

# QRTips

Mental Health & Recovery Services (MHRS)  
Authority & Quality Improvement Services  
Quality Assurance & Quality Improvement Division  
AOA-Support Team / CYP-Support Team / Managed Care / Certification and Designation

## AQIS Top 5 Reasons for Recoupment and Non-Compliance – Part 3

As we conclude our series of articles for the Top 5 Reasons for Recoupment and Non-compliance, the CYP and AOA Support Teams would like to provide an overview of our top recoupment reasons from our county and contracted providers.

**Wrong CPT Code:** Out of the three reasons for recoupment being discussed today, wrong CPT Code is the most common for our CYP county and contracted programs. This reason is the second most common reason for recoupment for our AOA county and contracted programs. Choosing an incorrect CPT code for the service provided places the note at a high risk for recoupment.

*An example of this could be as follows:*

A provider bills a service under the Assessment CPT Code (90899-6). The progress note states they taught client coping skills and practiced guided imaginary to decrease anxiety.

The primary function of an Assessment is to gather clinical information, not to provide treatment/ interventions to address the mental health condition. Therefore, the service provided does not fit the definition of Assessment and as such should not be billed under the Assessment CPT code.

## Helpful Tip

To decrease billing under the wrong CPT code:

Become more familiar with the CPT codes and their service functions. For resources on CPT codes and what they include, please reference the most current Annual Provider Training and the Documentation Manual Version 11.

## TRAININGS & MEETINGS

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### AOA Online Trainings

[New Provider Training  
\(Documentation & Care Plan\)](#)

[2020-2021 AOABH  
Annual Provider Training](#)

### MHRS-AOA MHP QI Coordinators' Meeting

*WebEx Mtg. 2/3/21 10:30-  
11:30am*

### CYP Online Trainings

[2020-2021 CYPBH Integrated  
Annual Provider Training](#)

### MHRS-CYP MHP QI Coordinators' Meeting

*Teams Mtg. 2/10/22 10:00-  
11:00am*

*\*More trainings on CYP ST website*

## HELPFUL LINKS

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[AOIS AOA Support Team](#)

[AOIS CYP Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

**Data Entry Errors:** This reason for recoupment comes in second with our CYP county and contracted providers. A data entry error occurs when there is a discrepancy between the billing information provided on the progress note and what was billed and entered into IRIS. Some examples of data entry errors include different day documentation for the claim, over billing minutes or double billing into IRIS, etc. Our contracted providers are a bit more at risk for this reason for recoupment as they manually enter the information into IRIS from their Electronic Health Record system or paper charts.

## Helpful Tip

To decrease making data entry errors:

Develop a system within your own program that can double check for these errors.

**Documentation/Intervention does not address the mental health condition:** The last of our most common reasons for recoupment seen within our CYP county and contracted providers, is the documentation and/or intervention not addressing the mental health condition. This issue is also seen by the AOA Support Team however not as frequently as the CYP Support Team.

During an internal county or state audit, auditors are looking to see how interventions are tied to the mental health condition and beneficiary/client's impairment. In other words, "Does it make clinical sense to provide this beneficiary/client with this specific intervention?" Below is an example of a service provided to a beneficiary/client that would be recouped for the above reason and another example that would pass.

**Beneficiary/Client:** 16 year old male, has depressed mood and it has been reported that beneficiary/client has no motivation to get out of bed, low energy, truant from school and is avoiding seeing friends.



- **Recouped intervention:** The Rehab Specialist provides interventions about anger management and budgeting. This note would be at risk of recoupment because the interventions do not make clinical sense for this beneficiary/client's mental health condition and identified impairments.



- **Passed intervention:** Rehab Specialist develops a list with beneficiary/client to identify energetic activities to practice (i.e. take a walk outside in the sun, shoot hoops, etc.) in efforts to decrease his depression, low energy and motivation. This intervention would pass as the intervention provided is directly targeting and connected to the mental health condition and impairments.

## Helpful Tip

To reduce documentation and/or intervention that does not address mental health condition:

Document how your intervention is tied back to a beneficiary/client's mental health condition or how it will help ameliorate the identified impairments.

# Reminders:



## Verbal Consents

Recent AOA audit results identified inconsistencies with completing informed consent forms and Care Plans when verbal consent is obtained. As a reminder, the General Informed Consent, Telehealth/Telephonic Informed Consent and Care Plans are still required to be completed when verbal consent is obtained due to the service taking place telephonically or through telehealth. The forms need to indicate that verbal consent has been obtained.



## Medication Consents

Please remember to include an **end date** on all medication consents.

### Correctly Written Duration:

“Up to 1 year” or “Up to 2 years”

A prescriber should include the amount of time in which they anticipate the medication will be required.

### Incorrectly Written Duration:

“2 years **or more.**”

Avoid phrases that indicate an unclear or undefined amount of time.



## Medication Monitoring Packets: due by March 31<sup>st</sup>, 2022.

Please email packets to [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

## How to Correctly Document an Intervention into a Progress Note:

When documenting your interventions, it is important to answer the question “What did you do?” (*Reference Pg. 38 of the Documentation Manual, Version 11*). Explaining the interventions provided is an important component of correctly capturing the service. An incorrect, vague, or inaccurate explanation of interventions can result in a recoupment of billed services.

*For example:* If a Psychotherapy service is billed but the Provider only documents checking in with the beneficiary/client, the service would read as Case Management and would result in recoupment during an audit.

**Useful Tip:** Pg. 96 of the Documentation, Manual Version 11, lists out intervention action words for specific services, which can aid a provider in accurately describing their interventions.

## MCST OVERSIGHT

- **GRIEVANCES & INVESTIGATIONS**
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- **APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS**
- **CLINICAL SUPERVISION**
- **PAVE ENROLLMENT FOR COUNTY SUD DMC-ODS CLINICS & PROVIDERS**
- **PAVE ENROLLMENT FOR MHP PROVIDERS**
- **COUNTY CREDENTIALING**
- **CAL-OPTIMA CREDENTIALING**
- **ACCESS LOGS**
- **CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS (MHP)**
- **MHP/SUD DMC-ODS PROVIDER DIRECTORIES**

## REMINDERS

### COUNTY CREDENTIALING

#### Expired Licenses, Certification and Registration

- The MCST has the ability to track and monitor expired credentials for providers who have successfully completed the County credentialing process. Over the last several months there has been a significant rise of providers who have not renewed their expired credentials on time.
- VERGE revised their e-mail notifications to providers from 90/60/30 days to **45/30/7 days** in advance about expiring licenses, certifications and registrations. Also, they send final notices the day of and the day after expiration.
- After VERGE's multiple attempts to obtain an updated credential MCST and IRIS intervenes to suspend and deactivate the provider. The provider is then no longer permitted to deliver services requiring licensure for the Orange County Health Care Agency.
- When this occurs the provider must immediately petition for their credentialing suspension to be lifted and provide proof of the license, certification and/or registration renewal to MCST and IRIS. The reinstatement is **NOT** automatic.



### CLINICAL SUPERVISION (EFFECTIVE 1/1/22)

Please be advised that LMFT, LCSW, and LPCC Clinical Supervisors has new requirements set by the Board of Behavioral Sciences (BBS). It is the responsibility of the Clinical Supervisors and Supervisees to keep current with changes to regulations. Please review the following link in depth for the detailed changes.

[https://bbs.ca.gov/pdf/law\\_changes\\_2022/supervision\\_reg\\_changes.pdf](https://bbs.ca.gov/pdf/law_changes_2022/supervision_reg_changes.pdf)

#### New & Revised Clinical Supervision Forms

1. **Supervision Agreement Form**, this will replace the Supervisor Responsibility Statement & Supervisory Plan. The form is signed within 60 days of commencing supervision. (Available on the BBS website)
2. **Supervisor Self-Assessment Report**, this form will affirm that the licensee is qualified to be a supervisor. (New form will be posted by BBS soon)
3. **Written Oversight Agreement (revised)**, is used on the letterhead of the employer when a licensed waived individual is receiving clinical supervision from a licensed clinical supervisor that is **NOT** employed by the same company/organization/agency as the supervisee. Available on the BBS website)
4. **Clinical Supervision Reporting Form**, this form has been revised to meet the BBS new requirements and must be submitted to MCST. It will go into effect 2/1/22.

# REMINDERS (CONTINUED)

## CAL-OPTIMA CREDENTIALING (EFFECTIVE 2/1/22) – ADULT & OLDER ADULTS COUNTY CLINICS ONLY

- On 1/11/22 a formal memo from the AQIS Director and Division Manager was issued to the AOA Division Managers to disseminate to the Program Managers and Service Chiefs describing the requirements and implementation process.
- Applicable new hires, newly licensed and existing licensed providers must be CalOptima credentialed and begin this process based on a scheduled timeline for the assigned County programs. The providers that need to be credentialed with CalOptima who are in a licensure/discipline that can bill for Medicare and Certified Medicare Advantage Plans are:
  - ✓ Licensed Clinical Social Workers (LCSW)
  - ✓ Doctor of Philosophy in Psychology (PhD, PsyD)
  - ✓ Nurse Practitioners (NP)
  - ✓ Doctor of Osteopath (DO)
  - ✓ Physician Assistant (PA)
  - ✓ Medical Doctor (MD)
- MCST staff will work closely with the providers and Service Chiefs to assist and support the program before and during the implementation of the CalOptima credentialing process.

## GRIEVANCE

- The **Consumer Grievance and Appeal Process** poster for the **MHP ONLY** has been slightly revised and will be translated into the additional threshold languages. It also includes the new contracted Patients' Rights Advocacy Services contact information. This poster must be visible and accessible in the lobby for the consumers.
- Grievance Forms** in the 7 threshold languages and **Envelopes** must be visible and accessible in the lobby for the consumers without having to make a request to obtain it.
- Providers are required to file a grievance on behalf of the consumer when there is any expression of dissatisfaction with services and/or quality of care to MCST. If the consumer is a Medi-Cal beneficiary, then a **Grievance Tracking Form** is also required to be completed by the provider.
- AQIS Support Teams will **NOT** oversee and audit for the revised BBS requirements regarding filing a complaint with the certifying organization. It is the provider's responsibility to ensure they abide by the BBS requirements when delivering the notice to the new client about where they can file a complaint and documenting it in the client's record. Contact BBS for consultation and/or refer to the BBS link below for further guidance:

[https://www.bbs.ca.gov/pdf/law\\_changes\\_2022/required\\_notice\\_to\\_consumers\\_2022.pdf](https://www.bbs.ca.gov/pdf/law_changes_2022/required_notice_to_consumers_2022.pdf)



### Some Highlights:

- ✓ Beginning July 1, 2020, all mental health counselors, whether licensed or unlicensed, were required to provide a notice to each of their clients stating where they can file a complaint. (AB 630, Chapter 229, Statutes of 2019).
- ✓ Effective January 1, 2022, there are some changes to the timing of when you must provide the notice and to documentation requirements.
- ✓ For new clients, the providers are required to provide this notice prior to initiating therapy services, or as soon as practicably possible thereafter. The "as soon as practicably possible thereafter" allowance is new, and is intended to allow a provider to provide services first in an emergency, and then provide the notice once the emergency has passed and it is appropriate to do so.
- ✓ You do not need to distribute the new version of the notice to existing clients. You only need to distribute the new version, to new clients you begin seeing on or after January 1, 2022.

## GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW      Jennifer Fernandez, MSW

## CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

## ACCESS LOGS

Lead: Jennifer Fernandez, MSW

## PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist      Elizabeth "Liz" Martinez, Staff Specialist

## CREDENTIALING AND PROVIDER DIRECTORY

Leads: Elaine Estrada, LCSW      Sam Fraga, Staff Specialist (County Credentialing, Cal-Optima Credentialing & Provider Directory)



## CONTACT INFORMATION

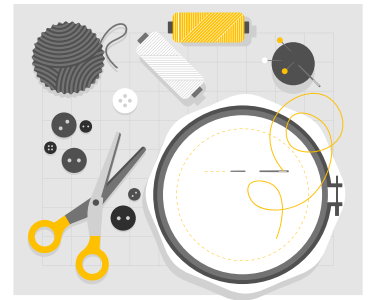
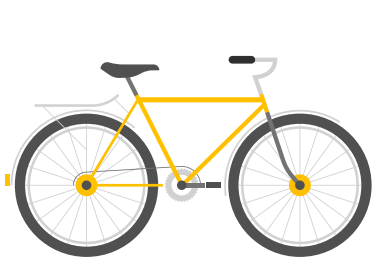
200 W. Santa Ana Blvd., Suite #100A (Bldg 51-I)  
Santa Ana, CA 92701  
(714) 834-5601      FAX: (714) 480-0775

## E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)  
AQISManagedCare@ochca.com

# Reminder:

In these difficult times, AQIS would like to remind you to practice some self-care. Stay Safe and Stay Healthy.



### Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and [BHSIRISLiaisonTeam@ochca.com](mailto:BHSIRISLiaisonTeam@ochca.com)

Review QRTips in staff meetings and include in meeting minutes.

Thank you!

**Disclaimer:** The AQIS Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to County and County Contracted Behavioral Health providers as a tool to assist with compliance with various QA/QI regulatory requirements. IT IS NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and compliance with all local, state, and federal regulatory requirements.

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