

## DHS/DMH FY12 POST-PAYMENT REVIEW SUMMARY

<b>A. PROVIDER NAME:</b>	<b>B. REVIEW DATE:</b> Dates of on-site review
<b>C. PROVIDER #:</b> Collaborative provider/NPI	<b>D. Time Period Covered:</b> Date span for bills reviewed. All claims reviewed will have been adjudicated. The claim review period will begin 60 days following the FY11 PPR review date.
<b>CONTRACT AND RULE COMPLIANCE</b>	
<b>Reason Codes:</b>	
<b>1</b>	<b>No valid note documenting the service could be located.</b> <span style="float: right;">Rule 132.100.i, 132.100.i.4</span>
<b>2</b>	<b>Note describes a service intervention or activity that is not billable.</b> <span style="float: right;">Rule 132.100.i.1</span>
<b>3</b>	<b>Service provided by unqualified staff.</b> <span style="float: right;">Rule 132.42.a.4.; Rule 132.150</span>
<b>4</b>	<b>No amount of time documented.</b> <span style="float: right;">Rule 132.100.i.3</span>
<b>5</b>	<b>No valid Mental Health Assessment could be located.</b> <span style="float: right;">Rule 132.148.a</span>
<b>6</b>	<b>No valid Individual Treatment Plan could be located.</b> <span style="float: right;">Rule 132.42.a.1, 132.100.d</span>
<b>7</b>	<b>Specific service does not appear on ITP.</b> <span style="float: right;">Rule 132.42.a.3; Rule 132.148.c.2.C, 132.148.c.7</span>
<b>8</b>	<b>ITP review does not demonstrate a review of progress towards goals or an evaluation of needed services</b> <span style="float: right;">Rule 132.148.c.5</span>
<b>9</b>	<b>Time billed is greater than time documented.</b> <span style="float: right;">Rule 132.100.i.3</span>
<b>10</b>	<b>Location of service not correctly noted on-site vs. off-site</b> <span style="float: right;">Rule 132.100.i.5</span>
<b>11</b>	<b>Note describes a different service than billing submitted.</b> <span style="float: right;">Rule 132.100.i.1</span>
<b>COMMENTS:</b>	
Reviewer comments of any other positives or concerns identified during the review.	

<b>Reviewer:</b> _____		<b>Date</b> _____
<b>Reviewer:</b> _____		<b>Date</b> _____
<b>Results verbally reviewed with provider and copy of summary provided to:</b>		
<b>Name:</b> _____		<b>Date</b> _____
<b>Signature of Provider Representative</b>		

A copy of this summary document is left with the Provider.