



**Santa Clara Valley Health and Hospital System
Mental Health Department
Quality Improvement Program**

FY 2009-10 CLINICAL RECORDS REVIEW: ANNUAL REPORT

The Quality Improvement Program completed its review of outpatient mental health clinical records (per policy # 175) for 11 County-operated clinics and 24 Outpatient Contractors. A total of **779 records** were audited (302 County, 477 Contractor).

Disallowance

Figure 1 provides the individual disallowance percentage for each County-operated clinic and Outpatient Contractor. **Figure 2** provides an overall disallowance percentage. The FY2009-10 disallowance percentage for all County and Contractor combined was 3.8% (12.8% County, 1.5% Contractor).

Figure 1: Individual Disallowance % County/Contractor (FY2009-10)

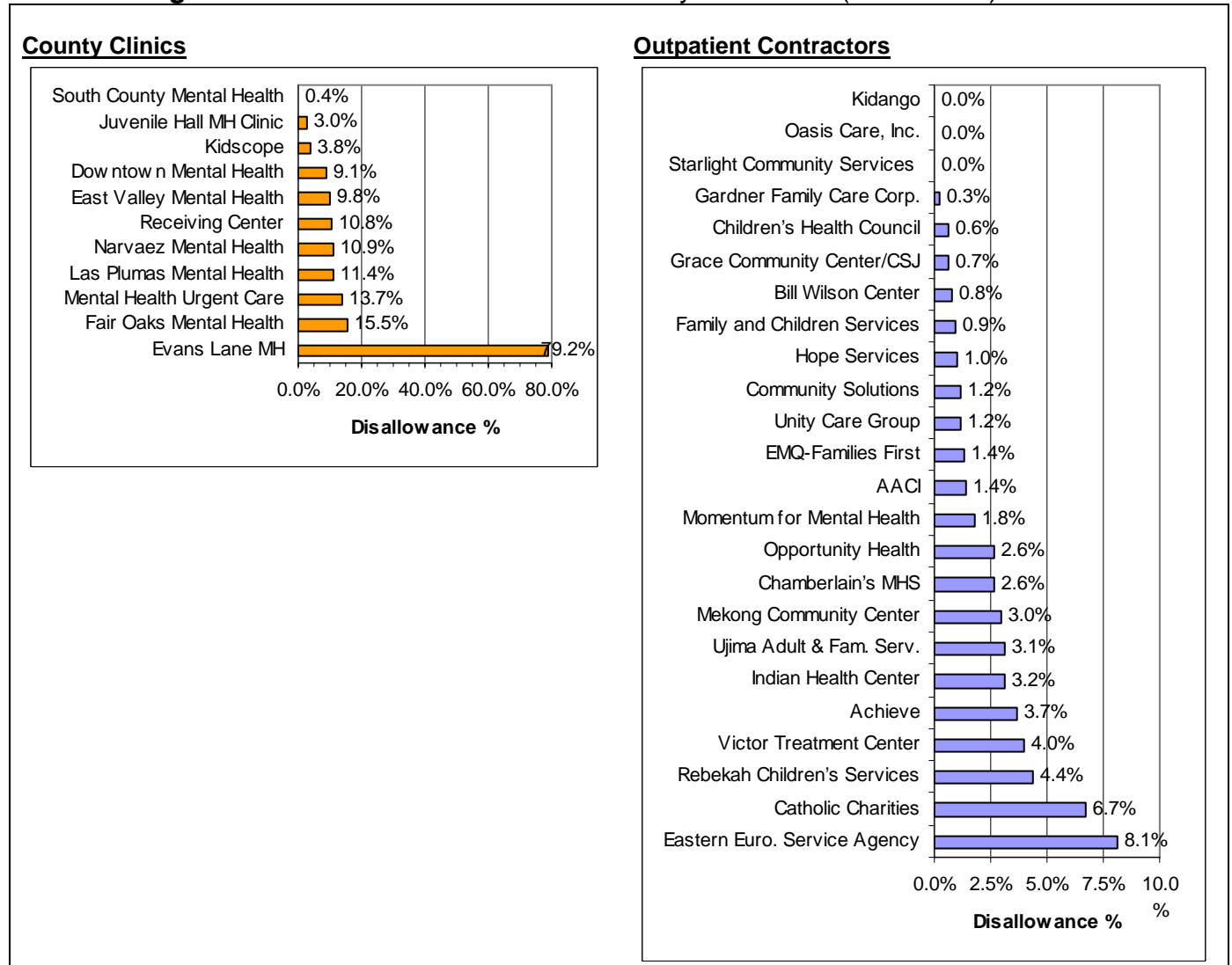
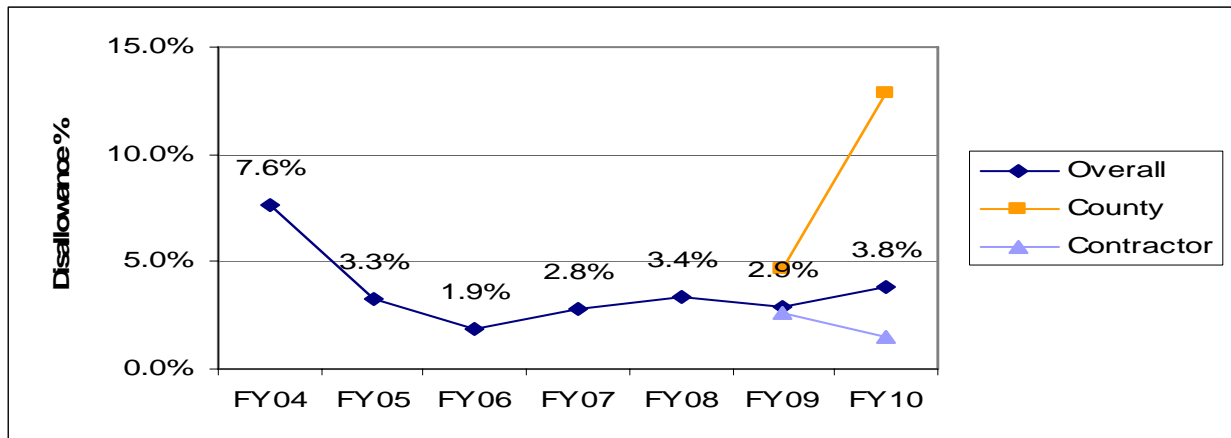


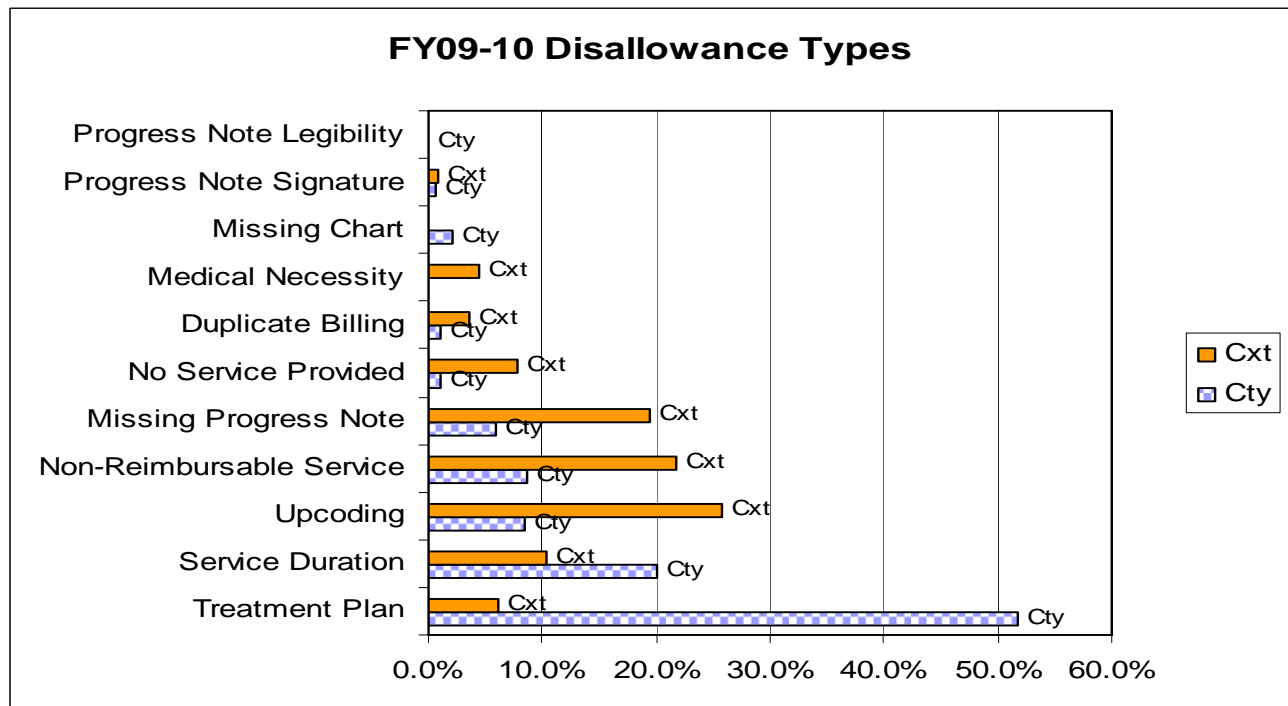
Figure 2: Overall Disallowance % (FY2003-04 – FY2009-10)



Disallowance Type

About \$66,800 was disallowed during this year's FY2009-10 review (\$45,600 County, \$21,200 Contractor).

Figure 3: Disallowance Type With % of Disallowed Amount (FY2009-10)



The most significant types of disallowances (over 10%) for County and Contractor were:

County:	<ul style="list-style-type: none"> • Treatment Plans (Missing or lacking appropriate dates/signatures.) <ul style="list-style-type: none"> ○ 51.8% (FY10), 33.7% (FY09) • Service Duration (No or less duration than claimed.) <ul style="list-style-type: none"> ○ 20% (FY10), 12.9% (FY09)
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SCVHHS Mental Health Department, Quality Improvement Program
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Contractor:	<ul style="list-style-type: none"> • Upcoding (Claimed service is higher cost than documented.) <ul style="list-style-type: none"> ○ 25.8% (FY10), 10.7% (FY09) • Non-Reimbursable Service (Not a service or lockout) <ul style="list-style-type: none"> ○ 21.7% (FY10), 8.3% (FY09) • Missing Progress Notes (No note matching claimed service.) <ul style="list-style-type: none"> ○ 19.4% (FY10), 21.4% (FY09) • Service Duration <ul style="list-style-type: none"> ○ 10.3% (FY10), 12.9% (FY09)
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Compliance

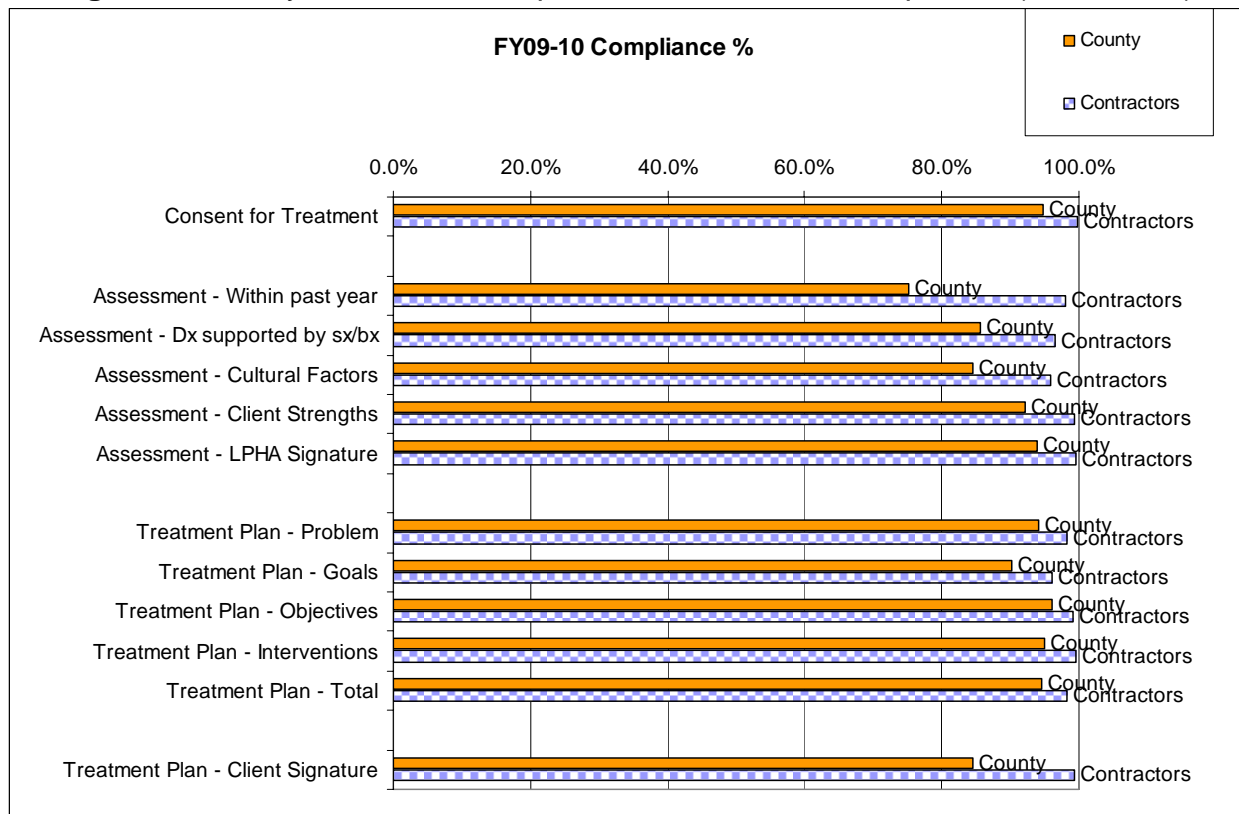
Eleven compliance items were reviewed during this audit. The results in **Table 1** and **Figure 4** reflect the percentage of clinical records that were in compliance with the expectations for that item.

Table 1: Overall Compliance Items With Compliance % (FY2006-08 & FY2009-10)

	FY07	FY08	FY10	Cty FY10	Cx FY10
Consent for Treatment	96.7%	96.2%	97.8%	94.7%	99.8%
Assessment - Within past year			89.1%	75.1%	98.1%
Assessment - Dx supported by sx/bx	90.6%	88.3%	92.2%	85.5%	96.5%
Assessment - Cultural Factors	84.2%	86.8%	91.5%	84.5%	95.9%
Assessment - Client Strengths	93.9%	96.3%	96.6%	92.2%	99.4%
Assessment - LPHA Signature			97.4%	93.9%	99.6%
Treatment Plan - Problem			96.6%	94.0%	98.2%
Treatment Plan - Goals			93.8%	90.2%	96.0%
Treatment Plan - Objectives			98.0%	96.1%	99.1%
Treatment Plan - Interventions			97.8%	95.1%	99.6%
Treatment Plan - Total	93.1%	97.7%	96.8%	94.5%	98.2%
Treatment Plan - Client Signature	94.4%	96.5%	93.6%	84.6%	99.3%

(Overall Compliance % for FY08-09 was not readily available)

Figure 4: County/Contractor Compliance Items with % Compliance (FY2009-10)



The most significant types of compliance items (under 90%) for County and Contractor were:

<u>County:</u>	<ul style="list-style-type: none"> • Assessment - Within past year • Assessment - Dx supported by sx/bx • Assessment - Cultural Factors • Treatment Plan - Client Signature
<u>Contractor:</u>	<ul style="list-style-type: none"> • None

Conclusions and Recommendations

1. Disallowances: 8 out of 11 (72.7%) County Clinics had a disallowance of 5% or above. 2 out of 24 (8.3%) Outpatient Contractors had a disallowance of 5% or above.

According to the FY2009-2010 Clinical Record Review Plan, Item #13, all County Clinics or Outpatient Contractors with a disallowance percentage of 5% and above were required to participate in a mandatory QI mentoring program. In fulfillment of this requirement, all County staff were required to attend Documentation Manual training.

2. Compliance Items: County-operated clinics overall had a performance of less than 90% compliance in 4 areas: Assessment - Within past year; Assessment - Dx supported by sx/bx; Assessment - Cultural Factors; and Treatment Plan - Client Signature.