



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
 Supporting Wellness and Recovery

TO: County Clinics Leadership  
 County Contracted Provider Leadership

FROM: Courtney Gray, Quality Director

DocuSigned by:  
  
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RE: FY24 Provider Integrated Audit Process

DATE: November 13, 2023

The Behavioral Health Services Department (BHSD) is excited to announce the first annual BHSD Integrated Audit!

### Key Points of Contact

Provider Liaison key contacts will be assigned to each of the clinics and CCPS. These provider liaisons are listed below:

Staff Name	Email Address
Steve Castro	Steve.castro@hhs.sccgov.org
Alicia Partee	Alicia.partee@hhs.sccgov.org
Martha Martinez	Martha.martinez@hhs.sccgov.org
Renee Marquett	Renee.marquett@hhs.sccgov.org

### Key Dates

Meeting/Deliverable	Business Days	Location
All FY 24 Kick Off Q&A Session	11/16/23 from 10am – 11am	<a href="#">Click here to join the meeting</a>
Notification of Audit	Day 0	Memo sent by email
Points of Contact Identified	Day 7	Provider submits by email
Chart and Personnel Universe Submitted (Excel list)	Day 12	One Drive
BHSD Notifies Provider of Charts and Personnel Files to be prepared	Day 19	One Drive
All Audit Material to be loaded	Day 32	One Drive



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to One Drive		
Audit Documentation Review Period	Day 33 - 41	
Draft Audit Results Issued	Day 51	Results sent by email
Submit Questions/ Additional Evidence	Day 57	Provider submits by email and/or one drive
Final Audit Findings Issued	Day 62	Findings submit by email
Corrective Action Plan Due to BHSD	Day 92	Provider submits by email and/or one drive

### **Summary of Audit Process**

The integrated audit process will include the following components for the specified time periods:

1. Chart Review for the period January 1, 2023 through First day of the audit month  
 CPT Code Audit for the period July 1, 2023 through First day of the audit month
2. Administrative Audit (including personnel files review) for the period January 1, 2023 through First day of the audit month

The audit tools will be distributed to CCPs and County Clinics via posting to the respective provider OneDrive folder. The Provider Relations Network Oversight team will send a follow-up email to request a list of each provider's primary contacts for this review process. The contact person(s) should be accessible throughout the time that their agency or clinic audit is being conducted.

### **Chart Review**

Excel file with the list of potential clients for audit will include:

- Client First Initial
- Client Last Initial
- Date of Birth (MM/DD/YYYY)
- Program Name

It should include all clients who meet the following FY 24 Chart Audit Criteria:

- Medi-Cal Member/Beneficiary
- Episode open January 1, 2023- First day of audit month
- There are at least 3 billable services since July 1, 2023
- Client First Initial



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- Client Last Initial
- Date of Birth (MM/DD/YYYY)
- Program Name

BHSD staff will randomly select and order charts to be prepared and submitted for audit.

- Each provider is responsible for preparing a list of all client charts based on above criteria. Based on this, the County will select up to 40 that would need to be prepared.
- A randomized list will be shared with the provider through the OneDrive platform, and a follow-up email will be sent to the Provider leads.
- All charts and billing documents must be posted by the deadline specified in the schedule above.
- The posted PDFed client chart needs to include all relevant notes, assessments, other clinical and billing summaries for each service. The client billing sheets/summary should include all services that have been billed or are pending, and at minimum: code, date of service, modifiers (if applicable), units (if applicable), status (submitted or pending)
- Provide a voids List for all services during the audit window (January 1, 2023 through and including First day of the audit month) with the explanation(s) of the services that were voided
- Additional documentation may be requested during the audit as needed and under normal circumstances should be provided within 60 minutes of the time the request is made.
- Provide a list of names and credentials of all practitioners who provided services during the audit window (January 1, 2023 through and including First day of the audit month)

### 8/30 Sampling Methodology for Charts

BHSD will implement the NCQA 8/30 methodology for clinical chart audits in alignment with the documentation and clinical standards established under CalAIM. Here's how it will work:

- Each provider will be responsible for preparing 40 charts randomly selected by the County.
- Initially, a full review will be conducted on a sample of eight files. If any of these initial eight files fail the review, an additional sample of 22 files will be reviewed (for a total of 30 records).
- In addition to the 30 records, there will be an oversampling of ten charts. These oversampled charts will serve as a backup in case any of the original 30 do not meet the minimum standards outlined above.



Please note that BHSD reserves the right to request multiple universes based on the provider's contracted programs, which may deviate from the new CalAIM standards.

### Administrative Review

Administrative review includes two components which are program/agency documents and personnel files. Files must include the following:

1. Documentation demonstrating evidence for items in the tool. (i.e. policies)
2. Excel List of program personnel in the following format:
  - a. First Name
  - b. Last Name
  - c. Job Code/Position Name
  - d. Credential Type, i.e. Licensed Clinical Social Worker, Mental Health Rehabilitation Specialist, Certified Counselor

BHSD staff will randomly select personnel files to be prepared and submitted for audit.

Please note that staff included in these personnel files should encompass employed individuals who were with the agency for at least six months during the audit period, even if they are no longer with the agency.

### 8/30 Sampling Methodology for Personnel Files

BHSD will implement the NCQA 8/30 methodology for personnel files in alignment with documentation standards across programs under CalAIM. Here's how it will work:

- Each provider is responsible for preparing a list of all direct service staff based on above criteria. Based on this, the County will select up to 40 that would need to be prepared.
- Each provider is responsible for preparing 40 personnel files randomly selected by the County.
- Initially, a full review will be conducted on a sample of eight files. If any of these initial eight files fail the review, an additional sample of 22 files will be reviewed (for a total of 30 records).
- In addition to the 30 records, there will be an oversampling of ten files. These oversampled files will serve as a backup in case any of the original 30 do not meet the minimum standards outlined above.



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- If a provider is contracted for both Mental Health (MH) and Substance Use Treatment Services (SUTS), a separate universe for each is required to ensure the efficacy of the methodology.

The randomized list will be shared with the provider via the OneDrive platform, and a follow-up email will be sent to Provider leads.

Instructions

Additional details will be provided at kick-off including how to prepare and submit document and charts.

Questions

For chart review and CPT Code review questions, please contact by email [QA@hhs.sccgov.org](mailto:QA@hhs.sccgov.org)

For administrative review questions, please contact BHSD Provider Relations by email [BHSDPR@hhs.sccgov.org](mailto:BHSDPR@hhs.sccgov.org)