

# SWMBH MI Health Link Claims Review Tool - 2017

Consumer Name:		Date under review:		
Dual Entity:				
Program:				
Quarter:				
Date of Review:				
Reviewer: Courtney Juarez				
Verified by:				
100% Compliance				
Not in Substantial Compliance - Provider/CMHSP's to submit corrective action plan (Cumulative score < 95%)				
Not in Substantial Compliance - Provider/Participant CMHSP's to submit corrective action plan, reverse encounter, and/or other additional action per SWMBH (Any noncompliant score of 0 or 1)				
Scoring Key: 0 = Noncompliant 1 = Partial Compliance 2 = Full Compliance				
<b>Section 1: Claims Adjudication Process</b>		<b>Possible</b>	<b>Actual</b>	<b>Percent</b>
A	There is an executed contract in place with the provider which allows the provider to bill for service under review.			#DIV/0!
B	The rendering provider is eligible and appropriately credentialed through SWMBH to deliver the service under review.			#DIV/0!
C	The consumer was eligible for the service under review.			#DIV/0!
D	If A, B and C are all scored with "2" proceed to Item E. If not proceed to Item F. (Answer either E or F but not both)			
E	Service under review was paid with MI Health Link funds.			#DIV/0!
F	Appropriate denial for service exists for service date under review.			
G	A valid authorization is present in the Streamline system for the date of service under review and is consistent with the date the consumer was enrolled in MI Health Link.			#DIV/0!
H	The authorized code, including modifier as required, for the service under review was submitted for payment.			#DIV/0!
I	<b>If no modifier was used, was the claim paid using the correct rate?</b>			
	Date of Claim submission:			
	<b>Comments (Required for any score of 1 or 0):</b>			
	<b>Section Total</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>
<b>Section 2: Treatment Plan/Person-Centered Planning</b>		<b>Possible</b>	<b>Actual</b>	<b>Percent</b>
A	There is a treatment plan in the record effective for the date of service under review.			#DIV/0!
B	The treatment plan reviews above identifies the service under review and includes the following:			
C	A goal related to the service under review			#DIV/0!
D	An objective related to the service under review			#DIV/0!
	Date of Treatment Plan:			
	<b>Comments (Required for any score of 1 or 0):</b>			
	<b>Section total</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>
<b>Section 3: Progress Notes</b>		<b>Possible</b>	<b>Actual</b>	<b>Percent</b>
A	The record contains documentation to support that service was provided to the consumer.			#DIV/0!
B	The intervention provided is related to a goal or objective.			#DIV/0!
	<b>For "incident to" services, there is documentation to support that the supervising individual had ongoing involvement with the consumer's care.</b>			
C	The rendering provider or another qualified provider completed the initial assessment.			#DIV/0!
D	A schedule of the rendering clinician was provided to verify incident to qualifications.			#DIV/0!
	<b>Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services.</b>			
	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>			
	Date of Progress Note(s) reviewed:			
	<b>Comments (Required for any score of 1 or 0):</b>			
	<b>Section total</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>
	<b>#DIV/0!</b>	<b>0</b>	<b>0</b>	