

Mental Health and Substance Abuse Division

Conducting Data Audits and Service Reviews

DSHS Data Reviews and Audits

- **Encounter Data Verification:**
 - Two Statewide reviews per fiscal year.
 - Random sample of encounters based adjusted for center size.
 - Centers compare self reviews to DSHS subset scoring.
 - Routine conference calls with webcasts conducted to discuss review tools as well as results reports.
- **Medicaid Claims:**
 - Claims compared to LOC-A status to identify service authorization.
 - Routine reports provided to assist centers in identifying incorrect service delivery or billing errors.
 - Yearly comprehensive audits of service authorization to identify possible Medicaid overpayments.
 - Encounters compared to claims to identify unbilled encounters.
 - Claims compared to encounters to identify unreported encounters.
- **Onsite Quality Management Reviews:**
 - Reviews include Encounter data verification and Medicaid claims.
 - Sampling for onsite reviews is based on data outliers rather than random.
 - Review tools are expanded to include more comprehensive RDM fidelity elements.

Encounter Data Verification Reviews

The goal of the Department of State Health Services (DSHS), Quality Management and Compliance Unit, data verification process is to Implement valid and reliable procedures to evaluate, promote, and continuously improve mental health community service data reported to and used by DSHS and the Legislature.

The purpose of DSHS oversight is to ensure compliance with the Performance contract requirements, to verify the accuracy of:

- WebCARE,
- encounter data, and
- Medicaid claims data

And to support Local Mental Health Authority (LMHA) quality improvement processes related to data reporting and accuracy oversight.

Encounter Data Verification Sampling Methodology

- Thirty seven Mental Health Centers in state.
- Minimum of 22 consumers are selected for sampling who received services during a fiscal quarter.
- Centers 1 additional consumer sampled for each 500 consumers in excess of an average of 3000 per month.
- A maximum of 10 encounters are sampled for each consumer in the sampled quarter.
- Centers are provided a review tool to verify the accuracy of data submitted for the sampled consumers.
- Centers are required to submit completed review tools according to Performance Contract submission calendar.
- DSHS then sends centers a subset list of 6 (+1 for each 500 over 3000) consumers.
- Centers are required to submit supporting documentation for these subset list encounters for DSHS verification.
- Performance scores are based on DSHS subset review.

Encounter Data Verification review elements

Data extracted from MBOW include:

- Demographic data
- RDM Diagnosis
- Authorized LOC
- Encounter data
 - Service Date
 - Start Time
 - Service Code
 - Client Time
 - Encounter Type
 - Recipient
 - Service Location
 - Server
 - Server Type
- Fidelity to RDM and eligibility for service
 - Treatment plan
 - Medical Necessity
- New Generation Medications paid by State funding during sampled quarter
- Paid Medicaid Claim for encounter

Encounter Data Verification review Scoring

- If a data element is not required for the service (e.g. diagnosis, treatment plan, etc.) it is scored as “N/A”
- Data elements that are not “N/A” are counted as “expected yes answers”
- Scores are the ratio of expected yes answers to observed yes answers for each encounter.
- If a progress note is missing (no verification is available), the encounter is scored as a ratio of all of the expected yes answers versus no observed yes answers.
- If a service code, service date or start time are incorrect, it is treated the same as a missing progress note.
- If a service is delivered but not in the LOC-A service package, it is treated the same as a missing progress note.

- Centers are expected to attain a score of 95%
- If a center maintains a score above 95% for three consecutive reviews it is not required to submit supporting documentation for the subset, and their self-review score is used. (1/3 of this self monitoring pool is selected for DSHS desk review, however.)

From Q3 2008 MH Data Verification Results Report

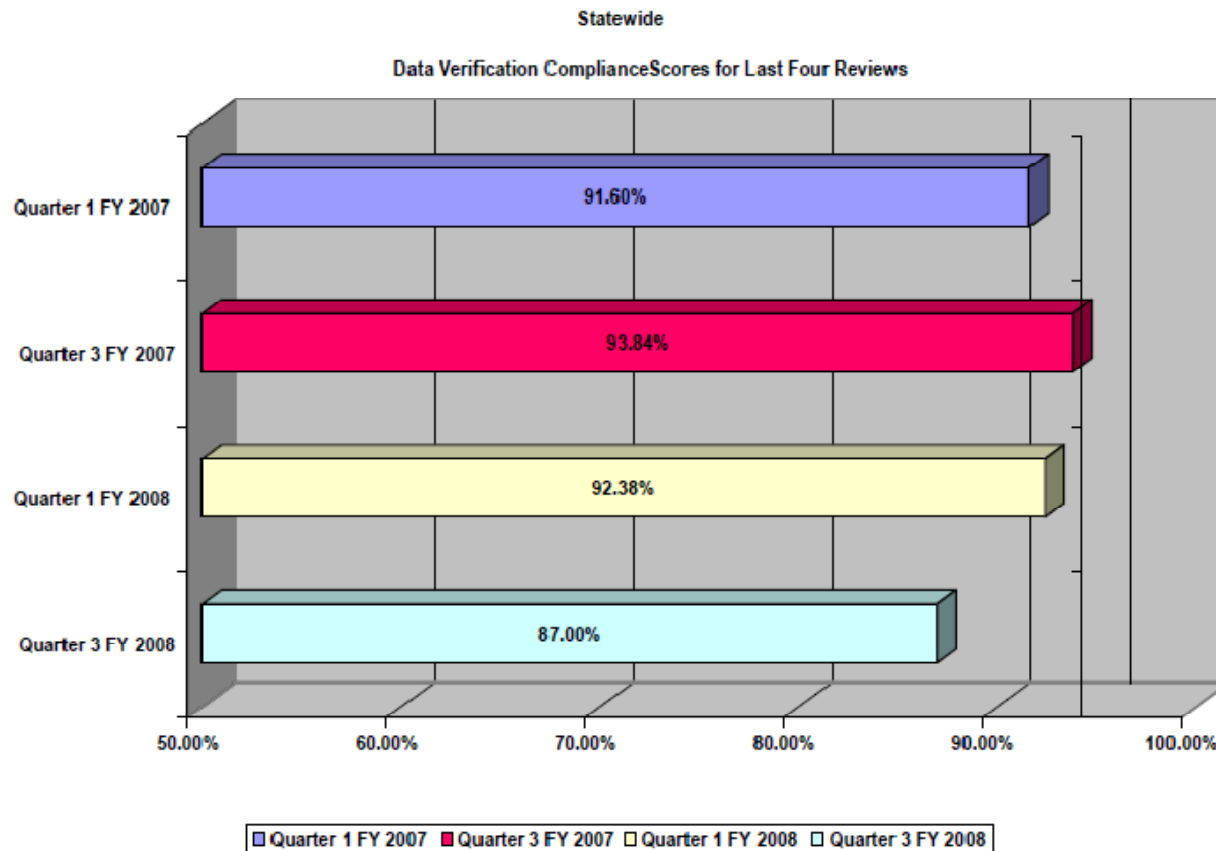
A. Requirements and Criteria for Data Verification Accuracy The FY 2008 Performance Contract requires LMHAs to:

- Submit accurate and timely information to DSHS in accordance with General Provisions, Section 9.09, Submission Calendar.
- Comply with the following requirements relating to the Contractor's Quality Management Program: FY 2008 Authority Program Attachment, Section F.5.d, page 8, activities and processes that address identified clinical and organizational problems including data integrity and the processes to evaluate and continuously improve data accuracy.

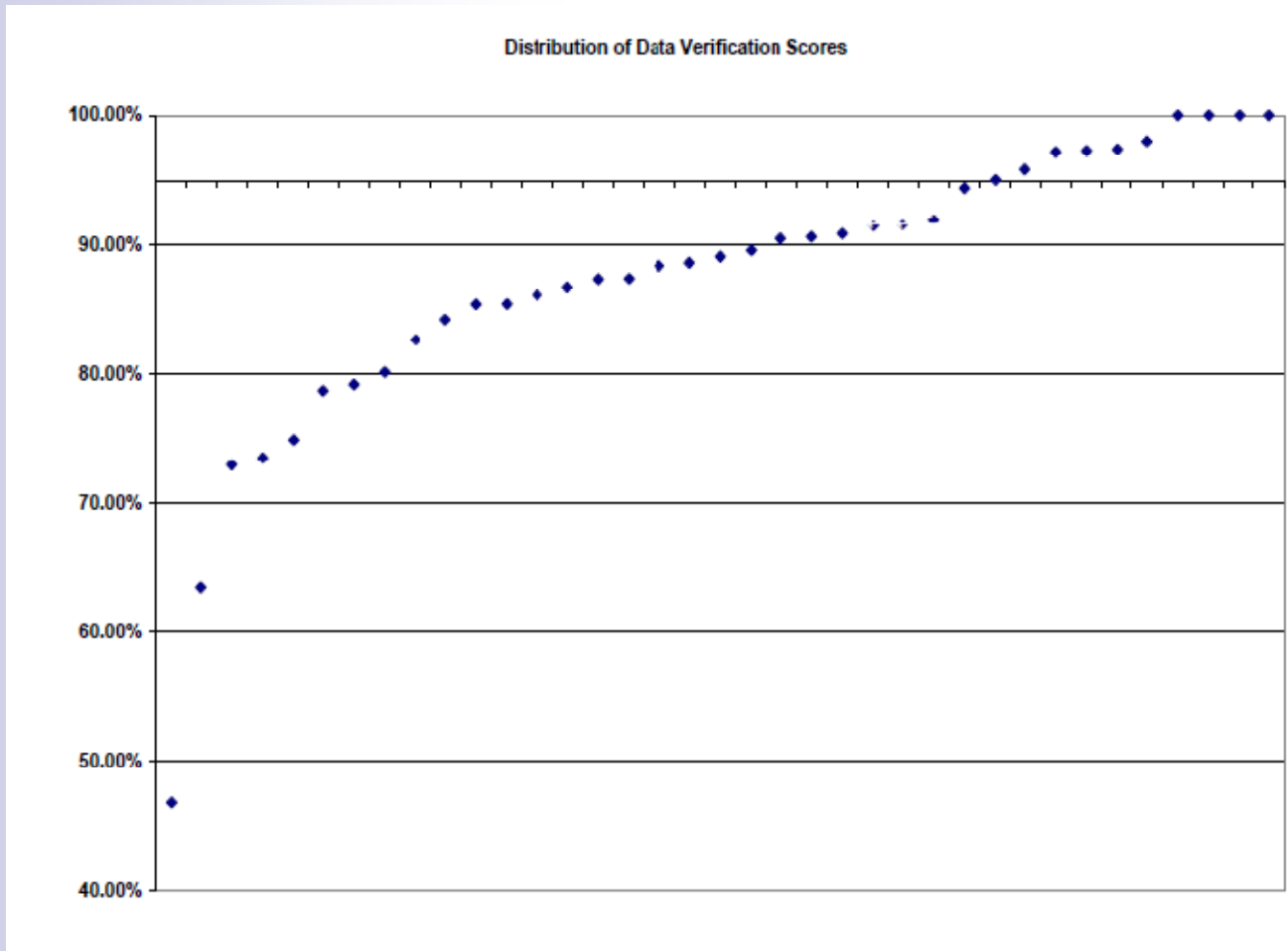
B. Statewide Data Accuracy The DSHS quality management staff reviewed 1529 encounters from the sub-sets of the sampling units from the 37 LMHAs. The "sampling units" refer to a consumer who received services in the FY 2008 3rd quarter.

- The state average for the FY 2008 3rd quarter data verification mental health review is 87% as compared to 92.38% for FY 2008 1st Quarter. See Data Verification Compliance Scores for Last Four Reviews graph displaying the state average over the past four quarters.
- Ten LMHAs met the data verification review requirement of 95% accuracy or better for the FY 2008 3rd quarter mental health data verification review; this was five fewer than the previous quarter.

From Q3 2008 MH Data Verification Results Report (sample charts)



From Q3 2008 MH Data Verification Results Report (sample charts)



Medicaid Claims Self Audits

- All paid Medicaid claims are compared to the LOC-A data to identify whether the claim was paid for an authorized service.
- Centers are provided with reports to identify each claim and correct any billing errors.
- At the end of the fiscal year, centers produce a report that explains each unauthorized claim or flags them for repayment to Medicaid.

Medicaid Claims-Encounter Data Verification

- Beginning FY 2009 Q2 Centers will conduct Data Verification self reviews drawn from Claim-Encounter Validation Data Mart twice yearly.
- These reviews will occur on even numbered fiscal quarters while Encounter Data Verification will remain on odd numbered fiscal quarters.
- Review tools and sampling methodologies are currently being developed.

Onsite Quality Management Reviews

- Onsite reviews are determined based on quarterly risk assessment reports.
- Risk is determined by ranking of centers performance in following “clusters”:
 - Financial viability of center
 - Adherence to Quality Management Guidelines
 - Crisis Services
 - Continuity of Care
 - Waiting list management
 - Contract Performance Outcomes

- Onsite reviews include comprehensive review of centers including:
 - Financial systems including reimbursement and billing
 - Information management systems
 - Staff credentialing and training
 - Utilization Management
 - Quality Management

Onsite Quality Management Reviews

- Records selected for onsite chart reviews are selected from encounters representing data outliers.
- Review tools are expanded to include more comprehensive fidelity and documentation standards.
- Chart reviews include a diachronic view of the service delivery rather than a random review of selected encounters.
- Onsite QM visits may also be limited to technical assistance if requested by the centers.

Contractual Documents Provided:

- FY 2009 Community Mental Health Performance Contract*
selected documents:
 - General_Provisions
 - Table_of_Contents
 - AdultAttachment
 - Report_II_MH_Measures_Outcomes_Report
 - Info_Item_C_Instructions_Report_II
 - Info_Item_S_Submission_Calendar
- **Claim Encounter Validation Reports****
- **Q3 2008 MH DATA VERIFICATION RESULTS REPORT Final ****

* All Performance Contract documents are available on DSHS Internet site:

<http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>

** Only available on DSHS Intranet sites