Quarterly Peer Review / UR Form Instructions
Santa Clara County Behavioral Health Services
Substance Use Treatment Services

1. Fill in the Program Name
2. Program’s DMC number
3. Check the quarter being reviewed and submit by the due date
4. Program Manager’s First Name
5. Program Manager’s Last Name
6. Date signed/submitted (form must be submitted by the Program Manager from their email account.

CHARTS Listing:
- Enter Chart ID for each chart reviewed
- Enter Number of services disallowed for each chart reviewed
- Enter the Date disallowance form was faxed to PBS (Adjudicated & Approved Void Form)

Directions for submission

- Email Quarterly Peer Review/UR Form to: QuestionsforSUTS@hhs.sccgov.org
- In the subject line input the quarter being submitted.
  Example “Q3 (or choose the appropriate quarter) Peer Review”.
- Email should come from the Program Manager.

Submit by the due date listed on the form for each quarter:

<table>
<thead>
<tr>
<th>FY Quarter</th>
<th>Months for the Quarter</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Q1 Jul. 1 - Sep. 30</td>
<td>Oct. 31</td>
</tr>
<tr>
<td>Q2</td>
<td>Q2 Oct. 1 - Dec. 31</td>
<td>Jan. 31</td>
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<tr>
<td>Q3</td>
<td>Q3 Jan. 1 - Mar. 31</td>
<td>Apr. 30</td>
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<tr>
<td>Q4</td>
<td>Q4 Apr. 1 - Jun. 30</td>
<td>Jul. 31</td>
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</tbody>
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