from Medical Director, for determining Levo-Alpha-Acetylmethadol (LAAM) therapy-when applicable - Re-evaluated by program physician no later than 60-days following termination of pregnancy	N/A
4.4	For Pregnant Members: Is there evidence of prenatal instruction by Medical Director or licensed health personnel including the following: - Risks to member and unborn child from continued use of illicit and legal drugs, including premature birth - Benefits of narcotic replacement therapy and risk of abrupt withdrawal from opiates, including premature birth - Importance of attending all prenatal care visits - Need for evaluation for the opiate addiction-related care of both the member and newborn following birth	N/A
4.5	For Pregnant Members: Is there evidence of documented refusal by member to receive prenatal care?	N/A
4.6	For members under 18 years of age: Are there two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period? No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.	N/A
4.7	For members under 18 years of age: Is there written consent by a parent, legal guardian, or responsible adult designated by the relevant State authority for member to be admitted to maintenance treatment?	N/A
4.8	For members who are discharged: - If the program uses involuntary termination for cause, there is evidence the member was given: o Notification of termination o Information on the member's right to a hearing o Information on the member's right to representation. - Evidence that termination, either voluntary or involuntary, is individualized under the direction of the medical director or program physician and takes place over a period of not less than 15 days unless: o Medical director or program physician deems it clinically necessary to terminate participation sooner and documents the reason in the member record o Member requests a shorter termination period in writing, or o Member is currently within a 21-day detoxification treatment episode	N/A
	BILLING	N/A
5.1	Is there any evidence of fraud, waste, or abuse? If yes, identify the claims in the Services Addendum.	N/A
5.2	Were any services provided while the member was in a Medi-Cal lock-out place of service (e.g., psych hospitalization, Institution for Mental Disease (IMD) juvenile hall*, jail)? If yes, identify the services in the Services Addendum. CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.3601840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d, Code of Federal Regulations, title 42, sections 435.1009 – 435.1010; CCR, title 22, section 50273(a)(5-8), (c)(1, 5); title 22, section 51458.1(a)(8).	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

5.3	Is there documentation of a valid allowable service for every claim billed within the review period? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.112(b)(3); BHIN 22-019; MHP Contract, Exhibit E, Attachment 1); CCR, title 22, section 51458.1(a)(3)(7).	N/A
5.4	Does the date of service listed on the progress notes match the date of service listed on all claims? If no, identify the claims in the Services Addendum. **Recoupment is limited to examples where the program is unable to provide other documented evidence that the progress note with the “mismatched” date actually corresponds to the claim in question, and/or was due to a clerical error.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).	N/A
5.5	For all progress notes, did the service that was claimed (procedure code) match the service documented in the progress note? If no, identify the claims in the Services Addendum. (For valid medical claims, appropriate ICD CM dx codes, as well as HCPC/CPT codes, must appear in the claim and must also be clearly associated with each encounter and consistent with the description in the progress note.)	N/A
5.6	Do all units of time for services match the amount of time documented in the progress note? If no, identify the claims in the Services Addendum. **Recoupment is limited to mismatches that result in over billing.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c); MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).	N/A
5.7	Do all progress notes include required elements (date of service, service type, person contacted, location of service, contact type, evidence-based practice (EBP), appointment type)?	N/A
5.8	Do individual and/or group progress notes with multiple providers clearly identify the number of providers and the specific involvement and interventions of each provider? If no, identify the claims in the Services Addendum.	N/A
5.9	Are all documented services within the scope of practice of the provider? If no, identify the claims in the Services Addendum.	N/A
5.10.	Do group progress notes identify the total number of participants in the service activity? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).	N/A
5.11	Were all services billable according to Title 9, (meaning that no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related? If no, identify the claims in the Services Addendum.	N/A

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

Policy & Procedures				
Program has written P&Ps and is following written P&Ps for the following:				Comments:
P&P1	A: Collection of client body specimens (including assuring the reliability of specimen collection procedure; secure storage of specimens to avoid substitution; substances for which samples are to be analyzed; and usage of test results in client evaluation and treatment (9 CCR § 10310)			
P&P2	B: Medically determining a stable maintenance dosage level that: minimizes sedation; decreases withdrawal symptoms; and reduces potential for diversion of take-home medication.			
P&P3	C: Courtesy dosing/Visiting clients			
P&P4	D: Medical Director's P&Ps, including administering and/or dispensing methadone, buprenorphine, naloxone, and disulfiram.			
P&P5	E: Medication monitoring (storage, machine calibration, medication destruction, bottle waste). Including quarterly medication monitoring requirements.			
P&P6	F: In the event of a client's hospitalization, including documentation of physician coordination efforts with the attending physician and the hospital to continue narcotic replacement therapy; and dates of hospitalization, reason(s), and circumstances (9 CCR § 10185).			
P&P7	G: Continuity of treatment in emergency/disaster (9 CCR § 10180).			
P&P8	H: Assessment			
P&P9	I: Monitoring/Supervision of EBP			
P&P10	J: Monitoring/Supervision of ASAM			
P&P11	K: Admission and readmission criteria (DSM diagnosis, use of alcohol/drug of abuse, physical health status, documentation of social and psychological problems, ASAM LOC determination, and referral process for clients not meeting admission criteria).			
P&P12	L: Relapse plan			
P&P13	M: Telehealth			
N: Program Quality Assurance/Quality Improvement/Quality Management:				
P&P14	- Internal QI/QM & Peer reviews			
P&P15	- Program Integrity/Paid Claims Verification (including how to report, manage and resolve FWA); contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries			
P&P16	O: Perinatal clients			
P&P17	P: NTP for Youth (ages 12-18)			
P&P18	Q: Recovery Services			
P&P19	R: MAT for OUD/MAT for AUD and other non-opioid SUDs			
P&P20	S: Detox			
T: Client rights:				
P&P21	- Access to services/addressing barriers			
P&P22	- Providing translation services to members whose preferred language is other than English; Limited English Proficiency posters in all 9 languages are posted.			
P&P23	- Grievance & Appeal information is available to members in all threshold languages and posted.			
P&P24	- Forms/self-addressed and postage paid envelopes for G&A are easily accessible to members without need for asking.			
P&P25	- Notice of Privacy Practices are posted in an area that is visible and accessible to all members.			
P&P26	- Program has their Open Database Notification to Clients posted in an area that is visible and accessible to all members.			
P&P27	- Program rules, expectation and regulations posted or provided.			

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

Services Change Summary

Agency/Legal Entity	0	Review Start Date:	1/0/00
Program Name	0	Review End Date:	1/0/00
Total Services for Review	0	Billing Review Period Start:	1/0/00
		Billing Review Period End:	1/0/00

After adding/updating data in the Chart Review Info tab or the individual Client tabs, click on Data > Refresh All to refresh these tables.

Corrective Action Type (For Program Use)
Place an "X" in the column below to indicate the corrective action for each service(s) and the date action was completed. Final Action Date: The date in which the final corrective action step has been completed. Program is required to submit a "final" Billing Summary Form to the QA Specialist when all services have had final adjudication.

Services to be Corrected											
SmartCare Client ID#	Staff Initials	Procedure Code	Procedure Name	Service Date	Reason for Correction	Comments	Client #	Amount Claimed	Self Correction Resolve Date	"My Reported Error" Correction Date Submitted	"My Reported Error" Correction Date Resolved
Grand Total											
</											

**Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26**

Agency/Legal Entity Name		Program Name		Billing Review Period		
				1/0/1900	to	1/0/1900

Client #	SmartCare Client ID#	Insurance	Reviewer
1	N/A	0	0

Total Disallowed:
\$0.00

[illegible]

**Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26**

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

[illegible]

**Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26**

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

Client #	SmartCare Client ID#	Insurance	Reviewer										
1.13	Is there documented evidence for reasons for changes in dosage levels and medication?												
1.14	Is there evidence of periodic review or evaluation by Medical Director (every 3 months or at least annually)?												
1.15	Is there justification for continuing of treatment (maintenance treatment beyond 2 years)?												
REQ #	TREATMENT PLAN	RESULT	FINDING	COMMENTS									
2.1	Is the primary counselor's name and date of assignment included on the treatment plan?												
2.2	Is the treatment plan completed within 28 days of admission with both member and counselor signature and date?												
2.3	Does the treatment plan include the following: - Short-term (90 days or less) and long-term (exceeding 90 days) goals based on identified member needs - Target dates - Specific behavioral tasks to achieve each short-term and long-term goal - Type and frequency of counseling services (minimum of 50 mins/month unless waived by MD)												
2.4	Has the supervising counselor and medical director reviewed and signed the treatment plan and any subsequent treatment plan updates within 14 days of the effective date?												

**Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26**

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

[illegible][illegible]

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

Client #	SmartCare Client ID#	Insurance	Reviewer											
3.6	Is there documentation of the following: - Program's response to 3 consecutively missed appointments (may be terminated or remain in program if physician deemed medically indicated) - Program's response to member missing 2-weeks or more of appointments without notifying the program (will be terminated, if member returns to care will be admitted as a new member with documentation as indicated)													

REQ #	SPECIALTY POPULATIONS	RESULT	FINDING	COMMENTS
4.1	For Pregnant Members: Is there a treatment plan update by primary counselor within 14 days of confirmed pregnancy that includes: - Nature of prenatal support - Face-to-face consultation at least 1 time monthly with medical director or physician extender - Collection of body specimens at least 1x/week			
4.2	For Pregnant Members: Within 14 days from the date of birth or termination of pregnancy is there the following updated records: - Evidence of updated treatment plan to reflect change in member's status and needs - Evidence on treatment plan of the nature of pediatric care and child immunization (until the child is at least 3 years old)			
4.3	For Pregnant Members: Are all of the following requirements documented? - Medical Director reviewed, signed, and dated confirmation of pregnancy within 14 calendar days from the date of the program's knowledge. - Evidence of accepting medical responsibility for member's prenatal care OR evidence of verification member is under the care of a licensed physician - Evidence of a medical order and rationale, from Medical Director, for determining Levo-Alpha-Acetylmethadol (LAAM) therapy-when applicable - Re-evaluated by program physician no late than 60-days following termination of pregnancy			
4.4	For Pregnant Members: Is there evidence of prenatal instruction by Medical Director or licensed health personnel including the following: - Risks to member and unborn child from continued use of illicit and legal drugs, including premature birth - Benefits of narcotic replacement therapy and risk of abrupt withdrawal from opiates, including premature birth - Importance of attending all prenatal care visits - Need for evaluation for the opiate addiction-related care of both the member and newborn following birth			
4.5	For Pregnant Members: Is there evidence of documented refusal by member to receive prenatal care?			
4.6	For members under 18 years of age: Are there two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period? No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.			

Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

Client #	SmartCare Client ID#	Insurance	Reviewer	
4.7	For members under 18 years of age: Is there written consent by a parent, legal guardian, or responsible adult designated by the relevant State authority for member to be admitted to maintenance treatment?			
4.8	For members who are discharged: - If the program uses involuntary termination for cause, there is evidence the member was given: o Notification of termination o Information on the member's right to a hearing o Information on the member's right to representation. - Evidence that termination, either voluntary or involuntary, is individualized under the direction of the medical director or program physician and takes place over a period of not less than 15 days unless: o Medical director or program physician deems it clinically necessary to terminate participation sooner and documents the reason in the member record o Member requests a shorter termination period in writing, or o Member is currently within a 21-day detoxification treatment episode			

REQ #	BILLING	RESULT	FINDING	COMMENTS
5.1	Is there any evidence of fraud, waste, or abuse? If yes, identify the claims in the Services Addendum.			
5.2	Were any services provided while the member was in a Medi-Cal lock-out place of service (e.g., psych hospitalization, Institution for Mental Disease (IMD) juvenile hall*, jail)? If yes, identify the services in the Services Addendum. CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.3601840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d, Code of Federal Regulations, title 42, sections 435.1009 – 435.1010; CCR, title 22, section 50273(a)(5-8), (c)(1-5); title 22, section 51458.1(a)(8).			
5.3	Is there documentation of a valid allowable service for every claim billed within the review period? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.112(b)(3); BHIN 22-019; MHP Contract, Exhibit E, Attachment 1); CCR, title 22, section 51458.1(a)(3)(7).			
5.4	Does the date of service listed on the progress notes match the date of service listed on all claims? If no, identify the claims in the Services Addendum. **Recoupment is limited to examples where the program is unable to provide other documented evidence that the progress note with the "mismatched" date actually corresponds to the claim in question, and/or was due to a clerical error.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).			
5.5	For all progress notes, did the service that was claimed (procedure code) match the service documented in the progress note? If no, identify the claims in the Services Addendum. (For valid medical claims, appropriate ICD CM dx codes, as well as HCPC/CPT codes, must appear in the claim and must also be clearly associated with each encounter and consistent with the description in the progress note.) **Results in recoupment only when there is an overbilling** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c), MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).			

**Confidential QA Report
COSD DMC-ODS Plan
Substance Use Disorder Services
Fiscal Year 25-26**

Agency/Legal Entity Name	Program Name	Billing Review Period		
		1/0/1900	to	1/0/1900

Client #	SmartCare Client ID#	Insurance	Reviewer		
5.6	Do all units of time for services match the amount of time documented in the progress note? If no, identify the claims in the Services Addendum. **Recoupment is limited to mismatches that result in over billing.** CCR title 9, sections 1840.316 - 1840.322, and 1810.440(c); MHP Contract; CCR, title 9, section 1840.112(b)(3); CCR, title 22, section 51458.1(a)(3).				
5.7	Do all progress notes include required elements (date of service, service type, person contacted, location of service, contact type, evidence-based practice (EBP), appointment type)?				
5.8	Do individual and/or group progress notes with multiple providers clearly identify the number of providers and the specific involvement and interventions of each provider? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).				
5.9	Are all documented services within the scope of practice of the provider? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.314(d); BHIN 22-019				
5.10.	Do group progress notes identify the total number of participants in the service activity? If no, identify the claims in the Services Addendum. CCR, title 9, section 1840.316(b)(2); Medi-Cal Billing Manual, Chapter 7, section 7.5.5; CCR, title 22, section 51458.1(a)(3).				
5.11	Were all services billable according to Title 9, (meaning that no services claimed that were solely academic, vocational, recreation, socialization, transportation, clerical or payee related? If no, identify the claims in the Services Addendum. CCR, title 9, sections 1810.247, 1810.345(a), 1810.355(a)(2), 1830.205(b)(3), 1840.312(a-f) CCR, title 22, section 51458.1(a)(7).				